REVIEW AND ANALYSIS OF INTERNATIONAL EXPERIENCE WITH PROGRAMS TARGETED ON AT-RISK YOUTH

by

Gary Barker
Miguel Fontes

LASHC Paper Series No. 5

July 1996

Papers prepared in this series are not formal publications of the World Bank. They present preliminary and unpolished results of country analysis or research that is circulated to encourage discussion and comment; any citation and the use of this paper should take account of its provisional character. The findings, interpretations, and conclusions expressed in this paper are entirely those of the author(s) and should not be attributed in any manner to the World Bank, its affiliated organization, members of its Board of Executive Directors or the countries they represent.
TABLE OF CONTENTS

1. AT-RISK YOUTH: AN OVERVIEW .......................................................... 1
   Purpose .............................................................................................. 1
   Introduction ...................................................................................... 1
   The Rationale for Investing Early in At-Risk Youth ................................ 9
   A Three-Tiered Model for Defining the Needs of At-Risk Youth .......... 11
   Overview of the Paper ..................................................................... 13
2. PRIMARY PREVENTION ................................................................. 14
   Introduction ...................................................................................... 14
   Education and School-to-work transition ........................................ 14
   Vocational Training and Income Generation ..................................... 25
   Health and Health Promotion ........................................................ 35
   Social Integration and Political Participation .................................... 52
   Integrated Programs ......................................................................... 55
   Conclusions: Primary Prevention .................................................... 59
3. SECONDARY PREVENTION ......................................................... 63
   Introduction ...................................................................................... 64
   Programs Targeted to Youth at Risk of Abuse, Violence, Delinquency and Prostitution ........................................ 64
   Programs Targeted to Working Youth and Youth at Risk of Living on the Street .......................................... 76
   Conclusions: Secondary Prevention ................................................ 83
4. TERTIARY ATTENTION ............................................................... 85
   Introduction ...................................................................................... 85
   Programs Targeted to Youth in Irregular Situations (Abused, Prostitution, Youth Offenders or Youth Living on the Streets) ........................................................................ 85
   Programs Targeted to Adolescent Mothers ...................................... 90
   Conclusions: Tertiary Attention .......................................................... 97
5. CONCLUSIONS AND RECOMMENDATIONS .................................. 99
6. NOTES ............................................................................................. 106
1. AT-RISK YOUTH: AN OVERVIEW

PURPOSE

1.1 The purpose of this document is to analyze the experiences of 23 programs working with at-risk youth around the world. The lessons learned and collective experiences of these programs will provide an important input in the planning of the Bank-funded Child and Youth Development Project for Colombia. As such the document attempts to summarize lessons learned from each of the programs included and to draw tentative conclusions regarding the relevance of these program models for Colombia, and other developing countries. It is hoped that this document will serve as "food for thought" for the staff of the Vice Ministry of Youth Affairs in their search for exemplary program models for dealing with at-risk youth. The report does not pretend to deal exhaustively with all aspects of specific programs. It does present sufficient information about the key features of each program to give the reader a good feeling for the key strategies; main accomplishments; and lessons derived from these programs.

INTRODUCTION

1.2 In the past 10 to 15 years, there has been growing attention to the situation and needs of youth in conditions of risk in developing countries, on the part of governments, NGOs and international organizations. The notion "at-risk" is an extremely broad category which generally refers to youth who face environmental, social and family conditions which hinder their personal development and their successful integration into society as productive citizens. At the core of this notion of risk is the impact of poverty or economic stress on low income families. For the purpose of this document, we will use the term "at-risk youth" to refer to a broad category of young people ages 10-19\(^1\) who are at social disadvantage for one or more of the following reasons:

(a) They are not enrolled in school or are at risk of dropping out or being expelled from school;

---

\(^1\) The United Nations generally defines a "youth" as being between the ages of 15 and 24; however, for the purpose of this document we will use youth to refer to young persons ages 10-19, using the World Health Organization's definition of an "adolescent."
(b) They work (either full-time, part-time, paid or unpaid, inside or outside the home) in settings which may be damaging to their health and development, including work in illicit activities or against their will (such as prostitution);

(c) They spend a large portion of their time working, "hanging out" or sleeping in the streets;

(d) They already have children or are pregnant (teen mothers).

(e) They have been abused (physically or sexually) or neglected in their homes, or are at-risk of being abused or neglected;

(f) They live in an institutional setting (due to abandonment, abuse, neglect on the part of their families or criminal or "anti-social" behavior);

(g) Their home or community situation is stressful due to parental separation, migration or divorce, parental or sibling substance abuse, or because they live in a neighborhood with high rates of crime, substance abuse and/or drug trafficking, or violence; and

1.3 Thus, in this paper, an effort was made to consider a wide range of risk factors. This definition of at-risk includes UNICEF's categories of "children in especially difficult circumstances (CEDC)" -- the term used to identify children and youth who work, live in the street, or are in other situations which place them in risk -- plus additional factors of risk usually not included in the CEDC definition. Generally, for the purpose of this paper, the emphasis is placed on program experiences with out-of-school youth (young people ages 10 to 19 who are not attending school) or at-risk of dropping out of school and who live in urban settings. The concept of risk used in this paper is also consistent with the United Nations Convention on the Rights of the Child, which as of 1994 had been ratified by 167 countries. This convention (which uses the concept of children as being 0-18 years of age) defines children as being subjects of a series of special rights and protection to insure their healthy development and their full integration into society.

2 As this paper was prepared for the proposed Bank-funded Child and Youth Development Project in Colombia, the emphasis both in the selection of program experiences and the background information presented is generally, but not exclusively, from the Latin American region.
Therefore the notion of at-risk applies to children and youth whose rights, as set forth in the Convention on the Rights of the Child, are not being guaranteed.

1.4 At the root of the social problems which place children and youth at risk are the economic difficulties and massive urban migration of many developing countries during the past 20 years, including Latin America. While the details vary by country, virtually every country in the region suffered during the 1980s and 1990s. Economic difficulties in turn led to a decline in government spending for social services, including education and health services — factors which had a direct impact on low income youth. In Latin America, there has been a 20 percent decline in real income in the past 10 years. The absolute numbers of persons in poverty in Latin America increased from 87 million in 1985 to 108 million in 1990; the percentage of persons living in poverty also increased from 22 to 25 percent of the population. (UNICEF, 1995).

1.5 Given demographic trends in the region, this poverty is concentrated among children and youth (0-18), who represent 45 percent of the region's population and in urban areas, which represent nearly 75 percent of the region's population. (Rizzini and Pilotti, 1994) This poverty affects children as well as older youth: a 1992 report by UNICEF estimated that there are 28 million 15-18-year-olds in Latin America of whom 11.6 million are poor and 5 million destitute. (UNICEF, 1992)

1.6 In terms of educational attainment, one of the most basic rights guaranteed to children and youth under the Convention on the Rights of the Child, there have been important gains in many countries in the past 20 years, but there are still enormous deficits. Among developing countries as a whole, 71 percent currently achieve four years of primary education. In Latin America, primary enrollment rates are generally high and approach or exceed 90 percent, but secondary enrollment rates continue to lag behind. In Colombia, for example, there is an 85 percent participation rate in primary school, but only an estimated 50 percent participation rate in secondary school. (Turbay and Acuña, 1995) As economies in the region continue to modernize, additional skills will be needed to compete in a more technologically advanced workplace. These low secondary enrollment rates mean that large populations of low income youth will lag even further behind in employment possibilities and therefore will be excluded from many of the benefits of economic development.

1.7 The issue of child labor as a risk factor to children and youth has also received considerable attention in recent years. Much of the debate on child labor has centered around whether work is positive or negative to the development of a child or youth and under what conditions. Other researchers have attempted to understand whether child labor has a positive or negative impact on school attendance. The purpose of this document is not to enter into either of these debates, merely to point out the size of the
phenomenon. Worldwide, the ILO estimates (based on national census data and labor force surveys) that there were 78.5 economically active children under the age 15 as of 1990; 70.9 million of these were between 10-14 years of age. This represents a labor participation rate of 13.7 percent for the 10-14 age range. UNICEF estimates that there are 80 million working children ages 10-14 who work so long or in conditions so difficult that their work interferes with normal and healthy development.(Grootaert and Kanbur, 1994) The vast majority -- 95 percent -- of this child labor is in developing countries. In Latin America, specifically, an estimated 20 percent of children ages 10-14 are working.(UNICEF, 1992)

1.8 **It is useful to look at child labor data from a number of countries in order to make some general statements about the situation in Latin America.** In Brazil, 50 percent of 15-17 year olds were working as of 1990 as were 17.2 percent of 10-14 year olds; in rural areas, these rates are even higher.(Rizzini, 1995a) In Peru, 54 percent of urban youth and children ages 6-14 were working.(Rizzini, 1995a) In Colombia, as of 1992, 380,000 children and youth ages 12-17 were working in urban areas and 708,000 were working in rural areas. By age groups, that represents a 7.7 percent participation in the labor force for 12-14 year-olds in urban areas and a 24.6 percent participation rate for 15-17 year-olds. In the case of Colombia, an estimated 80 percent of these children and youth are working in the informal sector. In addition, the number of hours worked by children was nearly equal to that of adults, implying that children were working more than is allowed under national laws and suggesting that their work is detrimental to their healthy development.

1.9 **Within the issue of child labor, young women working in domestic labor are often mentioned as a relatively hidden and exploited class of child labor.** (Barker and Knaul, 1994). While data are lacking, a few sources report a large population of young women working as domestics in some Latin American countries. To give an indication of the size of the domestic working population, in Costa Rica, 12 percent of girls age 10-14 work as domestic workers.(Duque, 1991) Similarly, in Colombia, an estimated 9 percent of girls 15-19 in 1990 lived in someone else's house as a maid.(Alonso, 1991) Because they are hidden and often live in the house of their employers, few programs have been developed to assist this population of working youth.

1.10 **What emerges from a review of literature and research on the issue of street children is that many of the initial estimates of the number of children and youth living in the streets in major cities in Latin America were overestimated or based on non-systematic estimates or counts.** The term "street children" generally refers both to children and youth who work in the streets, or spend the majority of their time in the streets (generally called "children in the streets"), and the smaller number of children and youth who sleep in the streets ("children of the streets"). UNICEF and a number of NGOs have written extensively on the issue of street children.(Barker and Knaul, 1990).
In the past few years, a number of systematic censuses in some Latin American cities have provided a more accurate estimate of the number of children and youth in this situation. In Brazil, for example, UNICEF previously estimated that as many as 20 million children and youth spent most of their time and/or slept on the streets, a number that seems exaggerated based on recent research. A recent study in São Paulo found that 4520 children and youth circulated in the streets during the day, but only 895 slept on the streets at night. (Jornal do Brasil, 1995). Similar studies in other Brazilian cities found relatively small numbers of children and youth actually living in the streets. In Salvador, Bahia, a recent study found 15,743 children and youth working in the streets and 468 living in the streets. In Fortaleza, researchers found 184 children and youth living in the streets out of 5962 children and youth who worked in the street. (Projeto Axe, 1993, and Secretaria de Ação Social, 1994). Studies in other parts of Latin America have found similar situations: the number of children and youth living in the streets is generally small compared to a much larger number who work in the street.

1.11 Regarding the conditions and realities of children and youth who live on the streets, a recent review of more than 90 studies (Rizzini, 1995b) on street children in Latin America reached the following general conclusions:

(a) Boys represent the vast majority of children living and working in the streets, comprising about 84 percent of all the youth interviewed or counted in the studies.

(b) The age range of street children tends to concentrate among 10-14, which is the age range when many low income families perceive that children should contribute to the family income.

(c) Most of children and youth who work and/or live on the streets come from peripheral areas of the major urban centers or are recent migrants from rural areas.

(d) The majority of children who live on the streets come from stressful family situations; however, it should be emphasized that the vast majority come from families, even if they are single-parent families. Few children and youth living on the streets are orphans. The vast majority of children and youth living on the streets, probably about 80 percent, maintain ties with their families.

(e) Most children living on the streets come from large families. A handful of studies, mainly from Brazil, also found that street children do not necessarily come from the poorest families in any given community. While poverty is a factor in children living on the streets, some studies suggest that a more important variable in determining whether a child ends up living on the street is the strategies that a family adopts to
confront stressful situations. There are numerous examples in the literature of low income families who are able to provide children with a sense of belonging and protection which a family with a higher income may not necessarily provide.

(f) In terms of what leads children to the streets, the study concluded from its review of the 90 studies that the root causes are a mixture of economic pressures (the need to contribute to family income) combined with psychosocial pressures (family conflicts).

(g) Once living on the streets, children and youth are susceptible to a number of additional risks, including violence, sexual exploitation (including prostitution), and drug abuse, among others.

1.12 In addition to the situation of working children and youth, and children and youth who live in the streets, there are a number of other situations and conditions confronting youth in Latin America which place them in situations of risk. For example, in Latin America and the Caribbean, there is anecdotal evidence of a large number of young women involved in prostitution. In Brazil and the Dominican Republic, for example, tourists from Europe and North America provide demand for a local "sex industry," which involves large numbers of adolescent women. Overall in Latin America, young women comprise a significant portion of women involved in prostitution: one report found that the average woman involved in prostitution in Latin America is 24 years of age, has been working in prostitution since her mid-teens, and is from the lower or working class.(Moya, 1988) In Bogotá, Colombia, a recent census of 14,211 women involved in prostitution found that 26 percent were in the age range of 11-20.(Cabrera, 1992)

1.13 Problems related to reproductive health, including the spread of sexually transmitted diseases (STDs), including HIV/AIDS, and early childbearing are also major issues facing youth. The World Health Organization reports that worldwide, one in 20 adolescents contracts an STD each year. In addition, an estimated 20 percent of persons with AIDS worldwide are in their twenties; given the latency period of the disease, this means that many of these persons contracted HIV while in their adolescence.(Barker, Hirsch, et al, 1990) In Latin America as a whole, 50 percent of young women give birth by the age of 20; this figure does not count the number of women who actually become pregnant, which is no doubt higher.(Population Reference Bureau, 1990) Much of this early childbearing is defined by the young women as unwanted; in surveys with young women in Latin America, between 20 and 60 percent report that their most recent births were unwanted.(Singh and Wulf, 1990). High rates of unsafe abortion among adolescent women also attest to the issue of unwanted pregnancies. Estimates of clandestine abortions among adolescent women in developing countries range between 1 million and 4.4 million abortions annually.(Hirsch and Barker, 1992).
1.14 While adequate prenatal care can significantly reduce the higher risks associated with pregnancy during adolescence, various studies have highlighted the social costs of early childbearing, including school drop-out, as well as the risks to the children of adolescent mothers, who face a high risk of being abandoned, living in the streets or getting caught in generational cycles of poverty. (Population Reference Bureau, 1992).

1.15 **In addition to reproductive health issue, youth in Latin America face a number of other health risks, including drug abuse, homicide, accidents and suicide.** A recent review of mortality among youth 10-24 years of age in Latin America, found that car accidents, suicide and homicide are among the chief causes of mortality for this age range. In addition, while mortality rates have been declining among the 10-24 age range as a whole during the last 20 years, two countries showed increases in the mortality rate during 1979-1990 among young persons ages 10-24: Brazil and Colombia. This increase in youth mortality rates in the two countries is mainly related to high rates of urban violence and crime, which youth both perpetrate and of which they are victims. (Yunes and Rajs, 1994)

1.16 **Along with health problems and mortality, many youth in urban centers in Latin America face trauma and stress related to living in violent situations.** Other problems facing at-risk youth in Latin America include a lack of viable employment alternatives, involvement in gang activities, and involvement in criminal activities and delinquency. In Colombia, for example, 25 percent of persons arrested in 1992 were between the ages of 16 and 24. (DANE, 1992) In addition, because out-of-school youth often gravitate to anti-social behavior or illicit activities, some developing countries take a punitive attitude toward them or simply overlook them. In Brazil and Colombia and other countries in the region, vigilante groups have "exterminated" (murdered) at-risk children and youth for their participation in such illicit activities.

1.17 **All of these examples and statistics serve to briefly highlight the difficulties which face at-risk youth, and the situations which prevent them from enjoying the full extent of their rights as children (using the definition in the Convention on the Rights of the Child) and as productive citizens.** The information presented also suggests that the number of children and youth in the most extreme situations -- living on the streets, involved in prostitution or in delinquency, for example -- is relatively small, even while it is significant. However, if we view these children and youth in the most extreme situations as the proverbial tip of the iceberg, the number of children and youth in situations of "risk" because they are out of school, or at risk of dropping out, working in harmful situations, and/or living in situations of urban poverty represents a tremendous number of youth.

1.18 **If the bad news is the situation of youth in the Americas, the good news is that there has been a tremendous growth in governmental and non-governmental efforts to assist at-risk youth in the past 10 years.** The majority of these programs, however, are -- like the population they serve -- very young. A 1990 review of 103 governmental and non-governmental programs working in reproductive health and sexuality education with
youth, for example, found that the majority of the programs had been functioning on average between 10 and 15 years. (Barker, Hirsch, et al, 1990) Most of these programs also have relatively low coverage rates, that is, they reach a small portion of the target population of at-risk youth.

1.19 *Additionally, only a handful of youth-serving organizations in the region have carried out thorough impact evaluations of their work and even fewer have information on cost-effectiveness and cost-benefit analysis.* A recent review of 25 programs working in adolescent reproductive health in Perú, Colombia, Mexico and Brazil found that only 10 of the programs had impact evaluation data, and few had information on cost-benefit. As the authors concluded: "These projects believe what they are doing is important, but they do not know how to justify why. They generally see evaluation as something imposed by donor agencies without having direct relevance for their work." (Barker, Prada, et al, 1994) In general, we have extensive descriptive information on these youth-serving organizations, but there is little information available on whether they are doing their jobs well or in a cost-effective manner. Similarly, we have weak information on the situation of out-of-school and other at-risk youth because the situations and characteristics which make these youth marginalized tend to exclude them from surveys, censuses, and other official statistics. Thus, much of the information on at-risk youth is anecdotal or drawn by inference. Specifically, with a few exceptions, we lack information on:

(a) Reasons for school drop out and expulsion;

(b) Youth preferences for vocational training and educational programs;

(c) Information on the kinds of organized and unorganized activities in which out-of-school youth are involved (information which would give us an idea of the kinds of programs which might be attractive to youth);

(d) Outcome indicators or tracking of youth once they have left vocational training programs (and comparative data for different kinds of vocational training programs);

(e) Outcome indicators and longitudinal studies related to health promotion programs (and comparative data for different kinds of health promotion programs) for youth; and

(f) Cost-benefit or cost-effectiveness data (and comparative data) among various kinds of program models, among others.

1.20 *Trends in economic and technological development in industrialized and developing countries suggest that the level of training and knowledge which young people will need to successfully compete in the workplace is increasing.* This situation implies that governments and the private sector will have to invest earlier in youth and
invest for longer periods to time. To successfully make this investment, we will need additional information on what does and does not work — and what youth want and need.

1.21 **All of these risk situations — school drop-out, lack of job skills, health problems and early childbearing, among others — represent serious impediments to the well-being of youth.** If we view adolescence as a time when a young person develops the personal and vocational traits and skills to function in a modern society, then this preparation time is seriously compromised for at-risk youth. By being outside the school system, living on the street or having children at early ages, a young person's ability to learn how to function and succeed in society can be complicated. In these situations, his or her physical and psychosocial energy is devoted to daily survival and not to investing in the skills he or she will need for the future. This situation represents a problem both for the individual youth and for society because these young people likely will not have the skills needed to contribute to modern economies. Therefore, the situations described here exclude large numbers of youth from the education they need to succeed and contribute to modern urban society and the contemporary job market.

**The Rationale for Investing Early in At-Risk Youth**

1.22 **Apart from the compelling economic and human rights rationales for investing in at-risk youth, there are a number of arguments and studies from the field of developmental psychology which highlight the importance of investing early in children and youth, and in investing in prevention as opposed to "treatment."** Leaving aside those arguments which point to the need for investing in early childhood education and health programs for children 0-5, we will briefly examine the importance of investing in youth, or adolescents, earlier rather than later.

1.23 **Numerous studies, the majority from the U.S., point to the importance of the early adolescent years (generally defined as 9-12) in terms of preventing later self-destructive behaviors, particularly delinquency and crime.** A recent study on violent behavior among children in the U.S. commissioned by the Carnegie Council on Adolescent Development concludes that violent behavior among youth does not "... drop out of the sky at age 15." Instead, the report concludes, violent behavior is a pattern that begins at young ages with minor delinquency and drug abuse generally accompanying it. (Carnegie, 1994) Earls (1991) concludes that "the foundations for violence are organized in childhood and activated in adolescence." Therefore, interventions introduced in late childhood and early adolescence can reduce the chance for activities which lead to later violent behavior and reduce the damaging impact of a violent environment. Such interventions in violence prevention are doubly important considering that aggression in adolescents has been found to be a reliable predictor of later behavioral-related health problems, including suicide and accidents.(Earls, 1991)

1.24 **Turning to the issue of child abuse and teen pregnancy, we can also see how the seeds of later adolescent and adult behavior are planted during childhood and early adolescence.** Numerous studies from the U.S. have confirmed that children who have
suffered abuse and neglect tend to repeat such behavior with their own children. Similarly, a difficult family and social environment for young women in the early adolescent period, for example, prepares the stage for teen motherhood by, as Musick states: "...encumbering young females with psychological burdens that in the context of disadvantage lead to self-limiting choices and self-destructive behaviors (such as early childbearing) during the (later) adolescent years." (Musick, 1994) Indeed, various studies and most developmental psychologists agree that the early adolescent years are crucial years when the young person needs special support or protective factors, such as a positive family environment and support networks. The behaviors and life patterns established in this stage of personal development frequently shape many of the subsequent life choices that an individual assumes, whether they are related to child abuse, unprotected sexual behavior, drug abuse or violence.

1.25 Other studies have pointed to sexual abuse, and the lack of protection against sexual abuse among young women, as a precursor to teen pregnancy; a girl who feels she has no control over her body is likely to feel powerless to control her reproductive and sexual choices later in life. (Barker and Musick, 1994) For example, a 1989 study of 445 teenage mothers in the U.S. found that nearly two-thirds reported sexual abuse. (Musick, 1994) The average age at first sexual abuse was 11.5 years, implying that the impact of an event in early adolescence is related to a high-risk behavior in later adolescence. The patterns of emotional and psychological development during adolescence heavily influence whether a girl reaches womanhood with high self-esteem and a sense of power in her life or whether she enters into destructive and dependent relationships with men. Young women with low self-esteem and self-efficacy in turn have lower educational attainment and are less likely to take advantage of income generation opportunities, for example. In addition, women who start their childbearing later are better able to care for their children and tend to have a smaller overall family size. All of these examples serve to underline the importance of protective elements and prevention programs to assist at-risk adolescents during the early adolescent period when the precursors of later high-risk behaviors are often found.

1.26 Thus, so-called "developmental damage" in childhood and early adolescence is likely to impair a young person’s ability to confront stressful situations later in life, and in turn may lead to self-destructive and anti-social behaviors. This is especially likely if this developmental damage is combined with environmental factors such as witnessing violence in the home and the community, or early exposure to drug and alcohol abuse.

1.27 Similarly, if we look at the situation of street children and working children in developing countries, we can see that many children end up living on the streets or working at early ages, generally between 10 and 14 years of age. Both situations place children and young adolescents in situations in which they have few protective factors. The psychological (and in some cases physical) damage done to young children in unprotected situations at this early age make it difficult, time-consuming and costly to offer remedial services later on, however important they may be.
1.28 What all of these examples suggest is that early and preventative interventions with children, starting in the late childhood and early adolescent years (9-12 years) are extremely important for preventing later "developmental damage." While there is a lack of systematic research to confirm the efficacy of our prevention efforts, there are compelling anecdotal and logical reasons to believe that such prevention is less costly than treatment programs later on. (Fontes, 1994) Drug abuse treatment programs, for example, are extremely costly and have limited effectiveness in rehabilitating drug addicts, not to mention the cost of incarceration and other rehabilitation programs for delinquent youth.

1.29 In conclusion, investing early in adolescents can help prevent life-long cycles of self-destructive and anti-social behavior, and can mitigate the damage caused by harmful environments — all of which can have high social costs. Various studies have confirmed that the factors related to anti-social behaviors in late adolescence and adulthood are found in childhood and early adolescence — for example, the lack of a competent or caring adult (whether in the family or as part of a program), early educational difficulties and unaddressed learning difficulties, among others — are directly related to unprotected sexual activity, delinquency, drug abuse and other anti-social and self-destructive behaviors. In addition, evidence from many developing countries suggests that youth are dropping out of school as early as age 10. Thus, empirical demographic trends as well as research from the field of developmental psychology suggest that investing in prevention for at-risk youth requires starting at early ages.

A THREE-TIERED MODEL FOR DEFINING THE NEEDS OF AT-RISK YOUTH

1.30 Turning now to the structure of this paper, the definition for at-risk youth which we have adopted is particularly broad and includes youth still connected with their families and communities and others who are removed from the family and community setting, because they live in the streets or in other settings away from their families. The needs and desires for services for a youth living on the street or a youth incarcerated for a crime are vastly different than the needs for a youth who continues to live at home and attend school, but may be at risk of drug abuse or involvement in delinquency. The kinds of programs developed around the world for working with these different populations of at-risk youth also vary immensely. To compare their experiences and cost-effectiveness, we must therefore divide them in some form. Thus, for the purpose of analyzing program models for different populations, we have adopted a three-tiered approach of defining youth at-risk and addressing their needs. Specifically, the three categories of at-risk youth we use are:

(a) Youth in Primary Risk: Youth in Primary Risk situations are those who live in situations of urban poverty and are at risk of dropping out of school or otherwise compromising their healthy development because of environmental, familiar and social factors. Youth in primary risk are still fundamentally attached to their families, their communities and social institutions (including the school) but are at-risk of losing these
connections, and suffering from some situation which could compromise their successful integration into society. In primary risk, the "risk" per se is general and related to poverty, but its specific manifestations (e.g. drug abuse, school drop-out, early pregnancy, or others) has not yet been identified.

(b) Youth in Secondary Risk: Youth in secondary risk have moved from a general risk to a specific risk, that is by dropping out of school, working at early ages, being involved in a youth gang or being at risk of violence or abuse in the home, for example. Youth in secondary risk face specific stress factors which put them at direct risk for an identifiable and harmful situation. Using this definition, youth in secondary risk continue to live at home and have some connections with their community and social institutions, but their degree of connection is weakened or in the process of weakening. A youth who has dropped out of school but continues to live at home, a working youth, or a youth at-risk of child abuse, for example, would be in secondary risk.

(c) Youth in Tertiary Risk: Youth in tertiary risk have actually moved from being "at-risk" of a situation to suffering the impact of a particular situation, such as physical or sexual abuse, living in the streets, incarceration due to delinquency, and others. Tertiary risk, therefore, refers to youth whose connections with their families, communities and social institutions have been severely weakened or severed. In general, assisting youth in tertiary risk require intensive social services and interventions, which often involve out-of-home care or alternative living situations. A youth living on the streets, a youth involved in drug trafficking or youth gangs or an adolescent mother would be considered in tertiary risk.

1.31 Using these three categories of risk, we could visualize a continuum with youth who are connected with their families and other social institutions on one end, and youth who are detached or disconnected from their families and other social institutions on the other extreme. Furthermore, using these three categories of risk, we can define three categories of interventions:

(a) Primary Prevention: Programs that work with youth (generally in-school youth) who live with their families, but who are at-risk because of urban-based poverty and other social conditions;

(b) Secondary Prevention: Programs that work with youth who are in one or more situations of identified or specific risk (by being out-of-school, living in communities with high levels of violence, living in families where they are at risk of abuse, and/or at risk of being abandoned or living in the streets);
(c) **Tertiary Attention:** Programs which offer protective or intensive services (which often are residential-based) for youth who have been abandoned, are living in the streets, have been abused or sexually exploited, have already had children, and/or are involved in delinquency or have in some form been separated from their families and their community.

1.32 For the purposes of this document we will place *more emphasis on primary prevention programs.* The reasons for this selection, as we will examine, have to do with cost-effectiveness and the justifications previously cited below for the importance of investing in preventative youth development programs.

