

**CHANGING MINDSETS?
EVOLUTION OF A REHABILITATION
PROGRAMME FOR CHEMICALLY
DEPENDENT MALE STREET
ADOLESCENTS IN A MAJOR INDIAN
CITY**

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Chapter 1

INTRODUCTION AND CONTEXT

1. 1 Starting Out

I have worked in Mumbai supporting street boys since 1982 (full-time since 1986). This thesis began with the question, “How can we improve the educational experiences of the most vulnerable children in India?” Thus began a research journey in which I have systematically examined my practice, with my colleagues and with the vulnerable boys themselves. During the process, the operation has become more reflexive and self-sustaining. There is no magic for these boys, just a long painstaking process of support which has enabled some to turn their lives around.

As a practitioner researcher, my experience has prompted me to question the thinking and the mindsets of these male street adolescents and evaluate my practice. My account connects my personal experience to the cultural, placing myself within the social context of the street adolescent (Reed-Danahay, 1997). I wish to identify effective practice, and to share and develop this with colleagues on whom the future of the work depends.

The phenomenon of street youth is a visible manifestation of a disrupted political and socioeconomic society. The forces that lead growing numbers of youth to the street are numerous and complex. In developing countries, few social services exist for the youth who have lived or worked on the streets. It is important to understand not only who these youth are but also how they function, as such insights will provide a better understanding of their needs which in turn will provide them with the opportunity to be included in decision-making processes pertinent to their future as contributing members of society (Tudoric'- Ghemo, 2005).

I wished to establish a programme (which would eventually be replicable all over the country), sponsored by my Roman Catholic order, the Don Bosco society. I sought a focused response to the plight of street children, their drug abuse, their street culture vis-

à-vis their movement off the streets. The need to respond to their addiction was an obvious starting point: drug abuse was visible, harmful, leading to medical deterioration and helplessness.

My interaction with male street adolescents revealed that 70% to 80% (D'Souza, 2003) are addicted to inhalant volatile solvents. Inhalant abuse is the intentional inhalation of a volatile substance for the purpose of achieving a euphoric state. It is also known as solvent abuse, volatile substance abuse, glue sniffing, sniffing and huffing. It is an under-recognised form of substance abuse with a significant morbidity and mortality. Dependence is severe and has both behavioural and biological aspects. Behaviourally, dependence is often characterised by loss of control over one's use of substance. Dependent people may organise their lives around getting and using a substance. Biological or physiological dependence is typified by tolerance, withdrawal symptoms, or both (American Psychiatric Association, 1994).

After studying various models of treatment, I established the current rehabilitation programme at Lonavala (Maharashtra, India) in September 1999; this PhD studies its development and effectiveness. It was designed after extensive investigation into working practices with street children. The Therapeutic Centre addresses not merely the phenomenon of drug use, but facilitates a holistic rehabilitation process "off" the streets; a movement towards positive options for countering addiction and alternatives towards a qualitative improvement in lifestyle (D'Souza, 2004). In my quest, I stayed at treatment centres around the country, studied their models of intervention, questioned their practice and reflected with the management and staff on their practice. My religious organisation is committed to the youth sector (this is its specific "charism"). Its main educational pedagogical thrust lies in prevention. I have been trained during my formation period in this pedagogical ideology and hence saw the significance in having a programme of rehabilitation that had a strong preventive element to it. I felt the need of a participative approach in my practice, to develop and evaluate the child centeredness of the programme given the increasing emphasis on the voice of the child. My attempt lay in

trying to understand something of what lies behind what is said by research subjects and written by other researchers; trying to understand this in terms of the speaker's /author's intentions; and trying to understand what this means within their particular social frameworks.....This is what we mean here by voice.
(Clough and Nutbrown, 2002, p.24).

The volition to change his situation must come from the street child's own thinking pattern leading to a change in mindset. He perceives life on the streets as 'normal', something he cannot change. He sees the oppressive environment and circumstances as being part of his 'karma' (fate): this spurred me to focus on his thinking patterns and mindset as the key area for research.

As I have devised, developed and evaluated this innovative process, I base my research design on the principles of Participatory Action Research to analyse, evaluate and improve upon the Treatment Model of rehabilitation we have developed. As a practitioner researcher I, assisted by the staff and the boys, investigate my own practice. In the process, I have developed theories, which I have shared with my colleagues and through their critical feedback, tested their validity. The dialectic process of reflection which "lies at the core of action research" (Somekh, 1995) was an important underpinning of my entire study. Elliot (1991) suggests that the process of reflection is representative of the action research process.

The spiral of action research cycles follows a process of Action, Observation and Reflection to achieve greater understanding, followed by further action and reflection. Ascribing to the "living theory" approach of Jack Whitehead (2006), I tried to "improve my practice" by engaging in cycles of action and reflection wherein I have created an action plan which enabled me to reflect and construct the values I live more fully. For my Reconnaissance phase, I draw on my records and experiences over the period 1986-97. This led me to my first cycle (1998-2005), the development and evaluation of the Therapeutic Community that led me to identify mindset-change as a central factor, which became my second cycle (2005-07).

Through my research, I sought to address certain issues and concerns about inhalant substance abusing male street adolescents and their lifestyle:

- a) Their instant decision making- what are the thought processes that underlie this? What factors trigger this process? What impact does guidance have on such decision-making? Do factors such as length of stay on the street or traumatic past family experience have an effect? Is instant decision-making only an impulse or can it become a pattern?
- b) Is there a constraint to thinking beyond the immediate consequences of their actions?
- c) What are the thought processes of those who are reintegrated? What precipitates their movement off the streets? What motivates them to seek to improve their lives?
- d) Is going back to the streets the only option available, according to the adolescents?
- e) Where exactly can I, as a guardian, make decisions for them?

I observed that organisational resources, networks and support systems are in place to help the street adolescent into a normal rehabilitation or reintegration into mainstream society. Yet, why is this movement off the streets such a difficult process, often getting entrapped in the cycle of attempts and failures? Is inhalant substance abuse the hindering factor? Do other factors pull them back? Are they addicted to this lifestyle? Do street boys have a fixed mindset?

I realised that I did not have the answers to these questions. Together with colleagues and the boys, we sought to look for answers. I applied **Participatory Action Research** not only as a research methodology but also as a philosophy of life that would convert my practice into living and thinking (Whitehead, 1999). I felt the need to examine and reflect upon these questions that have been a part of my reflective practice.

Reflection in PAR is that moment where the research participants examine and construct, then evaluate and reconstruct their concerns (Grundy, 1986, p.28).

I had initially wanted to work out a well packaged model for chemically dependent male street adolescents, but as I further questioned my practice, I have come to believe that not just a particular model, but working with the thinking, the mindset of the street adolescent was the crux and would be a larger contribution to the field of inhalant drug abusing street adolescents worldwide.

Across my 21 years' interaction with male street adolescents, three quarters were addicted to inhalant volatile solvents. In the first cycle I had a sample size of 30 adolescents. I observed in the ongoing programme that there was a relapse rate of 50% – 60% (Appendix 11) which led me to question the very efficacy of our programme, with its emphasis on 'holistic' development of the street adolescent. I felt that the process of focusing on the whole was at the expense of individualised, specialised care which these adolescents required. It is this issue which motivated me to look beyond mere service provision intervention and instead to focus upon working on the mindsets of street adolescents, as a vehicle of life altering change.

1.2 My Journey

My Society is a men's congregation within the Roman Catholic Church that has a special mission to working for youth, especially marginalised youth. We have various educational services for male and female youth. I joined the Society in 1981, underwent training and have worked for the past 25 years with males and females in our various organisations. The residential programmes I have worked with have been solely male establishments; there is a female congregation to care for young girls.

I joined the minor seminary at the age of 14 with the intention of becoming a priest. I had been brought up in a middle- class cosmopolitan area of Mumbai. The poor slum areas were just within the confines of my locality I was always intrigued by why people had to live the way they did. Was there no solution to their situation? Were they not as capable as we were and often better than I? How could they get enough opportunities to live better lives and have better surroundings? These questions nagged me, instigating a search for answers. A life-defining event in 1981 strengthened my resolve. During my final year at minor seminary, I conducted an Oratory (recreation session on Sunday

afternoons with the poor children of the locality with a moral talk at the end of it). While dropping the children back from one such meeting, lightning struck the tree claiming the lives of two boys who were standing with me. I survived. I saw this escape as a call to a very specific ministry.

My period of 'Formation' and study (Scholastic and Ecclesiastical) in getting ordained to the priesthood took 14 years in all:

- 1 year Pre-Novitiate (Ecclesiastical – Scholastic, Lonavala)
- 1 year Novitiate (Ecclesiastical, Nashik)
- 2 years Bachelor of Philosophy (Ecclesiastical, Pune)
- 4 years combined Practical training (Warden in a boys' home) and Bachelor of Arts (Ecclesiastical – Scholastic, Teaching, Lonavala),
- 2 years Master of Social Work (Scholastic, Mumbai) and
- 4 years Bachelor of Theology (Ecclesiastical, Shillong and Bangalore).

My Scholastic, Ecclesiastical Studies and Practical Training (that is, teaching in a Junior College - High School and Wardenship for three years) motivated and encouraged me to work with street drug addicts, and my varied experiences with them dictated my choice of Participatory Action Research. My field practical experience with street children helped me to articulate my reflections on social work methods and in establishing networks that helped further my interest and laid a solid foundation for my future work with this group.

My years as a theologian in Shillong and Bangalore got me intensely involved in pursuing my interest in chemically dependent substance abusers. I attended several short term courses on behaviour treatment models, government policy and law dealing with chemical substance abuse. During the weekend ministry, I worked among a network of middle-class chemically dependent youngsters for whom I had to wait long hours at bus stops and open spaces. I formed an association called M.O.M. ("Mary Our Mother" services for the chemically dependent), which enabled me to gain entry into the local medical psychiatry ward of the public hospital and follow up cases referred by them.

1.2.1 My Platform

Core of my Experience from which the inspiration for the present model is drawn:

I was keen to experiment with a model which had crystallised from my varied experiences with street drug abusers. I spent those months doing outreach and medical detoxification. After this, I took them for a short habilitation camp of two weeks to a sister institution and then hired a hut, arranged food for eleven recovering street addicts with the financial support provided to prepare for my ordination. I formed them into groups to manufacture some articles for sale (which they had planned during the camp or already had the skill for) and began a subsistence programme loosely monitored by one of the peer educators and the then Director of my present organisation. This **Pilot experimental project** (1993) was a hands-on learning experience that paved the way for the current rehabilitation model.

After my Ordination, I was transferred to the coastal district of Goa as the Vice-Principal of a Don Bosco Junior High School. I kept my interest alive by offering my services to individuals and involving myself in the local NA (Narcotics Anonymous) and AA (Alcoholics Anonymous) groups. The following year, I was transferred to my present organisation as the administrator (later as Director) and have been there for the past thirteen years. The organisation was initially a street children's programme with just four programmes (**an Open House, a Residential Programme, an Outreach Programme and a Monthly Mela (Fun-n-fair)**). Today, it has 13 programmes, (1.4 p. 9-11) a consequence of our learning experiences and an outcome of the grounded theory approach; wherein as per the needs of the project vis-à-vis the children, a variety of programmes were initiated and established. Significantly, all these programmes follow a Preventive Pedagogy.

National statistics indicate that 300 families come into the city every single day (The India Year Book, 1996). A large number of children living on and off the streets belonged to the pavement or slum communities and survived away from their families living in the city for a day, a month or more. Until then, my organisation was interested in the roofless and rootless child on the street but with the gradual increase of such "quasi –

street children”¹, a need was felt to prevent such children coming on to the street and being sent to beg at an early age. Hence, after a rapid study of the slums in the vicinity of the organisation (D’Souza, 1997), a number of pavement play schools for this group were begun. My organisation had until then completed ten years of existence, had a huge data base and experience which had not been documented. We therefore developed the **Research and Documentation Centre**.

Over the years, my active learning and critical reflections about male inhalant chemically dependant street addicts led to the crystallisation of an idea, which found expression in the creation of a **Five Phase Therapeutic Treatment Programme** 100 km from the main home. There was some property belonging to a sister institution, which had been used earlier as teachers’ residential quarters, but had been lying vacant for the past 15 years. It was suggested that I conduct a programme for street children there. In September 1999, I began the first batch of chemically dependent adolescent abusers’ programme based on the experience of the model worked out in 1993. This model has undergone several transformations in the light of the evaluations by the staff and the children.

1.3 Growth of the Organisation

The journey started with meeting the children on the streets, befriending them and interacting with them in an attempt to understand them better. This was the very foundation of the outreach programme, which proved to be an eye-opener, revealing that though street children were exploited, they epitomized resilience and were perfecting the art of survival on the street. This was a strength that could be built upon. The street child’s basic need was to have a sense of belonging and to regain his identity. Thus, the organisation kept its doors open for street children for 24 hours (an Open House herein after referred to as the Residential Home). The entire staff worked on this holistic concept through an exercise of the Problem and Objective tree Analysis (appendix 18). This exercise led to expanded its reach to include several groups of marginalised children and adolescents, once they realised that it was not merely street children who required special

¹ Quasi street children- Those children having families living in the slums or pavements of the city. The children spend more time/live/earn on the streets away from their families.

attention, but also families who lived in very difficult circumstances, and that ‘produced’ such children on the streets due to their circumstances.

1.4 Branching Out

1. In 1987, a **Mela** (festival) was held for the first time. The children demanded that this gathering be held every month, and since then, the Monthly Mela has been held on the 19th and 20th of every month since 1987 to date. A grand Mela for 5,000 children over two days is organised annually during Diwali (the festival of lights).

2. **Outreach** (referred to as the Street Contact Programme) on the streets is the life-line of the organisation and keeps it in tune with the trends and movements of street children at the grassroots level.

3. From the Street Contact Programme, the need for a ‘safe street’ emerged from the children, hence the **Residential Programme** began to house those who preferred to stay and those who just wanted to use the services provided and leave.

4. A contact point near the street children’s area of congregation as well as a place for those who did not want to use the residential facilities led to the development of a **Drop-in-Centre** in 1995, 5 km away from the Residential Home in the vicinity of a busy train terminus.

Pre-1995 the organisation’s emphasis was on, ‘**Let the child be**’ but post-1995 we thought that this only caused him to carry on a non-progressive state of existence, as a rag picker, porter and street child. There was a philosophical shift to ‘**Let him become**’ someone in life, to become a contributory citizen. For this he needed to be educated, qualified, to change his lifestyle, way of thinking and self-image. Thus the Organization too made a consequential development of its programmes.

5. In Mumbai, 55% of the 17 million population live in slums (Census of India, 2001). The drop-out rate from schools is high as these children are sent to the streets to supplement the family income or fend for themselves. Since the children from these

groups are a major concern, **Pavement Classes and Study Classes** were started to enroll, mainstream and retain these children in the formal educational system. Under Project “**Akshar Dhara**”, 42 educational centres were started in slum communities, geared towards enrolling, mainstreaming and retaining 1,600 children in either formal or alternative education.

6. The establishment of a **Research, Documentation and Training Centre** was responsible for bringing out manuals to enhance methodologies and strategies of those working with vulnerable children. It also saw the dissemination of scientific research and data to the community at large through the publication of edited research books

(15).

7. About three quarters of the children on the streets are addicted to certain substances or are in the ‘gateway’ period of using substances. Since these addicted children could not be kept in the Residential Home along with the other children, there was a need to begin a **Therapeutic De-addiction Programme** about 100 km from Mumbai.

8. Partnership in **International Participatory Action Research** projects enabled the organisation to begin working with allied vulnerable groups like the children of commercial sex workers, domestic workers, children of construction workers, non-residential girls’ programmes and slum communities.

9. Since many children were coming into the city from rural areas, pilot experimental projects were started in **Rural Community Development** in five villages, 100 km outside the city, the focus being on helping to keep the adolescent away from cyclic degenerative patterns of living and also help curb internal migration.

10. An **Urban Community Development** project was started within the city, with a focus on enhancing family relationships in urban slums, so as to prevent children from coming on to the streets.

11. Several developmental projects in Mumbai have caused huge displacement of populations. My organisation in collaboration with other international bodies, has taken up a study of the **impact of displacement on youth**, in keeping with its charism for youth work.

12. The **network of 69 NGOs** (14) of my Society has networked with several other NGOs in an online search for missing children (<http://www.homelink.in/organizationView.aspx?page=home>). It has a database of 25,000 street children.

13. A holistic and systemic **Boys' town** has been designed for the vulnerable and marginalised youth at Karjat, 80 km outside the city. Here the youth undergo practical training in animal husbandry, goat rearing, cultivation, small entrepreneurship and technical training, which will guarantee them stable gainful employment in their villages, contributing to the prevention of migration.

The growth of the organisation exemplifies its evolution as a consequence of the process of Self Reflection-Analysis-Participation and Iteration of which I was a key participant.

1.5 Locating the Study

Mumbai is the commercial capital of India accounting for two thirds of the country's commercial wealth. Although poverty is an inescapable part of Mumbai city life, no individual dies of starvation here. There is food available outside the **dargas** (Mosques) or at various charitable organisations, at garbage dumps and outside eateries. One can move from one food distribution outlet to another without skipping a meal. The unskilled and unorganised sector offers gainful employment, from casual and temporary labour in small-scale workshops to the recycling industry.

1.6 Street Drug Consumption in Mumbai

The street has its own security, unwritten norms and survival modes. The stigma attached to the streets, spatial mobility, the multiple deprivations of the streets are all an intrinsic part of an environment over which the adolescent seeks to gain mastery and thus survive. His entry on to the streets occurs at the most vulnerable moment of his life-he learns to survive and as he gets ‘inducted’ into its culture, his coping strategies help him sustain his life on the streets. These strategies include the appropriation of urban niches in the city in which he is able to earn money, feel safe and find enjoyment.

Figure 1. ADAPTATION TO STREET LIFE

VULNERABILITY → SURVIVAL → COPING STRATEGIES

The street drug consumption phenomenon in Mumbai indicates patterns that enhance his consumption. In Mumbai, two major employment activities of the street children are drug enhancing.

- a) The Recycling Industry wherein a majority of the traders pay the street rag picker partly in cash / partly in drugs and hold back some of the money due, so that he is forced to return.
- b) The Wadi or seasonal marriage party celebrations, which involves an overnight engagement for catering and decor, brings together large numbers of this homologous group. Sexual abuse, gambling and drug abuse are intrinsic by products.

The street adolescent’s drug consumption may be regarded as a by product of his limited awareness of options to use the money he earns. He lives in a group that protects him from police beatings and bigger bullies who rob or abuse him. His drug consumption therefore, is not a physiological necessity but a survival strategy to conform to and belong to the clique, who in essence becomes his nucleus, a mechanism to street life-survival patterns, assigning him a collective identity and credibility. As Schurink (1993, p.181) notes of newcomers to the street in South Africa, children had to acquire more than just surviving skills and techniques to perform the job. If newcomers wanted to raise their status to that of a street child they had to acquire expertise and become street wise.

Furthermore, the newcomer had to earn the respect of the group and be accepted as a professional.

Drug consumption is not a marginalising element among his peers; rather it is one that brings him acceptability and initiates him into mainstream street culture. Thus it is the consequence of concomitant street-cultural factors intrinsic to his living patterns; the need to conform to its norms, offering a measure of security from oppressive forces and guardian control. Ironically, it is an encouragement to social deviance by street-elders and peers. On the street, the core values of sobriety, ambition, conformity and economic independence are replaced by hedonism, defiance of authority and the quest for 'kicks'. This then may be regarded as elements of a “street culture” that exists as a sub-culture within the domains of a larger culture. Cohen opined that subculture was a compromise solution between two contradictory needs: the need to create and express autonomy and difference from parents . . . and the need to maintain the parental identifications (Cohen, 1980). Writers Matza and Sykes (1961) found embedded in youth culture those subterranean values (the search for risk, excitement and adventure) which served to underpin certain aspects of street culture (postponement of gratification, routine). Brake (1980, p.175) for example, states that subcultures are often an attempt to resolve collectively experienced problems arising from contradictions in the social structure, alienation in society, and harassment by the law. He says that they appeal to those who feel that they have been rejected, and provide an alternative social reality and status system which offer “rallying points” and “symbols of solidarity”.

It is a fact that more and more street children are becoming addicted to drugs, especially solvents (Guizar and Suárez, 1997). Drug use is inextricably intertwined with the adolescent’s survival on the street. The addict moves from a honeymoon usage of the drug, through habituation to a stage of deterioration. Movement through these stages is aided by a number of factors. The constellation of the street adolescent’s relationships juxtaposes a sub-culture unique to the streets; gambling, sexual abuse and promiscuity, the consumption of chemical substances is interwoven into this very fabric. Within this ambience, the street child’s addiction may be perceived on a continuum, ranging from a

period of honeymoon with the drug to persistent usage, a habit that is compulsive and moves inexorably into progressive deterioration.

Figure 2. CONTINUUM OF DRUG ADDICTION

Honeymoon Usage → Habitual Usage → Progressive Deterioration

1.7 Lifestyle of a Street Addict

Cresswell says,

A lifestyle that is perceived as disorder is really a different kind of order, a different set of priorities and expectations (1996, p.85).

Street children experience different lifestyles in different environments and therefore undergo a very different kind of socialisation unique to the streets; gambling, sexual abuse and promiscuity, the consumption of chemical substances is interwoven into this very fabric. These socio-cultural complexities of the street characterise their survival modes (Beazley, 2003).

In Mumbai, the street drug addict looks to his **peers** as a supportive mechanism for his existence on the street. Ennew for example, notes how street children, in the absence of parents, bring each other up and

..develop supportive networks, coping strategies and meaningful relationships outside adult supervision and control (Ennew, 1994, p.409-410).

It is the pressure exerted by this group on the street adolescent to conform to their lifestyle, combined with the adolescent's own need to 'belong' that most often precipitates their drug taking behaviour.

Substances used by street children are inexpensive. Glue, solvents, and petrol are affordable by street adolescents. 'Solution', costing Rs.20/ per bottle (in 1999), crashed to Rs.2/ per bottle (in 2003) and is currently (2007) Rs. 10. Thus, market forces fluctuate to accommodate price changes and still generate demand, and together with easy availability, sustain addiction (Residential Home Reports, 1999-2007).

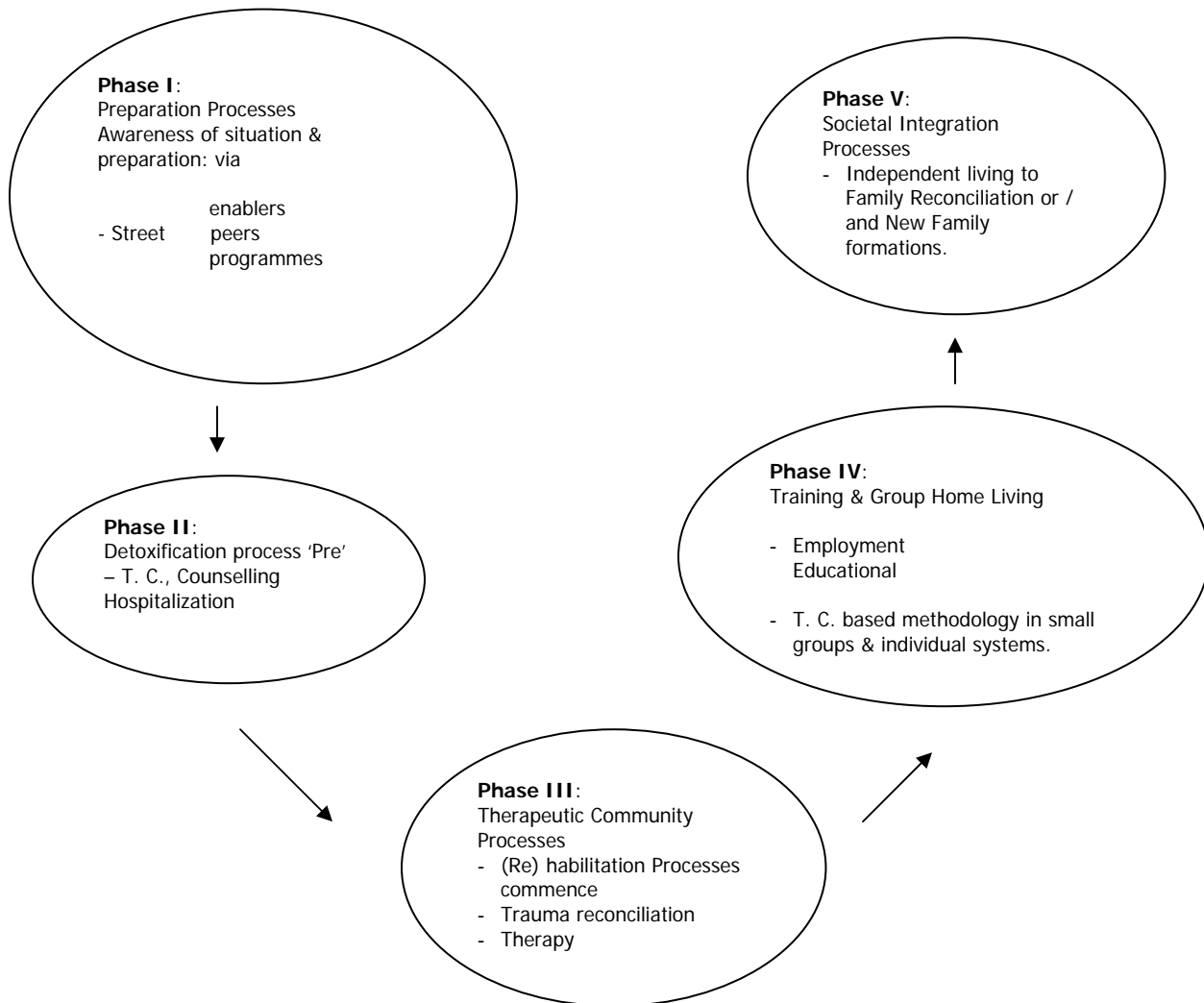
External agencies and authorities in Mumbai are not very effective in controlling the growth of this phenomenon. There is reluctance on the part of the law-enforcing authorities to arrest drug users/ offenders, due to the problems caused by withdrawal related consequences in lock-ups. There is an inadequacy of treatment centres for this category of youngsters whose ability to pay is uncertain.

The inability of the street adolescent to ensure the safety of the money he earns means that he spends whatever he gets that day, most often on an increased intake of drugs. This further intensifies his craving, not merely for the drug but also for the environment that offers him the freedom to sustain his habit. Therefore, he becomes addicted to the streets.

1.8 Five Phase Therapeutic Programme

The addiction to the streets and its environment is a strong 'pull factor' in the life of the street child. When he is just introduced to the 'Solution' he is in his honeymoon period with the drug enjoying the euphoria. It is during his middle and later adolescent stages of growth when he begins having the drug on a sustained basis and experiences health related issues, combined with the experience of seeing the older street addicts that he begins to look for solution and to treat his drug use as a problem (Effectiveness of the Drug Addiction Programme, 2003). Based on this study, my experience in the field and during the pilot experiment with street addicts that I had conducted in 1993, I developed a Five Phase Therapeutic Model to help those street adolescents seeking 'solutions' to their drug and street addiction problem. Along with the staff and the participation of the children we developed a Syllabus of topics (Appendix 19) to be taken at each phase of the programme.

Figure3. SHELTER DON BOSCO THERAPEUTIC COMMUNITY INTERVENTION



The Five Phase Therapeutic Approach aims to impart family values, controls, security and guidance. It sought to address the vicissitudes of street culture and build upon past existential experiences through reflective and therapeutic approaches thereby building a societal integrative congruence for the child within the programme. It makes a paradigm

shift from not just viewing drug consumption as the problem but taking a more holistic view, that of addressing street sub-culture itself. It has its individual as well as collective dimensions. The individual seeks to move to socially acceptable patterns of living through his own resolve and capacities within a supportive peer environment.

This rehabilitation model lays stress on facilitating a paradigm shift: 'From the streets' to 'Off the streets'; 'From Relapses and Having No Alternatives' to 'Positive Possibilities'. This approach addresses not merely the phenomenon of drug use but above all it helps the boy "off" the streets; a movement to positive options to counter addiction and alternatives to qualitative improvement in lifestyle.

The programme helps the street adolescent to build up his self-esteem and confidence, to show him that he has self worth to make his future in a positive manner. Children possess an inner potential, wealth and strength of personality which needs developing. Each child needs to be made aware that he is a normal human being and possesses multiple talents, emotions, and above all, a future. This programme seeks to inculcate self-worth, pride, and motivation in the adolescents.

Programme Reports (1999-2007) (Appendix 7) indicate that the programme recognises the following:

- a. Drug consumption is not the problem but rather a consequence of a combination of factors intrinsic to street life.
- b. Majority of street adolescents' occupations sustain their street lifestyle.
- c. Relapse and sustenance of street culture is due to a lack of shift in the mindset.

The key factor is working with the adolescent's mindsets and thinking to prompt a rehabilitative life. The programme builds on past existential experiences through reflective and therapeutic approaches and seeks to encourage a move towards integration into mainstream society. The programme follows five connected steps or phases, all participatory in nature.

1.8.1 Phase I – *The Preparatory Phase*, the outreach contact phase, when the street enablers first build rapport with the street inhalant adolescent abusers on the streets. They bond with the outreach team at their ‘locales’ of congregation, get symptomatic services such as medical aid, recreation, counselling, have reflective games, ‘thinking exercises’. The monthly fairs (melas) too are a tool for building rapport and establishing a relationship of trust with the street children. For many of them, this contact is the first time they begin thinking about changing their lifestyle. They are then offered an orientation to the 5 phase programme for 2-3 days at camps away from the streets. Once an addict expresses the desire to improve the quality of his life, he is encouraged to adhere to that decision. He is then guided through to the next stage that of medical detoxification in a public hospital.

1.8.2 Phase II – *The Medical Detoxification Phase 2* In this phase, the street adolescent male inhalant abuser is examined by a physician to determine the general state of his health. He is oriented as to what to expect during the abstinence and detoxification stage. I call this stage the ‘meditative pause’, when he begins thinking about his future. Being confined to a hospital bed, the adolescent has the time to reflect on an alternative lifestyle. My colleagues and I help them overcome the ‘withdrawals of street life’ through counselling, recreation and most importantly by being present with them. Their decision to enter the programme is based more on experimentation (for most first timers), ‘lets see’ rather than a firm decision.

The drop out rate at this phase is about 22% as explored in my 2003 study (D’Souza, 2003). The decision to move to the therapeutic residential community (Phase 3) is left to each of them.

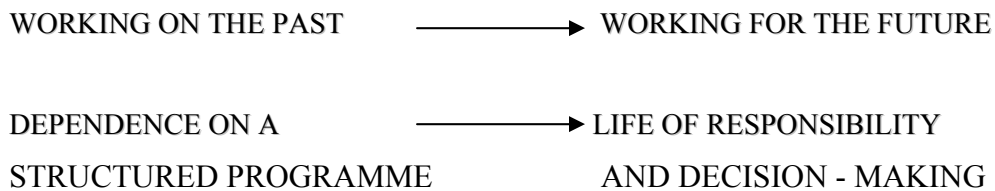
1.8.3 Phase III – *The Therapeutic Community Living Phase*: The adolescent goes through a residential, rehabilitative orientation of counselling, goal setting, talent identification, career guidance, discipline and a psycho-spiritual programme for a period of approximately 6 to 8/10 months depending upon individual progress. There is a systematic plan for each child. Towards the end of this phase, there is aptitude testing,

2 Phase two- Detoxification Process; Pre- TC, Counselling, Hospitalization

wherein his expressed field of interest is matched with his practical skill. Thus his move out from his context in Phase 3 to workshops in the neighbourhood to work on his aptitude is further motivation to change his mindset and modify his behaviour. Gilpin (online) says that behaviour modification occurs when one induces a change in an organism's behaviour by systematic manipulation of the environmental context in which that behaviour occurs.

From dependence during the third phase, he moves to becoming independent, enough to take his own decisions and responsibility for his actions. His movement into the next phase is depicted in the following diagram, wherein his past 'psychological brokenness' is mended for his future, his mindset has shifted for his movement off the streets.

Figure 4 TRANSFORMATIONAL CHANGE



1.8.4 Phase IV – *The Training Phase*: The street inhalant abuser begins to live in an institutionalised boarding for specialised courses or in a room under the supervision of the resident staff, during which he takes minor decisions. This phase helps bring about active change in lifestyle. He is more purposive and his change of lifestyle is a process of resilience building. According to Newman and Blackburn (2002) factors that promote resilience in children that are best equipped to overcome adversities especially those which occur during periods of transition, which I refer to as the ‘limbo state’, include the ability or the opportunity to “make a difference” by helping others, undertaking part time work and exposure to challenging situations which provide opportunities to develop both problem - solving abilities and emotional coping skills. He is trying to establish his identity as a respectable citizen, reintegrate himself in society, performing duties and chores that are socially acceptable. The drop out rate at this phase is about 2% (D’Souza, 2003).

1.8.5 Phase V – *The Rehabilitation/ Reintegration Phase*: There are three ‘pillars’ of Social Reintegration; Housing, Education/Vocational training and Employment. Once each individual completes his training/education according to his interest, he moves into the next stage where he begins to live independently, manages his savings and career moves. This phase marks a mindset change from his life on the streets, where he thinks and acts as a reintegrated member of society.

The street adolescent addict who came into the five phase programme rootless, roofless, insecure, vulnerable and unsure, leaves the programme with a sense of belonging; stronger, more confident, ambitious, having finally found a dream and purpose in life. With the skills and talents he develops, he can now support himself.

1.9 Behaviour Modification

My research is relevant in the light of the growing incidence of substance abuse amongst adolescents and younger children. Some street youth use the sex trade, drug trade, theft and begging to obtain money. Many sell goods on street corners, at bus stops and outside

shops. They make adequate money to survive, sometimes, but usually their income does not grow nor enable them to improve their quality of life (Sauve', 2003). There have been several models, responses, services and other interventions addressing the use of inhalants by street adolescents. Freire's seminal work, *Pedagogy of the Oppressed* (1970), provides inspiration for those who have traditionally worked with people who do not have a voice, (which includes street children). A powerful notion in Freire's work is "conscientization," a process for developing critical consciousness that can transform reality and make the street adolescent critically conscious of his reality, vulnerability and self worth. This consciousness leads to a desire to change his behaviour and subsequently a mindset change from his street – pattern thinking.

Behaviour modification refers to using strategies to get a child to change by providing tools to reinforce positive behaviours and change negative ones. Such techniques tend to be highly effective in young children as they are not set in their ways. I found it effective in creating and sustaining long-term change in male street inhalants. Behaviour modification needs emotional intelligence, which these children have developed due to their exposure and handling survival pressures on the streets.

Emotional intelligence is the ability to perceive emotions, to access and generate emotions so as to assist thought, to understand emotions and emotional knowledge, and to reflectively regulate emotions so as to promote emotional and intellectual growth (Mayer and Salovey, 1997, p. 9).

The street adolescents' enhanced emotional intelligence enables them to understand themselves, their goals, intentions, responses and behaviour, understand others and their feelings. This helps the adolescent to begin unlearning his street patterns, to handle his own feelings and respond to his peers in an acceptable manner.

1.10 Ethical Considerations

During my study, I had to maintain certain safeguards in accordance with crucial ethical considerations. The principle of *voluntary participation* was adhered to. In accordance with the principle of *informed consent* (Appendix 2), all prospective research participants

were fully informed about the procedures and risks involved in research and gave their consent to participate. Regarding the maintenance of *confidentiality*, I assured all the participants that their identifying information would not be made available to anyone not directly involved with the study. *Anonymity* was further guaranteed by changing all the names of all the participants involved.

1.11 Nature of the Study

Throughout this account, I have made references to street children, street adolescents, street inhalants and street youth. These terms have been used interchangeably. Available literature does not speak consistently of “street adolescents or street youth”, but most commonly refers to them as “street children”. There are also references to “children in street situations” (Stoecklin, 2005), “children in institutions” and “children at home”. By **“Children in street situations”** I refer to those who are on the streets, alternating between the street and institutions, who still possess and are governed by the mindset of street life. **“Children in institutions”** include those whose mindsets have altered as a result of sustained stay at an institution, who are focused on their goals and are on the road to repatriation or rehabilitation. When referring to **“Children at home”**, I mean those who have a network of relationships to sustain their bonding to their families.

In my study, the young male street inhalant abusing adolescents whom I contacted on the streets from phase one and those who joined the programme and belonged to the age group of 14 to 17 years were defined as street adolescents³.

1.12 The Chapters

I have organised my thesis into eight chapters:

In Chapter 1, I present an overview of my thesis, how it has been structured, my personal statement and the concerns which motivated me to undertake this work. I have also attempted to locate my specific context as a sub-context within the larger domain of the

³ - I took 30 adolescents for my study, since from my experience, I expected 50% to drop out, not be accessible thereafter or would not want to participate in the study.

organisation of which I am a part. This chapter also underlines a few key concepts that have been evolved by me in the course of my work.

Chapter 2 presents a cogent literature review underlying significant themes, concepts and theories that I have taken recourse to in order to explain certain phenomena or to substantiate specific observations that I have made. The literature review represents the diverse yet profound influences on my thinking and learning and also provides a framework for continuous critical reflection and analysis, leading to the generation of tacit theories.

In Chapter 3, I have highlighted my research methodology, including the research problem, research questions, objectives, rationale and sampling procedures. Data collection techniques and the procedures adopted for analysis, the limitations of my participatory observation, definition of roles, process documentation and the ethical dilemmas I have faced, have all been elucidated.

Chapters 4-8 encapsulate the core of my thesis and are presented as distinct chapters each concluding with my reflections on my cycles of research.

The spatial environment exercises a profound influence on the street adolescent's life. It plays a major role in shaping his identity. The competing and often conflicting influences on the street form the crux of Chapter 4, which focuses on the street adolescents' **Self-worth** and its multifarious components. This chapter essays the fluid nature of their identities, and the process of development and transformation of their self-worth.

In Chapter 5, I have focused upon **Personal Ownership**, which to me, is an iterative process for the street adolescents and includes elements such as freedom, personal autonomy, personal possessions, preferences, decisions, attitudes as well as street culture.

Chapter 6 explores the processes determining the adolescent's decision to **Move off the Street**; the factors that precipitate such movement, the impact that such a movement has on the street adolescent and the factors that may attract him back to the streets.

Chapter 7 highlights the role of **Organisations** as primary caregivers, the spectrum of service provision, the ethical dilemmas that confront organisations, criteria for inclusion and exclusion and problems relating to staff and management. It concludes with recommendations for monitoring, evaluation, programme appraisal, advocacy and policy measures.

Chapter 8 relates to the final cycle of the research focusing on a sample of fifteen ³ adolescents. The focus is on **Mindsets**, on cognitive inputs designed to stimulate reflective thought, enhance emotional intelligence and search for alternatives leading to sustained behavioural change among street inhalant abusers. It is the crux of the research that traces the mindset change and thought processes of the street adolescent.

Finally, in Chapter 9, I have tried to answer the research questions that dogged my mind from the commencement of my work. It also includes recommendations for further work.

1.13 My Contribution

Since 1986, my professional work with street children and vulnerable youth has put me in the position of being able to understand first hand, not only the problems of these boys, but also what inner strengths are needed for them to rehabilitate themselves, and what supportive processes can help them with this. I have worked with and trained staff who support them, and have worked with hospitals, families, police and political authorities. This puts me in a strong position to build a model of practice that should have relevance worldwide to other such populations. Such an analysis of two decades of endeavour does not exist in the literature. My approach is characterised by participation, as the boys themselves are taught to become independent, autonomous and informed. That is to say, the key to success is personal empowerment. The incidence of poor and deprived children fending for themselves is large and increasing. Turning these vulnerable children into contributing adult members of the community is important and urgent.

Chapter 2

REVIEW OF LITERATURE

2.1 The Phenomenon of Street Children

The phenomenon of street children has been in existence for many years. Historically, orphans, homeless and street children were cared for by religious organisations such as churches, temples and mosques as part of their charity mandate. These children were regarded with pity and sympathy, and the somewhat paternalistic approach to their sustenance through handouts was well supported by the public. The 20th century saw a politicization of the street children ‘problem’, shifting responsibility away from religious groups, more towards the government. In the light of increasingly negative images of street children as delinquents, a number of institutions emerged the world over, which tried to treat these “difficult” children in isolation (Consortium for Street Children, 2004).

The most significant change in attitude came with the advent of the United Nations Convention on the Rights of the Child in 1990 that viewed children as active social subjects with rights to participate in decisions affecting their lives. This prompted the development community to usher in new guiding principles, for their care.

Much of the uproar concerning the issue of street children stems, in part, from their visibility on the streets (Dimenstein 1991, Hecht 1998, Hoffman and Scheper-Hughes 1995, Green 1998) and has been exacerbated by an alarming increase in the number of street youth around the world in recent years. With increasing awareness among non-governmental, governmental, national and international agencies, ‘street children’ are differentiated into categories and seen as an especially vulnerable group worthy of specialised interest, attention and intervention.

Street youth experience street life differently; not all street youth experience negative life circumstances as equally stressful. De Moura (2002) asserts that discourses around street youth are frequently understood as descriptions of the reality of their lives by others. Thus, terms are coined by ‘outsiders’ and the perceptions that these youth have about

themselves are often overlooked. Hecht (1998) argues the importance of getting the street children to interpret for themselves their perceptions about their home and their street. He says that the point is not whether children are on or off the streets, but how they see themselves in relation to their family and society. My research revolves around the adolescent's understanding of his image and his role as a contributory citizen of society.

With the child as a "social actor", this would involve working on their mindsets leading to an unlearning of certain patterns of behaviour and the relearning of alternative patterns conducive to a more productive lifestyle. Crucial to this is the development of critical thinking leading to well-balanced decision-making in an educative process, leading to empowerment. This is best understood in their personal ownership of their own actions and its consequences. I concur with Freire's view that

Education is integral to human enlightenment and development, and can contribute to personal and social transformation (Freire, 1973).

2.2 Debates on defining Street Children

The term, "street children" was first used by Henry Mayhew in 1851 when writing *London Labour and the London Poor*, although it came into general use only after the United Nations Year of the Child in 1979 (Williams, 1993). Debate has raged over the usage of the term, 'street children' in view of its powerful emotional connotations. Literature tends to oscillate between the portrayal of them as either victim or deviant (Cosgrove, 1990), while others ignore global and all-inclusive definitions, considering their imprecision irrelevant (Glauser, 1990). West (2003) opines that at the heart of the definitional problem lies a desire to make an intervention, the aim of which may vary on the part of organisations, projects or individuals, from "saving" children, to realising children's rights, or to a more punitive attempt to put children back "in place."

The definition of street children is contested among academics, policymakers, practitioners, politicians, and the general public. Individuals and groups have their own preferred definition (West, 2003). Generally, these definitions depend on such factors as

where they come from, what they do and where they spend most of their time. Cosgrove asserts that

A street child is any individual under the age of majority whose behaviour is predominantly at variance with 'community norms' for behaviour and whose primary support for his/her developmental needs is not a family or family substitute (1990, p.192).

However, De Moura (2002) has argued that this type of classification incorporates the idea that the deficient characteristics of these youth differentiate them from an assumed 'norm'. Hecht (1998) explores another level of definition: how street youth see themselves in relation to their families and society. He asserts that in some countries, it is quite normal for youth to

work in the street, dance in the street, beg in the street, sleep in the street... [and so]...the street is the venue for their actions, not the essence of their character (Hecht, 1998, p.103).

Street children, therefore, play a number of roles and it would be a mistake to lump them together, as this would mean that they bring with them similar problems and needs, calling for similar interventions.

One category of children includes those who work "on the street" in order to supplement their biological family income but who return home in the evenings (Richter, 1988). While these youth maintain some contact with their family, they still do not receive adequate physical and emotional support (De Moura, 2002). The other category (commonly referred to as being 'of the street') includes those who have been abandoned by their families and use the street as a means of food and shelter (Richter, 1988). However, street life does not necessarily involve a total separation between adults and children (Feeny, 2005). O'Kane (2003) points out that even though children may not be supervised by adults, they are influenced by and influence adults, interacting with them constantly in different domains. In my experience, these streets serve as a "pseudo-

family”); these children live in surrogate ‘street families’ that are made up of companions of other street youths who work together for the survival of their substitute family unit (Barrette, 1995). The reality is that forming ‘surrogate family’ groups is often a means of survival for street children, who depend on the sharing of resources and information to protect themselves and each other from violence and police harassment.

Aptekar (2003) has pointed out that the dichotomy between youth ‘on’ the street, and those ‘off’ the street can be misleading. He asserts that in reality only a small percentage of youth is actually ‘of’ the street, and that the majority’s involvement in street life and contact with their families can vary, alternating between home, street life and various social programmes that exist to help them. Often, street children ‘shop’ for institutions that fulfill their particular needs; once they find them demanding ‘items’ they do not want to give up, they look around for other institutions that do not make such demands. At times, these demands make them go home for a period of time. When these needs are unfulfilled at home, they oscillate between home-street-institution. This dynamic is a repetitive pattern with those who make the street-home-institution, an escape-need fulfillment-use for temporary relief.

Most descriptions of street children include themes of homelessness, separation from family, and being out of school, but there are many who do not possess all of these traits, and yet are designated as street children. Other significant themes revolve around poverty and the need to work. These in turn are linked to vulnerability to exploitation and risk of coming into conflict with the law. Some street children are highly visible, and the subject of public concern because they are “out of place.” The reference to street children as being “out of place” is inextricably bound with cultural connotations as to what that ‘place’ should be. Some see such children as victims; others see them more as small criminals. Often, they are not seen at all. “Invisible” street children are controlled as underage sex workers or as labourers in dangerous jobs or in unhealthy working conditions. Their circumstances and experiences overlap with several other categories of children, such as trafficked children, migrant children, and working children (West,

2003). Social scientists point out that the street child is often associated with a “problem” (Hecht 1998, Scheper-Hughes and Hoffman 1995). According to Invernizzi (2001),

The term has a stigmatizing effect, since the child is, as it were, allocated to the street and to delinquent behaviour. The term neither gives consideration to the experience or testimony of the children in question nor to other facets of their identity, which do not necessarily have any relevance to the street. Thus it becomes a cause of discrimination of the children and triggers or strengthens negative social reactions (p. 79).

This social reaction leads to stereotypes related to gender, ethnicity, and age; for instance, that all street girls are prostitutes (Lucchini, 1994) and street boys junkies, and that younger children should be pitied but teenagers, especially dark-skinned ones, should be feared (Huggins and de Castro, 1996).

Placing a variety of children under the all-encompassing label of street children seems to obliterate any differences that may exist between them and their reasons for being in the street. Anthropologist Tobias Hecht (1998), in a study of street children in Northeast Brazil, highlights the difficulties in using the term, ‘street child’ as a blanket term to refer to any poor child found in the streets. He states that it is a term that was widespread through a UNICEF document and thus became the catch phrase for any poor child found in the street with little relevance to their situation or who they are as human beings (Scheper-Hughes and Hoffman, 1995).

The process of placing children in categories runs counter not only to the development of holistic practice interventions, but also to the realisation of children’s rights, which, given the almost universal ratification of the United Nations Convention on the Rights of the Child (CRC), provides the main international standard for work with children. My experience has shown that often street children themselves reject this label, but there have been instances where they have actively endorsed it as a way of emphasising their collective identity.

Boyden (1988) has argued that the impact of loose definitions may result in inappropriate interventions due to serious misunderstandings. The differences in definitions however are important for several reasons. For policymakers and practitioners, the meanings given to street children define their response in terms of the law, its implementation, and services provided. The perceptions of street children held by the general public may or may not influence the nature of official policy and professional welfare interventions. But the attitude of the public is important for the nature and success of responses.

Applying a standard definition across the vast Asia-Pacific region is difficult for two reasons, one is the difficulty of trying to equate the varying cultural contexts, while the other pertains to the overlapping of current categories which include those who have had similar experiences as street children, who may have been street children or who may become street children (West, 2003). I feel that the appellation “street children” tends to label the child in a very negative way and fails to include the differing contexts in which the child may be located. Personally, I prefer to address them as “children in street situations” keeping in mind that the CRC regards each child as a social actor, who has rights and obligations and is entitled to express his or her views (Articles 12-13 of the CRC). Accordingly, every child should have the freedom to make decisions about his or her actions and his or her future. The child must be regarded as an active participant, and as a subject, not an object.

2.3 The Magnitude of the Problem

Reliable statistics about the number of street youth are almost impossible to come by—both globally and nationally. Much of this owes itself to the worldwide lack of consensus about who exactly are street children. Discrepancies in estimates may also be ascribed to cultural norms for instance, in India, there are entire families (pavement dwellers) residing out in the open, making their living by begging. In addition, the phenomenon of street children and street youth is currently a matter of tremendous political interest, and comprises an invaluable part of the political and social agenda of professionals, invariably leading to gross over-or-under-reporting of statistics. In 1997, UNICEF estimated that there are about 80 million youths living on the streets worldwide. From

this figure, it is said that approximately 20 million street youths are found in Asia, 10 million in Africa and the Middle East, and about 40 million are said to be found in Latin America (Aptekar, 1997). Some professionals believe that these figures are still conservative and the number of youth living on our streets is expected to increase as poverty, population growth, breakdown in the family structure and a general disruption in the social infrastructure continues (Maree, 1991).

2.4 Role of Causative Factors

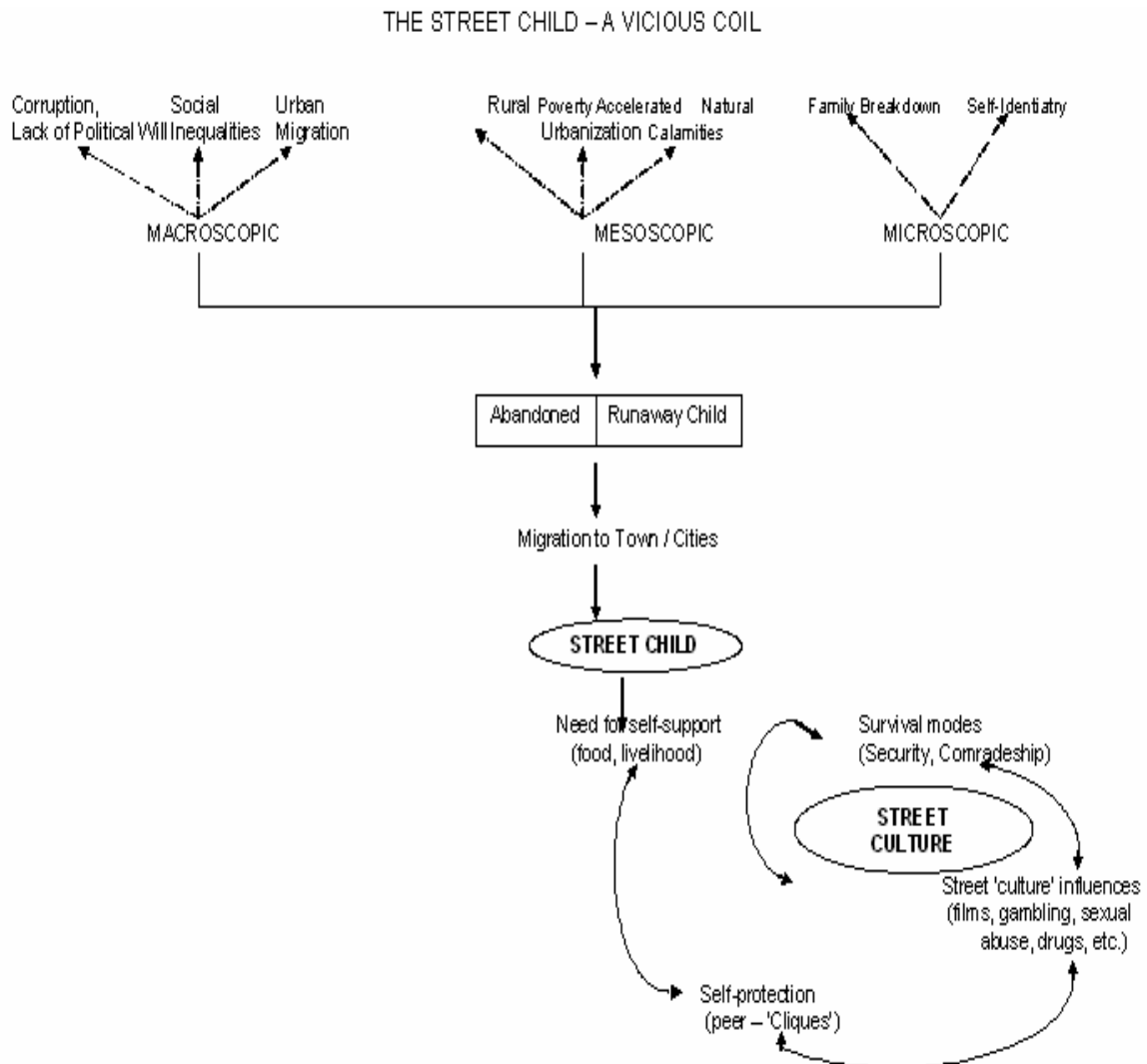
The sheer diversity and lack of consensus both in definition and in estimates of street children is also evident in the factors which contribute to this complex and dynamic phenomenon worldwide. The Human Rights Watch report (HRW, 1997) highlighted the impact of single-parent households, the lack of funds for resources and education, the displacement of large numbers of people due to urban slum clearance programs, and to cite an example the internal displacement of approximately 300,000 people due to Kenya's ethnic violence.

I have tried to examine the reasons for the child coming on to the street and these range from poverty, abuse (physical or sexual), breakdown of family, abandonment, conflict with the law, lack of adult supervision to trafficking, academic pressures, domestic violence, political and economic displacement. Increasing urbanisation and migration with its attendant problems of low wages, unaffordable housing, inadequate access to health, education, recreation and other services and opportunities, which should be the right of every child, also compound the factors pushing the children on to the streets. Hence the recent phenomenon of scores of children in street situations.

Certain pull factors also render the street an attractive option, such as the perceived freedom and independence, the lack of supervision, chances of remunerative employment, basic needs fulfillment, access to money and of different services and exposure to technology. For many children, living on the streets is better than coping with problems in their homes. According to a 15-year old boy in Cairo, "*life in the streets is not as bad as people say. It is much safer and better than my own home*". This is an

indication that some children move from their homes into conditions that might be an improvement only in some respects.

Figure 5. THE STREET CHILD – A VICIOUS COIL



The increased availability of a variety of drugs, particularly amphetamine-type substances, is resulting in new categories of street children in parts of Asia. Drug use and dependence, and theft or other criminal activities to support such dependence, are causing some children from better-off families to be thrown out of home. Glue or solvent sniffing is common in some countries as a cheap and readily available means to escape personal

problems or to diminish hunger. Drug use by parents is also a cause of children coming onto the street. All these lead to them preferring their independent lives on the street to their lives at home (particularly in cases of abuse) or in institutions or foster care.

The lives of street children are very complex and many display a wide range of skills, competence, knowledge, resilience and coping strategies in dealing with everyday life. However, in considering these complexities, the question of the “best interests of the child” and a development perspective need to be taken into account. In some places and for some children, the street may be better than care at the local institution, but this does not mean that either is desirable; alternative or improved care is a must in such cases.

Street life is in fact made up of latent or open violence, of selfishness and solitude. The child will want to escape and has to be helped to do so... It is obvious that the street cannot be an environment where, in the long run, the child can develop in a positive way (UNESCO / International Catholic Child Bureau, 1995: 97).

Taking note of the possibility of abuse and no return home situations, of the long term non-development of the child on the streets, my research-reflection is to aim at a movement from living off the streets to moving off the streets and becoming contributory citizens. His efforts to change this situation have to begin first with his own thinking.

2.5 Profile of street children—Defining Traits

Contrary to popular belief, street children are not necessarily society's dropouts, but victims of unfortunate circumstances. Most street children come from the lower socio-economic strata and have unfavourable family histories. In India, nearly one out of every three persons in urban areas lives below the poverty line. Their children are rootless without education, care, affection and guidance. These children experience abuse from nearly everyone: they are treated with contempt by the community, they are exploited by parents and employers alike, are harassed and arrested by the police, are even brutalized by older street children and are victims of family violence, including physical and sexual abuse (Panicker, 1993). They fall easy victim to drug dealers, who turn them into addicts

and force them to peddle drugs. These circumstances cause them to lose their self confidence and self-worth

2.5.1 Self - worth

Self-worth is frequently based on an individual's feelings of worth in terms of their skills, achievements, status, financial resources, or physical attributes. When an individual finds himself not measuring up to society's yardstick, his self worth depreciates dramatically. The illusion of being successful and admired gives way to disillusionment as they pass through the rites of eking out a living.

