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# 'The question is: will the street leave us?' Care-leavers with a street-connected past

*Marcela Losantos Velasco*

## Introduction

This study focuses on a significantly under-researched group: street-connected children who came into care and then aged out onto the street, rather than towards independent living as is normally hoped for among care-leavers. As such it draws together three important strands of vulnerability that contribute to this group living on the edges of society, namely street-connected children, care-leavers and street-connected youth.

This study uses the term 'street-connected' children and youth, which was coined by [Thomas de Benitez and Hiddleston \(2011\)](#). In previous research, the same author argued that, traditionally, two types of policy approaches were used to guide interventions aimed at street children and youth worldwide: reactive/repression-oriented and protective models ([Thomas de Benitez, 2003](#)). From a reactive/repression-oriented approach, street-connected children were described as antisocial, violent and even associated with criminal behaviour by their inappropriate use of public space. Therefore, the interventions based on this approach were repressive towards them (for example, forced removals and legal sanctions). On the other hand, from a protection-oriented perspective, they were perceived as immature, vulnerable and victims of family and street violence, assuming that they needed to be saved from the street by institutions until they reached adulthood. The focus of the protective approach was on the immediate causes of problems (for example, basic needs) rather than on their structural causes (for example, poverty and social exclusion) ([Berckmans et al, 2012](#)).

Nevertheless, a research review conducted by [Thomas de Benitez and Hiddleston \(2011\)](#) revealed a paradigm shift during the 2000s, from the aforementioned polarised conceptions to the recognition of their diverse and complex characteristics and circumstances. As a result, the review proposed 'street-connectedness' as a new term for street children, more consistent with a rights-based approach that perceives children and youth as social actors,

growing up within interconnected environments, whose activities contribute to their identity construction. The focus thus moves away from children's physical presence on the street to their emotional belonging to public spaces, recognising the street not only as a source of problems and danger but also as a space of personal freedom, empowerment and independence. The term street-connectedness emphasises young people's different ways of connecting to and using the street.

Research on homelessness among care-leavers is quite well established. For example, a study in Uruguay reported an increased risk of physical and mental health problems, drug use and homelessness for care-leavers who left care abruptly, without finalising their preparation process (Bartora, 2016). Other studies from Australia (Chikwava et al, 2022), the US (Kelly, 2020) and Canada (Kovarikova, 2017) reported a relationship between leaving care and the risk of homelessness. A UK report concludes that 'one-third of care leavers (33 per cent) become homeless in the first two years after leaving care, and 25 per cent of all single homeless people have been in care at some point in their lives' (Stirling, 2018: 12). A study of youth ageing out of the foster care system in the US (Dworsky and Courtney, 2009) revealed that 14 per cent ended up living on the street or experiencing some form of homelessness during the first year after leaving care. In South Africa, Dickens and van Breda (2021) found that an average of 16 per cent of care-leavers reported experiences of homelessness each year (ranging from 0 per cent to 23 per cent) over their first seven years out of care. Moreover, a follow-up study in Australia showed that 50 per cent of care-leavers experienced a period of homelessness (Riggs and Coyle, 2002).

While there is substantial research on homelessness among care-leavers, there is scant research on care-leavers who lived on the street before entering a care programme and then returned to the street. Huang and Huang (2008) conducted research on street-connected children who came into care in La Paz, Bolivia. They found that around 97 per cent of these children left care prematurely and returned to the streets. Mokgopha (2019), in South Africa, examined the resilience of street-connected children who entered and later aged out of care. We have been unable to source any other research on this group.

Care-leavers with a street-connected past are an under-researched group whose voices should be heard because they have experiences both from the street and from care. Their street experiences and knowledge regarding care programmes could help provide information about what the street offers – in terms of supportive relationships, a sense of belonging, and a sense of freedom and autonomy – and what it is that care programmes are failing to provide.