**OVERVIEW OF THE PAPER**

1.33 With this introduction, we will provide a brief overview of 23 interesting program models, 13 in primary prevention, six in secondary prevention and four in tertiary attention. These particular programs were chosen using the following criteria:

(a) The program is recognized by its peers as being successful in the kind of service it delivers;

(b) Sufficient information was available on the program to develop a brief overview;

(c) There was interest in the particular program model on the part of the Government of Colombia and the World Bank.

1.34 Programs were also selected to provide geographical diversity, with an emphasis on programs in the region of the Americas. It should be mentioned that the quantity and quality of information from each program varies considerably. Each program description is between two and four pages, divided as follows: (1) introduction (offering a brief overview of the program); (2) key strategies; (3) problems encountered; (4) main accomplishments; (5) costs, financing and efficiency; and (6) lessons learned and conclusions. Following each section, we will present a series of conclusions specifically related to the category of programs. Following this presentation of program models, we will present a series of general conclusions and lessons learned from these programs taken as a whole.

1.35 It should be noted that there are limitations with the data presented under the heading "costs, financing and efficiency". Specifically, the cost data available from the

---

3. It should also be noted that the authors personally visited or collaborated with the majority of the programs included; thus in most cases we have included our opinions and assessments of the programs based on first-hand experience.
programs included here are often deficient, unclear or potentially misleading for the following reasons:

(a) The number of beneficiaries may fluctuate over time, including within the same year of the reported cost data. In some cases, cost data were reported for one year, but beneficiaries were reported for another.

(b) The annual cost per youth often does not distinguish between different kinds of interventions. Residential services or in-patient health care, for example, are much more expensive than educational activities. However, in programs which provide a range of interventions, the cost per intervention or youth assisted is lumped together regardless of the kind of service provided.

(c) Many programs which represent collaborative efforts have in-kind contributions, such as volunteer staff time and use of space or provision of referral services. For the purpose of the organization, this in-kind support does not enter into its budget. However, for the purpose of calculating the full unit cost of the service or intervention, such in-kind costs must be included.

2. PRIMARY PREVENTION

INTRODUCTION

2.36 As previously stated, primary prevention projects are those that work with youth (primarily in-school, but also with out-of-school youth who do not face a specified risk) who live with their families, but who are at-risk because of urban-based poverty and other social conditions. While there are clearly rural-based youth who fall into conditions of primary risk, the emphasis in the selection of programs was on urban-based low income youth. Programs chosen all work with urban, low income youth, some of whom are out-of-school, others whom are in-school and with some programs working with both in-school and out-of-school youth.

EDUCATION AND SCHOOL-TO-WORK TRANSITION

2.37 By education, we refer to educational support programs which complement or provide additional services not offered by the traditional (public) education system. Educational support programs are generally designed to provide after-school programs to youth to prevent them from dropping out of school and to assist them in the school-to-
Some of the programs described here provide vocational orientation and some vocational training, although the vocational training is not generally offered with the purpose of providing immediate employment. Programs which offer more traditional vocational training, that is, skills training with the goal that the young person acquires work immediately upon completion of the Vocational training, are included in Part C.

- **Drop-Out Prevention Program: Cities in Schools - USA**

2.38 **Introduction:** Cities in Schools is a national umbrella NGO in the U.S. that provides technical assistance and training to establish community-based projects in local public secondary schools to assist youth at risk of dropping out of school. The overall objective of the model is to integrate existing community services and resources and bring them into the school setting to help prevent youth from dropping out of school and to prevent other related problems, including substance abuse, gang involvement, and violence. The program was started in 1977 and operates with the basic philosophy that many social services and resources already exist to assist low income youth and their families in the U.S. but that these services tend to be fragmented. Since youth are by law required to attend school in the U.S., Cities in Schools projects are located within public schools. Cities in Schools maintains a national office along with state and regional offices which assist local communities in setting up drop-out prevention programs in their communities.

2.39 The basic CIS model as implemented in a community-based public school consists of developing a "case management" system through which at-risk youth are identified. For each youth, a "case plan" is developed (that is assigning students to particular activities or providing special services). Each youth also receives group and individual counseling (generally guidance counseling as opposed to therapy) and participate in special CIS classes which include life-skills education, preparation for the world of work and remedial education and tutoring. In some communities, the CIS model is implemented in "alternative schools" or "academies," which consist of a special wing of the school or a separate school designated for students with special needs.

2.40 **Key Strategies:** The chief strategy of the CIS model is the formation of local partnerships involving government, NGOs (social services agencies) and community businesses. Each community-based CIS project is formed as a local NGO with an independent board of directors and is responsible for raising its own funds. These local programs may adopt those portions of the CIS model which are appropriate for their community. At the school level, the model also works in the same collaborative strategy: a team of adults is identified who can provide special services to at-risk youth to prevent them from dropping out of school. The CIS projects attempt to target a fairly limited number of youth in each community who are at-risk of dropping out. Some CIS programs reach between 20 to 30 students in a given school, while others reach several hundred. The CIS headquarters is not responsible for the management of the local programs; rather, it serves as a coordinating organization for training the local staff in the implementation of the CIS model and assists in fundraising at the national level.
2.41 The central philosophy of service to at-risk youth of the CIS model is: (1) personalism, or developing a personal relationship between each at-risk youth and a caring adult in the school; (2) accountability, i.e. designating members of the school community who take responsibility for at-risk youth rather than blaming the system; and (3) coordination, or connecting and integrating existing services.

2.42 Problems Encountered: The program's main strength -- the fact that each community CIS program is autonomous -- is also one of its main problems. The autonomous nature of the local programs has created concerns related to quality control and accountability on the part of federal agencies that fund the national organization. Because the national CIS structure is not responsible for the local administration of each community-based program, it cannot guarantee implementation. This decentralized system means, for example, that some local CIS programs provide and maintain strong evaluation and management information systems, while others do not. Another problem with the CIS program is that services integration and case management is weak in some CIS programs. While the program aims to provide a range of integrated services on the school site, not all programs are able to provide this mix. A central philosophy of the CIS model is that local social service agencies develop an integrated system of referrals for services; in practice, some local NGOs create "turf" battles. Another problem cited by many local CIS programs is that of involving parents in the process. Another problem is lack of follow-up or longitudinal data on the impact of the program on youth after they have left the program.

2.43 Main Accomplishments: The main accomplishment of the CIS program has been its expansion from a pilot project in a number of states to a full-fledged national program with programs in virtually every part of the country. Since its inception in 1977, CIS has successfully promoted awareness about the program model and has expanded the number of local programs from 26 community programs working in 128 schools in 1988 to 93 programs in 612 schools in 1993. A recent evaluation of the program found that the local organizations were generally satisfied with the support they receive from the CIS national headquarters, particularly the younger or newer programs. Older, more mature programs reported some dissatisfaction with the technical assistance they received, saying they needed more staff training and more assistance in fund-raising. In terms of impact evaluation, while no longitudinal or control group information is available, youth who participate in the program have relatively high self-esteem as measured in post-enrollment self-esteem scales. Youth in the program also demonstrate more frequent school attendance: in a sample of 109 students for whom data was available, 68 percent demonstrated improved school attendance after participating in the CIS program. Similarly, based on 289 students for whom data were available, 49 percent improved their academic performance. Students who participate in the program report high satisfaction with it, making the suggestion that they would like to see more attention devoted to helping them acquire employment.

2.44 Costs, Financing and Efficiency: Total cost data on the CIS program were not available. Nonetheless, a recent evaluation of the program, funded by the U.S.
Department of Justice's Office of Juvenile Justice and Delinquency Prevention, found that costs per student varied considerably by program. In general, however, the cost per year per student averaged between US$1,000 and $2,600, including in-kind support. Alternative schools, which often require more staff and additional infrastructure, cost between US$1,000 per student per year to $7,000 per student per year. This suggests that the amount of local funding required to implement the program is fairly low; the biggest cost is associated with acquiring donations of existing space and services. Costs per student were lower in programs serving a larger number of youth, which suggests that there are economies of scale. In general, the local CIS programs have not demonstrated a strong concern for maintaining cost information. Only when funding agencies have required such data has the national CIS office attempted to compile such information.

2.45 Lessons Learned and Conclusions: The main lesson learned in the expansion of the CIS program from a few sites to a large number of sites has been the importance of local autonomy and participation. Nearly all of the local programs report the importance of organizing strong fundraising efforts and seeking and maintaining community support, including involvement of the local private sector from the beginning. Local programs also report the need for constant publicity and public relations efforts and the need for an involved and active board of directors. Even those local CIS programs which are well-funded express concern about the stability of their future funding; thus, fundraising is a central theme. Other lessons learned include:

(a) The CIS program idea must be "sold" to the local school system — not just at the headquarters level — but also at the level of the local school principal, who is seen by the CIS program as a central decision-maker.

(b) The use and support of volunteers from the community is also cited as an element of success which helps integrate the program into the community, keeps staff costs down and provides a source of role models for youth.

(c) The use of the "alternative schools" which include a special wing of a school or an entire school devoted to youth with special needs is also cited as a viable model within the CIS system. In these alternative schools, support for innovative teaching methodologies and special support services for students are even more institutionalized and integrated into the school system by the fact that the entire wing or school is devoted and designed to serve youth with special needs.

(d) It is important to work with youth before they get into "trouble." In practice, the CIS programs work with some youth who are at-risk of certain behavioral problems (i.e., delinquency) and well as youth who are at-risk of such situations. In general, however, the program has

---

4. When in-kind services are excluded from the equation, the cost per student per year came down to as low as US$260 per student per year.
recognized that reaching youth at younger ages before such behaviors are manifested is more effective than waiting until students have multiple problems and are at significant risk of dropping out of school.

- After School Program: *Cidade Mae* - Salvador, Brazil

2.46 **Introduction:** *Cidade Mãe* ("Mother City") Project is a governmental youth-serving project run by the city of Salvador, in the state of Bahia, Brazil. The main objective of the program is to improve the academic performance and employability of low income youth, and decrease the chances of certain high-risk behaviors, such as drug abuse and teen pregnancy. The main services provided by the program are community-based vocational training (the centers are located in communities where the youth live) and after-school academic support activities. The program also provides health education, recreation and counseling. The program works in four low income areas (slums) in Salvador and the target population are males and females ages 14-18 who are at risk of living in the streets and/or of dropping out of school. The program has been operating since 1993 and has 177 staff.

2.47 **Key Strategies:** Mother City's main program strategy is to create an integrated system of interventions to provide multidisciplinary assistance and vocational training to at-risk in-school youth. Services are provided to youth via interdisciplinary teams who develop a case plan to assess vocational training needs of each youth and refer or connect youth with services to meet those needs. Periodic meetings or assessments are held to insure that vocational training and other services are being adequately provided. The project currently offers vocational training in carpentry, press work and auto mechanics. These interdisciplinary teams also promote the participation of other social welfare organizations in program activities. For example, Mother City has received donations of space for its centers from local community associations and has been able to refer some youth to on-the-job training programs of firms in the community. Mother City staff also coordinate services with other NGOs assisting youth in the community; in this way, the program acts as an umbrella body in the communities.

2.48 **Problems Encountered:** The major problems identified to date are:

(a) Family participation in program activities has been limited. The majority of adult family members work in downtown Salvador and do not have time to participate in community activities and meetings.

(b) Transfers and deposits of funding from the city government and from UNICEF (the program's two funding sources) have been delayed due to bureaucratic reasons, resulting in delays in implementation.

(c) Low salaries for professional staff (about US$14,000 for staff with university degrees) have meant high staff turnover; professional staff average only six months at the program.
2.49 **Main Accomplishments:** Because the program is young, accomplishments to date are limited and still being evaluated. The main outcome to date has been the provision of services to at-risk youth who previously did not receive such services. Impact indicators such as improvement in marginal productivity of labor, improvement in health/nutritional status, prevention of school leaving, and prevention/reduction of other high-risk behaviors (e.g., drug abuse and violence) have not been evaluated. The program is also important in that it represents the first governmental program in Salvador which seeks to provide complementary services to the public education system for at-risk youth. The model is also significant in the sense that it provides an alternative to centralized vocational training institutions.

2.50 **Costs, Financing and Efficiency:** The total annual cost of the program is US$3.4 million. Half of the total budget is financed by the city of Salvador and the other half is funded by international agencies, specifically UNICEF and USAID. The allocation of the total costs of the program is as follows: 38 percent for salaries, and 62 percent for other costs (infrastructure, scholarships, etc.) The total number of youth assisted is 10,300, which makes the cost per beneficiary about US$330 per year. While costs per beneficiary are low, client satisfaction nor program impacts have never been evaluated.

2.51 **Lessons Learned and Conclusions:** The program represents an important alternative to centralized vocational training programs which often send large numbers of youth to vocational training centers far from their homes. By being based in the community and by using a case management system, the program is more flexible, responsive and accessible to youth, enabling them to attend school and participate in the vocational training program. The program is also important due to the fact that youth remain enrolled in the public school system without putting extra burden on an already school system.

---

**- Job Placement and Vocational Orientation: Jobs for Youth - Chicago, USA**

2.52 **Introduction:** Jobs for Youth (JFY) is an NGO based in Chicago (with sister programs in Philadelphia and Boston) which assists low income youth ages 17 to 24 in finding entry level employment by matching and linking youth to existing jobs in more than 300 firms in the community. The program provides orientation to the work world, vocational counseling and remedial education for youth who have already graduated from secondary school or dropped out of school. For youth who have not completed secondary school, Jobs for Youth provides tutoring and remedial education so that the young person can acquire a GED (General Equivalency Diploma, a standardized test which is equivalent to a high school diploma). Jobs for Youth provides two-week and three-week orientation sessions; upon successful completion of this orientation, job counselors assist youth in finding entry-level positions which suit their abilities and interests. Follow-up
support and counseling is provided to youth for up to two years from the initial job placement.

2.53 The target population assisted by the program come from low income neighborhoods in Chicago; about 60 percent are female, of whom more than half already have children. About five percent of the youth served are homeless, and about 20 percent have been arrested at least once. About 50 percent of youth find out about the program by referrals from other youth who passed through the program; the rest learn about the program via newspaper ads and visits by JFY staff to area schools. JFY seeks to help youth acquire jobs which they could not have acquired on their own; that is, the program seeks to find jobs which help put them on a professional track, as opposed to a job in a fast-food restaurant, for example, which has little opportunity for advancement.

2.54 Key Strategies: JFY's chief strategy is that of dividing its target population between youth who have completed secondary school and those who have not. The program believes that it is essential for long-term success for a young person to have a high school diploma or a GED; the program has also found that youth with higher reading levels perform better in the workplace. Youth who have completed secondary school and have high reading skills go through a faster orientation process, while youth with low reading skills go through a longer orientation which may also include remedial education or tutoring. Youth who have not completed secondary school participate in small classroom sessions of less than 15 per class and receive individual tutoring and then take the GED. This process of preparing for the GED can last from one month to two years with an average of six months.

2.55 Another important strategy is the use of a computerized intake and tracking system which is designed to monitor the orientation and placement process and to provide services to youth efficiently. After receiving a telephone call from an interested young person, an intake counselor collects basic information on the youth, describes the prerequisites of the program and invites a youth to an initial interview and orientation session; during this orientation session, youth also take a reading test. For youth who have completed secondary school and have high reading skills, the total time from the first call to the first day on the job is generally one month. This computerized tracking system is also used to fine-tune the program. For example, the tracking system was used to develop the optimal class size: the program found that when orientation classes were too large, drop-out from the classes and during the initial job placement were higher. Thus, hiring more teachers was necessary to insure high placement and graduation rates and maintain the orientation classes at the optimal size of 20 youth per class.

2.56 In terms of its orientation strategy, JFY believes that youth essentially need information on positive work habits. Since most of the youth come from unstructured family situations where unemployment has often been chronic, they lack personal communication skills and other positive work habits such as punctuality and personal
presentation, which are necessary for acquiring stable employment. The orientation session consists of, among other themes, training in how to fill out a job application, how to interview for a job, conflict resolution, time management and general life planning.

2.57 Another important strategy in the orientation process is the use of more than 200 volunteers from the business sector, who provide training in interviewing and applying for a job and also organize fund-raising events for the program. Since these individuals represent the business sector, they provide practical and real-life information and serve as role models for the youth. Because these volunteers often work for the firms which hire youth, they also become advocates for youth and for the program within their businesses. Jobs for Youth has two full-time staff who coordinate and train volunteers to insure uniformity of the program and to evaluate each volunteer as if he or she were an employee of Jobs for Youth.

2.58 **Problems Encountered:** The two main problems faced by the program are: (1) drop-out by youth and (2) lack of day care for the large number of young women who have children. Youth may drop out from the program during any of a number of stages in the process. Of those youth who call and set up an appointment, about 30 percent do not show up. Of those who enroll in the orientation course, about 85 percent graduate and of those, about 85 percent get jobs. Among the main reasons for drop-out are personal problems, often related to the lack of child care for their children. While Jobs for Youth tries to provide referrals for day-care, the lack of day-care is a chronic problem in Chicago. The other main reason that youth lose jobs is for being unreliable and being unable to adapt to the demands of the workplace. Another more recent problem has been the instability of federal government funding.

2.59 **Main Accomplishments:** JFY's main accomplishment is achieving a high job placement rate among a population of at-risk youth. In addition, the average starting wage for youth who graduate from the program is US$5.85 per hour, higher than current minimum wage. Youth have been placed in a variety of entry-level service, retail and industrial positions, from computer operators to airline ticket operators to accounting clerks. The program also has been able to assist a large number of youth at a low cost when its costs are compared to other U.S. job placement programs for at-risk youth. The program currently assists 500 youth per year in its GED or remedial education program and 1100 youth per year in orientation and job placement.

2.60 **Costs, Financing and Efficiency:** For 1995, the program's total budget was US$1.7 million, 85 percent from private foundations, corporate sponsors and individual donors; the rest came from the federal government. In previous years, the program has received more funding from the federal government. The largest portion of the budget (80 percent) is staff; the organization has a total of 50 full-time staff. In terms of cost per job acquired for a young person, the current cost is US$1,965 per job acquired, down from a per placement cost of US$3,133 in 1993, due mainly to the implementation of the computerized tracking system which streamlined the process.
2.61 Lessons Learned and Conclusions: JFY's chief lesson learned is that of maintaining strong ties to the private sector, both for funding and for the purpose of guaranteeing high job placement rates for youth. Jobs for Youth makes a pledge to employers that it closely screens and trains youth and does not allow youth to graduate if the program does not feel the youth will perform adequately in the workplace. By maintaining high standards, the program has developed a solid reputation with the more than 300 businesses which hire youth from the program. These strong ties to local corporate foundations have also helped Jobs for Youth survive financially during cycles when government funding has been unstable. Other lessons learned include:

(a) The program has learned that it is important to adhere to one narrowly defined objective. To keep its costs low and maintain a short orientation program, the program does not pay much attention to "personal" issues or other needs of youth such as personal counseling, health education, AIDS prevention, or rights, for example. The organization is run much like an employment agency. As such, the system is streamlined to help youth find jobs quickly. While this single-mindedness means that the program achieves its goals of high rates of job placement at a low cost, the program turns away many youth who might be able to get a job but require additional motivation or counseling. As such, Jobs for Youth works largely with youth who are already motivated to seek employment, but need short-term orientation.

(b) The program has seen the importance of taking advantage of existing options in the job market. The program works because entry level jobs exist in Chicago. The program in essence serves to insure the flow of information between employers and low income youth who otherwise do not have access to this information and do not know what is expected from them in the workplace. Thus, in settings in which entry level jobs exist in the formal sector, the Jobs for Youth model is extremely relevant.

(c) It is important to support youth beyond their first job. What makes Jobs for Youth more than a simple employment agency is its two-year commitment to youth. If a young person loses a job -- for any reason other than stealing or using drugs -- Jobs for Youth will assist the youth in finding another job. The program recognizes that for low income youth, the first or second job experience is often one of a learning experience and as such may be short-term. Youth often need "hand-holding" in this experimentation and learning phase.

- Vocational Orientation and Life Skills: The Lyceum of Arts and Trades (Liceu de Artes e Oficios), Salvador, Brazil

2.62 Introduction: The Lyceum is a not-for-profit (NGO) "community business" which provides vocational training, "life skills" and health education for low income
(mainly in-school) youth ages 14-17. Founded 120 years ago as a school for the children of ex-slaves, the Lyceum is located in its historical headquarters in the colonial section of Salvador. Presently, the Lyceum has four vocational training workshops: (1) a video production workshop which produces educational and promotional videos for a variety of clients, including the city government; (2) a furniture factory which manufactures desks for the state education department and a line of home and office furniture; (3) a service unit for maintenance and repair of water meters; and (4) a building maintenance training program. The organization calls itself a "non-profit community business" which seeks to educate and help young persons realize their potential through work.

2.63 As of 1994, there were 12 youth in the video program and 68 in total in the other three workshops. Youth are enrolled in the program for two years and work four hours per day, receiving half of one minimum salary (about US$50 per month). Adolescents enter the program by application and recommendation from public schools in Salvador, and are required to continue studying while involved in the program. Tutoring and counseling is provided to help youth maintain and improve their school performance. In addition to vocational training skills, youth spend one day per week in cultural and life planning activities — activities related to self-esteem, self-awareness and health education.

2.64 The Lyceum also operates an outreach center which carries out educational activities for in-school youth and street youth in the areas of health and rights. This outreach program makes extensive use of theatre and other participatory methodologies to reach youth with messages about sex education, AIDS prevention and drug abuse prevention. The outreach program collaborates with the public school system and other NGOs working with youth; they reach approximately 1500 youth per year through their educational activities.

2.65 **Key Strategies:** In all of the vocational training workshops, youth work alongside professional staff and craftspersons. The program also believes in the concept of decentralized management: each of the vocational training workshops is autonomous and by 1995 were given the challenge of becoming self-sufficient -- that is earning enough money through sales of services and products to be 100 percent self-sufficient. Another strategy used is that of youth participation; youth are involved in the management decisions of each production workshop, and as such, are participants in the process. Youth who are in the second year of their training assist in the training of youth who are entering the program.

2.66 In its vocational training workshops, the Lyceum seeks to establish contracts with various state and private agencies to purchase its products. For example, Pathfinder International has subcontracted with the video workshop to produce educational videos in sexuality and reproductive health and the state water company is the chief purchaser of services for the maintenance of water meters.
2.67 **Problems Encountered:** The main problem encountered has been that of funding or achieving self-sufficiency. While the goal of self-sufficiency is important, the organization has found it easier to propose than to achieve. The furniture-making workshop and water meter repair workshops have achieved self-sufficiency, but the others have not. In addition, the outreach activities rely on donated funds. The program also cites as a problem its limited number of spaces for youth. Because it aims to reach self-sufficiency, the production workshops can only accept a limited number of youth.

2.68 **Program Accomplishments:** The program is still relatively new: the vocational training production workshops have been operating about four years, thus, the number of youth who have "graduated" is still small. Nonetheless, the program counts as its greatest accomplishments the fact that two of its production units are already self-sufficient and have high levels of production. The furniture production workshop produces 50,000 school desks and chairs per month, making it one of the largest sources of school furniture for the state school system. The water meter repair workshop is repairing 5000 meters per month and has an exclusive contract with the state water company.

2.69 **Costs, Financing and Efficiency:** The project is fairly expensive for a primary prevention project, costing about US$1200 per youth per year. However, the program is nearly 100 percent self-funded since profits from the four production units are used to pay both the salaries of the professionals and the youth (and to cover the training costs of youth). The project receives only limited funding from the Fundação Odebrecht (a private Brazilian foundation affiliated with a major business) to cover costs related to building restoration and its outreach activities. Thus, the challenge for the program is to expand its production to include more youth. At its current scale of activities, for each youth employed, the program must generate about US$1200 more in profit.

2.70 **Lessons Learned and Conclusions:** The Lyceum is a relevant model for other developing country settings. Its emphasis on self-sufficiency is especially relevant; while it limits the number of youth who can be reached, it increases the probability that the organization will be sustainable. Thus, while the number of youth reached is fairly small, the model is sustainable. The following are specific lessons learned of the program:

(a) The combination of vocational training plus skills for life or life planning education is fundamental. The philosophy behind this combination is that adolescents are in the stage of personal development during which they need a space to reflect about their future and about the meaning of work. This reflection helps them decide what they want to do in the future and hence helps them become more fulfilled and productive employees. Some of the youth decide to continue working in the areas in which they received training, while others decide to go on to other professions. The program believes it is crucial for youth to have this opportunity to experiment and decide for themselves the profession that interests them.
(b) It is essential to place youth directly in a real work setting rather than in an artificial or sheltered vocational training workshop. Through direct participation, youth learn how a "real" business works and develop their skills at a level which makes them competitive for seeking employment.

(c) The choice of vocational training offered to youth should be done based on perceived needs in the marketplace. The Lyceum selects the services and products it provides through surveying the marketplace; in this way, its production units are competitive and meet a need in the marketplace. This helps avoid the tendency of some vocational training programs for youth which continue to train youth in trades for which there may be limited or no demand.

VOCATIONAL TRAINING AND INCOME GENERATION

2.71 One of the chief needs of low income, urban-based youth is a source of technical training for future and immediate employment. Such training can include traditional vocational training, such as the case of SENAI in Brazil, which provides training in technical skills, or may include technical skills for immediate employment combined with life skills, such as the case of Servol in Trinidad, and may include apprenticeship or on-the-job training, as in the case of the Youth Training Scheme in the United Kingdom. All three of the programs described here provide vocational training skills which can help acquire immediate employment. Unlike the programs in the section on education and school-to-work transition, there is a general assumption that youth will go to work in the field in which they receive training.

Vocational Training, Life Skills and Income Generation: Servol, Trinidad and Tobago

2.72 Introduction: Servol is an internationally renowned program which has worked in community development for more than 20 years. In 1980, Servol has worked nationwide in Trinidad and Tobago assisting low income children and youth and regionally in training youth-serving professionals from throughout the Caribbean. Servol's main activities are: (1) the early child development program, which includes 250 early childcare centers in the country; (2) the parent outreach program, which includes a group of early childhood educators, who try to assist families and mothers even before they bring children to day care; (3) the Adolescent Development Programme, which reaches 3,000 youth per year, ages 16-19 in 35 centers throughout the country; and (4) the Junior Life Centre, a new program for assisting out-of-school youth ages 13-15.

2.73 The Adolescent Development Programme (ADP) consists of a three-month personal development program combined with one year of vocational training, including three months of on-the-job training, and literacy training for those youth who need it.
There are no educational prerequisites to enter the Adolescent Development Programme, only that a youth must be 16 or older; the majority of the youth who enter the program have dropped out of school. Approximately 40 percent of the youth who enter the ADP go on to the second stage of the youth training, a nine-month vocational training course with a three-month job placement. Students choose from a range of possible trades including: early childhood education; masonry; electrical installation; auto mechanics; and, nursing. Recognizing the volatility of the job market in Trinidad, each youth must participate in training courses in more than one trade. In addition, youth receive training in money management, starting their own businesses and applying for jobs. Graduates are issued certificates of achievement; for the majority of trades, Servol has negotiated with the government and is able to provide government-approved certificates. For youth who wish to start their own businesses, small loans are offered through a sister NGO which provides loans of up to about US$1000 at bank interest rates.

Overall, Servol has a staff of 600 (many of whom are paraprofessionals because of low salaries). Servol also has a regional training program with a hostel for staff coming from other Caribbean countries (most of these are funded by UNICEF and UNESCO).

Key Strategies: Servol's central strategy is its two-stage adolescent vocational training combined with the personal development program. Many of the youth served grow up with negative attitudes toward life because of the violent, impoverished environment in which they live. Most youth, particularly males, spend several years "liming" (loitering with no particular purpose, a term usually applied to groups of unemployed youth in Trinidad) after primary school and have a negative work ethic, which makes them unemployable even if they have technical skills. The life skills program was established as a strategy to help youth develop the personal skills they need to successfully function in society and the workplace.

The three-month life skills program includes training, activities and discussion sessions in: self-awareness; parenting; nutrition, health, and sex education; drug abuse prevention; sports and recreation; basic literacy and social studies; community service; becoming a micro-entrepreneur; and, obtaining immediate employment. As part of the community service aspect, all of the students, both female and male, must spend time working with the elderly, the disabled and infants. Each of the vocational training centers also has a day-care center (since many of the young women are already mothers). Both males and females enrolled in vocational training must spend some amount of time working in the day-care center. Students also spend short periods in different vocational training departments to enable them to make an informed decision about the field which most interests them. All students must complete the life skills course to proceed to the vocational training.