The reality in many areas of the world (and in my research) is that large numbers of street children still express and demonstrate psychosocial difficulties such as low self esteem, lack of will power and depression, with a persistent tendency to resort to drugs when facing problems such as hunger and abuse (Feeny, 2005). However, research in a number of different contexts suggest that rather than being passive victims of abandonment, many street children demonstrate strong feelings of self-efficacy in performing tasks required to control their life and environment in positive ways (Veale et al, 1997).

In their search for a safe haven and their strong need to establish a secure base, street children tend to form attachments to people, animals, objects and institutions. Attachment is an emotional bond to another person. Psychologist John Bowlby was the first attachment theorist, describing attachment as a "...lasting psychological connectedness between human beings" (Bowlby, 1969, p. 194). Bowlby believed that the earliest bonds formed by children with their caregivers have a tremendous impact that continues throughout life. The central theme of attachment theory is that mothers who are available and responsive to their infant's needs establish a sense of security. The infant knows that the caregiver is dependable, which creates a secure base for the child to then explore the world. Failure to form secure attachments early in life can have a negative impact on behavior in later childhood and throughout the life. Those who are securely attached in childhood tend to have good self-esteem, strong romantic relationships, and the ability to self-disclose to others.

Street children's attachments are personal connections to people, animals, objects and institutions. Having a close bond with at least one person and a feeling of acceptance has been found to be vital to developing a sense of positive self esteem. A street child is more likely to develop strong attachments to other people if he spends a lot of time with them; he performs well in that group in any activity, and he is consistently rewarded by the group. In such a situation, street children are less likely to begin using substances and more likely to stop using them; the same holds true if their strongest attachments are with people and things not connected with substance use. Unfortunately, the situation of many street children makes it difficult for them to keep in contact with their families, to succeed at school or work, or to surround themselves with friends who do not use substances. A desire for acceptance makes a street child vulnerable to close relationships with people who can have a negative influence because of their substance use.

Many situations and events that pushed these children onto the street in the first place (like natural disasters, man-made disasters, exploitation and conflicts) have a lasting impact on their wellbeing. For example, the family conflict that pushed the child onto the streets continues to deprive the child of emotional and material support for years later. When the child has his or her own child, neither the new parent nor the baby has the benefit of the previous generation's support. The trauma they face impact directly on their thought processes and behaviour patterns.

2.5.2 Lifestyle

These children lead an unhealthy and often dangerous life that leaves them deprived of their basic needs for protection, guidance, and supervision and exposes them to different forms of exploitation and abuse. For many, survival on the street means begging and physical/sexual exploitation by adults.

a) Though the majority of the street children manage to earn or scavenge their daily food, they are denied the basics of survival, and are often forced to thieving, drug peddling, pimping, and prostitution. Often children on the street are regarded as juvenile

delinquents and antisocial elements: they are often falsely accused of crimes and sent to homes of correction, or worse, put into prisons for adults. Besides being cut off from parental influence and guidance, they are deprived of education leading them to behave in socially unacceptable ways.

b) World Health Organisation studies show that street children suffer from health problems ranging from cholera to tuberculosis and anaemia, and that they are exposed to a variety of toxic substances, both in their food and in the environment around them. Most street children suffer from diseases like scabies, infestation of lice, chronic dysentery, worms, tuberculosis, epilepsy, lung, ear, dental, nose and throat infections; chronic cuts, unhealed abrasions and some, sexually transmitted diseases; all caused by extreme poverty, exploitation, malnutrition and unhygienic surroundings in which the children are forced to live. I have made several independent studies on issues of health, food and drug abuse to learn more about this phenomenon.

c) Lack of trust: These children are shunned by society as often they are ragged, filthy, infested and smelly. They are suspicious of everyone and do not believe that anyone can give them unconditional support. They are afraid of the police and give false names if arrested. When they are arrested, they are put in “lock ups”; here many are physically/sexually assaulted and abused, thus scaring his return home, making him ashamed to do so.

d) Support System on the Street: As there is no guardian figure for a street child, the police represent one of the children’s main points of contact for services such as medical attention, food and legal services, and a possible gateway to ‘training’. Though many of them tell their experiences of violence, death squads, sexual abuse, harassment, bribery, extortion and corruption, arrest, ‘round-ups’ by the police, yet, some have positive experiences, and look to the higher cadre of police for support. In most of the instances, the peer group consists of individuals who share common interests and needs. Peer groups tend to be homogeneous in age and gender. The peer group has a strong influence on street children because of the child's need for acceptance, belonging and protection.

The group often determines the process of change, socialization and development among street children by providing emotional and material support. Street children often join to form emotional and material support networks, which can range from a simple circle of friends to an organised business network. Experienced street children teach new comers how to survive. Members of the group share food, clothing, shelter, information and psychoactive substances. My research is based on peer group enabling and encouraging the shedding of detrimental acquired habits and behaviour modification.

2.5.3 Empowerment and Participation in their Development

Children are encouraged to reflect on their current realities (for example, why they ran away from home to live and work on the streets for their survival). Children's participation involves complexities which require us to "deepen our perceptions" of what the construct of childhood means to the many different people in children's lives (Fuglesang and Chandler, 1997). Moreover, children's own perception of themselves and their peer group plays an interacting role in determining how children think and behave.

While reviewing relevant studies for the identification of questions for an inquiry of childhood in the Indian context, Kumar (1993) highlighted the nature of adult-child relations in the Indian sociocultural context. One theme that emerged from several sources (Murphy, 1953; Anandalakshmy and Bajaj, 1981; and Bernstein, 1975) was that adult-child continuity has been a dominant feature of the child's cultural ethos. Adults and children are generally not separated in space, moreover, the handling or responsibility is often not age-related (Anandalakshmy 1982). Street children live much of their lives in peer groups, largely without adult supervision, and have been described as children who are "out of place" (see Connolly and Ennew, 1996). However, despite the freedom that such life offers, their lives continue to be influenced by a wide range of adults.

Children's interpretations of their roles and relationships, as well as of how members of society view them and treat them, of how they are often 'scapegoated' with a negative image, the range and complexity of their relationships with different groups of adults

reveals the nature of their childhood in many contexts and their behaviour patterns. Mayall (1994) suggests that the level of children's powerlessness varies according to how the adults in specific social settings conceptualize children and childhood.

Thus, there is a need to address dynamics of power, to enable access and space for them to be citizens for social change, to value diversity and to work constructively with conflict. As opposed to a welfare (or charity) perspective which views street children primarily as victims or delinquents in need of basic services and rehabilitation, an empowerment approach views children as citizens of our society, with rights to survival, protection, development and participation. Through the rehabilitation programme, street/working adolescents are empowered to reflect upon their experiences, articulate their views, plan effective programs and advocate for their own rights; these youngsters are challenging the *status quo* regarding their place and power in society.

2.5.4 Movement

An important element in the lives of many street children is movement: from home to street, rural area to city, rural area to border and across borders. Such movements can result from kidnapping or trafficking, parents' migration, abandonment, flight from conflict, self-migration, running away, or being sent away to work. In addition, the actions of parents, family, school or problems in the local community also are major causes of movement and separation from family (West, 2003). Once on the move, and especially in unfamiliar circumstances without the care or protection of parents or other adults, children are particularly vulnerable to different kinds of exploitation such as prostitution, child labour and other equally hazardous circumstances.

The mobility of street children is affected by a number of external factors and internal group dynamics, which affect the nature, structure, and composition of these groupings. The external factors often include police attacks, weather conditions and change in the nature of commercial/economic activities from one district/ area to another. Internal factors on the other hand, help in changing or modifying the nature, composition and structure of street children. These factors often include escape of group members for

some reason, death, capture by police or induction of new members. The need to reside in areas with a special supportive environment and characteristics that neither conflict with their lifestyle nor pose threats against their existence is essential for street children's survival. Unlike the assumption that street children are always moving or "on the run", research and data collected from NGOs (indirectly and on the basis of discussing rates and frequency of attendance of street children from particular districts to the drop-in centres) indicated that street children tend to "settle down" in areas where they feel secure, protected from violence, and with the possibility of earning a living and having fun. There are those children who alternate between the street and home in a 'relay' (Lucchini, 1999). They leave home to check out the possibility of long term staying away. It is what I call the 'dry run'. It is after such dry runs that the child finally takes the step to run away more permanently from home.

2.5.5 Impulsive Behaviour

Children need the imposition of limits which help to control behaviour and to cope with impulses, internal stresses and external frustrations. Impulsive behaviours are common to adolescents and occur as a way of exploring and testing the limits of adult authority, but in the case of street children, the lack of consistent and externally imposed limits serves only to intensify these normal confusions (Dubler et al, 1999). In the absence of consistent adult supervision, street children impulsively indulge in drinking, drug abuse and sexual behaviours more typical of adults, in their attempt to overcome feelings of anxiety, frustration and inadequacy. Guardian controls is another key issue that I have discussed in this research. The varying role of impulsivity, a trait related to 'disinhibition', approach motivation, novelty seeking, and sensation seeking, is seen as a temperamental vulnerability factor for substance use. Eysenck (1985) considered impulsivity as an important risk factor in substance abuse and tried to specify relatively stable characteristics of temperament that predispose individuals to initiate and continue substance abuse. In recent years, studies have linked impulsiveness to higher risks of smoking, suicide, drinking and drug abuse. Aggression, compulsive gambling, severe personality disorders and attention deficit problems are all associated with high impulsiveness.

Gaining control over impulsive behaviour involves grappling with powerful internal forces. While talking about addictive or impulsive behaviour, individuals do exercise some sort of choice over whether or not to engage in these types of behaviour. Most types of behaviour are not persistently or addictively pursued. Rather, the healthy individual tries to achieve a balanced variety of reinforcing behaviour.

2.5.6 Instant Gratification

‘Present-oriented thinking’ is a typical characteristic of children, “to live for the day”. They lack future perspective, but as they grow into adolescence, they demonstrate greater concern towards their future. The nurturing of a future perspective takes place with the help of external supports such as parents or other responsible adults. However, in the case of street children and runaways, these supports are virtually non-existent, and in their daily struggle to keep body and soul together, these children exhibit a perspective that is more focused on the present, on immediate wants and needs rather than on long-term consequences. Drawn by a longing for adult status and a sense of omnipotence and invulnerability, street children find it difficult to postpone immediate gratification for future reward. They give little thought to the consequences of their actions. Although this ‘instant gratification’ may be understood in the light of the situation faced by the children on the street, the lack of sustained adult supervision hinders the development of

a capacity critical to autonomous decision-making, the capacity to give due consideration to potential future outcomes of current decisions” (Dubler et al, 1999).

The concept of instant gratification, ‘to live for the day’ is one of the factors that hinders their reflection and understanding of consequences. My research has led me to understand that the choices and opportunities the street child gets are decisions made to satiate his immediate need but not a meditated reflection for his future progressive movement.

2.5.7 Decision making

Decision making is the process by which an individual makes a choice between two or more rational alternatives in order to select the one that will produce the most desirable consequence relative to unwanted consequences. Children have a body of experience and knowledge that is unique to their situation and harbour certain views and ideas which are a result of that experience. Many countries fail to recognise the legitimacy of the contribution of children to decision-making and develop policies little knowing how it will affect the day-to-day lives of children, their present and future well-being. In consequence, children's opportunities for play, friendship, growing independence and exploration are denied in the name of their protection.

Street and working children are not objects of concern but people. They are vulnerable but not incapable.

They need respect, not pity (Ennew, 1994, p. 35).

The emphasis in respect of research and project design has changed to working with children rather than for them. The development of interactive and participatory research methods has hinged upon the realization that children have social agency and competency and are capable of making informed decisions about their lives and of expressing views and aspirations that may differ from the views held by adults (Ennew 1994; Johnson et al. 1995, 1998; Hutchby and Moran-Ellis, 1998).

O' Kane (2003) remarks that in responding to the challenge of reaching out to street children, who clearly did not fit western notions of childhood, nor experience "golden age childhoods," some local NGOs developed new ways of working with children on the streets in ways which built upon their capacities. As street children became active partners in programming, new movements developed through which they were able to raise questions regarding their participation in society, in economic, social and political life, and consequently make important decisions affecting their lives.

The social context, the nature of the decision, the particular life experience of the child and the level of adult support affect the capacity of a child to understand the issues before him. Children are often less cynical, more optimistic and more flexible in their approach to the future and the capacity for change. Street kids are constantly balancing short-term coping strategies against potential risks and future consequences of their actions and decisions. I have sought to conduct my research with the children in a way that would accord priority to their own perspectives and allow for their participation in the design and implementation of research objectives (Connolly and Ennew, 1996, Johnson et al. 1998). By learning to question and express their views and by having their opinions taken seriously during this research, they have acquired the skills and competence to develop their thinking and to exercise judgment in issues that confront them as they approach adulthood. This research has worked on the steps towards making informed decisions.

2.5.8 Role Models

‘Someone whose character, life and behaviour is taken as a good example to follow, someone worthy of imitation; every child needs a role model. Children need models rather than critics.’ (Joseph Joubert, French essayist (1752-1824).

Street children are significantly influenced by their peers and street drug abusers like members of their own social networks and tend to establish relatively long-term relationships with them, which includes a range of shared activities, often illegal. Research has demonstrated that whether individual drug users attempt or achieve risk-reduction behaviour change often depends on whether this change is endorsed or encouraged by their peer group. The rehabilitation of drug abusers therefore has to look beyond merely filling a void in their lives. It is important to help the rehabilitated person to establish new networks comprising people he admires and respects and whom he views as positive role models. These role models are often his peers, ex-drug addicts who effect changes in knowledge, attitudes and practices at the individual level. However, they may also create change at the group or societal level by modifying norms and stimulating collective action that contributes to changes in policies and programs.

Role models offer a measure of social bonding and social support which promote the establishment of more prosocial networks. These networks comprise of persons whom the recovering street addicts respect, whom they enjoy seeing and with whom they can feel close, share their time and thoughts, and exchange help on a reciprocal basis (Whittaker and Garbarino,1983).

My research has clearly indicated that role models are an intrinsic element to street adolescents' motivational movement off the streets. They take the example of these role models, deeming it possible to achieve the desired status. 'If he can do it, why cannot I'.

2.5.9 Coping Strategy

"Taking to the streets is a way of searching for identity, earning a living out of it, and contributing to the family's income" (WHO, 1993). A variety of strategies may be adopted for coping with street life. Some of these strategies and skills are pro-social, while others demonstrate skills and strategies used within anti-social activities. However, the skills themselves and the planning capacities used in the anti-social activities may be transferable to pro-social ends, if such ends are perceived as valid and rewarding alternatives.

Some street children express concern about their long-term future, but most see this being largely beyond their control. Street children who are "successful" in moving off the streets, have learned and practised a wide range of coping skills, which in most other social contexts would be recognised as highly desirable. For example, abilities to negotiate difficult situations, to bargain, and to assert themselves are attributes that might suit many small enterprises. Many street children are perceived as small entrepreneurs. The problem for these children is connected with the deprived and transitory nature of much of their life on the street and their inability to gain an education or other work skills or qualifications to take them off the streets. Street children who do not readily become "street smart" have a particularly difficult time and are unlikely to survive the streets (West, 2003).

Most of the street boys, in my experience, have developed coping strategies which include finding a niche in the economic market that gives them sufficient income to eat and clothe themselves. They engage in high-risk behaviour and in commercial/survival sex, learn how to cheat potential exploiters, develop the ability to manipulate the authorities effectively and use their imagination, intelligence and creativity to solicit alms. They are also able to find and take advantage of programmes that serve them, are sufficiently informed about their physical health to stay reasonably healthy, form close friendships with peers supporting each other emotionally and materially, and maintain some form of connection to their family of origin. Other strategies include the use of drugs to self-medicate fear and depression, to kill hunger, to provide strength to live in difficult circumstances, or as indications of a pathological need for immediate gratification. There have been instances where street children inhaling glue have maintained their ability to cope with the demands of working on the streets in poor, crowded conditions. The ability to survive, however harmful the consequences of his action, and to find responses in coping with difficult situations, is testimony to the street child's resilience. My research has tried to make use of the factors of resilience, coping strategies, practical intelligence and turn them around to their advantage for a positive growth off the streets.

2.6 Inhalant Abuse

Solvent abuse, more accurately called **Volatile Substance Abuse (VSA)** has been defined as the "Deliberate inhalation of gases, chemical fumes or vapours for mind-altering and recreational purposes in order to get a "high" similar to the intoxication produced by alcohol". Solvents are chemicals that change from liquid form into gases or vapours at ordinary room temperatures (United Nations System in Pakistan, 2004).

For many children in developing countries, the street is home. For all vulnerable children and youth, substance abuse, sexual abuse, and violence are all part of a complex series of factors affecting their lives. There is evidence that the number of vulnerable children and youth is increasing, their age is decreasing; and their abuse of substances begins with those substances that are most readily available and inexpensive namely, inhalants. The

number of vulnerable children and youth increases with cultural shifts from rural to urban societies, economic and social instability, and decreased importance of nuclear families (NIDA and WHO, 2000).

Substance abuse among street children might be viewed as part of their coping mechanisms to deal with street life, to endure stress and to deal with problems of food, hunger, pain, and restless nights and peer influence. Common precipitating factors include seeking relief from the pressures of the street, to be able to sleep easily and to withstand pain, violence, hunger and poverty, and peer pressure. A study conducted by the United Nations System in Pakistan 'Solvent Abuse among Street Children in Pakistan' (2004) showed that the major factor leading to the use of solvents, as reported by more than half of the children (53.4%) was friends and peers. Another finding of the study was the way society perceived street children. Children felt that society had a negative attitude towards them, which in turn inculcated feelings of neglect, denial of care and hatred. Children felt that to repay society, they needed strength not only from outside but from their own selves, which could only be achieved through the abuse of solvents or other drugs. Consumption of drugs among street children is observed to be affected by market principles and the availability and commonality of certain types of drugs. This activity among street children often entails congregating in gardens, isolated places, empty wastelands, or under bridges, away from the public eye.

Inhalants can be divided in four general categories: volatile solvents, aerosol, gases and nitrites (NIDA, 2001). The most common and legally available inhalants are products such as glues, nail polish remover, lighter fluid, spray paints, deodorant and hair sprays, whipped cream canisters, and cleaning fluids (Volker, 1994). Glue sniffing is habitually carried out by most street children. Children using inhalants are also likely to use alcohol and/or marijuana.

Inhalants are appealing for a variety of reasons: They are relatively inexpensive, can be purchased legally, and are readily accessible to almost everyone including those most likely to abuse them like children and adolescents. Moreover, the "high" from inhalants

onsets and disappears quickly, in comparison to other drugs of abuse. The practices of "sniffing," "huffing," "bagging," or inhaling to get high are various forms of inhalation abuse popular among users (Environmental Health Perspectives, 2005). The adolescents of my study breathed volatile substances through the mouth or 'huffing' from a cloth or their shirt soaked in the 'solution'.

Unfortunately, inhalant abuse poses definite dangers to the health of young children, including cognitive, neurological and physiological disorders. The immediate effects of inhaling volatile solvents, fuels, anaesthetics, or nitrous oxide are similar to the early stages of anaesthesia. The user feels an initial stimulating "rush," then is light-headed, uninhibited, excitable, and prone to impulsive behaviour. During the intoxication period, I found that it was not possible to stimulate thinking. However, when the street inhalants were not under the drug's influence, it was more conducive to stimulate reflection and change by placing negative role models before them.

2.6.1 Treatment Programmes

Treating inhalant abuse among street children involves first gaining an understanding of the 'pathways' to the street and certain protective factors. Prevention programmes include community readiness models; street outreach programs; drop-in and residential treatment centres; and individual, group, and family counselling in a variety of settings. It is important to develop programmes that deliver targeted, comprehensive, coordinated, integrated, age-appropriate, low-cost, and effective services modelled on best practices. While there might be a tendency to see these children as "victims" and while they are often presented with situations clearly beyond their control, they could as well be seen as resourceful human beings, many of whom have decided to seek a better life (Volpi, 2002). Their behaviour and choices may then be seen as a complex interplay of multiple survival strategies in which these children are "informed" actors (Aptekar 1988, Griesbach Guizar and Sauri Suárez 1997, Hecht 1998, Scheper-Hughes and Hoffman 1995). Children who constitute this highly stigmatised population are independent, curious, rebellious, and often do make conscious decisions about their actions (Griesbach Guizar and Sauri Suárez 1997, Hecht 1998). It is this quality in them that I

sought to work with in my approach to inhalant abusing street children, and which constitutes one of the main queries of my thesis.

The life of street children may be described as cyclical which some try to break from. The initial honeymoon period is characterised by freedom and excitement, with drugs becoming a part of this as experimentation. This is followed by a coping period, where basic day to day survival becomes the total preoccupation, with drugs being used to assist coping. Next is the routine period, when they come to view their lives as monotonous and in need of change, and drug use also becomes routine and non-fulfilling. Working on their mindsets at this stage through sustained cognitive inputs and exercises in thinking and reflection can bring about long term change.

The 5 phase rehabilitation model has been a consequence of studying various treatment models. The issues of reflection, mindset change, participation, empowerment, personal agency, self worth and movement off the streets through an educative pedagogy was a consequence of studying and tailoring the programme to these street adolescent inhalant abusers.

2.7 Dependency on the Institution: The dependency syndrome is an attitude and belief that a group cannot solve its problems without outside help. It is a weakness that is made worse by charity and perpetuates them on the streets or in the institution. If exit policies and personal plans and progress charts are not in place, the movement of the adolescent off the streets or out of an institution is made all the more difficult. Their participation in this process is a necessary element for a mindset movement from dependency to independence, which I have tried to address in my research.

2.8 Changing Behaviours

Research on the conditions that either promote or hinder positive human potentials is of theoretical and practical significance because it can contribute not only to formal knowledge of the causes of human behavior but also to the design of social environments that optimize people's development, performance and well-being (Ryan and Deci, 2000).

Motivation lies at the core of biological, cognitive and social regulation. People's motivation to act may stem from internal or external sources. The Self-Determination Theory of Ryan and Deci used empirical methods to investigate innate growth tendencies and psychological needs underlying self-motivation and personality integration as well as the conditions that promote these processes. The continuum of self-determination ranged from amotivation or lack of action, resulting from not valuing an activity (Ryan, 1995), not feeling competent to do it (Bandura, 1986), or not expecting it to yield a desired outcome (Seligman, 1975) to the highly autonomous state of intrinsic motivation. In between lay the varying degrees of extrinsically motivated behaviours. The research demonstrated that conditions supportive of autonomy, competence and relatedness facilitated motivation, while excessive control, non-optimal challenges and lack of connectedness disrupted it.

The social cognitive theory explains how people acquire and maintain certain behavioural patterns, while also providing the basis for intervention strategies (Bandura, 1997). Behavioural change depends on factors of environment, people and behaviour. These three factors constantly influence each other. Behavior is not simply the result of the environment and the person, just as the environment is not simply the result of the person and behavior (Glanz et al, 2002). The environment provides models for behavior. *Observational learning* occurs when a person watches the actions of another person and the reinforcements that the person receives (Bandura, 1997). The concept of behavior can be viewed in many ways. *Behavioral capability* means that if a person is to perform a behavior he must know what the behavior is and have the skills to perform it.

There are two major factors influencing the likelihood that one will take preventive action:

1. A person must believe that the benefits of performing the behaviour outweigh the costs (that is, a person should have more positive than negative outcome expectancies). More importantly, the person must have a sense of personal agency, or self-efficacy with respect to performing the preventive behaviour must believe that he or she has the skills

and abilities necessary for performing the behaviour under a variety of circumstances. This fits in with my enquiry and working on the mindsets and thinking of the adolescent.

2. Social Cognitive Theory defines human behaviour as a triadic, dynamic and reciprocal interaction of personal factors, behaviour and the environment. The mind is regarded as an active force that constructs one's reality, selectively encodes information, performs behaviour on the basis of values and expectations, and imposes structure on its own actions. According to this theory, an individual's behaviour is uniquely determined by each of these three factors.

Many cognitive theories assume that learning results from interaction with the environment. Thus, the situation the street inhalant is in, the street culture and his experiences are an important part of his learning and a determinant of his positive movement off the streets.

2.9 Mindsets

A mindset refers to a set of assumptions, methods or notations held by one or more people groups of people which is so established that it creates a powerful incentive within these people or groups to continue to adopt or accept prior behaviours, choices, or tools. The daily lives of many street children are unstructured and unstable. Kennedy (1987) has stated that in the long run, this sense that nothing is stable can produce distortions of the mind.

This phenomenon of cognitive bias is also sometimes referred to as mental inertia or “groupthink” and it is often difficult to counteract its effects upon analysis and decision making. A single mindset is unlikely to possess the flexibility and adaptability needed to address all future events. It is this situation of mindsets that I have worked with, underlining the need to review and revise mindsets.

The concepts of instant gratification, movement off the streets, self worth and personal ownership that relate to the individual and his medium of movement through

organisations has been dealt with in literature and I have drawn from those authors and their ideas to further my critical enquiry and establish my research.

Chapter 3

METHODOLOGY

3.0. Introduction

This chapter discusses the methodology I have been using that would enable me to interrogate my own practice, plan changes and initiatives, evaluate their success and generate an action plan for the future. In designing this research, I selected participative action research as the research strategy within a qualitative research paradigm. Action research typically is designed and conducted by practitioners who analyze the data to improve their own practice. Lewin first coined the term ‘action research’ in his 1946 paper “Action Research and Minority Problems”, characterizing Action Research as “a comparative research on the conditions and effects of various forms of social action and research leading to social action”, using a process of “a spiral of steps, each of which is composed of a circle of planning, action, and fact-finding about the result of the action” (1946, pp. 34-46).

The initial plan was to have two cycles of 15 boys each, total 30 boys with a team of nine staff team members, over a period of two years, to research the adolescents’ mindset change. As I began the research, situations and cases came up that were repetitive and rooted in the past, and I realised that I needed to draw on insights and learning from my experience of working with these children for 21 years. This suggests that to reflect on current practice, it is necessary to reflect on and understand past practice. Research into the street adolescent’s life is, I realised, important to improve my practice: ‘How do I improve my practice?’ ‘How do I do this better?’, or ‘How can I improve my learning?’, or ‘How can I live my values more fully in what I am doing?’ (Whitehead, 1993). Professional learning has to be based on evidence. It is important for members of a profession to undertake research, to keep a profession moving forward and to advance practice which is based upon evidence (Grieg and Taylor, 1999).

I needed to awaken and inspire and respect my questions and problems, to suggest a process that affirms imagination, intuition, self-reflection, and the tacit dimension as valid ways in the search for knowledge and understanding (Douglass and Moustakas, 1985, p.40).

I began questioning and seeking evidence on particular topics related to street adolescents, to understand certain phenomena occurring with street children. Our organisation's primary aim was to send the child back to his home if possible. Why was this not so easily accomplished? What did the child feel in the first few days he left home for the first time? Could we work on his feelings of homesickness (if he felt so) and send him home? These questions prompted me to conduct a research study, 'Initial Experiences on the Street Study' (2004) (Appendix 9). Again, observing that over 70%-80% of the children on the outreach and those coming for the '**mela**' were addicted to inhalants, and reflecting on the in-house programme for non-addicts, I questioned 'How do I improve what I am doing?' I established a programme for drug-abusing street adolescents in September 1999. This prompted me to study its impact make improvements to the programme for drug abusing street adolescents. I thus conducted, 'A Study on the Effectiveness of the Rehabilitation Programme' (2003) (Appendix 11).

I use autoethnography, which is the qualitative study of one's own experiences through systematic observation and reflective note keeping using the voices of other participants; as an analytical/objective personal account (Susan Bennett , 2004). I need to draw from my past experiences and insights systematically so that it helps my present and future practice. The various types of reports (annual report, camp report, value education camp, FGD Reports case files and other records) became part of the accumulating data and the source of insights and experience. These resulted in eight research studies, several paper presentations and ten publications (14). These researches and publications helped my investigation, updated my practice, "to live my 'I' in my living theory" (Whitehead, 1993) with regard to street adolescents.

Hence my quest is what Whitehead (1999)¹ defines as living theory approach wherein researchers ask, research questions of the kind, ‘How do I improve what I am doing?’ in the context of helping me the researcher to improve my learning. ‘**Living theories**’ evaluate past practice and create something in the world which does not exist. My research develops ‘living theory’, and evaluates past experience, as I am trying to explain what I am living and doing. I have generated explanations for what I have been doing in my own learning:

I have called such explanations ‘living theories’ in that they explain what someone is doing in terms of an evaluation of past practice and an intention to create something in the world which is not yet existing. It is this projection of the individual into a future which constitutes the generation and testing of the ‘living’ theories (Whitehead, 1999)².

In working to improve practice I have engaged in action and reflection in my Reconnaissance period and two cycles³ (p.38-39) in which I have created an action plan to enable me to reflect and construct the values I live more fully. I have recorded my actions to enable me to judge my effectiveness with the street chemically dependent male adolescent, to evaluate my actions in relation to my values, skills and understandings and to modify my concerns, plans and actions in the light of the evaluations and research I have conducted. I have constructed accounts of my experiences in my research and offer these descriptions and explanations of my learning for public validation in order to take my enquiry forward, to strengthen my insights on male street adolescent inhalant abusers. In this research, I attempt to

¹ Jack Whitehead (1999) in a Paper presented to a conference organised by the Greek Centre for Educational Research at the University of Patras, Greece, 17 April 1999

<http://people.bath.ac.uk/edsajw/writings/greece.DOC>

² Ibid. 3. p.3.

³ Reconnaissance period (1986-1997) = The reconnaissance period of my research in which I was into field action, reflecting but not recording and documenting my reflections, relying on naturally occurring documentation.

First Cycle(1998-2005) = When I began research studies and publications on street adolescents. It was a period of reflecting, analyzing, systematizing and documenting my study and insights on street and marginalized adolescents.

Second Cycle (2005-2007) = action research with 15 (30 to start with) subjects and 9 colleagues, studying Mindset change with the 5 Phase Rehabilitation model.

understand the thinking and mindset of inhalant abusing male street adolescents in moving off the streets into rehabilitation/repatriation. I had established a model in 1999, in which that setting became an instrument to work for mindset change.

Bassey (1995) puts forward the concept of singularity in research, wherein, the research unit is taken as an individual unit in a particular space, time and with a boundary within this context is the search for truth and once found in that particular context it cannot be generalised to other contexts.

A singularity is a set of anecdotes about particular events occurring within a stated boundary, which are subjected to systematic and critical search for some truth. This truth, while pertaining to the inside of the boundary, may stimulate thinking about similar situations elsewhere..... (Bassey, 1995, p. 111).

I argue that the term ‘mindsets’ encourages generalisations that will stimulate thinking in other street adolescent programmes across the world and establish principles of mindset change, which should prove helpful in other street rehabilitative/repatriation programmes. I attempt therefore to seek out useful general principles.

In my research design and methodology, I have attempted to help construct along with the staff and street adolescents a fluid, reasonable, value based process of thought that they participate in to arrive at decisions that are not impulsive or based on group thought or influence nor on a negative role model. We help their mindsets to develop, out of their own volition. By owning of their actions, they begin to structure their moving off the streets (with support from significant others), to facilitate their rehabilitation and reintegration into society, and thereby improve their status. This forms the core of my thesis and serves as the basis of my critical enquiry.

My experience has taught me that the street adolescent will do as you think he should do, only when he stands to benefit from your decisions. In the beginning, I would

send the boys for training or for a job which I thought was best for them; invariably they would give up what I had planned for them. It was their way of saying, 'I have a mind of my own, I am not your robot to do as you think'. Likewise, when I asked the staff team to conduct outreach in particular areas, or to conduct programmes that I had planned, the response was at best lukewarm. It made me understand that participation of street adolescents and of the team that worked with me was an essential element for the effectiveness of the programme.

Participation in inquiry means that we stop working with people as 'subjects' and build relationships with them as co-researchers. Researching with people means that they are engaged as full persons, and the exploration is based directly on their understanding of their own actions and experience, rather than filtered through an outsider's perspective (Marshall and Reason, 2007). To draw insights from my relevant experience, I express this in a first person account as I reflected upon events. To ensure that the research draws on a range of perspectives, I used the critical feedback of my staff team, and other organisations/institutions that have served to interrogate certain theoretical constructs/ frameworks I generated.

3.1 Participatory Action Research

Participatory Action Research (PAR) is a method of research where creating a positive social change is the predominant driving force. Kurt Lewin who developed action research (PAR) in the 1940s (Holter and Schwartz-Barcott, 1993, 298-304). PAR was best suited for my research as it encompassed the concepts of participation, reflection, empowerment and independence. In using my experience, I have been looking to improve my practice and hence the recurring question, 'How do I improve my practice' (Whitehead, 1999).

Participatory action research (PAR) seeks to understand and improve the world by encouraging everyone involved to change it systematically (Minkler, 2003). The staff and I were involved in a "collective, self-reflective enquiry to improve the rationality and justice of our social...practices" (Kemmis and McTaggart, 1988, p. 5). PAR as a

methodology enabled me to work in partnership with my staff and the street adolescents in a manner that led me to seek action, for change in lifestyle of the street adolescents.

According to Reason and Bradbury (2006) the primary purpose of action research is to produce practical knowledge that is useful to people in the everyday conduct of their lives. It seeks to bring together action and reflection, theory and practice, in participation with others, in the pursuit of practical solutions to issues of pressing concern to people, and more generally the flourishing of individual persons and their communities.

These words by Siva in my first year of stay in the home, set me thinking about my assumptions,

“I did not want the job, the Father in-charge sent me for it; I am feeling tired today, I do not want to go to work. When I was picking scrap, I worked when I wanted. This job does not give me that freedom. I did not want this job”

I began reflecting on why the boys did not take up what was so lucidly planned and offered for their betterment. *‘Should I work on his identity shift from a street boy to an identity of stability?’*

Practitioners investigate their own practice, observe, describe and explain what they are doing and why they are doing it (Whitehead and McNiff, 2006, p. 13).

Action research is about working toward practical outcomes, and also about creating new forms of understanding, since action without reflection and understanding is blind, just as theory without action is meaningless (Reason and Bradbury, 2006). My consciousness of the situation of the boys and reflection on their attitudes, made me realise the importance of getting the boys involved in planning for their future. For Paulo Freire (1972), human consciousness brings a reflection on material reality,

whereby critical reflection is already action. Whenever I reflected on a situation relating to the adolescents, I felt the need to do something about it, following Freire's dictum,

reflection without action is sheer verbalism or armchair revolution and action without reflection is pure activism, or action for action's sake (Freire, 1972, p. 41).

In the same manner, PAR sees that action and reflection must go together, even temporally so that praxis cannot be divided into a prior stage of reflection and a subsequent stage of action.

If the adolescents were not involved in planning and deciding their future, they do not take responsibility for the choices given them (they did not get involved in the action). Their option was to run away (or cause a problem at the workplace that prompted the owner to ask them to leave). Their situation was not of their own volition, hence the drop-out rate was high. With them, reflection and action had to be simultaneous or it would become "sheer verbalism". The dropout rates made the staff frustrated. I rationalised that it was part of these children's lifestyle, that they 'lived for the day' and could not think of their future. My staff rationalised that, they were not educated enough or old enough to plan their future, so they had to be told, - but the 'pull of the streets' was too strong. They only looked for 'instant gratification'. We wanted to try another method of working with the boys. We were reflecting on their situation but not with them, the children did not participate in that reflection nor in the plans for their own future. In an action research approach, this meant inquiring together into how to improve our practice (Whitehead, 1989), inquiring through practices of first person action research (Marshall and Mead, 2005; Reason and Bradbury, 2001). Thus, PAR emerged as a felt need to involve the views of the adolescents in the rehabilitation programme.

The power of transformation is central to PAR (Freire, 1972, p. 58). I applied Participatory Action Research not only as a research methodology but also as a

philosophy of life that would convert my practice into living and thinking (Whitehead, 1999). The case of Siva (above) required a transformation in not only my attitudes, values, personality and culture but those of my staff, and the street adolescents I dealt with. Participatory action research provided the flexibility required for quick adaptability to changing situations. Participation and action led to looking at the children as their own psychologists, creating meanings for themselves out of their own experiences and understandings (Greig and Taylor, 1999).

My action research was built upon four major actions: ‘planning, acting, observing and reflecting’ (Zuber-Skerrit, 1991). The initial reconnaissance cycle (1986-1997) led to a First cycle of activities and their evaluation (1998-2005) informed and prompted the plan of the next (second) cycle ⁴(2005-2007). The cyclic process alternated between action and critical reflection (Dick, 2002). In the case of my research, the long time period of the reconnaissance phase enlightened the critical enquiry process in the first and second cycles. Though the critical enquiry of the reconnaissance phase was only partially documented, it formed a base for the first and second cycles. As the cycles progressed, a greater understanding was developed through the continuous refining of methods, data and interpretation (Dick, 2002). My methods were characterised by flexibility, improvisation, iteration and cross-checking, not by following a blueprint rigidly, but by adapting in a learning process.

‘Living theory’ is compatible with PAR. Whitehead (2006) opines that in a living theory approach, researchers ask, answer and research the question that has been consistently spurring me to improve my practice that of, ‘How do I improve what I am doing?’ I have personally held values such as, ‘The only right environment for a child to be well brought up is his family’; and, ‘Childhood is meant for learning, for fun and innocence’, not to be abused (physically and sexually), nor for earning or doing adult duties. In my practice I was living and experiencing contradictions to these values I held, I had to deny them in my practice. The abusive situations at home for some children made me rethink my values that the family was the best

⁴ Ibid p 2.

environment for them. It was not. They were abused on the streets. I could not force them but only offer them the choice to come to live in our institution. In this lived practice, my own 'I' has had to live with contradictions between the values I upheld and their denial in my practice.

In working to improve their practice they often engage in cycles of action and reflection....They construct accounts and offer these descriptions and explanations of their own learning for public validation in order to take their enquiry forward, to strengthen their contributions to educational knowledge and theory and to extend their professional communities (Whitehead, 1999).

Thus my research is living theory, the reality and values that I am living, using PAR as my overall strategy.

3.2 Reflection

Reflection involves an integration of attitudes and skills in the methods of inquiry. Neither will suffice alone (Dewey, cited in Calderhead, 1989, p. 43). Elliot (1991) suggests that the process of reflection is representative of the action research process. It is a dialectic process (Carr and Kemmis, 1986).

The spiral of action research cycles follows a process of action, observation and reflection to achieve greater understanding, followed by further action and reflection. Reflection is intentional and grounded in the situation (Bryant, 1996). My adoption of this crucial element of action research enabled me to move beyond mere facts and superficial appearance towards an in-depth understanding of the phenomena under study. The participation of the other actors (the boys and staff) in the research ensured that the reflection was not unidirectional but multi-faceted. This PAR exercise helped me in furthering my knowledge and understanding of my lived experience. The learnings from these reflections spiraled into the next programme and helped me systematise the experience and thus avoid repetition and duplication of similarities, which is common when dealing with cases of a similar nature.

3.3 Key Components Of The Research

3.3.1 Qualitative Research

Qualitative research emphasises the importance of looking at variables in the natural setting in which they are found. I had gathered detailed data through open-ended questions that provided direct quotations of the adolescents. The strength of the qualitative approach is the richness and depth of explorations and descriptions that it brings to the study. This exploratory character brings with it the potential for generating new theories and ideas and is therefore particularly applicable to my study.

I adopted a qualitative research framework based on assumptions about the subjective nature of the adolescents. It involved a scientific activity of induction for generating new theories emerging from the data. The notion that theory is created from or emerges from data was consistent with the view that the adolescent is subjective in nature and that his understanding, knowledge and meanings are subjective, and emerges in interaction with others in a given context. Hence, the qualitative framework entailed a methodology in which theory provides explanations for data such as observations, interviews, conversations, written reports, drawings and texts (Appendix 6). Through the use of detailed explanations, I attempted to shed light on the implication and significance of actions and behaviour as they occurred within the cultural context of the street adolescents. Such qualitative discussions enhanced the richness of my data, placing an emphasis on understanding through looking closely at people's words, actions and records (Cresswell, 1994). I view the adolescent as his own therapist, creating meanings for himself out of his experiences and interactions. I believe that when an adolescent encounters problems, he should be enabled to look within himself for both the problem and the solutions.

3.3.2 Autoethnography

As I am observing the work process and speaking with key voices, I adopt an ethnographic perspective to diminish the barrier between researcher and respondent (Munhall, 1989). Ethnography has a tradition in qualitative inquiry.

Ethnography is not a particular method of data collection but a style of research that is distinguished by its objectives, which are to understand the social meanings and activities of people in a given 'field' or setting, and an approach, which involves close association with, and often participation in, this setting (Brewer 2000, p.59).

I became part of the lived experience of the street adolescents.

The notion of culture is central to ethnography. Ethnos is the Greek word for a people or cultural group. Therefore, ethnography may be "devoted to describing ways of life of humankind, a social scientific description of a people and the cultural basis of their peoplehood (Vidich and Lyman, 2000, p. 38).

Ethnography involves fieldwork of the situation being researched, either by outsiders or insiders. It involves rigorous observation and recording methods to record and analyze data. It explores a situation rather than tests a hypothesis (Atkinson and Hammersley, 1994).

My account is a genre of writing and research that connects my personal experience to the cultural, placing myself within the social context of the street adolescent (Reed-Danahay, 1997). Hence, I posit my account as an autoethnography. My own experience is supplemented by the range of reports that provide naturalistic data; different voices can be gathered by interviewing colleagues who worked with me. There will be faulty memories and biases of which I can become aware. Throughout my writing, a sense of the self emerges that is thoroughly grounded in experience and observation. The term autoethnography has become the term of choice in describing studies of a personal nature (Ellis, 2004; Ellis and Bochner, 2000).

The sharing of unique, subjective and evocative stories of my experience that have contributed to the understanding of the social world of the street adolescents has led me to reflect on what areas of change I could identify in the light of my experience with them.

My personal struggles and conclusions reflect the dynamics in my quest to further my practice as I have sought to balance excellence in inquiry with constant growth and learning (Pelias, 2003, p.372).

I have tried to strike a balance between putting myself, the contextual understanding of the adolescents and the rigor of the research process in perspective.

Autoethnographers tend to vary in their emphasis on auto- (self), -ethno- (the cultural link), and -graphy (the application of a research process) (Ellis & Bochner, 2000, paraphrasing Reed-Danahay, 1997).

Hence putting forward my personal thoughts, feelings, stories and observations was a way of understanding the social context that I was studying and also highlighted the totality of my interaction with my setting.

This approach also enabled me to understand and construct their social world and to document their multiple perspectives. In accordance with the principles of good street ethnography, I have attempted to integrate description, interpretation and diagnosis in my journey into the lives of street drug addicted adolescents. I have attempted to chronicle what street children see as their world, how they experience it and how they perceive and construct power relations among themselves. My autoethnographic account has tried to describe the marginalization of adolescent male street drug addicts within the larger context of social exclusion and intervention.

3.4 Participant Selection

Participants in qualitative research studies are collaborators not “subjects.” The numbers of participants in qualitative research studies tend to be relatively small. The researcher determines the number of participants based on the research objectives and participants’ characteristics (Wilmot, 1979). A large scale ‘sample’ was not suited for my research, which focuses on a particular group of boys.

In the second cycle of researching the mindsets of the target group, I initially worked with 30 adolescents (male inhalant abusing street adolescents) who were part of the rehabilitation programme (to allow for drop-outs). My experience with street addicts,

taught me to begin with a larger number and expect a 50% drop out. The initial sample of thirty adolescents ultimately worked out to fifteen for the third cycle of my study.

Of the fifteen, for the purpose of my study, I took six who completed the five therapeutic phases and were rehabilitated, two that dropped out after the 2nd phase, two that dropped out during the 3rd phase and two that dropped out during the 4th phase and one each who returned at phase 2, 3 and 4 of the programme, to understand their mindsets and its change. The sampling was purposive for the street adolescents who were a part of the five-phase rehabilitation programme. Purposive sampling is a form of non-probability sampling, where the samples are selected because of some characteristic such as intensity, maximum variation, convenience, homogeneity and so on (Patton, 1990). Care was taken to confirm that there was informed consent where participation was concerned.

3.5 Data Collection

3.5.1 Multiple Methods

Data collection was lively and interactive, and the exercise of originality and reflective critical judgment of the participants contributed to the richness and diversity of the data. The feedback from the participants, particularly the adolescents, sprang many unexpected surprises, providing a mechanism to test certain tacit theoretical assumptions, leading to a change of perspective. The nature and longitudinal aspect of my study required me to use different methods or sources to corroborate each other, hence it was important to have some form of qualitative (non-positivistic) methodological triangulation (Mason, 1996, p.25), with a mix of various methods to collect data. The techniques of data collection throughout the study were:

3.5.2 Naturally occurring Ethnographic Data

Naturally occurring data is that data which derives from situations which exist independent of the researcher's intervention. My organisations' reports to various funding agencies, internal evaluation reports, brochures, website, articles,

publications and camp reports were already in existence and were not created by me as a result of my research. The data in the reconnaissance phase and the prior half of the first cycle were from naturally occurring data, which prompted further inquiry.

My eight colleagues who were participants in the study, observed the children on a daily basis, in different activities, in different settings, from the preparatory phase to the reintegration phase. These differential settings were:

- i. Outreach (on the streets, stations or where the boys congregate, Phase 1)
- ii. Outings (preparing boys for study visits, picnics, Phase 1)
- iii. Camps (preparing boys for value education camps, orientation to the programme, Phase 1)
- iv. Detoxification (at the hospital, Phase 2)
- v. Orientation Camps (preparing for the Phase 3, the Therapeutic Community)
- vi. Therapeutic experiences of boys (at Phase 3 of the programme)
- vii. Training and Room boys (at their training centre and rooms. Phase 4)
- viii. Rehabilitation (at their settlement, Phase 5).

Different participants made observations in a variety of settings:

1. Observations made by the team members during several activities and events conducted for the boys.
2. Observations made by key informants during all the phases of the rehabilitation programme.
3. Observations made by me while conducting activities for the boys and the staff, keeping the objectives of the study in mind.

3.5.3 Focus Group Discussions (FGDs)

The Focus Group Discussion provided a rich source of data that led to new and unexpected avenues for further research. Focused Group Discussions were conducted by me and the team members on several themes (appendix 5, 6), which brought out

information relevant to their lifestyle, structural and cultural issues and the questions that arose out of my reflections. There was a sharing of experiences after each of the training programmes, camps, outings, preceded by brainstorming sessions, generating a wide range of views and reactions, enhancing perspectives and helping in the process of analysis and evaluation.

As Kruger and Casey (2000) note, the purpose of focus groups is to promote a comfortable atmosphere of disclosure in which people can share their ideas, experiences, and attitudes about a topic. Participants "influence and are influenced," while researchers play various roles, including that of moderator, listener, observer, and eventually inductive analyst.

3.5.4 Formal and Informal Meetings with the Team Members

Key informant interviews: All the stakeholders who played a significant role in the lives of the street adolescents such as their teachers, caregivers and employers at railway stations were interviewed to extract information about relevant topics. These topics were better addressed in a forum where confidentiality and privacy are easy to maintain (Morgan and Krueger, 1993). Individual interpretations and responses were also sought from them. The interviews were intended to study important issues, which potentially influenced children via policies and practices. It helped to know the participants' perspectives. Along with the participants' views, an effort was made to study non-verbal cues and feelings. Qualitative techniques highlight what is not said — silence — as clues to perspectives and world views (Schensul and LeCompte, 1999). Arguments from silence are not always persuasive. A lot may not be said during a focus group discussion due to discomfort or a lack of awareness. On the other hand, several responses from the participants may arise that are entirely unanticipated. Qualitative approaches take advantage of spontaneous, unexpected elements. The relatively free flow of interaction enabled me to pick up important and emotive issues and to discover what mattered most to the adolescents from the topics they themselves raised.

3.5.5 Unstructured Interviewing

Indepth interviews were also valuable for researching those who were unable to attend a focus group for some reason. An indepth interview is a dialogue between a skilled interviewer and an interviewee. Its goal is to elicit rich, detailed material that can be used in analysis (Lofland and Lofland, 1995).

The aim of an unstructured interview is for respondents to describe their observation of the situation without any set questions or interview schedules. The interviewee is allowed to inform, opine and express beliefs he wishes with minimal prompting from the interviewer. These interviews given their qualitative nature provided greater breadth than the other types. Much of the data gathered in participant observation came from informal interviewing in the field. This data was clustered under themes (Appendix 5) It played a significant role in understanding the language and culture of the adolescents

In order to garner effective and authentic information from the participants, the following steps were taken:

3.5.5.1 Locating an Informant

The strategy I used was to identify an insider, a member of the group from the areas on field outreach, who was willing to act as a guide and translator of cultural mores and even jargon. Although interviews can be conducted without an informant, Lofland and Lofland (1984) believe that researchers are more likely to gain successful access to situations if they make use of contacts that can help remove barriers to entrance. I found it a ready tool to 'break in' to the group with an insider. Some of the boys were known to me due to their coming for the '**mela**' or from the outreach programme. It helped me save time on rapport building and also to avoid misinterpreting their cultural norms.

3.5.5.2 Gaining Trust

It was necessary to establish trust with the respondents in order to acquire more information about them. My long experience image and role in various program of street children paved the way for establishing a sound trust and relationship with

them. Gaining trust is essential to an interviewer's success; once it is gained, trust can be very fragile; any faux pas by the researchers may destroy days, weeks, or months of painstakingly gained trust (Fontana and Frey, 1998, p.59). When picking a newly arrived child on the street, it was important to gain his trust to accompany me to the home. I would get some of the street children, whom he identified with from that location to accompany us in our vehicle and stay the night/day over, seeing the other boys being warm and friendly and coming to stay with us, made it easier for the new boy to trust me.

3.5.5.3 Establishing Rapport

Unstructured interviewing has been an excellent tool I have used for years in building initial rapport, before moving on to more formal interviews and was perfect for talking to informants who would not tolerate a more formal interview (Bernard, 2005). My long association with them paved the way for further rapport.

3.5.6 Narrating and Documenting Personal Experiences

The street adolescents' sharing of experiences reflected their evolving mindsets and shaped my research and helped improve my practice. According to Lofland (1971), one has to take notes regularly and promptly; write everything down, no matter how unimportant it may seem at the time, try to be as inconspicuous as possible in note making and analyse one's notes frequently. All the events that were a part of the rehabilitation programme were documented completely and systematically. The methods used currently and the strategies adopted were written in the form of detailed descriptions.

It is important to recognise that children of all ages and abilities explore, experiment, and express themselves creatively. It promotes moving beyond words to ensure that young children can access decision making processes that are relevant to them. Young children have views about their learning and well-being already. They may not be able to necessarily express these in words, but do so effectively through play

and visual resources. Visual languages help children to explore and represent their perspectives in their own terms (Penny Lancaster, 2003).

Drawings made by the respondents on unspecified themes revealed their innermost thoughts and impulses. The reflection with them on these drawings helped me understand their mindsets and work with them. This was especially effective for those who could not express themselves verbally or who were illiterate.

Drama, an unconventional tool proved useful in the third phase of the rehabilitation programme, when the boys were familiar with the environment and their comfort level was higher. The adolescents were asked to script and perform short skits, mime and role-plays on the subject being discussed (e.g. superstition, myths, and taboos). This proved an outlet for their repressed thoughts and emotions and revealed their mindsets.

Observation of the adolescents enhanced my understanding of their outer world, that which is acted out and accessible. Verbal reports, however, were the research tools facilitating access to their inner world; the world of thoughts, feelings, attitudes and opinions. Part of the methodological rigour in the current study involved a continuous process of reflection among the team and the study group about their contributions, experiences, problems, apprehensions, ethics, differences, and learnings. These reflections of my colleagues and subjects were then analysed and evaluated. They were then categorised according to significant themes that emerged from them, which were empirically supported. Relevant changes were incorporated after addressing the issues in larger group discussions.

3.5.7 Group Interviews

The staff and the children gave a brief description of themselves. This not only gave the adolescent a platform to speak about himself, but also revealed his self worth. After one's presentational self is "cast", it leaves a profound impression on the respondents and has great influence on the success and failure of the study (Fontana and Frey, 1998). This exercise was followed by brainstorming, where significant

topics emerging from discussions were given to the boys to reflect upon and express themselves. Through visual props, boys indicated their feelings about life in the therapeutic center. Field visits and excursions provided an opportunity to observe them in informal settings. The technique of sentence completion helped gain insights into their likes, dislikes, their aspirations, worries and the changes they wanted to bring about. It was a relevant indicator of their mindsets. The visualisation of their life on a time line was also a stimulant to change their situation. I used this method often with ‘repeater’ and older street adolescents, who were on the streets for a long period of time.

While relating their life experiences, the street adolescents made powerful statements on several issues that dominated their lives and related some critical incidents. The term, ‘critical incident refers to an event or situation which marked a significant turning-point or change in the life of a person...’ (Tripp, 1993, p. 24). Nevertheless, as Newman (1987) put it, ‘they compel us to look at our practice with a new eye as they reveal gaps in our espoused beliefs.’ In my research, problem situations and crucial decisions to be made at career cross roads situations were used to analyze advantages and disadvantages. Reflections and possibilities were researched to understand moving off the streets, mindset changes and thinking processes.

3.6 Data Analysis

3.6.1 Categories and Themes

Action research may be regarded as an iterative inquiry process that balances problem solving actions implemented in a collaborative context with data-driven collaborative analysis or research to understand underlying causes enabling future predictions about personal and organizational change (Reason and Bradbury, 2001). In my research of the first cycle, data collection and analysis occurred concomitantly. A protocol for analysing data using various techniques was evolved. For the reconnaissance phase, the grounded theory approach was used to analyse the data. The questions and reflections I had at this time were later interpreted, documented and published in the first cycle. In the second cycle of my research, data was collected in collaboration

with my colleagues and analyzed jointly by the staff and me, based on transcripts from audio tapes, notes made during and after interviews and/or focus groups discussions and other means of data collection. Analysis began with the identification of themes emerging from raw data, a process sometimes referred to as ‘open coding’ (Strauss and Corbin, 1990). Coding procedures included the procedures of constant comparison, theoretical questioning, theoretical sampling, concept development, and their relationships. The analysis was done by reflecting upon the data collected.

Thematic or pattern analysis has been a natural and frequently used methodology for organising raw data of interview contexts in a variety of disciplines such as educational research. Analysis begins with the identification of the themes emerging from the raw data, a process sometimes referred to as ‘open coding’ (Strauss and Corbin, 1990). I set my data of my experience under various themes. They were clustered under large and smaller themes within a topic; this helped me to collate, analyze and reflect on relevant data for the study.

3.6.2 The Need for Grounded Theory

My approach to analysis is drawn from the processes of grounded theory. As the research is qualitative, there is no question of the analytical method discovering facts, although positivistic language was used in the early stages of the approach. Our approach, following Strauss and Corbin (1998) and Charmaz (2000, 2006), uses constant comparison and thematic coding to give shape to the discussion. Grounded theory begins with a research situation, the naturalistic data. I wanted to research recurring areas of concern. Grounded theory helped me to make sense of my experience, conceptualize my data and to manage my situation better. It was responsive to my situation of street adolescent inhalant abusers.

Systematic data analysis helped me identify categories and connecting them. The rigour of the approach offered me an opportunity to construct explanatory frameworks to specify relationships among concepts, towards the development, refinement, and interrelation of concepts. It involved the simultaneous collection and

analysis of data, sampling to refine my emerging theoretical ideas and integration of the theoretical framework. There was a constant comparison of one set of data from the initial phase to the next two cycles⁵; theory emerged out of this constant comparison. focusing on the mindset change of the street adolescents in this research. My approach could be regarded as a “social constructivist perspective that includes emphasizing diverse local worlds, multiple realities, and the complexities of particular worlds, views, and actions” (Charmaz, 2006), wherein more emphasis was placed on individuals’ values, beliefs and assumptions rather than on the methods of research.