The aim of this chapter, therefore, is to explore the journey of young people who came off the streets into residential care and, instead of ageing out into independent adult life, transitioned back onto the streets in the city

of La Paz, Bolivia. To do so, I followed the stories of five street-connected young people who aged out of care onto the streets, despite having spent years away from it. Through a participatory methodology based on social constructionism, I studied this group of young adults to understand why they returned to the streets after many years of care. The participants themselves constructed the research questions of interest, analysed the data with me, and then endorsed their stories to be published as valuable lessons for care professionals.

The following section describes the research context of street-connected children and youth in Bolivia, followed by an explanation of the participatory and constructionist methodology of the research. Then, the findings section focuses on the factors that contribute to young people with a street-connected background returning to the street when they reach adulthood and must leave residential homes. Finally, the conclusion questions if residential care programmes, protection system practices, and society in general, offer real possibilities of social integration for street-connected youth after having lived for many years on the social margins or within institutional walls.

## **Research context: street-connected children and youth in Bolivia**

The last census showed there are around 4,000 people of all ages living on the streets in Bolivia ([Viceministerio de Defensa Social y Sustancias Controladas, 2015](#)), although exact figures are practically impossible to calculate due to the high mobility of the groups from one city to another; the diverse situations, characteristics and distinctions between those who live on the street, those who work and sleep on the street and those who sleep in accommodations on a daily basis, but who spend the whole day on the streets; and poor monitoring of the life trajectory of street-connected youth once they become adults.

However, the scenario changed after the enacting of Law 548: New Code for Children and Adolescents (17 July 2014), which stressed the right of children to live with a family. Both private and public care programmes in Bolivia started to focus on promoting family and social reintegration of street children under 18 years old. Organisations are now working in a coordinated manner to encourage children to leave the street and temporarily enter a foster home while they search for sustainable family and social care alternatives.

Meanwhile, street-connected children who came into care before the New Code and subsequently aged out of care were in what could be termed a 'legal limbo', because they were too old to seek alternative forms of care – such as surrogate families or adoption – and too close to the age of 18 to receive permanent care or aftercare support. The Bolivian state offered no

transitional measures of social protection for those who had to transition from care to independent adult life (Asociación Civil [Doncel et al, 2016](#)), and even less for care-leavers with different characteristics or conditions, such as leavers with a street background who have greater difficulties than other graduates in, for example, finding housing, connecting with birth families and securing stable jobs. As a result, many young people who left residential care centres in this period ended up back on the streets, despite having left street life for many years.

## Methodology

The research reported in this chapter is based on a social constructionist epistemology. Social constructionist thinking developed through many influences, such as [Goffman's \(1959\)](#) dramaturgical approach and [Berger and Luckmann's \(1966\)](#) publication of *The social construction of reality*. Through this approach, research is seen as a collaborative process in which participants work with researchers in constructing new ways of knowing and understanding reality ([Cisneros-Puebla, 2008](#); [McNamee, 2012](#)). It implies a shift in the roles of both the researcher, who now defines all steps of data collection and analysis together with the participants, and the participants themselves, who now are not just mere informants, but participate actively in all critical decisions regarding the research process. Thus, the findings are not presented independently and objectively, but rather through a joint construction between the researcher and the researched ([Lock and Strong, 2010](#)).

Social constructionist researchers conceive theories as products of a society in a particular time and context ([Gergen, 2007](#)). Thus, disciplinary discourses, which serve as a frame of reference for research, are understood as social products within cultural traditions that have the power to generate or degenerate the people they describe ([Romaioli, 2011](#); [Hamdan, 2012](#); [McNamee, 2012](#); [Tilley-Lubbs, 2014](#)), which is particularly important when researching street-connected youth.