Another strategy Servol pursues is that of gender equality. Servol seeks to accept an equal number of males and females in the training program. In addition, priority is given to youth who wish to train in trades which are traditionally relegated to the opposite
sex. Young women have graduated as carpenters, plumbers, electricians, masons, auto mechanics, and painters; however, only a handful of young men have graduated in traditional female fields, such as nursing or child care. This emphasis on non-traditional employment for young women helps to diminish sex-role stereotypes and debunks the myth that a woman's place is in the home. To reinforce this policy, Servol also tries to hire female instructors to serve as role models in traditionally male-dominated trades such as plumbing.

2.78 Problems Encountered: Among Servol's chief problems is the fact that it has more demand than it can fulfill. In one recent class with 250 spaces, for example, more than 400 youth applied. Servol also faces high drop-out among youth. Some youth need immediate employment to assist their families, while others are not able to adapt to the schedule or to an organized regimen after having spent several years "liming." Servol has also perceived that youth in Trinidad are dropping out of school at earlier ages, many times after completing only primary school, around age 12. When these youth spend a number of years "liming", it becomes more difficult for them to return to a structured environment. In light of this problem, Servol recently developed its Junior Life Programme, targeted at youth ages 13-15 who have recently dropped out of school.

2.79 Main Accomplishments: Among Servol's main accomplishments is having achieved nationwide coverage; their centers are now located islandwide in Trinidad and Tobago. In 1990, 31 centers were in operation training 2,250 youths at any point in time. Another accomplishment is the fact that a high percent of youth find jobs after training and a growing number start their own businesses. (Unfortunately, specific outcome indicators were not available.)

2.80 Costs, Financing and Efficiency: The bulk of Servol's funding comes from the European Union and the Bernard Van Leer Foundation (a Dutch foundation). They also anticipate receiving funding from the Inter-American Development Bank for a new computer training program that will offer vocational education to 1400 youth. Servol insists that all students contribute to the cost of their education to improve their understanding of the worth of the training and to avoid dependency. These fees combined with local income generation activities enable Servol to finance a large portion of the costs of training. In 1989 it cost approximately US$635 per student per year to provide vocational training. The students pay US$140 per year in fees in addition to financing their own transportation, meals, and books, which cost approximately US$330 per youth over the course of the year-long training. All students in financial need (which are a majority) are assisted in finding weekend jobs to earn the money to finance their vocational education.

2.81 Lessons Learned and Conclusions: In general, Servol's combination of vocational training, income generation (microenterprise loans) and life skills training is a replicable and successful model. Servol already provides training to organizations throughout the Caribbean which are interested in adapting the model. The realities in
Latin America are similar enough to incorporate elements of the model as well. The following are specific lessons learned:

(a) Positive work habits and life skills are as important for at-risk youth in finding a job as are vocational or technical skills. Servol has found that the life skills portion of the program is the essential ingredient which leads to the high rates of success in training and graduate employment. Indeed, the firms which employ Servol graduates say that they do not view vocational training as a requirement for employment in their companies; rather, they are seeking youth who are punctual, hard-working and able to interact positively with fellow workers.

(b) NGOs working in vocational training should seek to register their training programs with the government and engage the government as a partner. Since the late 1980s, Servol has worked in partnership with the Trinidad Ministry of Education to expand the program nationwide. This partnership has meant some government funding and means that the majority of the certificates Servol issues are officially recognized, thus helping youth acquire employment since many employers require official diplomas.

(c) Vocational training programs working with youth must strive to overcome traditional gender stereotyped training. Many vocational training programs train males in higher-skilled (and higher paying) technical trades and train females in lower-skilled (and lower paying) service trades. Overcoming these gender stereotypes requires specific strategies on the part of the organization.

- Industry-Linked Vocational Training: SENAI, Brazil

2.82 Introduction: SENAI is Brazil's national, technical vocational training and skills training program. Founded in 1943, it currently has more than 600 training centers throughout the country. What makes SENAI unique compared to most national vocational training programs is that rather than being government-run, SENAI is an independent, non-governmental organization funded and run by private industries via the National Federation of Industries. Before the 1940s, vocational training was carried out by the Brazilian government. Due to accelerated industrial transformation and modernization of the country during this period, it was perceived that government-run vocational training was not meeting the changing needs of industry. The founding of SENAI also led to the systematic use of the apprenticeship system in Brazil. The current rules of the National Federation of Industries oblige firms over a certain size to have an apprenticeship system and support youth to receive training via SENAI.

2.83 While SENAI does not have the explicit goal of assisting at-risk youth, the majority of youth who enter its basic vocational training program (for youth ages 14-18)
are lower income, urban-based youth. However, youth under age 18 represent less than five percent of persons who receive training at SENAI; the main beneficiaries or students are working adults who receive short-term courses to upgrade their skills. In 1993, 1.7 million persons participated in courses in SENAI, of whom 74,000 were youth ages 14-18. Responding to demands from industry, adults participating in specialized training courses are increasing as a percentage of all students at SENAI while youth participating in basic vocational training are declining as percent of total students. The majority of youth who participate in the Curso de Aprendizagem Industrial (CAI), the three-year basic technical vocational training program are males (in São Paulo, for example, only 13.3 percent of students are female) who are both enrolled in school and working, generally to help support their families. A 1990 survey of 3,033 youth enrolled in SENAI in São Paulo found that 55 percent of youth were already working when they entered the program, and the majority had completed between six and seven years of schooling. In addition, in this sample of students, 20 percent were from the lowest income segments of the population and the majority of all the students had started working by age 13.

2.84 Enrollment in SENAI is via an entrance exam and all youth must continue their academic studies receiving training at SENAI. The majority of youth finish secondary school by the end of their training at SENAI. In terms of financial support (for transportation and living expenses), the majority of students — more than 70 percent — are supported by a firm and more than half of all youth continue their apprenticeship with a firm when they finish at SENAI. Specifically, the youth interview and are contracted as apprentices in the firm, which covers their basic expenses while they study at SENAI. Youth generally have to work at the firm while studying at SENAI; thus, most youth at SENAI have a triple work load of academic study, courses and an apprenticeship.

2.85 The availability of courses is generally advertised by industries although many courses are also announced in newspapers. SENAI offers a limited number of scholarships for low income youth. In recent years, the trend in SENAI has been toward requiring increased levels of schooling on the part of youth, suggesting that low income youth are likely to be increasingly excluded from SENAI.

2.86 Vocational training for youth and skills upgrading courses are offered in the following areas, among others: food processing, graphic arts, computers, ceramics, civil construction, leather processing, electronics, metal work, instrumentation, wood work/furniture making, mechanical arts, plastics, chemical, refrigeration, sanitation/plumbing, soldering and textiles. In recent years, the trend has been toward increased specialization in the courses and fewer students are enrolling to receive general industrial arts.

2.87 Nearly all SENAI's vocational training centers have orientation departments, but the quality of counseling and orientation services offered by these departments is uneven. The role of the orientation department is to assist students with job placement, provide vocational orientation and assist with personal problems. Limited health education (focusing on AIDS prevention and drug abuse prevention) is offered to students. In
general, the orientation departments are not given high priority nor high profile within SENAI.

2.88 **Key Strategies:** SENAI's core strategy since its inception has been to respond to the expressed needs of industries for qualified labor. In this way, SENAI trains and re trains individuals with the skills that industries request, and therefore helps these individuals guarantee their employability and helps the industries which fund it. Recently, responding to changing demands among industries, SENAI has also opened centers which have the goal of disseminating new technology; these technology dissemination centers benefitted from a World Bank loan. There is, however, a perception among some SENAI staff that the organization is paying too much attention to the requests of industry and in the process giving less attention to the vocational training of youth. In spite of this trend away from traditional vocational training for youth, some SENAI centers have implemented strategies to recruit more disadvantaged populations, including youth from low income areas and young women. Another strategy has been that of looking at alternative cost-recovery schemes for its vocational training programs for youth, for example, by receiving funding from municipal governments to train youth in a particular city.

2.89 **Problems Encountered:** In terms of vocational training for youth, the main problems which SENAI faces are the lack of personal support and vocational orientation for trainees. In internal evaluations of SENAI, youth reported that the lack of specific programs to assist in their personal development during apprenticeship and training was the main problem they face. SENAI offers extremely limited follow-up to students, for example, by maintaining ongoing contact with students when they finish the course. Other students report that the fact that they must study at SENAI, study at school and work represents a tremendous burden to them. Scholarships for low income youth are reported to be small and in short supply. Another problem reported by SENAI staff is that the current deficiencies in the public school system leaves many students poorly prepared when they enter. In addition, as previously mentioned, a 1991 internal evaluation found that many staff complained that SENAI's new roles in technology dissemination were taking away from its attention to providing quality vocational education to youth.

2.90 **Main Accomplishments:** While information is less than complete, SENAI's main accomplishment has been that of training youth and adults in skills which make them employable in the industrial workplace. Some of SENAI's centers maintain fairly good records on placement rates and have carried out follow-up or tracking of its graduates. A 1993 study of 1,967 graduates of the CAI, the basic vocational training program for youth, in the state of São Paulo, for example, found that upon completion of their vocational training at SENAI, 50.5 percent of youth had started an apprenticeship in a firm, 20.5 percent planned to find an apprenticeship and 29 percent already had work guaranteed before they started studying at SENAI or were not planning to work for other reasons. In addition, in terms of their future, 96 percent of those surveyed said they would continue to pursue vocational training or further skills training, apparently
recognizing the volatility of the workplace and the need for the constant upgrading of skills.

2.91 Costs, Financing and Efficiency: More than 90 percent of SENAI’s funding comes from participating industries’ contributions which pay an annual fee equal to 1 percent of the total remuneration paid to all their staff; industries with more than 500 employees pay 1.2 percent of total remuneration paid. The majority of this funding — 85 percent — goes directly to the SENAI centers in the state where the contributing industry is located, thus guaranteeing that the contributions of each individual industry are used locally. Until recently, SENAI staff acknowledged that they paid scant attention to cost-effectiveness because they never had a problem of not having enough funding. Only recently has SENAI begun to examine cost-efficiency questions; at the same time it is exploring new funding and income generation possibilities, including partnerships with municipal governments and offering consulting services to firms. No cost per youth or cost per beneficiary data were made available.

2.92 Lessons Learned and Conclusions: The main lesson learned from SENAI is the importance of linking vocational training programs with industry. SENAI’s record shows that its courses are relevant and that a large percentage of its graduates are able to acquire employment. Thus, the chief lesson learned is that industry-funded vocational training helps insure high placement rates and the relevance of the skills for which training is being offered. The link with industries and the fact that SENAI is relatively well-funded means that SENAI is able to afford up-to-date industrial equipment and offer relevant and modern vocational training. In many developing country settings, government-run vocational training is reported to be outdated or provides training in skills for which there may be limited or no demand. Other conclusions from SENAI’s experience include the following:

(a) While links with industry and being industry-funded is positive in terms of job placement and relevance of training, it is not always compatible with skills training for low income youth. If SENAI responds only to the interests of industry, it is likely to give secondary attention to trying to recruit and train more youth from at-risk situations. The natural trend in the system is to move toward more specialized courses and raise entrance requirements, which will exclude more low income youth. If SENAI also believes part of its mission is to provide training for at-risk youth, it will have to balance this objective with that of serving industries.

(b) While students, staff and industries praise SENAI’s technical training, there are many questions about the personal assistance and orientation offered to youth. The level of stress on youth who have to work and study at the same time is high, and SENAI offers few services to alleviate this situation. Possible solutions could include offering more and larger scholarships and extending the kinds of counseling and support services offered.
(c) SENAI is a good example of the kind of market-oriented vocational training program which pays attention to trends and realities in the marketplace, something which NGOs and government-funded vocational training programs have not done well. However, SENAI could learn from other vocational training programs which have found that investing in the individual by offering counseling, orientation and life skills is as important as the quality of technical training.

(d) In terms of cost-efficiency, the fact that SENAI does not offer such information suggests that the industries which fund it have not made the organization highly accountable for the funds it receives. More cost controls and closer attention to cost-efficiency might allow SENAI to provide more support for low income youth, while maintaining its high technical standards.

- Vocational Training and Apprenticeship: The Youth Training Scheme, United Kingdom

2.93 Introduction: The Youth Training Scheme (YTS) in Great Britain is a governmental program in partnership with private industry started in 1983 to assist unemployed and out-of-school youth ages 16 to 17. (British law requires compulsory education only until age 16.) The program was initiated as a response to high unemployment rates for youth, which had reached 25 percent in 1981. Because the social welfare system in the U.K. guarantees unemployment benefits (social security) for all unemployed individuals ages 16 and up, this large proportion of unemployed and out-of-school youth was becoming a financial burden to the government. Thus, the program came about initially with the idea that the same funding being spent as welfare or unemployment benefits to unemployed youth could be spent on a vocational training and apprenticeship program, while at the same time upgrading the overall human resource base of the country.

2.94 The specific objectives of the Youth Training Scheme are to: (1) provide young people with a better start in work and adult life; and (2) to train motivated and productive workers. The program offers two years of vocational and on-the-job training for all 16-year-olds; the program is also open to 17-year-olds who remain or become unemployed during their first year after leaving school.

2.95 YTS training places are provided primarily via employers in commerce and industry, and secondarily via community organizations. Firms interested in participating are registered and agree to pay a minimum wage and allow the youth to participate in classroom activities while also working in an apprenticeship position. If a firm takes on more 16-year-olds than it normally would have done as part of its recruitment for entry level workers, the firm receives a contribution of about US$3,000 from the government toward the training of the young person. Of this amount, the firm must pay the youth a
minimum wage of about US$2,200 over the course of a year. Firms are allowed to pay youth an additional amount if they desire and about one-third of youth receive additional wages. Youth are not guaranteed employment at the end of the year.

2.96 A central feature of the program is its decentralized nature. While the program is under the guidance of the Manpower Services Commission, a quasi-governmental body which is funded by government, the local administration and training of youth is carried out by "managing agents," local organizations (employers, groups of employers or governmental or non-governmental vocational training organizations) which receive funding from the government to implement the program. As of 1985, there were about 4,000 "managing agents" participating in the program. In 1985, about 75 percent of the local "managing agents" were affiliated with industries, while 25 percent were community organizations (colleges, community organizations, and NGOs). Each managing agent must design its training program, recruit and supervise youth, maintain a minimum quality of training and carry out testing for the awarding of diplomas. A minimum of 13 weeks of on-the-job training must be provided per year.

2.97 Key Strategies: The chief strategy of the YTS is to provide youth with an income while they receive practical vocational training and to put vocational training in the hands of industry. The program seeks to provide a combination of a high quality foundation for long-term employment -- as opposed to merely providing the short-term training needed for one specific job -- while at the same time guaranteeing youth employment and income in the short-term. The program's initial philosophy is that few 16-year-olds know what they want to do in terms of career. Thus, the program attempts to provide skills in a broad occupational category -- such as health services or clerical skills -- rather than focus on the skills needed for a particular job in a specific firm. Another key strategy of the YTS is that of public-private partnerships between the national government and private industry and between the national government and local communities.

2.98 Problems Encountered: The main strength of the program -- its decentralized nature -- is also a major problem. Because the program is decentralized, it has been unevenly implemented; 75 percent of "managing agents" met minimum requirements in 1986, which means that a quarter are not meeting even these minimum requirements. Another problem with the program is that there is no guarantee that a youth will have employment at end of program; thus, a youth may return to the welfare roles after one or two years. Moreover, the minimum wage paid to youth in the program is lower than what employed 16- and 17-year-olds earn on average. For this reason, the program has been criticized as a form of exploiting unemployed youth who work for industries at a lower wage than regular employees. Another problem has been high drop-out rates. The reasons for leaving the program include personal problems and disenchantment with the program; a fairly large number of youth drop out because they acquire employment which pays better than the YTS apprenticeship. Some of those who drop out later return to complete their training and obtain a certificate. Another significant problem is that of balancing the needs and interests of firms -- who want entry level employees trained in
the skills they need — with the interests of youth and the government, which want young persons trained in such a way as to meet their long-term career goals and to prepare them with skills that will keep them employed beyond their first job.

2.99 Main Accomplishments: The main accomplishment of the program is its national scope and the success of the public-private partnership. As of 1990, there were 10,000 firms in all of the U.K. providing work-based training via the program and 15 percent of British youth 16-18 benefited from the program.

2.100 While a true outcome evaluation of the program was not available, some initial evaluation suggests that the program is meeting the needs of a fairly large number of youth. A follow-up survey with 63,000 youth in 1985 found that 50 percent of youth were employed after completing the program. The survey found that 25 percent of youth had no qualifications when they entered the program; 38 percent left the program with a qualification. (This "qualification" refers to government-administered skills tests in various occupational groupings, such as administrative and clerical. Individuals seeking employment take several "O" tests or tests in occupational groups and if they pass are said to have one or more "qualifications" based on the number of occupational area tests they pass.) The survey also found that 67 percent of trainees who entered YTS with at least on "O" level were working within three months after leaving YTS, compared to only 36 percent for those who entered the program with no qualifications. In addition, 70 percent of those who earned an "O" qualification while attending YTS attained employment. Attaining employment was also related to the field of work: 70 percent of youth in administrative and clerical training obtained employment, compared with only 41 percent of youth who received training in community and health fields. Youth who are trained via industry-linking "managing agents" also seemed to fare better in acquiring employment than youth trained via community organizations and community colleges.

2.101 In terms of client satisfaction, 84 percent of the sample of 63,000 found the program "very or fairly useful" and most respondents found on-the-job training to be the most relevant for their future employment.

2.102 More recent evaluation studies of the YTS have found a small but positive effect on the probability of employment following YTS participation, although these studies have found that the impact of YTS is rather slight when compared to other personal and social factors. That is, a youth who enters YTS with higher motivation and higher past school achievement is likely to fare well in the program in terms of future employment; youth who enter the program with lower motivation and low school achievement are likely to benefit less, if at all. For some employers -- particularly those who do not participate in YTS -- participation of a youth in YTS has a stigmatizing effect: youth participation is seen as a sign of poor potential productivity. Overall, however, outcome evaluation of the program has found that YTS graduates do no worse than non-graduates in terms of finding jobs, which is an important outcome. That is, youth who enter YTS—compared to youth who do not enter YTS—generally have lower academic achievement and lower levels of personal skills and job experience needed to find a job. Those who
enter YTS are youth who could not find jobs. Those who had the personal skills and experience to find jobs on their own generally do not enter YTS. Thus, since non-YTS graduates or non-participants have higher chances of getting jobs on their own, we can say that YTS brings those lower achieving youth up to the level of the mean in terms of their chances of finding a job.

2.103 Costs, Financing and Efficiency: Overall, the YTS is a fairly costly program. Its 1985 total budget was about US$1.3 billion for 350,000 youth, which yields a total cost per year per youth of about $3,700. The cost is comparable to maintaining a youth on welfare or unemployment insurance.

2.104 Lessons Learned and Conclusions: The main lesson learned is the viability of a public-private partnership in terms of vocational training. Over time the program has evolved to put more control of the vocational training curriculum in the hands of those firms which will later hire youth. However, this trend has mixed results. While it helps insure immediate employment for youth, it has been found that graduates tend to receive training which is too specialized, devaluing the YTS certificate or diploma. Thus, since youth receive low wages while in the program and because the program's diploma has little value beyond immediate employment, youth have the incentive to drop out of the program as soon as they get a job. Measured by post-training employment, the program could be seen to be improving. However, the skills needed for one particular job are not the same depth and breadth needed for long-term career options. In conclusion, we can say that YTS as an immediate job placement program is reasonably successful in helping youth find employment. However, by focusing too much on the specific skills for one particular job, the vocational training provided has limited long-term value. For the overall purpose of assisting at-risk youth, YTS is thus problematic, and offers us more lessons learned about what not to do than what to do.

2.105 Some critics of the program have suggested that the program must have a diploma or certificate which is recognized and valued by youth and by industries. Others have urged Britain to follow the German model which requires firms to provide one-day per week of college courses for a determined time period, even after the initial two years of apprenticeship. If the firm does not allow the youth to participate in a government-funded college course, the firm loses the apprentice and their investment in his or her training. Overall, the YTS has been criticized for being short-sighted. The program seeks to get youth immediately off welfare roles with less consideration of long-term needs.

HEALTH AND HEALTH PROMOTION

2.106 Another important need of at-risk youth, as cited in the introduction, is information and education about health issues, as well as health services. Overall, adolescents are generally healthy when compared to older or younger segments of the population. However, adolescents face a number of health problems which primarily have to do with behavioral issues and lifestyles -- that is, health issues related to
sexuality, substance abuse and violence or other dangerous behaviors. The programs cited here deal both with the need for health promotion and education for healthy lifestyles, as well as the needs adolescents face for health services.

- Community-Based Health Clinic: Adolescent Health Unit (Unidade Clinica de Adolescentes, UCA) - Rio de Janeiro, Brazil

2.107 Introduction: UCA was founded in 1974 as a part of the Department of Internal Medicine at the Medical School of the State University of Rio de Janeiro (UERJ) to provide integrated health services to adolescents (ages 13-19) in a low income area in the northern part of Rio de Janeiro. The clinic and the university hospital are part of the municipal health care system and thus provide services to adolescents within the geographic area in which they are located, as well as serving as a city-wide reference clinic for adolescents for more complicated or specialized health problems. The geographic area in which the clinic works has more than 204,000 residents, of which approximately 40,000 are between the ages of 10 and 19. Of these 204,000 residents, at least 46,000 live in favelas.

2.108 UCA provides out-patient services to more than 25,000 adolescents annually. The clinic operates with a multi-disciplinary team of approximately 90 persons, consisting of physicians, nurses, psychologists, social workers, educators and support staff, and offers integrated clinic-based services at the primary, secondary and tertiary level and health education activities to adolescents city-wide. Supported by the Kellogg Foundation, the clinic expanded its primary (prevention) activities in a nearby favela (slum area) by establishing a community-based adolescent health post for youth in the favela.

2.109 In addition to providing direct health services and health promotion activities with adolescents, UCA is also a teaching facility for university students in the departments of Medicine, Nursing, Social Work, Social Communication, Psychology and other disciplines. Between 1990-92, more than 713 undergraduate students and 104 medical student residents took part in UCA activities. UCA is also a training arm of the Ministry of Health's Adolescent Health Program, an effort supported by the Pan American Health Organization. UCA carries out city-wide seminars for health and education professionals on health needs of youth.

2.110 Recently, in recognition of growing rates of STDs and AIDS among adolescents, UCA began working in two major projects in AIDS prevention with youth. In 1992, UCA was asked to participate in a World Bank-funded project called "AIDS in the Schools" to provide AIDS education in collaboration with the Ministry of Health in public schools in Rio de Janeiro. And in 1994, UCA began a three-year collaboration with CHILDHOPE, an NGO which works with street and working children, on a project to provide AIDS education, STD information, and HIV/STD diagnosis and treatment to youth living in favelas and street children (youth living on the streets) in Rio de Janeiro. This project, called Projeto Papos (which means "chat" in Portuguese and stands for Prevention of STDs/AIDS and Promotion and Orientation in Health and Sexuality),
includes the following elements: (1) educational activities with low income youth in favelas in the Vila Isabel region of Rio de Janeiro; (2) the development of educational materials in STD/AIDS prevention for low income youth and street children and street educators, teachers and promoters; (3) training of teachers, community educators and youth (peer) promoters in STD/AIDS prevention with low-income youth; (4) condom distribution through the adolescent clinic and the educational activities; and (5) training of street educators and counselors who assist street children in STD/AIDS prevention.

2.111 **Key Strategies:** UCA's chief strategy is to reach youth where they are and to address the problems which they perceive as being the most urgent, and to provide those services in a setting which is sensitive to the special needs of adolescents. After carrying out a community-wide health survey, UCA staff decided to focus its activities in those settings where youth were most likely to be found: (1) the school; (2) the workplace, or vocational training programs; (3) within the public health system; and (4) in the community. To provide for a multiplier effect, UCA also trains youth-serving professionals -- teachers, educators, counselors, and community leaders -- who in turn work with youth in health promotion.

2.112 In terms of its work in the community (the favela), UCA has adopted the strategy of providing integrated services, not just health services. Many youth in favelas are generally disconnected in the community; many drop out of school early to work to support their families. For example, a 1992 survey with 1,034 youth in the community found that 17 percent were working. Many youth in the favelas maintain loose family ties and thus the number of places where the youth congregate in groups is limited. In addition, the presence of drug trafficking gangs (which are the de facto political force in some favelas) in the community are a constant source of violence in the community, as well as a force which "captures" many youth. The same 1992 survey found that 45 percent of youth had suffered from some kind of violence; of these 63 percent said they had been robbed, 30 percent were involved in street or gang fights and 16 percent had been subjected to violence in the home. In this setting, UCA has seen the need to work with youth in a variety of areas, including violence and income generation, and not just health.

2.113 To respond to the need for vocational training and income generation, UCA worked with community leaders to develop a vocational training program in computer use, silk-screening and paper recycling; the project has since received funding from the Inter-American Development Bank.

2.114 In its AIDS prevention projects, the strategy has been to include AIDS prevention messages within group activities with youth. Specifically, baseline qualitative and quantitative research with street youth and youth in favelas found that STDS and AIDS were not seen as a major health problem, or a problem in general by the youth. Instead, the youth wanted to discuss issues such as employment, violence and sexuality. With this information, UCA staff and collaborating organizations developed an AIDS prevention
campaign with youth which includes AIDS prevention within these other themes which more directly interest the youth.

2.115 **Problems Encountered:** Working with low income youth in *favelas* has presented a number of problems which UCA staff have worked to overcome. Among the main problems encountered is the general weak state of the public health system in Brazil. This has made it difficult for UCA to implement its referral system and to coordinate with other public health clinics; in many cases the public health system is overburdened and unable to accept referrals. Another problem has been that of acceptance of the program in the *favela*; when the program started, the community was initially skeptical based on its previous negative experiences with governmental programs. The level of violence in the *favelas* is also a problem and has entailed shutting down the community-based clinic on a short-term basis on several occasions. This violence also means that youth are sometimes reluctant to involve themselves in organized activities and suspicious of UCA's intentions. Nonetheless, the experience of the UCA staff in establishing contacts with community leaders and organizing youth without threatening the drug *commandos* has made it possible to achieve a high level of acceptance in the community. Other problems encountered include the high level of demand for services. Because UCA is seen as one of the few well-functioning arms of the public health system, demands for services and requests for training are larger than it can meet.

2.116 Problems faced in working in AIDS prevention have been the reluctance and refusal of many public schools to permit condom distribution in schools. In other cases, teachers and youth-serving professionals have been reluctant about participating in sex education and AIDS awareness workshops because of their own difficulties of discussing the themes. Some youth-serving organizations have also declined to participate in AIDS prevention activities for fear that providing sex education to youth will encourage them to have sex.

2.117 **Main Accomplishments:** Among UCA's main accomplishments is its widespread coverage in the community in general and in the *favela* where it works. Despite initial difficulties of entering the favela (where the outreach clinic is located), by 1992 the outreach clinic had reached 14 percent of youth in the favela, up from 3 percent in 1990. The number of youth visiting the clinic has also been high. In 1992, there were 25,211 health visits at the central clinic and 370 youth in health visits in the community-based clinic. Also in 1992, 1834 youth were reached in health promotion activities in the central clinic. In total between 1990 and 1992 there were 205 group activities with 4874 youth and 305 youth-serving professionals participating. In terms of its community outreach, there were 120 meetings with community leaders in 1990-92. With working youth, UCA carried out 123 group activities in 1992 reaching 822 youth. In terms of program impact, a 1993 impact study of the clinic found that 74 percent of 182 youth interviewed reported some change in behavior as a result of receiving services at the clinic. Of those who reported some change, 61 percent said they took more measures to
prevent health problems and 12 percent said they sought public health services more often.

2.118 Regarding its AIDS prevention activities, after only one year of an intensive AIDS prevention program, UCA and the collaborating organization had reached 406 youth in the favelas, 1,186 youth in schools, 105 teachers, and 45 other youth-serving professionals. More than 8,000 condoms had also been distributed to youth. A final evaluation of the AIDS prevention project will seek to measure behavioral change using a pre-test and post-test survey of youth in favelas and focusing on two chief indicators: (1) condom use, and (2) rates of STDs among youth.