The systematic asking of generative and concept-relating questions, theoretical sampling, systematic coding procedures, suggested guidelines for attaining conceptual “density”, variation, and conceptual integration all contributed to the generation of rich theory based on an analytic interpretation of multiple actors’ perspectives. My observations were informed by the evolving theory, that has been reported in a narrative framework or as a set of propositions (Dey, 1999, pp.1-2).

The data was analysed in the following sequence:

1. Describing the sample population
2. Ordering or reducing or coding the data (data processing)
3. Displaying summaries of data in order to aid interpretation
4. Drawing conclusions
5. Developing strategies for testing or confirming the findings to prove validity.

3.7 Describing the Sample Population

For the reconnaissance phase, relevant background data was tabulated from my narrative reports. In the first cycle, documentation and publication of the experience and data garnered from the reconnaissance phase, informed and laid the basis for the second cycle’s critical inquiry. Relevant data was tabulated with the help of the Initial Profile of

⁵ Ibid p.2 nos. 2

the Child (appendix 14) that was filled at every phase of the Rehabilitation Programme. The IPC was helpful in analysing the information received from other sources. Details pertaining to the sample focused on who participated in the discussions, who was observed and what were the characteristics.

3.7.1 Interpretation and Coding of Data

Written descriptions of naturally occurring data, observations made, interviews and Focus Group Discussions were converted into research- relevant narratives and information. The observations and reflections of the team members and key informants threw light on key issues.

3.7.2 Drawing Conclusions

The essential characteristic of a qualitative research approach is that it deliberately looks for the confounding and unexplained relationships during data collection and analysis. It was during this time that I discovered the associations and gaps in the data, especially in the data of the reconnaissance phase. The next stage of analysis involved re-examination of the categories I had identified to determine their linkages. The discrete categories identified in open coding were compared and combined in new ways to assemble the "bigger picture."

3.7.3 Establishing Validity

Establishing validity is an exercise undertaken to demonstrate the authenticity of the evidence gathered. It demonstrates the reasonableness of the claim and seeks to reduce bias. "Establishing the validity of a claim is also about establishing the authority of the scholarship that leads up to the claim" (Whitehead and McNiff, 2006, p.98). The research was checked for observer (staff) bias and data was crosschecked with evidence from outside (significant others) independent sources. This process was conducted in a semi-ordered fashion to allow for the team's brainstorming whilst also ensuring that all hypotheses or ideas were investigated. Requisite care was taken to appreciate the wider social contexts, street culture, mindsets influencing the street

adolescents being studied, so as not to treat the topic of investigation as an artificially isolated event.

The camp reports and the reports to various agencies, photo documentation, case files, annual reports, newspaper reports, magazine articles, publications, research studies, children's drawings all validate my research. (Appendix 7, 17). These formed the basis of my reflection and critical inquiry data, following the grounded theory approach.

3.8 Defining Roles

The ethnographer usually limits himself to observing and understanding and does not primarily aim to assist the group he is studying to see its own difficulties more clearly and to take action to overcome them; he does cast himself in the role of therapist. Only through informal association with his informants can he gain the complex information he needs.

Having observed the above, I had to define my role in the context of the research. I took up the scientific aspect of this research as founder and director of the 5 phase rehabilitation programme. I had defined the responsibilities, roles and reporting structure of the staff team at the time of their employment, and they were conscious of the power structure relations. I was made conscious of being the 'Boss' and of being the, 'Father figure/the Guardian' to the adolescents and was wary of these roles impinging upon my research.

This consciousness prompted me to create 'filters' for the information, taking care not to influence the research contrarily. A team of two researchers not involved directly with the rehabilitation programme but who belonged to another department in the organisation were involved. These two researchers helped in validating the reconnaissance phase and first cycle of the research; they conducted the brainstorming sessions and training workshops, assessed the needs of the other staff team and gathered information. An outreach team of two staff members for Phases 1

and 2, a team of three staff for Phase 3 and a team of two staff for Phases 4 and 5 of the programme collected information using the techniques mentioned in data collection, the validity of which was checked by the two researchers. I got involved with the team at critical junctures, and conducted training sessions when necessary. I also conducted sessions related to the research, to give me first hand information and to validate the staff's and my own queries. I was conscious of treading a fine line between my role as a mentor and that of a researcher. I tried to maintain a scientific rigour, keeping in mind my role in the organisation.

3.9 Informed Consent

It was essential that the participants of the research be provided proper information about their roles in the research. Efforts were made to make the programme as participatory as possible. Gilligan (2000) says it is important to involve children in care, in decisions that affect their lives. Plans and decisions are likely to better inform and to stick if the child feels heard and has his views genuinely considered. According to 21 Code of Federal Regulations 50.20, "no investigator may involve a human being as a subject in research covered by these regulations unless the investigator has obtained the legally effective informed consent of the subject or the subject's legally authorized representative."

Taking consent from the boys for their participation in the research was very important. Consent forms were signed by the boys in the second Phase. They were informed about the research, its aims and objectives, the time frame, the procedures to be followed, the kind of participation needed from them, the possible risks and benefits and the option to withdraw at any time. They were assured that responses would be kept confidential.

Taking the participant's signature on the informed consent form provides evidence that the participant has read and understood the informed consent information. In this case, most of the boys were not literate, hence their consent was taken only after telling them about the contents of the form (Mark, 1996). As the Principal

Investigator, I ensured that a similar procedure was followed with my (staff) team. I met them individually to explain to them the nuances of the study and obtained their verbal approval and in time, following due consideration, their written consent (Selby- Harrington et al, 1992).

3.10 Establishing Standards

Practitioner researchers generate their own theories, and “they constantly test these theories against the critical responses of others to see if the theories can withstand criticism, in other words, have validity. To establish the validity of their theories, they articulate the standards of judgment they use, that is, the way they make judgments, in evaluating whether the theories they generate actually reflect the values that inform their practices” (Whitehead and McNiff, 2006, p.13). I attempted to construct standards of judgment which determined my selection of data and enabled me to assess the quality and validity of my action research. These standards were a synergy of what Whitehead refers to as

ontological, epistemological and methodological standards (Whitehead and McNiff, 2006, pp.84-87).

Chapter 4

SELF WORTH

4.1 Introduction

Individual and group identities are constructed in relation to others and therefore, our sense of self is established through the boundaries we create to exclude that which is different. The formation of the self image begins very early in a child and is further developed and modified later by others in the family and, as the child ventures outside the family, by other groups and individuals. The early development years are critically important for the development of self regulation; the set of abilities that enable children to control their emotions and behaviour, interact positively with others, and engage in independent learning. **The ability to cope with stress can be nurtured by helping children develop self-esteem, which is a fairly accurate assessment of oneself, leading to the realization that the self has worth. It is in achieving this self-esteem or sense of self that we achieve psychosocial growth and maturity.** This self image is the basis of self worth, affecting the child's self concept, parent's perception of the child and parent's behaviour toward the child.

The constant affirmation by the significant people in his life further reiterates his self concept and mindset. However, street boys are products of 'nature' and seldom beneficiaries of 'nurture' thus growing up with the sole belief in the 'survival of the fittest'. The street boys are well aware of their abilities and potential but have never had a chance to achieve what they had planned when leaving home. All experience physical and mental growth, harsh personal experiences on the street, and changing social situations affecting their identity. Identity is a person's sense of placement in the world; that which tethers one to one's self worth. The street boy's identity is created by the way they are treated in the city. The police abuse them, the common people think they are a nuisance and look down on them, and this crushes their self esteem. Objective testing of self esteem is difficult to assess as street children make derogatory comments about themselves, in some cases to enhance their earning potential from begging or related activities.

Individual and collective identities of street children are often understood in terms of a mental and physical escape from numerous negative experiences and as a solution to the child's personal troubles. Through the various stages of assimilation to street life, street boys have been able to construct alternative identities and collective strategies between themselves as a form of resistance to the outside world. These strategies provide a matrix within which street children can regain feelings of belonging and self worth, contest their marginalization, and "counteract the overload of identities attributed to them" by the state and mainstream society (Beazley, 2003). Street children possess multiple and fluid identities which shift depending on their circumstances, the spaces they occupy, and their daily interactions (Beazley 2000a). Thus, even though their lives are regularly portrayed in a negative way, and as a "problem" which needs a solution, their decision to leave an impoverished, boring or abusive home should, in fact, be understood as the child's own solution to a personal predicament. Hebdige (1979) asserts that every subculture represents a solution to particular problems and contradictions. Street children do not lack agency, but take responsibility for their own actions and have some control over their lives. The creation of street children's self worth and the maintenance of their own subcultures can be seen not as a problem, but as response to their stigmatisation and a solution to the variety of problems they face in a world which is hostile to their very existence.

Often if you ask street children with whom they roam, they will reply, 'alone with God,' although they are normally in the company of their peers. Street life is marked by both wrenching solitude and intense solidarity (Hecht, 1998, p.46 in Beazley, 2003).

4.2 Identities of a Street Child

Street children have managed to respond to their social and spatial oppression geographically, and have developed a repertoire of strategies in order to survive their numerous negative experiences on the street (Beazley 2000a; 2002). These strategies include the appropriation of urban niches in the city in which they are able to earn

money, feel safe and find enjoyment, in addition to the “winning of space”. It is within these marginal niches that street boys have constructed their own subculture, as a strategy for both collective and individual survival. Massey (1998) opines that the construction of spatiality is an important element in building a social identity. For street children, the spaces they have carved out for themselves have become territories in which collective identities are constructed, and where alternative communities have formed. These typify street subculture. Street subculture has its own patterns of behaviour and a discernable system of values and beliefs. Brake (1980), for example, states that subcultures are often an attempt to resolve collectively experienced problems arising from contradictions in the social structure, alienation in society, and harassment by the law. He says that they appeal to those who feel rejected, and provide an alternative social reality and status system which offer rallying points and symbols of solidarity.

Socialization to a subculture, then, helps a young person redefine negative self concepts by offering a collective identity and a reference group from which to develop a new individual identity. A community of children who have similar background problems and experiences can provide new children on the street with comfort, support and vital knowledge necessary to survive. Ennew (1994), for example, notes that in the absence of parents, street children bring each other up and develop supportive networks, coping strategies and meaningful relationships outside adult supervision and control. Similarly, seasoned street children help to socialize newcomers to the street. The socialization provides new children with peer support and survival skills as well as a collective identity that assists them in their construction of a new positive self image.

Socialization refers to an interactive process of transmitting and learning ‘acceptable’ ways of acting, interpreting and feeling. This process is viewed as occupying a central place in the lives of children. Sociologists analyze socialization as an important clue to determining how children construct their identities, interpretations and social relations (Visano 1990, p.139).

An analysis of a child's socialization to the street is important, as it provides significant evidence for determining how children construct their collective identities as "street children." As Visano (1990, p.140) informs us, socialization is often misunderstood with respect to street children, as most literature describes them as having an absence of any socializing influences. On the contrary, however, once on the street, children engage in specific social processes that socialize them to street life. However, that which is considered as "acceptable" on the street may often not be the case in the family home (Beazley, 2000b).

A lifestyle that is perceived as disorder is really a different kind of order, a different set of priorities and expectations (Cresswell, 1996, p. 85).

Similarly, due to the different environment in which they live, street children experience a different lifestyle to the average child: they sleep, eat, play and work on the street. They therefore require and undergo a very different kind of socialization.

As a child begins to identify himself as a street kid he usually changes his name, or he is given a new one by his friends. As one boy said, *'you never give your real name on the street, because if there is trouble you don't want to be implicated.'* Giving oneself a new name is also a form of resistance to being abused, and a way of creating a positive self identity. Almost all street boys are given nicknames by other children, which they accept as part of their inclusion into the social group, even if they do not like the nickname. Changing one's name may be recognized as part of the psychological process of a child's repersonalization, as his self identity undergoes changes and he begins to categorize himself in terms of a new social identity (Turner, 1985, 1994).

The street subculture offers a child who has fled home a new identity as a street child. As they construct their new collective identities, the children are also expected to adopt appropriate attitudes, values and perspectives in order to conform to established street etiquette, and to continue to be accepted as a member of the group.

As Schurink (1993) notes of newcomers to the street in South Africa,

Children had to acquire more than just surviving skills and techniques to perform the job. If newcomers (who had the lowest rank) wanted to raise their status to street child they had to acquire expertise and become street wise. Furthermore, the newcomer had to learn to earn the respect of the group and be accepted as a professional member capable of understanding their language, sharing their norms and values (p.181).

4.3 Collective vs. Individual Identities

Compliance with peer norms and expectations is an essential aspect of street subculture collective identity, security and personal survival are subject to acceptance by the group. A street child must learn to balance his collective identity with other fluid identities, often resulting in the fragmenting of the presentation of the self. This is due to the multiple identities street children present for various activities and needs across different spatial areas, and the contradictions between these presented identities (see Beazley 2000a). Ennew and Milne (1989), for instance, reiterate the image of a street child in Peru with a knife in one hand and sucking his thumb on the other, and use the term “proto-adults.”

I observed Ramesh who looks much younger than his age (12), and assumes different identities. He acts tough and masculine when he is with older boys, and they like him as he is street smart, despite being small. When he is shining shoes, however, he assumes a more polite and deferent identity. At times he “acts cute” to obtain credit from stall owners, or money from adults on the street. Sometimes he just enjoyed being a child, which he so often had to keep in check.

There are, therefore, disparities between street children’s collective and multiple self-identities; commitment to the subculture is often in the form of the adoption of an identity often in contrast to the image of a child. This tough, masculine, adult-type behaviour or “assumed adulthood” has been used as evidence of street children having a “lost childhood” (Williams 1993, p.835; Swift, 1991). Such constructions are based on adult concepts of childhood and belief in the need for the “innocence” of childhood. Although street children may in some ways have lost their “innocence,” I

would argue that they have not lost their childhoods, but that they are merely experiencing them differently (Hecht, 1998).

The formation of a boy's street identity is not static but rather a fluid process (Blerk, 2005). The importance of spatial processes in the creation and development of their identities cannot be overlooked. In addition to spaces, the relationships that the street boy engage in also play an important role in shaping their identities in relation to the spatial and temporal dimensions of the life path. Interaction with diverse environments influences identity-formation; identities are influenced by social interactions that occur in particular spaces and by the way individuals see themselves as part of that interaction.

Late evening on the traffic island at the busy junction, Rafique, Pyarelal and Hitesh were holding the piece of cloth that had their dose of 'solution' in one hand, while with the other, they were sorting out the recycling materials they had collected that afternoon. The traffic, the pedestrians crossing the junction were oblivious of their presence. I had known Pyarelal earlier and approached them for a chat. Within a few minutes, a sizable crowd of twelve to fifteen people gathered. Pyarelal said, "Let's go uncle, you have attracted a lot of attention- now the traffic police will come and beat us."

By themselves they were not considered as objects of curiosity; my involvement gave passersby an interest in them. That traffic island was their 'space and safe spot' to sort out their daily scrap materials at that time, they were familiar with the area and, for the past few months, were a familiar sight at that junction. I wanted to know from Pyarelal and his friends what they thought about the reaction of the people and the sudden attention they garnered due to my presence with them.

"These people do not care about us uncle, they must have thought you were a policeman in plain clothes who had come to arrest us".

Street children are comfortable being left alone. Their mixing with people not of their category, of the 'other class people'¹ attracts suspicion. They are perceived as ones who come in contact with these 'other class of people' only to cause harm. Hence their identity is constructed by the public. The street child tries to be as inconspicuous as possible. The 'best time for outreach'² is at night when the streets are deserted and the adolescent is vulnerable to notice. His insecurity of being noticed by night is alleviated by his staying with a group. He only begins to change this mindset when he moves into a home or an institution. He now feels he is not doing anything wrong. He is not living on the streets and hence moves about more confidently.

This is typified in Ramana's attitude as an outreach peer educator. Ramana, an ex street boy, lived at the Residential Home for 6 years. He was now working as a peer educator on outreach work and was assigned to night duty. He was questioned several times by the police for working so late at night. He said, *'When I was sleeping on the streets, the image of seeing a policeman 20-30 meters away was enough for me to wake up and run for my life. Now I am proud to show him my identity card and wait for him to approach me.'* His self image changed along with a shift in his identity. Earlier he feared the police; now he felt he was helping the police in keeping the children off the streets. It gave him a sense of positive self worth.

This perception of them by society is well illustrated in their trying to relate to this 'other class people'. Street children are rarely treated with respect, and their views and opinions are seldom taken into consideration by anyone (West, 2003). They go unnoticed in public places, their presence is not acknowledged, to warrant attention they would have to be doing something unusual or be given special attention by someone other than their kind. They are chased away from shops and restaurants by both owners and customers. Some street children are highly visible, and the subject of public concern because they are "out of place." Some see such children as victims; others see them more as small criminals. Often, society chooses not to see them at all.

¹ 'Other Class People' – Is considered those people who do not generally mix with the street children. It could be the middle and upper class people.

² 'Best time for outreach' – The night time is considered the most suitable time to meet the street child. While the city sleeps, he is a conspicuous by his presence on streets with very few or no people. He does not have work, is often in a group by night.

The socialization process of the group can shape and direct a wide variety of behaviour and as the influence of parents wanes, that of the peer group increases. In relation to a community of street boys in the city of Mwanza, Tanzania, Radjani and Kudrati (1996) explain that belonging is established through the very assertion of authority. Exhibition of another's power appears to be the inevitable price of becoming a member of the group. Once a child has been accepted by the other children, he must then prove himself to the group (Beazley, 2003). Plant (1980) says that strong social support of peers is needed to convert individuals to the view that certain drug taking is safe, accepted by the group and even prestigious.

Drug consumption has been described as constituting on occasions, a group entry requirement (Schlaadt and Shannon, 1982). Through his drug habit, the street boys develop identities that are directly opposed to the acceptable societal structure. This marginalizes them further and gives them a feeling of low self worth in comparison with the larger society, while at the same time establishes them firmly in mainstream street culture (D'Souza, 2005).

4.4 Components of Self Worth on the Streets

4.4.1 External Appearance

Self worth gives a new dimension to a street adolescent whose image consciousness inspires him to groom himself, begin having dreams of a future, look for a relationship with the opposite sex, with a desire to be successful. Attire constitutes an important aspect of self worth among street boys. Typically, street boys are seen as slovenly, dirty and unkempt, and this greatly determines the way others behave towards them. Being regarded in the same light as the rags they pick is a further blow to their self esteem and sense of self worth. They become conscious of the "dirty" nature of their ragpicking and scrap collecting work and make efforts to look for other "less dirty" occupations.

In an effort to overcome this, the street boys attempt an image makeover – they dress up and attract the attention of the opposite sex, particularly the female street enablers.

Appreciation by these female street enablers enhances their pride in themselves and bolsters their self esteem. Gautam said, *'I like it when Saku didi says you are looking good'*.

According to my staff, the desire to be clean and well-groomed may also be attributed to the adolescent street boys' sexual activity. Those who have active sex lives are observed to bathe daily, maintain their hair and are well-dressed. Engaging in sexual activity with a prostitute or with a smaller boy and the sense of being wanted by someone, for whatever purpose, forms an important dimension of enhanced self worth. On the other hand there are some, who, out of fear of being targeted for sexual abuse, take pains to appear as dirty and filthy as possible, in the hope that they will be left alone. Appearing dirty and filthy also would mean that they could get easy money by begging.

The street boy understands that appearing as the other person would like him to appear is important for his role preservation. He establishes a mindset of being appealing to others to attract attention to the image he wants to show.

4.4.2 Perception of Freedom on the Streets

Street children usually have a love-hate relationship with street life. On the one hand, it is a perilous existence; they are permanently exposed to violence and aggression and have to struggle to survive. On the other hand, many children are very attached to the streets: they live an adventurous and carefree existence with their peers. The street is their life, their home, their family. They have built their own world there, which is often far removed from the society that cast them aside.

One of the strongest factors that tie the child to the streets is the freedom it offers (Cross refer Chp 5, Section 5.3, p3). That freedom is often their only possession and hence it is the last thing they would like to relinquish. The child is not used to living within the boundaries of four walls with strict rules and regulations and regards this as a threat to his freedom. It is one of the factors that time and again attract the child back to the streets, and the reason

why so many children cannot sustain a prolonged stay in a home/institution. During the stay at the detoxification camp, the boys see a way of life that is disciplined, with limited mobility and not being able to do as they desire. It is in contrast to what they have been experiencing on the streets. Although they see no positive future by continuing on the streets, they are still not yet ready to change their mindset. They view it as ‘a giving up’ rather than ‘a gaining something’ for themselves. In fact, two thirds of the boys decide to go back to the streets after the detoxification orientation camp. (Appendix 11)

4.4.3 Socialization Process

“Since socialization takes place most of the times on the streets with peers, the definition of behaviours is governed more by group experience and collective characterization of the situation. It becomes less surprising therefore to discover that a considerable number of the street children are into drug abuse, have unrestrained sexual activity, oftentimes into unsafe sex practices, committed what is called as culturally deviant behaviours and other illegal acts to get money” (Lamberte, 2002, p.168).

4.4.3.1 Relationships with Peers/ Older Boys

Conforming to street life involves drawing and coercing street boys into performing particular behaviours. They often develop a special relationship with those who are respected and feared in the group and tend to imitate the older boys.

Chotu was made to dance to a Bollywood tune regularly which he used to do in an amusing manner. Being in the constant company of the bigger boys, he picked up bad language from them and would use it on those slightly older to him. A volunteer from Europe saw this and remarked, ‘he is being used like a puppet’. He was often acting this way, to obtain the favors of sweets, toys or special food from some of the bigger boys who doted over him.

Chotu's case brought to mind what psychology regards as positive reinforcers of behaviour; that is food and approval; those stimuli which increase the possibility of responses being repeated.

A bigger group of ten to fifteen boys may sleep together, yet the street child will form a close bond with one or two peers, whom he considers as his close friends and whom he will stand by even if they are wrong. This I witnessed during one of my outreach rounds in Mumbai.

Ali and Hussein both 13-14 years old were sleeping with a group of 13 other boys, when a fight broke out between them. Ali accused Hussein of robbing him while asleep. Imran (Hussein's friend) supported Hussein that it was Hussein's money. Hussein argued that he had won the money gambling that evening. Three to four other boys from the group woke up with the commotion, and, using abusive words, urged them to go to sleep, while the others opened their eyes and went back to sleep ignoring the fight.

-Night Outreach, September 2004

Though there is a loose togetherness within a larger group, often the reason is to be protected from a bigger bully, a thief or the police at night. In reality, the street boy may bond with just one or two close friends who are his intimate colleagues. Most of his behaviours revolve around this small group.

*Rajeevbhai, 24 years, was the 'dada' (don) of the fourteen odd boys at the city suburban station. The boys had to hand over a part of their daily earnings to him. In return, he 'protected' them- if they were taken away by the police, he tried to release them by paying off the police. He laid down a few rules; any new boy on that station had to be brought to him first, there was to be no stealing, no taking drugs, any 'uncle or **didi**' (male and female street enablers) was to be introduced to him first. He had to be informed immediately of any new developments affecting the boys*

. -Street Contact Programme, Monthly Report, November, 2005

Rajeevbhai believed that drug taking and participating in any criminal activity would get the police to disturb the group's existence on the station and hence he decided not to 'allow' any unwanted activity by the boys. My staff suggested placing Rajeevbhai as a role model for other group leaders. We invited him for the '**mela**' and asked him to speak to the gathering of 500 plus boys. The use of positive role models has been an effective tool for street children's learning.

Fear of the bigger bullies is a constant for the street boy. The older street boys terrorize the younger boys into sharing their earnings and out of fear, they give in without any argument or resistance. The older boys feel that they are entitled and thus help themselves to it. The bullies or protectors often sexually abuse the younger boys. Some regard themselves as 'positive role models' for the younger boys, giving them useful suggestions in matters of survival, where to find free food distribution outlets, where to keep their change of clothes, what event to go for, which institution is good for them. They would also coerce the younger boys into gambling, taking drugs, prostituting themselves, spying on their other peers and forcing money out of them. The street boy is not always in a position to resist the seductions offered by the 'Protector', as they offer him a sense of security, camaraderie and peer support. It is a strange interpolation of fear- anger- hatred-security- as well as awe and suppression.

This type of a relationship carries on in their other interactions too. The scrap merchants in the Central city area employ large numbers of street boys to bring in recycling materials, try to keep them bonded to them by paying them partly in cash and partly in drugs for their services. In the institution too, the resident younger boys are bullied by the older boys, if not for sexual favours, then for other favours such as food, attention and money.

There is a sense of solidarity and brotherhood and the group appears to substitute for family. The boys use inhalants to initiate and enhance friendships. However, there may be an element of distrust within the street group. Evidence points to the fact that most violence and abuse of children is perpetrated by the very people in whom children are entitled to trust thus destroying their security and leaving them

defenseless and vulnerable. There is the strong prevalence of the 'Protector-Utility relationship' with its concomitant use-abuse cycle. The removal of trust takes away the ability to believe in others; isolation, uncertainty and suspicion replace happiness and security. The co-existence of these sentiments highlights the precariousness of surviving on the street, of having to remain in groups for safety, fun and recreation, but also having to bear the constant struggle and possibility of rupture and betrayal within the group.

These situations sometimes force the street boy to seek self-protection from the prevalent street culture of gambling, promiscuity and addiction, and may precipitate a mindset change to his first tentative motions and thoughts towards moving off the street.

4.4.3.2 Relationships with Police/Figures of Authority

Street children are frequently detained arbitrarily simply because they are homeless, or criminally charged with vague offenses such as loitering, vagrancy or petty theft. They are tortured, beaten, not allowed to earn a wage by police due to not possessing a license or held as a preventive measure, as they are seen as a high risk criminal group. They make up a sizeable proportion of those children who enter the criminal justice systems and are committed finally to correctional institutions (remand homes) that are euphemistically called correctional schools, often without due process.

In my first four years at the Residential Home (1995-99), I was frequently called towards the end of the month, in the early hours of the morning or late night to come and sign for the release of a boy from the Residential Home who was returning from his night duty. There was '**naka bandi**'³. The police had to have 'x' number of cases in their registers and it was common knowledge that they would pick up street youngsters under false charges and release them after procedures were complete. If they could not pay for their release, they had to spend a few days in the police lock up. At the end of the month, my staff team would come often to tell me that there was a '**naka bandi**' at their outreach area the previous evening and that a few boys from

³ *Police check point at a traffic junction*

that particular station were in the police lock up. Often I had to intervene with the police to release them.

Raghu, 19years was our peer educator. His assignment was to go twice a week on night outreach from 8.00pm to 12.00 midnight. One day I received a call from the CST police station at 3.00am to come and sign as a guardian for Raghu to be released from police custody, as he was arrested on one of his outreach rounds. I was told that he was loitering suspiciously and was disturbing the peace of the area. These were false charges and Raghu later told me that he was caught while applying a bandage to one of the boys on the station. The constable beat him up, his Social Worker ID card was torn and slapped and a false charge put on him.

-Case File, Residential Home, 1997

This has been a common occurrence for the children and sometimes for the peer educator or street enabler too. I questioned a few beat constables on how they viewed the street child. Their response was *'Do not waste your time, these children they are only cheats and criminals, it is useless trying to change them'*. They translated this view in their treatment and relationship with the children.

Arif, a shoe shine boy, refused to shine a policeman's shoes for free. He was beaten up and his money taken away. He became a target for several other policemen even when he did other odd jobs like selling pens in the train. They would take away five-ten pens from his bag without paying for them. Arif said, 'They are not letting us earn honestly; if anyone is making us thieves, it is these policemen'.

Often the street child develops a scorn or contempt for authority, though he may not get the opportunity to express it. Contempt comes from being pushed around and finding himself helpless, he feels he is incapable of helping his situation and feels a low sense of self worth. If you ask the street boy who is your number one enemy he will invariably mention the police.

The helplessness and submissiveness towards the one wielding unquestioned power and authority reflects the vulnerability of the street child. He has no one to turn to. Instances of policemen sexually abusing street boys are also rampant. The authority supposed to protect him is the one that turns to be his exploiter. This leaves him dejected and further makes him mistrust power structures and authority. When I questioned one such boy as to why he did not complain, he replied, *'How can I, he is a policeman, whom else could I go to?'*

The Juvenile Justice 'Act of 1986' (Amendment in 2000) is an Act to consolidate and amend the law relating to juveniles in conflict with law and children in need of care and protection, by providing for proper care, protection and treatment by catering to their development needs, and by adopting a child-friendly approach in the adjudication and disposition of matters in the best interests of children and for their ultimate rehabilitation through various institutions established under this enactment. It has been promulgated that the police have to protect the rights of the child. The reality for the street children however, is that no such rights exist.

The senior police officers understand the plight of the children and refer them to social workers, to the state run correctional institutions or to a Residential Home. Unfortunately, though there has been some change, much is left to be desired. The attitudinal change has not percolated down to the beat constable in his treatment of those who come in direct contact with the street children.

4.5.4 Societal Perceptions Towards Street Children

Street children do not suffer merely from physical homelessness, but also from a psychological homelessness since they have 'nowhere to belong'. The misconception is that street children are addicts, uncontrollable and violent, have no emotions or moral values. As a result of these misconceptions, people tend to be unsympathetic and indifferent to the actual plight of street children. This lack of social acceptance pushes them away from mainstream society and forces them to survive on the fringes of the social system. Street boys internalise and take cognizance of the stigma of their street life and form negative opinions about themselves.

After the FGD session at the Detoxification Orientation Camp, I asked Samad a peer educator, why the boys began with such a negative picture of themselves. He said, *'They just repeat whatever opinion the public harbours about them'*. I understand this as a case of their inability to reflect on themselves. They live by their feelings and tend to go along with what the group/friends choose. I wanted to research if opportunities and situations would make them think and reflect upon their situation and bring change in their mindsets, despite a difficult transition.

4.5.6 Shadows of the Past

Most street children have traumatized backgrounds. Their peers on the streets neither understand nor care about why they are acting strangely; often their method of cure is beating, teasing or ostracism from the group. Owing to lack of education and awareness on mental health issues, they are not seen by the street child as important and they see these as amusing.

About eight years earlier, Rahul's (13years) mother immolated herself to escape the beatings of her husband. She tried to clutch Rahul while aflame but he managed to wriggle free and ran out to call the neighbours. This incident left a lasting impression on him. His father re-married and Rahul ran away at the age of 10 as he could not get along with his step-mother. Subsequently, whenever Rahul saw a fire lit, he would begin screaming and crying. To have 'fun' his peers would purposely keep a small pile of papers, cover his eyes, light the pile of papers and then make him watch it and scream.

- Street Contact Programme Report, March 2003

I think it is not just the street children, but homes too have not paid adequate attention to the mental health issues of the street child. There is an emphasis on education and future goal setting and their achievement. This pushes aside the treatment of the trauma, the subtle psychological challenges that the child, who apparently appears 'normal' has. It is important that the institution too moves from its mindset of education as a priority to treating mental health issues as a priority.

4.6 Causes of Low Self Worth

A considerable number of street boys have low self esteem or low self concept, with a great tendency to be negative.

At the first session of the orientation camp, I asked the boys to highlight two positive and two negative qualities. Not one was able to highlight a positive point, but faced no such problem with regard to their negatives; 'We are bad people, we use bad words, we gamble, we take drugs, we have done something wrong by leaving home, we fight a lot, we are good for nothing'. I asked them, 'What about your good points, do you not have any positive aspects to say about yourselves'; they again mentioned, 'We have many bad habits, we get on to the wrong side of the police'.

I said, 'Already here I can see some good- first of all, you are very honest in what you have said. Second, the fact that you all have come for this camp voluntarily shows that you desire to be good, you want to change for the better. Third, you are obedient, you have all come and sat through this session without disobeying, causing fights or using bad words'. They began taking off from there, 'Yes, I am a good friend of Krishna' said Somnath, 'I looked after him and gave him food when he was sick', 'I sent two new boys from the street to the Residential Home, otherwise they would become like us on the streets' said Anik.

-FGD Session, Detoxification Orientation Camp, June 2004

The first session of this camp made them feel proud of themselves and there were visible changes on their face and their behaviour. They started believing that they did have good qualities and were not so bad after all. Their inability to reflect has much to do with the stigmatization label that they appropriate. One of the reasons for depression and low self worth is when these children lose out on opportunities.

Faizal, 21 years wanted to go to school. Since he did not have elementary education, it was not possible to admit him to any school at that age. He became very frustrated. Faizal then decided to join an NGO in which he would be able to pick up reading and writing quickly and then do the NIOS⁴ exams. However, no NGO was willing to admit a boy above the age of 15-16 years. He tried to get into technical trade schools but there too age was against him. This created a sense of low self worth.

-Street Contact Programme Report, 2001

The boys' low self esteem leads them to care less about their own selves and to commit what society considers deviant behaviours. Accepting that they are not good is indicative of their reluctance to change. It is a defense mechanism they use to escape humiliation. Much of this is influenced by their labeling of society as aggressive and hostile. They feel that 'this is our karma' and that change is not possible.

4.6.1 External Environment: An Exploitative Set up

The environment on the streets is exploitative and street children are subject to street fights, abuse and bullying from older youth and the protector, harassment from the beat constable. They are not allowed to work and earn and forced into behaviours (drugs, sex, theft, fights) against their will. The degree of prevalence of these factors in their external environment further marginalise and shape their identity and determine whether their spatial mobility is derived voluntarily or coerced. The vulnerability of one situation in reality puts them into another exploitative situation. It is a case of the proverbial, 'From the frying pan into the fire'.

According to the staff team, most of the boys found ways to escape being sexually abused. One was to present a disheveled, dirty and bedraggled appearance, the other was to forego the comforts of sleep to survive.

⁴ NIOS – National Indian Opens School – An adaptive criculum and formal education system set up by the Delhi Board of Education, to help children who cannot go to formal school due to various reasons.

Birju, 12 years, was given a meal daily in return for staying up at night and looking after a street vendor's cart which was tied to a lamp-post. Birju used to sit awake on the footpath the whole night and wake up the vendor's helper who used sleep nearby, if anyone attempted to steal the cart. If the vendor's helper happened to wake up and catch Birju sleeping, he would hit him. Occasionally, Birju had to stand under the shop roof guarding the cart through the night, in the rain. But he was happy to do this in return for being safe and for lunch the following day from the cart-owner.

- Street Contact Programme Report, June, 2005

The external environment goes a long way in making up the street child's psyche and perception of society. It is a constant struggle of survival and of choosing the lesser evil.

4.6.2 Fear

In some instances, respect may be accorded by street boys to their peers and other adults, primarily due to fear. Often, street boys indulge in substance abuse, sexual promiscuity, out of the compulsion to please an older, stronger bully, or their 'protector' whose respect they seek. For the same reason, the younger boys permit the older boys and other adults to abuse them sexually.

Riaz (10yrs) would not talk about what he and Munaf (24yrs) were up to. When Munaf called him, he would go without protest, when he got back he would sit silent for a few hours.

Riaz was being sexually abused by Munaf. Occasionally he would give him a few sweets. Riaz hated yet feared him. When he got into any fights with his peers, he would call Munaf to settle it. His sitting in silence indicated his feeling of helplessness, fear and resignation to his situation. The 'Protector' rules the mind of the 'utility boy' by wielding power and fear.

4.6.3 Internal Environment

The street boys' physical development is undermined by irregular diet and the glue sniffing for which they do not mind missing a meal or two. Skin and respiratory diseases and dental decay weaken the growing child. However, what they suffer from most are the psychological effects of life on the street.

In my first year in the Residential Home (September 1995), we had boys dying of various ailments, almost one each, on a monthly basis. Sunder, 19years old, an inmate of the Residential Home, was pushed out of a running train. He went into a coma and after 3 weeks, succumbed to his injuries. Since we were not his legal guardians and did not have the address of his next of kin, we requested the coroner permission for us to be present for his cremation. Sunder's body was brought for burial after 2 months in the morgue with 12 other unclaimed bodies, a result of railway or road accidents. Some had their torsos cut in two, some were limbless and some disfigured beyond recognition. All were piled together in a heap on a pyre and cremated. It was one of the most psychologically disturbing experiences for the 10 boys who accompanied us. It left a lasting impression on them. They kept asking questions: Do we matter at all to anyone? We are worthless, we will die uncared for. We counseled them for the next few months individually and in small groups.

The experience was used as a motivator to change their situation, to propel the boys of that group to begin making themselves useful to society, to begin learning skills so that they could go into mainstream work or return home. It left a deep emotional scar on them and their low self worth was further intensified if they failed at learning skills or faced adjustment problems in their work situations or with their families.

Beneath the show of bravado, life in the margins is bleak and street boys suffer from intense feelings of despair and extremely low self esteem. There are no role models to look up to, of parents to show them a different lifestyle. Everyone they know shares

the same experiences and they gradually accept the emotional void and loneliness as normal. *'There is no one who cares about us'* was a common statement we heard after the cremation experience. These experiences often strengthen the mindset of the boys that they are 'not meant to be useful'.

4.7 Consequences of Low Self worth

4.7.1 Self Destructive Behaviour

What makes the world of street children so tragic yet so fascinating, is that they do to themselves what is done to them. They take destruction into their own hands, and act as self destructive agents (Gigengack, 2006). Substance abuse, particularly inhalant abuse, is just one expression of their self destructive behaviour. Street boys invariably organize their survival around the purchase and consumption of harmful substances. Some boys say that these substances help repress feelings of hunger, cold and abandonment. It also is seen as a way of coping with the many adversities of street life, some resulting from their own actions such as deteriorating health, deaths of their friends, quarrels with loved ones, stigmatization and other negative societal reactions (Lucchini, 1997). The boys are conscious of the fact that substance abuse is destructive. They are well informed of the consequences and inform each other of the risks involved. Even if they do not, there are always some outreach staff or street educators who routinely inform the boys about the risks. I have observed that they take delight in doing things they know they ought not to do. Another reason they express is the sense of "community" they get when they share drugs. It also provides a route towards an elevated social status- which their low self worth craves for.

4.7.2 Adoption of Defense Mechanisms/ Hiding Identities

Street boys seek anonymity within the streets. One of the main reasons for boys leaving home is conflict with the family or the law. They safeguard themselves by assuming aliases. It is quite common to find several Rajus, Babus, Santoshs, Mohammeds, and Salims. The choice of names tends to be common, run-of-the mill ones, not designed to draw attention in any way.

Street boys tend to tell lies for several reasons; out of fear of being traced back to their abusive homes or their disturbed past catching up with them or to maintain group cohesiveness. They tend to betray each other only if they have a past grouse with the person. Hence lying about themselves or their circumstances frequently becomes a way of covering up their identity, to take on a new beginning, to quell feelings of inadequacy and low self worth. Siddharth 9 years, kept telling us, his native residence was the central city station and he did not have parents as he fell down from the sky.

One day while I was having an important discussion with a colleague, Siddharth started playing with a paper weight and disturbing the discussion. While giving him a drawing sheet and color pencils, my hand hit a statue of Mother Mary on my table. Siddharth immediately said, 'Do not hit her, she is 'Big Mother'. Don't be like my father, he catches my mother's hair and bangs her on the wall, he takes me by the leg, swings me around and throws me in the field. As for my sisters, Saku and Meera, he shoves their heads near the fire stove when he is drunk....'

Siddharth did not want to go back to the abusive situation of his home and so made up a story that his seven year old mind could come up with. He hid behind it for as long as he could. I thought if we kept confronting him about the untruth of his story, he would leave and be exposed to the dangers of the street. Hence we gave him an opportunity to erase the lie in his own time and played along with it till he trusted that we would not send him back to his abusive situation.

Another defence mechanism is to point a finger at a peer with whom there is an ongoing rivalry to detract attention from their own misdoings. For instance, Shivnarayan, a resident, who resented the popularity of Jagdish, a responsible peer, chose to tell the European volunteers who were inquiring into cases of abuse, that Jagdish was abusing the younger boys in his care. This was an attempt by

Shivnarayan to cover his tracks. Another ploy is to pretend innocence and be ingratiating.

From my window, I watched Mushtaq 15 years, smoking. I called him, and he quickly tried to hide his cigarette. When I asked him about his smoking, he began swearing, taking the name of God and his mother. He touched my feet saying, “Why are you doing this to me? I do not touch cigarettes, how could you see me? I was just talking to someone downstairs.” Then he asked me to sniff his hands and breath. They smelt of cigarette, and when I asked two other boys to smell them, the bigger boy agreed that there was a cigarette smell, but the smaller boy denied it.

-Residential Home, February, 1999

Often such incidents make me harbour doubts despite having concrete evidence. The lying behaviour of the street boy is akin to their drug taking, and is an integral part of their survival repertoire on the streets. This learnt behaviour forms a mindset, that being dishonest is important for survival. It is valued more as an art, a skill to learn and use when needed.

4.7.3 Inability to Make Informed Decisions

Decision making can often be a confusing experience. At the training phase of the drug rehabilitation programme (appendix 11), when asked in a group, what they would like to do, 8 said they would like to be mechanics, 7 drivers, 15 said they would like to study and work. It is very rare to get anything other than a ‘chorus answer’, a choice they make because their friends have chosen the same. They are confused when asked to decide and hence take whatever decision they have heard the others taking. This confusion perpetuates feelings of low self worth, especially when they are confronted with a need to make an informed decision. They are often the victims of impulse which underlies most of their actions, take security in the others’ decision and make it their choice too. It once again shows that lack of reflection and thinking about themselves is a drawback for their positive growth.

4.7.4 Fatalistic Attitude/ Acceptance of Unfairness

Younger boys seldom complain to authorities about being abused physically or sexually. They prefer to remain silent. It is a tacit form of acceptance of power over them. Physical force appears to exert greater influence over them rather than skill, talent or intelligence. This is because power, which is valued and respected by street boys, is commonly associated with physical force. Good looks among the smaller boys are not always regarded as positive for it only makes them vulnerable to sexual abuse. Those who are handicapped are taken advantage of more often than 'normal' boys, and given 'a benefit' in exchange for their services.

Street children accept the fact that their lives on the street go hand in hand with exploitation and there is neither a belief that they can do anything nor a spirit to fight back. They suffer from the 'can't do' syndrome, an outcome of their sense of insecurity which is again derived from being deprived of parental protection and guidance, food, Residential Home and other basic amenities of life. It is the acceptance of unfairness, the helplessness in situations of overpowering force that keeps their self opinion low. Their views about themselves are ambivalent; although they view themselves as helpful, they also think of themselves as bad boys doing 'bad things'. Hitesh typifies a summary of the opinion of a street boy about himself, *'I am like this only, I am a bad boy, not good'*. He developed a mindset that he was bad and that change was not possible.

Mohan, 16 years, had been sexually abused by his employer. When asked why he did not complain, he told me, 'They are educated people, we are illiterate; we do not know anything. How can we say anything against them?'

Mohan's illiteracy was his vulnerability and this prompted a silent acceptance of his abusive situation. Education, therefore, was perceived by him as being only for 'decent people'. He thought nobody would accept his complaint, as he was illiterate.

The concept of '**karma**' is deeply embedded in India's cultural ethos. In a simplistic sense, it implies a fatalistic belief that 'certain things are ordained by fate' and that

there is no way one can hope to change them. Some street boys harbour the notion that since their parents were enslaved by their circumstances, so are they. Thus, by embracing street life which seems inevitable to them, street boys feel they are choosing what has already been in their destiny and often give up efforts to change the situation. Such a mindset depreciates the street child's self-worth even further.

Sunny, 10 years old, had entered my room through the window while I was out of station. He managed to find a spare set of keys to my draw and safe and robbed the petty cash savings of 40 boys. Sunny fed his companions lavishly and purchased small electronic goods with that money. When I returned, I called some of the big boys of the Residential Home, whose money was stolen. Sunny admitted to stealing. I asked them, 'What do you want me to do now?' They replied, 'Forget it, let it be, we have been always robbed on the streets, and here too this is nothing new; this is our life story'.

-Case File, Residential Home, 1997

This seemed to indicate not merely the forgiving attitude and resilience of the boys who were wronged, but their fatalistic attitude towards this incident. A majority of those who think this way end up living all their lives on the streets. The others who are encouraged by social workers and institutional care try and translate obstacles into opportunities and are successful.

4.8 Factors Related to High Self Worth on the Streets

Street boys attempt to overcome their low self worth by overt displays of machismo, trying to create an impression that they are strong and powerful. Some of this behaviour may be traced to the rebellion redolent of the adolescent stage, while a good part of it owes its origin to the impact of Bollywood films that dominate much of their recreational outlets.

Lehfer, 19 years old, had premature white hair when he was hardly 15; lazy by nature, he never tried to pick up a trade, got a little money

from 'wadikaam' at the end of the wedding season and if he wanted some money in between, he took a loan. A transformation took place when he was 18; he coloured his hair black, shaved and bathed regularly and got a new set of clothes. He wanted to look like Salman Khan (a Bollywood actor), enrolled for a driving course and was on the look out for a stable job. He began 'hanging around' the common water tap of the pavement dwellers. He was interested in a girl from one of the pavement families. He was taking steps to ensure that no one called him 'lazy, good-for-nothing' anymore; if anyone did, he would get into a fist fight with them. Being well built, he soon started earning their respect and was happy to show off his strength. He began doing weight training at the Residential Home.

- Case File, Residential Home, 2002

Thus, imitating reel-life heroes, getting into a relationship with the opposite sex, helps enhance the boys' self esteem by motivating them to set goals and improve their lives. Their mindset changes when there is an external stimuli such as the development of a relationship with the opposite sex. I feel that this change is at the feeling level, not after reflection and thinking. If his relationship is not reciprocated, it gives him a low self worth and plunges him into deviant behaviours, such as drug abuse, gambling or being destructive or depressive.

4.8.1 Age

Younger boys accord respect to older and bigger boys. A positive aspect of such respect is the security that older boys frequently provide to the younger ones from harassment by the law enforcers or other bullies and also help them in securing food and shelter. At the Residential Home, as is also the case on the streets, the experience varies according to age—the younger a new boy is, the more he is cared for.

When 5 year old Chotu did not come back after an evening game in the nearby park, Tony the self-styled leader of the boys, dispatched six boys

to various railway stations and market areas. He called a meeting of the small boys' group to find out where Chotu was last seen and by whom.

There seems to be an unwritten code of protecting the small boys from the vulnerability and harshness of the streets. There have been several incidents such as the above (both at the Residential Home and on the streets), where I have observed how concerned the bigger boys are in ensuring that the little boys between 4/5 to 8/9 years are protected and cared for.

4.8.2 Money/ Job

While forming relationships, street boys constantly seek different ways to earn the respect of their peers, visitors, outsiders and street enablers, this makes them feel good about themselves. What is uppermost for the street child is the money he can earn to survive. On the streets, the more he earns means the greater his chances of getting into gambling, drug abuse and being robbed. Living in a home or on his own in a rented room means greater respect and a stable future that involves an identity change from a street child to a contributory citizen.

Respect may be derived from the kind of job the street boys are engaged in. For instance, a street boy who works in a canteen and gets to wear a uniform to work, elicits greater respect compared to those engaged in rag picking, washing vessels or cleaning drains. As one boy remarked about another who cleaned toilets, '*he is like a worm from a dirty drain*'. Similarly, a boy who works as a salesman in a shop is regarded with respect, due to the relatively 'clean' and less menial nature of his occupation.

Rahim, a sales representative for an aqua guard company, wears a uniform consisting of a tie, with a blue shirt, black trousers and black shoes. He comes into the Residential Home after work, walks around in his uniform, and is the object of admiration and commands great respect. Although he gets Rs.500/- less than what he was earning in his earlier job as a carpenter's helper, he is proud to have this sales job.

A peer who has moved on to a skilled job after acquiring the requisite skills and training, also commands respect and serves as a role model for those on the streets and in the institution.

For the street boy therefore, a stable job and working with ‘normal’ citizens are a benchmark of success, of getting respect and of making it into mainstream society. Mir, 23 years old, had worked as a paraprofessional with a street children’s organisation. Owing to some difficulties, he applied to some other NGOs but failed to get an appointment. He worked as a courier agent and later a salesman, and wants a higher income. He says, *‘I am not a street boy, I have enough of respect, I have enough of experience to get any job. I will never get back to the streets’*. He has broken out of his street image; achieving self-respect has give him a sense of self worth, he identifies with ‘normal society’ and this mindset change propels him to look into various options of staying within this new found identity.

4.8.3 Physical Prowess/ Aggression/ Sexual Activity

Respect on the street is usually linked to displays of aggression and power. It serves as an outlet for releasing frustrations. Aggression becomes an accepted form of behaviour for street boys in their quest for respect.

I was introduced to Guru at a railway station, ‘That is Guru, he was involved in a murder in the big metropolis he has come here now, see the knife scar on his face’, Ronak told me with awe and fear, ‘He has already shown his knife threateningly to 3-4 boys’.

While doing my MSW (Master in Social Work) course (1987-89), I spent long hours with street children, who slept on roof tops or in trucks, observed them, chatted with them and studied their behaviour. Once they had taken me into their confidence, they spoke about their habits and experiences on the streets. Sex, which was a taboo topic, was openly shared. Nearly three quarters of the street children are abused sexually or physically by the persons with whom they interact. They would say, *‘You have to learn to bear with it’*. While for the abused child, there was a feeling of awe-fear-abuse and hate; for the perpetrator, it was a feeling of power-dominance and pride.

4.8.4 Higher Educational Pursuits

While aggression and protection gain respect on the streets, those who pursue higher studies or advanced skill training, have a consistent job and share a good equation with the staff and management of the Residential Home, are well respected.

Educational aspirations took a new turn in the Residential Home after the boys completed High School and entered college. Zuben completed his Junior college. He was now pursuing a career in pharmaceutical medicines. His friend Jamil finished high school and was doing a bachelor's degree hoping to pursue a career as an electronics engineer later on. Afrid began pursuing a course in computers; he wanted to pursue animation.

The move to pursue new courses gave a new dimension to the educational aspirations of the children in the home. More importantly, it gave great respect to the ones who pursued these new careers; they shed their street identity and stepped into the world of middle class aspirations and achievements. They became advisors to the other children voluntarily.

4.8.5 Resilience

Resilience may be defined as 'the ability to get through, get over and thrive after trauma, trials and tribulations' (Siebert, 2000). According to Wolin and Wolin (1993), it refers to the capacity to bounce back, to withstand hardship and repair oneself. It is a kind of psychological strength, an inner resolve to survive, to construct a sense of 'home' in a situation of homelessness, to make best use of scant resources, to make a network of relationships and sources to cope, to be resilient, however traumatic and abhorrent the situation.

My experience reveals that there is a certain system that is in place on the street --they go from shelter to shelter and avail of the services of different institutions. There are several service providers who visit the same spots at different times or meet with the same boy or groups of boys after short intervals. In big cities, there is a plethora of service providers which gives the street child more options to choose from, for both

his 'peripheral needs' and his 'core needs' such as protection, security and 'parental guidance'. This can be either to his advantage or detrimental to his moving off the streets, for the decision not to enter or run away is influenced either by a fear of losing their 'freedom' or by hearsay, fear generated by what others have said about the institution.

When given situations wherein he is shown that he copes with life, earns, feeds and looks after himself as compared to those children from families who need their families to look after them for those same needs, he feels a sense of high self worth. Such thoughts are best shared with the street children in a controlled guided environment.

4.8.6 Empathy with Street Animals

Street boys have a peculiar relationship with stray animals, especially stray dogs, and tend to adopt them. The dog becomes his companion in most of his situations, gives him unconditional companionship, and does not judge him the way he is judged by human beings; he is his best friend. The street child may not have much to eat, but will feed the dog first or give him part of his own meal, '*We can at least earn, how can Kaliya (dog's name)?*' They play, sleep and live alongside the dog, as part of a close circle. Such unconditional acceptance enhances his sense of self-worth. '*I get izzat (respect) when I perform on the stage in the Residential Home, Rocky (dog's name) gives me respect and love even if I do not perform*' says Umied. His relationship with the animal is one of mutual friendship.

4.9 Transition to High Self Worth

The transition from the street to a home or an institution is often not very smooth. The rehabilitation process is again a struggle. He is not used to living within four walls, with strict rules, discipline and a rigid structure. It is a gradual process of education, of leading with motivation and openness to let them make their decisions. Once their minds are made up, they are prepared to go through this difficult transition process. It makes the movement from home - street - home rational and the process, however difficult, manageable.

4.9.1 Contact with Influencers/Outreach Staff

Street children especially the younger ones, have a strong urge to build emotional relationships, to touch, to feel close.

'Your children at the Residential Home are so cute. They do not have any inhibitions, they just come and hug you- see Chotu (5years) and Trikaya (7years) they do not want to leave me'.

- Italian visitor, July 2006

Initiating contacts with street boys is always a recurring exercise. Geeta Didi (outreach staff) says, *'I have to spend time with them, have a cup of tea with them, go watch a Bollywood scene being shot on the road, and basically show them that I am with them in most of their activities. This boosts their confidence in me'*. This is an indicator that rapport building takes time. Only after protracted contact with them do they feel comfortable divulging among other things, the often-unpleasant truths and experiences in their lives (Aptekar, 1999).

The emotional bonding between a street child and an outreach staff depends largely on how the outreach enabler handles the relationship.

Ravi, (17 years), belonged to the same South Indian state as Geeta 'didi'. She took a keen interest in Ravi's activities at the railway station and he in turn waited to have sweets or tea with her or just be with her. Ravi had run away from two vocational schools, once after stealing and the other after a fight with a teacher; Geeta 'didi' counseled him on managing his temper and on being honest, scolded him for bullying younger boys or using abusive language and saw that he did not get into any substance abuse. Finally, she managed to put him as a trainee with a small pavement mechanic's workshop in return for stay at Residential Home, food and a small stipend.

The street enabler used her bonding with Ravi to give him a sense of worth. Her relationship and care helped Ravi sustain his venture into mainstreaming.

The staff team plays a vital role here. At times, when street adolescents have been misguided by street enablers who promise them employment, training or a Residential Home and have not been able to keep those promises, it has left the boys dejected and let down, *'Uncle only gives big talks'*; they do not approach the street enabler again and tell their friends of the street enabler's incapability to help them. The staff team constantly encourages the boys, gives them a platform to express themselves and focuses even on the minor details. By spending time with them, giving them respect and talking to them and appreciating them, volunteers and visitors enhance the boys' sense of self worth. On the streets, *'If people wanted us out of the way, they would just shout at us like dogs. Here they talk to us so nicely.'* Or *'I used to see Sulekha didi at CST station going to work. She never looked at me when I was on the station there, but here in the Residential Home, she comes to play and talks to me; it feels so good'*. This is a major motivating factor to move off the streets.

4.9.2 Peer Influence

On the streets, the boys tend to be governed by collective experience. These peers serve as support persons in time of problems, frustrations, depression, and exercise a strong influence over the boys, particularly in their decision to go ahead with the detoxification process, stay on in the programme or leave it. Peer influence in developing mindsets is very strong. They develop opinions, fears, defense mechanisms and mindsets as per their peers' sharing of experiences. Nearly two thirds relied on the stories and opinion of their peers on city life to make the decision to leave home (appendix 9), and 78% choose a trade because their peers had chosen it (appendix 11). Hence, research in peer influence is an important factor in understanding the street child and shaping his mindsets.

In the streets as well as in the institutes, newcomers follow the same pattern; those who arrive together or are from the same area tend to band together as they already know each other. The duration of these dyadic bonds, even within institutes, are usually weak, since boys often relocate between the street and the institute.

Yusuf, 22 years and Suman, 21 years, had been in the Residential Home for over 8-9 years. Yusuf had been driving the Residential Home's vehicle for the past 4 years. Since Suman could not learnt any particular skill, we sent him to learn driving. Suman would drive the vehicle for short distances whenever Yusuf was busy. Yusuf got a full salary from the agency supporting the Residential Home, while Suman got a small stipend. In the 6th month, the agency increased the salaries of the staff. So we increased Yusuf's salary too. Suman felt that he should get the same salary as Yusuf. For his part, Yusuf was backing Suman, though they were not the best of friends. A whole delegation of boys came up and demanded that Suman be paid on par with Yusuf, because Suman had donned the role as their 'peer supervisor'.

