Healing First: A Three-Year Strategy 2025 – 2027

A strategy to ensure every child finds safety, healing, and a clear path to family, school, and livelihood.

RESCUE MISSION FOR STREET LIFE

OUR MISSION

Reimagining child protection, well-being, and parenting in fragile settings.

CORE PRINCIPLE

Trauma recovery before reintegration. We stabilise children first, build caregiver readiness second, and guide reintegration third. This healing-first approach is measurable, replicable, and rooted in local forms of play.

TARGET GROUP

ChildStreet-connected and vulnerable children and their caregivers, including adolescent mothers and youth, living in urban slums, street contexts, and other fragile environments.

WHO WE ARE

Rescue Mission for Street Life (RMFSL) is a child protection organisation delivering trauma recovery for the successful reintegration of children and caregivers in fragile settings.

OUR VISION

"A world where no child lives on the street, and every family thrives."

WHY – THE CASE FOR CHANGE

THE PROBLEM / EXTERNAL THREATS

A System That Moves Children Before They Are Ready

- Systems that prioritise placement into family, school, or livelihood before recovery and safety
- Limited availability of child & caregiver trauma recovery services
- Poverty and instability within caregiver households that undermine sustained care
- Loss of childhood play as a natural pathway for healing and regulation
- Fragmented child protection and social care systems with weak coordination and accountability

WHY RMFSL IS DIFFERENT

A Healing-First Model That Improves Outcomes

1. Transitions into family, school, or livelihood occur only after trauma recovery and stability are verified, reducing relapse, placement breakdown, and repeated harm.
2. Children and caregivers achieve measurable emotional recovery through structured play and guided routines, even in low-resource settings where formal mental health services are absent.
3. Children and caregivers stabilise together, strengthening caregiving capacity and household predictability, which leads to more durable family, education, and livelihood outcomes.
4. Stress signals are identified and addressed early, preventing punishment, exclusion, and the misinterpretation of trauma-related behaviours.
5. Simple, repeatable indicators guide recovery, readiness, and reintegration decisions, ensuring consistency, accountability, and protection across every participant's healing journey.

WHAT – THE THREE-YEAR PLAN

THREE-YEAR GOAL

A scalable system reaching 100,000 children and caregivers

We prove, transfer, and scale the model through demonstration, replication, and stewardship.

Year 1 · Phase 1 — USD 100,000

Demonstration – Prove healing before reintegration

- Operate ThriveSpace™ as a national demonstration site, providing a safe, structured environment for trauma recovery
- Deliver structured, play-based trauma recovery sessions for children and caregivers to support emotional stabilisation and behaviour regulation
- Use ThriveMeasure™ to track stabilisation and readiness over time, guiding decisions on recovery progress and reintegration timing
- Collaborate with Probation Officers, Police CFPU, schools, and health units to align case management and ensure safe, coordinated care pathways

Year 2 · Phase 2 — USD 250,000

Replication – Build capacity to deliver ThriveWell™

- Select and onboard 20 partner organisations with the capacity to deliver trauma-informed child protection services
- Train two facilitators per partner in structured, play-based, trauma-informed care using the ThriveWell™ model
- Provide ongoing supervision, tools, and MERL support to ensure quality, consistency, and adherence to the model
- Enable partner sites to deliver ThriveWell™ at scale, expanding reach toward 100,000 children and caregivers within their communities

Year 3 · Phase 3 — USD 300,000

Scale & Stewardship — Expand reach while protecting quality

- Establish a national network of certified ThriveWell™ facilitators to support consistent delivery and peer learning across sites
- Maintain quality through supervision and ThriveMeasure™ across all implementation sites, ensuring fidelity to the model
- Publish annual learning and outcome reports to demonstrate impact, strengthen accountability, and inform continuous improvement
- Engage national and regional policy platforms to position healing-first reintegration as a recognised standard in child protection
- Strengthen governance, safeguarding, and accountability systems to ensure responsible, ethical, and scalable implementation

INVESTMENT REQUIRED OVER THREE YEARS: USD 650,000

HOW – TOOLS & DELIVERY

OUR TOOLS

What drives recovery and readiness

ThriveWell™
Structured-play trauma recovery model preparing children and caregivers for safe reintegration into family, education, and livelihood.

ThriveMeasure™
Behavioural scoring tool tracking patterns of behaviour to determine child stabilisation and caregiver readiness for safe, sustained reintegration.

IMPLEMENTATION ENABLERS

What makes delivery possible

1. **Governance & Case Management:** Ensures reintegration decisions are evidence-based, child-safe, and accountable, preventing premature or harmful transitions
2. **Finance, MERL & Compliance:** Protects sequencing discipline through real-time monitoring, financial controls, and ThriveMeasure™-driven decision-making
3. **Partnerships & Strategic Resource Mobilisation:** Aligns partners and funding to RMFSL's recovery-first model, ensuring growth does not compromise quality or safeguards

INTERNAL CAPABILITIES

Built to operate in fragile terrain

1. Healing-first sequencing discipline, enforcing recovery before reintegration
2. Structured play as a trauma recovery system, replacing absent formal mental health services
3. Dual-generation recovery, enabling children and caregivers to heal together
4. Clear, repeatable readiness and recovery indicators (ThriveMeasure™) to govern decisions and verify outcomes
5. Strong governance and case coordination, enabling discipline, accountability, and safe transitions across fragmented systems