2.119 **Costs, Financing and Efficiency:** Calculating the annual budget of the clinic and a per-client cost is extremely difficult due to the fact that the budget is divided among the university teaching hospital and the university system. However, staff estimate that during the three years it received funding from the Kellogg Foundation (1990-1993), about US$1.5 million was provided by the university, or about US$500,000 per year for the base operating budget of the clinic plus US$500,000 total over the three years from Kellogg. This total does not include a number of costs, including the cost of maintaining the clinic infrastructure, and a large portion of staff salaries, which are covered in the university teaching hospital’s budget. Calculating a per-beneficiary cost for educational activities and direct clinical visits is even more difficult because of the variety of activities carried out: direct medical care (out-patient and in-patient), health education, materials development, training of university students, and training of youth-serving professionals, among others. Nonetheless, based on a rough estimate of 29,000 interventions (ranging from hospitalization to educational activities) per year (in 1992) and based on an annual budget of approximately US$660,000, the estimated cost per intervention is US$23.

2.120 Nonetheless, a review of UCA’s budget suggests that separate services and a separate clinic for adolescents is more expensive than providing such services as part of the general public health system. However, the university made a political commitment to at-risk youth, believing that maintaining a separate clinic helped guarantee a high quality of services and served to call attention to the special needs of this population.

2.121 **Lessons Learned and Conclusions:** The most important lesson learned by UCA staff is that of reaching youth where they are and meeting the needs which youth themselves identify as priorities. The following are the specific lessons learned:

(a) Many low income communities do not perceive adolescents as a population with special needs. Because of the variety of needs and problems which many low income communities face, the special health and developmental needs of adolescents are often not seen as priorities. A special program targeted at adolescents can help the community perceive the importance of investing in its youth.
(b) The use of baseline surveys is extremely important in identifying the needs of the target population, developing strategies and in convincing community leaders of the need for the project. UCA found that presenting its survey results to community leaders helped convince them of the need for the project. Presenting the results of an AIDS/STD survey (KAPB) with youth also convinced many collaborating organizations of the importance of the project and helped overcome reluctance to the distribution of condoms to youth.

(c) Youth in general are not worried about health problems and thus pay little attention to programs which focus on prevention. However, if a health promotion program combines the perceived interests of youth — income generation, sexuality or violence prevention, for example — with health issues, then youth will pay attention and participate.

(d) Youth peer promoters and community leaders must take an active leadership role in programs for at-risk youth. The participation of the community in turn guarantees its acceptance of and investment in the program, thereby increasing its chances for long-term sustainability. In the new project funded by IADB, for example, UCA insisted that the community association assume responsibility for the project rather than depending on UCA to administer the funding.

(e) In terms of AIDS prevention, UCA found in its research and its direct work with youth that the majority of youth have fairly extensive information about STDs and AIDS. However, knowledge has not necessarily led to behavioral changes. Additionally, using condoms has come to be seen as "politically correct" thus youth report that they use condoms, when in fact a fairly small percentage are using (less than 30 percent of 450 youth surveyed in the project said they used condoms in their last sexual relations). Qualitative research revealed that condom use by youth is hindered by a number of factors, including lack of communication in sexual relations, traditional gender roles which make it difficult for a woman to suggest condom use, and the high cost of condoms in Brazil. Working with low income youth in AIDS prevention requires addressing fundamental questions related to gender roles and the nature of sexual relationships.

(f) Youth generally perceive themselves as healthy and distrust the public health system, and therefore do not generally make use of it. However, with staff who are trained to be sensitive to and understand the needs of adolescents, youth can be convinced to make more use of the health system and to seek preventative care and take preventative health measures.
- Health Promotion through Peer Promoters: Addiction Alert, Kingston, Jamaica

2.122 **Introduction:** Addiction Alert is an NGO founded in 1990 which works in substance abuse and HIV/AIDS prevention with youth, as well as offering out-patient substance abuse counseling and rehabilitation for youth and adults. Their main activity is a youth peer promotion project for in-school and out-of-school youth which currently includes nine secondary schools in low income areas in Kingston. The peer outreach program includes a pre-test and post-test to evaluate its results. The peer promoters receive training in substance abuse, sexuality and HIV/AIDS and conflict resolution. Youth promoters then carry out activities, both group and individual, in schools and in their communities; they receive a small stipend to cover transportation, meals and other expenses. Addiction Alert also has employees’ assistance programs, including drug-testing, in some major companies in Jamaica and offers limited counseling for adult and youth substance abusers. Their outreach programs include a telephone hotline for youth seeking information or counseling and a silk-screening workshop as vocational training and rehabilitation for youth substance abusers.

2.123 **Key Strategies:** Addiction Alert’s main strategy is to work with youth to reach their peers. Reviewing various studies on the impact of traditional drug abuse programs for youth (transmitting information via teachers or the mass media), Addiction Alert concluded that youth are more likely to listen and internalize messages related to health promotion if their own peers are the vehicles of this information. With the assistance of teachers, Addiction Alert recruited and trained youth from each of the participating schools. The promoters were trained in values clarification, basic counseling skills, conflict resolution and mediation skills, decision-making and group formation. While the focus of the program is on drug abuse prevention, the peer promoters report that they are most often requested to talk about personal problems (including family problems) and to intervene in personal conflicts in the schools and communities where they work. In addition to offering individual counseling to their peers, the promoters have made extensive use of cultural and theatre activities to transmit their messages, including carrying out contests in schools and using music, dance, drama and poetry contests. As of early 1995, there were 60 peer promoters working in nine schools.

2.124 **Problems Encountered:** Among the main problems the program has encountered is the difficulty of finding out-of-school youth to work as peer counselors. Because the majority of out-of-school are working, they have little spare time to work as peer promoters. In addition, once youth have dropped out of school, it becomes more difficult to find places where they "hang out." However, Addiction Alert is conscious of the need to expand their efforts to reach out-of-school youth, who are at even higher risk for substance abuse than in-school youth. Another problem Addiction Alert faces is the lack of drug abuse rehabilitation services for youth. They have observed that a growing number of youth are starting to use drugs at earlier ages in Jamaica and hence a larger number are becoming addicts at earlier ages; in the past most substance abuse addicts in
Jamaica were in their early twenties. Addiction Alert reports that two to three youth per week seek services for substance abuse problems — a large number considering the size of Kingston.

2.125 Addiction Alert has also had difficulties convincing parents and teachers to participate and cooperate with their activities. Teachers in particular often perceive the peer promoters’ activities to be an invasion of their activities. Thus, for 1995-1996, Addiction Alert is developing strategies to involve teachers and parents.

2.126 Another problem is the difficulty of recruiting males to work as peer promoters. In Jamaica, as in most countries in the Caribbean, more girls are enrolled at the secondary level than are boys (at more academically oriented secondary schools in Jamaica, girls comprise approximately 60 percent of students). In addition, the male peer group often views participation in such extracurricular activities — and in school in general — in a negative light. In a recent group interview, male peer promoters reported the pressure they faced from other males to drop out of school.

2.127 **Main Accomplishments:** Among Addiction Alert’s main accomplishments is the ongoing participation of 60 peer counselors and the acceptance of the program in nine schools. To date, the program estimates that 1,000 youth in Kingston, primarily in-school youth, have received direct information or counseling. This represents about three to five percent of the secondary school population in Kingston, an important accomplishment for a small NGO and a new project. The results of the initial impact evaluation of the project will be available by 1996.

2.128 **Costs, Financing and Efficiency:** The organization is relatively well-funded by the European Union, the U.S. government and corporate sponsors. Their 1995 budget was about US$76,000. They are currently building an endowment fund with corporate funding, which will offer them some financial self-sufficiency — a strategy used by numerous U.S. and European NGOs, but still a new concept for NGOs in developing countries. The endowment goal is US$600,000, of which over half had been raised by 1995. This endowment will be invested with interest income providing the core operating budget for the organization. If we assume on-going participation of 1,000 youth per year (which is an average of 17 youth reached per peer counselor), the annual cost per youth would reach US$72.

2.129 **Lessons Learned and Conclusions:** Addiction Alert’s most important lesson learned is the effectiveness of working with youth to reach other youth. The peer promoter program has entailed intensive training and supervision of youth. Since the youth were schooled in a rigid academic and authoritarian educational system, working with youth to take active and participatory roles within the educational system has been time-consuming. Other lessons learned include the following:

(a) Building an endowment is a viable option for providing financial stability for some NGOs working with at-risk youth. Addiction Alert has been able to attract substantial funding from local businesses. Many corporate
funders found the idea of the endowment attractive by the fact that they would only be asked to donate once, albeit in a relatively large amount, rather than receiving a request for funds every year. The concept of the endowment gives these corporate sponsors the sensation that they are making a permanent donation to the problem of substance abuse in the community and not just a one-time donation.

(b) Working in primary prevention with at-risk youth requires being attentive to changes and trends among the youth population. If youth are starting to abuse substances at earlier ages, for example, and if they are dropping out of school at earlier ages, this entails working in prevention at the primary school level.

(c) As in the case of most problems facing at-risk youth, their needs are never one-dimensional. Youth who are substance addicts and need substance abuse counseling also have other needs which must be addressed at the same time: vocational training and income generation, remedial education or educational support, and general counseling.

- **School-Based Health Centers**: U.S.

2.130 **Introduction**: Initiated in the late 1960s, School-Based Health Centers (SBHCs) have been providing primary and mental health care for at-risk youth in hundreds of U.S. public schools. These centers were established to encourage low income adolescents to utilize health centers and to improve the availability of preventative health services targeted to this population. As in many parts of the world, low income youth in the U.S. normally face numerous barriers to receiving proper health orientation and services in the traditional health care system. These barriers include lack of confidentiality, transportation difficulties, inconvenient appointment times, prohibitive costs and general apprehension about discussing personal health problems. The comprehensive nature of the services offered by SBHCs distinguishes them from other types of school health programs, including the traditional health screening, school nursing and health education classes. SBHC services emphasize preventive physical and mental health care; they also provide physical and mental secondary and tertiary health services (sometimes via referral), including examinations, health screening and psychosocial histories, immunization, and treatment and management of acute chronic conditions such as asthma, diabetes, and epilepsy.

2.131 Advocates for Youth, an NGO which carries out research on SBHCs and offers technical assistance to SBHCs, indicates that there are presently 617 SBHCs in the U.S. and that the number of SBHCs has been increasing rapidly, up from about 300 in 1991. However, the number of health centers is still extremely small compared to the size of the population: SBHCs serve less than 1 percent of the more than 83,000 primary and secondary schools in the U.S.
2.132 SBHCs are primarily located in urban senior high schools. However, their rapid expansion has meant the establishment of SBHCs in middle (junior high) and elementary schools and in suburban and rural regions. The target population of SBHCs is children and adolescents (male and female) ages 6 to 16 who live in disadvantaged families and neighborhoods. Nationally, approximately 70 percent of the children and youth benefiting from SBHCs come from minority groups (African American, Hispanic, and Asian), while only 28 percent of users are white.

2.133 BCH staff generally consist of a nurse practitioner or a physician, a social/counselor and a clerk. Additional staff, including health educators, nutritionists, psychologists and other specialists are available depending upon the size and scope of the program, as well as the resources available.

2.134 **Key Strategies:** The major strategy used by SBHCs is to bring health services to children and youth in their own environments, reducing transportation difficulties, scheduling problems and cost issues. In the U.S., 7 million children do not receive routine health care services. In addition, studies have indicated that adolescents are reluctant to seek traditional medical or mental health attention for potentially embarrassing or personal health needs. Therefore, this strategy is a way to provide services to this unserved population by bringing services to where children and adolescents spend most of their time (in schools). It is worth mentioning that according to 1990 figures, more than 51 percent of the students enrolled in SBHCs had no other sources of medical care.

2.135 As an operating strategy, SBHCs develop a comprehensive, integrated program in health education, drawing on the strengths of both classroom and clinical prevention techniques with the objective of reducing high-risk behaviors among in-school, at-risk youth, by offering age-appropriate information. For example, education to prevent early childbearing is included at the elementary school level, emphasizing abstinence. At the middle and high school levels, when an increasing number of students become sexually active, sex education programs include information on STDs, HIV/AIDS prevention and contraceptive use. For teens who are already pregnant, SBHCs offer early prenatal care, helping to reduce the possibility of low birthweight babies and promoting optimal pregnancy outcomes. In addition, SBHCs develop special activities to support teen mothers to complete their high school education and prevent subsequent unplanned pregnancies.

2.136 Another strategy of SBHCs is to promote community participation and support with the objective of increasing the number of visits at SBHCs and assuring that families will help youth in the follow-up to their clinical visits. An advisory group of school officials, local health care providers, health department representatives, parents and representatives of youth-serving agencies assists in community outreach efforts and also helps the SBHCs to become financially self-sufficient.
2.137 **Problems Encountered:** The most controversial aspect of establishing SBHCs in the U.S. has been the provision of reproductive health services. A 1995 study found that 82 percent of SBHCs provided counseling for reproductive health, 69 percent performed pelvic examinations and 35 percent wrote prescriptions for oral contraceptives. However, only 15.5 percent dispensed oral contraceptives on-site, mainly because parent and school officials are reluctant about the provision of contraceptives to youth. Another problem or limitation of SBHCs is the lack of staff to meet the demand for services. In many cases, an SBHC in a school of 5,000 students has the same number of staff as an SBHC in a school of 500 students. In many cases, service delivery levels and staffing patterns are planned according to available funds rather than the level of need in the school. As a result, in some SBHCs, some students have been denied access to care. During a 1995 conference, specialists recommended that for every 700 students, an SBHC should have a core staff of: one nurse practitioner or physician assistant, one physician, two mental health counselors, one health educator, one part-time health assistant and one part-time program manager. In general, SBHCs have not met this standard of care.

2.138 **Main Accomplishments:** The most important accomplishment of SBHCs has been their capacity to provide health care services to low-income and previously unserved youth. Nearly 40 percent of all SBHCs users have no health insurance. In one SBHC in California, for example, 93 percent of clinic users report no other source of medical care. Another major accomplishment of SBHCs has been their capacity to attract a high number of users. Nationally, 58 percent of the students eligible to receive services at SBHCs program seek those services. On average, clinic users make 2.7 visits annual to the SBHC, 32 percent for acute care, 26 percent for preventative services, 20 percent for mental health counseling or treatment, 17 percent for reproductive and sexual health needs and 8 percent for treatment of chronic illness. Furthermore, some studies have also shown that students who frequently use the SBHCs are the ones that demonstrate the greatest health care needs. Frequent users were identified as being at greater risk for alcohol and substance use, sexual activity, and poor family and peer relationships.

2.139 **Costs, Financing and Efficiency:** The median SBHC budget is approximately US$132,500 (with a range of $5,000 to $500,000), not including an average of $20,000 in additional in-kind or donated services. The median annual cost per clinic user is $196. SBHCs have been funded by a variety of agencies including public health departments, private and municipal hospitals, community and academic medical centers, school systems, and other community agencies. The private sector also provides an important contribution to the clinics. Approximately 26 percent of all school clinics receive funding from private foundations, 17.5 percent from private insurance companies (by receiving cost reimbursement for students who have health insurance) and 12 percent from corporate organizations. However, the most important source of funding for SBHCs continues to be state and federal governmental agencies.

2.140 **Lessons Learned and Conclusions:** SBHCs provide an important model for replicability. First, because they are based on sound analysis of the community, school and target population needs, the SBHC model is able to adjust to the specific demands of
its clients. Secondly, because SBHCs are established in existing structures (schools) and there is no need for creating new and independent clinics, SBHCs have little difficulty in becoming self-sufficient or sustainable.

2.141 The main lesson learned by the SBHCs is related to the benefits incurred from bringing preventative health care services to at-risk populations in their own social environments. Some of these benefits include a reduction of quantifiable and non-quantifiable opportunity costs for children and youth in need of health care. By using SBHC services and avoiding transportation, medical fees and insurance costs, at-risk youth and their families increase their real income and welfare. Furthermore, youth reduce class absences, have a better chance of succeeding in school and have more free time to engage in after-school recreational activities. In addition, SBHCs provide an increase in the quality of health care delivery targeted at-risk youth, thus reducing overall costs to the public health care system.

- Community-Based Health Clinics and Peer Promoters: Integrated Health and Youth Development Program (Programa Integral de Salud y Desarrollo Juvenil en el Area Oriente de Santiago, Chile)

2.142 Introduction: El Programa Integral de Salud y Desarrollo Juvenil is a non-governmental health program targeted to youth from low-income families. The main objective of the program is to improve the quality of and access to health care by vulnerable youth living in the Penalolen Province, Chile. This community-based program seeks to integrate and coordinate the different levels of health care (primary, secondary, and tertiary) targeted at at-risk youth with an emphasis on primary prevention. El Programa Integral includes a community-based outreach clinic which provides comprehensive health care and social services to adolescents ages 10 to 25, and their families in a low-income community of Santiago. In this community, of which 30 percent of the population is comprised of young people, the clinic assists directly and indirectly more than 3,000 youth and their families.

2.143 The program works in close collaboration with the University of Santiago and with local hospitals. These institutions refer medical professionals and students to work as volunteers at the program’s clinic and provide secondary and tertiary care for patients who are referred for such services. Volunteer doctors represent the core staff of the program’s clinic. Paid program staff include administrators and health professionals working in health promotion and outreach.

2.144 Key Strategies: The main strategy of the program is to articulate with schools, community organizations and families to improve the access to health care services of at-risk youth. Significant emphasis is placed on helping communities to organize themselves. In this way, the program aims to respond directly to the health needs of low-income youth and their families in their home environment rather than through traditional services provided by hospitals, health posts and clinics outside the community. Another
important strategy of the program is to promote youth participation. The program has established health education commissions which are coordinated by youth from local schools. Each school elects one adolescent as leader of the commission, which is responsible for organizing meetings with clinic staff, developing health education campaigns and advocating for the needs of youth.

2.145 A second participation strategy involves extending health care services and counseling to out-of-school youth. The program has organized and trained groups of health educators (educadores de salud) to act as promoters among out-of-school youth. Educational materials are distributed in places where these youth work or "hang out" (e.g. the workplace and the streets), inviting these youth to contact the organization. The program then discusses with these youth their specific needs, which generally includes vocational training and income generation projects; clinic staff then work with the youth to try to meet these needs.

2.146 Problems Encountered: The major problem encountered by El Program Integral is the difficulty in consolidating its referral system, specifically the difficulty in assuring priority services for the program’s patients in collaborating hospitals. In Chile, as in any other Latin American country, hospitals are overcrowded, and it is difficult to give preference to certain individuals or groups for secondary and tertiary treatment. Other problems include low community participation and skepticism toward the clinic on the part of the community. Even though the program’s clinic offers high quality and low cost health services, it took considerable time for the program to be recognized and receive support from community members.

2.147 Main Accomplishments: The main accomplishment of the program is the expansion of health care services to at-risk youth in marginalized communities of Santiago. El Programa Integral indicates that nearly all the youth receiving health care at the program’s clinic come from low income families, are uninsured and have no other way of receiving health services. Unfortunately, specific indicators on the improvement of health conditions of children and youth who have been using the services of the program’s clinic is not available.

2.148 Costs, Financing and Efficiency: The total annual cost for the program is approximately US$540,000 and the cost per beneficiary is about $180 per year. The program has not yet become self-sufficient; the main source of financial support continues to be the Kellogg Foundation. Nevertheless, as indicated above, some of the activities of the program, especially the community-based health clinic, have been receiving important in-kind contributions from a number of individuals and organizations. For example, doctors and nurses from local hospitals and the University of Santiago have volunteered their time to provide health care services at the clinic center.

2.149 Lessons Learned and Conclusions: El Programa Integral, like the UCA program previously presented, confirms that the best option for at-risk youth to receive health services is in their own social environments (e.g., community and school). In the
majority of cases, health care providers are located outside these environments. By providing services that are directly connected to the target population, community-based health programs help overcome barriers to access, including transportation difficulties and others. Other lessons learned from the program include:

2.150 Health care programs cannot be limited to delivery of health services alone. Other social support activities related to the well-being of the target population must be included. The reason for this is that the socioeconomic situation of some families and youth in low income communities is so precarious that they are unable to take advantage of the services provided by these program until some of their basic needs are met. This usually means that programs have to develop non-health-related efforts such as vocational training and income generation strategies to insure participation in health promotion activities.

2.151 While intra-institutional cooperation is difficult to achieve, it is an essential component for the success of health promotion activities. El Programa Integral is a model for developing a network with other health care providers for strengthening the capacity of a small clinic to care for at-risk youth and to access secondary and tertiary services. The outreach clinic, while limited in its capacity to provide direct care for youth, has played a critical role in creating a network of organizations to expand the provision of health care services to the target population.

2.152 El Programa Integral's outreach efforts in which youth and professionals are trained to act as health promoters among out-of-school youth is an extremely program element to guarantee that this traditionally unserved population also benefits from the program's clinical services. This strategy also helps the program's staff to design health care delivery systems that are truly responsive to the needs of these youth.

**Health Education and Promotion: Life Planning Education ("Cómo planear mi vida"), Latin America and U.S.**

2.153 **Introduction:** "Life Planning Education (LPE)" (or "Cómo planear mi vida" as it is called in Spanish) is a participatory, non-formal methodology and training program in sex education, teen pregnancy prevention, drug abuse prevention and HIV/AIDS prevention. LPE was initially developed in 1985 by Advocates for Youth, a U.S.-based NGO, in response to a number of trends in sex education and teen pregnancy prevention:

2.154 Numerous studies showed that traditional sex education program primarily consisting of biological information was not sufficient to change behavior or attitudes;

2.155 Research findings from the U.S. and Mexico, among other regions, demonstrated that young women who have higher future aspirations are less likely to experience an unwanted pregnancy than their peers with lower aspirations;

2.156 Several studies found that health education programs for youth that feature participatory methodology and culturally relevant information, including role-plays and
assertiveness exercises, were more effective at changing attitudes than traditional didactic teaching methods.

2.157 Cognizant of these findings, Advocates for Youth sought to create a curriculum and — a training process to disseminate the curriculum — that would include to the extent possible the behavioral and causal factors related to adolescent sexual activity, including self-esteem, decision-making, gender roles and values, among others. Advocates for Youth also sought to develop a curriculum which would be acceptable in a wide range of communities and relevant for youth from various cultural backgrounds.

2.158 After reviewing existing curricula and training programs in sex education and compiling the most relevant activities with its own experience, Advocates developed a draft curriculum which was field-tested in the U.S. with predominantly African-American youth and Hispanic youth. The curriculum and methodology received strong praise from youth and teachers for its hands-on and entertaining style. After widespread distribution in the U.S. (it is now used as a resource by more than 2,500 schools and youth groups in the United States), the International Planned Parenthood Federation (IPPF) suggested that the curriculum be adapted for Latin American youth. After field-testing in Guatemala, Costa Rica, Colombia and Peru, a Latin American, Spanish language version of the curriculum was published in collaboration with the Asociación Demográfica Costarricense, the Costa Rican IPPF Affiliate. The material was subsequently field-tested and printed in Portuguese in Brazil and in 1994 Advocates for Youth started a process to adapt the curriculum for Anglophone West Africa.

2.159 **Key Strategies:** The specific strategies of the "life planning" methodology are:

(a) To give youth the opportunity to develop skills in personal communication and to know themselves better — particularly their interests, positive qualities, and personal and family values — and in doing so, enhance their self-esteem;

(b) To help youth establish goals and make decisions related to their future careers and their future childbearing and to think in a broader way about their roles as women and men; and

(c) To increase their knowledge in sexuality, family planning, AIDS prevention and techniques for seeking employment.

2.160 Associated with each of these general strategies is a series of participatory education activities, including role plays, scavenger hunts in the community, brainstorming exercises, visits to health centers, and group discussions, among others. The presentation of all the activities in the curriculum can last three to nine weeks, or more, depending on the frequency of their presentation.

2.161 In terms of distributing the methodology and manual, the key strategy has been to work with youth-serving organizations throughout Latin America to develop local
partnerships and train program personnel in the use of the material. Training workshops usually last five days and allow adult youth-serving professionals to participate in the same activities which they will later use with youth.

2.162 Problems Encountered: Among the major difficulties encountered has been the difficulty of youth-serving professionals, even those who work in reproductive health, to openly discuss sexuality. An adult with unresolved difficulties related to his or her own sexuality will generally have difficulties working with youth in sexuality education. To confront this problem, Advocates developed a training process in which adult participants talk about their own values rather than just talking about youth. Another problem faced in the implementation of the methodology has been the difficulty of implementing the program in public school systems. In various attempts to use the curriculum in schools in Colombia, Costa Rica and México, such efforts have been hampered by rigid academic systems or by teachers who perceive the material as an extra burden. In spite of these difficulties, "life planning" has been adopted as an official part of the school curriculum in some public schools in several countries in Latin America, including México and Costa Rica.

2.163 Funding has been another major problem in the dissemination of the training manual and the methodology. While the costs of a training seminar for youth-serving professionals is low, the trainees are generally from local NGOs or governmental organizations, which have few funds for training. This situation has created a dependency on international donors to sustain the program.

2.164 Main Accomplishments: The main accomplishments of the "life planning" program are its widespread acceptance and applicability with partner organizations throughout Latin America, and its effectiveness in terms of improving youths' understanding about sexuality and teen pregnancy. While it is obvious that no single curriculum or educational methodology can address all the underlying factors associated with teen pregnancy and unprotected sexual activity, "life planning" has proven effective in pre-test and post-tests in Latin America in the following areas:

(a) Youth had a measurable improvement in the understanding of the best combination of contraceptive methods to prevent pregnancy and STDs;

(b) Youth had a greater belief in ability and perseverance rather than "luck" or "fate" in terms of finding a job; and

(c) Youth had a better understanding of the impact that having a child while they are still adolescents would have on their future.

2.165 While these findings to not represent a measurable behavior change, they are nonetheless precursors to behavior change.

2.166 The other major accomplishment of the curriculum is the relevance of the material and its flexibility in a variety of cultural settings. The material has been used or adapted
in Spanish-speaking Latin America, Brazil, the English-speaking Caribbean, Anglophone Africa, Asia and Spain. In the past five years, 450 youth-serving professionals in Latin America and 25 in West Africa have been trained in the use of the material. Advocates for Youth has also observed a multiplier effect in these trainings, with participants training others and modifying the manual to meet their own needs. A survey of 100 training participants found that 90 percent said they use the methodology in their work, with each organization training on average 200 youth. In total, therefore, an estimated 90,000 youth have been reached in the Latin American region. Half of the organizations surveyed said they have trained other adults or youth to carry out LPE trainings. In addition, the number of participants who feel "very comfortable" discussing sexuality more than doubled (from 36 percent to 79 percent) after participating in an LPE training. Among those organizations which purchased a copy of the manual, 44 percent have adapted LPE in some form and six organizations created a new manual using parts of the LPE curriculum.

2.167 Costs, Financing and Efficiency: The development of the manual and the regional training program in Latin America was financed by a number of international donors, including the MacArthur Foundation and the Pan American Health Organization. Funding for training seminars came from USAID, Pathfinder International, the Pan American Health Organization and the Mexican government, among others. The total cost of developing and field-testing the material was probably around US$500,000. A one-week training for 25-30 youth-serving professionals (not including the original investment to develop the curriculum) usually costs about US$10,000, or a little more than US$300 per professional.

2.168 In an attempt to offset some printing costs of the LPE manual, the curriculum is sold in Latin America. A market survey was used to calculate the optimal price of the curriculum, i.e. the price that would recover the highest amount of costs but still be purchased in large numbers, which was determined to be US$12. Advocates for Youth believed it was more important to keep the cost low so that local NGOs could afford the material, rather than charge a high price that would be inaccessible to many NGOs. However, printing and postage costs for the manual were nearly US$10, thus the profits from sales of the manual have been limited. In Colombia, one local NGO (Asociación Salud con Prevención) has offered training workshops at a fee, thus offsetting some costs related to training.

2.169 Lessons Learned and Conclusions: The main lesson learned has been the importance of including sexuality education and teen pregnancy prevention in a comprehensive health education program that includes a wide range of themes and topics related to adolescent development. While the program has not attempted to measure behavior change, it has nonetheless demonstrated changes in attitudes and knowledge for youth who have participated in the program. Other lessons learned include the following:
There is a need to work with youth-serving professionals to overcome their discomfort with sexuality, which was cited as one of the main barriers facing adolescent sexual health programs. Many adults do not believe adolescents should be sexually active; other adults have unaddressed issues related to their own sexuality which inhibit them from being effective sex educators. Training of adults to work as sex educators must consider these factors and assist adults in feeling comfortable in discussing sexuality with youth.