- Residential Home, May 2003

It was interesting to notice the camaraderie of the boys. They refused to accept our explanation that that we had kept Suman on just as an apprentice and were on the look out for a job for him. This peer support changed the way the boys perceived themselves, and helped them attain better self worth.

Peer relations contribute substantially to both social and cognitive development and to the effectiveness with which we function as adults. A childhood predictor of adult adaptation may not be school grades or classroom behaviour, but rather, the adequacy with which the child gets along with other children. Peer support derives from the willingness and ability to turn to their peers to discuss concerns, worries and problems, and this is particularly significant among street boys.

4.9.3 Awareness of Options

Regular and protracted contact with street enablers and other influencers such as health post workers, philanthropists, shopkeepers, concerned local authorities, provide an opportunity to the street child to enhance his awareness regarding the availability and accessibility of options, with regard to need fulfilment, vocational pursuits, future life and goal setting. Their feeling of self worth is greatly influenced by the quantum of 'street wisdom' or 'networking knowledge' they possess and the ability they have to organise the same around their survival.

4.10 Promoting High Self Worth

4.10.1 Education/ Training

Levine (1965) says that although there is no simple relationship between individual self esteem needs and the amount of social prestige received from being in a specific occupation, the respect and value the public attaches to various occupations have considerable significance for the individual and for what he thinks of himself in relation to his work. A certain amount of self worth is linked to the possession of skills that society considers important for 'success'. Levine further adds that the individual who experiences a degree of success is hence more apt to behave in ways which in turn, will contribute to additional success. Street boys consider educational and vocational skills as hallmarks of self and societal recognition. Acquisition of new skills, whether educational or vocational such as carpentry, tailoring, electricians, driving, mechanics, welding, learning English or computers promotes a sense of high self worth and prove to the boys that they are capable of engaging in skilled work. This also stimulates them into building a vision for their future. Many street children avoid returning home till they attain their dream of a better life. They want to be known as a 'success story'. Living in the city gives them a chance to rub shoulders with the elite and they dream of becoming a part of the elite some day (Charles, Nair and Britto, 1999).

Interestingly a street boy's sense of identity is distinctly bound up with being a part of a group, hence sending him along with a group for educational or vocational training tends to significantly reduce the chances of him dropping out of the programme.

Rizwan was put to work as an apprentice earning a good wage in a factory just outside Pune; he was given boarding and lodging but felt lonely and called up a member of my staff team in the rehabilitation programme to say he wanted to leave the job that month itself. I spoke to Rizwan on the phone and realized he was feeling lonely. I asked Joseph, the staff member, to send two more boys (who had already been prepared) for the apprentice training earlier than scheduled. Rizwan and the two other boys are still at the job after 14 months.

- Rehabilitation Programme, Monthly Report, May 2006

Approbation from the peer group serves to bolster their self worth. Such approval reinforces the street boy's belief that he is worth a lot more than the rags he picks. When he moves to a new way of life, he is insecure about himself and his behaviour and needs reassurance that he is capable of adapting to the new lifestyle.

4.10.2 Role Models

In the absence of mature adult supervision, respect is inextricably entwined with role models on the street and the behaviour displayed by them.

When three of the older boys appeared for the NIOS for the first time and passed, we gave them their certificates at the Monthly 'Mela' where over 600 boys were present and then asked them to talk to the 'mela' boys. They remarked how they had initially thought it was a distant dream, but were encouraged to give it a try as failure would not spell disaster. But now they felt they could achieve more, get a decent job, study further, obtain their ration/citizen card, be able to vote, feel like a normal youngster, maybe even go to a regular college. They felt they had broken boundaries that they thought were not meant for them. One of them promised that after 2 years he would return to get his Junior College certificate and urged the rest of the boys to also try and pass their SSC through the NIOS system.

Immediately we had several boys making enquiries about appearing for the NIOS exams, the cost, how much they would have to study and the procedures involved. Subsequently, in the following year we had 11 boys from the streets wanting to be admitted. Yogesh said, *'If Arun can, why not I? He also grew up with me and I am cleverer than he'*. Over two thirds said that the peer educators in the Rehabilitation Centre were their role models (appendix 11).

Role modeling is an educative tool which I have used with the boys and is an intrinsic part of my efforts to help the boys out of their difficult situations by placing before them the successful as well as the negative examples of their peers. Modeling and social approval are two processes that guide a street child's life—they either lead him into drug taking or help him get 'clean'. At the Rehabilitation Programme, when the new boys see that the older ones have successfully completed their detoxification and have acquired some skill, they feel emboldened to stay on and this becomes the basis of a new alternative. The role models from among their own peers are worth more than a number of counseling sessions with an animator. It helps them see that it is possible to break barriers, to *'let us try, it is possible, he has made it'*.

4.10.3 Learning New Value Systems

After arriving on the street, the boys begin to behave in ways that are indicative of street culture. The new life style is learned from those more experienced on the street and includes the formation of street groups, engaging in street activities, such as discovering places where they can obtain free food or places to earn some quick money, drug taking, gambling, going to a video parlor to watch popular Bollywood or X rated films and hanging around with some friends.

I met Iqbal (13 years) at the main city railway station within the first 2-3 days of his arrival. He was a first time runaway, who had burnt two of his stepmother's saris in retaliation for ill treatment. It took him 9 days to arrive from Delhi to Mumbai (a normal train journey would take

16+hrs). He had learnt to hop on and off the train and dodge whenever a ticket inspector came into the compartment, eat the leftovers thrown away by the passengers and catch the text train to Mumbai.

I asked him if he would like to come to the Residential Home, but he was very frightened. I introduced him to some of the boys of his age who had been living at CST station for a couple of years, to 'teach him the ropes' of life on the streets.

Four months later, I met Iqbal again at our monthly 'mela'; he looked confident, had another set of clothes, got on well with the other set of boys and was taking drugs. He told me he went to pick scrap around the office area of Colaba at 5.00am and if his friends did not wake up on time, then he would go to eat 'vardi' (free food) at a hotel.

- Residential Home Report, 2001

Iqbal had learnt the 'ways' of the street just as 'a normal' street boy would. It is a norm to be inducted into street life by the more experienced boys on the street and imitate their lifestyles.

Some boys come to the realisation that living in institutions enhances their chances for improving their lives besides providing security. These boys illustrate a desire to change their situation and exhibit a determination to engage proactively in a different lifestyle in order to succeed. The mindset change that emerges from their new value system prompts them to move off the streets, pushes them to attain higher goals and to acquire new skills.

4.10.4 Living a Life of Dignity

After living at the Residential Home, the boys exhibit a certain sense of urgency in their desire to become productive and contributory citizens. This new image means that they no longer wish to be labeled as street children. There has been a movement in the history of my organisation, of the boys wanting to be accorded the same status

as middle class youngsters. They did not like the slogan, ‘**Sadak Chapp Zindabad**’⁵. It was the first in many steps to move towards this newfound concept of self and demand for dignity, that found its culmination in the boys’ demand at the Centenary celebrations of my organisation’s presence in the country, ‘*Do not introduce us as street children, we are children of a home*’ .

4.11 My Reflections

I have understood that street children would like to be looked upon with dignity, get respect and have recognition. Their situation often demands that they dress shabbily, to avoid being abused. They do not get opportunities to showcase their talents or the self-reflection to discover their self worth. They have circumstances that make them feel unwanted, despised, abused, exploited and accept these situations as part of their destiny in conformity with the negative labels society gives them; thus, they have a very poor image of themselves and low self worth. Once they get caught up in such a mindset, programmes and interventions worked out to enhance their talents, skills, qualifications and addictions always fall short.

The giving up of the typical street child’s occupations of scrap collection, ‘*wadi kaam*’, ‘*coolie*’ or street habits of gambling, drugs, video parlour visits and moving on to academic pursuits in mainstream institutions alongside other family children, to speaking English, to learning vocational certificate courses to attaining white collar or stable blue collar jobs to owning a bank account, living independently and the demand not to be called street children, has been the ‘Dignity process’ leading to the build up of the children’s self worth.

My experience of success and failure has taught me that our programmatic interventions should first work on their mindsets, on their belief in their own dignity, in understanding that they are worth something and that they can contribute too. Facing and overcoming difficulties is part of the ‘Dignity building Process’. For this they need the help of organisations and/or persons (enablers) that help them to reflect and realise their self worth and potential.

⁵ Saddak Chapp Zindabad – Long live street life/street persons

Chapter 5

PERSONAL OWNERSHIP

5.1 Introduction

Children are active players in the search for their own destiny. They help to shape the relationships they have with the people around them. Children are not just victims of experience; they can also be resilient authors of experience (Gilligan, 2001). Hence, the participation of children in their own development cannot be overlooked. With regard to street children, it is they who are the major stakeholders in their decision making process.

Piaget outlined several principles for building cognitive structures. During all development stages, the child experiences his or her environment using whatever mental maps he or she has constructed so far. If the experience is a repeated one, it fits easily or is assimilated into the child's cognitive structure so that he or she maintains mental "equilibrium". If the experience is different or new, the child loses equilibrium, and alters his or her cognitive structure to accommodate the new conditions. This way, the child erects more and more adequate cognitive structures (Piaget, 1995).

According to Vygotsky, the development of conceptual thinking in adolescence does not occur naturally through experience, but is dependent on specific types of social interactions (Vygotsky, 1994). To him, the qualitative jump that humans make in adolescence to conceptual thinking is based on the ability to use words and signs as internal mediators, which allow the adolescent to take “charge of his own psychological processes” and “master the flow of his own psychological processes” so that their activity can be directed “for the purpose of solving the problems he is faced with” (Vygotsky, 1994, p. 212). Vygotsky (1987) suggests the best style of social interaction for the development of conceptual thinking is direct pedagogy; the teaching of abstract ideas and problems “connected with the process of growing into the cultural, professional, and social life of adults” (Vygotsky, 1994, p. 213). He regarded this as the basis of the mentoring relationship, where the mentor builds a scaffold, piece by piece, so that the child can engage in understanding and development of scientific concepts on her own. The overall objective of the mentoring relationship, in

Vygotskian terminology, is to move the mentee from an “other directed” learning situation where he or she looks for external validation of work to a “self-directed” situation where he or she depends on self-assessment to plan future skill development. Mentoring has the possibility of fostering self-directed learning.

Acceptance of the consequences of decisions is often an outcome of the child’s adjustment to cognitive structures. It is when the child comes across new experiences, that he begins to have a ‘trial’, what Lucchini (1997) calls a ‘relay’ or a ‘refuge running away’. The child who leaves his family does not always go directly to the street, but passes through an intermediary spot (relay) like a family in the neighbourhood, a parent, or the family of a companion. Sometimes, the child already knows these places, for in the past, he has been placed there for some time by his parents or, in the case of mono-parent families, by his mother. Leaving for a relay can be compared to a very short-term refuge running away, in which the intention of living in the street is not yet present. Often, this type of runaway postpones for some time the act of leaving home for the street, because the latter requires more competencies and resources from the child. In consequence, these “refuge running-aways” may occur several times before the child leaves home for the street (Lucchini, 1997).

What makes the child finally make up his mind and take the plunge to leave for the streets is worth probing. These relays are a testing ground. He is unsure if he is capable of coping with life severed from the family and so there is a ‘movement’ in his decision. Once he finds that he cannot bear the situation at home, he sets forth on the ‘dry run’; this changes his mindset about his capabilities and he feels confident enough to handle the pressures of a life away from home.

5.2 Concept of Personal Ownership

This is an iterative process for the street boys and may be regarded as including elements such as freedom, personal autonomy, money, materials owned, space, preferences, decisions, attitude towards and relationships with friends, employers, staff team, management as well as street culture and possessions. It is an attempt to take responsibility for one’s own actions.

In my study, 'personal ownership' is taking an independent decision to live either on or off the street. For instance, when the street adolescent is faced with the unpleasant consequences of his decisions, he resigns himself to living with them and getting on. How the adolescent conditions himself to this is what I would like to inquire into.

Ten year old Arun and his fourteen year old brother Ashok, stole their father's pay packet and ran away from Latur in Maharashtra (India) to Bangalore. Two days later, they heard that an earthquake had destroyed much of Latur, and that theirs was one of the 19 villages that were reported to have been 'swallowed into the ground'. No survivors were reported from those villages. Arun and Ashok were in tears, but said 'Now what's the use? God punished us by taking away our parents and making us orphans. We have to live like this now'.

- Case File, Residential Home, Mumbai, 1996

I asked Arun what he felt after seeing the earthquake on television. He said, *'What to do? God punished us. I have to live with the punishment'*.

The thought process is not reached through conscious analysis. They do not understand the magnitude of their decision or the consequences of their action. After the boy runs away from the Residential Home, has no food and is in search of a place to sleep, he repents. However, he does not return as he considers it part of the consequences he has to bear and takes it in his stride. My study of the initial experiences of a street adolescent's feelings and thoughts (appendix 9) just after leaving home (2002) revealed that 38% took responsibility for their action and continued with the now undesired choice, despite a very real sense of insecurity and fear about their future.

5.3 Concept of 'Freedom'

'Freedom' ranks high among the key motivations for boys to go on to the street and tends to hold them back there. Initially, they imagine the street to be a free and fun-filled place, where resources for survival are apparently easy to find. The opportunity to live among other boys and girls, to hang out with youngsters of the opposite sex, to consume legal and illegal drugs,

to be the master of his own life, all without adult supervision, holds tremendous attraction for the street boy in his 'honeymoon period' on the street. Personal freedom is highly valued by the street boys and viewed as a form of escape from adult restrictions and reprimands. *'We can do as we like to do with our money, go to the movies when we wish, eat what we like, go to places we enjoy. No one can say anything to us'*, said 14 year old Quasim about his understanding of four months of freedom on the streets. Street boys have ambivalent views on the world of the streets. While later on they come to realise that street life is sad, uncertain, full of fears and dangers, they also view it as exciting, happy with peers and a place where they feel more free and less constrained (Lamberte, 2002). Some apparently are satisfied with the conditions on the street. They fall into a 'gotten used to' pattern of living. For the smaller boys, though, it is a case of 'getting used to' this style of living. This 'getting used to' phenomenon is about going through what the bigger boys had gone through, who have earned sufficient money and who have the freedom to spend it as they wish to, and who have managed to cope with the negative aspects of living on the streets. However, it is just for a period of time; when they begin thinking of their future, they revise their opinions. This is what 26 year old Radhe, who spent 14 years on the street had to say,

'No one understands how difficult it is to live on the streets. You have to take the beatings of the police, go without food and work for days together; no institution wants to help you as you have grown up. Where can we go, there is no future, these streets are like a prison, once trapped you cannot get out of it.'

-Outreach Report, September 2002

This shows the transition from the 'Honeymoon period' of street life when the street adolescent's mind and thoughts are of a 'carefree' life to one of 'a degenerative period' in which the streets are perceived to be a prison that has not given him the opportunity to move ahead.

5.4 Concept of Personal Possessions

Street children are icons of destitution in both a figurative and literal sense (Gigengack, 2000). Every street child has his own peculiarities which he can seldom shake off in an alienating social environment. The street child is often unaware of these characteristics, and survives with these negative traits in an oppressive social environment. However, it is incorrect to assume that they possess nothing apart from the clothes they wear. Their attributes may include their drugs paraphernalia, items required for survival on the streets, personal belongings and other consumption articles. Their attitudes and peculiar characteristics are blighted by their situation and poverty.

The street adolescent's material possessions are utilitarian. They often carry small personal items such as a comb, a pack of cards and some money. If they are rag pickers, they carry a sack under their arm. A few of the older boys may carry photographs of either a favourite film actress or of a girl they desire. The street boys' drugs paraphernalia may include inhalant substances (glue, paint thinner, a piece of cloth, a pipe to smoke pot), while among older boys, survival items may include a sharp pointed instrument like a blade. These personal belongings not only help to express the street boys' identity but also serve to highlight his individuality. Thus, their material possessions are either for survival, to enhance their self worth or are indicative of their lifestyle and of having made the street their comfort zone.

Much of the salary that a street boy receives from the **wadi mukkadam** (wedding work supervisor) is spent on buying new sets of clothes, shoes, a walkman, music cassettes, movies, good food for a few days. This behaviour, I thought, was indicative of the fact that street boys like to be regarded as 'normal consumers' and not as symbols of poverty and destitution. This is their way of overcoming the prejudices they suffer in their daily lives and an attempt to acquire goods and status valued by society.

5.5 Concept of Personal Inclinations

Street children have their personal preferences. Prolonged life on the streets makes them more prone to acquire certain behaviours at an early age. As ones being protected by their 'protector', they run errands for their seniors aiding them in many anti-social activities, but

soon start doing things on their own. The streets can be considered a school for the street child, an 'institution' of learning, where his habits and behaviour are determined by individual experiences.

Sixteen year old Ravi would often steal or snatch away the earnings of the small boys at the Central station. When he was caught stealing a man's bag, he caught the man's legs tightly and begged for forgiveness. When the small boys complained to their bigger boy 'protectors', Ravi would hold the feet of the 'protector' and beg for forgiveness so that he would either be forgiven or get less beatings. The boys in the Central station area called him 'the leg catcher'.

The street child's mindset in dealing with his situation is peculiar to his learnt behaviour. Like Ravi, several children develop behaviour patterns to respond to situations. This preference to cope with situations of stress in a particular way is their way of owning responsibility for their actions. As Ravi grew up to be a 19-20 year old, I noticed that he had changed his habit of stealing and snatching money from the younger boys and started threatening the newer boys, demanding *vasuli*¹ from those who were not 'protected'. Ravi found this an easy option; when caught by a bigger bully; he did not hold his feet, but would hit back to show that he was not afraid and that he was the local toughie. His physical growth gave him self confidence, a power to threaten as well as challenge. His shift in inclination from snatching and stealing to demanding and threatening changed his mindset. This shift was from begging for mercy to challenging those who questioned his authority.

5.6 Concept of Group Cohesiveness

Peer influence is very high amongst street children; they believe in their friends but this friendship is more need based. They make friends for protection, security and survival. Strong friendships are frequently cited by those who have lived together on the streets for years. In some instances, friendship can be traced back to the village and plays a role in the boy's initiation to the streets. Those who are close tend to band together in small groups, but at night, they seek protection from bigger bullies or the police, in the form of larger groups.

¹ 'Vasuli' is a form of protection money, to be permitted to work or stay in that area by the local toughie.

Friendships on the street are transient and lack elements of durability and permanence, due to the mobile nature of this group and because these friendships are not founded on trust, but evolve in terms of their ability to fulfil basic needs.

Ghanshyam was upset that Raghu, his friend of four years, had betrayed him and robbed him of his money at night. Raghu had lied to him and told him that the other boys sleeping with them had robbed his money. Actually, Raghu had met his village friend and had decided to go with him to Delhi- he needed money and so stole Ghanshyam's. Ghanshyam did not want to do anything with Raghu anymore. Ghanshyam said, 'On the streets, it is like this, you cannot say who your true friend is'.

Thus the term 'friend' on the streets is functional and fulfils the needs of protection and survival. There is an inherent irony underlying this 'friendship'; street boys go out of their way to help a sick or hungry companion or leave an institution with a secure future for the sake of this friend/s but if there is a greater benefit to be obtained from another, then he would not hesitate to betray him.

Although grouping can be seen as a defence strategy on the streets, relations within the group may get strained at times. Arguments and fights between group members can force an individual member out of the group; also an element of distrust within street groups raises the possibility of betrayal. It is then that the boy may think of seeking help in an institution or seeks alternatives to change his lifestyle. His group cohesiveness changes as per his changing situation or lifestyle and thus, his mindset may be one of constant adaptation to the changing environment. This is what I include in his 'Survival strategy kit'². He takes responsibility for his actions however detrimental they may be to him. His 'here and now' survival takes precedence.

²'Survival strategy kit' - The boy uses different coping mechanisms to deal with his situation on the streets. To survive on the streets he uses behaviours that may be detrimental to his future, body or value system. But survival here and now take priority.

5.7 Factors in Personal Ownership

A multiplicity of emotional, situational and psychosocial factors plays a role in shaping the mindset of a street child.

5.7.1 Emotions and Fears

Youngsters recount that on the streets, night-time is the most threatening period; the period when they are most vulnerable to many forms of violence. I have been making street contact, often late at night. In my study, I have observed that 85% - 90% of the children abuse inhalants or smoke marijuana at night (Outreach by Night, July 2006). Invisible by day, they come out at night when the offices and shops shut down, but their personal freedom is always counter balanced by fear. It is at night that they are abused, violated or bullied by other street persons or the police.

Their mindset is one of constant suspicion of bigger bullies, of the police and fear of the unknown at night. On my night street contact rounds, when I approach a group of boys who are new or whom I have not come in contact with before, they immediately tend to run away thinking I am either a police personnel or that I have come to beat them up.

I saw three groups of boys huddled in a railway yard, inhaling drugs in an abandoned area meant only for the parking of the trains. I approached the groups; they immediately ran away, only three boys who were not consuming drugs stayed back. They asked me to get out of that place and advanced threateningly. I said I wanted to meet Abdul (I made up this name to win their confidence) because he had told me that he wanted help to get off drugs. Immediately, the boy shouted to the others. 'It is ok, he is not a policeman, he is a doctor. Sir, forget about Abdul, help me, see, I cannot get out of this habit'. Subsequently, I had a group of 11 boys seeking help to join the programme.

– Outreach April, 1993

5.7.2 Perceived Regimentation of an Institutional Lifestyle

The boys feel that their freedom is curtailed in the Residential Home. A number of boys feel that shelters/homes are 'like prisons'. After experiencing the 'freedom of the streets', they cannot adjust to the regimented lifestyle at the shelter which reminds them of the constraints they faced at home. Often a street boy views life at a shelter as a threat to his only possession, his freedom. It is one of the factors that time and again attract him back to the streets, and the reason why many boys cannot sustain a prolonged stay at a shelter.

During the Orientation Camp, we had a Focus Group Discussion with 14 boys who had gone back to the streets and who wanted to rejoin the Rehabilitation Programme. When asked what was so attractive about the streets to cause them to leave the programme, they enumerated several reasons: they missed their friends, they were not able to be as mobile as they were on the streets, there was no money, they missed the freedom to do as they pleased- the movies, the non-vegetarian food, the opportunities to gamble, to take drugs. In general, it was a restraining life at the Residential Home as compared to the carefree life on the streets.

-Ex-boys' Orientation Camp, Rehabilitation Phase 2, June 2003

5.7.3 Need Fulfilment

The street offers a refuge for those who want to get away from family breakdown and turbulence at home. Family and community support bases sometimes prove to be inadequate to meet the ever increasing needs and demands of the boy and hence he may turn to the streets. The quality of parenting exercises a dominating influence in a child's life. The parents are his role models with whom he identifies himself. In the absence of adequate role modelling and the caring touch of a parent, the child finds his home hostile and threatening. He wants to escape and run away from it at the first available opportunity (Agarwal, 1999). The fields of influence at home and those on the street exert different influences often at odds with each other.

5.7.3.1 Allure of the Streets

One of the strongest factors that tie the child to the streets is the ‘freedom’ and ‘independence’ it offers. On the street, they make their own rules which are often antithetical to those of the society that rejects them. The boys have the freedom to exercise their choice in terms of food, friendships, mobility, avenues of entertainment and expenditure. A staff team member observed ‘*street life is sheer enjoyment- roaming around, movies, sexual satisfaction and addiction*’. It is viewed as a permissive space allowing personal “freedom”, a lifestyle which the street adolescent finds difficult to give up. I find this view of the children to be ‘moments of enjoyment’ which are treasured and which offer a cover to the harsh realities that are present on the streets.

Some of the boys want to continue earning their living on the street. They do not like to do the unpaid work of cleaning the Residential Home. ‘*We can earn at the railway station simply by sweeping the place and then spend it as we like*’. The money they make is spent on ‘instant gratification’. They do not keep money for fear of it being stolen. Often, they spend on drugs rather than on food, under the misconception that the consumption of drugs keeps away their hunger pangs. Others say they use drugs to self-medicate fear and depression, to provide strength to live in difficult circumstances, or as indications of a pathological need for immediate gratification. There have been instances where street children inhaling glue still maintain their ability to cope with the demands of working on the streets in crowded conditions.

5.7.3.2 Peer Influence

Street boys invariably mention the joy and security they experience in the company of their peers who serve as psychological supports during times of depression, frustration, illness and police arrests. With the lack of parental or other adult supervision, these peers become role models and exert an overwhelming influence on the street boys’ behaviour and attitudes. The only relation boys cherish while on the street is a friend. They yearn for emotional warmth and security. One of the reasons they survive on the street is because of this friend who plays multiple roles within his emotional context. On the other hand, they tend to have limited working relationships with ‘**need fulfilling friends**’, that is, the group of friends to sleep with

in a secure place, or to fulfil a particular need. Befriending paraprofessionals and social workers does not take much time, but this relationship is of a receiving nature and a top to down one. Hence it cannot be termed as a friendship with an enabler, but a guide or teacher-pupil relationship.

A majority of the boys' socialization takes place on the streets with peers, and as such, "the definition of behaviours is governed more by group experience and collective characterization of the situation" (Lamberte, 2002). However, there are also those instances where group affirmation can be non-beneficial, where one boy leaves the Residential Home and takes two or three more with him back to the street.

Charu, (12 years), kept repeating this phenomenon. Over a period of two years, he came four times to the Residential Home with a request to stay and go to school, but within 2-4 months, he would run away and take two or three boys with him. He would then return alone to the Residential Home, only to repeat the same phenomenon.

-Case File, Residential Home, Mumbai, 1998

Therefore, the longer the boy remains on the street, the greater the likelihood of his getting into deviant behaviours. Kandel (1985) argues that peers are especially important for initiation into drug use. She postulates that a peer-influence model within adolescent peer groups provides important antecedents of drug use behaviours. Key processes of peer influence include: friends modelling drug use, friends making drugs immediately available, and peers creating norms and expectations that support or encourage alcohol and other drug use (Perry and Jessor, 1985). Longitudinal studies provide evidence supporting both peer use and peer encouragement to use drugs as antecedents of adolescents' use of alcohol and other drugs (Fisher and Bauman, 1988; Duncan et al, 1995; Hawkins et al, 1995; Reifman et al, 1997; Warheit et al, 1998; Asetine 1995).

Asif (14 year) had been doing well in his studies. He was sent for a computer course. Yet every now and then Asif would leave the Residential Home to meet

his friend Mohammed (14 years), who was still on the streets. Mohammed would try to convince Asif to come back to live with him on the streets. Asif would come back very disturbed each time, trying to decide if he should go back to the streets or carry on in the Residential Home. Twice Asif tried the inhalant Mohammed was using at that time, as Mohammed had forced him. On both occasions Asif returned to the centre after a couple of days. He had been with Mohammed for 8 months on the streets prior to coming to the Residential Home 3 years ago. Yet he still had a strong attachment to Mohammed. He would go especially to tell him of the upcoming events and celebrations at the Residential Home and invite him to join in. Mohammed did not want to join, he was into drugs and lived with a group of boys who were considered the trouble makers at that railway station.

- Home, Case File, Residential Mumbai, 1999

Asif was very protective of his relationship with Mohammed and would often secretly take blankets, plates and some food for Mohammed, whenever he went to visit him. This put me in an ethical dilemma. When should I, as a guardian take control of the situation and ban Asif from meeting with Mohammed? I felt that one day he would influence Asif to leave his progressive academic life, force him into drug dependence and back to the streets. I would sit with Asif each time he got back and counsel him on keeping his mind focused. I worked with him on his thinking, over not letting his emotions or his friendship with Mohammed take over his future plans.

Thus, strong impressionable relationships are often established even if for a relatively short period. Yet it is these very friendships that can prove a hindrance to a street inhalant's decision to join a rehabilitation programme or to leave it. The mindset of Asif is that of a typical street child who has maintained a strong bond with a friend on the streets so that he (Asif) can continue to still '*experience by proxy*'³ life on the streets. Asif in his mind has not yet given up the streets and is experiencing the same through Mohammed. His choice to do a computer course was clear, yet his feelings for street life had not changed. He knew it was

³ 'Experience by proxy' – Wish to experience what the other is doing, so take joy, relive or listen/go to meet the other person who has been undergoing that experience.

bad, yet he enjoyed the ‘no controls freedom’ it gave him. Now Asif lives independently in a rented room and has set up a computer software partnership business on the outskirts of the city. Though he was lured to street life, he did not succumb to it.

Often, the foremost criterion in the street inhalants’ decision to leave the streets is the fact that they would need to quit drugs or leave a close younger/older companion with whom they have been sharing a relationship of protection, provision (of food and other types of help) and sexual gratification. Here I label these type of companions as ‘Utility-boys’⁴. They fulfil mutual psychological and emotional needs and their relationship is one of ‘abuser and the abused’. Such relationships cause a regression of growth for both, causing psychological damage to the abused. The boys are trapped in a vicious circle when they are on the streets. Often their desire to escape it is strong, but the ‘addiction to the streets’ and the fear of the ‘protector’ restrains them. They are aware of solutions to their lifestyle related problems and agree that unless they get out of these types of bonds and off the streets, qualitative life improvement is not attainable.

The ‘protector’/ ‘utility-boy’ topic is taboo among the children. Only if the two boys involved are of a similar age or a couple of years older/younger will the others talk about them. These relationships are kept outside their everyday conversations with their peers. In a FGD with the boys of Phase III, none mentioned their own experiences, but kept talking in general that boys have a protector, whom they give their earnings to. The protector looks after the utility boy when he is in need. When asked about this ‘need’, they said it could be medicines, food or being saved from the beatings or threats of another boy. Further investigation about abusive behaviour met with silence. Only one boy said, *‘It is about those who want to take drugs or do other ‘wrong things’ with them’*. After the FGD, three boys came up to me individually, and said that the protector gets the utility boy addicted to drugs, instills so much fear in him that he is afraid to go on his own to any other place to live in. The protector would come to know of it from the other boys and he would get a beating. Most of the protectors sexually abuse their utility boys regularly. *‘It is something one cannot escape’* they said. *‘It is part of living on the street’*. I had followed up Guddu who was the utility boy for Kishore.

⁴ ‘Utility-boys’ also used in the same sense as ‘Protector’.

*Guddu (11 years) had come for the **mela** (July1997). I had asked him if he would like to stay in the Residential Home. He liked it but when it was time for the rest of the boys to leave and for him to stay back with the 14 boys who were staying, he wanted to walk out. I asked him why he had changed his mind. He gave a few excuses that he had left some money which he had to pick up from the kiosk vendor. His peer of the same area said, 'He will not stay, Kishore has warned him against it'. I called Kishore (22 years), who was standing outside the gate a little distance away. I asked him if it was a problem to keep Guddu, he was young and could be sent to school and his future could be taken care of. Kishore said, 'Yes, he can come after six months, he has to pay my money back'. I offered to give whatever money Guddu owed him. He said, 'No he can come after 6 months, I want to send him home'. I offered to send Guddu home too, but Kishore just said no, did not give any more explanations, and walked away giving Guddu a threatening look.*

*Guddu stopped coming for the **melas**. I would see him occasionally at the central station on my outreach rounds, but he avoided me. In August 2006, Guddu came for the **mela**. I recognised him and noticed he was grown up and was now 'protecting' Rinku, a nine year old. I offered to keep Rinku in the Residential Home. Guddu had pre-empted this by already warning Rinku that I would ask him to stay back and had warned Rinku with dire consequences. As soon as I began talking to Rinku, he came behind me, made a few threatening gestures to Rinku and walked away. Rinku did not want to speak to me from then on. He and Guddu left the **mela** within the next 15 minutes.*

– Mela, July 1997 and Mela, August 2006

I have observed that the abused in later life frequently becomes the abuser. It is a cyclic process. The Utility boy becomes the Protector as in the case of Guddu. Unless they are helped to heal in their abuse-abuser situation, the cycle perpetuates.

The bonding that their relationships bring is one that is functional and utilitarian. Once in an institution, these relationships do not perpetuate if the utility boy manages to get out of the 'protection' of his protector. Then the relationship equation changes into trying to get the maximum benefit from the system, giving rise to another type of functional utilitarianism that is more 'dependency laden'. The exit is the most difficult part of their relationship with the institution. This situation creates a mindset of being comfortable in a system and fearful of stepping out of it.

5.7.4 Patterns of Behaviour

After arriving on the streets, the boys begin to behave in ways that are indicative of a 'street culture'. These patterns are learned from those more experienced on the street and include the formation of street groups, engaging in work activities and sometimes in drug taking and petty theft. At night, they gather in large groups to sleep as form of protection against the possible nastiness of the street (Rizzini, 2003).

Vulnerability, insecurity, fear and marginalisation are constant on the street. Being on the street is inevitably associated with a high degree of mobility. Many children keep wandering because of their constant search for identity, need satisfaction, adventure or because of disputes with other children. Even if children and adolescents have particular areas as points of reference, they will rarely remain solely within this region. It might be necessary to move for economic reasons to a place where it is easier to obtain resources or for reasons of personal safety. There may be better opportunities for leisure elsewhere in the city (Rizzini, 2003)

Behavioural patterns among street inhalants may be seen as a manifestation on a continuum of emotion ranging from vulnerability through fear to bravado and aggression.

- A typical pattern of behaviour of street children is that they feel hurt and lonely if spoken to rudely at the institution/shelter. They say, '*What is the difference between the street and the institution, if we have to listen to rude things?*' They like to consider being in the institution as a sign of upward mobility and gaining self-respect.

- They tend to stay in specific areas/ groups. The younger street children prefer to stay in groups because of their fear of older children. Group life affords them protection from the dangers on the street.
- Street boys tend to play upon, exaggerate and re-create the harsh realities in which they live. They have an immense capacity to create chaos and their actions often combine creativity with destructiveness. For example, a toy does not last its life span with the children, it is always ripped apart after a while, broken or so roughly used that it goes out of use quickly. All these actions display a self-destructive streak, an expression of their inner feelings to society.
- A few boys display aggression. A tendency to act on impulse is an inextricable part of their survival repertoire on the streets. It takes a long time for them to control their aggression and learn to manage their anger. The street children, who have not received proper care, attention and guidance from their parents, may not learn to manage their anger and hence develop distorted personalities. Suppressed anger or violent expression of anger in the childhood in the absence of proper training may turn them into ‘criminal adults’ (Agarwal, 1999).
- Externally they put on a show of bravado and give the impression of being independent and not needing anybody. However, they are afraid of leaving themselves open to exploitation.
- Most boys have a low attention span and are unable to sit in one place for long. Their minds are not trained to self discipline and are in a constant fluid state. Hence, activities and exercises to expand their attention are an essential element of their rehabilitation.
- They exhibit no future planning or thinking and do not show interest in developing themselves. This is reminiscent of their philosophy of living for the day and of wanting instant gratification.
- The boys do not like being constrained by rules and regulations and initially resist these. They often run away due to this inability to adjust.

The boys are well aware of the detrimental effects of substance abuse in terms of it harming their health, happiness and general ability to function well. But their “self-destructive

agency” is responsible for the importance they attribute to inhalants, their overwhelming desire to obtain them at all costs and their willingness to act accordingly.

Street children continue to abuse drugs despite seemingly having every reason and knowledge to avoid them. Drug usage is one of the forms of risk taking behaviour. A study of 218 boys on high risk behaviours of street children (appendix 12) highlighted that sexual behaviours, gambling and not caring for the consequences on their future and their health characterised their risk taking behaviour. The major reasons boys cited for such risky behaviour included pleasure, excitement/arousal, desire and feeling depressed/bored, seeking relief from hunger, fear, pain and the uncertainties ahead. I am of the opinion that a high level of awareness does not necessarily mean logical action as in this case; it does not prohibit use of drugs by street children. This raises questions about ‘informed choice’.

The children have the knowledge of actions harmful to them, yet they give in to its detrimental consequences. I think it is for this reason that working on their thought processes and mindset is essential to help informed choice. The mindset of the children needs to be changed from ‘instant gratification’, ‘live for the day’ and spur of the moment decision making to a well thought out cognitive approach.

5.7.5 Role of Staff

A comprehensive orientation by the staff team about choices in terms of expectations, activities, results, and outcomes is essential, particularly with regard to education, training, enrolment in a de-addiction programme or going back home. The staff team plays a specific role in providing a helpful environment. It may not be the counselling or the specific awareness programme that has its effect on the street inhalant, but the conducive atmosphere, the conditions prepared for him to make or sustain his decision. Respecting his choice despite the misgivings and apprehensions of the enabler, yet guiding it and providing a more suitable avenue, I think reflects the effectiveness of the enabler in the decision making process.

At a staff meeting, one of the team members put forward the problem that the boys were too small to make a decision on their own. ‘We know it is a wrong choice, but they are often adamant. What do we do?’ I put forward to them the ethical

dilemma that I have been facing in my experience with the children. When can I say 'Let the boy make his choice' and when can I say, 'I have the duty as his guardian to guide him away from that decision?'

– Staff Meeting May, 2006

The question arises that if he were my child at home, would I say 'do as you wish'; would I not guide him or at times be firm with him? There is no general principle for us to follow, but a principle specific to each individual's characteristics and psyche. Accordingly, the enabler needs to be firm, guiding or leading the young child to an informed choice.

Gupta, (16 years) decided to pursue a cooking course when he witnessed how it had helped change his friend Ejaz. Ejaz was now earning a good salary, looked smart, lived in the training centre and was respected. A staff member, Dinesh tried sending Gupta to help out in the kitchen, but saw that Gupta avoided cutting of vegetables and washing of vessels and did not like the heat of the stove. He did not seem to have an aptitude for cooking. However, he showed a natural interest in plumbing, so during his apprenticeship, Dinesh put Gupta with the cook part time and with the local plumber part time. Gupta enjoyed working with his tools and managing the Residential Home's plumbing maintenance work. Thus, by showing Gupta an avenue which encouraged his natural abilities, coupled with counselling, Dinesh managed to get Gupta to change his initial decision on pursuing the cooking course and instead enrol for a course in plumbing.

-Case File, Therapeutic Programme, 2001

When the boys encounter the staff team on outreach, their responses range from curiosity to interest born out of their survival mode to self-improvement. If they feel that the information/services are important enough for them to seek further help, and they are convinced that the staff is interested in their well-being by taking care of their immediate

medical needs, sharing a cup of tea with them and giving them appropriate care in situations of difficulty, they start bonding with the individual street enabler⁵.

In the initial stage of entry into the Residential Home, the children are wary that the staff team might report their whereabouts to the family or the police and therefore often hide their true identities. With time, the boys slowly accept the staff, build trust and their relationships get cemented. They become more receptive to suggestions from staff regarding education, training and their future. However, despite being used to the hardships and vagaries of street life, the boys do not like strict discipline or punitive measures. While some of the older boys tend to retort or abuse the staff if they get agitated, on the whole, the boys resent the staff team taking sides, reprimanding them in front of their peers or taking a moral stand.

Once a bond of trust is established, many children seem to flourish and develop a desire to learn and better themselves. The benefit is that these children are welcomed, most for the first time in their lives, into a loving family lifestyle. Siraj (24 years), a former resident at the Residential Home, came with his wife and said, '*Give your blessings to your daughter-in-law*'. Babloo (23 years) came to visit us at the Residential Home with his new born son and wife telling us, '*You are the grandparents of my child*'. This denotes their bonding, as well as their desire to assign labels which are typical of a 'normal' family. Siraj and Babloo could not trace their biological families and so transferred the labels of family ties on to us. Their use of labels as 'Dad', 'Mummy' 'Grandfather' is in keeping with their need for normal family recognition.

5.7.6 Role of External Factors

External forces sometimes threaten to fragment the group and may encourage its members to think of change. For instance, when the government decides to 'clean the streets', for a dignitary's visit the boys are rounded up and put in remand homes or are imprisoned. They tend to run away from those areas of the city where the police are clamping down on them or seek to get into shelters and thus change their lifestyle. Correspondingly, when an older boy

⁵ Street enabler – A staff team member who goes on outreach contact on the field to enable the street child with services for their well being.

comes for help to the Residential Home, my experience has shown that 70%-80% of the time he is seeking a way of getting out of a difficult situation on the streets. Very often it would be one of not being able to pay back a loan /protection money, or that he has beaten up someone, robbed someone, or has not done what he was told to do by a more powerful street stake holder and/or is being pursued by police, the protector/bigger bully. Circumstances 'force' him to make decisions; the choices he makes are ones that he takes responsibility for and he accepts the consequences of his choice. He then chooses an option that he is comfortable with, and where he still has control over his life.

5. 8 Factors hindering Exercise of Personal Ownership

The process of transition from the streets to a shelter and living within four walls is gradual and involves adjustment and considerable change. Leaving the street to stay in an institution bound by rules and time-tables is not easy and the restrictions which seem to contravene the freedom enjoyed on the street often prevent them from making this decision. The lure of the freedom of the streets, the temporary comfort of 'known' bonds and their reservations about their future with their 'new mentors' all hinder the exercise of personal ownership.

On the streets, relationships are functional, a matter of who helps him to 'learn the ropes' and does not exploit him; in a shelter, where basic needs are met, trust is a reflection of their belief that the staff team would not try sending them back to abusive homes without their consent and would not reveal their information to the police or their parents or relatives. Trust is placed once a comfort level is reached after confidence has been built, but even this can be transitory.

The transitory nature of the trust and relationships that these street children establish reflects not only their life, but also their mindset. What is intriguing is why the children love the streets even after being abused and exploited. They sometimes spoke of their problems, but more often spoke of the times they were having fun and the instances of how they could do as they pleased.

I had organised a picnic for eight boys. When we had assembled at Mumbai Central Station, I asked. 'You know the problems you go through and the

difficulties. You know if you leave the streets you will have a brighter future to establish yourselves and ensure your happiness. Why don't you go when field workers invite you to their institutions?'

The boys said, 'We would like to go, but it is difficult to follow the discipline. Many of us know it is the best for our future, but for now we want to live here, maybe later we will go'.

- MSW Course, College of Social Work, Mumbai 1987-89

That 'later time' is often too late. Of the 54 NGOs in the CCVC forum (Appendix 15) in the city, only two NGOs have institutional care for children above the age of 16. Therefore, it is often too late to help when they get serious about their future. Despite their awareness about the exploitative nature of the streets, the street children preferred to relive the few moments of joy when compared to the harsh realities, a clear indicator that they were overcome by the instant gratification phenomenon, with little thought for the future. Their mindset is of the 'here and now'. They seldom indulge in reflection for it brings back past unpleasant memories. When I had reflective sessions with the camps of outreach boys⁶, they had difficulties. It was the first time that they were reflecting and they were either nostalgic or repentant- that "we should not have left home", "the street is not the best place to be", "this is not what I wanted to do" and thoughts such as these. For some, these reflection sessions help change their mindset, while for others, the fear of discipline and loss of freedom caused them to drop out of the programme.

5.9 Decision to Drop out

Every programme of rehabilitation has to contend with the issue of drop-outs. The reasons for leaving could vary from individual problems with the environment, not meeting material needs to problems with the staff team, to an inability to 'fit-in', due to an impulsive decision, lack of motivation, inadequate preparedness or being unfit for one particular model of rehabilitation. The reasons for dropping out may include personal, familial, interpersonal and socio economic factors- anathema to discipline and unpaid work at the Residential Home,

⁶ Outreach boys' camp – A group of 20 plus boys are taken from the streets for 3 days to a beach residence for an orientation programme to the De-addiction Centre and returned to the streets if they choose to go back.

differences of opinion with the staff or peers, feelings of inadequacy and inability to cope, the separation from all that is familiar, loneliness, influence of unfounded rumours and lack of a support system.

Samad (14 years) had been spreading rumors about the Rehabilitation Programme at the central station. He said the staff beat up the boys, locked them up and that the food contained worms. There was only manual work given all the time to the boys. After listening to Samad's experience, many boys were hesitant to join the Programme. Ajay (staff team member) met Samad and asked him whether all the rumors that he was spreading were true. Samad accepted that they were false. Then why was he spreading these rumors? Samad said he was angry with one of the staff members, who he felt was partial to the bigger boys and was always threatening the smaller boys.

-Case File, Rehabilitation Home, Phases 2 and 3, 2004

In the third phase of Rehabilitation, the drop outs reduce as they begin to realise and appreciate the changes that they are undergoing, the self-respect they now get and the fact that they can make a worthwhile contribution in society. Most importantly, their thought processes and mindsets are being worked on in this phase- 'a mending of their brokenness'. They begin to think constructively about their future. Yet not all their street patterns are unlearned immediately and there are drop outs occasionally in the first couple of months of the third phase.

Each time a boy ran away from the third phase, I asked my staff to introspect, to learn how to avoid such situations, how to perceive neglect, how to cultivate the ability to read the boy's body language, and to pre-empt future recurrences.

Mahadev had run away at the third phase of the programme as he was given the job of cutting the other boys' hair. He was upset when the other boys teased him, calling him 'Hajaam'(barber) in a derogatory sense.

Staff suggestions in this case included refraining from casteist statements, a talk by a reputed local hair stylist, paying Mahadev a small stipend and asking him to teach a couple of boys who were interested in this profession.

In the training phase, the boy may run away if he is not allowed to make his own choice regarding training, or because of development of a new interest, relationship problems with the instructor or the room mates, inability to cope with the language or with the work, lack of confidence in his ability to do the job, being threatened or verbally abused by the employer, not being paid on time, being pulled up for coming late, unsafe environment, exploitation, non-availability of friends or even just the day-to-day routine to relax.

Those who return to the streets have been repeaters of the Programme, who on their return to the third phase, trouble the staff who handle them and therefore are sent prematurely for their training without adequate psychological preparation. This perpetuates the movement to and from the streets.

5.10 Reflections

Although there is a common perception of the street as being without morals and values, it has been found that street boys uphold the same values as society in general: being respected, having their own homes, work, families and study as a form of social mobility. When most street inhalants contemplate a course of action which they know to be ‘negative’ or ‘undesirable’ (such as running away and returning to the streets), they require support and affirmation from their group. However, when they take a decision to return alone to a shelter, is this help-seeking behaviour a reflection of their sheer need for self-preservation in the face of their inability to cope with the vagaries of the street? The principle of survival makes them consider their own self interest first; altruism is not considered a virtue, survival is.

Although boys who live on the streets are consumed with maintaining their immediate survival and security, they also harness a set of values and strategies to establish their self-worth. They dream of overcoming the prejudices against them, by acquiring goods and status

valued by society, by the way they dress, eat and conduct their affective relations and in their dreams for their future.

During a group session at the Therapeutic Centre, (Phase 3) I asked the children to represent their reflections pictorially. All their drawings depicted more abuse and exploitation than moments of enjoyment. This reiterates my assertion in this research that working on the mindset, the thinking and thought process is a key factor in the street child's understanding his future and beginning his process of rehabilitation.

Each boy has his own history of family trauma, abuse on the streets and his own inward brokenness. This experience has made me understand that to deal with the group, I need to deal with the individual in the group. To achieve a balance between the two, I felt that rather than trying to act as if I knew what was good for them and imposing it on them and the staff, it would be worthwhile to get everyone involved in the planning of their syllabus, activities and taking certain decisions which would have implications for their future (D'Souza and Team, 2005). For instance, the boys at the Therapeutic Centre decided on the outdoor games to be played, the music and television programmes that they would like to watch, the choice of vocational training and their returning home.

As a researcher, I have tried to question the decisions of the children and their taking onus for these decisions. I have tried to research into whether there is a cognitive approach in their decision making process. In those cases where there has been an abusive situation at home, causing him to run away, he does not blame the perpetrators of the abusive situation but takes ownership for his decision. My research understanding is that he needs to go back to that harsh situation mentally, reflect, analyse and understand it. The psychological mending of his brokenness lies therein. He has blocked those past harsh realities out, hence he believes that his decisions and actions are based on 'karma' or 'fate' and 'I have to accept it, I cannot do anything about it'. For instance, when he decides to leave an institution, he assumes responsibility for his action, saying, 'I have to bear the consequences of what I have done. Let it be for now. When a didi/uncle approaches me, then I will see'. Research and analysis

of this type of mindset is significant in understanding personal ownership of the street adolescent.

Chapter 6

MOVING OFF THE STREET

6.1 Introduction

Moving off from the street entails not merely physically leaving the core of street life, but a process which involves spatial relocation and a decision to move out from a state of homelessness. It is struggling to break away from street culture and lifestyle. The foremost consideration about leaving the street is about individual choice and changing identity and behaviour away from street activities, reducing ties with street culture and street friends and reconstructing relations with mainstream society. Reaching this stage entails a major transformation in thinking, a change in mindset, from identifying with the streets and its culture to a transition in identifying with mainstream society. A change in identity means making the right decisions and choices of ‘giving up’ certain particular immediate pleasures/behaviours, places of ‘comfort’ for long term gain which is not always seen as desirable or logical for the street child. It is a process of reflection, thinking, understanding his situation vis-à-vis his future and a change in his mindset that prompts him to act towards a change in his identity and to move off the streets.

After living on the streets for years, many boys have conflicting feelings about their homelessness. On the one hand, they are confident of their abilities to survive on the streets, but when they see the older street adults at the Darga¹ waiting for alms, their

¹ ‘Darga’- A mosque which is a place of prayer and alms giving too. Many street children and beggars congregate outside the Darga to get charity food. Most of the older street adults who have no hope of change pass their time outside the darga begging for alms.

situation and physical state deteriorating over the passing years, they become depressed and fatalistic about their situation.

The decision to move off the streets becomes realistic when the children receive the motivation and assistance in reconstructing their broken lives. The transition into a non-street world is set into place when the boys are motivated to take an active step toward an independent, productive and violence-free life through employment and/or job training and educational activities. Thus, moving off the streets involves all the features of habilitation into mainstream society; it is what I term 'spatio-tempero-behaviour' (STB). 'STB' is a planned gradual movement that may go through institutional care, training, a period of independent living to a settled life. On the street they are mobile, yet rooted to a place/space which is their comfort zone. They move off the streets to a place/space that signifies their movement into a new location ('spatio'). The period in transition ('tempero'), is when he has alternate living arrangements and recourse to education and acquisition of skills. This entails unlearning the habits and behaviours learnt on the streets and acquiring mainstream socially accepted ways of behaviour.

There was a value education camp² in May 1997 in which 45 of the big boys participated. Instead of conducting the normal sessions on family life, sex education, relationships, we decided to let the bigger boys decide the process of upward mobility of the new boys entering the Residential Home. They discussed charting the stay, syllabus of the children in the Residential Home and our exit policy. They came up with a plan for the new boys below the age of 12-13.

-All of them should go to school to learn the three R's—reading, writing and arithmetic.

² Value Education Camp- Held for a group of boys of the Residential Home during vacations at a sea side locale for 3 days, wherein intense sessions on personality development, abuse, sex education, budgeting and relationships are conducted. It has one main theme on which the entire group and trainers focus. At the end of the camp, certain decisions are taken by the group for their betterment.

- Only if they are not capable or are over the age limit to study in that particular class, should they go into skill training.

Our staff team was present; they accepted this mandate from the boys of the Camp of 1997 and to date this principle has been followed in the Residential Home.

-Value Education Camp Report, May 1997

The boys at the Residential Home often undertake activities that will enable them to make decisions with the management that will directly affect their lives.

After deciding for the younger boys, we asked them to think about themselves. The big boys argued logically that once the new boys grew older, they would follow their example and introspect, ' How long can we be totally dependant and stay in a Residential Home? We have to move on.' They realized that they had to be stable to have a steady income and live away from the streets.

They decided:

- To form groups of 3-4 boys who got along well*
- To leave the Residential Home in the next 12 to 18 months*
- To live in a rented hut and divide their household responsibilities.*
- To request the Residential Home to help them with the rental deposit.*

The Residential Home decided to give them an allowance to buy their bathroom equipment and kitchen utensils.

-Value Education Camp Report, May 1997

The movement off the streets is an educative process learnt over a period of time. It is a process of attempts, failures and learning from experience that makes the individual

understand the need to get off the streets for his future. This understanding comes after reflection, analysis of his situation and rational thinking which leads to a mindset change.

6.2 Patterns of Movement

Life on the street is transient for many, with the exception of a few who remain immersed in street culture and grow up to be street adults. Usman (29years) had been coming to the Residential Home for the melas since he was 12/13 years of age. He did not want to join the Residential Home as he was enjoying his 'freedom'. At the age of 20, he became a heroin addict and headed a group of younger children, who would give him part of their earnings as 'protection money'. However in 5-6 years, he lost his hold over the group. Those boys gave him some money out of pity for his condition. He lived outside the "darga", on alms, charity, loans or theft to support his drug habit.

For most boys, their movements are patterned by their thoughts of home and their levels of self-worth on the streets. Some boys begin to miss home and the presence of the family, both symbols of security and support. Despite the material deprivation at home, the abusive or disruptive family situation, they often think of returning to their families. Sixty two percent wanted to return home after 3-5 weeks on the streets; what kept them back was the fear of reprisal for running away (appendix 9). Even though many stay on the streets for extended periods of time in order to avoid the conflicting situations at home, most boys express a desire to return home after they have earned a sizeable amount of money.

The alteration between street-home is a phenomenon that touches most street children (Lucchini, 1997). The frequency of the movement varies according to the situation in which the child finds himself. It is important in two instances; one when the child comes back home for utilitarian reasons, has no major problems in the street and for whom returning home is part of a routine. The second instance is that of the child for whom the street has become a dead end and who looks for an alternative. The children's return

home stems not from utilitarian intent, but from a hope to be able to stay at home. This also comprises the restoration of confidence in the relationship with his mother or his parents.

Sanjay (14 years) a regular visitor to the monthly mela, shuttled between the streets and the Residential Home. At every Hindu festival, he would get very agitated. He had a home, parents, a sister and brother and property in his village. He had been lost when he was very small and only remembered that he landed in the remand home after being picked up by an official. I sat with him on several occasions trying to trigger his memory about his village, its location, names of people or places, gave him a book to write/draw anything he could remember. One day a new boy came to the Residential Home who said that his surname was 'Yellappa' a typical South Indian name. Sanjay at once said that it was his father's name. We contacted a Street Children's home in Andhra Pradesh, India, and finally managed to locate his family.

-Sanjay Case File, Residential Home, 1998

Sanjay's case reiterates my view that once there is a focus, a determination and a goal for the street child, he like any other 'normal' human being will be driven by it. He changes his behaviour, lifestyle and most importantly his thinking and mindset.

6.3 Factors hindering Movement off the Streets

For the child on the street, the street is his only comfort zone. He has an apprehension about participating in conventional mainstream society. Some street children have become used to living by their own rules and structures and do not wish to forfeit their independence.

Santosh (12 years) who had just come to the streets two months ago, had this to say of his happiness on the streets, "I imagine the street to be

everything. I can get things easily over here, walk around on my own. I have a lot of friends, money and my freedom”.

- Santosh Case File, 2004

For many, the thought of leaving the streets behind induces fear: a move from something known, albeit difficult, to something poorly understood, which they feel they have little confidence to deal with. Rational thinking and analysis is not part of their reflective understanding, hence fear of the unknown is correlated with not trying. Orientation camps for two-three days are organised for these boys to take away their fears. Much of their fears are based on hearsay, stories made up by boys who have left the camp, often due to their own inadequacies.

“I heard from Sandeep” says Jaggu, “that in the Rehabilitation Programme, they beat you up, the rice has worms and also there is no training, they only make you work without pay”. The seeing and experiences in the orientation camp changes their mindset and fears they have of the unknown, or of the negative impressions they have about the programme.

In my experience with the children, I have often seen that once they have made up their mind on an issue, no amount of counseling worked. Shambu (18years) said,

“The one in-charge asked me to do the NIOS. I did not want to do it. Because he told me, I had to. I would prefer to get a job rather than study”.

This reiterates that participation of the children in their own development/decisions is essential. The desire to move away from street life, arise from a number of reasons such as lack of security, poor health, exploitation, to hide from the law or from a problem, a loan taken, to control drug habit, a desire to find companionship or get married or a need to find their home.

Lucchini (1997) distinguishes three types of exit from the street: an **Active exit**, an **exit because of the Depletion of resources** or due to inertia, and a **Forced exit** because of removal or expulsion. Active exit entails a conscious choice by a youngster: to leave the street and take an alternative course; it derives from the path his life has taken on the street. When the exit stems from an exhaustion of resources or inertia, a dead end has been reached on the street where resources for survival, mobility and sociability have become depleted. This form of exit differs from an active exit since the youngster does not have a viable alternative to the street. This kind of exit is therefore marked by its instability and by many returns to the street. The third form of exit occurs because of forced removal, such as prolonged institutionalization (in a remand home) or imprisonment, and it is as such, no real exit, but only a temporary break.