## Participants

This chapter reports on one part of my doctoral research, in which I studied five purposively selected street-connected young adults, who I followed for four years in their process of leaving care when they turned 18 and returning to the streets where they lived before care. The five young adults – three males and two females – had previously lived on the street for around three to five years before being brought into care. While in care, they moved in and out of care several times until they decided to establish themselves in two residential programmes – one for women and one for men – until

**Table 2.1:** Participants of the research

Pseudonym	Gender	Age when they first entered care	Age when they left care	Age when returning to the street again
Carlota	Female	13	17	18
Paola	Female	12	18	18
Martin	Male	14	18	18
Eduardo	Male	13	19	20
Bernardo	Male	13	18	21

they reached adulthood. I met them in the street in these two critical moments, just before they entered care at ages 12 to 14 years, when I was working at a non-governmental organisation (NGO) that offered support to street-connected children and again, many years later, when they were back on the streets after leaving care at the age of 18, while I was finishing my PhD. I invited them to participate because my doctoral research aimed to understand why young people remained on the street, despite other care options available to them. Therefore, their experience was a key point in answering the research question comprehensively.

Table 2.1 shows two important features of the participants. First, most of them spent four to six years in residential care. Second, they did not go back immediately to the streets after leaving care at 18 years old; instead, they spent between six months and three years trying to live home-based and independently, before returning to the street.

### *Data collection and analysis*

Data collection took place where I encountered the participants on the streets, while I was doing daily fieldwork during the last two years of my PhD. First, I had weekly ‘small conversations’ (that is, stories embedded in talk-in-interaction) (Georgakopoulou, 2007; Clifton, 2014) over 18 months, while I accompanied them during daily activities, such as doing laundry, going to the dentist or playing football. Second, I conducted ten formal interviews, two with each participant, at the completion of the study, to explore further the reasons why they returned to the street, after ageing out of care. Lastly, the participants produced a video, where they recorded separate individual testimonies and edited them together, to convey their own perspectives on social reintegration possibilities after leaving care.

A narrative analysis was used to fully understand the complexity of their life stories and daily accounts (Riessman, 2008). I decided to use a narrative analysis because, as Squire (2008: 5) describes, ‘by doing so we are able to see different and sometimes contradictory layers of meaning, to bring

them into useful dialogue with each other, and to understand more about individual and social interplay’.

The narrative analysis enabled the identification of the central plot in each of the young people’s life stories, where participants shared their initial experiences and motivations to transition to adult life, look for a job and have stable housing. Furthermore, participants described how these plans started to fall apart because of difficulties associated with their street connection.

I then interviewed each participant for the second time. These interviews started with me sharing the findings of the first interview, followed by participants confirming and expanding their stories. Therefore, the themes presented in the findings section were constructed jointly with the participants and, given the in-depth insight they provide, they represent the challenges faced by the participants.

### *Ethical issues*

The study’s ethics was reviewed yearly by both Universidad Católica Boliviana ‘San Pablo’ and the Vrije Universiteit of Brussels, who supervised the joint PhD. The following ethical considerations were taken into account. First, to comply with the principle of participants’ beneficence, the fieldwork was supervised by an NGO that worked with street-connected children and youth to guarantee their right to anonymity and their right for voluntary participation was respected. Second, to respect their own agency I requested written consent to participate in the study and for publication afterwards. And third, because the study was carried out under the supervision of an NGO, arrangements for referral for services (for example, medical care, food, shelter and trauma counselling) were jointly conducted if needed.

Finally, trustworthiness lies in three main characteristics of the study. First, the study involves prolonged engagement (Lincoln and Guba, 1985). The research on which this chapter reports is part of a study conducted over five years with 35 street-connected children and young people. This long-term relationship created a trustful relationship between me, as a researcher, and them as participants and co-creators of collective knowledge about the different challenges they faced to leave the street.

Second, the social constructionist epistemology, on which this study is based, allowed the participants’ involvement in all stages of the research process. Participants were involved from the research question formulation to the joint analysis of the interviews. Findings were thus validated by the participants, which is a fundamental trustworthiness criterion when it comes to participatory research (Jordan et al, 2005).

Third, the transferability of at least aspects of the findings (Lincoln and Guba, 1985) is possible thanks to the provision of a detailed account of the

context and methods of the study. Transfer to other contexts is made difficult by the lack of research on this group, but this study may help to generate initial hunches that can be further explored elsewhere.