The distribution of any health promotion manual or training program for youth must take advantage of the "multiplier" effect. In the case of "life planning" each training of one adult youth-serving professional results on average in an additional training of 10 adults, 30 peer promoters and approximately 200 youth in the material. In this way, Advocates for Youth has maximized the use of its modest resources.

Health promotion methodologies and manuals must always be adapted for the particular group of youth being assisted; there is no material or methodology which works in all settings. Thus, rather than using health promotion materials from another region as a "cookbook", local organizations must adapt the material to meet their needs. In the case of "life planning", 44 percent of organizations which received the material adapted it by creating new activities or modifying existing ones.

Social Integration and Political Participation

2.170 Social integration and political participation refers to programs which assist youth in understanding their role as citizens, help them feel invested in the community through their direct participation in leadership and community service activities, educate them in democratic and civic processes and inform them of their rights. In reviewing a number of programs in social integration and political participation, we found that many of these efforts are incorporated into other services for youth -- in health, education or vocational training -- rather than implemented as stand-alone programs. Among the programs included in primary prevention, for example, Addiction Alert, UCA, El Programa Integral in Chile and Servol in Trinidad all have components which educate youth regarding their rights or in which youth have leadership and community service roles. Social integration programs also include theatre, arts and recreation programs in which youth learn to work together in groups, express themselves and resolve conflicts. Social integration also includes various youth community service programs which have been implemented in various parts of the world, such as National Youth Corps of some countries or non-governmental youth community service programs. This section includes an interesting program from Chile. By excluding other important examples in social integration and political participation, we are not saying that these types of programs are unimportant, rather there are already numerous excellent examples of these types of programs in Colombia, such as the municipal youth council in Medellín.
2.171 **Introduction:** Vicaria Zona Norte is a recreational outreach program for children and youth living in low-income communities in Santiago, Chile. The objective of the program is to bring low-income communities together to improve the quality of the lives of children through recreational and cultural activities. The program is based on the premise that by working together, community members, both old and young, can develop "safety-nets" to insure that children growing up in depressed neighborhoods have the opportunity to experience childhood and be socially integrated into their communities. Activities include sports, dance, music, art, drama and field trips. The program has been implemented in the Northern section of the city of Santiago since 1981 in affiliation with the Catholic Church and provides recreational and cultural activities for approximately 4,000 children aged 14 and under. It should be mentioned that while 80 percent of the children and youth in the community are in school, many come from female-headed households in which mothers have little time to stimulate the development processes of their children.

2.172 The program is implemented through neighborhood groups, of which there are currently 30. Each group has a coordinator who is responsible for making sure that activities are carried out as planned and that community members participate in the program as volunteers and counselors. These community members are trained by Vicaria Zona Norte and become responsible for organizing activities in groups of approximately 10-15 children and youth. Presently, Vicaria Zona Norte has the support of approximately 250 active community members who participate in the program as coordinators, volunteers and counselors.

2.173 **Key Strategies:** The main strategy used by Vicaria Zona Norte in assisting children and youth living in low-income families is to train older youth and adult community members as peer counselors and coordinators of recreational activities with the goal of promoting social integration. The positive growth and development of these children is therefore enhanced through educationally oriented recreational activities which promote the participation of children. The program uses focus group discussions as a form of baseline research or needs assessment to identify children's interests and needs.

2.174 Recreational activities also emphasize respect of children's ideas and feelings. The program provides an alternative to the authoritarian treatment which children often receive at home and school. In addition, Vicaria Zona Norte tries to raise family and community awareness about how to treat children with respect with the objective of improving child care practices in the home.

2.175 **Problems Encountered:** There are two main problems encountered in connection with this program. First, the program's continuing existence depends almost entirely on the ability of the local Catholic Church to provide ongoing financial support. Even though the program has received strong support from community members, there is
no assurance that activities can be maintained without the Church’s support. Secondly, many of the educational efforts developed by the program are informally planned and implemented, and many program volunteers have not yet been trained or have been inadequately trained. Program activities vary considerably in scope and quality; there is as of yet no standard curricula nor integrated plans for all the neighborhood groups, only general guidelines on how activities should be implemented.

2.176 Main Accomplishments: Even though evidence of effectiveness is limited to informal observations, some indicators show that the recreational activities carried out by program have achieved some impressive results. In the past 11 years, more than 700 youth leaders and community volunteers have been trained; these in turn organized recreational and cultural activities for more than 4,000 children and youth. There is anecdotal information that Vicaria Zona Norte activities have brought positive, indirect benefits to the community. Training of youth counselors has improved leadership skills and a sense of civic responsibility; a number of these young people and community members have gone on to become civic leaders working in non-profit and social service organizations. In addition, youth counselors have learned how to work with children in a way that respects their fundamental rights and promotes their physical and emotional development, indicating that these youths not only have become more responsible members of their community but also will likely be better parents when they themselves have children.

2.177 Costs, Financing and Efficiency: It has been estimated that the costs for each neighborhood group varies between US$150-200 per month. The monthly cost per child is estimated at US$15-20, not including donated time and space. To raise funds for the program, community groups raise funds locally. The majority of the funding for the program comes from the Catholic Church; the program receives limited donations from outside community agencies. This lack of outside donor support leads to some budgetary constraints that limit the efficiency of the program. Training of volunteers and counselors is not continuous, for example, and supplies for recreational projects are limited. At times, counselors are unable to attend meetings and organize field trips due to excessive transportation costs. While the budget is low and faces numerous constraints, however, the fact that nearly all the resources are local helps to ensure the sustainability of the project.

2.178 Lessons Learned and Conclusions: Vicaria Zona Norte provides a good example of activities that, on a limited scale, have been useful in addressing social integration and developmental needs of at-risk children and youth in urban areas. However, it is clear that the program needs both additional in-kind and technical assistance from outside agencies to better plan and implement its activities, to insure continuity and to evaluate its activities. An important lesson learned by the program is that unless the activities are firmly based on a self-help, community approach, the commitment and capacity of youth and adult volunteers to participate in the program are reduced. The program found, for example, that the majority of volunteers who joined the program did so because they thought that their own children and families would directly
gain something from the recreational and cultural activities. Another important lesson learned is that even though local community fundraising is important for the sustainability of the program activities, community programs should not depend solely on these resources.

INTEGRATED PROGRAMS

- Neighborhood Networks for Low Income Children and Youth: The Children, Youth and Families Initiative, Chicago, USA

2.179 Introduction: The Children, Youth and Families (CYF) Initiative is a 10-year, US$30 million project with the chief goal of providing social services and social supports for all children and families who live in seven target neighborhoods or communities in Chicago. Instead of focusing on children and youth in special categories or identified as being "at risk" of a given problem, the program emphasizes making services available to all children, youth and families who desire and seek services within a designated geographic area. The project is funded by the Chicago Community Trust, and works in conjunction with a city government-funded project called YouthNet, which also seeks to create neighborhood networks of services for youth. Project planning and initial funding started in 1991.

2.180 The CYF Initiative emerged from a belief among various researchers and advocates in the child and youth services field in Chicago (especially the Chapin Hall Center for Children at the University of Chicago, which developed the original plan) that existing social services respond in a reactive way to the problems of children and families, rather than in a proactive way. Specifically, services are generally offered to respond to problems or deficits in families and are made available when such problems are chronic or severe, at which point they are more costly and more difficult to "fix". Thus, the Initiative emphasizes what are called "primary services" (in the framework we have used in this document, they would be called "primary prevention" services). Primary services include day care, after-school programs, tutoring, arts and music programs, community service projects, recreation and sports, support services for parents, parent education and drop-in and community centers. The participating agencies also refer children, youth and families to "specialized services," including child welfare, juvenile justice and mental health service providers.

2.181 The specific objectives of these primary services are to: (1) enhance the general health and development of children; (2) promote children's and youths' abilities to form and sustain caring relationships; (3) help children and youth learn to be resourceful in applying their knowledge and skills; and (4) help children, youth and families gain a sense of connection to the larger community. As implemented, the majority of the primary services funded to date in the seven participating neighborhoods have been offered for youth ages 12-18; however, several of the communities and participating organizations also provide services to children ages 6-12.
2.182 **Key Strategies:** The CYF Initiative has five key strategies:

(i) **Creation of primary services.** While some of these primary services existed before the Initiative, many services were started or expanded with this new funding. Examples of primary services funded are: group outings and field trips; arts, drama and music programs; rites of passage programs; community service programs; tutoring and academic support; sports and recreation; leadership training and camping trips (based on the "Outward Bound" model); a Latino Heritage club; and parent education programs, among others.

(ii) **Collaboration.** Funding is contingent on the creation of networks of primary services to children and youth under a designated umbrella organization in each community. Grants are generally given directly to this umbrella organization which is assigned the role of oversight of the participating organizations in the particular community. Mechanisms are developed to promote linkages and participation by children and youth in more than one service site in the community. One community, for example, has a joint membership card for youth to be able to participate in all the participating youth centers in the community and a bus (which belongs to the umbrella organization) which takes youth from one participating agency to another.

(iii) **Linking Primary and Specialized Services.** While the Initiative planners emphasize "preventive" services, they recognize that some children and families have special needs and special risks. Thus another key strategy is providing referrals, follow-up and consultation by specialized service providers. This includes referral to counseling and medical care for teen mothers, or referrals for counseling and mental health services for children and families with emotional problems.

(iv) **Training.** To promote a unified vision and to improve the skills of frontline workers, the Initiative provides funding to the umbrella organization in each community to provide training to staff from all the participating primary services agencies. Topics of training are chosen by organizations themselves and have included such themes as conflict resolution, dealing with gangs, identifying learning difficulties in children and health education.

(v) **Access.** As already mentioned, the Initiative provides for designating a central organization in each community to provide linkage and to develop program lists, directories and other ways of advertising and promoting the service network.

2.183 Another overriding program strategy is that of community participation, community leadership and governance. In addition to providing funding for service
delivery, the funding is contingent on the development of a local governing body or a local council. It is envisioned that this local governance structure will carry out advocacy on behalf of families, children and youth, make decisions on service priorities, ensure accountability among the agencies and eventually serve as a conduit for funds related to children, youth and families in the community. Local participation has also meant the formation of parents' advisory and youth advisory councils.

2.184 Problems Encountered. As is apparent, the CYF Initiative, in addition to providing services to youth, proposes a fundamental reform in the social service system. To be sure, this goal is ambitious and faces numerous problems. Perhaps foremost among these problems is the difficulty of creating a local governance organization. Many longstanding social service agencies are reluctant to allow another organization "tell them how to run things." There are also large discrepancies between how social service agencies and community activism or political organizations view the needs of children, families and youth. It has become obvious in many communities that social service agencies have long histories of providing services, but often do not have experience in community leadership and that community organizations (such as neighborhood associations) have experience in political organizing and advocacy but know little about the needs of children and youth.

2.185 Another problem, as would be expected in an Initiative of this size and ambition, is that services are implemented unevenly among communities. The Initiative has also faced the difficulties inherent in collaboration, including broken promises and broken commitments for services and the lack of follow-through when youth are referred for services. High staff turnover, traditionally a problem in the social service field, has been common, primarily due to low pay and high stress associated with working with children and youth in low income communities. The problem of staff turnover is exacerbated in the Initiative by the fact that new staff have to be constantly briefed on the vision of the Initiative.

2.186 Other problems have included the difficulty in convincing youth to cross gang boundaries to participate in services in other agencies. In other cases the use of services has been low or irregular, either because families have had past negative experiences with social service providers, because they have not known about services or because of general distrust by many low income families of social services in general.

2.187 Main Accomplishments. Currently some 8,000 children and youth are enrolled to receive primary services in the CYF Initiative, including after-school tutoring, overnight camping, job readiness training and youth entrepreneurship, sports leagues and arts programs, community service programs and health education and services. An umbrella organization has been designated and funded in all the communities, and in nearly all the communities a community council has been designated and started to meet on a regular basis. Most importantly, networks of services for children, family and youth exist, exchange ideas, promote joint activities and work together in all the participating communities.
To date, there is no impact evaluation or detailed quantitative evaluation of the Initiative in terms of the impact of the network on the lives of the children, youth and families served. Essentially the Chicago Community Trust believes that in its present state the Initiative is as much about process as it is about outcomes. Thus for the first years of the Initiative, the Trust has promoted a process documentation of the development of the Initiative, believing that it needs time to evolve, mature and coalesce to a greater extent before impact evaluation is carried out.

Costs, Financing and Efficiency. Each of the individual communities is funded directly by the Chicago Community Trust. Grants are awarded to each umbrella organization on an annual or two-year basis. Because the services are so varied, the Trust has not calculated a per-youth annual cost. In addition, such a figure is difficult to calculate since program participation varies from the school months to the summer months and cost vary enormously for different activities. To give an example, a per-youth annual cost for one particular program (which provides tutoring, community service activities, counseling and recreation) counting only the youth who are enrolled during the school year would be about US$1100 per youth served. Including youth enrolled in the summer and during the school year, the per-youth annual cost drops to about US$500 (not including in-kind costs by the organization).

Lessons Learned and Conclusions. The following are among the lessons cited by the program:

(i) One of the main lessons learned on the part of the Chicago Community Trust has been the need to invest in a long-term way and to demonstrate its long-term commitment to the idea of the CYF Initiative. The Trust recognizes that it is forcing service providers to network in a way that they would not do if not "forced" to do so by a funder. For this network to become sustainable, the Trust recognizes that it must invest in the long-run, hence the decision to support the Initiative for at least 10 years.

(ii) The Trust has learned that it is necessary to work in community gatherings, fora and meetings to continue to clarify and refine the vision of the Initiative. Collaborating, networking and proposing an overall reform of the social services system is not something that happens naturally, nor can it happen overnight. Thus, a key part of the process has been working with the umbrella organizations and participating organizations in each community to repeat and refine the vision.

(iii) The Trust has found that it is difficult to create new collaborations and new services when some agencies perceive that they are competing for funds and because of the current uncertainty of federal, state and local funding for social services. Nonetheless, the Trust has allocated enough funding over a long enough period of time to promote stability in unstable times.
The notion of social service reform and creating a network of primary and specialized services is often difficult to visualize and to measure progress. Thus the Trust has developed what it calls "markers of progress" to attempt to measure progress toward creating a network of services and to help the communities feel that they are making headway in the process.

The Trust has repeatedly emphasized the importance of staff training for personnel from various agencies together as an important way to build allegiances between agencies and to promote and cement the goals of the Initiative.

To be sure, impact evaluation including user satisfaction surveys and other impact indicators are needed to assess the impact of the Initiative on the children, youth and families it serves. Nonetheless, as a process of change and reform -- particularly in terms of moving toward truly preventative services for low income families, children and youth -- the CYF Initiative provides an important and potentially replicable model.

CONCLUSIONS: PRIMARY PREVENTION

Based on this review of 13 primary prevention programs working with at-risk youth, we can make the following general conclusions about primary prevention:

Educational Support and Prevention of School Drop-out. Examining programs to prevent youth from dropping out of school, those models which support the public school system rather than place extra burdens on the school system seem to have a higher chance for success. For example, although not included among the programs highlighted here, both the U.S. and Brazilian public education systems have experimented with program models which expand the activities of the public school and/or expand the school schedule to provide a full-day of school activities. In Brazil, this integrated school model includes providing three meals a day for low income children and youth and offering educational and recreational activities from morning to evening with the goal of preventing school drop-out and reducing the need for children and youth to work. In the U.S., the concept of the "full-service" school has been widely promoted and includes the following program elements: the expansion of recreational and extra-curricular activities, the provision of health services at the school site and the integration of parent and community participation in the school.

In Brazil, this concept of expanding the school schedule and range of activities has had questionable results; some of these full schedule schools offer high quality services, while most are extremely underfunded and understaffed. In many cases, special schools were built under one administration but subsequent funding and political will did not provide for the ongoing operating expenditures of this more expensive school. In the U.S., the full-service school has met with more success, but since the model is new, the results are still forthcoming. In general, however, because the U.S. public school system is better funded than the public school system in Brazil and -- while it is not without
serious problems — generally meets the basic education needs of its students, adding new and additional services to the public school system is more feasible. The case of School-Based Health Centers, for example, shows the potential for adding services in the public school setting at a relatively low cost and in a successful manner.

2.195 In most developing countries, however, the best way to complement existing public schools is probably by providing services that are parallel to the public school system, but not part of the system, i.e. they do not place additional strains on education budgets or school administrators. In most Latin American countries, in particular, general reforms to the public education system should continue to improve school failure, repetition and drop-out rates. At the same time, however, governmental agencies, NGOs and community groups can and should develop support networks and programs which assist youth to stay in school by providing services outside of or separately administered from the public school. The Cities in Schools program in the U.S. — as a model of collaboration between community organizations and the public school system, but with separate funds and administration from the public school system — provides an important example of this kind of parallel support. The Mother City program, which is a municipal government project, is another example of a parallel support project for in-school youth that provides community-based services which are intended to improve a youth's chances for completing his or her education. While these are the only two programs included here which have as their primary goal that of helping youth stay in school, it should be emphasized that nearly all of the programs included under primary prevention, and many under secondary prevention and tertiary attention, include the goal of helping youth stay in school or return to school as among their chief objectives. Thus, while Cities in Schools and Mother City are the only specific drop-out prevention programs, the other programs also offer important lessons and ideas on how to assist at-risk youth to stay in or return to school.

2.196 In sum, the public education systems in most Latin American countries are overburdened and generally underfunded. Rather than giving them added responsibilities to assist youth, systems should be designed to offer complementary services to youth at-risk of dropping out of school, while at the same time continuing reforms to strengthen the public secondary education system. The development of programs to support youth to stay in school should be a priority in any World Bank project related to at-risk youth. While a secondary education is no guarantee of success or employment in most economies, the lack of a secondary education is definitely a risk factor.

2.197 Health Outreach and Health Promotion: The programs in health promotion included in this review have reached a number of parallel and similar conclusions in their work with youth. The first is the need to include the health needs of youth within integrated services. If fundamental basic needs such as income generation and protection from violence are not met, offering preventative health services will be of little relevance to at-risk youth. Second, programs have proven that separate services for adolescents are often needed to overcome the reluctance that at-risk youth have to use the traditional public health system. Thus, even though these separate services are often more expensive
than providing services to adolescents as part of the normal public health care system, youth are more likely to make use of services which are tailored to their needs. Given that many of the primary and mental health needs which adolescents have are "sensitive" — sexuality, for example — staff who understand their special needs are a necessary part of any adolescent health program. However, these separate services can and should be integrated with other existing services, either by referrals or contracts with other service providers. In addition, by using volunteer or part-time medical staff, the cost of separate services for adolescents can be kept down. A third lesson learned is that of using youth to reach other youth with health promotion messages and reaching youth where they normally "hang-out": school, the community, street, the workplace, etc.

2.198 As a final conclusion, we could say that the best solution to meeting the preventative health needs of at-risk youth is to provide stand-alone services. These types of services tend to be more readily acceptable to youth but substantially more costly. The second best solution to providing at-risk youth with health care and health promotion is using existing health structures and developing a separate entrance or a separate wing which allows adolescents a sense of privacy, and which creates a separate user-friendly environment for adolescents. As a final note, it is worth while mentioning that we need more cost-benefit research on the costs and benefits of these two kinds of health services. The World Bank should consider funding this kind of research as part of the forthcoming Child and Youth Development Project.

2.199 A final lesson learned in health promotion is the need to work with staff to overcome their own difficulties of dealing with some of the needs youth may face. The issue of adolescent sexuality, for example, continues to be difficult for many staff to address because of deep-seated discomfort with adolescent sexuality or because of their own values and personal issues which make it difficult for them to discuss sexuality. Staff training for professionals working in adolescent health must consider these so-called "domains of silence" — areas where staff are uncomfortable because of their own unresolved issues.

2.200 Case Management and Management Information Systems: Many of the programs included here, Jobs for Youth, Mother City, Cities in Schools and others, have developed systems of case management, i.e. interdisciplinary groups of professionals who oversee the needs of individual youth by meeting regularly to review his or her needs, problems and progress. In this way the programs seek to ensure that a young person receives individualized services for his or her specific needs. This kind of case management system can also insure that youth are targeted; that is, not all youth are at-risk of dropping out of school, for example, or need the same intensity or level of services. Rather than spending scarce resources on providing preventative services to youth who do not need the services, resources should be targeted toward those youth who truly need services. Some organizations, such as Cities in Schools and Jobs for Youth, have combined case management systems with computerized management information systems which allow them to monitor the needs of youth and program outcomes. The systematic use of case management and management information systems could allow
many programs assisting at-risk youth to improve their ongoing process and impact evaluation and to more efficiently use their resources.

2.201 **Job Skills and Vocational Training**: Assisting out-of-school and in-school youth in making the transition from school to work is a complicated process, especially given the macroeconomic context of Latin American economies. Some of the programs included here suggest that personal attitudes and a positive work ethic are as important if not more important than the actual vocational skills imparted. Both Servol and Jobs for Youth, for example, suggest that vocational orientation is more important than the actual vocational training offered. Both organizations recognize that low income youth often come from family environments where chronic unemployment is a reality, and from home situations which do not offer much information on how to seek and maintain a job. Therefore, these two organizations believe that industries or firms will provide the important vocational training and that the most important thing for an NGO assisting youth is to help youth understand what will be expected of them once they are in the workplace. The Lyceum of Arts and Trades in Salvador, Brazil, comes to a similar conclusion: the most important thing in school-to-work transition projects is not the job skills, but helping youth figure out what they want to do and why. What these three examples suggest is that the technical skills imparted in a vocational training or vocational orientation program may be of secondary importance for at-risk youth; the more important tasks are those of learning how to function in the workplace, determining vocational and occupational interests and practicing these skills in a real-life setting.

2.202 The two more traditional vocational training examples included here, SENAI in Brazil and the Youth Training Scheme in the U.K., both focus on the provision of technical skills. Both programs represent an improvement over many government-affiliated vocational training schemes which are neither cost-effective, nor provide skills which are in demand in the marketplace. Both SENAI and the YTS are industry-linked and give local industries control over the training curriculum; in this way, youth are trained in skills for which there is a verifiable demand in the market. However, both programs face the same problem: by focusing on the immediate demands of industry, youth may become too narrowly specialized and thus lack the breadth of skills and training experience when they seek another job (after their entry level job) or when the needs of industry change. SENAI, for example, is turning into a training program for short-term skills upgrading courses, while the Youth Training Scheme has helped youth get jobs in industries, but its diploma has ceased to have much long-term value as a certificate of tertiary education.

2.203 In rapidly transforming economies, the skills of workers constantly need to be updated. Rather than focusing exclusively on the skills needed to get a job in the short-term, the experiences of these vocational orientation and training programs suggest that there needs to be a delicate balance between the technical skills offered — based on demand of industries but also on the long-term interests of a young person — and on the personal and life skills issues which are important for a young person to maintain employment in the long-run. In addition, as most vocational training programs
acknowledge, most youth in the 16-18 year-old range do not know what they want to do for the rest of their lives. Therefore, training may be provided in one field, but a young person will later decide that he or she wants to work in another field. This point also has an implication for the evaluation of vocational training programs for at-risk youth: while job placement rates immediately following training are an important indicator for success, they are not the only indicator. Long-term job outcomes must also be considered.

2.204 In conclusion, a brief review of vocational training programs suggests that the best combination of vocational training and vocational orientation for at-risk youth involves a partnership between: (1) an NGO or community organization — which generally understand the needs of youth and can provide vocational orientation; and (2) industry, which provides on-the-job-training and understands the realities of the marketplace.

2.205 Social Integration and Political Participation: While the issue of social integration and political participation was given less attention in this document, it is no less important. Youth participation in the design and implementation of programs to assist them is fundamental, but is not frequently practiced. Most adult staff are more comfortable developing programs for youth than with and by youth. There are numerous examples of organizations which promote the participation of youth in community service and the political processes which were not included here. We offered here just one example of a low-cost program which involves community groups, the church, youth and adults in carrying out activities with and for at-risk youth to improve their developmental outcomes and help them feel more connected to and integrated in the community. For the purposes of this document, and for the World Bank, the general suggestion is to support projects for at-risk youth in the other intervention areas — education, health and employment — which also include a component related to social integration and political participation. For the use of youth peer promoters, youth commissions and youth leaders who have an active voice in project design, implementation and evaluation are all important examples of how this can be done. Youth leadership, apart from guaranteeing greater youth participation in a project, also has a preventative function: youth who feel invested in or connected to their societies or communities are less likely to be destructive and violent toward that society and toward themselves.

2.206 As a final note to this section, additional conclusions on secondary prevention and tertiary attention programs, and the overall conclusions will include additional lessons learned which apply to primary prevention projects as well.

3. SECONDARY PREVENTION
INTRODUCTION

3.1 As we have defined them, secondary prevention programs are those which have a clearly defined target group which is at-risk of a specific and identified situation or problem, e.g. they are at risk of abuse, violence, sexual exploitation or of living on the street. The six programs included here were selected because they have clearly defined their target populations and risks as well as developed program interventions designed to prevent further harm. The common objective of these programs is to provide services which would prevent the youth from requiring more intensive and more expensive tertiary attention. At the same time, secondary prevention programs are different from primary prevention projects by the fact that they are generally more narrowly and precisely targeted and should, theoretically at least, be more fine-tuned to the risk situation identified.

PROGRAMS TARGETED TO YOUTH AT RISK OF ABUSE, VIOLENCE, DELINQUENCY AND PROSTITUTION

- Family Support Model (Healthy Families Houston and Hawaii Healthy Start) USA

3.2 Introduction: The Family Support Model is the term given to a variety of programs in the U.S. which work in the prevention of child abuse and the rehabilitation of families in which child abuse has already occurred. The model emerged as a non-institutional response to the problem of child abuse in the U.S.; it is an alternative to institutionalizing or removing abused children from the home and placing them in a residential care program (e.g. foster care, group homes or children's home). Recognizing that out-of-home care for children is extremely expensive, and recognizing that most families can "recover" from child abuse if the right support services are offered, the model aims to strengthen families by offering services to those in difficult situations. In the family support model, the family is the locus of attention, and not just the individual child or youth. The information included here on the Family Support Model comes from two particular settings where the model has been used to prevent child abuse.

3.3 Healthy Families Houston is a three-year initiative (which started in 1994) involving six local, private social service agencies (NGOs) in collaboration with the National Committee to Prevent Child Abuse (NCPCA), a national NGO. All of the six local collaborating organizations currently provide services for abused and neglected children after such abuse or neglect has occurred. The stated goal of the Healthy Families Houston consortium is to "... prevent child abuse by providing intensive and comprehensive family support systems to decrease family stress and increase positive parent-child interaction and healthy child development outcomes."
The chief intervention used to prevent child abuse is that of home visitation, or counseling provided directly in the home. This home-based counseling generally includes referrals for additional health or social services, such as job counseling and/or substance abuse counseling, depending on the needs of the individual family.

Key Strategies: The principal strategy used to intervene before child abuse has occurred is that of systematically identifying high-risk families. Extensive research carried out nationwide in the U.S. has identified a number of risk factors which can help identify families in which child abuse is more likely to occur, including substance abuse, unemployment, single parent status, teen pregnancy, as well as stressful situations in the family. This risk assessment model has proven extremely useful in identifying families at-risk of child abuse. In nationwide testing in the U.S., the screening model has been demonstrated to be 98 percent accurate in positively identifying families who abuse a child by his or her third birthday and 97 percent accurate in screening out families who will not become abusive during this period.

Families with risk factors are identified via public and private hospitals (at the time of the birth of a child, during prenatal visits or other hospital visits). Once a "high risk" family has been identified, they are offered home-based visitation (counseling) services. These services are provided by the consortium via individual caseworkers and are designed to be flexible and creative so that they can meet the particular needs of a family. In Houston, the program operates in the regions of the cities with the highest reported rates of child abuse.

In terms of service delivery and administration, each collaborating organization provides one family support worker; all of these workers were trained to insure that they apply the same criteria in their work. Each organization provides in-kind donations of office space and administrative support with a central office providing overall management of the project and services.

Services are family-centered; they seek to address the needs of all the children and youth in the family and provide counseling which supports the parents as the primary decision-makers in the family.

Problems Encountered: Among the problems encountered is the uncertainty of funding for the future. As a pilot project, the Houston program currently relies completely on private funds; however, the project hopes to attract state or federal funding in the future. However, current budget cuts in state and federal budgets in the U.S. make this an uncertainty. Another difficulty encountered is that of forming a coalition of six agencies or NGOs; such a process is time-consuming and requires constant diplomacy and negotiation. Finally, another problem encountered is family participation. While 95 percent of families generally accept services and 80 percent of those remain in the program, the 20 percent who drop-out are likely to be high-risk families.