This summarizes the types of movement the child makes off the streets. His active exit is the ideal. He thinks of this future, has a plan/project, is focused and goes through the difficult process of learning new behaviours and unlearning street patterns. This movement is generally a successful one into a settled form of living. He has changed his mindset to understanding the importance of moving off the streets.

6.4 Stressors in a Street Child's Life

Life on the street is rife with tensions and uncertainties. The discrepancy between what is normal for their age and what they are compelled to do by circumstances is a source of enormous stress. Very often one may view the street child as an independent adult in a child's garb. There are several stressors on the street which work on the individual either singly or in combination. Street boys undergo stress and anxiety when they have to look for food, security, health care, protection and drugs. This is accentuated especially when they run out of money and when they fall ill. On the streets, they are insecure and subject to a perpetual vulnerability and exploitation from various sources. Several individuals or gangs use these children and exploit them to achieve their own ends. They regard these children as "cheap labor" or easily expendable. Being on the streets also means that the

boys are deprived of facilities such as nutrition, health, recreation and facilities for education.

Biku says, “Yes, there is a lot of stress on the streets. We have no tensions when we have sufficient money to buy drugs. We get tense when we do not get to take drugs as the addiction grips us from inside in such a way that it becomes necessary for us to have them at any cost”.

Life on the streets is symptomatic of a state of temporariness, which induces stress in street boys. Accidents, illness, financial difficulties, change in relationships, change in frequency or nature of sexual experiences, inability to have influence over the same younger people, the loss of physical strength, police crackdowns, losing money and belongings, fights with friends are some of the life changes associated with stress on the streets. These stresses promote thoughts of lifestyle change.

Different sets of factors help us to understand why some boys move off the street. These movements could be either temporary or permanent. These factors can be grouped into the following categories:

6.4.1 Stress related to Food

The street child faces the uncertainty of finding food and this leads to a heavy reliance on junk, stale and discarded food, or competing for free food distributed at temples, mosques and hotels or even scavenging in dustbins. Invariably, children fall prey to stomach related disorders and malnourishment. Most street boys are employed in jobs that require hard manual labour. Often the food that they obtain fails to satisfy their calorific requirements, rendering them easily tired and listless (appendix 13).

Rashid (after he had run away from the Residential Home) told Vikas (staff outreach team member), “On the streets we get good food such as, Chinese, biryani, mutton, chicken, fish. In the institutions, it is only on Sundays that we get some non-vegetarian food’. When Rashid had come for the monthly mela, I asked him, ‘How many times a week do you have all the non-vegetarian food that you like?’ “When I have the money and I feel like eating it”. ‘How often is that?’ I asked him. He replied, “Sometimes once or twice a month; depends on the scrap I pick or the ‘wadi’ salary I get”.

The street child while in an institution/home, fantasizes about the good moment/s he had in a street. This attitude is an underpinning of his philosophy of, ‘Live for the day’. I think it is this incongruence of thought between the recollected past and the lived reality, that pulls the child back to the streets. However, the street child has his own sense of dignity when it comes to food, and a fine line of distinction exists between the street child and the beggar.

Sirshat (staff outreach team member) said, ‘*All the new boys, we meet on the streets, are coming into the city hungry; the first thing they ask us is for food*’. These new boys are confident that the institutions will provide timely food if not other facilities. Food therefore could compel new, sick, handicapped and very young boys to seek the help of an NGO or other service providers. Yet this may not necessarily be a sufficient reason to retain them over a long period.

Food is a major preoccupation of the street child and the stress related to it, especially for the small and new boys often prompts a mind set change in them, to move out of the streets into institutions or alternative care situations. This alternate care situation could be, not running away but accepting the abuse of the protector in return for food and security.

6.4.2. Stress related to Work

The child on the streets has to take what he gets. He has to contend with long hours of work, irregular payments and an appalling work environment, and has to endure physical and sexual abuse at times.

Street children identify themselves in terms of a primary work activity closely linked not only to a preference for a particular mode of income generation, but also to one that reflects their preferred social and cultural networks and expressions. Choices made by street boys about how to earn money are socially patterned and are related to both background and situational characteristics and this affects their ability to gain and maintain employment in the organised sector. They engage in patterns of work/income generation that are characterized by instability and diversity. This flexibility of work strategies is their response to an inherently unstable lifestyle. Work is essential for survival and once enough has been earned for the day's needs, it is time to turn to recreation.

The abilities of the street boy remain limited to doing petty jobs for earning his daily bread. There is little scope for developing specialised skills. Most street boys are engaged in hazardous occupations such as scavenging for resalable scrap in garbage bins, heavy manual labour such as carrying luggage for travelers, loading and unloading material from trucks at godowns, hopping on and off running trains while selling water bottles or trinkets, weaving and 'zari' work that renders them vulnerable to injury, abuse, infection and deterioration of eyesight, working at small restaurants for long hours, heavy 'wadikaam', peddling drugs, or working as masseurs by night that leaves them vulnerable to sexual abuse.

Their lack of skill and being underage forces them into employment in the unorganised sector which does not give them labour law rights. Their labour is valued for the day. They get hired and fired regularly. Procuring regular jobs is difficult because they do not

have a guarantor, and the owners of workshops tend to believe that they would be unreliable, irregular and untrustworthy.

Many researches focus upon work demands being one of the factors that push boys out of their homes onto the streets (D'Souza 2005). The same reason is also a factor in boys wanting to leave the streets temporarily and joining an institution. This can be attributed to the economic exclusion of many street boys and their consequent sense of insecurity and risk in the current scenario of market societies. This instigates the youth to strive to achieve conventional goals such as home, family and a job (Jones, 1997).

6.4.3 Stress related to Money

Boys on the street are involved in odd jobs in order to earn a living, but most often the income they earn is insufficient to secure even the most basic needs. Since they have no fixed income, inadequacy of money, unfair practices by their employers and long hours of work push them to resort to unfair means to have that cash in hand.

They wish to have won the lottery or gamble and win all the money possible to help achieve their desires. Money has its connotation of 'freedom of the streets' for the street child, and when they do not have the money to fulfil their momentary 'desires', it prompts them to run away from the institution/programme.

Rafique (15 years) had saved Rs.900/- over two months with me. He demanded the money as he wanted to buy a walkman. I tried to convince him about the need to keep his savings for other purposes. He would not take that advice. He had a long pending desire to own a walkman and now wanted to fulfill it.

In many cases, street children who are employed are paid at the whims of the employer, and often they do not get paid for long periods of time. New children are commonly

picked up when they just arrive and are sold to small restaurants³. They work for 12 to 14 hours delivering tea, food parcels, cleaning tables, serving or washing dishes and cups in the scullery. Rohit said,

“I was getting just one meal of rice and dal at 4 pm and in the morning, a slice of bread and tea as my payment, so I ran away after two month””.

The seasonal nature of their occupation has no avenue for saving money. For example, ‘Wadi⁴ work’, which employs street boys in large numbers, is limited to the ‘marriage seasons⁵’ only. The fear of not having money to buy food, clothes or drugs is an insecurity that they have to live with constantly. Impoverishment may not necessarily be the central reason why children opt from moving off the streets but it is one of the most common reasons that compel boys to seek an alternative. Some find themselves helpless with regard to the exploitation of the employers. Some think it is sensible to get a regular job that gives them a constant salary and dignity.

Kishore (19years) was an ex-addict who had completed the Therapeutic Programme. He was now employed with us as a peer educator and had taken an ice-breaker session, songs and games with the orientation camp group of street addicts. He showed them his bank book that had a savings of Rs.12,000/- in two years. He was earning Rs.800/- a month (his boarding and lodging was being taken care of).

- Orientation Camp, Lonavala, March 2004

The boys pointed out that Kishore had more confidence compared to those peers who had no savings. He also had the respect of the street boys, staff and visitors. Now with

³ New Children are commonly.....sold to small restaurants – A type of ‘mafia agent’ who waits on the platform identifies runaway children, picks them up under the lure of offering them food and a job. He sells them to a small restaurant for a fee. The child gets just a meal and place to sleep, with no other remuneration.

⁴ Wadi – Working at marriage parties- helping in cooking, as porters, as waiters, and other odd jobs.

⁵ ‘Marriage seasons’ – According to the Hindu religion, certain periods in the calendar are considered auspicious to marry.

money came a dignity and an ambition to save. Kishore was proud to show off his bank book; he became a role model. Some of them wanted to become peer educators like Kishore.

6.4.4 Stress related to Health

Street life has a destructive influence on their health. The poor and unhygienic living conditions of the streets intensified by poor city planning in terms of congestion and pollution has a detrimental effect on the health of the boys living on the street. The evident damage on health due to poor quality and quantity of food is exemplified in their case. What compounds the problem for the street children is the lack of easy access to medical health care (appendix 12).

Street children are a sub-group of vulnerable children who are at high risk due to the vulnerable settings they live in. They are at a high risk because of their lifestyle, lack of knowledge of preventive measures or just do not bother about it. There is high prevalence of high-risk behaviour and susceptibility to AIDS and STD amongst this group of children. Nearly 78% agreed that consumption of drugs had an adverse impact on health. 66% knew about the harmful effects of unprotected sex, but did not take the trouble to practice (appendix 12). It reiterates my view that they live more on the emotive, feeling level of the moment rather than the thinking level.

Access to health facilities are often beyond the reach of these children not because they are unavailable, but because their situation and circumstances make it so.

Ramesh (16 years) had a cut on his hand above the elbow while scavenging for scrap in a garbage dump. He did not know what to apply, could not meet the outreach worker 'uncle' who carried medicine. After a month the cut had swollen and festered, he had

temperature and could not use his right hand. He decided to go to the general hospital where medical aid was free.

At the hospital, he went through the labyrinthine process of going from counter to counter for nearly two hours. He was scolded for being smelly and dirty and for not treating his wound earlier. He was miserable about his experience and thought it would be better to die with the illness than go through the formalities at the hospital.

- Outreach Report, Ajay, 1997

Street children face serious health problems ranging from malnourishment to lack of sleep and healthcare, exposure to risk and work related hazards. About 60% of street children are victims of sleep disorders (Agarwal, 1999), a result of stress or anxiety, lack of proper place to sleep, fear of sexual abuse and fear of being robbed. Excessive drug use also tells upon their health; 60% of the children upto the age of 14 who were taking ‘solution’⁶ had contracted tuberculosis (appendix 12). Their high risk sexual behaviour, their exploitation and prostitution causes many of them to be infected by HIV and other STDs. Often victims of street violence, street fights and accidents these boys have little access to medical facilities. Faced with constant ill health and chronic disorders and infections boys seek the help of NGOs, the street outreach worker, drop in centers and Residential Homes. This movement into an institution may not always lead to permanent residence there, as some boys return to the street after recovery and medical treatment.

Akbar (16 years) came to the Residential Home after he met with an accident. He felt better in a week and left. He came back when his infection turned septic. He had left the Residential Home a second time before he had completed his course of medication. He came back for the treatment, discontinued it again in less than a week as he felt better and was back

⁶ Solution – Type-writing correcting fluid. It has an acetone base and its components are toxic. It is commonly inhaled on a piece of cloth by young street addicts. It is highly addictive and is a common drug of choice.

again a third time at the Residential Home, when the infection started spreading.

My experience with children like Akbar has led me to believe that while I should make available the service, the child should also be made accountable. Helping the child understand the consequences of leaving his medication midway and participating in his own healing procedure is an important educative responsibility on my part.

6.4.5 Age related Stress in Street Children

Age specificity is an important component of street life and this differentiation is also observed in terms of the tensions and anxieties experienced by the streets boys. The younger boys in the age group of 9- 12 years are chiefly concerned with survival on the street. Anxiety about acquiring food, clothing and a safe place to sleep predominate their actions and behaviours. At times, older boys lure the younger boys in the guise of being their ‘Protector’⁷ to continue the abusive relationship. Some smaller boys prefer the company of older boys in spite of being sexually abused by them as they need to be protected on the streets by them, thus getting into a ‘Protector-Utility boy’⁸ relationship.

After living on the streets for years, many boys have conflicting feelings about their homelessness; on the one hand, they are confident of their abilities to survive on the streets and of their experiences of travel, but soon are depressed to see ‘the end point of street life’. They become fatalistic about their situation.

Yaseen was almost 40 years old. While I was on outreach at the Mahim Darga area, he asked me, “Can you take me with you? Is there any hope for me now? I have tried to give up street life, but where do I go for support now? I had a family, but they threw me out years ago because of this addiction of mine. Is

⁷ Protector – Pg 7, Chapter No. 5

⁸ Protector-Utility boy’ - Pg 17, Chapter No. 4

there any possibility at this age? I do not want to die like the rest of these people around”.

-Outreach, Mahim, Mumbai, 1999

Homeless youth experience social exclusion and operate on the economic margins of society (Gaetz and O’Grady, 2002). Yaseen’s case is common for the street child who has grown into an adult on the streets. Those boys who have left home at an early age lack educational qualifications for certain courses and hence they lack skills to sustain them in the labour market. Snagresh says,

*“Once we are old, we cannot do the heavy jobs of the wadi and we do not get employed by the **mukkadam**⁹ anymore”.*

Their reflection on their present life vis-à-vis their future is often a trigger to move off the streets.

6.4.6 Stress related to Physical Environment

Street boys have no protection from inclement weather. They live and work on the roads, with inadequate protection if at all. Often the rainy season is the most difficult part of the year for them.

Mr.Mota (regular Residential Home donor) brought Babajhan with his 3 grandsons who were found begging at the central railway station, cold and wet. Babajhan had come to the city in May 1995 due to his inability to repay some loans in his village. He did not have a place to stay or means to feed the children. He made them beg and stayed on the platform, braving the rough elements of the streets. The 2 younger boys had

⁹ Mukkadam – The supervisor/employer for street boys at wedding parties (wadi)

pneumonia and the baby had maggots in the wound on his head. The doctors gave the two younger boys 15 days to 1 month to live. Mr.Mota asked us to keep them in the Residential Home so that they would have a warm dry place to die in peace .We were ready to keep the 3 boys but not the grandfather. He was waiting for the rains to subside to leave for his village in Uttar Pradesh.

- Residential Home Monthly Report, July 1995

Every rainy season, over 220 children come in to stay in the Residential Home, about 40-50 more than the usual numbers. Those living in public places find their surroundings unfit to sleep in during the rains, and their susceptibility to water borne diseases and infections is high. Given the seasonal nature of their occupations, street boys look for alternatives. Most boys move into institutions during the monsoons. Thus their movement here is temporary; it is an exit due to the depletion of resources.

6.4.7 Stress Related to Police Harassment

About 88% of street boys refer to negative experiences with the beat constables (appendix 12). The most common complaint of street boys is that they are regularly rounded up, detained illegally, beaten and tortured by the police. This they say is done in order to fill the 'quota'¹⁰ for their registers.

Ashok (17years) told the staff team about the dynamics of protection payments on the local trains. Ashok's friend, Zuber introduced him to a popcorn maker, who gave him a big sack of popcorn at whole sale prices. While selling them on a local train, Ashok was caught by a constable and slapped for unlicensed vending. He was sent by the constable to meet Laxman (a middle man) who introduced him to Farzana a middle aged woman who told him the rules. He had to pay her Rs. 30/- every day to be

¹⁰ Quota- A certain number of cases registered is the target set to monitor the duties of particular police stations.

'protected'. She sent him with Laxman to the station officer whom he had to pay Rs.50/- every day. Only then could he sell his popcorn. Ashok had to make up the money for buying of the popcorn, keep some for his food and also pay the Rs.80/- protection money. He gave up the job in 2 days. Zuber again introduced him to a man who 'took care of the protection' on the trains and Ashok had to sell sandwiches for him.

- Ashok Case File, November, 2005

This reveals the vulnerability of the child especially in his ability to trust adults. His levels of trust are in friends/peers only. The lack of psychological or sociological support systems further accentuates his mindset of fatalism.

6.4.8 Stress related to Peer Influence and Friendship

According to Gesell, the peer group is a pervasive force: the group influences the child's conscience...He yields to group pressure. He tends to comply with the demands and mores of his peers (cited in Kumar, 2000). Forming close associations and living in groups is an integral part of survival on the street. The group often provides food, shelter, drugs and most of all protection and a sense of security to these boys. The group takes on the role of an extended family and often boys are influenced and model their behaviour on their peers.

Allauddin (14years) had lived in the Residential Home for 6 years. For the past 5 months he had been doing very well as a trainee apprentice in a 2 wheeler garage. His friends Kamresh (14years) and Paresh (15years) were one day visited by their mother who said their father had to undergo an ear operation costing Rs.20,000/-. She needed the two boys' help and so Paresh and Kamresh decided to leave the Residential Home. Allauddin too came up to us in a while and said he was going with them. He said, 'On Rakshabandan day last month, their sister tied a Rakhee to me and

she gave me a meal'. I tried to tell Allauddin, 'You are doing so well in the garage, you have a bright future, you will be a good mechanic in 3-4 years time; you can start your own small business if you like'. He was adamant, "No, she is my sister and if she has a problem, her father becomes my father and I have to look after him too". I warned him that he would be on the streets in less than a month, but he said, "No, my sister's family will look after me".

-Allauddin Case File, Residential Home, 2000

Allauddin was a typical example of the influence peers have on each other. He had met her just once and her tying of the 'Rakhi'¹¹ had influenced his decision, his friends had become his brothers. The feeling that he had found a family and the emotional bonding he developed overtook him. Allauddin could not help his friends earn the Rs.20,000/-; his 'sister' and 'mother' were upset that he was staying with them and was a burden on them. In two weeks he was back on the streets and in a month so were Kamresh and Paresh. They were wary of coming back to the Residential Home or going to their former place of work.

In the absence of family relationships, friendship takes its place and is seen to influence a number of their impulsive decisions. However many boys undergo bad experiences with their friends on the streets. Some are robbed, forced or lured into taking drugs, physically and sexually abused. Betrayal and loss of friendship is a common factor among the children. This factor enables them to move away with another gang or group and at times make attempts to move off the streets.

6.4.9 Stress related to Street Gangs

It is extremely difficult to survive on the streets alone, especially at a young age. Various groups are formed on the streets.

¹¹ Rakhi – A band tied on the wrist of a boy by a girl on Rakshabandan day (Hindu festival), signifying that she is his sister and he as her brother will protect her for life.

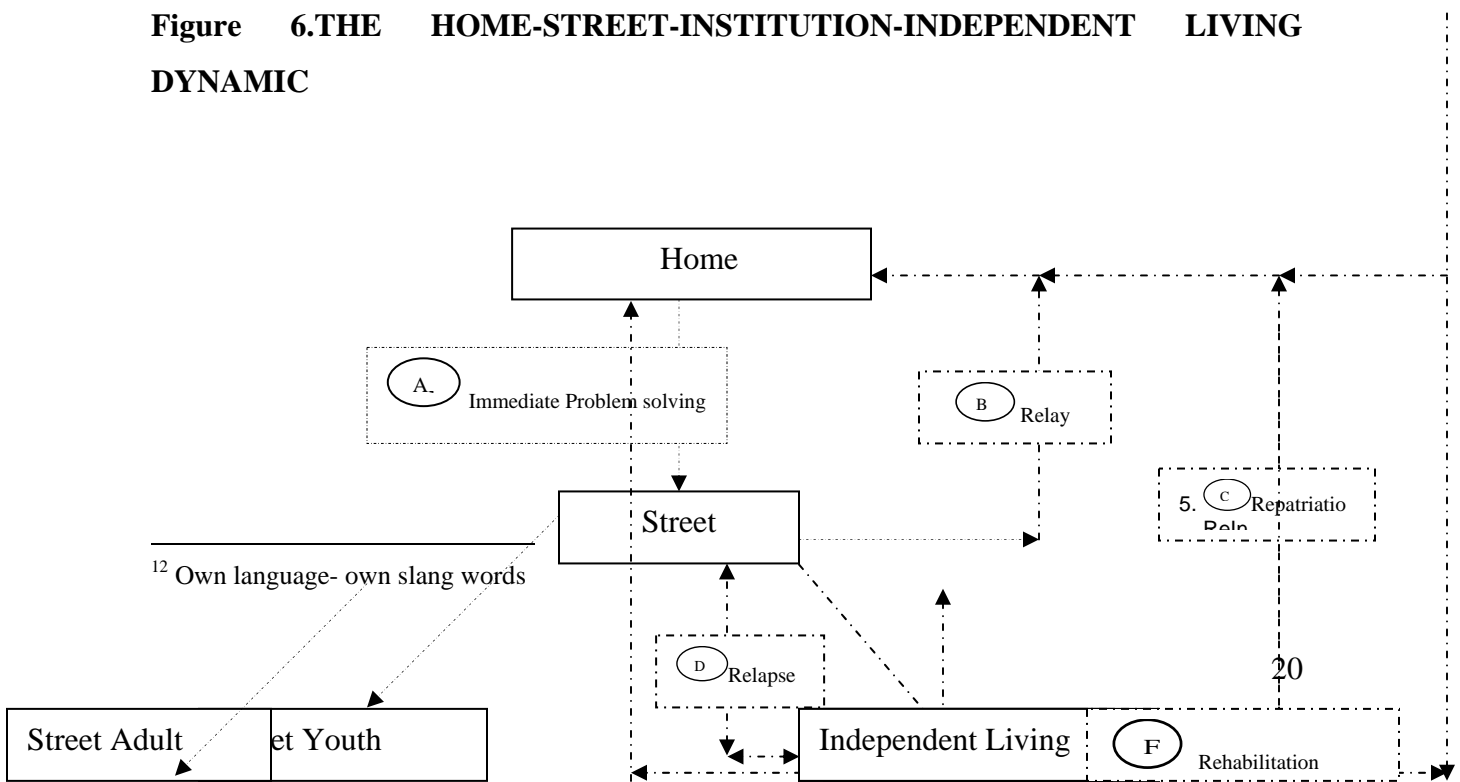
“Gang leaders are the ones who rule the streets”, says Rahim.

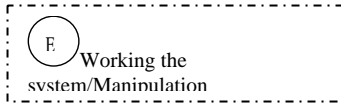
In a hostile environment, the peer group/gang is an important defense mechanism. Furthermore, the street child views the solidarity with other children a substitute for familial protection and warmth. Moreover there is fun, excitement and adventure. The gang develops its own value system and the children who no longer belong anywhere, once again belong to a community, the community of the street. They now have their own rules and laws and often even their own language¹². Gangs have a monopoly on certain streets and they do not let any other gang enter their area. When this happens, fights usually result. Generally, there are older leaders who demand obedience in exchange for protection; the gang is organised in an hierarchical fashion. The gang forms a tough social environment. Many gangs use violent initiation rituals to recruit new members, and those who break the rules are punished. To avoid punishment for a mistake committed, individuals may move off the streets.

6.5 Changing Mindsets

For many, the thought of leaving the streets induces fear; a move from something known, albeit difficult, to something poorly understood, which they feel they have little confidence to deal with. Thus this move is made with utmost caution.

Figure 6. THE HOME-STREET-INSTITUTION-INDEPENDENT LIVING DYNAMIC





- (A) **Immediate problem solving/Running Away:** Home --- Street ---- Street Youth ---- Street Adult
- (B) **Relay/Dry run:** Home --- Street ---- Home ---- Street
- (C) **Repatriation:** Home --- Street --- Institution ---- Home
- (D) **Relapse:** Home --- Street --- Institution ---- Street
- (E) **Working the system/Manipulation:** Home --- Street --- Institution ---- Institution - --Street/Home/Institution/Street
- (F) **Rehabilitation:** Home --- Street ---- Institution --- Independent living

Figure: 1 above illustrates the various combinations that work for the street child in Repatriation, Relay (Lucchini, 1997), Relapse, Rehabilitation and the children working the system to their advantage.

a) **Immediate Problem Solving/Running Away** –Owing to the abusive situation at home, he makes an impulsive decision, the consequences of which he understands later. He may make several unsuccessful attempts at moving off the streets, but ends up in ‘the terminal situation’.

b) **The Relay or Dry Run** – Generally goes hand in hand with his immediate problem solving situation. He runs away to known persons, like relatives or common friends, but gets back home, either on his own or with his relatives.

c) **The Repatriation** – This movement off the streets and back home is guided by the institution. It is often a prepared move. It could involve his having acquired certification (academic or vocational), earned a sum of money and being mentally prepared to face the challenges at home.

d) **Relapse** – This is the situation when the child, after leaving home and being on the streets, tries moving off the streets with the help of an institution/agent¹³ but fails due to his inability to shed his street identity.

e) **Working the System-** This involves manipulation of available resources to move off the streets. The children are in a ‘survival mode’¹⁴ and their mindset is not on a permanent move off the streets. They move from one institution to another. When they are sick, they come to the Residential Home for medical aid. Once they feel better, they move back to the streets.

f) **Rehabilitation** – When they have moved off the streets with the support of an agency/institution, they have their own job and settle down in a new lifestyle, far removed from their street identity.

The process of transition from the streets to a Residential Home is gradual and involves adjustment. There is a need for healing; this healing is an educative and learning process. It is a new lifestyle for the boys. They may dislike it initially but eventually grow to

¹³ Agent – Either an employer, a charitable individual who takes on the role of guardian or a family that sires the child for his progressive movement off the streets.

¹⁴ Survival mode – Making use of the system and resources available to their advantage. It is not to get off the streets, but to use the benefits given for immediate relief from a particular situation minus the long term goal of the services.

accept that this change is for the better. It is the initial acclimatization that is the most difficult period due to a lack of maturity to handle initial adjustments coupled with the habituation to instant gratification.

i) A desire to renounce street identity: The thought process of the child may not always follow reasonable and logical cognitive processes of understanding to decision making. There is no cognitive understanding or thinking of the consequences of the action. Habits occur unconsciously and habitual behaviours usually occur in chains, which are set off by ‘triggers’ (stimulus events that bring them into mind and which reinforce their execution). Once a trigger sets a habit chain in motion, it is difficult to stop it. A trigger like the feeling/desire, the money and the opportunity can effect an individual change but it also requires resilience, confidence in one’s capabilities, a spatial change and an ideological concept of having gone through street life. Life off the streets may be viewed now as a movement out of a degenerative street life.

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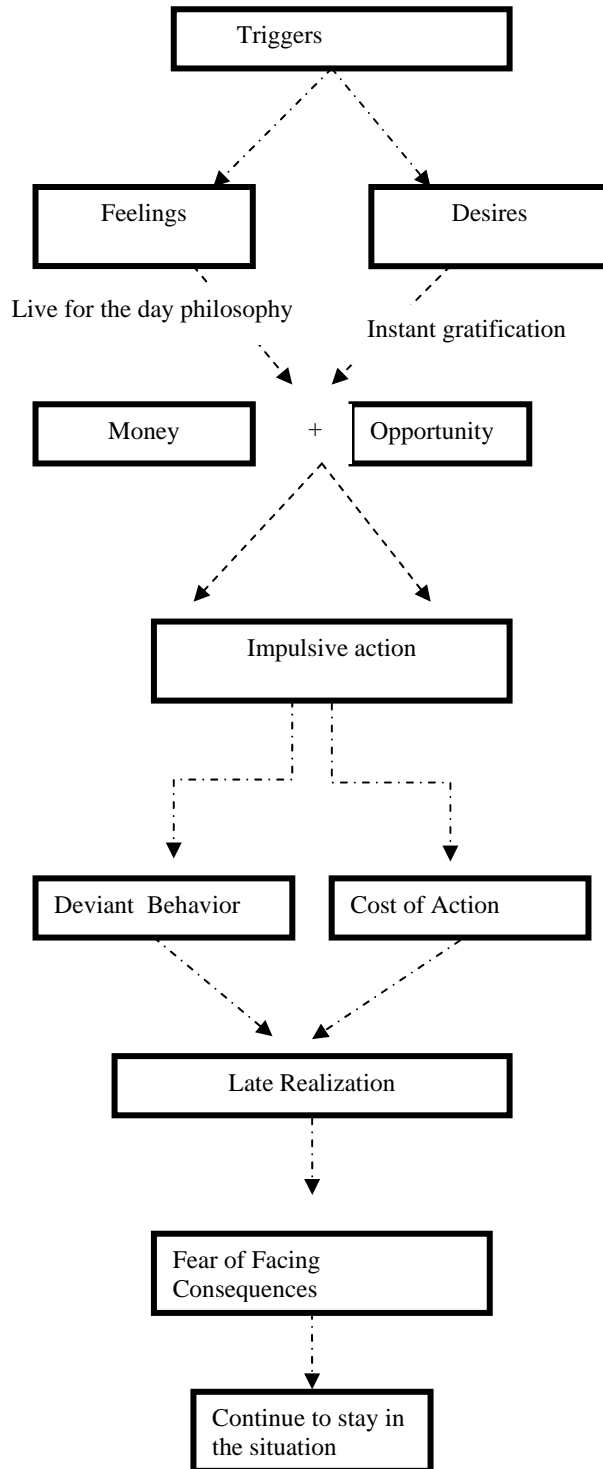
ii) Unlearning street lifestyle: A pre-requisite to moving off the streets is the mind and thinking of the street child’s world. He has formed his ideas and is ‘settled in’ in his comfort zone on the streets. To get him to a new way of life would mean unlearning what he has already been habituated to and to learn new ways of survival. For this he has to have a mind set that is conducive and open to change. In an institution they try to leave behind their past life and move ahead. They try controlling their degenerative habits (drugs, sex, abuse, gambling) but they do not compromise when somebody uses bad language against them. Vikas (staff team) was upset with Rajesh for repeatedly stealing other boys’ clothes. He told Rajesh, *‘What is your status, you are a street person and you will always be so, you will never learn to behave, you will always be a thief’*. Rajesh felt insulted. He did not want to be called a street boy anymore as he felt he was out of that situation; he had already undergone an identity change in his mind.

iii) Reflecting on their past to build a future: Once street inhalants are part of a Residential Home, they start understanding the implications of their actions. They start thinking and preparing for their future and show a willingness to make compromises. This represents the first step towards mature and acceptable behaviour. A reflection on this type of lifestyle, and an analysis and awareness on how to cope with the new type of life, seeing that others from a similar background have made it successfully, helps to slowly change their mindset.

Figure 6.2 The Thought Process of the Street Child

This figure illustrates that there are certain **Triggers** in his feelings or desires that are largely propelled by his philosophy of 'Live for the Day' or of 'Instant Gratification' What further encourages this type of thoughts are the **Money** that he has/earns and the **Opportunities** he has to spend it on a variety of choices he can make based on his **Feelings and Desires** from his philosophy. Since he does not have a cognitive approach to act at this level, his choices are governed by his **Impulsive Actions**. These impulsive actions are generally **Deviant Behaviour** engaging for which he has **Late Realization** and has to bear its consequences. He has **Fear of Facing** those consequences and hence decides to carry on in his status quo situation on the streets.

Figure 7. THE THOUGHT PROCESS OF THE STREET CHILD



Institutionalization and taking boys off the streets require utmost prudence and systematic child-focused nurturing and care. This means an enabling environment for people to enjoy a long and healthy life, to acquire knowledge, and to have access to resources needed for a decent standard of living (Lamberte, 2002). The ultimate goal of many child focused organisations is to reintegrate these youth into mainstream society. If street boys are to get off the street and stay off the street, they need to join the non-street culture/society as a potentially employable person. If they are not employable then they need to become part of a support system which caters to both their survival and developmental needs.

6.6 Motivation towards Self- Development

The preparation of the child begins when he arrives at a point of openness and readiness to change. Acceptance and responsibility are components of psychological change procedures. Most motivation theorists assume that motivation is involved in the performance of all learned responses; that is, a learned behaviour will not occur unless it is energized (Huitt, 2001). There are various influences that would make a street boy willing to change. His peer group, close friends, role models be they positive or negative, street enablers/social workers, counselors, a meaningful relationship may all help prepare his mind to move off the streets. Once he is prepared and open to change his life style, he begins to search for support from social workers and institutions. Special persons who have nurtured them as trainees, servants, their own family support or an employer's support are important elements in the process of their movement off the streets.

To move off the streets, he understands from his friends or social workers that he has to 're-construct' his life. The areas of habituated deterioration are slowly worked on, much of it through self-denial and a resolute will to succeed. There are several levels of trial, followed by preparation, failure and finally movement off the streets. Motivation and encouragement at this stage is of prime importance in his quest for self-development.

6.6.1 Working with his Present for a Future

When a child attempts to move off the streets, he has certain expectations of how his rehabilitation should be and how quickly he should be reaching it. As his past is being mended, simultaneously it is important to work on his present, his talents, academic abilities and skills. He needs to be given opportunities to enhance these and to make him realise his worth, his contribution to society. When his talents and capabilities do not match those ideals, he returns to the streets. But when he begins with attainable and realistic ideals, he is better prepared; his ideal matches his preparation for it.

Jai (16 years) has set his goal. He wants to work in a software firm. He is now studying for his HSC (Higher Secondary School Certificate), has been taking English classes, and has asked us to get someone to sponsor his computer language course. He studies early in the morning and late at night, practices what he learns in the computer room in the Residential Home when he gets back, keeps talking to the staff and the volunteers in English. He wants to do well in his studies, get a good job in a computer firm, buy his own house and live like a middle class youngster.

-Jai Case File, Residential Home, 2006

6.6.2 Education

The movement to self-development begins with steps towards educational attainment, academic qualifications and planning for future work. He understands this is fundamental for his progress. There has been a marked difference in the Residential Home education programme of the children in the past 10 years.

In 1996, when we first admitted 4 children to the nearby Municipal school, we were under the impression that they would not be able to cope being in a school for 6 hours. The following year 31 more boys asked to be admitted to school. For

the next 2 years, the admissions to primary school increased and a few opted for the High School certificate course by correspondence. In the past 4 years, there has been a change in the education pattern. The younger children now want to be in mainstream school right up to high school and college. This has prompted them to seek other avenues too. They have begun looking for classes in English, learning computers and are no longer focused on blue collar jobs. Their educational capabilities are now focused upon getting into the white collar domain and move into the middle class.

- Residential Home, 2006

The boys at the Residential Home are allowed to make their choice from among a range of training options depending upon their educational development. Often if a street adolescent is not able to enter a certificate course due to his lack of meeting the institution's academic requirements, he goes in for training for which academics is not a prerequisite. There are several institutes that regularly take in boys of the Residential Home for training and tailor their course content accordingly. Several small local workshops have provided training to those boys who have not had the qualifications to enter the formal training institutes. They often struggle to succeed, to make full use of the opportunities they get, and these are the boys who are focused and so succeed in moving off the streets.

6.6.3 Employment

Upon being trained in 'mending the past' phase and certification. The boy takes up a job in his process of movement off the streets.

Raju (19 years) had completed his training in an electricians' course. He could not find a job immediately. He decided to take up a house keeping job in a shopping mall in the interim. In 7 months Dinesh (staff team member) got him a job as an electrician's assistant. Raju gave up this job in less than 2 months. The

electrician used to verbally abuse him, keep him till late at night, get him to do all the difficult jobs, but did not teach him anything. Raju went back to work at another mall. There too he had difficulty with the supervisor and left the job. He did not want to go back to the streets. He began searching for jobs himself, got one as a sales representative for a water purifier company.

It is in Phase V that he often encounters problems with employers who are abusive, exploitative and unreasonable. Yet once he has begun living independently, he develops resilience and if he does not manage to get along, he goes on to find a new job, or deals with his problems. He has worked on himself, his mindset, motivation, mended his past and availed of support structures. This act is an indicator of his permanent movement off the streets.

6.6.4 Focusing on the Future

Once their basic needs are attended to, the adolescents start developing a vision for their future. Many of the younger boys opt to study and continue with their schooling which had been disrupted. For the older boys, the Residential Home prepares them to face life and its challenges, to conduct relationships and adopt socially acceptable ways of living. A drama depicting street life was discussed at a meeting with the boys preparing for the Diwali Mela, 2006. Many in the group said,

“Do not mention the topic of street life and drugs, we have forgotten it and if you talk about it, we will think about our old ways again”.

This implies they are keen to erase their past, but whenever reminded of it, they find it demeaning. At the Residential Home therefore, there is a concerted attempt to focus less on the past and look more towards the future.

6.7 The Rehabilitation Process

The process of moving from dependence on the streets for survival to an institution marks the movement off the streets and the start of his rehabilitation process. When he decides to move off the streets, he develops a Dependence on the Institution. (Refer Figure 3. p.35).

6.7.1 The Settlement Phase

From the institution, once he becomes economically capable of living by himself, he moves into a home of his own. It could be either moving back to his family or sharing a house on rent with a group of friends. Moving off the streets is always linked to living under a roof. It means developing one's security, establishing a socially acceptable identity. A house gives that identity and sense of achievement to the child. He has a place to belong to, an address he can claim.

When the bigger boys decided to move out of the Residential Home, the management gave them a refundable deposit of Rs.10, 000/- each to pay for their new lodgings in a slum. Research over a three year period revealed that 25% -30% of the boys found it difficult to get used to this new lifestyle (appendix 11) of waking up at 3 a.m., standing in long queues to collect water and doing other household chores without help. These boys could not cope with the harsh reality of living in a slum, surrounded by the degenerative habits that they had tried to shed; they dropped out of the programme and returned to the streets.

- Residential Home, 2004

When asked to reflect on their situation, they responded that the Residential Home was comfortable and that they did not have to do their daily chores. They also confessed their inability to handle their new-found freedom. We decided to experiment with renting small apartments in the suburbs which were affordable and offered a more supportive

environment. There has been a marked difference; to date there has not been a single drop out from these apartments.

The transition process begins when the boys are able to generate enough capital to rent a room and participate in NGO training programmes such as carpentry, tailoring or various vocational and technical courses. Although a homeless existence may be a temporary stage in the children's life on the street, the difficulties they encounter do not immediately disappear when street life changes to community life. Many still engage in precarious day-to-day survival, while actively seeking ways of obtaining secure employment. These may be considered as the ones who have gone through the process of understanding that life on the streets is degenerative and who have built up a resilience and a determination not to go back to the streets.

Joshi (21 years) left the Residential Home to live in a group home. His was a story of tenacity in the face of a series of work-related disappointments- he lost his job in a small factory making noodles as the owner went bankrupt. He found a job after two months (until which he borrowed money to survive) as a courier boy, only to lose that job too as he made a few mistakes on his delivery rounds. He was out of earning for a while. After a two-month gap, he began selling toothbrushes on the local trains, often getting into conflict with the railway police. He failed to make a profit. Ultimately, he got a permanent job in a blood testing laboratory, carrying blood samples from people's homes to the laboratory.

- Joshi Case File, 2006

Joshi had understood that his identity was no longer that of a street boy. He built up resilience to combat his loss of jobs. Street children are resilient, creative and ingenious. Given the needed opportunities and drawn into a situation, they are capable of bringing about some kind of personal transformation and behavioural changes. Resilience refers to positive patterns of functioning or development during or following exposure to

adversity, or, more simply, to good adaptation in a context of risk, resilience presumably involves many processes that result in positive adaptation over the course of development (Flynn, Dudding and Barber, 2006). The now rehabilitated youth tries different avenues of work to keep him off the streets. A permanent residence has given him identity and the respectability to get jobs with responsible persons/concerns.

6.7.2 Home Repatriation

This is not a mere relocation in geographical terms, but more a paradigmatic shift from a street culture to a family culture. It is rediscovering relationships and social networks. He may undertake this return himself or with the help of an organization. Organisations often help with the transition particularly if mistreatment or family conflict was the reason for the child's coming to the streets. The varying patterns of rearing and socialization along with the consistent lack of face to face supervision and communication affect parent-child relationships.

Qazi (17years) left home at the age of twelve, when his father chastised him physically if he did not learn his lessons or chant the Koran properly. Qazi ran away, took to living on the streets and became a drug addict. He joined the Residential Programme, learnt tailoring, and finished his NIOS High School. This sense of achievement propelled him to want to return home. Anselm (staff social worker), took a keen interest in preparing him to understand the difference between village and city life. He was sent to the pre-training home situated in a rural environment for three months to understand the reality of a village and its dynamics. His parents were called and prepared and he rejoined them. For the last three years, he has been in touch with me at Id and Diwali.

- Qazi Case File, 2000

Qazi stayed on at home and adapted well. He said that though it was difficult at times to be scolded by his father, the attachment to his mother and sister was the reason/motivation for staying on.

In 1995, I made a study of the 11 boys who had gone home to their villages from the Residential Home. Nine boys returned, saying that it was difficult to cope with the slow paced life in the village. They had to work hard for a little money. In the city, they collected scrap for an hour or more and earned what they would get in 2/3 weeks of heavy labor in their native village. They could not get along with the controls on their freedom of movement, decisions being taken for them by the family members; hence they came back to the city.

- 'Residential Home Samachar',¹⁵ Issue No.1, August 1995

There was not much preparation to go home. They thought they needed to earn and collect over Rs.2,000/- to override the initial familial acrimony over their past mistakes. They had not acquired any skills to find work in the village or nearby towns. Some of them were still addicted to inhalants and found it difficult to maintain their habit in their villages. The fact that he is now far removed from his old lifestyle and used to his new lifestyle causes him to return to the streets. It is only when he begins to think reflectively about his situation on the streets and compares it to his life at his hometown, that his mindset changes.

This study and reflection on the boys' return from repatriation to the streets prompted the management to change the philosophy from 'Let them Be' to 'Let them Become'. The 'Let them Become' implied helping them to realise their potential, equip them with a skill that will enable them to stand on their own feet and get a job anywhere, help them with the preparation to going

¹⁵ Residential Home Samachar – Bimonthly newsletter of the Residential Home, publishing information and news regarding the happenings at the Home and its various projects.

back home. Repatriation at the Residential Home A Study(1998), found that of the 63 boys that returned home the previous year, only 4 had returned back to Mumbai, all due to family breakdown.

- 'Residential Home Samachar', Issue No.14, October 1998

In some instances, children exploit resettlement programmes, using them for the purpose of 'adventure' or for short visits to friends and relatives. This also indicates that the majority of homeless people desire to establish some form of permanence in their lives and move out of their nomadic existence (Shelter Report, May, 2003).

6.7.3 Relapse

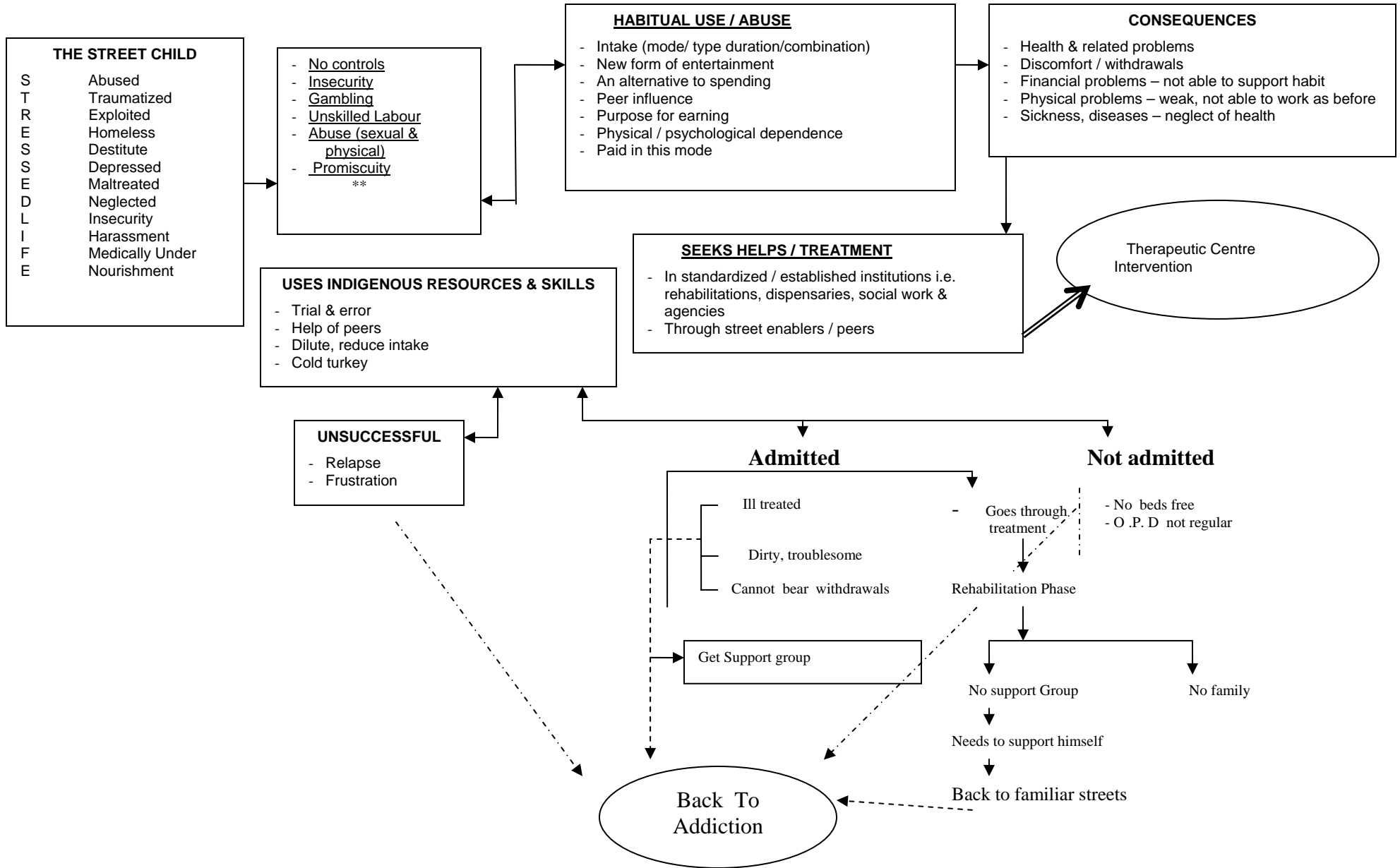
However, resettlement is a difficult process and is not always successful. Some street children return to the streets in a 'serial manner'¹⁶. The child, who comes back to the street after a brief return home speaks of the boredom and his longing for the diversified activities and the friendly relationships on the street. Membership in a group and identification with a place, such as a market square, park, crossroads, vacant lots, metro stations, or a big store, stand in contrast to the lacklustre, monotonous life at home. The children who have had a regular job for some time compare the constraints of this activity with the liberty they have experienced in the street. Resettlement may fail when the boy sees that conditions at home have not improved, or that he is unable to find regular, gainful employment in the village, despite his skills and training. There are also instances when parents send the boy back to the city for the sake of enhanced earnings.

This demonstrates that movement out of street life must be voluntary, with children taking the initial decision, and cannot be forced. The movement has to be accompanied by intense preparation and simulation of expected lifestyles in terms of family demands and responsibilities, adjustments and compromises.

¹⁶ Serial manner – Keeps on oscillating constantly between the institution and streets.

The oscillation of the street child between the states of addiction and periods of recovery are a constant. The stressors he faces on the streets combined with factors conducive to drug abuse and its habitual use sets his lifestyle in a cyclic pattern of stress- drug abuse- attempts at recovery – and back to the streets. He manages to break this cyclic pattern only through support systems that sustain his recovery period. His efforts, intentions and motivation constitute the first step but a support system in the form of external structures such as hospitals, supportive individuals and Non-governmental institutions help translate this effort into a permanent movement off the streets. The loss of this support due to failures from either side causes a degenerative movement back to addiction. This process is explained in **Figure 6.8 Back to the Addiction Cycle.**

THE BACK TO ADDICTION PHENOMENON



The support structure of the initiation like, the Residential Home, they are very friendly and attached to the staff team. Once they settle in, they often react violently to small incidents and have several mood swings. Before bonding with new peers, they remember their friends on the streets and begin missing their street lifestyle. If they are addicted to it, they often go through a phase of craving to return to the streets, drugs/tobacco and the freedom of the streets.

Not being able to resist the craving to get back to the streets, yet not having a justified reason to leave the institution, the street adolescents try to make lame excuses, "*I have my clothes in the laundry, I will pick them up and come back*" or, "*I have my money saved with the shopkeeper, I will get it and return*". On occasions when the staff has accompanied them, they give the staff the slip. This is because their mindset is still of the streets, and they have come to try out the Residential Home experience because of any of these reasons--a friend has come along, to move out of an undesirable situation on the streets or to see and experience for themselves, and fantasize about a middle class lifestyle.

Once the boys have come to this stage of wanting to leave the programme, the staff identifies it and tries to help counsel the boy and ask his peers to counsel him too. Yet, 80% of such cases leave (Appendix 9). This raised several questions, whether I should let the boy take the decision, especially in cases when he was only seven or eight years old, or even just twelve or thirteen; as guardian or a 'father' should I not let the boy know what was best for him, I consider them my children. This led to the dilemma about the fine line to be drawn between ethical leanings and professional distance.

Those who have dropped out of the programme are often the ones who influence the other children's opinion on the streets about institutional care. They are in a transitory mindset, often at fault for not having adhered to the principles of rehabilitation that the institution has laid down and with no focus. In those cases wherein the child is focused, has thought about his future, he overcomes the demands of rehabilitation.

Zakir had been in the Residential Home for 5 months, but disliked waking up at 7 am and avoided doing the jobs given to the 'Don Boys' Group'¹⁷ and would get angry with the staff who insisted on his cleanliness and doing his duties. One day, when a staff team member pulled him up and asked him to finish his jobs before going to play, he quietly slipped away from the Residential Home. Back on the streets he told the outreach staff, 'There the food is very bad, there are lots of stones in the rice and they do not give you a full meal. The one in charge of the Don Group beats us a lot, he hit me very badly so I ran away'.

-Zakir Case File, Residential Home 2002

Zakir is a typical example of how boys react to leaving an institution. To cover up their own mistakes, they make up a story about the services of the institution. The common reasons are that the food is either not good or insufficient (48%), that the authorities are very strict and beat you up, or that the other boys are bullies (34%) and negligence (28%) on the part of the NGOs (appendix 11). They do not convey the positive aspects of rehabilitation services in education, home placement and skills learning. Their peers develop opinions about that institution based largely on the narrations of the drop outs. These negative opinions cause a deep impression and form most of the street child's opinion about institutional care.

Thus the forces, dynamics and characteristics on the streets keep pulling the child back. To move off from it, he needs a replacing support system that is attractive and sustaining. The first step in moving into a new support structure is a change in mindset which lends a new meaning, a new focus and less chances of him going back to the streets.

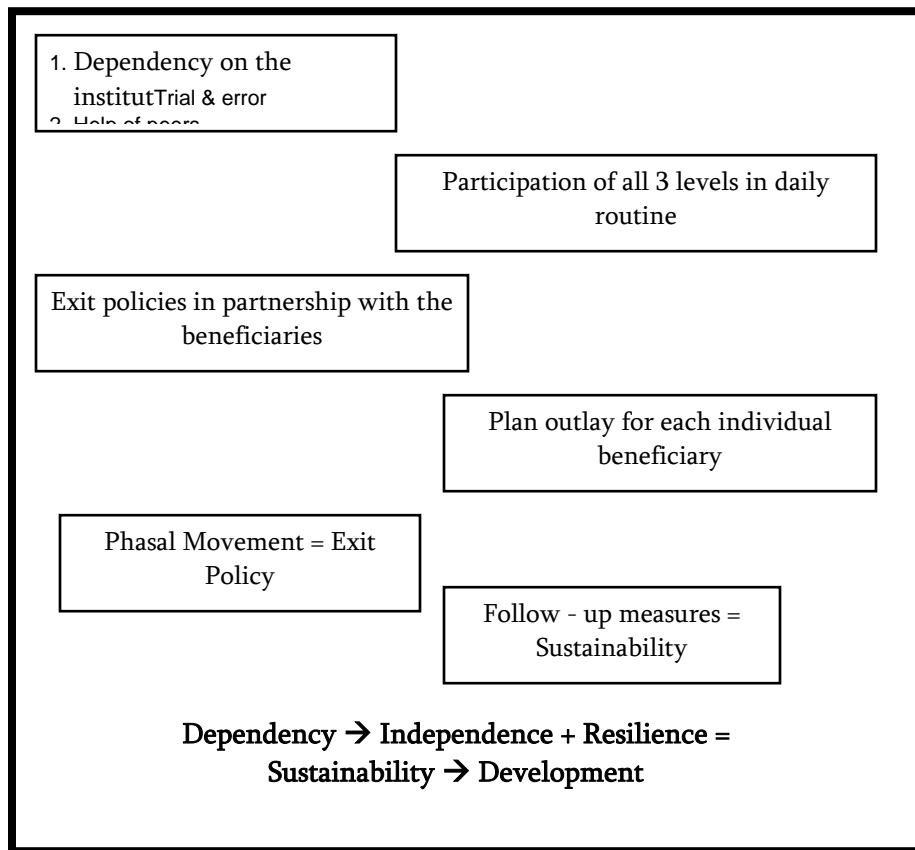
6.9 Consequence of Institutionalisation

Institutionalisation is not the only strategy to deal with the problem of street boys unless it has an enabling atmosphere that closely approximates positive familial conditions. The

¹⁷ Don Boys' Group- was formed in Residential Home for those, who were being prepared for schooling, training or for work. It entailed imbibing a certain routine, discipline, responsibilities, values and work ethics.

long years in the field has made me realise that, ‘No one method of care to move the children off the streets or help them get off drugs can be considered “the right method”. We are dealing with human beings who are different in their psychological make up and differing in their needs, with a variety of ‘past experiences’ which either hinder or are enhanced by particular methods of care and help’ (D’Souza, 1993). There needs to be a well planned movement for each child which covers not only his stay in the institution, but goes well beyond it in the form of a meticulous follow-up plan to sustain him off the streets. In ‘Pivoting Peripheries’¹⁸, I and my team (D’Souza, 2005) put forward a model of working with institutionalised marginalised children.

Figure- 6.3 Developmental Model for Institutionalised



The ‘Dependency’ factor has been a common phenomenon among all institutions. Rootless and marginalized children tend to be dependent on institutions for long-term

¹⁸ ‘Pivoting Peripheries’ by D’Souza and Team, was a three year qualitative research study of several groups of Marginalized Adolescents. One of the groups included was street children. The team came up with a model of working with institutionalised children.

support (4 to 10+ years). A well-planned Exit Policy needs to be framed with the participation of all three agents (the beneficiaries, the staff and the management), with definite time schedules, monitoring and evaluation. A majority of institutions face difficulties once the dependents move out of their immediate care. Hence an integrated follow-up plan for sustainability is intrinsic to the effective implementation of this developmental model (D'Souza and Team, 2005).

Some of the boys, who had left the Residential Home, when asked what had prompted them to go back to the streets, identified the following reasons.

Dorai had been avoiding the issue of moving out of the Residential Home and settling with his friends who had taken up rented rooms. But he kept saying, "I will never leave the Residential Home". Dorai, who had been working in a cycle shop, moved briefly out of the Residential Home only to spend his entire savings on alcohol and 'solution'. He was unable to 'manage' his money.

- Dorai Case File, Residential Home 1998

Dorai, was unable to shake off his dependency on the Residential Home and could not handle an independent life; his mindset had not changed. There is an element of forced movement, be it peer pressure or institutional exit policy.

The movement off the streets, if not adequately prepared for, makes the transition from street – institution to rehabilitation difficult, with possibilities of repeated failure.

Usman, nearly 32 years old, was one of my first experiences of trying to work with street addicts in 1986. I had met him on my outreach rounds, and yet after thirteen years, he pleaded, 'Please give me one more chance! I will not repeat my mistake. I have tried to give up street life. But where do I go? Please take me with you!'

-Outreach, Mahim, Mumbai, 1999

Usman could not ‘fit in’ with his family, kept running away and returning home. He was married at the age of 19, but by then he had become addicted and so kept coming to the city where it was easier to earn the money to support his drug habit. He was ultimately thrown out of his house. He was now on the streets outside the Darga, apparently waiting for alms and drugs. This situation I call ‘The Terminal Situation’¹⁹, a negative role model that I often present to the adolescents in the Rehabilitation Home. The grown up street person has no place for support, there are no services from Non Government Organisations (NGOs) and Governmental Organisations (GOs). Help for this category is given only if they are considered beggars or destitute by the Government.