The following section presents the main findings on the factors contributing to young people leaving the protection system and returning to the street. Each factor was identified with the participants and constructed from their own lived experiences.

## Findings

The five main factors that contributed to care-leavers returning to the street upon leaving care are:

1. transfer rather than transition continues to be the most common practice for street-connected care-leavers;
2. there is no aftercare support;
3. the lack of family or social support;
4. their social network is still based on their street-connected peers; and
5. their street marks hinder their social reintegration.

### *Factor 1: Transfer rather than transition continues to be the most common practice for street-connected care-leavers*

Being transferred to adult life, rather than accompanied in the transition, is at the heart of this first finding. The term transfer is generally used to refer to the user's transfer from one service to another (for example, from paediatric to adult healthcare). However, [Liabo et al's \(2017\)](#) research on care-leavers used the term to describe the sense of being moved from one place to another, rather than going through a process in which they feel accompanied. In the same vein, the narratives that follow relate to the experience of 'being moved' or transferred to adult life, without the necessary support or preparation. In-depth interviews and small conversations with street-connected youth showed they are pushed to leave care rather than guided in the process of doing so:

'[Talking about when the institution gave him a final date to become independent] It is just as if your shift was over ... you have to move on, you have to leave. ... I became angry. I knew that the day will come, and to be honest I was happy to leave at the beginning, you know? I used to think, "No more rules, no more waking up and make my bed as a matchbox". ... Then I realised that I was going to be on my own, no support. I felt not ready, not ready at all.' (Eduardo, 19 September 2017)



Eduardo's testimony reflects how the independence process works for several young people who have to leave care. When the centre announces that their time in care is about to end, most of them feel happy, challenged and eager to be autonomous and unrestricted. However, when the departure date approaches, they begin to have reasonable doubts and fears about how to face life independently. These doubts often lead to erratic behaviour (for example, leaving their technical training hoping that their leaving date will be further extended, running away from the centre for a weekend, turning up at the centre after drinking alcohol).

All these behaviours are signs of insecurity about the prospect of independence. However, care professionals sometimes interpret these as signs of rebellion, so in response, they begin to pressure the young people by setting deadlines for leaving residential care. Martin's story is also evidence of this dynamic:

'I started to regret having enrolled in the training programme. At the beginning I felt very enthusiastic; really enthusiastic to learn about plumbing and stuff! Later I realised that this meant I had to leave [the institution] soon. The psychologist made me fill in something called "life project". A lot of sheets! And then we had to meet with her [the psychologist] to discuss the planning. ... I filled in whatever I could think of that time, so, pretty much whatever I wanted. But I didn't do it seriously, you know? ... So, as I was telling you, I started to fear that if I finished the plumbing course, I would have to leave, so I started missing classes. The director of the care centre eventually found out but she didn't care. She said I had misused the opportunity. ... At the end of that year, it was time for me to leave.' (Martin, 16 June 2015)

The participants' narratives reflect the sense of being transferred abruptly into adult life, instead of being led gradually towards it, despite professionals recognising the flaws in this transferring system. [Clare et al \(2017\)](#) describe it as a chronic *stuckness* of the welfare and protection system that prevents addressing the challenges related in the stories, although they were identified many years ago in Bolivia (for example, [Universidad Católica Boliviana 'San Pablo'](#) and [Aldeas Infantiles SOS Bolivia, 2017](#)).

### ***Factor 2: There is no aftercare support***

In addition to the abrupt end of care at the age of 18, another factor contributing to street-connected youth leaving care and returning to the street is the lack of aftercare support. The stories that follow demonstrate that there is a vacuum of aftercare support. Whether it is the lack of a social or family support network when leaving care or the non-existence of aftercare

programmes, the fact remains that once they leave care, young people are left to face adult life virtually on their own.