Main Accomplishments: An evaluation of the Houston model has not yet been carried out; however, an independent, outside evaluation is planned. In the case of the
Hawaii model, during a three-year period (1985-1988) 241 families were identified and received services, with 176 families receiving services for at least one year. Of these, there were no cases of abuse and four cases of neglect; in these four cases, abuse and further neglect was averted. The program has also shown its accuracy in assessing risk: for 1204 families assessed as not being "at risk," there was no abuse or neglect for 99.9 percent of the families. Because there is no accurate data on the incidence of child abuse in the population as a whole, there is no way to provide a control or comparison group for this outcome. Nonetheless, project staff assume that of 241 high-risk families, a substantial portion of those would have had abused or neglected one or more children if the program interventions had not been provided.

3.11 Costs, Financing and Efficiency: Healthy Families Houston has estimated an annual cost of $2,200 to $3,500 per family per year for providing prevention services. By contrast, the annual cost of keeping a child in institutional care in Houston is between US$10,000 and $12,000, with an average total cost per child placed in foster care for abuse or neglect of US$30,000 to $55,000 per child. (The average stay in foster care for cases of abuse and neglect is about three years.) The majority of the Healthy Families Houston program costs are salaries: to provide adequate attention to each family, each caseworker is assigned only eight families. Assuming that a fairly large percentage of the children of the families assisted would be abused or neglected, the program represents a cost savings. Including the costs of investigation and medical and therapeutic services for abuse and neglect cases, the cost of a child abuse incident goes even higher. This calculation does not include the long-run costs of child abuse, which include the fact that children who are abused are more likely to abuse their own children and other long-term social costs when the abused child becomes an adolescent and adult (for example, children who are abused are more likely to be incarcerated). While there is no precise cost-benefit analysis of the program, the U.S. Government Accounting Office and the Texas Comptroller's Office have recommended the program as an exemplary model based on its cost-effective results.

3.12 Lessons Learned and Conclusions: The single most important lesson learned by the family support model is that child abuse -- even while its causes are found at the societal level -- can be prevented at the individual level if early and intensive support services are offered to families in situation of risk of child abuse. The following are the specific lessons learned of this model:

(a) Early and long-term intervention -- up to five years -- is needed to change family patterns of child abuse. This intervention must also be intensive (with at least one meeting or counseling session per week). This entails a high investment in staff -- and a large number of staff -- and small caseloads for workers.

(b) Collaboration among various social services agencies works better to serve at-risk families than one agency working alone; given the myriad of needs
Families at high-risk for abusing their children can be accurately identified using a variety of assessment factors and with the collaboration of the public hospital system and with well-trained intake staff at the hospitals.

Working with and identifying high-risk families requires highly trained and sensitive staff; these staff must also receive ongoing, intense professional supervision to assure service quality and to assist in the problems (and burn-out) that can arise in their work.

The uncertainty of future funding is a hindrance for the effectiveness of the program. To have a true impact on child abuse on a large-scale basis, the program will have to scale up. In Houston, the program is small: they are aiming to reach 90 at-risk families. Scaling up will require additional funding, which is uncertain at this time. This scaling up will also require the political will — on the part of the public or private sector — to provide substantial, long-term funding.

In terms of its applicability to developing countries, the model does have "transferable" elements. First off, the use of the public hospital system to identify families where children and youth are at risk of abuse is a viable model for developing countries. While the risk factors for child abuse will be different in every cultural setting, a similar model could be developed. Secondly, providing home-based counseling is a model that could be adapted to many developing country settings. In developing country settings, especially those in which a strong sense of community is still present, home-based services could be combined with community-based services, such as a community-based health clinic or a community center where families in difficult situations could meet in group sessions and receive assistance. One program in Rio de Janeiro attempts to prevent child abuse in certain high-risk communities by providing such community-based services. The model in Rio de Janeiro, while being community-based, is similar to the family support model in that it attempts to assist families before child abuse has occurred and it works in those areas identified as being high-risk areas for child abuse. As in the case of the U.S. experience, these preventative services would likely be much cheaper than tertiary attention programs for abused children and youth.

- The Children at Risk (CAR) Program, USA

3.13 Introduction. The Children at Risk Program (CAR) began in 1992 as a three-year project in six high-risk neighborhoods in the U.S. with the goal of preventing youth...
involvement in drug abuse, drug selling and to foster positive and healthy development for young persons at identified risk of dropping out of school and becoming involved in delinquency. The project was initially funded by private foundations with some U.S. federal government monies. Children and youth enter the program between the ages of 11-13 and receive services until they are 15. The six communities were chosen based on their high rates of youth involvement in drug use and drug pushing and overall high rates of crime and delinquency. Local implementing agencies were either municipal (governmental) agencies, community-based social service agencies or public-private partnerships.

3.14 The specific objectives of the program are to: (1) help families function more effectively as caregivers for youth, (2) improve youths' prosocial relationships with peers, and (3) improve the educational and social skills of youth. The program's planners hypothesize that these objectives promote the overall project goal of preventing youth from dropping out of school, using drugs, selling drugs and becoming involved in delinquency.

3.15 Within each "high risk" community, sixth and seventh grade youth who were identified as being "at risk" were invited to participate in the program. The three risk criteria for determining youth participation are: (1) school risk, including poor academic performance, discipline problems and non-attendance; (2) family risk, including history of family violence, gang membership by any family members, known or suspected drug use or trafficking, and previous history of child abuse or neglect; and (3) personal risk, including previous involvement of the youth in delinquency, gang membership and having been a victim of abuse or neglect.

3.16 To provide some information on the target population, a baseline survey of 218 youth (evenly divided between males and females) from four cities (113 CAR participants and 115 control group youth) found that 10 percent had ever used marijuana and 14 percent had ever used a stronger drug. Nearly half (45 percent) had been in fights in school. More than a fifth (21 percent) reported having been involved in vandalism and 26 percent said they had ever carried a weapon. Thirteen percent said they had participated in drug selling and 71 percent reported having had discipline problems at school. This data combined with reports from program evaluators confirms that the youth and families served were in situations characterized by multiple disadvantages, in addition to poverty, and thus were in high risk situations.

3.17 Key Strategies. One of CAR's central strategies is that of focusing on making the neighborhood environment more supportive of at-risk youth by promoting integration between governmental and non-governmental agencies. Rather than creating new social services, CAR involved hiring case managers who worked with identified families and youth to promote and facilitate the use of existing community social services. Services are family-focused rather than just including the youth.
As already mentioned, the other key strategy is the use of case managers. These caseworkers develop a "service" plan for all persons in the family and make and follow-up on referrals to a variety of social services. To provide for time-intensive interaction, each caseworker is responsible for only about 15 families. This case management system generally consisted of intensive family counseling at the beginning of the process followed by weekly interactions (or more often as needed). Caseworkers were based at public schools where the youth attended, or in conveniently located drop-in centers in the community.

Services are designed to be integrated and intensive and include: family counseling, parenting skills training, stress management, substance abuse counseling, job training and employment programs, housing assistance and health care services. All youth receive tutoring or assistance in homework and participate in after-school and summer activities to promote life skills and leadership development. For youth who need an adult role model or important interaction with an adult (outside their immediate family), the local coordinating organizations arranged for mentoring. Caseworkers also work with juvenile court personnel to offer alternatives to juvenile incarceration, such as community service, and enhanced supervision for youth who are on probation. The program sites also collaborate with the local juvenile courts and the police, who provide for increased policing in areas where drug trafficking or gang activity are common.

Each project site was required to offer and make use of these eight core program components: (1) case managers; (2) family services; (3) educational support; (4) after-school and summer activities; (5) mentoring; (6) incentives to participate, such as special events and trips; (7) enhanced community policing and collaboration with local police; and (8) collaboration with the juvenile court system. At the same time, programs were deliberately diverse in each of the communities with the goal of being responsive to locally expressed needs. In Savannah, Georgia, for example, the majority of the participants were African-American. In this site, program activities were Afrocentric in nature and included a rites of passage program based on African tradition. In Bridgeport, Connecticut, participants were primarily Hispanic; parents of the Hispanic youth were concerned about gang activity in the community and formed a community action council to force the gangs to leave town. Even with these differences in each project site, however, local organizations were required to implement the same eight core components. In one site which did not meet this requirement, program funding was terminated.

Problems Encountered. Working with multiply disadvantaged families is a difficult undertaking and program results reflect this reality. Qualitative evaluation results found that it was difficult to engage families, especially parents, in program activities. Most of the parents of the youth who participated can be characterized as multiply disadvantaged and do not have a history of participating in their children's school or in group or community organizing events. In response to this problem, most program sites found it easier to involve parents in small group activities and in social events (which generally also included food). In some cases, parental participation was so
minimal that caseworkers functioned as surrogate parents. In other cases it was also difficult to engage youth; tutoring activities began slowly and initially were not well-attended. For these reasons, program sites offered incentives, such as special events, social gatherings and field trips to make activities more "fun" and to promote overall participation and build group cohesion.

3.22 Main Accomplishments. Quantitative results measured at the end of the first year of program activities show modest but important results. CAR includes a quasi-experimental evaluation design involving comparisons between treatment and control groups to assess program outcomes. The study includes 338 youth who participate in CAR, a randomly assigned control group of 333 youth who do not participate directly in program activities but live in the target communities and a comparison group of 203 youth who live outside the target neighborhoods. Preliminary evaluation results from 228 youth in four cities found the following (all reported results are statistically significant):

(i) CAR participants had a lower number of contacts with police in the first 12 months after joining the program than did youth in the control group (41 versus 69). The treatment group also had fewer contacts with juvenile court: 34 contacts compared to 71 for the control group. Program evaluators suggest that reduced contacts with police by youth participants may be due to reduced levels of delinquency, but it is also true that case managers serve as advocates for the youth and are likely finding alternatives to arrest or lock-up when youth are picked up by police for committing delinquent or criminal acts.

(ii) CAR participants showed modest improvements in school performance: 88 percent of CAR youth were promoted to the next grade compared to 72 percent of youth in the control group at the end of the first semester of the program. At the end of the first full academic year of having participated in the program, 82 percent of CAR youth were promoted to the next grade compared to 70 percent of control group youth. There were no significant differences in academic performance as measured by standardized achievements tests and grades nor differences in school attendance between the control group and treatment group.

3.23 Both of these findings are preliminary but are nonetheless important. Longitudinal research will follow children and youth in terms of graduation rates and involvement in criminal activities over the course of their participation in the program and one year after they have left the program.

3.24 Perhaps even more significant than these program impact results is the fact that the programs were considered to be successful and important by the communities in which they operated. Four of the six original sites were able to secure private and public funding to continue the program beyond the initial three-year start-up phase.
Costs, Financing and Efficiency. The initial program budget for all six sites for three years was US$12.7 million of which about two-thirds was private (foundation funding) with the rest being governmental funding. A cost analysis of the program is currently being carried out but preliminary data indicates that the per-youth cost is about US$5000 per youth over two years, or US$2500 per youth per year. The high cost of the program is due primarily to high staff costs associated with providing intensive case management services.

Lessons Learned and Conclusions. In terms of lessons learned, the following were cited by program organizers and evaluators:

(i) It is important to have an identifiable and clearly articulated core model of program interventions and a consistent theoretical and methodological base of interventions which are implemented in all sites. While program sites should have flexibility in fine-tuning the program model to meet local needs, the core model should be implemented in all sites.

(ii) Municipal (governmental) agencies were usually the best program implementors for the reason that they had the legal and formal authority to guarantee that families were served by other social service providers in the community.

(iii) It is important to have written memoranda of agreement among the collaborating organizations (i.e. the agencies that will accept referrals for services) at the start of the program to insure that the collaborating agencies will indeed provide the services that they promise.

(iv) The partnership between local police and community social service agencies proved to be positive, was important for youth participants who got into trouble with police and helped reduce gang activities.

(v) Frequent meetings and planning are necessary to guarantee that collaborative services like this function with as few problems as possible. The most successful program sites had regular (biannual) meetings between senior municipal policymakers, monthly meetings with program supervisors and twice monthly meetings for caseworkers and other frontline staff. Biannual conferences of staff from all the program sites also offered a chance to exchange ideas and experiences.

In sum, an interagency and public-private collaboration of this kind is difficult to achieve and requires considerable time and effort, but it is possible. While a final evaluation is still needed to determine what program elements make the biggest difference and whether the program leads to lasting improvements for the youth and families who participated, program organizers believe that the case management system and the creation of a network of services are the two most important elements. Program planners believe that this combination of creating a network of services and helping
families and youth "navigate" this network with the help of individual caseworkers would work even for youth who are not classified as "at-risk." That is, the CAR model could also be used in primary prevention programs or without identifying or targeting youth in secondary risk.

- Women's Life Collective (Coletivo Mulher Vida) and the State Council for Women's Rights (Conselho Estadual dos Direitos da Mulher), Brazil

3.28 Introduction: The Women's Life Collective, an NGO based in Recife, and the State Council for Women's Rights, a governmental agency based in Fortaleza, are two unrelated organizations. However, the two are described jointly because they both work with similar populations, objectives and strategies. Specifically, both organizations work to prevent the involvement of young women in prostitution in Northeast Brazil by focusing their efforts on communities with large and identifiable concentrations of young women at-risk of becoming involved in prostitution. A 1991 study carried out by Casa de Passagem, an NGO assisting street girls in Recife, found 1200 young women there involved in prostitution. In Fortaleza, governmental and non-governmental sources estimate that between 2000 and 4000 young women are involved in prostitution. A 1993 survey of 84 girls involved in prostitution in Fortaleza found girls and young women ages 10 to 17 involved in prostitution; half of the girls continued to live at home and contribute to their family's income. Only 16 percent of the young women were still in school and less than a third said they received any assistance from a local social service agency.

3.29 Responding to this situation in Recife, the Women's Life Collective started a program in 1992, working with approximately 80 girls and adolescent women in four low income neighborhoods of Recife. Interventions include carrying out educational and cultural activities related to sexuality and the prevention of abuse, particularly sexual abuse, which research has found to be a factor highly related to young women becoming involved in prostitution. Through a study carried out with 600 girls and young women in low income neighborhoods, the group determined which girls are most at risk of being sexually abused, and therefore presumably most at risk of becoming involved in prostitution. The Collective also seeks to prevent sex tourism and educate those women at risk of becoming involved in sex tourism regarding their rights.

3.30 The State Council on Women's Rights is a part of the state government of Ceará which works to promote and protect the rights of women. The Council carries out advocacy efforts via a local Forum to Combat Child Prostitution and works to prevent child prostitution by carrying out sex education courses, called "Sex Education: A Path to Citizenship," for youth 12-18 years old in 10 low income communities. These communities were identified as being at high-risk for child prostitution based on survey research data. In addition, another criteria for offering the program in each community was that a local NGO or community association participate as a co-organizer of the training. Specifically, the training offered to young women and girls emphasizes the themes of sexuality and rights with an attempt to raise awareness and prevent youth from
entering prostitution. About 200 youth are currently participating in the workshops and the council is seeking to train more outreach staff including youth who can act as promoters. The council also operates a drop-in shelter for adult women who have been battered. They are currently negotiating with the state Secretariat for Social Action to jointly open a drop-in shelter for street girls and youth women involved in prostitution.

3.31 **Key Strategies:** Both organizations use as their main strategy survey data to identify communities where there is a large number of young women have already been sexually abused or are already involved in prostitution. Thus, rather than carrying out activities in all low income areas, the two organizations recognize that not all low income young women are at-risk of becoming involved in prostitution. Instead, poverty combined with other social factors — whether sexual abuse in the home, family dynamics or community values which promote or tolerate child prostitution — seem to be the causal factors related to child prostitution. Recognizing that resources are limited, both organizations target their efforts where youth are most at-risk.

3.32 **Problems Encountered:** Both organizations have faced a similar problem: the need for a shelter for young women who have been sexually abused. Specifically, there is a need for a place where young women can stay and receive counseling and other support services after they have been victims of sexual abuse or in situations in which they are at identifiable risk of sexual abuse. Currently, without this shelter, young women usually end up on the streets after sexual abuse has occurred. Once on the streets — which nearly always entails sexual exploitation and involvement in prostitution — these young women may then receive services through one of a number of organizations which offer tertiary services to street girls and girls involved in prostitution. However, neither Recife nor Fortaleza currently has a drop-in center where young women who have been sexually abused or are at high-risk for sexual abuse can receive short-term shelter. This shelter would strengthen the secondary prevention activities of the two organizations. Other problems which both organizations have faced is the vested business interests which operate around child prostitution and protect its existence.

3.33 **Main Accomplishments:** The main accomplishments of both organizations has been to call attention to the issue of child prostitution, and to promote a more sophisticated analysis of child prostitution, concluding that it is not merely a side effect of poverty. While neither organization has impact evaluation data to demonstrate that their efforts do indeed contribute to the prevention of child prostitution, it is notable that both organizations have attempted to develop targeted prevention models. A 1994 review of organizations working with youth involved in prostitution and street youth in Northeast Brazil carried out by USAID found that only a handful of programs were working in preventing young women from becoming involved in prostitution. Until the existence of these two organizations, all other programs assisting this populations have been tertiary attention services for youth already involved in prostitution.

3.34 **Costs, Financing and Efficiency:** Cost information was not available from either organization. However, both organizations have small staffs and modest budgets, and the
programs described are still in the pilot phase. The Collective is funded by UNICEF and Oxfam, while the Council's prevention project is funded by UNICEF with its infrastructure funded by the state government.

3.35 **Lessons Learned and Conclusions:** The main lesson learned from both organizations is that survey techniques can be utilized to identify communities with a higher than average risk for child prostitution and sexual abuse. Both organizations use participatory educational techniques which seek to involve young women as promoters, building on the experiences of community-based NGOs which have worked in popular education. There is no data on the effectiveness of these programs. Nonetheless, the notion of targeting services in secondary prevention in communities where the specific risk of child prostitution can be identified is an important lesson for similar efforts in other countries.

- The Daughter's Education Program, Thailand

3.36 **Introduction:** The Daughter's Education Program (DEP) was designed to prevent low income Thai girls from being sold into prostitution or becoming involved in prostitution. DEP sponsors girls in primary and secondary schools from villages in Chiang Rai, the northern most province of Thailand, to continue their schooling and strengthen their employment and vocational training opportunities. The program was created in direct response to the increasing number of girls being sold into prostitution in this Thai province. During the time that the program was initiated in 1988, for example, in Chiang Rai province alone, an estimated 60 to 70 percent of girls between the ages of 13 and 15 had already left school and were entering prostitution.

3.37 The program offers workshops in income generation and vocational training and educational support for participating girls. DEP also manages two foster care homes to accommodate those girls who are at immediate risk of being sold into prostitution. The principal beneficiaries of the program are Thai girls ages 7-18 attending primary and secondary school and at risk of being sold into brothels. Currently, the program provides educational and vocational training to about 151 girls from 50 different villages. Parents and communities are also beneficiaries of the program as they receive counseling and limited financial support for the education of their daughters.

3.38 DEP is staffed by a program coordinator and five department heads. The program also has local coordinators, two house mothers, vocational training coordinators, research specialists and outreach counselors (or caseworkers) whose major responsibilities include studying the background of each child at risk of becoming involved in prostitution and locating their families to offer the program's services.

3.39 **Key Strategies:** DEP researchers identify communities at risk of having girls involved in prostitution. With the help of local teachers and community leaders, DEP staff then identify the families which are on the verge of selling their children to
intermediaries who will then sell the youth to brothel owners. DEP researchers conduct weekly meetings with the school guidance officers to identify girls in this situation.

3.40 Once the research phase is complete, the program enrolls as many youth who are at risk of prostitution as is financially possible. Once girls enroll in the program, DEP offers a variety of activities that promote their self-esteem and to improve their education and employment opportunities. In addition, direct contact takes place between DEP site coordinators and the girls’ families to establish and develop mutual trust and to insure a clear understanding of the objectives of the program. At this point, girls who are selected to participate and their parents sign a contract agreeing that they will participate in the program’s activities until the daughter completes her third year of secondary school.

3.41 During the implementation of program activities, DEP works closely with the girls and their families. Activities are carried out seven days a week and include religious events, vocational training, after-school support, income-generating activities, and others. During school holidays, DEP works closely with local companies to open summer job opportunities for the girls in their first year of secondary school. These employment opportunities are available in a variety of businesses, such as bookstores, beauty salons, clothes shops, guest houses, and others. Community and family involvement is also crucial to the program. Some parents participate as volunteers by cooking for the girls or organizing educational or cultural activities. The program has also formed a savings group to encourage the girls and their parents to save money for education and/or emergencies.

3.42 Problems Encountered: The main problem encountered by DEP is understaffing. DEP has experienced difficulties coping with the expansion of the child prostitution industry in Thailand, which has implied competing with a sizable and well funded sex industry. In addition, the program is unable to act on important recommendations made by community members and educators. For example, local teachers have recommended that DEP should expand its activities in local schools to reach more youth.

3.43 Main Accomplishments: The main accomplishment of the program has been its ability to prevent vulnerable girls from becoming involved in prostitution. DEP estimates that it has prevented the sale of at least 160 girls and that all except one girl who enrolled in DEP has avoided prostitution. The program has also been able to provide these girls and their families alternatives to child prostitution; only one of the 17 girls who finished their first three years with DEP is unemployed. Even though other accomplishments have been less tangible, the program has helped in improving the quality of family-child relations and in strengthening community solidarity. Parents indicate that the girls participating in the program have become more mature and confident, and girls view the program as a time to reflect on their family relations and learn more about themselves. In addition, community members and teachers have shown a major motivation to help in the process of identifying the girls at risk of being sold.
3.44 Costs, Financing and Efficiency: The total annual program cost, including education (e.g. school uniforms, equipment, lunch), administration, vocational training and assisting parents, is about US$131,000. The cost per girl served by the program is approximately US$866 per child per year. The major funding source of this program is the United Nations; community donations also represent an important part of the program revenues.

3.45 Lessons Learned and Conclusions: The Daughter’s Education Program provides an innovative preventive response to the problem of child prostitution. While the context of child prostitution is different than that of Latin America, the model works in a similar fashion to the Brazilian programs described above; all three programs confirm the importance of working with community leaders and teachers to identify youth at risk of becoming involved in prostitution. As in the case of Brazil, another important lesson learned is that girls and families must be offered viable alternatives to the immediate income which prostitution offers. Unfortunately, the situation of some of these families is so dire and their education level so low that they do not fully understand the risks that their children will face by becoming involved in prostitution. Activities in this area should not only look at the needs of the girls, but also respond to the most immediate logistical, financial, and social needs of these families.

Programs Targeted to Working Youth and Youth at Risk of Living on the Street

- The Alternatives Project (Proyecto Alternativas), Tegucigalpa, Honduras

3.46 Introduction: The Alternatives Project is an NGO which was founded in 1990 to assist children and youth who work in the streets in downtown Tegucigalpa, primarily in the central market area. The organization is affiliated with the University of Tulane (New Orleans). The focus of the program is on children and youth less than 18 who work (and secondarily those who live in the street), as well the families of these children. The program provides preventative services to working children and their families at six separate sites in the downtown Tegucigalpa. The only condition for receiving services is that a child or youth spend the majority of his or her time in the street. Specific activities include health education, AIDS prevention, primary health care, recreational events, informal education (tutoring), training of parents ("escuela para padres"), a mobile library, vocational training and literacy training. Counseling and social work services are also offered for youth and families who need them.

3.47 Key Strategies: The program's chief strategy is that of using street educators or outreach workers who assist children, youth and their families in the places where they work and frequent. Two outreach educators are assigned to each of the six areas where the project works and are supported by three technical support teams (one team comprised of a doctor and nurse, and the other two comprised of a psychologist and social worker) who circulate among the six sites weekly. Baseline research confirmed
that the vast majority of the children and youth in the streets in Tegucigalpa are still attached to their families, thus services are provided with the goal of reaching whole families. Many of the parents of the children and youth also work in the central market area. In a typical case, a mother will have a stall in the market and her children (who may or may not attend school) generally work in the market with her or are involved in their own income generation activities.

3.48 Another key program strategy is that of using youth to reach youth. The program recently started a child-to-child health project in which children and youth were trained to work as health outreach agents in their own communities. Recognizing that the main health issues facing youth are related to sexuality, AIDS prevention, and drug abuse prevention, the program currently focuses on these themes as well as the issue of children's rights. Youth promoters have carried out activities in communities and schools. To date, 240 events have been organized by the youth promoters with a total of 6137 youth participating.

3.49 Problems Encountered: The program's main problem has been that of funding. Currently, the program is nearly 100 percent reliant on international donors; given the income situation of the population they serve, charging fees for services is not feasible and governmental funds are in short supply. The program has also had difficulty reaching parents, most of whom are working full-time and have little time to participate in program activities.

3.50 Main Accomplishments: The program's main accomplishment has been its high coverage rates in the central market area and its acceptance and recognition as a permanent presence in the central market area. Since its founding in 1990, the program has enrolled 2909 children and youth (75 percent in the 6-16 age range and 58 percent male) and 420 parents of these children also enrolled in the program. An average of 120 children and youth receive lunch daily, and 400 children under the age of 11 receive health education each semester. At any given time, 100 youth ages 12-18 receive health education. About 200 children and youth receive non-formal education and 180 participate in recreational activities per semester. Five youth clubs and five sports clubs are currently supported by the program. Approximately 2300 medical consultations — for children and adults – are provided each semester. For the first six months of 1995, the project recorded a total of 33,746 persons participating in its various events (this is a count of all the persons who participated in all the outreach and direct service activities, thus some persons participated more than once).

3.51 Costs, Financing and Efficiency: The program has been funded by the University of Tulane, UNICEF, Christian Children's Fund, Plan International, UNESCO and other U.S. and European foundations. The only corporate support has been from H.B. Fuller, the company which manufactures industrial glue which street children in Honduras frequently inhale. For 1995, the program's total budget was US$111,000. Using a total of a total of 3329 total persons registered as ongoing beneficiaries of the program, this yields an annual cost per beneficiary of US$33. Using a total of 66,000
separate person/participations (that is one individual receiving medical consultations, meals, educational activities), this yields a total of less than US$2 per event per person.

3.52 **Lessons Learned and Conclusions:** Among the lessons learned by the program has been that of carrying out ongoing research to monitor the needs of the target population. Health research with working children and youth found that five percent of market children were sexually active and 40 percent of those had had a sexually transmitted disease. Among children and youth living in the streets, 44 percent are sexually active and 85 percent have had an STD. Similarly, baseline research found high rates of reported drug use among children and youth who live in the streets, specifically use of inhalants. Research also found that only 59 percent of working children ate three meals a day and that 40 percent suffered from nutritional deficiencies. This ongoing research thus led to the formation of specific activities and strategies to address these needs: supplemental feeding and health education emphasizing sex education and drug abuse prevention, for example. Another lesson learned has been the importance of ongoing health education activities. Apart from the importance in terms of information regarding health, for many children and youth these activities represent the only formal education they receive.

3.53 The program has not yet carried out evaluation research to measure the impact of program activities, or to find out if preventative health and counseling for working children help prevent them from living on the streets. Nonetheless, the program is an important example of outreach to youth in situations of secondary risk. Most programs assisting street youth in Honduras (and many other parts of Latin America) have offered residential services for youth living on the streets. Few services have been offered for youth working in the streets, even though they generally represent the majority of youth in the streets. The use of sentinel site health research to monitor health conditions and the targeting of services to children and youth in secondary risk are the two main contributions of the program.

- **CEDIC and SODIFAG, Guatemala**

3.54 **Introduction:** CEDIC and SODIFAG are two separate NGOs located in Guatemala City which assist working children and youth. While the two organizations are not formally linked, they are combined in this analysis because of the similarity of their program models and their common target group -- urban-based youth who work in the informal sector. Both organizations seek to improve the working conditions and income generation potential of working children and youth; both organizations also assist children and youth directly where they work via street educators or outreach workers.