There are a few public hospital services for these types of addicts, but they need to have a responsible relative accompanying them and post detoxification care is non-existent. Hence they prefer to wait on the streets until death. Having no options, no help and no avenues to pursue an alternative way of life represent a situation of hopelessness, causing him to relapse into addiction. The question asked them is; would you like to end up like Usman? I had been putting forward to many of the bigger boys who came to the mela individually this question about their age catching up with them and the NGOs sector drying up their services for them. I wanted to get them to begin analyzing their situation, giving some time for reflection and make them think of their future.

6.10 My Reflections

I have tried to consider each individual differently and used my judgment in sorting out and helping the child to make the best decision with him—if he were confused, vulnerable to deterioration or was attached to one of the team members, I would persuade him to stay and give another try. On the other hand, if I have observed a determination to leave (run away), my experience has taught me that no amount of persuasion or counseling would change his mindset. I made it known to him that he is welcome to

¹⁹ ‘The Terminal Situation’ – A situation wherein a street child has lived out his childhood on the streets and is now a grown up adult. He is heavily addicted to substances, unable to work and earn, lives on charity, outside charitable institutions (on the streets). He does not have a fruitful future, no agency to support him. In this situation he is staring at a difficult death situation on the streets.

come back, and that it would be a good idea to keep in touch with our outreach staff, visit the drop in center or come for the melas.

For those who stay in the programme, despite their initial wariness, resistance to discipline and hygiene, all a carry over from their street life, they find coping strategies—in their newfound peer bonding based on similarity of interests and shared experience, in an increase in self-expression and self-confidence by taking part in group social functions. For those who undergo the pain of withdrawal symptoms during detoxification, accompanied by a craving to get back to the streets, the presence of an ‘enabler’ works both as a deterrent to running away and as a source of assurance to complete the programme. They ‘enable’ the child to come out of the ‘meditative pause’ when he swerves from violent mood swings and shunning all company to making that crucial mindset change to a new focus and a goal. This increases the adolescent youth inhalants’ adaptability and determination to move off the streets. A major motivational exercise to boost their rehabilitation is the bi-weekly Progress Evaluation Chart (Appendix 4) where both the staff and the children themselves participate.

The mindset change needs a constant boost and indicators that reassure his focus and thinking. The initial period of Phases IV and V is crucial in his permanent movement off the streets when he begins to move slowly out of the institutional/agency support and starts learning to cope with issues and challenges by himself. His success at managing these challenges further encourages him and marks his movement off the streets permanently.

In my experience, I have observed that moving off the streets is a positive method for a child to progress and be a contributory citizen. The street child cannot do so living on the streets. The ‘terminal situation’ explains the end point of street life. The movement from street child to street youth and subsequently to street adult is a terminal and dehumanizing situation. I propose a movement off the streets as the solution to this terminal situation. Support structures have a particular role to enable him in this process.

However, it is the individual's mindset change, his choice and effort that makes the movement off the streets possible.

Chapter 7

ORGANISATIONAL ISSUES

7.1 Introduction

Deep within each child is the yearning to belong to a "normal" family. It is during childhood that an individual's personality starts taking definite shape. Once it has grown in an undesired direction and taken root, it cannot be brought back to the natural course. It is very important that society take sufficient measures to ensure that its future citizens have ample opportunities for right growth. If the resources are limited, the crunch must not fall on children (Agarwal, 1999).

All policies, programmes and interventions must be guided by certain basic tenets and premises so that they are child-focused and rights-based. Programmes that provide sporadic or seasonal assistance only serve to attract boys on the street, leading to seasonal increase in their numbers. During the monsoon for instance, the weather conditions and lack of earning opportunities lead them to seek shelter.

During the rains, we would get over a thousand boys staying overnight at the Residential Home (at the monthly mela from 1988 to 1996-97). The space was limited and about 300 odd could be decently accommodated; the boys would sleep at night huddled up or sitting on the staircase, in the hall and in the tiny corridor of the Residential Home. In 1997, we decided to take in only children below the age of 14. With this, the numbers attending the monthly mela reduced drastically, there was more space and the activities conducted were more effective.

- Residential Home Annual Report, December 1998, Mumbai

Organisations provide a range of benefits and services that aim to address the immediate needs of street children such as education, family repatriation, medical care, psychological counselling and recreation among others. For the programme to be

effective, the environment in the institution must be enabling, culturally-sensitive and should closely approximate appropriate familial conditions keeping in mind the child's emotional, physical, vocational and psychological needs. By understanding the child's background, the organisation works toward the goal of integrating him into a structured family "space." Lamberte (2002) highlights the importance of coming up with a collective review as well as a reflective assessment of street-based programme interventions.

7.2 Organisations as Primary Care Givers

Assistance programmes ensure stability, care, predictability and protection. Children without the guidance and protection of their primary caregivers are often more vulnerable and at risk of becoming victims of violence, exploitation, trafficking, discrimination or other abuses (UNICEF, 2007). Organisations working with children in street situations have their own mandate, vision and mission. Keeping in mind the vast geographical areas that the children come from (D'Souza, 2004) and their consequent politico-socio-psychoeconomic problems, these mandates are largely unidimensional and fall short of treating the macro problems involved in the street children's experience. The common concern is an attempt to focus the issue at various fora, enhance the child's coping mechanisms on the streets or move them off the streets towards repatriation and rehabilitation. Working with their mindsets and thinking is not a primary focus but a by-product of their programmes and interventions. Thus the role they play in the macro dynamics of street children is specific, a need met, yet not a comprehensive solution. This entails Government policies, village units, families and agencies that help contain the street children phenomenon.¹

Another problem is that of services overlapping due to the mushrooming of Non Governmental Organisations (NGOs), which are independent, non-profit institutions. Their services and interventions have remained largely fragmented, and unless integrated,

¹ New roles for non-governmental organisations in development cooperation, Ministry of Foreign Affairs, <http://www.regjeringen.no/en/dep/ud/Documents/Reports-programmes-of-action-and-plans/Reports/2006/New-roles-for-non-governmental-organisations-in-development-cooperation/4.html?id=420467>, retrieved 01/06/07).

do not have long term positive consequences. Each NGO works within its own milieu and fails to establish common grounds of collaboration and networking. Concerted efforts at networking can bring about major policy changes with the government and achieve the desired social change.

Strategies adopted in street-based interventions require to be reviewed, re-examined and re-thought, as provision of assistance serves as a pull factor affecting the visibility and presence of boys on the street. Taking the boys out of the streets is not the only solution; post-care and follow up strategies are an important factor to reduce and prevent the street-shelter-street cycle that may also develop into a street-shelter-home-street-shelter cycle experienced by most who take to the streets.

7.3 Spectrum of Service Provision

Organisations catering to street boys usually provide a multiplicity of services, often in combination. Primarily, these services are health and nutrition, educational development, skills training, residential care, residential/temporary shelter (drop-in facility), crisis intervention and counselling, income generation and family repatriation; all part of a preventive approach. The adoption of a preventive approach means that issues of poverty and family- related factors have to be addressed, as all these are crucial for the possible transformation of the adolescent and his views of the street. The sheer diversity of these services call for personnel especially qualified and skilled, social workers, peer educators, field staff, psychiatrists and medical professionals.

The Residential Home began in 1987 with just the management, who were social workers. The outreach staff consisted of peer educators, the medical care and other routine services were managed by an employed social worker with the help of the older boys. As the programmes developed, the various needs of the boys could not be met with the skeletal staff, and skilled personnel from various professions were employed. It made the programme more effective.

Organisations that have multiplied in the past 8-10 years in the city (Appendix 7) have started with a paucity of resources, thus compromising quality care. When there is no code of conduct in the beginning and no supervision by a regulatory body, then the running of child care institutes becomes ad hoc and standards and quality decline. The emphasis is on numbers and services provided are not always child-centred.

7.4. Admission and Exclusion Concerns

Institutions offer a multitude of services to the child. The street child makes his decision not to enter an institution when he is afraid that his 'needs of instant desire' (addressed arbitrarily and without apparent rationality) will not be met, when there is fear generated over what others have said about their stay in institutions or when there is fear of losing 'freedom'. On the other hand, he would want to join an institution for short or long term benefits.

7.4.1 Restricting Entry

The dilemma faced by most organisations is when to restrict the entry of children in street situations and those with problems, at what point one should accept them, and what strategy, treatment and policies should they apply for these children.

7.4.1.1 Specific Target Groups

The phenomenon of children in street situations does not confine itself to just that group of 'rootless and roofless' children who live on the streets day and night. The definition is inclusive of various categories of children who live or may not live all the time on the streets, earn or return to it for economic survival (Lucchini, 1997). The definition could include pavement/slum children, children having problems with parents, such as commercial sex workers, children of prisoners and street drug addicts. It is difficult to draw lines of demarcation between these groups.

Organisations have to make tough decisions in taking care of specific groups, draw up admission policies for these categories (Appendix 34), stating their area of focus as well as their limitations. They take on these groups under labels of preventive measures

(pavement, slum, migrant children's education programmes), treatment measures (residential homes, night shelters, drop in centres), campaigning responses (advocacy, publications, research units) and what I term as "knee jerk" responses (one time/seasonal activities, in response to an immediate event). These measures and terms are often conceptualised in a, 'holistic programme'. The focus of the organisation I think tends to get diverted under this label of 'a holistic programme', particularly in view of the 'fluidicity'² of the term and manageability of the groups.

There are certain criteria a shelter may specify regarding the admission of boys (Appendix 34). Each child has his own story, his handicaps, health problems, background and several characteristics that render him unique and therefore, he has to be treated as an individual case for consideration for admission into an institution. Since organisations have a mandate and focus for their services, the criteria for admitting children in street situations have to be in place.

7.4.1.2 Age Criterion

An age criterion for admission helps to keep the group homogenous. *The Residential Home (180 children) had for its first eight years, street youth approximately in the age groups of 18+ (45%), 15-17 (30%), 12-14 (15%) and below 11years (10%).* Thus the group was not homogenous. There were problems of abuse, violence, bullying and stealing from each other. Staffing was too minimal to take care of the problems of the different age groups. The oldest boys took on much of the routine jobs, including the problems of younger children, for which they had no formal training. It was after a self-evaluation in 1995 that the organisation changed its policy of admission, restricting it to only those below the age of 14. An exit policy (see Chapter 5 on Personal Ownership) was framed by the older boys and they moved into group homes. Thereafter, there have been two homogenous groups of those above 14 years and those below 14.

² Fluidicity – Refers to the fluid state of the term street children as inclusive of several groups which move from one to the other without strict demarcations; for instance, street addicts, pavement children, slum children and other similar groups.

The homogeneity of a marginalised group in terms of age is an important factor in therapy. Homes that have a wide age gap tend to have separate spaces for the groups, who come together for common programmes like food and recreation.

My experience has shown that those who grow out of the adolescent age group and move into adulthood with ‘untreated behavioural problems’ demonstrate acute adult behaviour issues that often find expression in criminal activities and conflict with the law.

Shadab (21 years) was constantly stealing other children’s clothes, stationery and money from their lockers. He was sent away from the Residential Home to a branch of the organisation in a rural place, often considered a punishment by the Residential Home boys. After two months he returned without therapy; he began stealing again and was asked to leave in a month. After a year, he was readmitted to the Residential Home, (he was in another home in the interim period but was asked to leave due to his thieving). Once again, he began stealing and was asked to leave. A year later, he was brought back to the Residential Home by the police in handcuffs for breaking into a house with another companion.

- Shadab Case File, Residential Home 2005

I think organisations are the last stage for help for children with behavioural problems. If they do not help them, where will they go? They are left with their problems which only become more acute in the oppressive environment of the streets. It is important for organisations to focus on their admission policies and on the dilemma of numbers vis a vis their vision and mission. Devoting special attention to problems of individuals will help avoid escalation of behavioural disorders in their adult life.

7.4.1.3 Problem Behaviour

Behavioural problems in adolescents are a manifestation of their childhood situations of trauma, neglect, abuse, family discord and other forms of psychological problems. The ‘psychological baggage’ they carry extends to their later life. In the case of children in street situations, the problems are compounded by the fact that the environment is not an

educative one. Their peers tend to view these issues not as problems to be treated but as amusing incidents. When these adolescents enter an institution which has smaller numbers, the individual attention given often helps to identify and treat the problem at an early stage. In those institutions with large numbers, problems tend to remain unaddressed, except those that are particularly outstanding.

Those boys who have a history of thieving/stealing from the shelter, have a criminal background or have sexually abused in the shelter and exhibit problematic behaviour tend to be barred from entry. I think the problem of not 'treating' these children, is more in the 'dilemma of numbers'³. Another consequent dilemma is that the behaviour of the abuser/thief may be a result of his problematic psychological past. Owing to the problem of numbers, he is not 'treated' but asked to leave the institution. The institution is the last stop wherein he can get help; his being sent back on the streets is going to make the problem more acute. When the law finally catches up with him, he faces punitive and coercive rather than corrective measures and this further compounds his problematic behaviour.

Ramesh (20 years) was a handicapped boy. Eleven years before coming to the Residential Home, he used to beg on the road. He is now the leader of the boys at the Residential Home. He was given a stipend to look after the routine work of the home and care for 'on the ground problems' of the children. Ramesh was well respected by the staff and the children. One day he was reported to have sexually abused a small boy. A couple of European volunteers demanded that we throw him out of the Home since he had betrayed the trust the children reposed in him.

- Case File, Residential Home, 2002

We asked the volunteers as to where he should go. He had no skill; he would have to go back to the streets, back to begging. The mindset of the volunteers did not consider treating the problem of the abuser but thought only of punitive measures such as

³ Dilemma of numbers – The organisations concentrate on larger numbers and as a consequence, have to compromise on quality of care.

removing the source of the problem. When institutions eject these ‘trouble makers, they perpetuate the problems for the abuser. This raises the question of whether the institution should take care of the children that they reach out to on the streets? It depends I think, on the stand that the organisation takes.

7.4.1.4 Special Needs

Children with special needs require special attention. Organisations that deal with large numbers and insufficient care givers refer such cases to other agencies and often the interim period has a negative effect. The move to a referral centre is not always immediate –finding the right place, meeting the admission criteria of that organisation and finding time with the caregiver, all take time.

Rinku (11years) had polio in both legs. He was a pleasant, nice looking boy much liked by the outreach staff. He began taking 4-5 bottles of ‘solution’ a day. His begging earned him lots of pity from passers-by, as well as money and friends. At one of the melas, Dinesh (staff team member) requested me to keep Rinku in the Residential Home after his detoxification. I asked Dinesh what to do with Rinku thereafter. What happens to him 5-8 years from now? We do not have specialized care, school, facilities to take care of him. At that time, Dinesh was upset that I was not admitting Rinku. He argued that Rinku was vulnerable, that he was getting into a detrimental living pattern and needed quick attention. We had a discussion with the rest of the outreach staff on this issue. Rinku had to be given immediate attention, they suggested. We were not capable of taking care of his special needs; we had to refer him to the Spastic Society organisation as soon as possible. He had to wait for 8 months in the Residential Home, till we could find a vacancy, meet the admission criteria with an organisation ready to take him. In that interim period, he ran away twice from the Residential Home. He was frustrated and spread the word around that the Residential Home was not a good place to go to, as they did not do anything to help children in difficulties.

- Rinku Case File, Residential Home, 2000

Children with special needs are referred to organisations which have the resources to deal with them. The period of waiting is often crucial to the children in question, particularly when the child is mentally handicapped. He feels that he is the odd one out in the group and finds it difficult to adjust as he does not have a curriculum to follow or the same capacities as those in the organisation. This prompts the question whether organisations should admit children with special difficulties when they are not equipped to give them adequate care.

The ideal situation is when there is already a networking mechanism in place, wherein this interim period is not long and placements are immediate. Yet in my experience, each special needs situation is different. The mentally challenged of varying degrees, physically challenged of varying capacities, those with serious contagious or terminal sicknesses and those abused and with special behavioural problems are a diverse group met by the staff on their outreach and who come into a street children's home. To give each of them special attention is difficult. Herein I repeat my previous argument that clarity of focus of the target group and its definition is necessary for an organisation.

Restriction of entry should be based on the limitation of the institution's ability to handle specific problems of children, like the special needs of a handicapped child, speech defects, or terminal illnesses such as cancer and HIV.

7.4.2 Effects of Restricting Entry

The staff team is of the opinion that when boys are not admitted into the shelter, they usually form negative opinions about the organisation. As a measure of retaliation, they try and prevent other boys from approaching the Residential Home and availing its facilities, by informing them that the programme is a waste of time, that the food is bad, and that there is abuse, physical chastisement and too much work to do, that it takes a long time to show results. They abuse staff members, talk negatively about them and also try to persuade other children on the street not to pay attention to the outreach team. Thus they form opinions about the Residential Home and its staff which are often exaggerated and not strictly true.

In my opinion, there is need to define and clarify the terms used as criteria for admission. The defining limits of behaviour should be set, and deviations from acceptable norms should be specified. For instance, “criminal behaviour” is too strong a term, particularly when applied to street boys who are not yet adults. A more appropriate term to describe their behaviour would be “delinquent or anti-social”. I believe that restricting the entry of boys on the grounds of “delinquent behaviour” may negate any chance that the boys have of rehabilitation under the guidance of trained personnel.

I have been debating with my colleagues on the issue of expelling those who have sexually abused children and not admitting those known to have a history of sexual abuse. The institution is the ‘final frontier’ of emotional and psychological help for the child. If a child is expelled, where does he go for help? He goes back to the streets, leading to more acute manifestations of such behaviour. I think it would be ideal to have a place away from the Residential Home, wherein an expert could help. Our Study on High Risk Behaviour among Street Children (2004) states that 65% of the boys on the streets have faced some form of sexual abuse on the streets. This behaviour is found to prevail in residential homes too, though to a lesser degree. Therefore, a support therapy programme should be part of the care giving package for the children in and from street situations.

7.5 Orientation: Induction of Street Adolescents

The process of orientation plays a pivotal role in motivating the boys to join a programme. Such orientation is generally given on the street by the outreach staff team who are the first points of contact with regard to institutional intervention. During the orientation, the staff team attempts to convey a comprehensive and balanced picture of the programme, explaining what it entails, its expected outcomes and results, restrictions on drinking, smoking and use of drugs within the shelter, types of activities, skill training involved and the prevalent code of conduct. Such information conveys a clear picture of every phase of the programme and any discrepancy leads to boys leaving the programme.

Street children are very mobile; they move from one place to another. Before reaching one place, they form a certain image of that place and how their life would be there. If this does not coincide with their expectations, they run away. It is necessary for the management, staff and boys to be prepared. The emphasis should be to achieve quality care. An innovative programme capable of sustaining the children's interest and providing them with emotional and psychological support is helpful in preventing drop outs.

An ethical dilemma crops up at the time of admission- whether it is the street child's need to join a programme or the need of the institution to have the numbers to sustain their existence. Perhaps, it could also be put down to an altruistic motive to play a role in helping to reduce the street children phenomenon. A fine line of demarcation should be drawn as to when the institution can allow the child to decide to join its programme without 'pressure'. While the institution's mission is unquestioned, the execution of its objectives by the staff can assume different dimensions.

Vikas (staff team member) was upset with Sanju from another NGO. Sanju was picking up the street boys of the central terminus station and referring them to his NGO residential home. Vikas said, 'These boys are in my group, I have been preparing them for the past few months. You should not take them without my permission. I have given them a date for taking them to my NGO'. Vikas was underperforming and was pulled up by the management for it. He wanted to show results and so confronted Sanju.

- Outreach Centre Report, 1999

The members of the staff compete amongst themselves as to who gets the greater numbers, an indicator of their productivity at outreach. This reflects that the competition among NGOs, instead of being healthy, is riddled with 'the problem of numbers'.

7.5.1 Orientation at Outreach

The street boy's basic need is to have a sense of belonging, to regain his identity and mend his psychological brokenness. The outreach team face several obstacles while counselling the boys into leaving the streets. The first step is to build a strong rapport with the boys. This is mainly accomplished by regular visits and being present while they are engaged in different activities; playing, eating, working, leisure or at times when they are under the influence of drugs. Pruneeta, a staff team member says, *"If I do not visit the boys at the station for a few days, I miss out on what is new, the new boys coming in, those who are experiencing problems with the police and with bigger bullies; new dynamics, incidence of thefts. Some begin to distance themselves from me; I have to be in constant touch with them"*. The boys will look to satisfy some need; if their needs are not met by those persons who interact with them, they do not respond to them.

The follow up with the boys who visit the outreach centre needs to be strong. During this phase, it is ideal to take boys of the same age group for an orientation camp, but often a mixed group of varying ages come together. On the streets, the older boys often abuse and intimidate the younger boys, and the same is repeated during this phase. Therefore, care is exercised to see that older boys do not influence the younger ones negatively, but serve as their mentors.

7.5.2 Orientation at the Residential Home

The boys who are referred by the outreach staff team usually join the Residential Programme with expectations of their own. The staff team try to equip the boys with information pertaining to both the short-term and long-term benefits of the programme, about the rules and regulations that govern their stay at the Residential Home. The orientation camps serve as a tool to help the boys understand the programme and make their choice accordingly. The boys are informed about the daily sessions and activities (both mental and physical) that they would be expected to participate in. Their living arrangements at the Residential Home, the discipline to be maintained, the types of interaction patterns, communication and language, duties and responsibilities are made clear to them. At the same time, there is an effort by the staff team to understand what the

boys expect from their stay at the shelter, what needs they hope to fulfil and then try to achieve some congruence between the two. When there is significant discrepancy between the boys' expectations and the reality of life at the Residential Home, the chances of dropping out are high.

Any pressures or forms of coercion are unacceptable to the boys. Authoritarianism, at times, can cause children and students to adopt rebellious positions, defiant of any limit, discipline or authority. But it will also lead to apathy, excessive obedience, uncritical conformity, lack of resistance against authoritarian discourse, self-abnegation, and fear of freedom (Freire, 2001).

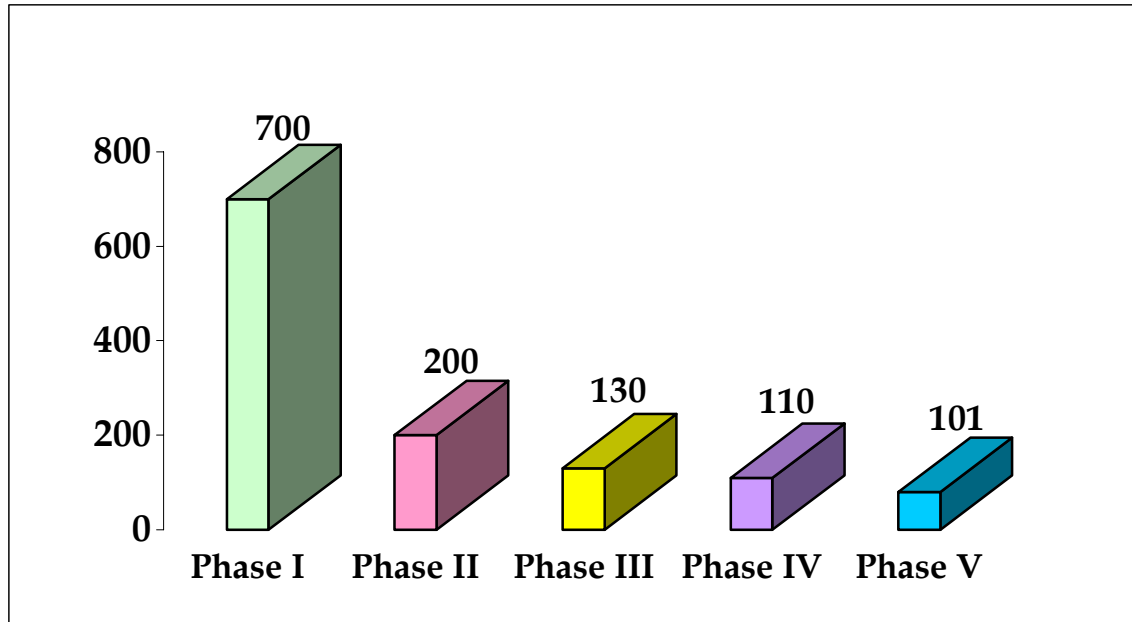
The orientation in the Residential Home is based on helping the adolescent develop a mindset to move off the streets. It is an essential element to 'trigger' his mindset into change, to move off the streets. It is an opportunity to shed street patterns of living and to learn acceptable behaviour.

7.5.3 Orientation towards Detoxification

This phase involves stay in a hospital, blood, urine, chest and other screening tests, possible separation from friends and the possibility of being alone in the room and interacting with persons who are unfamiliar. Jagdish, one of the boys in the programme said of the hospital period, "*I am very scared of the walls, the shadows are scary too. I do not like to stay in a closed room*". The difficulties associated with the process of detoxification are exemplified by the high drop-out rate during this phase.

Figure- 7.1

Total Number of Individuals Involved in the Five Phase Programme over a Span of Seven Cycles of the Programme (2001 – 2004)



In the figure given above out for the 700 street adolescent addicts contacted in Phase I during 2001 – 2004 500 did not choose to go for Detoxification while 101 completed the programme. The reason for the high dropouts between Phases I and II were mentioned as inconsiderate treatment by the medical staff, inadequate follow-up, fear of injections or the pain of withdrawal symptoms, boredom, lack of companionship and inability to cope with either the craving for the drug or the withdrawal symptoms, not understood the orientation or ‘hearsay’ misconceptions about the programme All or some of these factors can precipitate the boys into running away (Appendix 26). Sometimes, the boys do not know what to expect during the detoxification procedure. Therefore, it is essential that the staff team provide them a thorough orientation and also try to identify the boys’ fears, counsel them and help them manage their fears. It is also necessary for the staff team to orient the medical staff accordingly, making them alive to the boys’ background, their apprehensions and fears.

Organisations that do not have detoxification facilities on campus depend largely on public hospitals for this phase of treatment. The requirement in all such hospitals is that the patients have a 24-hour adult attendee. Typically, detoxification camps have over 15 to 20 boys awaiting treatment. The public hospitals have limited availability of beds which means that the other children are sent to more than one hospital simultaneously. There is therefore a requirement of 3 attendees for a shift of 8 hours each. With three hospitals taking care of the detoxification simultaneously, there is need for 9 attendees along with 3 staff members who have to be present for the tests and the doctor's consultation. The staff team then needs to be available for counselling. There beds/admissions are limited, and therefore, the detoxification period for the entire group may last for more than a month. The attendees are generally ex-addicts awaiting the commencement of their skill training/academic programme. They often get frustrated on these hospital rounds and are not equipped to look after the recovering addicts; at times, they have dropped out of the programme during this waiting period. The Residential Home was facing such problems during the Camp period (1999 – 2004). Subsequently, the camp system was abolished. Now those children who are prepared and ready on the streets are sent immediately for detoxification and there is no waiting period. This has eased the pressure on the staff, the hospital and the ex-boys taking care during this phase.

I have questioned whether it is right for an organisation to keep ex-addicts as attendees. My opinion was that they come across as positive role models who have gone through the process; they are therefore better equipped to understand the finer nuances of the recovering patient. I explained to them that before getting into their own training, this was an opportunity to contribute to their fellow street addicts; to be educated in the altruistic motive of giving even while receiving. I have come to understand that not all can play this role of attendees. There has to be follow up, and they have to be prepared, and counselled to be effective and not lose their own motivation (Study on Effectiveness of the Rehabilitation Programme, 2003).

7.5.4 Orientation towards Training

Problems commonly identified during the training phase of the programme are primarily those of choice. Their choices are often influenced by their companions. The boys have few vocational options to choose from due to their lack of qualifications or inadequate NGO networking. After this they are sent for the requisite skill training for a stipulated time period. Often they are unable to appreciate the skills taught. *“I did not know I had to keep banging metal pieces the whole day long to become a welder”* said Mukesh. Often, being street boys where instant gratification is the norm, they expect instant results from the training and when that does not happen, they lose interest. The interests of many boys alter midway through the program making it difficult to help them change their trade. This again precipitates drop-outs. If the training is not consistent with the skills and aptitude of the boys, it poses problems. Work ethics may not be sufficiently ingrained in the boys; they have problems adhering to work discipline. Problems of interaction with batch-mates also lead to drop-outs. This is largely due to the adolescents not being adequately prepared in their thinking and mindset.

The staff team’s reflection was that the adolescents be first sent to local workshops (on the streets) for a period of two-three months to learn the trade of their choice. Some returned during this learning phase as the training did not come up to their expectations. It was then easier to help them try a different trade and thus prevent dropping out of the programme (Annual Report, Rehabilitation Home, 2000).

With academic qualifications being limited for many street children, not all have the ability or inclination to enrol for technical trades. Institutions have a misconception that if the adolescent is not academically inclined, he would automatically not be fit for a technical trade. When the adolescent fails at these technical trades, he is pushed to drop out or else feel like a misfit. In the past four years, trades such as delivery jobs, house-keeping, salesmen and other service related jobs have opened new avenues for boys who lack technical abilities. These service related jobs are easily obtained and do not require lengthy periods of training. As a result, a majority of the boys have begun seeking such jobs and do not take the trouble to learn a trade. Even if they have been in an institution

for a number of years, they prefer to choose the short cut, in keeping with their need for instant gratification. One cannot blame it on a lack of preparation or counselling of the adolescent by the organisation. I think it is the mindset of the adolescent that has not shifted; his thought process has not helped him make a rational, focused and determined choice.

7.5.5 Orientation towards Independent Living/Repatriation

When a boy expresses a desire to go home, it is a decision he must be guided to take. The repatriation process involves the child, his family, his immediate social environment (school, job market, relationships) at home, the staff team and management. The initial process is often to ensure that the family is prepared to take the boy back and also that conditions are conducive to his return. Care is taken to ensure that a boy is not sent back to a home that is abusive or where the family members themselves are likely to send him back to the streets to earn for them. Once home, the follow-up of the boy over a period of time is crucial, as there are several instances of the boys returning to the streets after a few days. Nine out of twelve boys repatriated returned to the streets (Appendix 21).

In case the boy is reluctant to go home or is old enough to stay independently with a group, then he has the option of a group home, wherein 4-5 boys who have successfully completed the programme and are of similar age, stay under the care of a supervisor. The supervisor ensures that the boys are able to manage the household chores, take care of the monthly rent and other expenses and go to work regularly. The supervisor also identifies any problems that the boys may have with the living arrangements, with relationships at work, the neighbourhood or any other issue.

Most service providers working with street children have repatriation or rehabilitation in independent living as their ultimate objective; hence most of their activities are geared towards this end. I think this objective should have a concurrent agenda to work on the mindset of the adolescents. When the mindset change takes place, the orientation and preparation make the transition from the streets to off it that much smoother and quicker.

7.6 Exit Policy

Residential homes providing education often face a problem of dependency. The 'Dependency' factor has been a common phenomenon among all institutions. Rootless and marginalised children tend to be dependent on institutions for long term support (4 to 10+ years). A well planned exit policy needs to be framed which could be broken up into phases for the child's growth, development and transformation into independent living (Appendix 35). A specific plan with definite time schedules, monitoring and evaluation has to be put in place with the participation of the children, staff and management. A majority of the institutions face difficulties once the dependents move out of their immediate care. Hence an integrated follow-up plan for sustainability is intrinsic to its effectiveness (D'Souza, 2005, pp.264-265).

Along with the staff team, we decided that the boys be oriented at the beginning of each camp of the Rehabilitation Programme and prepare them to move from one phase to the next, their movement into the next phase being contingent upon their progress and performance in the present phase. This realisation makes the boys impatient to move to the next phase—they gauge their progress and demand to move into the next phase. On the other hand, the children at the Residential Home become dependent on the institution and delay their moving out of the organisation.

Samad (19 years) was living in the Residential Home for over 11 years. He was upset and kept grumbling, 'What have they done for me? Where will I go? How much will they give me? The management here is very harsh, they want us to move out; they should give us a house and a job if they want us to do so. I will not go out'.

- Samad Case File, Residential Home 2004

This reveals that the organisation should plan in partnership with the child, for only then can the child focus on his future. The exit is a transition and a transformation of the individual. Exit policies are educative as it helps the adolescent plan, focus and think for himself. For the organisation, it is a useful tool to evaluate, measure and understand its productivity.

7.7 Multiplicity of NGOs on the Streets

The outreach team faces stiff competition from other organisations in the city working with street children. In 1987, there were just six full time NGOs dedicated to working with street children. There are now over 54 NGOs working for street children in the city (Appendix 7). Several factors have contributed to this ‘mushrooming’ of NGOs dealing with street children. The number of street children in the city in ratio to the service providers in the 1970s/1980s was minimal. The Government recognised the problem in its policies, world bodies like the UNICEF began giving special attention to the problem and world renowned individuals extended their patronage; the attention also brought along strategies and funding dynamics with it in the 1970s/1980s.

While awareness has grown, there has been a simultaneous growth of service providers in smaller cities and towns which have arrested the ‘supply’ of runaway children from the rural areas to the four major metropolitan cities of India. Rural India too has its share of NGOs. The sustenance of these NGOs depends on their effectiveness and development growth with their target population and financial sustenance measures. The children make use of the situation to ‘shop’ for their needs with different NGOs. This scenario is not the best for the child’s rehabilitation, as the rehabilitation process becomes piece-meal, taking only those elements that are immediately beneficial but not the long term benefits, such as formal education, vocational training leading to regular employment and societal integration.

7.8 Organisational Dilemmas

Service providers are often confronted with the dilemma of addressing the problems of poverty and survival on the one hand, and of providing a nurturing environment on the other. This is particularly true of those dealing with adolescents, whose development stage revolves around self-expression, autonomy and development of self-identity.

Rahim (15 years), has been habitually ‘jumping from one organisation to the other. When he feels the ‘uncles’ are not listening to his request for training or

not sending him for NIOS, he says, "I will go to the other organisation who will give me what I want". Once he finds it difficult to cope with the demands made in that organisation, he moves on to another organisation. He asked to be sent home (he was already sent home thrice before, left home due to various reasons within months). When he was told that this was not a solution, he went to another organisation and asked them to send him home.

- Rahim Case File, Residential Home, 2006

This pattern of behaviour can be termed in different ways-resilience, survival strategy or taking advantage of the system. I think the vulnerability of these children should be kept in mind here. While service providers are available to cover the child's vulnerability, his choice is limited as to whom to get services from.

7.8.1 Quantity versus Quality: Numbers or Specialised Care?

The Indian Family and Child Social Welfare Board has passed a mandatory regulation effective since 2003 that all child care institutions should adhere to specific requirements as regards space, number of staff, rights of the children and other measures for the benefit of child care.

I am of the opinion that those services which house staff and boys at over a ratio of 1:4/5 boys cater more to the group than to the individual. The emphasis is on numbers rather than on individual quality of service. A recurring dilemma in regions with a high proportion of street children and in institutions that have a walk-in admission policy, is where to draw the line, how many children to cater to, and when to stop fresh admissions. The compromise is between quality versus quantity, individual neglect versus group care. The rehabilitation process in these institutions becomes that much longer or more difficult for the individual child.

Ravi (14 years) had been complaining of a toothache for two weeks. The medical person concerned said that her hands were full, as she had more urgent matters to treat; the detoxification of 8 boys was on going, there

were another 7 boys waiting in the wings for detoxification, 2 boys were diagnosed with tuberculosis and required treatment at another hospital. In addition, there was a sharp rise in scabies among 14 small boys at the same time. She had some help from 2 peer educators, but for the moment, Ravi's dental problems were put on the backburner.

-Residential Home, May, 2002

The above example highlights an instance of the inability of an institution to cater to individual needs. When preoccupied with too many individual cases, the institution first provides for an immediate response to pressing problems. Those that are not of an 'emergency' nature are left unattended for a long period of time. Often due to such neglect the child runs away, the case gets worse or it is a case of, 'let it be till it gets to the emergency stage'. Hence, the question-should institutions cater to smaller numbers and be effective to that population or rope in bigger numbers on the assumption that some form of care is better than no care? It is a case of 'safer in the institution' rather than on the 'mean streets', there is at least some care for larger numbers.

7.8.2 Holistic versus Individual Care

A constant debate rages over whether the type of services provided should be general or specific. There are certain services that the 'safety of the institution' provides which attend to the vulnerability of the child. Yet it is those services that go beyond addressing that vulnerability, which focus on psychological needs more than economic or moral development, that require urgent attention. 74% of the marginalised adolescents have psychological issues as their primary developmental need (D'Souza, 2005). Thus, it depends on the stand that an organisation takes in its treatment of the street children phenomenon.

Many harbour the notion that catering to specific needs is limiting and not feasible in terms of the sheer numbers involved. There is an ever increasing list of categories, needs and demands. This dilemma often results in the organisation losing out on individualised care-giving. On the other hand, those institutions that have smaller numbers in residential

care tend to have more specialised care which is centred on the individual. Care is imparted keeping in mind the holistic development of the individual; professionally skilled personnel are appointed, and, the numbers being smaller, resources are more intense, programmes (branches) are not expanded but activities for the individuals are. This type of care is more common to countries that have sound economies and a significantly lower population of children who spend only a few hours on the streets and do not live and earn off it all day, all year.

7.8.3 Staff Issues within the Organisation

A core issue which is the driving force behind any NGO is its staff. The acquisition of skills, wages, effective training, constant monitoring and documentation, a healthy environment for personal and career growth all affect the programme and staff performance.

7.8.3.1 Staff Profiles

The present trend in social services emphasises professional education and training of personnel in the context of scientific and technological advancements. Social workers need to be trained as planners, trainers, evaluators, advocates and organisers. This type of job requires relationships to be built, understanding of individual children, the group and the philosophy of the organisation, for which experience and time has no substitute.

Professionally trained persons have high expectations in terms of salaries, status, and opportunities for growth. This poses problems particularly for recently set up organisations which are run on a shoe-string budget and do not have access to training resources at the local level. In the past 8-10 years, we at the organisation have had 90% of our skilled employees taking the experience and moving within less than two years to corporate houses that offer higher wages. This movement affects the children who have created a bond with them as well as the organisation which invests in training the staff.

Another area of concern is that there is often an overlapping and lack of clarity of the respective roles and functions of the staff. Role clarity plays a critical role in explaining

employee perceptions of service quality. Feedback, participation and team support significantly influence role clarity. Non-clarity of job definitions and role specifications is another reason for lack of effectiveness of the programme. Unresolved conflicts among co-workers create feelings of alienation and frustration. These often translate into miscommunication and other related problems which ultimately reduces the efficacy of the programme.

7.8.3.2 Staff Training

Staff meetings have been a time of reflection and sharing of concerns—how to identify potential runaways, how to handle the frustrations of slow learners, problems of sexual abuse and how to make sessions more interesting for the children. These short training programmes have helped build the capacities of the staff in child care. A psychiatrist has been appointed to address the concerns of the children and the staff.

Ashfaq (14 years) had come to the Residential Home for the third time. He had been reprimanded on two previous occasions for beating up the smaller boys. Gayatri suggested that we throw him out of the Residential Home and not to take him back as he was a repeated offender.

- Residential Home, 2006

I put this case before the staff. The staff was divided in their opinions. Some thought he should be asked to go away, while others felt that he should be given one more opportunity along with a strict warning. Some suggested punitive measures. The thought that Ashfaq needed therapy did not occur to them. I asked them to reflect and see when there have been similar cases as Ashfaq and what the treatment had been. They suggested they needed training in how to deal with these types of delinquency.

7.8.3.3 Lack of Coordination between Staff and Management

Often, the management keeps back certain information from the staff. Subjects of finance, volunteer acceptance, new staff recruitment policies, programmes and acceptance of new projects are well guarded domains of the management. This lack of

coordination has frequently resulted in problems of overlapping, duplication, breakdown in communication, misinformation, new staff not being adequately trained in the philosophy of the organisation and consequent problems. Organisational communication is the key ingredient of any organisation. Effective communication is based upon the knowledge of the 5 W's; When, Who, Where, Why and What. In smaller NGOs, the organisational structure is hierarchical. This facilitates less shedding of responsibilities, transparency and communication with the different levels of staff.

7.8.3.4 Staff Monitoring and Evaluation

Monitoring and evaluation are tools to motivate, reorganise and set goals for the staff. Organisations involved in field activities tend to ignore these aspects, making them less effective and causing burn out among the staff. Monitoring and evaluation sets targets and achievable goals for the staff and brings a sense of accountability to the organisation.

George (staff outreach coordinator) said, "Sometimes we at the Outreach centre feel none of the management is interested in what we are doing. You only go by hearsay or by the lack of responses from the children. It is good when you have these evaluation sessions; it gives us an opportunity to showcase our work to the management. We feel good when you appreciate us at the end of it all".

- Evaluation, Outreach Centre, 2002

7.8.3.5 Staff Burn out

I have observed that if social workers do not have their goals redesigned after a period of time, they tend to stagnate professionally.

Social workers are considered an occupational group at above average risk for burnout (Soderfeldt and Soderfeldt, 1995, p. 638).

Burnout is an occasion of job and life related exhaustion resulting in selective job termination, mental and physical health concerns, relationship problems and other issues.

Maslach and Jackson (1986) describe burnout as

A syndrome of emotional exhaustion, depersonalisation and reduced personal accomplishment that can occur among individuals who do people work of some kind (p.1).

In their view, as feelings of emotional exhaustion increase, individuals find their emotional resources reduced.

Stress among social workers is caused by job insecurity, poor pay, work overload and lack of autonomy. Work-related violence is a major concern for the profession. I have observed that for the first 2-3 years, social workers give their optimum service; thereafter if they have not been 'looked after' and sent for ongoing formation courses, or if their roles and job description have not been re-invented and timely appreciation not given, they tend to go on a downward slide. Burnout not only affects the individual, his output and caregiving, but can also affect others around him. Routine sets into their handling of different cases, making their responses stereotyped and often detrimental to the progress of the child.

7.8.3.6 Mutual Dependence between Staff and Beneficiaries

The significance of staff is especially noteworthy in view of the fact that provision of assistance/services by several NGOs to the boys on the streets is often seen to foster dependency among the boys.

Gayatri didi (staff outreach member) has been visiting the Darga near the railway station for the past six years. Sonu, Shayam and Wahid have been living around the Darga for the past nine years. They make it a routine to have 'chai' (tea) with Gayatri didi, sometimes go for a movie with her or just spend time with her. If she goes on leave they get agitated and come to the outreach centre. They do not want to leave the Darga area, they do not want to miss out on Gayatri didi's friendship nor do they want to take her advice and move off the streets.

- Outreach Centre Report, 2001

I think it is often a mutual satisfaction of emotional needs that creates this dependency. Gayatri didi has been having emotional problems on her home front. She insists that the children call her 'Mummy'. There is a lack of professionalism in her dealings, to the detriment of the adolescents; they do not want to leave the Darga area, as they know they will not meet their 'Mummy' everyday. The dependency factor is largely due to an

emotional attachment that is irrational and an impediment to a positive movement. It has also worked in the opposite way, on the other hand, when the adolescent has moved off the streets because his 'Uncle' or 'Didi' advised him to do so.

7.9 Management Concerns

Since NGO management is a relatively new field in the country, management processes are still being developed and a few recognised solutions to the problem of how to organise large amounts of resources effectively for development are being formulated. NGO staff often work with considerable latitude, using their own judgment and reasoning and hence organisational policies are not always followed in practice. Many organisations go through initial struggles; some manage to overcome them, while a few carry on with the given limitations.

7.10 NGOs as Agents of Development

NGOs are a critical sector of civil society committed to social development. They attempt to create an environment which is conducive to all members of that society, by developing and utilising the potential of all the members. However, NGOs that care for street children tend to direct their initiatives towards immediate needs like food, clothing, health, education and skill training these strategies are relief and welfare strategies. The responses are to situations and can be classified as follows:

7.10.1 Knee-jerk Responses

NGOs invariably respond to the immediate needs of a situation, citing its urgency with respect to vulnerable children.

Shantanu (9 years) had polio, was fair skinned, and looked cute. The older boys abused him sexually and he developed STD. He needed immediate hospital attention. After treating him at the local hospital, the outreach staff brought him to the Residential Home. He stayed on, with no specialised care and he has been there for the past four years.

- Shantanu Case File, Residential Home, 2001

These responses though immediate, seldom cater to the long term needs of the child.

7.10.2 Symptomatic Responses

These have been made to address some of the issues on the streets where the boys tend to congregate, and include the provision of a drop-in-centre, wherein the child's temporary needs of shelter, food, medical assistance or counselling are satisfied. Those children seeking long-term facilities are accommodated at open houses, which also cater to their education and vocational training, besides their basic needs. Monthly melas give the children an opportunity to enjoy, recreate and obtain information on diverse issues. Statistics indicated an alarming incidence of drug addiction among street children in response to which a drug rehabilitation programme was started in 1999.

7.10.3 Consequential Responses

Studies have indicated that many street children are at risk of dropping out of school due to the lure of earning easy money and also an inability to keep up with the academic syllabus. Among the most valued programmes offered by NGOs are the educational programmes for formal schooling and alternative education. Street education through pavement classes is an attempt to bring together the otherwise mobile and restless children for educational sessions on the streets. They help prepare children adequately for school and are a preventive measure to reduce potential drop-outs, by providing requisite academic support and adult supervision. Such education also enables the street children to know about their rights, improve their skills in facing and managing crisis, receive value education and deal with street risks.

7.10.4 Campaigning Responses

Addressing the well-being of street children requires a multi-pronged and multi-sectoral approach since their social reality is complex. Experiences with programme operations and implementation bear testimony to the fact that partnership and collaboration are critical to the success of any programme. In this regard, membership in common fora such as the CCVC serves to promote the interests of street children. Women's groups,

judicial branches of the government, law enforcement agencies, youth organisations and others require to be mobilised. Documentation of experiences with diverse groups of marginalised children can be the foundation for publications, which constitutes another platform for networking. Media coverage (print and broadcast) of events like the Diwali Mela gives greater visibility to the problem of street children, and promotes public awareness and consciousness on this issue.

7.10.5 Root Cause Responses

My organisation seeks to prevent the problem by tackling it at its root, the emphasis being more on prevention than on cure. Unevenness of economic growth has led to large-scale migration, with a consequent increase in the numbers of street children who come to the streets in the absence of adequate supervision. This means that poverty and family-related factors must be addressed. This is best exemplified in the rural community development project, where a sustained facilitatory effort has been made to reduce the incidence of alcoholism in the villages, through interventions in the form of equipping the villagers with educational and vocational opportunities within their village itself, thereby arresting potential migration and its concomitant problems, while at the same time enabling them to enhance their standard of living.

I think most organisations ‘make responses’ to needs arising from the field. These responses seem to be logically coherent, yet the element of specialised care is occasionally compromised. Expansion into new areas at the organisational level may be indicative of progress, yet the human element of dealing with individuals with problems unique to their situation tends to get lost. I think reflective analysis would make the organisation more pro-active and creative rather than being more heavily responsive to situations.

7.11 Role of Volunteers in the Organisation

Volunteers come to the organisation to achieve a sense of fulfilment and to fulfil a requirement for study/an academic course. Their motives are often altruistic. Local volunteers fit in well with the culture, while foreign volunteers take time to adjust and

have to overcome difficulties of language, dress code, food and finding a role to play in the organisation. When the organisation is not prepared to receive a volunteer, the orientation and preparation is not done systematically and in advance, causing grave concerns within the organisation. A volunteer coordinator eases the process. Volunteers bring in a special dimension of care by helping to procure finances, reflect on its policies and care giving structures and their questions and suggestions help the organisation in its reflective analysis.

7.12 Funding Pressures on Organisations

Funding agencies, governmental, national, and international charitable trusts provide a substantial proportion of funds to NGOs. Often tightly-specified project proposals are a precondition to providing funds. There is a need for workers to consider their approach to practice and how this may impact on the assessment, intervention, and evaluation of their work with service users. A clear focus on skills, social work processes, and the suitability of different methods enable the application of theoretical framework to practical situations.

Individual donors also give money to NGOs based on their brand, supported by sophisticated marketing techniques or publicity. This creates pressures to present messages which are simple and grab attention, rather than messages which recognise the difficulty and uncertainty of the developmental challenge. It also has implications for measuring success. NGOs are accountable to funding agencies and expend a great deal of energy on quantitative aspects of interventions such as causality, measurement and comparability which have hindered progress.

An organisation that has more than one programme activity has more than one funding resource and has to comply to meet its demands. A semi-government organisation requested us to take care of one portion of its HIV awareness campaign for street children, for a period of three years. It matched with our 'Holistic Approach' ideology. We had to give up the project in two years as we were not in a position to meet the demands of those who tested positive, or obtain referrals for them.

Most of the voluntary organisations suffer from paucity and uncertainty of funds and even when the funds are allocated, they are not revised to meet the current inflationary trends, further complicating the organisation's financial position and rendering them incapable of providing quality services.

7.13 Recommendations

A skilled professional in the helping profession needs to be someone who has a strong respect for persons, a steady regard for the autonomy and reality of others. In addition, she/he needs to be capable of insight, understanding and compassion without losing boundaries, to be exceptionally reliable, trustworthy, and discreet, able to put her/his own interests and concerns aside in the presence of clients (patients, parishioners) and at bottom have some affection for one's fellow human beings (Strickling, 1998).

7.13.1 Staff Induction and Training

- Working with street boys who have a history of substance abuse requires a trained staff who can deal with their particular psyche. Thus capacity building and on the job training is essential to deal with the treatment and habilitation of the boys.
- Induction involves orienting the staff towards motivating the boys into the programme, daily scheduling, follow up, report writing, reflection and analysis of recurring issues, education, training and treatment.
- Regular training of the staff for better communication patterns, team building and stress management are addressed at monthly meetings. However, the staff dealing primarily with addicted boys need more specialised training on areas such as guidance and counselling, drug addiction, child development, psychological testing, sex education, research and reflection.
- Regular staff visits to other specialised centres aid in building up their knowledge of current field practices as well as networking as a long term goal.
- Early identification of symptoms of behavioural problems of children, tailoring their sessions to meet these needs and foresight in planning and encouraging the children by the staff is essential for an effective staff and programme.

7.13.2 Staff Expectations

- Like any other helping profession, the staff dealing with street inhalants experience frequent burn out and need the services of a counsellor.
- Constant research and evaluation is irrelevant if there is no prompt implementation.
- Healthy remuneration is vital for any staff and is a concern and an expectation.
- There should be common methods adopted by staff in working on problems relating to children and the need of coordination among the staff members is necessary to avoid children taking advantage of the situation.
- Specialised training for the staff specific to their responsibility, goal setting and reinventing their role through creativity.
- Staff safety is an important concern as the staff deal with local communities, street children and are highly prone to infection and disease. Thus there is a need to have risk incentives and medical assistance incentives.
- Each staff member needs to have key areas for which they are responsible and accountable and should be evaluated as per their performance in those areas.
- Improved quality of basic amenities, a more interactive environment to work in results in mental satisfaction and provides adequate outlets for recreation/entertainment.

7.13.3 Avoiding Dependency

- Freedom to work and autonomy as well as participation in decision making and its processes aid in developing the capacities of the staff.
- Regular training programmes and information dissemination help in coordination and promote teamwork among staff.
- Sensitization of the staff towards the problems of the boys help them cope effectively with the change process in the rehabilitation programme.
- Encouraging staff initiative and responsibility to conduct programmes on relevant issues encourage their sense of belonging to the organisation.
- Training guided Exit policies with the participation of all those involved helps avoid the ‘dependency factor’.

7.13.4 Programme Performance

Several factors may contribute to the satisfactory performance of programmes for street boys. Among these may be mentioned:

- Availability of needed resources and services
- Presence of highly committed street educators and programme staff
- Partnerships, networking and institutional linkages of groups and organisations involved with street children
- Regular staff development and capacity building sessions
- Availability of information, education and communications material useful for the continuing education of the boys as well as the staff
- Regular meetings and assessment sessions among the programme staff and institutional collaborating partners.

7.14 Advocacy and Policy Measures

Strategies that are effective in attaining the goals and objectives of street children programmes include the use of street education approaches, networking, advocacy, community organisation, regional and national level conventions/conferences among street boys and the care givers, well coordinated referral systems, participation from program beneficiaries and empowerment of children. The adoption of these strategies serve to reach more street boys needing assistance and protection, enhance their access to basic social services and develop responsibility of other sectors of society towards the concerns of street boys and promote wider collaboration in meeting their needs.

All interventions and action plans to address the well-being of street boys must be guided by a rights based policy. Their well-being viewed as a shared responsibility of the society, families, communities, private organisations, children and all sectors of society such as media, government and social work agencies. Providing street boys with the necessary opportunities helps realise their potential and promote their integration into mainstream society. Service provision must be carried out in a manner that fosters independence, self-determination and self-reliance.

Regular assessment also helps identify the most vulnerable targets, facilitate exchange of experiences and lessons learnt and ascertain the strategy that works best in the situation. Advocacy and affirmative action in favour of street boys must also be worked out through development of ordinances and strict enforcement of national and local laws.

The mindset of the organisation determines the intensity and efficacy of the programme. It needs to move out of its 'quantitative' mindset and concentrate on quality care. The element of competition among organisations should be replaced with closer collaboration in the field, sharing of information and skills for the child to move off the streets. Once the family fails in looking after the child, organisations become the main service providers and take on the role of family. The organisations' staff, structure, networks, plans and policies are a key element in the life of a street child. If they too fail, he does not have a support mechanism to help him off the streets. The child cannot wait.

Chapter 8

MINDSETS

8.1 Introduction

‘Our mindset is not a minor personality quirk: it creates our whole mental world’, says Carol Dweck (online). It explains how we become optimistic or pessimistic, shapes our goals, our attitude toward work and relationships, ultimately predicting whether or not we will fulfil our potential. A mindset refers to a set of assumptions, methods or notations held by one or more people or groups of people which is so established that it creates a powerful incentive within these people or groups to continue to adopt or accept prior behaviours, choices or tools. This phenomenon of cognitive bias is also sometimes referred to as mental inertia, “groupthink” or a “paradigm” and it is often difficult to counteract its effects upon analysis and decision making processes.

The Mindset Theory (Gollwitzer, 1990, 2003) suggests a set of circumstances, when a window to realism opens up. Successful goal pursuit involves solving four consecutive tasks (circumstances): choosing between potential goals, planning the implementation of a chosen goal, acting on the chosen goal, and evaluating what has been achieved. When people get involved in these tasks, different cognitive procedures are activated (different mindsets) which make it easier for them to live up to the respective task demands. The cases of boys like Mohammed, Asif, Shailesh and Rahim who completed the programme successfully, despite setbacks, illustrate this mindset.

Mohammed had dropped out in phase 4 due to an instantaneous decision. When he got back to the streets, he saw some of his older companions in ‘a terminal situation’ and he began thinking of the sessions he had undergone in the Rehabilitation Home. I observed that these sessions were absorbed into his thinking patterns, leading to changes in behaviour.

His return to the programme can be attributed to this.

Everyone has one of two basic mindsets which we can change at any stage of life to achieve true success and fulfilment. This encouraged me in my research with these street adolescents. A **fixed** mindset sets one to believe that their talents and abilities are set in stone and cannot be changed; either you have them or you do not. This is the path of stagnation and is common to many of the street adolescents I have worked with. Kumar (drop out of Phase 4) has been coming regularly for the *melas* at the Residential Home. He said,

“It is no use trying to leave drugs, the past has kept its grip on me. I have to pay for my mistake of running away from home”.

This attitude often explained why the street adolescents left services that made tough demands on them; it explained their repeated failure to get off the streets. Once the boys made up their mind that it was not possible to change, it was difficult to get them to reason in a few sessions of counselling or within the group. This required a step by step guidance to educate their thought processes into a **growth mindset**. The fixed mindset creates an internal monologue that is focused on judging: “This means I’m a loser”, “I cannot change what I have been destined for”. Those with a growth mindset are also constantly monitoring what is going on, but their internal monologue is not about judging themselves in this way. They are sensitive to positive and negative information, but they are attuned to its implications for learning and constructive action. Interpreting challenges, setbacks and criticism in a learning attitude was important for those boys who successfully completed the programme.

Rahim, Asif and Shailesh had approximately similar responses to their reason for completing the 5 phases successfully.

“I saw no future on the streets” or “I saw my older friends on the streets, I do not want to end up like them, waiting to die like worms” or “The best thing that

happened to me, is the vocational training course, I completed, now I am confident that even if I lose this job I can get a job anywhere else”.