‘When you go to the fourth stage of [name of the programme from where they become independent], you then start to feel there is no way back. I mean ... you know that when you become 18, you maybe have some more months. After that, you are by yourself. They say they will come to see us [after leaving care], but the truth is that no one else comes. We see our social workers probably once a year.’ (Paola, 8 August 2015)

Paola’s statement exposes one of the significant failures of the transition process, namely the experience of ceasing to be affiliated with what was her home for many years. Her experience shows that the relationship between her and the care centre she was affiliated to is far from resembling the parent–child relationship. Indeed, early independence that street-connected care-leavers face is very different from the gradual independence process of those raised in a family environment, in terms of both the abruptness of the separation and the rigidity with which it usually happens (Clare et al, 2017):

‘[Did you have support?] To go out? One month. Yes, one month. Because it was not well organised, my departure was not well planned. Then, nobody supported me anymore, not even when I got sick. I was alone.’ (Carlota, 19 December 2016)

Despite significant evidence that aftercare services are as important as care itself (Glynn and Mayock, 2019), there are no regulations in Bolivia that establish follow-up programmes as mandatory. Most of the care programmes claim it is not possible to provide housing upon reaching adulthood, even though the Bolivian Family Code establishes that:

Family assistance is granted until the beneficiary reaches the age of majority and may be extended until the beneficiary reaches twenty-five (25) years of age, in order to provide him/her with technical or professional training or to learn an art or craft, as long as the dedication to their training shows effective results. (Bolivian Family Code, Law N° 603: 30)

Instead, leaving-care programmes are entirely delegated by the state to two NGOs that do their best to accompany care-leavers in their transition to autonomous life. Still, none of them is focused or specialised on street-connected care-leavers although their needs require differentiated attention due to the absence or fragility of their family ties, previous history of drug

use, and lack of academic preparation before entering the care system, which introduces unique challenges to their transition.

### *Factor 3: The lack of family or social support*

The lack of social or family support to come back to in times of need when they live independently reveals another critical gap for street-connected youth. The fact that young people have a past life connected to the street is strong evidence of the fragility of their family relationships. Even though most of them have a family with whom they maintain sporadic contact, both when they live on the street and when they enter care centres, maintaining this bond is not the primary focus of care models, which in time results in the weakening of it ([Universidad Católica Boliviana 'San Pablo' and Aldeas Infantiles SOS Bolivia, 2017](#)).

One of the many risks for street-connected care-leavers with no family network is the tendency to jump very rapidly into a partner relationship without assessing the risk of early pregnancy and suffering intimate partner violence:

'After some time out of [the institution], I got to know [partner and father of her child] right after leaving care, and I thought he would be a good guy. When I met him, he was good; he took me out on trips, he took me out eating, he was loving, we went watching movies, like that. I thought he would always be like that, but he started hitting me once I was pregnant with my son. ... When there were new girls [in a meeting or a party], he would hit me and fight with me by harassing them in front of me.' (Carlota, 23 October 2016)

Experiencing this unsustainable situation, Carlota felt the need to move away from her partner and take care of the baby that was coming:

'I decided that if I were going to have my son, he would not be born in this situation; I had to have a room on my own [starts to cry]. I didn't steal anything or didn't do any of the things [she used to do on the street] anymore. I had a stable job that allowed me to provide a better future for my child and rent a room for him ... but then, [partner] appeared again. ... He claimed he would take my baby away if I did not return with him. He said everybody would know that [before care] I used to live on the street and that the social defence office [*defensorías*] would not allow that I would raise my child. ... I became terrified and concerned. We moved back together, and I realised I had no other place to be than with him. Then, he started to hit me again. I started to sniff glue again to cope with everything. Then everything evolved.