3.55 SODIFAG was founded in 1986 to assist working children in downtown Guatemala City. One of SODIFAG's main projects is an effort entitled "Improving the Conditions of Working Children", which consists of direct assistance to working children where they work. SODIFAG street educators provide technical assistance and administer small loans to working youth in 30 sites in downtown Guatemala. A total of 1000
children and youth are assisted through this program. The second project, "Working Youth Cooperatives" consists of production workshops in which youth learn a trade and produce or offer a good or service for which they receive immediate income. Production workshops are offered in carpentry, building maintenance, gardening and landscaping, weaving, hair styling, printing, and food sales. The production units are organized as semi-autonomous cooperatives. SODIFAG staff assist youth in marketing these goods and services; however, youth themselves are responsible for the administration of the production units. Local businesses, for example, contract a SODIFAG workshop or unit to provide landscaping services or provide building maintenance. In total, 160 children and youth participate in the cooperatives program.

3.56 SODIFAG also administers a number of other projects related to at-risk youth, including community development programs (daycare centers, community microcredit programs, among others) in a number of low income communities. Their programs reach a total of 10,000 children and youth. They have a staff of about 200, including professional and administrative personnel. The working youth assisted by the project generally range between the ages of 8-19, with the majority between the ages of 11 and 12, with males and females being represented nearly equally.

3.57 CEDIC was founded in 1989 to assist children and youth who live on the streets (with outreach, drop-in and residential services) and to assist working children by providing educational support, counseling and health services for boys who work in the bus station in downtown Guatemala. The beneficiaries of the project for working youth are 120 boys who work cleaning buses and collecting bus fares. These boys generally work long hours (up to 17 hours per day) and in conditions which are harmful to their health; injuries and respiratory infections are common. Services are provided to the youth via street educators, who offer counseling, recreational activities, health education and first aid. Youth are also offered scholarships (to cover school fees, uniforms, transportation, and to help offset the loss in income when they attend school) to be able to return to school, for correspondence courses or for tutoring or literacy courses. CEDIC also has an outreach and residential program reaching 35 children who live in the streets and community development projects in one low income community in Guatemala City.

3.58 Key Strategies: The core strategy of both organizations is to assist urban-based working youth — the majority of whom work in the informal sector — to improve their income generation potential in the trade or occupation in which they are already working. Both organizations, recognizing the lack of employment opportunities in the formal sector, seek to improve the financial and personal well-being of working youth. While both NGOs assist youth in acquiring other employment, or to return to school for those youth who are not in school, they recognize that for many low income families, the income derived from the work of children is essential. Thus, the strategy is to mitigate the harm and prevent further deterioration of the working youth's situation. Both organizations have outreach workers or street educators who befriend children and youth where they work and attempt to provide a safety net to assist the youth and thereby lessen the possibility that they might end up living on the streets. In terms of future strategies,
both organizations are exploring ways in which working youth can have more autonomy in their workplaces. CEDIC is seeking to purchase a bus cooperative which youth themselves would run, while SODIFAG is seeking to register its production units as completely autonomous youth-run cooperatives. SODIFAG also seeks to open an artisan's center for working youth to produce and sell crafts in the tourist market.

3.59 Problems Encountered: Among major problem faced by both organizations is the lack of job opportunities in the formal sector. Both organizations recognize the limits of the informal sector to provide adequate income for the youth and their families; however, opportunities in better-paying formal sector jobs are scarce. Both NGOs also report the problem of limited support from the government. In addition, both organizations report difficulties in convincing the adult employers of working youth to support their activities and to allow the youth to participate. Another problem the organizations face in assisting working youth is the fact that most youth need a constant source of income, thus they have limited time or ability to participate in formal or non-formal educational activities. For this reason, CEDIC offers scholarships for youth who want to continue studying to offset the opportunity cost when a youth attends school.

3.60 Main Accomplishments: The major accomplishments of the two organizations are mainly related to their success in locating relatively large numbers of working children and overcoming resistance on the part of adult employers. CEDIC, for example, started out working with youth in five bus cooperatives and has since achieved the collaboration of 15. Another major accomplishment of the two organizations has been that of calling attention to the situation of working youth. Due to CEDIC's and SODIFAG's advocacy efforts — along with other NGOs working in the area of children's rights — the Guatemalan government is revising its child welfare legislation to include more provisions for the protection of children and youth who work.

3.61 Costs, Financing and Efficiency: Both organizations are funded primarily by private European sources. SODIFAG, which also receives funding from various European governments, has an annual budget of about US$600,000, which yields a cost per youth reached per year of about US$60. Neither of the programs has detailed cost-effectiveness data nor impact evaluation. In addition, neither of the programs has yet acquired funding from the local private sector.

3.62 Lessons Learned and Conclusions: The main lesson learned from reviewing the experience of the two organizations is that of using street educators or outreach workers to assist working youth where they are and in the occupation in which they are already working. Various studies on child labor in Guatemala have found that most children and youth work long hours and give the majority of their earnings to their families; for the majority, work is not an option but a necessity. Thus, both organizations have learned that there are strategies which can be implemented to improve the survival skills and income generation potential of children and youth working in the informal sector. While some NGOs assisting working youth believe that the informal sector is synonymous with chronic poverty, CEDIC and SODIFAG have taken the attitude that in the short-run at
least, it is a potential avenue for preventing the situation of working children and youth from worsening. The two organizations also base this conclusion on studies which have demonstrated that children and youth work on the streets, unsupervised by their parents, are among those most at-risk of living on the streets. Thus, by assisting working children and youth, the two projects seek to prevent more youth from living on the streets. While there is no longitudinal data from the two programs to know what the long-term impact of the program interventions are on a youth's future income, the two models are noteworthy.

- The Undugu Society, Nairobi, Kenya

3.63 Introduction: The Undugu Society is an NGO which has been working more than 20 years to assist street and working children and their families in Nairobi. The program carries out a variety of urban community development projects as well as direct services and support for youth and children who work on the streets, as well as those who live on the streets. Specifically, interventions include: (1) an alternative primary education program for children living in low income areas of Nairobi; (2) primary and secondary school scholarship programs to assist low income children and youth who want to stay in the formal school system; (3) an urban agriculture project which serves as an income generation project for youth who lived on the streets; (4) a community health program that includes primary health care, family planning and AIDS prevention; (5) a housing assistance program which upgrades slum dwellings; and (6) production units that provide practical skills training in trade skills and technical assistance in marketing of goods and services.

3.64 Key Strategies: Undugu's main strategy is to assist low income families by providing opportunities to work or study. In terms of activities for street and working children, Undugu has developed a unique apprenticeship model, which combines elements of the European apprenticeship system with the informal sector. After experimenting with the implementation of traditional vocational polytechnical schools in rural areas, Undugu opted for a model based on European apprenticeship, but adapted to the realities of the informal sector economy which is the source of livelihood for most of the families living in the slum areas of Nairobi. This informal sector artisan program links street youth and working youth with informal sector artisans. When a youth enters the program, Undugu staff send the youth back to his neighborhood, a low-income slum, to find an artisan working in a trade in which the youth is interested. Undugu then sends one of its vocational counselors to assess the degree to which the artisan knows his trade. If the artisan passes inspection, Undugu establishes a three-way agreement with the youth and the artisan. Undugu provides courses in business theory and background training in the trade for the youth, while he or she works as an apprentice for the artisan. After finishing the apprenticeship, the youth returns to Undugu for a year of further training, primarily in small business management skills. A Business Advisory Unit and Industrial Design department offer loans and help youth and adult-run business improve their marketing and product design.
3.65 Regarding its community development projects, Undugu establishes offices in low income communities and after carrying out a needs assessment and working with local community members, establishes priority projects based on the expressed needs of the community. Community development projects include educational support activities (establishing community-based schools and offering scholarships for children and youth to return to school), community housing, community health projects and income generation projects.

3.66 **Problems Encountered:** The Undugu Society's success in terms of rapid expansion and attraction of local and international funding was also a major problem. Rapid growth of the organization led to problems which many NGOs face: poor accounting and cost control, communication problems, lack of evaluation and staff training, centralized management which relied too much on one individual and the lack of collaboration with other NGOs and with government agencies. In addition, the Undugu Society at times seemed to try to replace the state. By offering alternative community-based schools, the program provided basic education for youth outside the public school system. However, for those youth who wanted to return to the formal education system, the government did not recognize the community schools. Similarly, Undugu Society upgraded slum housing without worrying about land tenure. In sum, the organization realized that whatever the problems of the government, it needed to work with the government and lobby on key issues or its efforts would be limited.

3.67 **Main Accomplishments:** The major accomplishment of the Undugu Society is that it became the largest and most important NGO assisting street and working youth and the largest NGO working in urban community development in Nairobi and served as a model for other programs in Kenya and Africa. While the program has not kept good records on the number of families and youth assisted, in 1991, 399 youth from four slums had scholarships and 700 children and youth were enrolled in its four community-based schools. Due to its important ties in the community and credible projects, the organization also has been able to negotiate with the government and convince the government to cooperate and even fund some of its program efforts.

3.68 **Costs, Financing and Efficiency:** No recent cost or budget figures were available on the organization, but its 1987 budget was US$1 million, of which about 45 percent came from the sale of goods and services. There are no figures available on the total number of children and youth reached.

3.69 **Lessons Learned and Conclusions:** Among the main lessons learned by the Undugu Society is the need to understand the limits of an NGO. The program has also learned the importance of advocating the government and collaborating with the government to change education and land tenure policies, for example. The organization has recognized the importance of media and public relations efforts to raise awareness about its existence as an organization and about the needs of street and working youth. Other lessons learned include:
(a) The organization has learned the importance of tapping the strength of the informal sector when few formal sector options are open.

(b) As a response to the needs of children and youth living on the streets, Undugu Society has avoided the temptation of many NGOs to open shelters for street youth located far from the low income communities from which they come. Instead, the organization has built a small number of group houses for street youth in the same low income areas from which the youth originated. The responsibility for maintaining these houses is given to the local communities.

(c) As an educational strategy, Undugu Society has found that it is important to offer education to working youth when and where they can use it and to focus on topics which are of interest to working youth, specifically basic literacy and numeracy to improve their businesses.

(d) To avoid dependency on the organization, Undugu has learned that it is important to charge some fees, however minimal, for services and to require communities to make in-kind contributions. For example, parents have to contribute to a child's education in order to receive a scholarship and local communities must provide the space for informal schools.

**CONCLUSIONS: SECONDARY PREVENTION**

3.70 Based on this review of six secondary prevention programs working with at-risk youth, we can make the following general conclusions about secondary prevention:

3.71 Many of the lessons learned among programs working in secondary prevention are similar to those of primary prevention. One major difference between primary and secondary prevention programs is that youth in situations of secondary risk are sometimes harder to reach or are hidden. This is due to the fact that families often want to hide or deny the fact that their children may be at risk of abuse or involvement in prostitution, for example. In addition, in the case of working children and youth involved in prostitution, adults who benefit from the work of children and youth work against the programs which would assist youth. For these reasons, secondary prevention requires creative and costly needs assessment and detection to identify those families and youth who are at a specific risk for abuse, prostitution or living on the streets. Nonetheless, the models presented here have shown that it is possible -- using formal and informal research methods -- to identify youth in situations of secondary risk and to offer them services.

3.72 While the cost data on these secondary prevention models was less than complete, in general we can say that they are more costly than primary prevention programs
because of the costs associated with detection and identification, and the higher staff costs associated with interventions. All the secondary prevention programs presented here have caseworkers or outreach workers who work directly with youth and their families either in the home, community or in their place of work. The lack of a formal structure, like a center or a school, in which to carry out activities means that the cost per youth reached is likely to be higher and the number of youth reached is likely to be smaller than primary prevention programs with similar budgets.

3.73 One key to the success of secondary prevention programs is the fact that they are targeted and generally have clear objectives; they work with a specified and reachable population with a clear objective, for example, to prevent young women at risk of prostitution in a given community from becoming involved in prostitution. While the programs can be short-sighted if they do not consider the underlying causes of this situation, they also have a very tangible impact in the lives of young people.

3.74 In terms of assisting working youth and children, programs working in secondary prevention have learned that it is necessary to consider the opportunity cost of a working youth to participate in educational activities. Many programs assisting working youth find it necessary to offer a scholarship or to pay youth for their time, recognizing that youth work because they and their families need the income. Programs assisting youth at risk of becoming involved in prostitution must also consider this very real opportunity cost of not receiving income from having a child involved in prostitution.

3.75 Many programs assisting working youth have also adapted a pragmatic approach to the informal sector. While some NGOs working with youth see the informal sector as an economic dead-end, others have recognized that in the short-term at least, it is possible to improve the working conditions and income of youth and children who work in the informal sector.

3.76 Because children and youth in secondary risk are in situations of imminent danger, many programs working with them have learned the importance of lobbying the government, raising awareness in the general public and using the media to call attention to the needs of these youth.

3.77 In general, there is a need for better baseline information on the needs and situations of youth in secondary risk. In many countries, there are few programs working with youth in secondary risk because the situations that place these youth at risk tend to make them hidden. With better information and baseline data, more programs can be developed to meet their needs.
4. TERTIARY ATTENTION

INTRODUCTION

4.1 As previously defined, tertiary attention programs are those which assist youth who have gone from a situation of risk to actually suffering the consequences of a situation that is harmful to their healthy development. Youth in situations of tertiary risk need protective, rehabilitative and/or intensive services that remove them from harmful situations (e.g. abuse, prostitution or abandonment on the streets) and assist them in their personal development. All four of the program examples included here – one working with street youth, one with girls involved in prostitution and two with adolescent mothers – provide these intensive services. It should be noted that three of the four programs, in addition to providing tertiary attention services, also work in primary and secondary prevention to prevent other youth from ending up in the same situations of the youth in tertiary risk.

PROGRAMS TARGETED TO YOUTH IN IRREGULAR SITUATIONS (ABUSED, PROSTITUTION, YOUTH OFFENDERS OR YOUTH LIVING ON THE STREETS)

- Passage House (Casa de Passagem), Recife, Brazil

4.2 Introduction: The program was founded in 1988 with the objective of improving the welfare of street girls and other low income young women through the provision of health services, income generation activities, counseling and shelter. The main target population of Passage House are the estimated 1,000 to 1,200 women ages 6-20 living on the streets or in brothels in Recife, and secondarily 130,000 young women between the ages of 15 and 19 who live in low income communities in Recife. The program works in secondary prevention and tertiary attention, but its tertiary services for street girls are better developed.

4.3 Passage House's multi-phased program includes: (1) street outreach for young women involved in prostitution and living on the streets; (2) drop-in counseling, literacy and health services; (3) residential group homes; (4) vocational training; (5) outreach projects in low income communities in the areas of AIDS prevention, health promotion and prevention of sexual abuse; and (6) research projects on the situation of street girls and young women in prostitution.

4.4 Key Strategies: Passage House's main strategy has been to focus on the psychosocial and mental health factors affecting young women involved in prostitution. The program has learned that until fundamental issues of self-esteem, and healthy primary relationships are addressed, other needs -- such as vocational training and
returning to school -- are impossible to resolve. Thus, the program's strategy for girls living on the streets or involved in prostitution is to offer drop-in counseling to help the young women discuss these psychological problems. Once the young women are ready to progress to the next stage, they are invited to participate in vocational training programs and/or residential group homes. Passage House offers counseling in which each young woman has the opportunity to discuss in a non-threatening group environment her situation and needs. The girls are invited to start a process that helps them establish a positive relationship with a staff member and leave the streets and prostitution when they are ready to do so. As the third stage of this process, young women who cannot return home are offered the opportunity to live in community group homes.

4.5 Passage House's prevention strategies are less well-defined than its tertiary attention services. Prevention strategies include the use of theatrical skits and peer promoters to disseminate messages on health issues, family planning, sexual abuse, sex education and AIDS education. The main goal of these activities is to prevent these girls from entering a cycle of poverty, early pregnancy and sexual abuse that sometimes leads them to the streets.

4.6 Problems Encountered: Among the main problems encountered by Passage House has been high staff turnover and burn-out. Due to the difficulty of working with street girls and the stress to staff members, the program has to constantly recruit and train new staff. Another problem has been that of training former street girls to hold regular jobs and to get involved in income generation activities. Because the staff come from the social service fields, they have not had experience in the business sector and until recently have had difficulty in producing high quality goods (handicrafts and frozen foods) to compete in the marketplace. Acquiring local governmental and private sector funding has also been a problem. Until recently, Passage House relied almost completely on international funding. Because the program has been so well known, it has not urgently needed local funding. However, in recent years, the program has begun to receive funding from Brazilian-based foundations and sought local government support with more attention toward its long-term sustainability. The relatively easy availability of international funding for the program has also meant that Passage House has not been extremely concerned with cost efficiency.

4.7 Main Accomplishments: Passage House's main accomplishments are: (1) the success of its model in helping girls leave the streets (and prostitution) and achieve self-sufficiency and, (2) the expansion of the program from reaching only a few young women to achieving important coverage rates among its target population. The program currently reaches with direct tertiary services about 700 young women per year, out of an estimated 1000 to 1200 young women who are on the streets at any given time. At the community level, 37 health agents and 25 girls involved in the educational theater program reach approximately 40,000 youth per year in eight low income areas. It is also an important accomplishment that 37 former street girls and young women from low income communities have been trained as peer promoters and have participated as
interviewers in various research projects. While the program has not kept records on the number of young women it has helped leave the streets and prostitution — nor the number who return to the streets — anecdotal evidence and site visits indicate that the number is substantial.

4.8 Costs, Financing and Efficiency: Passage House's annual budget is approximately US$700,000; if this figure is divided by the number of young women who receive direct tertiary services, this yields a cost per year per street girl reached of about US$1000. The Passage House receives funding from various international donors, primarily European, but also from a number of U.S. sources, including USAID. The program received US$300,000 over three years for its community-based prevention activities from the Inter-American Development Bank. In terms of proceeds from its income generation activities, Passage House currently has a booth in a shopping center where it sells products made by the street girls. This project earns about US$1600 per month, which covers the cost of the booth and provides a small salary for the girls.

4.9 Lessons Learned and Conclusions: Passage House's model has been copied and widely visited by other programs working with street girls throughout Brazil and Latin America. The central lesson "copied" by other programs has been the need to establish a strong relationship between a staff person and the street girl. The program has concluded that most girls end up on the streets and in prostitution due to family problems, often sexual abuse. In this situation, the girls lose the ability to trust and undergo tremendous damage to their self-esteem. In essence, the street girls adopt a variety of self-defeating survival strategies to mitigate the suffering they face on the streets. These survival strategies include drug abuse, pregnancy and the establishment of harmful relationships with men. Helping young women change from negative survival strategies to positive ones is time-consuming and staff intensive. However, it is a fundamental step if young women are to leave the street and establish productive lives. Other important lessons learned include:

(a) It is important to train former street girls as researchers. Because of distrust on the part of street girls and because young women involved in prostitution are often "hidden" or hard-to-reach, many research projects attempting to count the number and assess the needs of street girls and young women involved in prostitution have had misleading results. Thus, Passage House has trained former street girls to interview girls currently in the street. These trained researchers also serve as outreach staff by inviting street girls into the program.

(b) A program working with street girls or girls involved in prostitution must defend the young women in all their potential needs. Program staff and the girls have sometimes been threatened with violence (by "pimps" and others) when they attempt to assist young women in leaving prostitution. If the young women are to leave the streets, they must trust the program staff and believe that they can defend them from these threats.
(c) Another lesson learned has been the importance of group therapy and group activities. Because the girls lack belief in their personal ability to change the course of their lives, the solidarity of the group helps them believe they can leave the streets and find alternatives. The program often attempts to take advantage of groups of friends which already exist in the streets. Since the girls often form groups as protection in the streets, the program often invites these entire groups to enter the program at the same time.

(d) Programs must involve local businesses and local government. Passage House has found itself vulnerable to criticism and attacks for its lack of ties to the local community. In addition, the program is extremely vulnerable if its international funding were to be reduced — as is currently happening due to international trends in development aid. The program is now beginning to pay attention to this issue and seeking more Brazilian and local funding.

- Projeto Axé, Salvador, Brazil

4.10 Introduction: Projeto Axé (a Yoruba word meaning "life") is a widely acclaimed NGO which started in 1990 to provide high quality and low cost services to children and youth who live on the streets, and the larger number of youth who work on the streets in Salvador. To have a better idea of the needs and conditions of this target population, in 1993, Projeto Axé, in collaboration with the mayor's office, carried out a census of street and working youth. This census counted 15,743 youth who were in the street working and who had irregular school attendance. Of this population, 468 children and youth — about 3 percent of the total — were living in the street.

4.11 Specifically, the program focuses on the following areas: (1) street education, i.e. initial contact with children in the streets; (2) literacy and nonformal education as a bridge between the street and the formal school system; (3) "empresas educativas" (educational businesses), i.e. vocational training programs in paper recycling, furniture-making, silk screening, and fashion design; (4) Projeto Ere, a cultural program for young children which includes capoiera (a traditional African dance which combines dance with martial arts), educational games and a circus school; (5) a work insertion program in partnership with the private sector in Salvador to place youth in jobs; and (6) a health program, which includes health education and primary health care and referrals to the public health system when necessary. The program does not offer residential services for youth living on the streets, but rather assists youth in returning home when possible. When this is not possible, Projeto Axé arranges a temporary living situation via other programs assisting street youth.

4.12 Regarding its vocational training activities, Axé's educational businesses or cooperatives emphasize the production of quality goods sold at competitive, non-
subsidized prices. They are trying to break the traditional charity model of street children's projects and are opening two stores (one for recycled paper products and the other for women's clothing) to sell their products in a tourist area in downtown Salvador. Recognizing that most of the youth are foregoing work in the streets and hence income to participate in Projeto Axé activities, all of the youth, whether in literacy or vocational training programs, are paid for four hours of work per day and receive transportation and meals.

4.13 **Key Strategies:** Projeto Axé's main strategy is a methodology it calls the "pedagogy of desire." Specifically, Axé works with street and working youth to help them have a sense of what it is they want to do with their lives. Since most youth have been forced to work for survival and most work in occupations which they did not choose, the program seeks to transmit the notion that they have the right to choose what it is they want to do. Thus, street educators (outreach workers) and other staff work with the youth to rediscover or discover their personal interests and desires. For young children and youth who work on the streets, Projeto Axé does not believe they should be working, thus the focus for these young children is on recreation and basic education. Other strategies have included that of investing in staff training and staff personal and professional development in general. Since many programs which assist street youth have high turnover rates — which is difficult both for the youth in the program and for the continuity of the program — Axé seeks to encourage staff to become a long-term part of the process and thus invests heavily in them and pays higher than average salaries.

4.14 **Problems Encountered:** Among the major problems the program has faced is the lack of experienced staff who are interested in working with the organization. Another problem faced is the stigma attached with street children. At the point that Projeto Axé tries to help the youth get jobs in the formal, private sector, many firms do not want to hire former street children because of the fear that they will be violent or steal, or both.

4.15 **Main Accomplishments:** The main accomplishment of the organization is its rapid growth and consolidation as an organization reaching a large number of street youth. The program currently has 98 staff providing services to nearly 3000 youth, or about 20 percent of the total population of street and working youth in Salvador, which represents a substantial coverage rate. In terms of work insertion, as of 1993, 70 youth were hired by the city and the federal university for maintenance and gardening, and a total of 417 youth had been hired into local businesses between the time the project was started and 1993.

4.16 **Costs, Financing and Efficiency:** Their total per capita cost is about US$576 per year per child for some 2,700 children and youth currently receiving services in the project. Axé receives funding from a variety of national and international sources — local businesses, city government, the federal government, UNICEF, International Labor Office, the European Union, the World Council of Churches and Save the Children-UK and has an annual budget of about US$1.5 million.
4.17 **Lessons Learned and Conclusions:** Among the program's main lessons learned is the need to involve the private sector and lobby local businesses as well as local government. The program's director holds frequent meetings with the local business sector and presents the program's results and activities. This lobbying has helped facilitate the hiring of low income youth -- former street youth -- in local businesses which otherwise would not hire the youth. In addition, because many NGOs assisting street children have been criticized for poor administration of their funds, and the lack of transparency in their budgets, Projeto Axé has made a point of keeping its finances open to the public and has widely publicized its low cost figure of US$576 per year per child. The program has worked closely with the city government of Salvador and as a result has worked to avoid the duplication and competition among services for street children which has occurred in some cities in Brazil. For example, the Mother City project mentioned under primary prevention projects collaborates with Axé and focuses on primary prevention, referring youth who need services in secondary prevention and tertiary attention to Projeto Axé.

**Programs Targeted to Adolescent Mothers**

**Jamaican Women's Centre, Kingston, Jamaica**

4.18 **Introduction:** The Women's Centre of Jamaica Foundation is an island-wide NGO that was founded to assist teen mothers. Until recently, a pregnant young woman in Jamaica was not permitted to remain in school after her pregnancy became known and traditionally was not encouraged to return to school following childbirth. She was forced to drop out and generally joined the ranks of unemployed, unskilled mothers. Responding to this issue, the Women's Centre was founded with the chief objectives of: (1) assisting girls who become pregnant to continue their education; and (2) encouraging teen mothers to postpone subsequent births. Girls who get pregnant while in school are referred to the nearest Women's Centre by counselors, teachers, prenatal clinics, government and private agencies and word of mouth. Services offered include academic instruction, counseling, and skills training (sewing, home management, cosmetology, chicken and vegetable farming, bee-keeping, pig-rearing, and doll-making). Other services the Centre offers include a day nursery, parenting skills training, family planning services and recreation. There are seven centers in all of Jamaica which were assisting 1,400 young women ages 11-16 as of 1994.

4.19 **Key Strategies:** The program's main strategy is to help teen mothers keep up in school, and to return to school as soon as possible following their pregnancy. The program believes that vocational and educational success, combined with adequate family planning, are the ingredients for assisting a teen mother to help her child, and to encourage her to postpone subsequent pregnancies. Thus, the focus of the Women's Centre program is its classroom instruction and educational support. The young women
are able to study in a comfortable environment, rather than facing difficulties or embarrassment at school due to their pregnancy.

4.20 The academic support has two stages: (1) an introductory group of pregnant young women who meet in groups during their pregnancy, and receive basic tutoring and prenatal care and counseling; and (2) the academic program, which starts after giving birth and consists of academic preparation, family life education and necessary support services. Through this academic program, the majority of the students are placed back into the formal school system after giving birth. Usually the young women remain at a center for two semesters before returning to the formal school system. The Kingston branch of the Women's Centre is also a government-designated education test site, thus the young women can take the exams to pass their grade. They are able to re-enter the public school system without falling far behind in the regular school system. Another program strategy is that of working with the family to keep the girl at home whenever possible. In cases of young women who are kicked out of their homes for pregnancies, the Centre's staff meet with the family and work to get her back home.

4.21 Problems Encountered: Among the problems the program faces is overcoming the stigma associated with teenage pregnancy. In recent years, the program has assisted young women in returning to schools, but even so, teen mothers often face discrimination. Another problem is the difficulty of involving the fathers of the children. Since the program focuses on young women, they find that many of the teen mothers "leave the boys (the baby fathers) behind" both academically and professionally; most of the fathers of the babies have also dropped out of school and most are unemployed or employed in informal sector employment and thus often need the same kind of assistance which the teen mothers receive. The Women's Centre has wanted to start a support program for males (with male counselors) for some time, but has never had adequate staffing.

4.22 Main Accomplishments: Among the program's main accomplishments are the number of young women assisted; as of 1994, the program had helped more than 11,000 young women. In addition, an outcome evaluation of the program in terms of subsequent pregnancies and academic and professional performance demonstrated that the program is successful on all of these fronts, as the following results show:

(a) A recent survey of teenage mothers who had participated in the program, which compared these young women with a control group of young mothers who did not participate in the program, found that the program gives girls a better chance of returning to school. From 1986 to 1989, only 14 percent of the control group returned to school when they had become pregnant in primary school compared to 58 percent of the Centre's graduates. Similarly, among girls getting pregnant in secondary school, 44 percent of the program's graduates returned to school compared to 13 percent of those not participating in the Centre.
(b) This evaluation of the program also found that the graduates of the program remain in school. Half of the Women's Centre's graduates who got pregnant in primary school were still studying at the time of the evaluation, 17 percent were studying and working, 8 percent were working and 25 percent were neither working or studying. In the control group, 62 percent were neither working nor studying and 28 percent were working and not studying.

(c) This evaluation found that young women who participated in the project were earning higher salaries. Salary levels among young women with primary education who participated in the Centre's program were 72 percent higher than young women who did not participate in the program; for young women with secondary education, salaries were 36 percent higher.

(d) Subsequent pregnancies were also lower among graduates of the program. Only 15 percent of recent graduates had a subsequent pregnancy at the end of three-year follow-up compared to 39 percent for the control group during the same period.