Shailesh and Rahim lost their jobs twice, yet they lived off their savings during the time of job hunting and felt that their life (mindset) was not meant to be on the streets. Situations arose wherein they felt that waking up at 3 am daily to fill water for storage, going back to bed and waking again at 5.30 am to cook breakfast and lunch was difficult, while they saw their companions on the streets having a comparatively easier time. Yet their long term goal of establishing their lives, gaining respect, contributing to society and not having a degenerative lifestyle, typifying their ‘growth mindset’ kept them going. This growth mindset brought about consistent modification in behaviour.

Behaviour modification is an expected outcome of changing mindsets. This is an approach that seeks to replace undesirable behaviours with more desirable ones through positive or negative reinforcement. Raju, another street adolescent who left during Phase3 and who returned said,

“The respect and applause I received when performing in the Rehabilitation Home made me feel good”.

The principles of positive reinforcement have proved to be effective for use by practitioners involved in the fields of psychology, education, counselling, social work, nursing, and allied health. The "ABC's" of behaviour modification include **Antecedents** - things that initiate or precede 'behaviours', **Behaviours** - undesirable behaviours, **Consequences** - things that occur as a result of 'behaviour'. In applying the ‘ABCs’ to the adolescents, I observed a link between the psychological brokenness they faced in the wake of family breakdown or oppressive street situation, and their coping strategies that produced undesirable behaviours with detrimental consequences. Likewise, I tried what I learnt from the ‘ABC’ principles of behaviour modification in the 5 Phase programme, wherein we worked on mending the psychological brokenness, proposing role models, tools and activities for change. Mohammed (who returned after he had dropped out of Phase 4) said,

“I felt I did not belong to my old railway platform anymore. Guru, our gang leader who was my hero earlier was no more my hero, but Kiran (ex-street boy, who was married and working in an NGO) was what I felt I should be”.

Behaviour modification techniques for pre-teens and adolescents comprise a number of therapeutic interventions designed to address specific behavioural problems and provide them tools to change those negative behaviours. These techniques tend to be highly effective in children and teenagers, primarily because of their youth and the fact that they, unlike adults, are not set in their ways. The pilot experimental study for Rehabilitation of Drug Addicts I had completed in 1993 (Appendix 36) affirmed that those above the age of 25+ were difficult to mould; they found it tough to learn new courses or new lifestyles and tended to leave the programme as they could not cope with the demands of learning new behaviours.

8.2 Street Life and Changing Mindsets

Street youth do not choose to use drugs or engage in risky sexual practices in an environment of obvious answers or simple choices. They are constantly balancing the satisfaction of immediate needs and benefits of short-term coping strategies against the potential risks and future consequences of their actions and decisions. The ‘quick fix’ mindset of street children is largely behind their problems of instant gratification, action without weighing the long term consequences of their action. This type of a ‘quick fix’ mindset needs to be guided through an educative thought process. Babu (dropped out of Phase 2) did not like the fact that they were given only two pieces of chicken at the camp meal. He said,

“I have more than four pieces of chicken when I eat, I do not want your miserly two pieces, I will go to my ‘adda’¹. I can afford and have more than what you can give me”.

Babu’s leaving the programme was to fix his immediate desire. It is important to realise that the adolescents should want to change. Thus factors of *will* and *maturity* are important elements in ensuring change in behaviour. This is done in an environment of self analysis and critical reflection. Through a process of self-reflection, street

¹ ‘adda’ – Location of comfort where he knows his area for food, shelter, recreation, earning and friends.

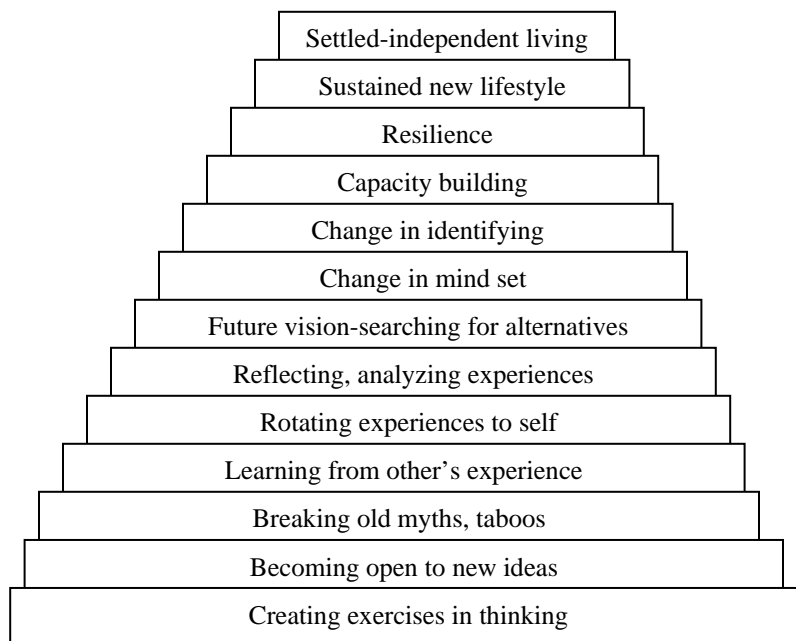
adolescents learn to become more self aware and establish self esteem by taking charge of their thoughts. This self analysis leads them to learn the self-discipline to attain their goals and aspirations.

Street adolescents harbour thoughts of attaining self development/fulfilment. The six adolescents who completed the 5 Phase programme were looked up to as role models by the boys at the monthly mela.

“I wish I can become like Asif or Rahim’ said one of the mela boys. ‘They have made their life”.

In the process of this research, along with the adolescents, we developed a step by step thought process to help guide mindset that would enable attain this much desired self development/fulfilment

Figure: 8.1 13 steps To Mindset Change



8.2.1. Creating Exercises in Thinking

How street children conceptualise issues is determined by their thought processes which are influenced by their life experiences. Over the years, I have observed that street children ‘follow the crowd’, because they feel secure. ‘Out of the box thinking’ brings with it insecurity and possible undesired risks. My staff team and I created exercises through various techniques to make thinking more individual centred rather than ‘follow the crowd’ or do what was always done by the group. During Phase 1, we used various means of forming recreational groups on railway platforms or outreach points, or meeting individuals and instigating them to think individually. Several boys were asked what they thought about the movie running in the ‘Capitol’ cinema (they frequented), why had the movie to end as it did? What would have been a better ending? Such questions brought forth their individual thoughts. While taking a rest from the game, questions were asked on some phenomenon happening in the city, for example on the bomb blast that took place in July 2006. Such techniques were meant to stimulate their thinking, help them understand that they are capable of individual thoughts that were different and yet acceptable. This creation of exercises in thinking in Phase 1 helped their self understanding and essentially served as a prelude to being open to different thoughts and ideas.

8.2.2. Stimulating Productive Reasoning

The approach to creating openness in the education process is underpinned by the values and strategies of productive reasoning. Productive reasoning has three guiding values and numerous associated strategies. These are summarized (online) by Robinson, Absolum, Cardno and Steele (1990, p.2)

...a disclosure of our views together with the evidence of logic that led us to those views...to enhance the freedom of others to express differing views and to make uncoerced choices about courses of action, including about how to resolve impasses.

A barrier to be overcome in the street adolescents' mindset is fatalism '*this is my karma*', '*I have to bear it, it is my past mistakes that I am paying for*'. In Phase 1 on the streets, listening to others' thoughts and accepting that it was a point of view that even they could adopt, began the process of openness in the mind. It opened their mind to thinking that it was not their karma. Rashid in a group exercise at the 'maidan²' said,

"Allah gives us life, not curses of the past. Our life is a book on which we should write our own film lines (script)".

It was a poignant remark, that we used often in other group sessions on the streets or to instigate similar remarks from other adolescents. It was a trigger to openness, to think beyond one's 'karma'. In this approach to developing openness, the adolescents were asked to examine their own causal reasoning and to take responsibility for both detecting and correcting defensiveness if it existed. Facilitating such openness to learning new ideas set the stage for the adolescent street inhalants to confront their problems and move towards a solution through intense self reflection.

The processes of learning and the transfer of learning are central to understanding how people develop important competencies to function in society. It is especially important to understand the kinds of learning experiences that lead to transfer, defined as

The ability to extend what has been learned in one context to new contexts (Byrnes, 1996, p.74).

Previous knowledge can help or hinder the understanding of new information. In the case of street children, their past harsh experiences often bias their understanding of new information. It is the openness to learn from other's thoughts and experiences that in a way overrides their own negative thoughts.

Ramu, a peer educator admitted,

² 'Maidan' - a large recreation ground.

“I have learnt that the kind of life I had on the street, should not be led by anyone else. That is why I have become a social worker on outreach. If I see anybody getting into drugs, I advise them not to do so. I have learnt to respect elders and women. Earlier, I used to abuse anybody without considering the person’s age or status. Now, I give and also gain respect, from the children, the uncles and didis of our NGO”.

Thus the openness to new ideas brings about productive reasoning and new learnings for the street adolescent. The old myths, concepts and taboos he had about life are slowly shed.

8.2.3. Shedding Old Myths and Taboos

Myths were used to teach human beings behaviour that helped people live in concert with one another. Often I have come across children in Phase 1 on outreach who have said,

“Going to an NGO means being imprisoned. There is no freedom, that NGO locks you up, the food is horrible, they beat you up, force you to wake up early and do the cleaning for no pay”.

Many of the street adolescents use these remarks to cover up their reasons for running away from the NGO, which are handed down as myths to other children. Ramiz typified this sort of myth although he had never been to an NGO.

“You uncles promise to educate us and help us go home but actually you’ll take us and lock us up and get your work done from us; I stay away from all such uncles and didis”.

Listening to others’ positive experiences and thoughts on NGOs, creating situations (post-recreation sessions) wherein they share thoughts guided by the outreach staff, cause the openness of mind to break such myths.

Street children have to fight for their own survival because the problems they seek to cope with are often ‘**taboos**’ on the street. This has always intrigued me in my long role as a guardian or father figure. The issue of sexual abuse is virtually taboo among the street adolescents. Three out of five have been sexually abused (Appendix 12) yet their way of tackling such a question is changing the topic or avoiding it. Once their minds are open to new learning, and learning from other’s experiences they are prepared to break such myths and taboos. Techniques of narration of critical incidents and exercises in drawing brought out their innermost feelings. The counselling that followed helped heal their past harsh experiences and cleared their misconceptions.

8.2.4. Learning from Other’s Experience

Donald and Swart-Kruger (1994) have noted that in terms of emotional health, the lack or loss of an adequate relationship with an adult caregiver poses the greatest problem for most street children. They cited Bowlby (1988), whose theory of attachment and its effects on the development of emotional security and trust, as well as its role in psychological nurturance and the identification process, has profound implications for street children. Ironically, it is the lack of such a caring relationship that usually precipitates the choice, or forced acceptance, of street life. Once on the street, children adopt one another, and other street people, as models. Through this arrangement, cognitive and affective needs are met (Richter, 1988a).

The ‘normal’ course a street adolescent has is to look up to someone other than himself. He mixes his role models along with his fantasy. Hence film and their heroes play a large part of his virtual world. Bollywood films depicting rags to riches stories of film heroes are appealing. We used techniques of drama and field visits at film shooting sites. These ‘reality check’ techniques bring the children from their virtual world to the real world which has a huge impact on their thinking and behaviour change.

“I thought it was easy to be a hero, I did not know it had so much of ‘politics’. It was my only dream. I think I have to be realistic and do something I can do in the condition that I am in,” Salim said during our discussion following our visit to Film

City, “My hero is still Salman, but I would like to be like Mark uncle (a social worker)”.

Learning from their personal experiences, witnessing ‘dream role models’, helps distinguish between fantasy and reality. At the mela, we used the technique of role modelling. Adolescents who had completed their High School, a certificate course or possessed a bank pass book were called on stage, felicitated with certificates and praised for their achievements. Such presentations give the boys a high sense of self worth, relate to those on stage and motivate some to do the same, “*If he can, why can’t I*”.

8.2.5. Relating Experiences to Self

Experience has a definite educative value, depending on the readiness of the individual to use it and on the importance of the experience itself. Children who work from an early age bypass some stages of vital psychological development, producing stunted maturation. Although they may learn to cope with everyday obligations, they have difficulty in thinking and planning beyond the present; the younger they are when they work, the worse the problem is likely to be. Rupesh (drop out in Phase 3) started working in a ‘zari’ embroidery workshop from the age of six. He worked 14-16 hours a day, with no time for play or study. He came to the streets to escape the drudgery of his existence. However, he could not adjust to the Five Phase Programme and dropped out. During the FGDs we had, he always expressed negative feelings about living in the Residential Home and of the social workers who were in charge.

The moral and psychological condition of working street children is characterised by severe personality disorders that shape their distinctive value systems. Severance of normal social ties and abnormal socialisation patterns inevitably affect personal attitudes and lead to skewed value orientations. The children’s identity and behaviour patterns are affected by street rules and customs, as well as weakened family bonds. Rupesh was sold by his parents to the agent who gave them a sum of money, and brought him to the city to work in the zari embroidery workshop. He hated his parents for selling him. Rupesh, like

his companions, witnessed brutality, deceit and violence and so learnt a lot about the vicious side of life.

Iqbal (drop out of Phase 2) was the area ‘dada’³, feared by the smaller boys, who joined the programme with five adolescents. When he found the situation not to his liking, he asked the others to quit with him, but just one agreed. Those who did not go back with Iqbal started reflecting on and analysing the experiences of those who had quit the programme. They said that the experience of those who had returned to the same abusive and addictive situation of the streets was not what they wanted to experience again.

8.2.6. Reflecting and Analysing Experiences

The daily lives of many street children are unstructured and unstable. These children perceive the streets as productive or barren, friendly or unfriendly, at different times of the day or night (Kennedy, 1987). These aspects of their lives are put into perspective only through their own reflection and analysis of their situations, which I found happens when they enter a programme. If this analytical and reflective process was guided while they were on the streets, their progressive movement would take place much quicker. Magha successfully completed the five phases only when he compared himself to those whom he saw on the streets. A couple of years ago, he began reflecting on his past life. He wanted to help them and became a para-professional social worker.

“I would do what my friends did, I did not think differently from them; I initially came to the programme only because Rahim and Yusuf were coming. Now I want these boys to think for themselves”.

Many educators consider Dewey (1933) the modern day originator of the concept of reflection on experience, although he drew on the ideas of earlier educators, such as Aristotle, Plato, and Confucius. He thought of reflection as a form of problem solving that chained several ideas together by linking each idea with its predecessor in order to resolve an issue. To him, reflective thinking was

³ ‘dada’ - The local goon/toughie/bully/gang leader of the area.

Active, persistent, and careful consideration of any belief or supposed form of knowledge in the light of the grounds that support it and the further conclusions to which it tends [that] includes a conscious and voluntary effort to establish belief upon a firm basis of evidence and rationality (Dewey, 1933, p.9).

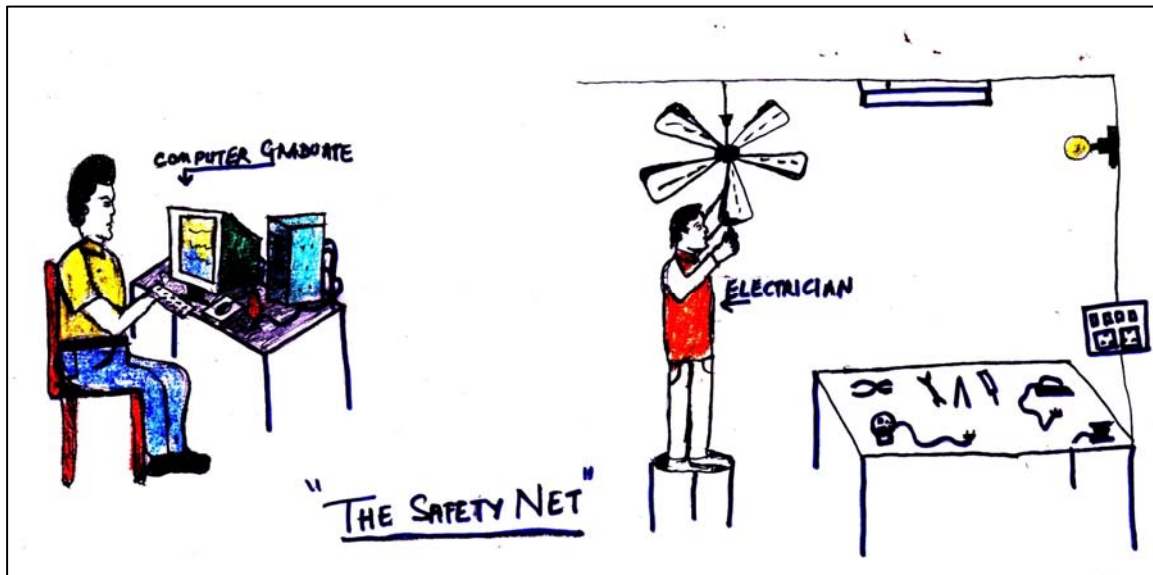
Working on this principle, we used a technique of association. The adolescents were to link their experiences of the past with their present reactions. During reflection, they were trying to look for commonalities, differences and their interrelations. The goal was to develop their thinking skills. As the practice became more familiar, the exercise helped better reflections. Raju (returned in the Phase 3) linked his leaving the programme to his anger at his trousers being stolen. He associated it with getting angry and upset six years ago when money was stolen from his pocket. He analysed that his anger was due to being cheated; the stealing of his trousers was a trigger to this anger. He felt that when he had come to the Residential Home for protection, how could he remain there once his trust was lost? His reaction was to run away. The analysis of what triggered his anger helped Ravi to cope when similar incidents recurred; for instance when he lost his plate and once his cricket ball, he controlled his anger and did not react the same way he had done earlier.

Critical Reflection involves thinking in such a manner that it challenges our beliefs, values, cultural practices and social structures in order to assess their impact on our daily proceedings. Research by Hatton and Smith (1995) indicated that engaging with another person in a way that encourages talking with, questioning, or confronting, helped the reflective process by placing the learner in a safe environment in which self-revelation can take place. In my research, I created an environment for the boys to reflect and plan for their future. This reflection and analysis spurred them to search for possible alternatives, solutions and envision future.

8.2.7. Envisioning a Future

The uncertain and volatile nature of a street child's life means that they tend to concentrate on those activities which will give them the best returns in the shortest possible time. The street child's disposition for instant gratification determines his choice of skill-training, employment and educational opportunities. As the street boys grow older, the mobile and uncertain nature of their existence tends to hold less fascination for them and they begin to harbour ideas of stability, of having a home and family.

An important part of my interaction was to engage the adolescents on the street, in Phase 1, to think about their future. This was facilitated through creative techniques such as drawing, dance and drama.



The boys were asked to reflect on what they would like to be or do in the future. In the drawing above, Arif (who completed five phases) depicts his ambition to become a computer graduate and work in an office. The staff encouraged him to learn computer basics in his spare time, he developed a liking for it and so did the 'computer office work' drawing first. His second drawing was that of an electrician. He was undergoing training

as an electrician in a technical training hostel. This was his choice after Phase 3. Once he realised that he could not manage the maths and the classes, he reflected on his own ability to perform and achieve. He saw his friend Rashid who was studying computer graphics design the Diwali Mela invitation and this made him want to achieve; he thought that becoming a computer graduate was possible but not for him. He now decided to keep his options open, “*if not one the other will work out*”, he said. Thus his drawing depicted his search for possibilities. Arif’s thinking of alternatives to his electrician’s course indicated that the street was not on his mind. He had made a mindset change.

8.2.8. Changing Mindsets

How do mindsets change? Mindsets do not necessarily change by dint of logic or persuasion. Even when things are not working satisfactorily, the first and often the only inclination is to look within the same paradigm, within the same mindset. When the adolescents were asked in Phase 1 what they would like to become, the reply invariably was ‘a film hero’ or ‘a line mukkadam⁴’. However, others’ experiences, both positive and negative, compel him to challenge his existing mindset, discover his capabilities, think of possibilities beyond his present paradigm and take control of his own learning and his environment. Shailesh (who completed the Five Phase Programme) was doing his **NIOS** and was also pursuing a course in the culinary arts. He decided that if he was not happy with a job as a cook, he would carry on his studies to become an accountant. It is this ability to think in terms of options, outside his street ‘genre’ that constitutes a mindset change.

I have realised that the reason behind running away from services is that street children do not give themselves options, they do not think beyond what is within their purview. It is this inability to look for options that has prompted me to create a ‘safety net’⁵ of multiple options. Once this mindset is created, the adolescent becomes more determined and focused to move off the streets. What is important is

⁴ Line Mukkadam - A supervisor who picked up street boys to work at marriage parties. It is considered to be the highest position a street boy can reach while on the streets and working at marriage parties (wadi).

⁵ Safety Net – Forming several alternative options that do not lead him back to the street.

the ‘will’ to try and change his thinking to realistic and achievable goals with education and training. This mindset change brings a whole new identity and completes his paradigm shift from street life to a socially acceptable lifestyle.

8.2.9. Developing New Identities

A paradigm shift for the street adolescents meant a transformation in the way they perceived events, people, their options, environment and life. The shift has dramatic effects on the way their lifestyles change and their vision of the future. The shift is a formation of a new identity, where they give themselves more options within this paradigm as a form of retaining this identity.

Adolescents select and appropriate characteristics from peers, parents, teachers, relatives, religious leaders and famous people to gain a unique identity. The new person or identity is not their final self, but it forms the basis of what they will become. If adolescents manage to work through the contradictions of this process, they develop positive and healthy feelings towards themselves. Role experimentation allows street adolescents to find their niche in their street culture and the way they pass through this stage has a profound impact on their future life. Mindset change in street adolescents leads to personality change and change in identity.

Arif, who completed the 5 Phase Programme, says “When my friend told me about the Residential Home where he was staying for a couple of months, I really had no idea what to do”. He says when he was on the street he got no respect, he was badly treated by the police, he was not recognised as a human being, he felt he was a non-entity (no identity). Arif became a peer educator after undergoing a para-professional training course. He goes for outreach looking for new children on the street. Often the police catch him, thinking him to be a street boy. But whenever he shows the NGO’s identity card to police personnel, they set him free. Such incidents make him feel good. He says, “I feel happy about the way my street friends look at me

now. Thank God, I have chosen this alternative instead of being on the street.”

Arif has options to work with other NGOs or in house keeping. He said. *“I am now an uncle6”*. He has built his capacity to stay within the ‘safety net’.

8.2.10. Building Capacities

The street adolescent with his new mindset sees vocational training as a guarantee to remain ‘within’ his new identity status. Economic strengthening activities are most effective when they target those youngsters who are at a point in their lives when they are ready to leave the street or want to find alternative livelihoods. This comes with maturity associated with age or the result of life skills training in self-confidence, self-awareness, awareness and an enhanced sense of the future. After staying at the Residential Home, the adolescents feel they have chosen a better path because they have been performing well not just academically but in terms of gaining a new identity. During our Society’s Centenary celebrations, the children at the Residential Home remarked, *“We are not street children, we are children of a home”*. My observations of the street children going to schools have seen them become undisputed school leaders.

Ravi, who completed the Five Phase Programme, did not have a birth certificate or any other proof of his identity when he went to apply for a driving license. He only possessed the residence proof letter which we had given him from the Residential Home. He was sent back to make a court affidavit of his birth and get a skull test done to determine his age. Ravi at that time wanted to enrol in the NIOS. He wanted to build his capacity to work, to education and so began planning the possibilities to acquire these. A school certificate would give him the much needed age and identity essential for a passport, a voter’s card would give him his rights as a citizen. Hence his motivation was to get the most important certificates that would give him rights to get other services that are the right of every citizen. To do this he had to go through adversities such as being rejected at the driving school due to lack of proper certificates, having to wait for a year to get enrolled into the NIOS school as the requisite documents were not in order and he could

be accepted only in the new academic year. He developed his own coping strategies during this waiting period. His resilience to these adversities helped him cope better.

8.2.11. Coping Strategy- Resilience

Resilience has been defined as the positive adaptation of an individual within the context of significant adversity (Luthar, Cicchetti, and Becker, 2000). Simply put, resilience is the successful adaptation of an individual despite adversity. It has two requirements (Masten and Coastworth, 1998): There must be a significant threat, adversity or trauma; and an individual must be able to overcome these threats or crises through positive adaptation. Several key characteristics are found in the lives of resilient children (Berliner and Benard, 1995; Masten and Reed, 2002). First they are socially competent; they are able to establish and sustain caring relationships and to maintain a sense of humour despite the hardships in their lives. Second, resilient children are resourceful. They think critically and creatively about the problems in their lives in an attempt to develop possible solutions. They know when to turn to others for help and when they need assistance with a problem. Third, resilient children are autonomous. They have the ability to act independently and exert control over their environment. They know that they are masters of their own fate and do not have to accept the adversity in their lives. Finally, resilient children have a sense of purpose in their lives and a positive outlook for their future.

All the 30 adolescents I had started with in this research were addicted to chemical substances. They had been on the streets for periods varying from one month to ten years before entering the programme. They had to fight to survive the rains and crackdowns by police. Nearly three out of five street children reported that they had been beaten at least once or twice by the police while on the street (Effectiveness of the Rehabilitation Programme, 2003). Their resilience in the face of these adversities demonstrated their evolving identities. Most of the children I dealt with over the years have demonstrated the following traits of resilience:

- They recognised that they wanted something better for themselves. It is not that they lack the effort or will, but the 'medium' (institutional/home care) to obtain it and a

systematic method. His thinking, mindset and consequent measures are directed to attain that 'something better'.

- They helped each other in looking for food and money; and shared it amongst themselves.
- They demonstrated courage despite being bullied or abused, by staying in the same area as the 'tormentor'.
- They persevered in adversity and accepted challenges to survive. In sustained crack downs by the police, they have a way of overcoming it and resurfacing in the same areas.
- They had keen powers of observation and would give information on what illegal activities were going on in the area, which civil servant would be waiting to take bribes and where, the car numbers that came to pick up hashish or other drugs from the local peddler.
- They analysed the phenomenon of educated persons getting into vices as that if you are educated, you can get away with illegal activities, which the poor, uneducated/vulnerable street child is pulled up for.

These are some of the characteristics that typify the street child's resilience. This resilience comes into play when he has a mindset change to pursue a goal. His resilience and ability to cope with adversities in pursuing his goals helps him sustain his new lifestyle, which has been a result of his new mindset.

8.2.12. Sustaining New Lifestyles

The cumulative experiences and independence of street youth render them capable of taking on responsibility and surviving from day-to-day, but not of advancing beyond the daily challenges and envisioning or planning for the future. In my study on eight groups of marginalized adolescents (D'Souza, 2005), I found the street children's dependence on institutions to be a major concern. If they were in an institution from an early age, their study and job training period kept them there for over 7/8+ years. Moving out of the institution was a painful experience, often leaving them embittered. In the Five Phase

Programme, this was taken into consideration while formulating an exit policy with inputs from the adolescents. In Phases 3 and 4, the experience of practical cooking, living on their own for a few months prior to moving out, all simulated much of their out of institution care situation and made the transition process smoother.

Children are agents of their own development or ‘agents of change in their own lives’. Their participation is critical to improve adaptation to societal expectations. Through this entire process of adaptation, the adolescents are led through a mindset change in their thinking, reflecting and resilience which brings about an identity change. This resilience is supported by their desire and working to sustain this lifestyle. All the six who completed the programme went through the above process successfully.

Shekar said, “I lost 3 jobs in 1 year, due to my boss going bankrupt not getting more business, no money to pay me. But I know how to live, I manage”.

I have realised that the guiding principles of youth empowerment and peer education to improve self-esteem and adequately treat substance abuse can ultimately yield sustainable results. This sustained lifestyle is the penultimate step to a more permanent and settled form of living independently.

8.2.13. Independent Living

Therapeutic Centres (TC) are drug-free residential settings with treatment stages that reflect increased levels of personal and social responsibility. Peer influence, mediated through a variety of group processes, is used to help individuals learn and assimilate social norms and develop more effective social skills. Individuals are motivated to change through their interaction with others, including their peers from the streets. The original TC approach was developed to treat serious substance abusers in a residential programme by changing their behaviour and thinking, it is to the efficacy of this that I have tried to work on in my research. The guidance and support of the staff and peers of the adolescent is important for the transition. An atmosphere conducive to reflection and analysis therefore has to be created.

My experience has taught me that independence from care is a painful process. If not weaned in a gradual process in participation with the adolescent, it makes the individual bitter, leading to negative reactions. Independence and starting a family of their own, becoming well settled is a matter of pride for the youngster. His bonding is to the place and to the persons who cared for and nurtured his growth process. Those who completed the programme and the large numbers from my experience who have moved into settled living with families, has prompted me to initiate a study on those successfully settled. The aim is not to provide another form of dependence on the institution but peer support and role models to the others and serve as a follow up.

8.3 Summing Up

These 13 steps have been a journey for the mindset change and thinking process that marked the climax to my questioning of how my experience could be systematised and documented not only to improve my practice but also to contribute significantly to the children. Though it has been researched within the framework of and adapted to the Five Phase model programme, it is a pattern that cuts across cultures, generating possibilities that would give the adolescent a concrete and realistic future.

CHAPTER 9

CONCLUSION

9.1 My original questions

I go back to my original questions which plagued me whilst trying to understand the lifestyle and mindset of the street adolescent: *Is going back to the streets the only option available?* It is his comfort zone, his ‘survival niche’. Is it the alternative he chooses in the absence of any other? *What is it that triggers instant decision making?* I have come to understand it is more a pattern of thinking they get habituated to, reacting to situations in their lives. This pattern of thinking does not give them the liberty or time to think of the consequences at that instance of decision making. Those who manage to overcome this pattern of thinking, go through a process of unlearning it (often with failures), yet this is a process, an exercise he learns. As a motivation towards it, he takes recourse to the experience of his successful colleagues, institutional supports and his own attitudinal and mindset change. Yet, his movement off the streets is entrapped in a cycle of attempts and failures which I believe, is misconceptualised as his survival repertoire. *Is the addiction to the street lifestyle a pull factor of the streets?* I think it is his thinking and mindset that either keeps him in that cycle or gives him the impetus to change his lifestyle. Once he has got it ‘sorted out in his mind’ he manages to cope with challenges and impulses and endeavours to sustain his new-found identity.

9.2 Mindsets and Transformation

For many street youths, family and community support disintegrate under the pressures of poverty. Once on the street, the children seek out a network that will enable them to stay in the street thus rendering it even more difficult to leave the situation (Griesbach Guizar and Sauri Suárez 1997, Hecht 1998, Shaw 2002). Whether or not children end up staying in the street has to do with how they cope and use the opportunities they have on the street and how these opportunities serve as exit mechanisms.

Most children on the streets find adequate coping techniques including a niche in the economic market which gives them sufficient income to eat and clothe themselves, find and take advantage of programmes that serve them, are sufficiently informed about their

physical health to stay reasonably healthy, form close friendships with peers, and if possible, maintain some connection to their family of origin. In fact, contrary to popular opinion, the street boys' very resilience is indicated by the coherent, goal-oriented efforts they make to meet their pressing survival needs. Resilience is based on the belief that persons are able to cope with stress, adversity or trauma, depending on the balance of risk and protective factors. I feel that although many street children tend to be drop-outs from school, the skill and creativity they display in surviving and managing their lives on the streets indicates that they do not lack intelligence; thus their dropping out of school has more to do with environment-related factors than with their intellectual competence.

Hecht and others (Castillo 1997, Griesbach Guizar and Sauri Suárez, 1997) highlight the fact that people in general treat street children according to the perceptions they have of them. They are rarely perceived as social actors capable of making their own decisions based on options available to them. However these street children are not helpless, pathetic victims. They have built their own lives from their own resources, within their own community. They are self-reliant and independent, and have succeeded in surviving within an often hostile and unsafe environment. Their experiences may leave them emotionally drained yet they harbor a strong will to survive; philosophical issues are not a priority. Their thoughts are directed more towards where the next meal will come from and where they can find a place to sleep. Thus I think it is important to help them use their ability to think, reflect and analyse, to overcome their confusion and low self worth. Such support enhances their chances of escaping the degenerative cycle of poverty.

Street children tend to be viewed more as a problem to be solved rather than as an asset to be worked with. Undoubtedly, there are problems; the multitude of push and pull factors, the lack of street-children-centered policies and the inadequacy of grassroots services. However, street youth are potential assets to their communities and society at large. For them to be full participants, we must open doors for them to reintegrate into their communities.

The participation of street children in research and planning via a methodology that empowers them is of crucial importance. Participatory Action Research seeks to generate knowledge through collective self-inquiry and reflection. Good education helps children to develop curiosity, problem-solving attitudes, and a love of learning which will last them for the rest of their lives. This involves mental processes of cognition such as comprehension, inferencing, decision-making, planning and learning.

I believe the key to helping street children off the streets is their ability to be reflective through a guided thought process. Reflecting on my experiences and observations over the past 21 years, I am of the opinion that children are sustained in their situation on the streets largely due to their limited opportunities to think and reflect on their situation and their future, and the lack of rationality and logic in their thought processes. Their cognitive thought processes are mainly geared to survival, immediate situation management and instant gratification of the senses.

My research has demonstrated that a paradigmatic shift can take place in street inhalant abusers through a guided thought process (see Chapter 8). Starting with the premise that a street child's actions are guided more by impulse than by rational thought, I created exercises designed to stimulate thinking, which in turn helped develop openness to new ideas and new learning among the street boys. Once the boys were ready to learn, there was an almost simultaneous un-learning that took place - the breaking of myths and misconceptions such as their feelings of being worthless, being incapable of a better future and that their situation could not be changed due to their 'karma'. I observed that if the boys at this stage were confronted by others with similar experiences, they tended to learn and assimilate from them, then move towards critical reflection of their own experiences in the light of their new learnings. This process set up the next stage, for development of a future vision and the search for alternatives, leading to a change in mindset. The street adolescents now had a high degree of self-confidence and self-worth, it made them feel capable of acquiring skills which would promote and sustain their new productive lifestyles. The process, which first began in their mind and attitude found its culmination in a move towards settled/independent living.

9.3 Ethical Considerations and Dilemmas

There were two kinds of basic ethical issues that plagued me in my research.

- a). Those involving therapeutic interventions
- b). Those involving the research process

Often these two would mix to become a dilemma for me as *an interventionist*. My daily tasks required me to make decisions on therapy; these decisions were not for research purposes, but in my research, I reflected upon them to enable me to make improved decisions. Ethical choices of things contributing directly to my research (e.g. selection of sample, confidentiality) were of a lower order. The participants were informed that I was undertaking this project as a researcher. My role in my research with vulnerable children and in the light of my position within the organisation represented an ethical dilemma. I experienced conflict, especially conflict that could not clearly be addressed by my own moral principles, or the establishment of what Hill, Glaser and Harden (1995) refer to as ethical codes.

Demonstrating ethical behaviour calls for a high moral awareness and an agreed framework of conduct (Whitehead and McNiff, 2006, p.77).

Ethical frameworks address three primary issues; **Access** (consent/permission from the participants), **Safeguarding rights** (assurance of confidentiality, right to withdraw from the research at any time) and **Assuring good faith** (securing permission from those whose stories we report). As participatory action research is carried out in real world circumstances, and involves close and open communication among the people involved, I paid close attention to certain ethical considerations in the conduct of the research.

- All participants were allowed to influence the work, and the wishes of those who did not wish to participate were respected.
- The development of the work remained visible and open to suggestions from all participants.
- In my research, the issues of informed consent and of ensuring the confidentiality of data with regard to the study of my employees and the adolescents in my care

posed ethical questions; therefore, I sought permission at various points of time to make relevant use of the data.

- Informing them about the descriptions of their stories and points of view were negotiated with those concerned prior to writing.
- I undertook the responsibility of maintaining confidentiality.
- The children have been accorded the same respect in print as conveyed in our face-to-face situation.

There have been many particular ethical dilemmas that I have had to deal with in the research:

i) In the programme, I had been the guardian/father figure of these children. For scientific rigour of the research I had to shed this role and slip into the role of a researcher for myself and the boys. The change in roles had to be done through tact and reinforcement.

ii) Alam 22years was responsible for bringing in newly arrived boys. He was my strong contact/peer leader of that area and it would be best to take him in, train him and employ him. But he refused; did I do enough to counsel, cajole, coax, push him for this?

As a researcher, Alam gave me the ‘pulse’ of the area, from the new entrants he gave me background information that was verifiable and better elicited. Was I making ‘use’ of him for our field research? Questions like these have put me in a ‘spot’. I have offered ‘help’ in such cases but in their refusal, can only manage support.

iii) It was an ethical dilemma to let children aged 7-13 make a ‘life-course decision’ - Maintaining a professional distance in these decisions was as much a dilemma as much as it was a need.

iv) I questioned whether I should respect the boy’s decision to leave in the middle of his treatment/medication, even when he has habitually run away and returned in a worse condition each time? It stretched my understanding of the child’s participation in his decision and my dilemma as a researcher at times wanting to get into a guardian role.

v) An adolescent who repeatedly runs away keeps taking away a few boys each time from the programme. Should we keep taking him back when he returns, when in need? It is a question I have kept putting to my other colleagues running shelters in the country as well as to the counselors. Each case needed a special consideration.

vi) In ‘terminal situations’ (See Chapter 6) when they ask us for help on the outreach, how do we manage this issue? I thought it was necessary to understand our focus and objective of the organisation. This in practical situations on the streets is easier said than done.

vii) ‘Protector-Utility Boy’ relationship- I have come across several cases on the streets, wherein the ‘protector’ does not allow his ‘utility boy’ leave the streets to join a programme to get off the streets as he is abusing him and is under his control. How do we deal with this power relationship? As a method to counter this, I developed the camp method for groups of street boys from particular areas of outreach. We targeted these types of relationships and worked on them for 3-4 days of the camp. It proved to be successful in helping the relationship and power structure to be broken.

viii) If children stay for long periods of time in a shelter, they tend to lose their street survival skills and get dependent on the institution, often making their exit from the institution traumatic. The phase-wise movement in an exit policy adopted by the institution helped to get the children prepared for independent living.

ix) We have several instances of children ‘shopping’ for NGOs when they do not get what they want from one organisation, their inability to accept the demands made of them or when repatriation or rehabilitation efforts are sustained against their will. Yet for their positive long term good, they ‘hide/move’ into another organisation. Should they be pursued and should the ability to shift organisations be termed as resilience, survival strategy or taking advantage of the system? To a great extent, the networking with the other NGOs on information sharing has been a valued experience to limit these incidents.

x) 'This is my karma/my fate', has been a major block to the adolescents' positive movement off the streets. They tend to view it more from a cultural angle, which makes their mindset all the more difficult to deal with. How do we balance their religious beliefs with challenges for positive growth? Role modeling was one of the motivational factors that worked well.

xi) I have questioned whether it is right for the organisation to keep ex-addicts as attendees to take care of those who are admitted in detoxification at Phase 2. Is it taking advantage of their vulnerability, of being helpless? I viewed it as contributing to their peers as positive role models, giving them a sense of self-worth too.

xii) I have questioned the outreach programme to direct/encourage/counsel children to get admitted into an organisation. Is it the street child's need to join a programme or is it the need of the institution? Is it the need to have the numbers to sustain the institution's survival? When should the institution leave it to the child to decide to join its programme and leave him to join without 'pressure'? In order to enable and offer as many children as possible the opportunity to get off the streets, it was considered best to offer opportunities to participate in the programme without coercion.

xiii) Organisations in their admission policy face a dilemma as to where to draw the line. What number of children should it cater to? When should they stop fresh admissions? The compromise is between quality and quantity. I have come to understand that qualitative service has its efficacy in journeying along with the fewer numbers who are helped up to independence rather than those that are kept for protection from the streets only. The focus of the organisation needs to be kept in mind.

xiv). How does one define the term 'holistic care of street children'? Where does this spiral or chain reaction in care-giving end? This dilemma often results in the organisation losing out on individualized care-giving. I understood this dilemma in the light of the focus of the organisation and its objectives.

xv) In my experience, if the staff members do not re-orient their goals or not trained appropriately, in a couple of years there is a possibility of staff burn out and loss of enthusiasm. How should this issue be managed? Constant training, reorienting of goals, re-defining roles and a consistent ‘thinking’ on emerging issues is one of the factors that maintains staff motivation

These questions and dilemmas have constantly impinged upon my work and research with the children. I have tried to deal with them, reflected and come up with some of my insights into the above ethical issues.

9.4 Limitations of the Study

Since this was not a controlled experimental study, many uncertainties and limitations have had to be addressed.

- a) I had initially considered a group of 30 male inhalant abusing street adolescents, based on my experience of drop outs from the programme. This move helped in keeping to the 15 participants who were in the programme or the ones who dropped out at Phases 2, 3 and 4. I considered those that were accessible on out outreach and willing to be participants of the research while on the streets.
- b) I needed some way of interrogating my 21 years experiences “retrospectively”¹.
- c) The list of team members (Appendix 1) selected in the pre-appraisal phase of the project cycle was adjusted, due to the unavailability of some of the staff for the research.
- d) The methods adopted in the therapeutic centre could not achieve total participation of the adolescents due to the nature of the target group.
- e) Drop out of the staff team members. I could not have a consistent staff team of all 9 colleagues during the entire period of the research. One of the researchers had transferred residence to another Indian city, while the second researcher took up another job with another organisation immediately after the data collection. The

¹ “Retrospectively” – Writing (during reflecting/writing of my thesis) my 21 years experience in hindsight, case stories, special events, questions, peculiar learning experiences, similarities, reflections that intrigued me.

same was the case with 2 colleagues from Phase 3 and from Phases 4 and 5. I replaced them with new colleagues with training. It was at these times that I had to contribute more for continuity of sessions and evaluations with the team.

9.5 What I have learned

My constant question that motivated my research, *'How do I improve my practice?'* helped me to be reflective; the practice engendered by my undertaking of this Participatory Action Research informed much of my learning. It helped to make my tacit knowledge more explicit. I feel that the cyclic processes of action, observation, reflection and planning have created a platform for new thinking and for 'the embodiment of new pedagogical ideas and professional practice' (Whitehead and McNiff, 2006). The breaking up of my experience into different cycles, helped me to analyse, reflect and put into perspective my queries, the change in my reflections helped the emergence of theory in my practice. My autoethnographic account helped me to observe more clearly, to seek other perspectives, and to be more informed in team decisions.

My research has demonstrated that making street youths think is a better way to get them to make socially acceptable permanent choices that would help their rehabilitation. The children have knowledge of actions harmful to them, yet they give in to their detrimental consequences. This research has demonstrated that working on their thought process and mindset is essential to help informed choice; to go through a process of cognitive behaviourism [this last sentence seems problematic...you presumably mean cognitive behaviour therapy; you could also talk about talking therapies, person centred therapy etc etc]. The person centredness of my approach placed much of the responsibility for the therapeutic process on the boys themselves. They determined the direction of their movement, while I sought to enhance the boys' insights and self-understanding through informal questions. All this led to increased self-esteem and stimulated greater openness to experience as well as an increased capacity to experience and express feelings. It fostered better self-understanding, lowered levels of defensiveness, guilt, and insecurity, promoted more positive relationships with others; all of which helped to increase the congruence between the boys' idealized and actual selves.

The knowledge/information should follow understanding, assimilation, decision and appropriate action. The mindset of the children requires to be guided from their ‘instant gratification’, ‘live for the day’ and on the spur of the moment decision making to a well thought out, reflective and cognitive approach. This is essential for their progressive movement off the streets and taking responsibility for their actions.

During the first pilot experimental project I conducted for drug addicted street youth in 1993, I met 22 year old Fernandes. In my eight years (until then) on the streets, he was the first boy from my community, hailing from my native ancestral land. He spoke in my mother tongue; this gave me added impetus to try and help him out of his situation. He was consuming heavy doses of ‘brown sugar’ (impure form of heroin), but informed me that he was not interested in changing his situation. I tried several times to talk to him, but to no avail. Everyday I met him I offered to help him, but he refused, saying he was happy as he was and did not need any help.

-First Camp Evaluation Report, June 1993, Mumbai

The episode with Fernandes taught me a lesson I remembered for the rest of my life. A person who needs to change has to have the desire to do so. In the course of my evaluation of the situation, I realized that I needed to be open to all communities and treat every child as belonging to my community. Fernandes taught me to make the entire street children’s community ‘My Community’. I needed to be equally zealous in my interactions with all children on the streets. He taught me:

-To offer and yet leave the final decision to him

-To push but not to force, yet wait

-To help him in his decision while at the same time ensuring him his freedom

-To learn to accept my personal disappointment and yet not get discouraged

-To learn to be professional as an interventionist.

-To understand I am working for the children and not a particular community.

In experiential learning, reflection leads to self-awareness and reflexive thinking.

9.6 Impact and Unique Contributions

Most of my colleagues in institutional care expect the child to understand our logical sessions demonstrating the dangers of living on the streets and think it is an automatic choice the children ‘have to’ make of leaving the streets. In the reconnaissance phase and the first cycle of my practice, I wondered: *When it was difficult to get food and shelter and be at the mercy of the police, bigger bullies and harsh situations, why could the children not come to live at the Residential Home? Why could they not see that their life revolved around sitting out side the ‘darga’ begging in a ‘terminal situation’? Why not see and learn from your counterparts who have been rehabilitated? It seemed logical for me, but it is through an experience, a shift in their thinking that would get them there. Till then they are a part of the ‘street child genre’²*

This questioning made me want to research how working with their mindsets as an educative method through preparation and small exercises on the part of the adolescent can help them make decisions that are well informed and analyse his current and future situation. This research has reconfirmed my belief that sustained cognitive inputs can bring about long term behavioural changes provided the adolescents have a strong positive intention and motivation to change with requisite skills within a ‘friendly/guided environment’.

This research taught me that it was not only the adolescents that needed to be reflective, but me and my staff colleagues too. We have to re-orient our objectives, reflect on practices long in use and keep the issue and understanding of the street children ‘alive’ through our pro-active stance.

² ‘Street child genre’ – Living, thinking and experiencing the lifestyle of a street child who does not think of changing his situation.

Before I was placed in the Residential Home in 1994-'95, at every monthly mela since 1987 there was a slogan repeated: 'Saddak Chaap' (Street life) and the boys would shout in unison 'Zindabad!' (Long live). I thought it rather demeaning although many felt that it gave the boys an identity. My perception was that this slogan was meant to: i) Remind the boy where he came from. ii) The streets or street life was not one that society looked up to or glorified. iii) Intrinsically this slogan meant street life had our tacit approval. iv) It meant we did not put forward our Residential Programme as one that could alleviate them from street life but discreetly encouraged their status quo on the streets. We thus had a consultation with the staff and some of the older and ex-street boys. One of the first measures they suggested needed to be corrected was the slogan and from late 1995, we stopped using it altogether.

-Residential Home Annual Report, 1995

Thus research with street children has been a collective team effort. The reconnaissance phase and the first cycle generated questions which were researched, reflected upon and answers sought in unison with the adolescents and the team. It gave meaning to my years of experience and the direction to help research and practice further into the mindset of street children.

In writing this thesis, I was largely helped by the timely criticisms of my supervisor, his critique that *'this may appear to be a tall claim'* made me understand that I had to focus and not claim that I was working on saving the entire world. His insights into systematizing my experience and giving it direction helped me structure my inquiry and zero down on a particular concept of mindset.

My companions who were on the management with me and most especially my staff colleagues who were my 'other self' for several years, helped me to see reason in understanding mindset change. Their critical reflection and insights helped me innovate, experiment and carry out programmatic changes and activities. They ideated much of the thought process reflections of the street children and consequently influenced my

thoughts in this research. Their synergy, commitment and hard work with the children gave me the 'space' to shed my role as a guardian and become a critical (and self-critical) researcher of the programme.

The situations, the questions, the challenges of the adolescents on the streets and in our institutions constituted the *raison d'etre* for my research. Street children represent a complex set of factors which require a multitude of resources and efforts to address the issue, primarily through an attitudinal change. The uniqueness of my study lies in my attempt to bring about this change through influencing and setting in motion cognitive changes leading eventually to behavioural modification, adoption of alternative lifestyles and sustaining these over a long term. Although a slow process, I would consider this an innovative method, as it lays the foundation for a generalized approach that cuts across multiple cultures and models/approaches to the street children issue. It has served as a platform to crystallise the observations and experiences of those working in the field of substance-abusing street addicts. West (2003) highlights the importance of practice that is reflective, is embedded in local circumstances of children's lives and issues, is dynamic and responds to changing needs. Isolated, charity based approaches will not adequately address the issues of street children – or the problems confronting children 'at the margins'. Hence all approaches towards street children - preventive and protective- must rest on a foundation that is rights-based and holistic.

My work on mindsets underscores the importance of changing attitudes; especially with reference to the street inhalants who formed the core of my study. A person's attitude is an important mediating variable between the acquisition of new knowledge and behavioural change and therefore changing attitudes carries with it profound implications. First, attitudes often have a direct impact on behaviours. Second, if the attitudes of a large number of individuals of a particular community change, then there is an openness to the group's attitudinal change, encouraging other members' change in behaviour too. Hence normative pressure can produce behaviour change even if an individual's own attitudes do not change. Third, unless the children's attitudes are

changed, they may lack the motivation necessary to acquire new skills or break old habits that allow new behaviours to occur.

According to Richard Petty (NIDA, 2007), among the attitudes relevant to drug abuse prevention are attitudes toward **oneself** (e.g., low self-esteem may contribute to drug use), **authority figures** (e.g., parents, Government officials, and teachers who eschew drug use or who advocate new treatment approaches), **peers** (e.g., friends and colleagues), the **drugs themselves** (e.g., are they seen as harmful or exciting?), and **new drug treatment programmes** (e.g., are they seen as beneficial or ineffective?). Assessments of drug prevention efforts sometimes have focused on the new knowledge acquired rather than on attitude and behaviour change per se. [Attitude consists of three components of affect \(emotional aspect\), cognition \(beliefs and knowledge\) and behaviour \(responses/actions\). Therefore any attempt to obtain long term behavioural change must necessarily address these three components.](#) My research has demonstrated that knowledge change in the absence of individual and/or community attitude change is unlikely to result in behaviour change. [Attitude to oneself is thus at the top of this 'hierarchy', as it changes everything else.](#)

9.7 Changing Face of Street Children

In the reconnaissance phase of my research, I observed the 'typical' street child, run away from the village, struggling against all odds for survival, rummaging through the garbage or begging for food, working as a shoe shine boy, rag-picker or occupations associated with the destitute and the marginalized. During the first cycle of my research (in the 1990s), interventions of different organisations began changing the identity and image of the street child of the 1970s and 1980s. Several services for street children began springing up in smaller towns and cities, increasing emphasis was given to rehabilitation, repatriation and education by these service providers, which shifted the focus to development of the child and the need to move him off the streets.

The second cycle saw a paradigm shift, with street children acquiring a new identity and wanting to be counted among the middle class with appropriate ambitions, skills

acquisition and values. They now saw that it was possible to change their situation, by making use of the opportunities given to them. In their individual identity lay their collective strength, wherein they got inspiration from those who were rehabilitated. The visibility of the changed lifestyle, attitudes and thinking patterns of the children I have researched has led to a manifold increase in the numbers of children leaving street life and being rehabilitated and repatriated.

On the other hand there is a drop in the age of those coming to the streets. In the reconnaissance phase, I observed that the youngest children on the streets were between the ages of 10-12, while in the latter half of the first cycle and the second cycle, the age group showed a noticeable decline to 5-6 years of age. One of the major contributions to this phenomenon is migration. More than half of Mumbai's population (9.5 million out of 18 million) comprises pavement and slum dwellers, many of whose children come for a few days or months, use the services of different organisations and return to their villages at appropriate moments, as I have shown elsewhere (D'Souza, 2005).

The street children of today however are more middle class savvy as reflected by their aspirations and attitudes. They no longer want mere education, but strive towards specialized courses. Those in institutions particularly do not like to be labelled as "street kids" and consciously try to distance themselves by dressing better and not mingling with the new entrants from the street. Few agencies have been able to handle the challenges posed by these street children and adolescents, who have learnt by necessity, 'to be self-sufficient, quick-witted, suspicious, and at times rebellious' (Sauvé, 2003). These agencies refer to themselves as being youth-centered, but most are still driven by the traditional paradigm of adult control over children and adolescents; they assume the responsibility of telling these adolescents what to do, how to behave, what is important. Little thought is given to the children's own voices or experiences. Thus institutions dealing with such groups send out a message to them that they cannot contribute anything to the program and that they are only there to receive and learn. Through their behaviour, they tell youth that they cannot help themselves but must depend on adults for help, that youth should respect these adults even though these adults do not respect them (Sauvé,

2003). Those institutions that have applied a participatory approach with the children have had fruitful experiences that have gone beyond mere numbers.

9.8 Redefining Programmatic Strategies

My experience in the reconnaissance phase and two cycles has been an evolutionary experience in understanding street culture. Working with street youth involves a lot of uncertainties, risks and unexpected issues. One has to constantly reinvent strategies, objectives, motivations and be prepared for any eventualities. In addition, they may not produce the measurable outcomes typical of other more controlled programmes. It calls for radical rethinking in terms of how we in institutions deal with street children and adolescents. If we view street youth as being contributory and having something to offer rather than as empty vessels needing to be filled and helped, we should then design programmes that reflect this thinking. We should respect street youth as whole beings with complex and interconnected life experiences. Interventions should be founded on what youth bring to the institution: their stories, dreams and choices. Rather than foster dependency, efforts should be made to allow young people to articulate their own reality and define their goals and objectives. Local culture and prejudices often prevent street youth from accessing basic social and health services and hinder their efforts to break away from their stigmatizing label in society.

I think it is important that there be a secure and non-judgmental environment wherein street youth can openly contemplate the daily risks and decisions they take, reflect upon possible consequences (intended and unintended) and then discuss their choices and safer alternative lifestyles knowing that their personal autonomy will be respected.

Exploring cultural models of difference and the ways in which these are used to create inequalities can at times make space for sensitization about prejudice and discrimination as an integral part of the participatory process (Cornwell, 1998, p.56).

The models of care for street children should be encouraged to celebrate differences amongst them, to challenge discrimination and to work together co-operatively and democratically in a manner that transforms and challenges much of their existing experiences of exploitative relations (O’Kane, 2003).

9.9 Recommendations

- 1) Working on the thinking of the child, his thought processes, requires a step by step understanding and working on his situation, reflection on his life style, analysis of it and an informed and educative decision. Working on the thought process of the adolescent is the key to initiating behaviour change. This is best done after he goes through a process of unlearning street thought processes and simultaneously learning processes of cognitive behaviour that encourage positive development. For this positive development, it is essential to work on a paradigm shift in his mindset of the streets. From a mindset that ‘this is my fate’ and ‘I cannot do anything about changing it’ to motivating him to change his attitude, through role models, counselling, goal setting, exercises in thinking and reflecting, change in identity and mechanisms to cope and sustain a lifestyle different from the streets, is what sustains his mindset change and identity.
- 2) Conceptualizing street youths as a symptom of the political and socio-economic climate, and not simply pathologising them, indicates that healthy personality development of street youths should be understood in the context of other societal problems. Such factors as poverty, unemployment, lack of housing, lack of education, and inadequate welfare and infrastructure combine as push and pull factors responsible for youths taking to street life and should also be taken into account in order to understand them as individuals (Tudoric'- Ghemo, 2005).
- 3) Supportive services for street youth are often guided by a problem-oriented perspective, that is, a tendency to view their life experiences as symptomatic of pathology and risk. It would be more effective to first develop an understanding of how street children perceive their life experiences, before engaging and supporting them to make positive transitions in their lives. Programmes serving adolescents must be tailored for them. It should ideally commence during the critical pre-adolescent

period, meet standards of care, and be guided by theory. Most programmes tend to fail when not guided by sound theory. The use of innovative and flexible methodologies can enable a detailed understanding of street children's lives, the finer nuances of their relationships, social networks and most importantly, help them move off the streets.