I ended up again on the street, and my child is in a care programme, like me when I was little. It is a shame. ... I sometimes think that if I had gone to a programme such as, you know, these programmes for women that suffer violence, or maybe I would have gone back to [name of the institution she lived in until she became adult], maybe all of this would not happen. Who knows, right?' (Carlota, 23 October 2016)

The lack of a family and social support network results in young people thinking that the street is their only alternative:

'I used to stay up during the nights saying: what do I do? I had a baby coming. I had no family to support me. I know I am a big girl, but I felt daunted. [I used to think] I have no place to go back if anything goes wrong. Well [laughing], I can always go back to the street. That is how it is *seño* [Spanish term for a street educator].' (Paola, 8 May 2015)

This lack of a social and emotional support network has been identified in other studies (Chase et al, 2006; Oshima et al, 2013) as a factor that leads young people in general, but especially women, to quickly look for a partner to settle down with and conceive a child with the idea of starting a family. The absence of a risk-need-responsivity model to support independent living and the lack of consideration of individual needs or risks, results in an accelerated journey (Stein, 2006) that drives these youth back to the street.

#### ***Factor 4: Their social network is still based on their street-connected peers***

Care professionals tend to think that youth who have lived on the street should completely break their street bonds once they are admitted into care. However, empirical evidence shows that this is rarely the case (Velasco et al, 2020). The strongest bonds of street-connected youth are with their street peers. This fact has two significant consequences: on the one hand, as they do not have a social network outside of the street, it is more difficult for them to find work and access different social and learning opportunities. On the other, when they go through emotional hardships during their independent life, they turn to their street group, like other young people would turn to their family:

'I entered [the residential programme] to study, to become professional and to live a better life. But *seño*, it is not easy you know. ... When you leave the house [residential home], then real life hits you. Who do you turn to, to seek for support? Well, my street group.' (Bernardo, 8 September 2015)

The emotional bond between former and current street-connected youth is more than strong; it is essential in their lives. The strong experiences lived together on the street, where they had to protect each other to survive, form their street group into what [Bowlby \(1985\)](#), in attachment theory, calls their secure base:

‘It all started when I spend hours walking downtown in the city. I was looking for a job – you know? – as most job opportunities are nearby where the street boys are. The more frustrated I got because I couldn’t find a job, the more I visited the kids. Little by little, I decided to stay with them and now I live here again. It is cheaper and I have more company. I was very lonely.’ (Carlota, 16 November 2016)

Research on independent living success factors ([Cameron, 2007](#); [Berckmans, 2014](#)) points to having a social support network as crucial for a smooth transition to adult life, because it helps with practical daily issues and provides emotional support. However, in the case of street-connected care-leavers, their social network is based on their street relationships before care. Moreover, family contact is limited and adult contact is mediated by institutional relationships that end at 18. This entails a fundamental breach, compared to other care-leavers who do not have a street past.

#### *Factor 5: Their street marks hinder their social reintegration*

The last factor is related to the importance of the physical appearance of street-connected care-leavers as an obstacle to reintegrate into society. Their stories strongly emphasised that their facial deformities, caused by drug use and by scars from street fights, are evidence of their street background and hinder their social integration:

‘The worst thing that can happen to you on the street is someone cutting your face. It is the worst punishment that one can receive because when you have that scar, it is impossible to hide that you are from the street or that you have a street past. So, who is going to want to hire you?’ (Carlota, 13 May 2016)

Both Carlota’s experience, and the one narrated by Eduardo that follows, express what [Villanueva O’Driscoll and Loots \(2014\)](#) call the embodied experience. Our bodies mediate all our experiences. The social relations that we build, how we perceive ourselves and how we are perceived are mediated by our bodies. In the case of street-connected youth, their bodies literally determine their permanent discrimination:

‘When you already use a lot of drugs, it shows on your face. My nose has been deformed. Don’t you see, *seño*? So, the question you ask is, if we can leave the street? But the question is not that. The question is: will the street leave us?’ (Eduardo, 28 November 2017)

Carlota and Eduardo’s testimonies clearly describe the interplay between street pull factors and society push factors. Care-leavers with a street-connected past are caught in the middle. The preparation process for leaving care does not consider the social barriers that they will have to face when transitioning to an independent life. Therefore, once out of the care system, and with little to no preparation, they have to deal with all the challenges described in this chapter, plus the social rejection due to their street connection, which is patently visible on their scarred faces.