(e) A large number of the program's graduates have gone on to higher education. The Centre's records show that just over half of the young women go on to tertiary educational institutions, including vocational training and university programs.

4.23 Costs, Financing and Efficiency: The Women's Centre has been successful in terms of maintaining a mix of funding sources. Currently, about half of the program's budget comes from the Jamaican government. The program receives other funding from international donors, including UNICEF, UNFPA, and USAID and a portion from income generation projects. The program is relatively inexpensive: the estimated total cost per young woman per year is less than US$300.

4.24 Lessons Learned and Conclusions: One of the program's chief conclusions is the need to work with policymakers and the public in general to change negative attitudes associated with pregnant schoolgirls. Rather than carrying out a concerted lobbying or advocacy effort, however, the Centre used a "soft-sell" approach to encourage schools to accept adolescent mothers after their pregnancies. Thus instead of pressing the Ministry of Education to make it compulsory to accept teen mothers in schools, the program used personal contacts with principals, teachers, counselors and Ministry officials to convince them that the Centre's approach worked and was important to the school system. The program also counseled young mothers assisted through the program to become "ambassadors" of the program within their schools. Initially, the program sent girls who were returning to school to different establishments from those from which they dropped
out. Now, the same schools will accept the girls back — an impressive testament to the acceptance of the program.

4.25 The Women's Centre model has been adapted and replicated elsewhere in the Caribbean and in Africa and is relevant for Latin America. The focus of the program on educational attainment and vocational training for teen mothers is relevant for other countries. Worldwide, research has found that adolescent women with lower educational attainment and lower future aspirations are more likely to become adolescent mothers. Having a child becomes a source of identity and purpose for young women who perceive that they have few other options. Breaking the cycle of teen pregnancy thus requires addressing these underlying issues; when these issues of vocational and educational attainment are the focus of the program, family planning is requested and used and subsequent pregnancies are delayed.

- The Ounce of Prevention Fund, Chicago, USA

4.26 Introduction: The Ounce of Prevention Fund is an NGO founded in 1982 which works in partnership with the state, local and federal government to improve the situation of children and adolescents in low-income communities throughout the state of Illinois. Specifically, the Ounce focuses on supporting at-risk families and improving their ability to care for their children. The organization’s various interventions are based on the philosophy that it is more effective to promote healthy early child and adolescent development than to treat the problems later in life.

4.27 The Ounce carries out the following programs: (1) school-based adolescent health centers in three low income schools in Chicago; (2) "Head Start" or early childhood development projects which reach 810 children and their families in the Chicago area, and include support services to families with young children such as career counseling and remedial education; (3) Parents Too Soon, which involves support for teen mothers and their children as well as an educational component to prevent teen pregnancy; and (4) an integrated family support services program in a low income area (public housing project) in Chicago which includes home- and center-based family support, maternal and child health services and early childhood education.

4.28 The Ounce of Prevention carries out a range of programs that could be classified as primary prevention (Head Start and school-based health centers), secondary prevention (the portions of the Parents Too Soon project which seek to prevent pregnancies among youth at risk of early childbearing), and tertiary attention (portions of the Head Start program and the Parents Too Soon project components for teen mothers). For the purpose of this analysis, the emphasis will be on the tertiary attention aspects of the program.

4.29 The Parents Too Soon initiative consists of direct services to pregnant and parenting adolescents in 20 sites throughout the state. Services to adolescent mothers
include home visits by caseworkers and group activities which seek to provide the teen mother with the skills needed to allow her to complete her own personal development and enhance the development of her child. The objectives of these activities are to preserve and enhance the health of the child and the teen parent, to alleviate circumstances that might lead to child abuse (nationwide statistics in the U.S. have found that teen parents are more likely than older parents to abuse their children), to delay subsequent pregnancies and to encourage the teen mother to complete secondary school and pursue further training and education. In an effort to prevent teen pregnancy, primary prevention programs are based at schools and youth centers.

4.30 The program also has an educational component in child sexual abuse prevention for teen mothers, which consists of group activities with existing teen parents groups. This project came about after research found a high correlation between early sexual abuse and teen pregnancy and the cyclical patterns of abuse and early childbearing. Specifically, many teen mothers were themselves sexually abused; a baseline study with a group of more than 500 teen mothers found that 65 percent has experienced some kind of sexual abuse when they were younger. Other studies have found that the children of mothers who have been sexually abused are themselves at higher risk of being sexually abused. Therefore, this additional intervention seeks to break the cycle of sexual abuse by discussing with teen mothers their own sexuality (and experiences of sexual abuse when they exist) and by working with teen mothers to empower their own children to prevent such abuse.

4.31 Key Strategies: The Ounce of Prevention's central strategy is that of working at the family level to address the problems facing at-risk children and youth. The Ounce seeks to combine resources from the public and private sector and apply them in the implementation of model and pilot projects which can later be replicated statewide and nationwide. The organization has a strong research and evaluation department to monitor these pilot projects and a strong lobbying and advocacy department which informs policymakers at the local, state and federal level regarding the needs of youth and the outcomes of promising program models. The Ounce of Prevention Fund also collaborates with local universities in evaluating its various projects, and thus contributes to the body of knowledge about the needs of children and youth.

4.32 In terms of its program strategies for working with teen mothers, the organization uses the following: (1) intensive home visits using an individualized case plan; (2) group activities involving parents and a group facilitator; (3) developmental screening to monitor the well-being of the children of teen mothers; and (4) child care and other support services which allow the teen mother to continue her education and/or seek employment. A teenage mother's educational achievement is a major factor in determining whether she remains in poverty; by keeping young mothers in school, the program seeks to break generational cycles of poverty.

4.33 Problems Encountered: The program cites as the main problem it encounters the rigidity of the program models funded by federal and state government and the
rigidity of its own staff in implementing these programs. They find it increasingly
difficult to find funding agencies, especially governmental agencies, which are willing to
fund new program ideas. Because many of the program models such as Head Start have
existed for more than 20 years, the Ounce of Prevention directors have to constantly push
the staff to fine-tune and alter the program models to make them more effective and to
experiment with new interventions. Another problem has been encouraging fathers and
males to participate in the program; few adolescent fathers assume their responsibility for
paternity of the children and few fathers of at-risk families participate in the program's
activities. The program has also had limited success in working with youth who are
outside the school system; nearly all of the program's activities (apart from those for out-
of-school teen mothers) use the school as the base; there is no analogous site where they
can locate and work with out-of-school youth.

4.34 Main Accomplishments: Among the program's main accomplishments is the
expansion of its interventions to reach a larger number of youth and the success of its
programs, especially those targeted at adolescent mothers. In 1993, 3,700 youth
participated in Parents Too Soon programs, about 2,000 of those were pregnant or
parenting teens and the rest in prevention activities. In terms of its effectiveness in
assisting teen mothers and preventing additional pregnancies, the program found the
following:

(a) In 1993 the subsequent pregnancy rate for participants after one year in the
program was only 7 percent and 88 percent reported using contraceptives.
In a control group of teen mothers, the subsequent pregnancy rate was 14
percent and only 54 percent reported using contraceptives.

(b) Similarly, the program model has been effective in encouraging teen
mothers to return to school. Nationally, only 60 percent of teen mothers
complete high school by the time they are 25; by comparison, 72 percent
of teen mothers participating in the program in 1993 were attending high
school or had already graduated.

(c) The program also has measurable effects on the lives of the children of
teen mothers: before participating in the program, only 42 percent of the
children were up-to-date on their immunizations. After six months of
participating in the program, 85 percent of the children were up-to-date.

4.35 Costs, Financing and Efficiency: The Ounce of Prevention Fund's current
annual budget is US$14 million, of which about 90 percent is governmental funding and
the rest is private. The majority of the funding goes to staff; the program has about 50
staff at its central office and 100 staff members working at various sites. They maintain
strong relationships and have an excellent reputation with state and city officials and
therefore have been able to maintain their funding levels even in times of government
funding cuts. While it is difficult to determine a cost per youth or child served because
of the variety of programs the organization implements, a rough calculation would be
US$2,300 per child and family assisted per year. Since family support services are staff-intensive, the vast majority of this funding is for staff salaries. This figure is comparable to other U.S. figures for a family support program.

4.36 Lessons Learned and Conclusions: In terms of its support for teen mothers, the Ounce of Prevention Fund has learned that these young women need assistance on two fronts: they need assistance to deal with their own developmental needs and they need assistance in learning how to parent. Other specific lessons learned in assisting teen mothers include:

(a) In their daily lives, teen parents, and the staff who assist them, deal with a number of crises and urgent needs: returning to school, finding a job, working on or breaking personal relationships and dealing with violence or substance abuse problems. Thus, adolescent mothers and staff who work with them often feel that they are not able to pay necessary attention to the needs of the growing children of the teen mothers. In addition, because most adolescent women feel little sense of power in their lives, the program has learned that it must help them feel capable of doing at least one thing well. Thus, the program focuses on helping the teen mother be a good parent. The program believes that by helping her feel she is a good parent, this sense of self-esteem becomes a "chain of enablement" that helps the young mother believe she can accomplish other things in life.

(b) The program has also learned that it is important to involve former teen mothers as staff members and coordinators of group activities to serve as role models and to provide a sense of support, essentially to show the young women that it is possible to move ahead in life.

(c) The Ounce of Prevention Fund has found that information about early child development is essential in terms of changing the teen mother's relationship with her baby and reducing the chance of child abuse; for example, a teen mother who understands why a baby cries is likely to react differently than one who does not.

4.37 In terms of teen pregnancy prevention, the program has learned that a central element of any intervention to prevent teen pregnancy (and involvement in other risky behaviors) requires a one-on-one relationship between a youth and a caring adult. Other lessons learned in primary prevention include:

(a) Youth must have positive alternatives for peer interaction, specifically opportunities where youth meet in groups and propose collective solutions to their needs. These positive peer group experiences serve as prevention for youth involvement in negative peer group experiences, such as group substance abuse and gang involvement. Youth also need discussion groups where they can test their growing capacities to think and reason.
(b) The Ounce of Prevention Fund has also found that community service opportunities, where youth can feel invested in the community are important in prevention efforts.

(c) Finally, youth need exposure to the world of work to discover what fields interests them and how to pursue those fields.

4.38 In terms of institutional lessons learned, the Ounce has found that is important to maintain constant lobbying and advocacy efforts, both advocating for the needs of children and youth (and thus insuring that services for them remain well-funded) as well as lobbying for effective programs and presenting program results to the general public, the mass media and policymakers.

CONCLUSIONS: TERTIARY ATTENTION

4.39 Based on this review of four tertiary attention programs working with at-risk youth, we can make the following conclusions about tertiary attention:

4.40 Tertiary attention programs are generally the most costly of programs serving at-risk youth. They typically reach smaller numbers of youth because both staff and the programs overall have smaller caseloads. The interventions or services provided are also more intensive, more time-consuming (and require a youth to receive services for a longer period of time) and often involve residential services, which are extremely expensive. Due to this high cost per youth served for tertiary attention programs, they are probably not the kinds of programs for which most governments would want to borrow money. This is not to say that programs in tertiary attention are unimportant. Government's may wish to rely on NGOs which have a comparative advantage in delivering specialized services to these groups.

4.41 One trend in recent years regarding tertiary attention projects has been their expansion to offer primary and secondary prevention to prevent more youth from ending up in the situations for which the programs provide tertiary services. Three of the programs included here began by providing tertiary attention and expanded their services to include primary and/or secondary prevention. This is a natural and positive evolution in various senses. First, programs which work intensively with a given population in tertiary attention -- adolescent mothers or street youth, for example -- get to know and understand the population very well. This experience and knowledge of the target population provides them with important insights in how to prevent youth from ending up in these same situations. Second, former adolescent mothers and ex-street youth, for example, provide excellent peer promoters or counselors to work with youth at risk of ending up in these situations. Thus, programs which provide integrated primary, secondary and tertiary services merit special attention.
4.42 While tertiary attention programs generally came about as a response to remove or protect a youth from a situation of immediate danger or immediate need, the more mature tertiary programs have seen the need to work on the underlying causes instead of focusing solely on the immediate needs. Programs working with adolescent mothers, for example, have learned that low vocational and educational attainment and aspirations combined with personal issues (which may include family dynamics and sexual abuse) are generally the underlying causes of teen pregnancy (at least in the context of major, urban areas in the Americas). Thus, programs working with adolescent mothers in preventing or delaying subsequent pregnancies must deal with these issues. Similarly, programs working with young women in prostitution in settings like Brazil where the underlying causes are often related to family dynamics and sexual abuse in the home have learned the need to work on these fundamental questions. It is not enough for a tertiary attention program to simply remove a youth from a harmful situation.

4.43 The cost of tertiary attention programs can be kept down when the program does not try to do everything and when its interventions are well-designed and targeted. For example, none of the four exemplary programs included in this section run large residential shelters or residential centers, which are generally costly and often counterproductive to a child's well-being. Instead, the programs cited here use group homes based in the community, which are inexpensive, or refer youth who need shelter to other programs which offer this service. By keeping their services focused on their target population and by offering interventions which help children and youth successful progress out of risky situations, the programs are able to make optimal use of their resources. Many traditional tertiary attention programs are large residential programs for youth, which often become a kind of self-fulfilling and reproducing cycle. By the fact that an institution has an infrastructure and staff to house 300 youth, for example, they begin to look for 300 youth to fill the beds, even when other service options exist for youth. The institutional inertia means that the program will continue to try to fill its beds even if many of these youth could return home or make use of other services, for example. While there are obviously children and youth who need residential care, progressive and successful tertiary attention programs generally find other options for providing short-term shelter and focus on the long-term goal of returning a child to his home or finding a residential option which is the most home-like as possible, i.e. small group homes as opposed to large shelters.

4.44 Like successful primary and secondary prevention programs, successful tertiary attention programs generally use case management plans or create systems whereby a specific staff member or staff members are responsible for monitoring the progress of an individual youth. Apart from serving as a form of process evaluation and monitoring, this individual one-on-one relationship is important in assisting a young person in his or her positive development.

4.45 All of the tertiary attention programs included here make extensive use of group discussions and the peer group as a form of empowerment for at-risk youth. Youth in situations of extreme risk often need the peer group to find collective solutions to their
99

needs. In addition, when youth have had extremely difficult family situations or have been separated from their families, their peers often become a kind of substitute family. Thus, programs in tertiary attention should take advantage of the peer group as an instrument of positive change and support for at-risk youth.

4.46 Another lesson learned among programs in tertiary attention is the importance of supporting staff and investing in staff development. Because tertiary attention programs require intensive staff involvement with youth in extremely difficult situations, staff are likely to face stress and burn-out. In addition, such programs require staff with sensitivity and experience. All four of the programs included here try to pay reasonable salaries, offer staff training and support staff to prevent burn-out and increase the chance that they will work with the organization longer.

5. **CONCLUSIONS AND RECOMMENDATIONS**

5.1 While the majority of the important conclusions and recommendations have already been made in the various conclusions to each section, there a number of fundamental points which should be reiterated and a number of overall conclusions to be included:

5.2 The need to finish secondary education and the issue of assistance in finding work are the primary needs that are reiterated in virtually every program included here. The fundamental causes of the situations which place youth at risk of the situations described here are generally economic (i.e. poverty) in the first place and family-related (i.e. family environments which do not provide for healthy development) in the second place. Thus, every program included in this analysis has recognized that at-risk youth need at least these three fundamental things:

(a) Assistance in completing secondary education: While completing secondary education is no guarantee of adequate employment in any of the countries included here, the lack of secondary education is definitely a handicap and risk factor for long-term success. This is especially true as economies continue to modernize and the skills needed to succeed in these economies become more complex. The vast majority of the programs included here focus on success in or completion of a secondary education as a fundamental developmental need of youth.

(b) Work options to provide for immediate or ongoing income: Many at-risk youth often need immediate income for their personal survival and to assist their families. Working youth, as highlighted by a number of programs, for example, face a high opportunity cost when they participate in a program's activities. Many programs in primary and secondary
prevention have therefore seen the importance of paying youth for participation in vocational training activities or production workshops, or finding options in which the youth can continue to work and still participate in program activities.

(c) Vocational orientation and training that considers the long-term employment needs and interests of youth: While at-risk youth may need immediate work and income, they also need orientation and life skills education which helps them reflect about their long-term professional and vocational interests and options, which may not be the same as their immediate employment needs. Programs which only focus on the immediate employment needs of youth, as previously mentioned, are doing a disservice to youth.

(d) These two issues combined — work and educational attainment — are generally the two most important factors for empowering and assisting at-risk youth. This is especially true when these interventions are combined with individual and group counseling or other interventions which meet the personal development and psychosocial needs of at-risk youth.

5.3 In terms of income generation projects and employment, most of the programs included here focus on employment in the formal sector, recognizing it as the largest growth area in most economies in the Americas and as the source of employment which generally offers better long-term prospects. While there are some important exceptions of programs which successfully support youth to work in the informal sector (Cedic and Sodifag in Guatemala and the Undugu Society in Kenya, for example), most programs included here have recognized that the informal sector is often a financial dead-end. In addition, it is generally difficult for youth to obtain credit and have both the technical and managerial skills to run his or her own business (i.e. a business which brings in more income than a subsistence level activity such as shining shoes).

5.4 Regarding the cost of the different levels of programs presented here, primary prevention programs are generally the least expensive. However, there is insufficient data to determine which models or programs have the best cost-benefit ratios. It should also be noted that some estimates have low cost-per-youth figures which may be misleading. For example, some primary prevention programs reach those youth who are already motivated and are relatively easy to reach. Therefore, the "value-added" of a program in this example is fairly low and a program can maintain a low cost-per-youth figure by not serving harder-to-reach youth. On the other hand, a program in secondary prevention or tertiary attention program — or a primary prevention program which reaches harder-to-reach youth — may have a higher "value-added" and also a higher cost-per-youth.

5.5 A related problem has been the reluctance of many programs to maintain transparent budgets and to calculate figures like cost per youth or cost-benefit ratios.
Many NGOs seldom have been requested by their funders to account for their costs in a rigorous manner. However, those programs which have been concerned about cost-effectiveness have found ways to keep unit costs down, such as expanding the number of youth served. Only a few programs have realized that maintaining such information, assuming the program is well-administered, actually helps "sell" the program to funders. Many of the programs included here have had "easy" or "soft" money and thus have not had to account for their funding. Even among those youth serving programs which have calculated unit costs they often do not provide information on the impact of the interventions. It is easy to divide a program's total budget by the number of youth reached to find a unit cost; the difficult part is determining the impact derived from the cost and the quality of the service provided. The benefit side of the cost-benefit equation is lacking in the majority of the programs included here.

5.6 The issue of continuous and stable funding is a problem for virtually all of the programs included here. The most successful programs are not overly dependent on one funding source, but rather maintain a mix of sources and constantly seek to diversify their funding sources. In addition, none of the programs — with the exception of the Lyceum of Arts and Trades in Brazil — achieve higher than a 10 percent cost-recovery and we should not expect that programs reaching truly at-risk youth will reach a higher rate than that because of the nature of the populations which they serve. While programs should attempt to recover costs whenever possible, this cannot be seen as a major source of income. It is, however, important for programs serving at-risk youth to consider options such as insurance captation plans for school-based clinics or other plans which charge a fee-for-service for youth from middle income backgrounds while subsidizing or providing for free services for youth from low income backgrounds.

5.7 Taken as a whole, programs working with at-risk youth have not been extremely successful in including the private sector or acquiring funding from the private sector and most of the programs recognize this as a need. There are some notable exceptions to this situation, such as the endowment plan developed by Addiction Alert in Jamaica, which represents an important possibility which more NGOs working with at-risk youth should consider. Other programs such as SENAI in Brazil, Jobs for Youth in the U.S. and Projeto Axé in Brazil have developed and work to maintain strong relationships with the private sector.

5.8 Staff training and long-term investment in staff continues to be a weak area among programs serving at-risk youth. Because salaries in the field tend to be low and stress is high, turnover is frequent. In addition, most staff, including the directors of programs assisting at-risk youth have training in social service fields and thus have important experience in how to work with youth, but often lack training and experience in business and management skills. In other cases, many programs assisting at-risk youth are overly dependent on a central figure, or the founder, and have not trained lower staff in program management and administration.
5.9 The issue of evaluation continues to be one of the major weaknesses of programs working with at-risk youth. Most organizations assisting at-risk youth only carry out evaluation when a funding agency requires it. Few of these programs see evaluation as something that is important for their ongoing functioning in terms of helping them improve program performance and delivery. Programs need both technical assistance in how to carry out evaluation along with motivation to understand why evaluation is important and how it can help in their daily work.

5.10 While we divided programs assisting at-risk youth in three categories, it should be remembered that there is tremendous link and overlap between the three areas and that lessons learned among the various program models should be exchanged. It is especially important to point out that programs working in tertiary attention offer tremendous insights in terms of reaching at-risk youth with interventions that prevent them from needing tertiary attention.

5.11 Programs must be sensitive to the developmental needs of youth. This includes the use of peer promoters or youth reaching other youth, and the use of groups and the peer group as a source of support for youth. This should also include meaningful and genuine opportunities for participation and leadership, which helps youth learn skills to function positively and productively as adults. Programs must also understand that youth have vocational limitations based on their age and developmental status. For example, a youth of age 16 does not necessarily know what he or she wants to do for the rest of his life. Thus vocational training programs should understand that youth require separate and different treatment.

5.12 Considered as a whole, those programs which represent public-private partnerships seem to have the best chance for long-term success and seem to most adequately meet the needs of at-risk youth. Such private-public partnerships utilize the advantages of NGOs and governments. For example, NGOs are often more creative and flexible in their program interventions and more capable of adapting to changes in needs; they often maintain better relationships and ties with low income communities. On the other hand, they generally reach small numbers of youth and have limited abilities to raise funds or to obligate other sectors of society to collaborate with them. Governments, on the other hand, have a funding base and the ability to reach a wide number of youth, although they tend to be more bureaucratic and slower to adjust to changes in needs. Many of the most successful programs included here -- the Women's Centre of Jamaica, the Ounce of Prevention Fund in the U.S., Projeto Axé in Brazil -- combine government funding and scale with NGO community development expertise.

5.13 Replicating and scaling up some of the exemplary programs discussed in this paper is likely to be difficult and can not be easily achieved in many cases. However, adapting successful elements of these programs to other environments should be feasible and encouraged. Replication is hindered by the fact that a number of these programs have depended on charismatic, individualized leadership and the advocacy efforts of a founding director. Indeed, many of the best known programs for at-risk youth have
started in this way and have had difficulties in replicating their models on a large scale. Programs which have successfully scaled up have tended to have decentralized management structures. Such programs have generally "contracted" out services or provided services nationally through locally autonomous affiliates, with a central body responsible for oversight, advocacy and goal setting. Programs like Cities in Schools in the U.S., Servol in Trinidad, SENAI in Brazil have been able to maintain high standards even as they expanded nationally. Programs which attempt to expand on a large scale run the risk of becoming dependent on a donor agency and losing their self-sufficiency. In sum, there are models which should be considered for support as local, community-based efforts which are not suitable for scaling up as much as being multiplied in other communities. At the same time, there are other models, like Cities and Schools, which seem replicable by a central organization (governmental or non-governmental) on a national basis.

5.14 The sustainability of the programs serving at-risk youth discussed in this paper depends on a number of key factors. The first is diversification of funding sources. The largest and oldest programs described here often rely on a mixture of private and public funding, or have achieved one or more permanent funding sources (e.g., SENAI has received a fixed allocation of funds from Brazilian industries). One NGO, Addiction Alert in Jamaica, is seeking to build an endowment as a strategy to achieve financial stability. Another common factor among the most stable programs described here is that of tangible connections and participation of the local community, including the local business sector. This community support and participation may be in the form of long-term financial support, assistance in job placement or provision of in-kind services such as donations of time and space. Those programs which have actively and tangibly promoted participation by youth and their families have also had a better chance of long-term survival. Another common element for sustainability is advocacy; those programs which have actively "sold" the benefits of their efforts and documented program outcomes to the local community, donor agencies and the government have been able to withstand difficult political and funding environments.

5.15 In conclusion, there is no magic bullet or easy answers about how to work with at-risk youth. The information is generally lacking for in-depth evaluations of programs. Most programs and funders react more to the urgent needs of youth rather than diverting scarce resources to carrying out costly evaluations. However, in examining these 23 programs, we can say that those programs with focused objectives and a clearly defined target population, and which use needs assessment and which evaluate their efforts, are the most successful. In general, we can also say that there is a need to press for higher standards for programs working with at-risk youth. Many programs are young and emerged to respond to an urgent need; many also emerged out of a religious or charity background in their work with disadvantaged youth. This work on behalf of at-risk youth has been extremely important, but it has not necessarily applied rigorous management techniques, evaluation and cost-efficiency measures. It is time to demand this kind of quality and these high standards from youth-serving organizations; donors demand and need it and the youth assisted deserve it.
5.16 In terms of final recommendations to the World Bank, the following are the areas needing most urgent attention:

5.17 More programs should be funded and implemented to assist youth to stay in school and to provide broad-based vocational training. These programs should be separate from but collaborate with the existing public education system. In addition, rather than focusing on vocational training for a specific job, these programs should offer broad vocational training and life skills which assist a young person in acquiring personal and vocational skills which will help him or her in their long-term work needs.

5.18 Health promotion and health services should be expanded to reach hard-to-reach and at-risk youth. When possible these services should be stand-alone to be sensitive to the special needs of at-risk youth. When this is not possible, these services should be integrated into existing health services in such a way to attract these youth who would otherwise not use health services and not participate in health promotion activities. These activities and services should take advantage of existing community structures -- youth clubs, community associations, schools, etc. -- to reduce the costs and to ensure their integration with existing programs for at-risk youth. Special attention should be given to the reproductive health care programs, particularly in the expansion of services which seek to prevent or postpone early pregnancy and the spread of STDs/AIDS amount at-risk youth.

5.19 As a general suggestion, the World Bank should not support large institutional programs or residential programs for at-risk youth, but rather should focus on community-based primary and secondary prevention efforts. Large tertiary institutions, while they have done much to assist youth, tend to be costly and to separate youth from their communities, often becoming large warehouses which look for youth. Whenever possible, the World Bank should support community-based models which seek to return at-risk youth to their families, schools and communities.

5.20 In addition to these general conclusions, the World Bank should support the following:

(a) Additional research on the needs and preferences of out-of-school youth. Research is lacking on where out-of-school youth are and (apart from labor market participation, for which important research exists) what kinds of activities they are involved in. Such research should also ask at-risk youth and out-of-school youth about their preferences for activities with the objective of fine-tuning programs to attract these youth.

(b) Cost-benefit research and technical assistance in financial administration and evaluation. Research is needed to compare costs between different kinds of program models, for example the cost of providing stand-alone or integrated health services to adolescents and to determine whether the intended impact of these programs have been achieved. In addition,
research is needed to confirm the importance of investing in preventative health care - and other services- for at-risk youth. The World Bank should also explore mechanisms to provide technical assistance to existing youth-serving organizations in how to improve financial administration, impact evaluation and cost evaluation.

(c) Institutional building and staff training. Many of the organizations already working with at-risk youth are young and have high staff turnover. In addition, many of these organizations pay low salaries and thus are unable to attract more qualified and experienced staff. The World Bank should examine possibilities for strengthening the long-term institutional capabilities of existing youth-serving organizations, in terms of their strategic planning, staff management, financial administration and evaluation, among others. Opportunities for staff training, including training of upper level management staff should be considered.
6. NOTES

The following are the principal documents used as sources or references in this document. Additional documents including annual reports, internal reports and memoranda were generously made available to us by the 23 programs included here:


Other Reports in the LASHC Series

No. 1: Children of the Poor in Latin America and the Caribbean by J. van der Gaag and D. Winkler, July 1996 (available in Spanish translation)

No. 2: Targeting At-Risk Youth: Rationales, Approaches to Service Delivery and Monitoring and Evaluation Issues by M. Schneidman, July 1996 (available in Spanish translation)

No. 3: Evaluating Programs for Vulnerable Children and Youth by A. Harrell, July 1996 (available in Spanish translation)

No. 4: Chile’s Learning Network by M. Potashnik, July 1996

No. 5: Review and Analysis of International Experience with Programs Targeted on At-Risk Youth by G. Barker and M. Fontes, July 1996 (available in Spanish translation)

No. 6: Measuring Public Hospital Costs: Empirical Evidence From The Dominican Republic by M. A. Lewis, May 1995