## Discussion and conclusion

This chapter has aimed to explain the factors contributing to care-leavers with a street-connected past returning to the street instead of starting independent life after ageing out care. [Steens et al \(2018\)](#) argue that the only way to improve interventions with street-connected groups is by looking critically at their successful and failed experiences.

These experiences were jointly collected and analysed through a highly participatory process with the young people, thus building valuable findings and lessons for practice and research. Findings show an interplay of factors, from failures in how their street past before entering residential care is considered, to how the care-leaving process of street-connected youth is planned, and the strong resistance from society to their reintegration as independent adults.

The first factor relates to how street-connected youth perceive their leaving process as being transferred to adult life instead of transitioning into it. The second factor brings to light that there are no formal aftercare programmes, which means they have to face an accelerated independence process on their own. Furthermore, the third factor reveals the lack of family and social networks, which results in the accelerated establishment of a new family to compensate for loneliness. This is especially hazardous for women who are caught in violent couple relationships and early pregnancy.

These first three findings taken together clearly show that there is a systemic failure in the process of street-connected youth’s transition to adulthood. The care models of the institutions do contemplate issues like technical preparation, the transfer of skills necessary for independence, and the purchase of furniture for the house they will inhabit. But the most critical need is overlooked, which is arguably to provide continuous emotional support to face adult life.

Street-connected youth reach the street when the situation in their birth homes is untenable. Violence and precarity push them to make the most difficult decision a child can make, which is to move away from their parents and live on their own. Once on the street, their peer group becomes their emotional support. Finally, when they enter residential care, other needs are covered, but according to their own testimonies, not this emotional void.

How, then, should care and aftercare programmes formally include the emotional support component? [Brown et al \(2019: 358\)](#) sum it up brilliantly: through having caring professionals who ‘really want to care’. [Liabo et al \(2017\)](#) emphasise that a determining success factor in independence is that care professionals are willing to go the extra mile to ensure that young people leaving care are supported and feel that there are people available to them, and even more so in the case of street-connected youth who have no one but their street network.

Indeed, this is precisely what the fourth finding shows: that in the absence of professional and family support, their primary social network is still based on the street. Street youth never really stop being connected to their street group. The personal relationships established within residential care programmes are neither as permanent nor as profound as those set on the street.

Finally, the findings show that care-leavers’ facial scars disclose their past life on the street, hindering their social reintegration, because the scars are physical evidence of having lived on the margins of society. In this respect, researchers such as [De Moura \(2002\)](#), [Conticini and Hulme \(2007\)](#) and [Gigengack \(2008\)](#) reveal that there is a tendency to blame street youth for not being able to reintegrate into society because of their criminal past behaviour, their drug use and their ‘untamed’ attitude. However, the participants’ stories debunk these arguments by revealing a relational dynamic with a society that does not allow street youth to integrate into adult life because they are rejected based on their appearance.

[Kidd et al \(2020\)](#) argue that because of their turbulent past, street-connected youth mistrust the welfare system, have difficulties in personal relationships and therefore tend to develop their social network around other marginalised young people. Nevertheless, the stories presented show a counterargument: street-connected care-leavers maintain their social network on the street not because they cannot establish a broader social support system, but because home-based social networks are out of reach. The findings question if there are real possibilities for the social integration of street-connected youth when they age out of care, especially when there are no specialised transition programmes or aftercare support.

Aftercare programmes are critical for helping street-connected care-leavers not to go back to the streets. Moreover, they need consistent emotional

support: a worker who genuinely accompanies them and maintains the intensity and frequency of support through the early years of independence. Finally, sensitising communities to prepare them to receive and include aftercare street-connected youth is urgent. Without these social and structural changes, the possibilities for successful social integration will be significantly reduced and keep care-leavers at society's margins.

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