- 4) While working with street boys, it is important to take cognizance of the fact that their multiple ever-changing identities (shaped by their very mobility) affords them endless opportunities and resources that enhance their survival strategies on the street. Therefore institutions should recognize the importance of mobility in the lives of street boys as an inescapable part of their survival and work their programmes accordingly.
- 5) The transition from low to high self-worth is slow and requires an attitudinal change on the part of the street adolescent. The staff team may make the efforts to enhance the self-worth of the boys through motivational talks and sessions, engage them in recreational activities and various other creative means, but what is critical is professional counselling. These counselors serve as confidants; their availability to be there for the youngsters when they need them, giving them sound advice/direction, to move forward is important.
- 6) Recognition and acceptance by service providers/institutions that street survival (through gambling, sexual promiscuity, power relationships ('protector - utility boy'), abuse of glues, solvents and other inhalants) is important to the street boys, and their lives revolve around these. It is important to develop a holistic picture of substance abuse by identifying individual, family and social problems leading up to it. For dealing with the problem of substance abuse among street adolescents, there needs to be a set of theoretical and operational guidelines for multi-level interventions, whether community based, center based or street based.
- 7) The street boy's thinking that the 'freedom of the streets' is lost if he joins a programme, is often the reason for resisting change and is symptomatic of psychological trauma. Service providers need to identify such misconceptions and work on the thinking process that goes into such misconceptions. Addressing these street cultural issues are an important element of any street therapy programme.

Phase-wise movements in programmes must encompass inhalant abuse, the need for psychological healing of the adolescent, skills acquisition as well as a clear cut exit policy that fosters independence, rehabilitation and repatriation.

- 8) Children derive a great deal of positive satisfaction from contributing to the household income through employment; it gives them a sense of utility, self-respect and self-confidence (Woodhead, 1998; Boyden, Ling and Myers, 1998). Currently, there is a move towards vigorous livelihood support to vulnerable youth not just as a complement to the provision of outreach services and primary health interventions, but as a necessary component of integrated programmes that can empower young people to act on their knowledge and skills.
- 9) Employment training is insufficient to keep boys off the streets altogether; hand-in-hand, there should be a sound understanding of how the boys end up on the streets and what keeps them there. The complexities of their lives mean that the boys come onto the streets for different reasons and they will also move off the streets upon ‘answering/addressing’ those issues. Skill and vocational training programmes do not totally equip the boys with the personal and social resources necessary to move into the economic mainstream. Much of the programmes that run small scale hobby centers producing items such as paper bags, candles, cards and other curio items, often leave the youth leaving the institution stranded, as these skills are not apt for his survival or for the job market. Vocational training must be highly professional and attuned to the labour market. They face enormous difficulties in obtaining and maintaining employment and constructing their lives around their jobs. A practical preparation for this phase of their lives and a follow up programme is important to aid them in this period.
- 10) Facilities and programmes should be geared towards keeping the boys constructively engaged. A weekly progress chart developed along with the adolescent is an important factor to motivate and help him position himself and view how others perceive his progress (Appendix 4). Planning and implementation of service-provision should be done with the participation of the boys for whom it is meant. This helps ownership and sharing of responsibilities for the adolescents’ progress.

- 11) Participation and encouragement of ‘critical enquiry’/ reflection by street adolescents helps them to understand power relations, to challenge negative perceptions held against them and to assert their rights as children and as human beings. Thus it is important to create platforms for street youth to express themselves, advocate their cause and draw attention towards investing more in street children programmes. Sufficient attention must be paid to their street-shelter-street cycle lifestyle. A collective review and a reflective assessment of program interventions, a collaborative networking with other NGOs in tackling this issue is the need of the hour.
- 12) An enabling and supportive environment should be created that goes beyond mere provision of services, which lays emphasis on initiating and sustaining boys’ participation in their development. The emphasis should change from ‘assistance for the boys to assistance by and from the boys’. Only then can their dependency on the shelter be reduced and they can become self-determining and independent individuals.
- 13) To ensure that staff is sustainable, programmes should provide adequate and ongoing training, offer adequate salaries to reduce turnover, and develop support systems for staff members, such as team meetings, counseling, case discussions, and professional consultations.
- 14) Effective programmes start small and grow in small steps to ensure multilevel involvement and promote local ownership of the program.
- 15) The government’s responsibilities lie towards the realization of rights for children, and provision of at least minimum legal and regulatory frameworks. Governments should check the quality, coordinate and ensure that services are properly developed, executed, monitored and implemented with a minimum standard requirement.
- 16) Practice should be reflective and dynamic, responding to changing environment and changing needs. They should be rights-based, where the child’s protection is accorded primacy.
- 17) Emphasis needs to be placed on returning the child to his home, wherever possible, after having carried out the requisite checks. This must be accompanied by regular follow-up. Ultimately the decision of whether or not to return to the family needs to

be taken by the child himself. For this, he must be provided all the support he needs to take an informed decision. When an organisation is unable to take on repatriation as an intervention, it should not be hesitant in stepping back. Such stepping back should not be considered a failure on the part of the organisation, for to attempt to do repatriation of the child without an adequate orientation to their reality would be potentially dangerous. Collaborating with other organisations that do repatriation is the alternative.

- 18) Religious belief systems greatly influence the way street youth perceive themselves, ('this is my fate' I cannot change it). This in turn often influence their survival behaviour. Working on the positive aspect of their beliefs, helps their positive movement off the streets.
- 19) Organisations and agencies need to assess typical personality characteristics of street youth in order to understand individual differences in resilience, need for independence and capacity to resist stresses.
- 20) Street education should play a pivotal role in reaching out to a greater number of street children who cannot otherwise be reached. Training of ex-street children on methods of peer-to-peer counselling have proven to be an effective tool. However, selection and training of such ex-street children or peer educators needs to be well organized and guided tool judiciously used.
- 21) 'How do I improve what I am doing?' This question, could be adaptatively applied and put forward to the street child, to help him reflect, analyse and research his own life. The 'transformation' or socialization and reintegration of street children, some of whom are addicted to street life, is a tough challenge (Rai et al, 2002). Their problems need to be addressed with a commitment to empower them towards self-reliance, according them respect for their dignity and potential. The focus must shift from reasons for children coming on to the streets to a clear understanding of their departure from the street and how they are sustained thereafter. I hope that my research into mindsets will go some way in enhancing this understanding.

9.9 In Summation

I have tried to tell my research story in a way that will enable others to benefit from my experiences. It is a narrative account of my systematic enquiry, the process of understanding that emerged and the growth of my own knowledge through my creative struggle to understand my lived reality with the male street inhalant abusing adolescents and thus offer the world a method of dealing with this phenomenon. The participatory action research has allowed situated reflection on both performance and learning in my workplace, leading both to new insights and also new working practices between staff and boys leading to the empowerment of all involved.

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Appendix 1

The Team

Note: The team composition was done taking into consideration those that were employed on the Therapeutic Centre project and those researchers who were willing to be part of the research. The allurements of higher wages and career mobility was the main reason for leaving the research. The replacements were once again taken through the process of understanding the research and consenting to be part of it.

I conducted my research study with the help of eight team members. In the beginning, I explained the purpose of my research to all my team members, highlighting their expected roles and responsibilities. It was clarified that the study was to be conducted with their help since they were an important part of the Therapeutic Centre and had been involved with street children in different capacities either directly or indirectly. One consent form was given to all the members prior to the commencement of the study. They were assured that all the information received from them would be kept confidential. By the end of the study, only the facilitator and the social worker remained out of my original team- the rest either left for other jobs or were transferred to other cities.

Sr. No	Team members	Responsibilities and Roles
1	The Researcher	Planning, monitoring, evaluating, evolving, strategizing, training, co-ordinating the research.
2	Facilitator	Planning, monitoring, strategizing, training, brain storming, coordinating with all the members, staff, researchers, collecting data, writing reports, facilitating discussions.
3.	Reporter - Facilitator	Planning, monitoring, training, coordinating with all the members, staff, researchers, collecting data, writing reports.

3	Co-coordinator Phase 3	Coordinating and monitoring all the five phases observing, reflecting, reporting on camps
4	Counselor Phase 3	Direct contact with the boys, observing, reflecting, sharing, sessions at the TC
5	Social Worker Phase 3	Outreach work, participation in outings, camps, pre-detox, observations, reflections, sessions at Detox camps and at the TC- phase III
6	Social Worker Phase 3&4	Direct contact with boys, observing, reflecting and follow up of training in hostels and training centers
7	Outreach worker Phase 1&2	Direct contact with boys, observing, reflecting
8	Supervisor Phase 4&5	Follow up and Supervising Training and Job follow up on site

Appendix 2
Consent Form Boys and Staff

Note: Giving consent forms to staff and boys was an attempt to establish an ethical depth to my research study. I explained the purpose of my research study and their expected participation in carrying it out. They were informed that all the information they gave as well as their responses would be kept confidential and they had the full freedom to withdraw from the research study at any time they wanted.

The Consent Form
For Boys

Fr. Barnabe D'Souza, Director, Research Documentation and Training, is conducting a Research on Street Adolescent Chemical Substance Abusers in Mumbai.

The study needs to be conducted with the help of eight colleagues who are a part of Shelter Don Bosco and have been working with street children.

The study will be conducted in 2 cycles, and 30 boys will be contacted in each cycle.

The predicted duration of the study is around 2 years.

The information received from you will be kept confidential.

I HEREBY AGREE to being a part of the research study and permit you to gather relevant information required for the study through observations, interviews and various psychological tests.

Name of the boy:

Place:

Date:

Consent Form
For Team Members

Fr. Barnabe D'Souza, Director, Research Documentation and Training, is conducting a Research on Street Adolescent Chemical Substance Abusers in Mumbai.

The study needs to be conducted with the help of eight colleagues who are a part of Shelter Don Bosco and have been working with street children directly or indirectly.

The predicted duration of the study is around 2 years.

The information received from you will be kept confidential.

I HEREBY AGREE to being a part of the team of the research study and cooperate in all respects.

Name of the staff

Place:

Date:

Signature of the staff

Date:

Appendix 3

Admission Policy of Drug De- Addiction Centre

Note: The staff decided to come up with an admission policy to stream line those cases that were going beyond the focus of the organization. It was becoming difficult for the staff to care for the physically and mentally challenged as they were not specialized to do so. The policy was made for referrals coming from the street contact centre as well as from referring agencies.

The Drug De-addiction Centre has certain criteria that define its admission policy for children from the street as well as for those referred to other centres. This policy helps to ensure fair treatment, transparency and equality of opportunity for all vulnerable children who seek help. The contents of the policy are as follows:

A. Intake Policy:

1. The recommended age for the children should be between 6-14 years.
2. No physically or mentally challenged children will be admitted
3. Drug addicted children will not be admitted unless they have gone through Detoxification and Therapeutic phases
4. Children suffering from chronic/ life threatening illnesses will not be admitted to the Residential home.
5. No admission for Childline referrals
6. No admission for community referrals
7. Only admission for orphans or street children from community
8. While re-admitting ex-boys (i.e. drop outs and repatriated), the boys have to attend the Child Court of the Residential Home
9. Preference will be given to boys who know regional languages
10. Complete physical examination (Blood group, health status, height, weight, identification marks, X- ray, STD, HIV/AIDS) will be done within 24 or 48 hours of contact before admission of any child

11. New boys need to be prepared by the Drop-in-Centre for further programmes at the Residential Home
12. Drop outs are readmitted after follow up at the Drop in Centre for a period of 2 months during which they have to go through an orientation camp.

B. Admission Policy for Referring NGOS:

1. The process of detoxification should be completed by the referring organization (NGO). Staff has to be constantly present while the process of detoxification is on. Moral support is required to be rendered in completing the detoxification process.
2. If NGO referral boys run away from the Therapeutic Centre, the Residential Home is not responsible for that.
3. After completion of three months, the boys should be taken back by the referring (NGO) organization for further training (Phase V – to be carried out by the collaborating organization)
4. The staff of the Residential Home will train collaborating NGO staff for street preparation i.e. methods and strategies to be followed while doing outreach.

Data if applicable:

	Date: In/Out	Reason	Place	Referred: To/By	Reason	Remarks
Drop-Out						
Repeater						
Transfer						

FC's Name:

Signature:

Date:

Progress Chart [PC]

Name

Month

A] Shelter Education

	Week 1	Week 2	Week 3	Week 4	Week 5	Monthly Remarks
Excellent						
Good						
Above Average						
Average						
Below Average						
Poor						
Weekly						

Remarks						
---------	--	--	--	--	--	--

B] Health/Hygiene

	Week 1	Week 2	Week 3	Week 4	Week 5	Monthly Remarks
Excellent						
Good						
Above Average						
Average						
Below Average						
Poor						
Weekly Remarks						

C] Global Behaviour

	Week 1	Week 2	Week 3	Week 4	Week 5	Monthly Remarks
Excellent						
Good						
Above						

Average						
Average						
Below Average						
Poor						
Weekly Remarks						

D] Future Career Plans

	Week 1	Week 2	Week 3	Week 4	Week 5	Monthly Remarks
Excellent						
Good						
Above Average						
Average						
Below Average						
Poor						
Weekly Remarks						

FC's Signature:

Date:

Appendix 5

Themes of Phases I-V

Note: The data that was collected from the various tools, was labeled under Central topics, the Emerging themes from them were identified, Key issues were elicited and accordingly these helped in writing the thesis and categorizing them under the Chapter headings.

P= Personal Ownership, O= Organizational Issues, S= Self-Worth, M= Moving off the Streets, Mc= Mindset Change, C= Conclusion.

Phase I	Topic	Emerging Themes	Key Issues	Recommendations
A.1	entry into the program, criminal behavior (Anti-social beh)	Antisocial behavior, punishment, programs to deal with anti social behavior.	Tackling Anti Social Behaviour - Providing Pro-social activities	O/P
A.1.1	Effect of restricting boys' entry	Sexual abuse- more ways to work on it		O/P
A.1.2	Orientating street children on their entry			O/P
A.2	Preparatory phase	A child friendly program plan.		O/P
A.2.1	strategy for preparatory phase	Strenuous games in the preparatory stage boys' self realization.		O/S
A.2.2	strategy for outreach	Temporary status of life, Lack of trust, relationship formation.		O
A 2.2.1	strategy to reach to more boys			O
A.2.2.2	Rapport building	role model, compassion		C/O/P
A.2.2.3	Outreach Strategies	Participation of children in planning the program. Emotional deprivation.		O
A.2.3	relationship with	A turning point in the		C/P

	street enablers	relationship of a street enabler and street children, sexuality, peer pressure.	
A.2.3.1	qualification to be street enabler		O
A.2.3.2	expectation from street enabler	role of a street enabler in first phase, empowerment	O/P
A.2.4	Activities for preparatory phase	therapeutic activities for children	O/P
A.2.5	impact of preparatory phase	perception of future, appropriate timing for habilitation	C/O
A.3	Drug abuse		C/P
A.3.1	pattern of drug abuse in different regions of Mumbai.	program for prevention from coming to the streets, role of family, safety, hygienic conditions and a positive peer group in a child's substance abuse pattern.	C/P
A.3.2	strategies for de-addiction	varied addictions	O
A3.3	popular drugs	Reasons for drug abuse, Escapism, norms on streets	O
A.4	Differences in street children because of different areas	Conformity, Hierarchy of needs, preventive programs	P/M
A.4.1	influence of different areas of Mumbai on children	Free food, pro social behavior. Personality type of various children, inclination towards drug abuse	P/M
A 4.1.2	food availability at different regions	awareness of public towards street children,	P/M

A.5	Peer influence	Peer influence, high criminal behavior in Mumbai because of peer influence.	C/P
A.5.1	entry to street due to peer influence	preventive programs, poverty, family relationship, peer pressure	C/P
A.6	Sexual abuse	Sexual abuse, AIDS, easy money, exploitation, alternate occupations for the adolescents.	C/S
A.6.1	Exploitation	alternate occupations for the adolescents	S/P
A.6.2	Sexual relationships	Sexuality, emotional support	C/S
A.7	Street Children's preferences	addiction to streets	S/P
A.7.1	preferences due to health condition	activities in accordance with the boys' physical competence	S/P
A.7.2	Preferences, aspirations	Aspirations, self reflection	S/P/M
A.7.3	Preferences for games	need for outdoor recreation	S/P
A.8	Running away	insecure environment, experiences - fear suspicion - running away	O/P
A.9	Life Status	lack of aspirations, ill equipped to make a better future.	C/S
A.9.1	Confusions	Goals, aspirations, guidance, dilemma, confidence leading to higher aspirations	C/P/S

A.10	Myths	survival, defense mechanism	P/S
A.11	Street Culture	habits, street culture, restraints on streets	C/P
A.11.1	Aggression	Adjustment, Group rivalry, identity, survival of the fittest	S/P
A.11.2	Attraction to streets	Life style, freedom, family system	P
A.11.3	Street Addicts	Protecting self and friends. Reasons why they join the streets. Restraints on streets	C/P
A.12	Patterns of Behaviour	Survival, on a run because of troubles everywhere, inconsistency	C/P
A.12.1	Consistency	Freedom. Their life style, consistency, their likes and dislikes. Their fears	C/P
A.13	principals for the habilitation program	quantity or quality, drop out	C/O

**B- PHASE
2**

Detoxification

B.1	Drop outs	Substance abuse. Peer pressure. Improved activities for the habilitation program	C/P
B.1.1		Psychological problems, need for proper counseling, defense mechanism	C/P/O
B.1.2		Less numbers less conformity	O/C

B.2	Effective Detoxification	Role models, perspective taking	O/P
B.2.1	Listening Skills	Self realization, self esteem, listening skills	O/C
B.2.2	Activities for Detoxification	Confidence, tolerance	O
B.2.2.1	Detoxification Program	Emotional needs, Attachment, motivation	O
B.2.2.2			
B.2.3	readiness for detoxification	aggression, awareness to the stakeholders	P
B.2.3.1	orientation to detoxification	dissatisfaction, high expectations	O/P
B.2.4	Improving detoxification	activities for detoxification	O
B.2.4.1	suggestions	Creative activities, clothes, counseling	C/O
B.3	emotional needs of street children	trust, emotionality, age difference	P/S
B.4.	Fear	Fear	S
B.4.1	Fear of Hospitals		P
B.5	Stress	life changes, stress	S
B.6.	Manipulation	manipulation, learnt behavior	P
B.6.1			
B.6.2	shrewd behavior		P/S
B.7	Addiction	Empathy, Compassion, perspective taking, role model	C/P
B.8	Media	escapism, feel good	C/P
B.9	psychological problems	Slow learners, intelligence, proper	

identification and sensitive treatment, referrals.

B.9.1	sleeping disorder	Withdrawal symptoms, aggression, depression	S
B.10	Abuse	exploitation, maltreatment, self esteem, identity, stress, lasting attachments, depression, delinquency, masochism	C/S
B.11	Aggression	Frustration, sources to let out aggression	S
B.12	Lying	lying, survival, safety	S
B.13	doctors' perception towards street children		O
B.13	Pathological Problems	referrals, motivation	SS/P
B.14	Blaming	Hostility, aggression, anger. Blaming	S
B.15	adjustability	compromise, child friendly atmosphere	S/P
B.16	Street children's behavior during detoxification	Friends, fears, insecurity, adjustment	P/S
B.16.1		reducing drop outs, sudden life changes	M/O
B.17	relationship formation	perception towards women	C/S

**Phase 3 –
The
therapeutic
Centre**

C.1	boys' experience at the TC	laziness - admission in an institution	C/P
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C.1.1.	children's participation in the program	participation of children	C/P/M
C.1.2	satisfaction with habilitation program	going back home, need for knowledge	C/P
C.1.3	Likes and dislikes about habilitation program	aptitude, fear of fights, positive image (presentational skills)	C/P
C.1.4	problems at the habilitation program	Concern towards others, how to work on emotional development of street children?	C/P
C.1.4.1	mixing of old and new boys	role models	P/O
C.2	Future Plans	laid back attitude	M/C
C.2.1	focused to make a better future	Aspirations	M/C
C.3	Leaving Home	family, difference in opinions of parents and children	P
C.4	Friendship	developing interest in work, personality differences of boys	P/S
C.4.1	Missing Friends	sharing feelings	P
C.4.2	Choice For Friendship	Competition	P/C
C.5	relationship with other children	superiority, competition	O/C
C.5.1	problems with each other		P/S
C.5.2	fighting	need for counseling	S/P
C.6	Running Away	reasons for running away, fear, forgiving and correctional attitude of people who are a part of their life	C/P

C.6.1	Planning for running Away	abuse at everyplace children go to running away Abuse at institutions, running away a way of life	P
C.6.2	drop out from habilitation program	provisions to children, valuing what you get	C/P
C.6.3	excuses to running away	monotony in the program	P
C.7	Comparisons		C/P
C.8	street life	visiting counselor	M/P
C.9	changing names	changing identity to escape from family	C/P
C.10	evaluation	awareness of one's rights, superiority complex	C/P
C.10.1	old and new boys	Discrimination.	C/P/S
C.10.2	relationship with staff	practicing what we preach	O/C
C.11	commitment	Inconsistency	C/P
C.12	Religion	religion, faith in God	P
C.13	discipline	Competition	S
C.13.1	discipline	Food	P
C.14	Stealing	Stealing	P
C.15	Playing	friendly attitude of the staff, emotional touch to the program	S/P
C.16	unanimity	Unanimity	P
C.17	Physical problems	health problems	P

C.18	suggestions	difference between consented sex and sexual abuse	P
C.19	humility	sexual abuse, prevention from sexual abuse	S
C.20	Sadness	missing home, mistreatment, living on streets, unemployment, and guilt	S/P
C.21	happiness	Studying, engagement in constructive and fun activities, family. Sadism	S/P/M
C.22	desires	education, independent living, living with pride, honesty, family	P/M/C
C.23	Preferences, likings	need for recreation, education, sharing one's thoughts P	P/C
C.24	hate	abuses, drugs, antisocial behaviour, promises, jealousy, diminished self esteem	S
C.25	Enjoyment	games, visitors, girls, doing something challenging, fun fights	S/P/M
C.26	Problems	frustration, problems in doing activities that require strain on brain	P
C.27	loneliness	uselessness, insults, caring attitude towards them by the staff.	P/S
C.28	wish to change	self contempt, helping them to make positive changes in their lives	M/C/P

C.29	fortunate situations	usefulness to society	M
C.30	unfortunate situations	lack of love, irrational behaviour when angry, absence of parents, social deprivation, life full of troubles	P/C

D-PHASE
4
TRAINING

D.1	experiences in training phase	adaptability, motivation, stability	M/P
D.1.1	problem in training phase	frustration...	P/S
D1.1.1-			
D.1.1.2	Problems at the training phase		P
D.2	aspirations		C/M
D.3	struggle	different activities for training phase, aptitude assessment	C/P
D.4	future plans	inducing positive self worth drug de-addiction	M/C
D.4.1	independence	warning children of possible risks regarding irrational thinking	M/P
D.5	will power	training self responsibility drug de-addiction	M/C/P
D.6	changes in boys in the habilitation program	follow up of medical status of boys, addiction to streets, program to detach them from streets	M/O/P/C
D.7.1		orienting old boys towards new boys, role modeling,	M/C

D.7.2	changes in temperament	will power, motivation to rebuild identity	M/P
D.7.3	changes in acceptability towards habilitation program	attention seeking behavior, enthusiasm	M/C/P/S
D.8	life history	definition of weakness in street children, problems at home that make children run away	O/S/P/C
D.8.1	Reason to run away	parents contact, fear of family, education	S/P
D.9	substance abuse	impulsive behaviour, keeping alcohol in shelter, children's approachability to kitchen, incapability to habilitate, incapability to make right decision	P/S
D.10	trust	fulfilling promises, trust, responsibility and realization after training	P/M/S
D.10.1	lying	lying as their survival strategy	P/S
D.11	failure	Support	C/P
D.11.1		lying, safeguard, manipulation	P
D.12	relationship with staff	punishment, beating children	O/C
D.13	likes and dislikes	routine, constructive activities and sessions	P/S/M
D.14	returning home	platform to think over changing	M/C
D.14.1	difference in old and new building	low tolerance, low self esteem, comparison with boys who are in touch	O

		with family	
D.14	Dreams	confidence and ability to dream high, dreams for getting basic requirements	P/M/C
D.14.1	nightmares	nightmares, black magic, superstition	P
D.15	Discipline	egalitarian attitude	P/M
D.16	Child rights	ignorance about one's rights, sensitive handling of the topic when conveyed to children	M/P
D.16.11	children's perception of child rights	importance of money, exploitation	M/P/S
D.16.1.1		ill effects of awareness about rights	M/P/S
D.16.2	inability to exercise their rights	frustration leading to anti social behaviour	S/M
D.16.3	information on child rights	exploitation, corruption, hopelessness, aggression	O/S
D.16.4	child rights in habilitation program	beating in shelter, provisions of shelter	O
D.16.5	freedom to expression		O/P
D.16.6	Exploitation		S/P

**PHASE 5
Rehabilitat
ed/Repatria
ted-**

**Settled And
Independen
t Living**

E.1	Coping	Lifestyle in new way of living Saving, budgeting,
E.2	Planning	Planning for future life Making career moves To have own house To set up own business
E.3	Permanence	Lifestyle adoption Absorbed in community
E.4	Relationships	Settled Relationships Makes new relationships
E.5	Future	Works for future now

Appendix 6

Boy's Interview on Themes

Note: In the course of data collection. There were several interviews, group discussions and data collected, which were classified under several themes that emerged from these discussions/interviews. This classification helped to keep the data and the discussions focused.

A number of themes emerged during the course of discussions with the boys. I combined some to arrive at certain dominant themes. I interviewed Birju (13 years) as he was more articulate than the rest of the boys in the Therapeutic Centre. During the interview I put forward a few key words and asked him to describe them as per his understanding. The following are the replies I received.

- **Stress**

There is a lot of stress on the streets, but they experience no problems as long as they have sufficient money i.e. to buy drugs. If they are unable to arrange for drugs then they feel tense. Some children are ready to do anything for drugs and many fall victim to local train accidents when they are intoxicated. Addiction grips them from inside in such a way that it becomes necessary to obtain drugs at any cost.

- **Tensions related to parents** - There are two types of tensions related to parents.

1) When parents send the children away as a form of punishment, it creates stress. Resentment and feelings of retaliation dominate his thought processes.

2) When he runs away of his own will he is stressed about how to survive in inclement weather conditions and police harassment. There is also the constant fear of being caught.

- **Stress related to girlfriends** - Some boys get involved in fights over girls. The resulting tensions often lead to self-inflicted injuries.

- **Tensions related to food** – The initial days on the street are often spent in attempts to obtain food, due to their lack of familiarity with the place. Birju says, “*din bhar khane kaa hi sochta rehta hai*” (keep thinking about ways to get food the whole day).

- **Tensions related to clothes**- Street boys have an affinity to dress like their favourite Bollywood heroes. When they are unable to fulfill this desire, they often resort to stealing. The need to maintain a particular image can be a source of great stress.

- **Influence of films** – Films exercise great fascination for these boys, who are prepared to do anything to be able to watch their favourite stars on screen. This offers a momentary escape from reality and any hindrance can lead to tensions.

- **Tension related to money** - Those who come on to the streets need money to survive. They may choose to steal, beg and work in different unorganized sectors. Often they are exploited by their employers, older street boys or police.

- **Tension related to work** – Finding work on the streets is often stressful and at times, even dangerous. This work-related stress finds expression in their abuse of harmful substances.

- **Age related stresses in streets children** – Birju mentioned the kinds of age- specific stressors that the street children have to cope with. The younger boys (10-14 years) are preoccupied with basic needs of food, clothing and secure shelter, while for the older ones between 15-18 years, girlfriends become a major concern. Addiction to drugs and obtaining the money to sustain this habit dominates the concerns of older youth between the ages of 18 -22 years and above.

- **Psychological problems**

There are always tensions in their minds related to their daily life. *Birju* says because of tensions “*wo baaat uske dimag mein baith jaati hai*” (some things remain in the minds of some street children due to tension) which manifest in different ways- some would keep

singing the same song repeatedly, others would hurt themselves with a blade. The multiple stressors faced by the boy on the street could result in behavioural disorders.

- **Sleeping disorders**

Sleeping disorders amongst street children are a result of stress on the streets, due to the lack of space, safety and security and constant fear of harassment or exploitation. “*Aaj kal amir log bhi neend ki goli khaa kar ke sote hai*” *sadak par bhi bahut tension hai* (these days even rich people take pills to sleep, similarly, there are many tensions on the streets also).

- **Thoughts of running away**

Boys decide to run away on an impulse. Even while at an institution, they often consider getting back to the streets. According to Birju, Akash who ran away from the therapeutic centre would not return home, but would be back on the streets within no time. The street exercises its hold over them in terms of the freedom it offers, the lack of regulations and the craving for the drugs.

- **Dropping out from habilitation programme**

Reasons for dropping out from the programme could range from a dislike of routine, hard work, enforced giving up of drugs, disciplined lifestyle, absence of friends and associated fears.

- **Physical and Sexual abuse**

This is rampant on the streets and the perpetrators include the police, older boys/bullies, employers and women. The trauma faced by the abused boys resurfaces at different times and in different ways. “*Un logon ke dimaag mein chala jaata hai*” (the incident leaves an indelible impression on their minds). Often the older boys offer to protect the younger ones in return for sexual favours. It has been observed that the cycle of abuse continues with the one being abused frequently turning out to be the abuser later on. In institutions,

instances of abuse by older boys have been reported. That is why the older and younger boys should be housed separately at the Therapeutic Centre.

- **Street Gangs/ Groups**

Birju had lived on the streets for 3 years He says “*sabse leechad sadak ki zindagi hai. Chahe ghar par koi bhi mare, uske hath pair jod kar rehna chahiye.*” (Life on the streets is the worst kind of life. Even if the child is ill-treated at home, he should make every effort to continue living there).

“*Yahan Bhai log ka chalta hai*” (here, gangsters are the ones who rule). Various street groups are formed who operate within their own clearly defined territories and do not let other boys enter. “*Gali no. 7 se 10 tak mera area hai. Agar area mein aye to danger ladayi hota hai*” (gangs have a monopoly on certain streets and they do not let any other gangs enter in those areas; if this happens, they have fights).

Appendix 7

Abstracts of Programme Reports (1999- 2007)

Note: At the end of each year an annual report is made. Below are abstracts of some of the annual reports of the therapeutic 5 phase programme which were carried out between the years 1999 to 2007.

1. Therapeutic Centre Report (1999)

Khandala 2nd camp started with street contact and preparation for the camp which included meeting the boys on the platform, railway station, market places and beach areas and in some NGOs. 46 boys on the street between the age group of 12 to 17 years were counseled on the basis of his willingness to give up the habit of drug addiction. In Phase II, of the 36 boys admitted in a local hospital for detoxification, 8 ran away and the rest completed it successfully. In the III Phase, various psycho-spiritual activities were conducted at the Rehabilitation Centre. The various activities carried out through out the phase were yoga, meditation, behaviour control, mind control, not going back to street, group discussion, informal education, skill training, personal counseling, games and out door programmes, prayers and picnic. In Phase IV (Rehabilitation), 3 boys continued to stay in A.H.H., 2 boys were sent for Tech training, 1 boy had undergone welding training, another 3 boys continued formal schooling and another 2 boys took training in paper bag making and bandhini (Tie and Dye) work. In Phase V (Resettlement) 3 boys were sent back home. The whole programme saw the successful completion of the programme by 13 boys out of 28 boys admitted to Rehabilitation Centre.

2. Therapeutic Centre Report (2002):

The purpose of this camp was to help the street kids develop skills that would enable them find an identity in society. In this camp ex- residential home boys who unfortunately got caught up in some form of addiction, were given preference. There were in all 41 boys who attended this camp. In the first preparatory stage, boys were given an orientation towards the Rehabilitation Centre, need for medical

detoxification, a session on health and hygiene, clarification of misconceptions about doctors, and finally how they can face the realities of life in the Residential Home. The second stage (medical detoxification) saw the admission of the kids in local hospitals where they stayed for about 1 week to 10 days for blood tests, x-rays and other screening tests. After this, these kids were taken to the Rehabilitation Centre. At the Rehabilitation Centre (third stage), various activities like spiritual classes, sessions on adjusting to a new environment, new friends, different way of life, behaviors; recreation activity, work therapy, interaction with visitors, and picnics were conducted during a span of four months. 22 boys successfully completed the programme, whereas the rest left the programme midway.

3. Therapeutic Centre Report (2004):

The main objective of the Rehabilitation Programme was to concentrate on the younger street children who indulged in drug addiction, because of their ever-increasing numbers in Mumbai. The target group therefore was the school going street boys falling under the age group of 8-14 years. In the 1st Preparatory Phase, the out reach staff approached the street children on different stations of Mumbai city to trace addicted boys. A group of 24 boys were taken for a Pre Detoxification camp to a youth village during which orientation about the youth village, sessions on street life, and effects of drugs on the body and the importance of medical detoxification were provided to the children. In the second stage the boys were sent to different hospitals according to their levels of addiction. 18 boys were sent to different hospitals and 6 boys were sent for education to the Residential Home. The various activities held at the hospital included counseling by the social worker, games, drawings, puzzles, occupation therapy, pre preparation for the Third Phase and providing medicines. The boys were oriented about the therapeutic community's rules and regulations in the third Phase. Regular activities and sessions on sexual behavior, adjustments in new environment, anger management, self discipline, care, personality development, individual meetings with children, case studies and so on were conducted in the 3rd Phase to help the children follow a disciplined life. In the 4th Phase, 17 boys were transferred to the Residential Home followed by home settlement in the 5th Phase.

4. Therapeutic Centre Report (2007)

The purpose of the therapeutic camp Jan-Nov (2007) was to help children from the street to develop their skills for a better “drug free” life in their future. With that purpose Outreach was done in Mumbai city in different main railway stations e.g. CST (Chatrapathi Shivaji Terminus), Dadar and Bombay Central etc. daily to get engage with boys, identify them and to prepare them if they wish to join the program (phase I). A group of 91 drug addicted boys were taken for the detoxification by the therapeutic center (Phase II). All the 91 boys have undergone detox treatment of 4 days at the Sion hospital in Mumbai. And OPD’s were done in the Sadhu Vaswani hospital, Lonavla. Initially they were given a general examination, counseling and treated for minor illnesses with the focus on detox. In the 3rd phase several programs have been undertaken for the holistic and all round development of the boys. The boys at center have undergone rigorous schedule in order to help them get away from their drug taking habit. Their timetable consisted of yoga, meditation, non-formal educational classes, physical exercise, sports and creative activities. In this phase more focus was given on English and computer education to the boys to help them adjust in the modern society. According to special capabilities and interest of the boys, they were sent to different training programs/institutes for trainings such as House keeping, Electrician, Tailoring, Two wheeler mechanic, Four Wheeler Mechanic, Four wheeler mechanic, Driving etc. (phase IV). Out of the 91 boys here, 25 boys were sent to karjat youth village for pre training, 13 boys were sent for schooling, another 18 boys to different training institutes, 2 boys for higher college education and 16 boys to the residential home. The success of the whole programme can be measured when 17 boys benefited with the home placement successfully in the year end 2007 (phase V).

Appendix 8

Value Education Camp Report

Note: Once every 6 months a group of 25-30 boys are taken for 2/3 days away from the city. Discussions and sessions are taken on various life issues that affect the current and future life of the child. A main theme/topic is focused upon and decisions are made and adhered to as per these camps. It has been an effective tool of participation in decision making and education for the children.

When the Residential Home first started, it was observed that gambling and smoking were rampant among the boys there. The problem was worked upon at a **Value education camp** conducted for the boys. As part of the various sessions and discussions, the boys were asked to highlight the positive and negative aspects of smoking and gambling. Most of the boys agreed that there could be negative consequences to both smoking and gambling but said that they were habituated and could not give up the two instantly. As part of a compromise solution, the boys decided that they were not in a position to give up the habit completely, but were willing to reduce the frequency of gambling and do so only on Sundays. This was a decision that came from the boys. The smaller boys who brought in the cigarettes into shelter would not be asked to do so. This would restrict their initiation to the habit.

The camp follow-up six months later had the boys reaching the decision that they would gamble only for two hours on Sunday afternoons. At the second follow-up camp, the boys made the decision to give up gambling completely. Other issues like family life, budgeting and relationships with older women were addressed in a similar manner.

Appendix 9

The Initial Experiences and Coping Strategies of Street Boys in Mumbai (2004)

Note: I was constantly questioning, my experience dictated that, the boys feel insecure and vulnerable when they first left home? If this premise was right, then we needed to concentrate on helping newcomers on the streets to move of it immediately. Thus we undertook this study.

The main aim of the study titled “The Initial Experiences and Coping Strategies of Street Boys in Mumbai” was to explore the various reasons for street children leaving home, their feelings and thoughts over a period of time since leaving home, the coping strategies adopted, and to suggest ways and means to enhance a street child’s well-being and/or methods of arresting or curbing the problem (of children leaving home) at the roots. The study sample consisted of 50 boys in the age group of 12 to 15 years, who had been on the streets for three months or less.

A little more than half the boys indicated physical abuse as the reason for leaving home, while about 32% cited personal reasons such as desire to seek education, adventure and glamour and 30% had left due to financial constraints at home. A majority of the boys expressed initial feelings of fear and insecurity after leaving home, while a few who had mixed feelings (8%) were afraid of the consequences of returning home empty handed. About 40% of the boys had left home with some money in their pocket and so were able to obtain food in the initial days, but soon resorted to begging or other menial work to meet their needs. Once they learnt the ropes on the street, then 28% managed to eat from places distributing free food, while others accessed the services of institutions and other street children. Their choice of sleeping places tended to be near railway platforms or bridges or open spaces but these varied according to circumstances. Popular means of earning money included catering duties at weddings, begging and working as a porter. Harassment by the police was highlighted by about 34% of the respondents, while about 18% were troubled by ticket collectors and 20% reported having positive experiences with the general public.

The research indicated that boys adapt to street life both through their friends as well as through observation of other children in similar circumstances. This indicates that peer bonding is a primary coping strategy for the boys who take to the streets. Those who had been able to cope, to some extent, with life on the streets, had firmly decided that they would make something of themselves before returning home. Actually living in the city made them realize that real life was not as easy or glamorous as it was made out to be. This led them to think of utilizing the opportunity to improve their socio-economic status before returning home. For almost all the boys, thoughts about their future revolved around work, earning money, and achieving desired goals and dreams. Of the 24% who regretted leaving home, most were those who had taken this impulsive decision in a fit of anger. Most children continued to either miss or think about their families even after moving away because they formed their closest anchors for security and love despite all the negative circumstances they have encountered.

Appendix 10

Study for Rehabilitation of Drug Addicts

Note: Prior to the establishment of the 5 phase programme in 1999, I decided to conduct a study on the rehabilitation programmes that were available for them and what were the key areas I would have to delve into in our programme.

In the 1990s there was no specific programme for street drug addicts' rehabilitation. Just one organization in the city had commenced a programme that was more an outreach programme than a therapeutic centre based programme. The study hence focused on the indigenous and governmental medical resources that the street addict had at his disposal to overcome his addiction.

It was found that 65% of the street addicts graduated from sniffing drugs to more hard core drugs like heroin. The general view was that there is no way out of the addiction cycle and that they cannot get help from anyone. The government hospitals only exacerbated their stress. The age group at which the boys were generally introduced into sniffing was between 11 to 13 years. The older street addicts found it difficult to pick up a trade if they were employed by some skilled roadside workshops and soon gave it up. Their skills, capacities and attitudes were already formed and hence they found it difficult to learn new trades and skills. Their preferred occupations were working at wedding sites or picking scrap for recycling. Those addicts who took the decision to go home were referred to as being rehabilitated, though there was no evidence to prove the same. In the absence of a structured programme, a measured and focused rehabilitation was seen to be lacking for the street addicts.

Appendix 11

Effectiveness of the Rehabilitation Programme (2003)

Note: The need was felt to open a larger facility as the numbers for admission were swelling. I was asked to do the above mentioned study to find out the impact and effectiveness of the programme from 1999 to 2003. This study helped shaped the new facility and its amenities.

The Rehabilitation Programme had been in existence for 4 years. There were a large number of children seeking admission, but the facility could support just 20% of those coming for the orientation camps. Before going in to build a larger facility, a need was felt to study the impact of the programme on the children who had gone through it in the past 4 years and accordingly make amenity and facility changes apt for the programme. The study was made based on the different phases and their impact on the children during that phase.

The Street Contact phase was seen as more of an exploratory period when the children wanted to 'feel' what it would be like; they had heard about it from their peers. It was an experimentation- 40% went for the orientation camp thinking it was a picnic. In some cases it was to escape police crackdowns, the rains or just to join their friends. In the Second phase, 20%-28% dropped out as they could not face the loneliness in the hospital or its medical procedures, the fear of what was to come. Those that stayed on did so largely due to the presence and example of some of the ex-addicts who had gone through the programme. In the third phase, towards the end of that mending period, they were asked to make their choices for their future. Many of them would make decisions that kept them with their friends, even if they barely knew what it meant to pursue further studies or be a mechanic. In the fourth and fifth phases, stability was common, as they identified themselves with normal society and no longer as street children. Those who dropped out of the first three phases of the programme ascribed reasons such as poor quality and quantity of food (48%), bullying by the other boys (34%), neglect by the staff

when they needed attention for their medical or other needs (28%). This study helped focus on the areas that needed attention in the programme.

Appendix 12

High Risk Behavior among Street Children (2004)

Note: The awareness level of the children in matters pertaining to risk taking behaviour and their lived action to it was the objective of undertaking this study. The idea was to help the children relate their knowledge to action.

Street children are a subgroup of vulnerable children who are at high risk due to the vulnerable settings they live in. The objective of the study was to ascertain the levels of awareness, attitudes, beliefs, risk behaviours and social norms of the street child. This study covers behavioural activity ranging across a spectrum covering drug abuse, sexual activity and aggression. Boys in the study ranged from age 8 to 25. A majority (68.3%) was 12–16 years old, and the median age was 14 years. The respondent's first response to drugs is usually negative. The children themselves perceived drug abuse as behaviour fraught with risk to their health. The decision to use drugs despite awareness of its impact can arise from a number of situations. Research shows substantial evidence that association with drug using peers makes the street children more prone to drug abuse and its related risks. 78% felt that taking drugs has an adverse effect on one's health. Boys tended to contact the health care system, including drug treatment programs, primarily under circumstances of crisis or emergency. 32% of the boys said that they are aware of programmes such as medical detoxification. Most of the time they are not victims of ignorance, many continue to consume drugs even though they are aware of its adverse effects.

Given the high levels of sexual activity / sexual abuse surrounding street children, they constitute a high risk population. It is believed that an unknown number of street kids of all ages will contract HIV/AIDS either through commercial sex work, tainted blood, infected needles or rape. Types of sexual risk behaviors may include: unprotected sex; irregular condom use; multiple partnerships and relationships;

It is a common belief that there is a profound ignorance amongst street children regarding sex education. Despite high rates of sexual activity among street children, attitudes regarding condom use are for the most part positive and about 48 % said that using condoms was important while having sex but still there was an equal number who did not think it essential. This highlights that they are informed about safe sex practices and are well aware of prevention methods. More than three fourths were aware that unprotected sex could lead to HIV/ AIDS and STDs and also that unprotected sex does not only affect women. This shows that the respondents are aware of the deadly disease AIDS/ HIV and about the modes of transmission.

Appendix 13

Food Habits among Boys on the Streets, Slums and Institutionalized Children- A Comparative Study (2002)

Note: This study was conducted after we realized that the boys had the money but no knowledge of the right places to eat at or nutrients to help their physical growth. They contracted food related diseases due to lack of right food habits knowledge.

The study aimed at developing an understanding of the food habits of street, slum and institutionalized children, in order to obtain insights as to the types of food commonly consumed by them and to identify and understand the reasons for the specific food preferences of these children. This study was an exploratory survey and the sample consisted of 339 male participants, divided into 3 groups: 116 street boys, 115 slum boys and 108 institutional boys. The boys ranged in age between 9 and 18 years.

The study revealed that the frequency of food intake on an average was thrice a day for all three categories. As compared to street children, slum children spent less on food daily, because they were provided for by their parents, whereas street children had to fend for themselves. In comparison to the other groups, it was seen that a higher percentage of street children tended to eat alone, indicating that trust was at a premium with them. Constituents of their present diet appeared to be similar to what they used to get at home. However, institution boys reported a higher consumption of non-vegetarian items while at home. As regards present consumption patterns, street boys were found to eat more non-vegetarian items when compared to boys from the institutions and slums, as they were given this food free at dargahs or by hotels. Non-vegetarian food was costly and was therefore available only occasionally at the institutions and slums, indicating that expense was a major consideration dictating food consumption. Across all categories, vegetarian food items were the most preferred, due mainly to individual liking, taste, nutritional value, contribution to health and ability to fill stomach.

Food preferences among all groups were dictated largely by individual liking and taste, more than the cost factor. There was a convergence between the boys' perceptions of healthy food and their actual consumption and all groups expressed a high level of satisfaction with their present food consumption.

Appendix 14
Initial Profile Form

Note Initial Profile of the Child form (IPC) is the one where details and background information of a street child is collected during different phases of interaction with him. Such information includes personal details regarding education, health, family, duration on street, intake of drug, progress in the residential home, training undertaken and so on.

PERSONAL REFERENCE CARD

STREET CONTACT- PHASE I

Name: -

Age: -

Gender: - Male

Alias Name: -

Date of Birth:-

Mother Tongue: -

Languages Known:-

Contacted By: -

Date of First Contact:-

Referred to: -

First Contact Point:-

Categories: - Slum / Street / Slum based Street / Abused Child / Child
Labour / Affected by Natural Calamities/Missing

Current Place of stay: -

Duration on the Street: -

In Mumbai: -

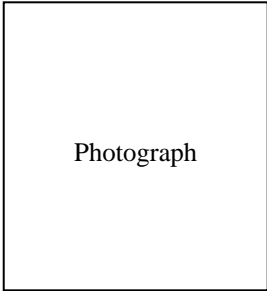
Education:-

Current Occupation/s: -

Previous Occupation/s:-

Health:-

Identification mark on the body:-



Photograph

Religion:-

Native Place Address:-

Reason for leaving home:-

Reason for Referral to Open House

- a. Food b. Bath c. Medical

Reason for Referral to Residential Home

- a. Special Case b. Medical c. Repatriation d. Referral to other NGO

Name of the Staff _____ Signature _____ Date _____

FAMILY STATUS:-

No.	Name (Biological / Step)	Age	Relation	Living / Dead	Education	Occupation	Income
1							
2							
3							
4							
5							
6							
7							
8							

Complete Narration of child's life before coming to Shelter:-

HISTORY OF STREET LIFE

(Areas frequented, contact and experience with various groups on the street)

Mobility of Child:-

Runaway with Whom:-

Problems faced on the street (Physical/Psychological/Economic):-

Peer's Influence :-

Source of Earning:-

Earnings per Day:-

Money spent on:-

Savings:-

Help from Other N.G.Os / Agencies:-

INFORMATION ON SUBSTANCE ABUSE

WHICH SUBSTANCES HAVE YOU ABUSED:-

- i) Beedi ii) Cigarette iii) Tobacco iv) Solution v) Charas vi) Ganja
vii) Syringe viii) 10 No. Goli ix) Alcohol x) Any other (specify)

Since when have you been abusing the said substance and in what quantities
(To get an idea of the progression as also the amount of substance that could have affected him physically and psychologically) :-

What are the reasons for drug abuse?

- i) Makes me feel good ii) Helps forget my problems iii) Releases tension
iv) Nothing to live for/suicidal v) Peer pressure vi) Any other (specify)

Services Offered By Shelter Don Bosco :-

Sr. No	Services Provided	Yes/ No	Date	Remark
1.	Staff Introduction			
2.	Shelter Orientation Drop-In-Centre Khandala Karjat			
3.	Games			
4.	Nail Cutting			
5.	First Aid			
6.	Hospital			
7.	Sessions on awareness/health			
8.	Session on art and craft			
9.	Individual counseling			
10.	Group counseling			
11.	Home placement			
12.	Letter writing			

GUIDANCE AND COUNSELING REPORT
Areas of Intervention: (Education, Vocation, and interpersonal relations)

Follow-up

Area of Interest: -

Psychological problems: -

Physical problems: -

Future Interventions: -

Counsellor's Note: -

For Coordinator – to share with the team: -

DETOXIFICATION – PHASE II

Name of the Child: -

Age:-

Name of the Staff In-charge: -

Name of the Hospital: -

Date of Admission: -

Date of Discharge:-

Illness / Disability:-

Psychological Problem:-

Behavioral Problem:-

Other Treatment:-

Future treatment advised: -

Services offered by the Organization:-

Changes / Progress of Child:-

Observation / Remarks:-

If dropout, reasons for dropout:-

Follow-up

Area of Interest:-

Psychological problems:-

Physical problems:-

Future Interventions:-

Counselors Note:-

For Coordinator – to be shared with the entire team :-

THERAPEUTIC CENTRE - PHASE III

Name: -

Age: -

Gender:-

Alias Name: -

Date of Birth:-

Mother Tongue: -

Languages Known:-

Contacted By: -

Date of First Contact:-

Referred to: -

First Contact Point:-

Categories: - Slum / Street / Slum based Street / Abused Child / Child labour / Affected by Natural Calamities

Current Place of stay: -

Duration on the Street: -

In Mumbai: -

Education:-

Current Occupation/s: -

Previous Occupation/s:-

Current Status of Health:-

Identification mark on the body:-

Religion:-

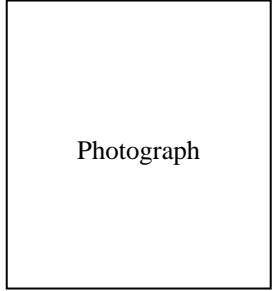
Native Place Address:-

Reason for leaving home:-

Reason for Referral to Residential Home

- a. Education b. Don Group c. Vocational Training
d. Job placement e. Repatriation

Name of the Staff _____ Signature _____ Date _____



THERAPEUTIC CENTRE (T.C)

Date of joining the T.C:- _____ Date of completing the program:- _____

Reason for joining the Rehabilitation Program:-

Family history:-

No.	Name (Biological / Step)	Relation	Living / Dead	Occupation	Education	Income
1						
2						
3						
4						
5						
6						
7						
8						

Environmental Condition at native place:-
(Friends / Neighbours)

Important Events in child's life at home:-

Reason for leaving home:-

STREET LIFE HISTORY:-
Mobility and work (surviving the street)

Important Events in Child's life on the street:-

Other NGOs and Agencies (What are the services provided by them?):-

WEEKLY PROGRESS & PROBLEMS OF THE CHILD
(Mental, Behavioral, Emotional, Physical & others)

1ST Week:-

2nd Week:-

3rd Week:-

4th Week:-

5th Week:-

6th Week:-

7th Week:-

8th Week:-

9th Week:-

10th Week:-

11th Week:-

12th Week:-

13th Week:-

14th Week:-

15th Week:-

Observation / Remarks:-

Important Events at T.C:-

Medical Treatment:-

Area of interest to enroll for Vocational Training:-

Pre Training Report:-

Goal Setting:-

Home Settlement:-

If dropout, reasons for dropout.

GUIDANCE AND COUNSELING REPORT

Areas of Intervention: (Education, Vocation, and interpersonal relations)

Follow-up

Interest areas:-

Psychological problems:-

Physical problems:-

Future Interventions:-

Counselor's Note:-

For Coordinator – to share with the team:-

ACTIVITIES PROVIDED FOR THE BOY AT T.C

(The boy should fill this page)

1. State which of the following activities did you enjoy the most?

2. Rank the activities in order you enjoyed most while at the T. C.

• Morning Prayer	<input type="checkbox"/>	Yoga	<input type="checkbox"/>	Exercises	<input type="checkbox"/>
• Cleaning	<input type="checkbox"/>	Breakfast	<input type="checkbox"/>	Newspaper Reading	<input type="checkbox"/>
• NFE	<input type="checkbox"/>	Morning Session	<input type="checkbox"/>	Library	<input type="checkbox"/>
• Lunch	<input type="checkbox"/>	Craft	<input type="checkbox"/>	Medical	<input type="checkbox"/>
• Free Time	<input type="checkbox"/>	Games	<input type="checkbox"/>	Evening session	<input type="checkbox"/>
• Good night talk	<input type="checkbox"/>	Individual attention	<input type="checkbox"/>	Counseling	<input type="checkbox"/>

3. Kindly mention the activities you participated in...

a. Weekly activities

b. Outing

c. Movies

d. Special activities:

TRAINING AND JOB PLACEMENT

Name of the boy:- _____ Date of Joining:- _____

Staying at:- _____

No.	Name of Educational Institute /Training centre	Course Name / Address / Telephone	Date of joining	Date of leaving	Duration	Expenses	Remark	Name of H.O.D.	Stipend
1									
2									
3									
4									

NOTE :- (Expenses - Fees Travel Uniform Stationary Food Please Specify there.)

Requirements provided for Training:- _____

JOB PLACEMENT

No.	Name of Placement agency / organisation	Job Type / Address / Telephone	Stipend / Slary	Date of joining	Work Time	Over time	Date of leaving	Remark
1								
2								
3								
4								

Staying at (Specify Dates):-

Medical Treatment:-

Savings:-

JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC

Important Events in Training/Room and Job place:-

Changes / Progress of the Boy (overall): -

Observation / Remarks:-

Information shared by the Boys at the group home:-

VISIT REPORT TO THE WORKSHOPS /TRAINING /JOB CENTRES

1st visit
Remark

Date

2nd visit
Remark

Date

3rd visit
Remark

Date

4th week
Remark

Date

5th visit
Remark

Date

6th visit
Remark

Date

Name of the boy:-_____ Age:-_____

Date of joining:-

Room Address:-

Photo:-

Amount from Shelter:-

Amount from Child:-

Savings:-

Changes / Progress of Child:-

Important Events at Room:-

Observation / Remark:-

If dropout, reasons for dropout

Remark:-

FOLLOW-UP:-

Changes / Progress of Child (To Document the journey of the boy in SDB):-

- I. After First Contact:

- II. Drop-In-Centre

- III. Mela

- IV. Residential Home

- V. Khandala

- VI. Residential Home

- VII. Group Home

Observation / Remarks:-

EXIT SHEET

Name:- _____

Date of Arriving: -

Date of Leaving:-

Age: -

Sex:-

Registration: - Place _____ Child ID No. :- _____

Reasons for Leaving:-

- | | | |
|---|--|--|
| <input type="checkbox"/> Repatriation | <input type="checkbox"/> Runaway | <input type="checkbox"/> Job Placement |
| <input type="checkbox"/> Referred to another agency | <input type="checkbox"/> Vocational Training | <input type="checkbox"/> Unwilling to stay |
| <input type="checkbox"/> Marriage | <input type="checkbox"/> Living independently | <input type="checkbox"/> Death |
| <input type="checkbox"/> Forced to go | <input type="checkbox"/> Medical reasons | <input type="checkbox"/> Not disclosed |
| <input type="checkbox"/> Others | <input type="checkbox"/> Group Home Settlement | |

Decision made by:-

- | | | |
|---------------------------------|------------------------------------|------------------------------|
| <input type="checkbox"/> Family | <input type="checkbox"/> Girl/ Boy | <input type="checkbox"/> SDB |
|---------------------------------|------------------------------------|------------------------------|

While in SDB:-

- | | | |
|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Orientation | <input type="checkbox"/> School Boys | <input type="checkbox"/> Vocational Training |
| <input type="checkbox"/> Don Boys | <input type="checkbox"/> Hobby Centre | <input type="checkbox"/> Group Home |
| <input type="checkbox"/> Khandala | <input type="checkbox"/> Working | <input type="checkbox"/> Any other |

Emotional/ Mental state while leaving:-

(Angry, cheerful, sad, confused, hopeful, indifferent and any other)

Medical Status before coming to SDB:-

Medical Status while leaving SDB:-

Any pressing or urgent medical attention required:-

Further Contact with the boy:-

1 Month 6 Month 1 Year

- Does not want to be contacted in future
- Willing to be contacted in future
- Will respond if contacted
- Not sure
- Willing to be contacted for a specific period of ____ (days/ months/ years)

Contact information of boy:-

Address:-

Mode of Travelling and expenses provided:-

Feedback of the boy :- (If literate let the boy fill in / write)

Signature of the Boy:-

Signature of Staff in charge:-

Signature of Parent/ Guardian/ Agency:-

Specify the relationship of guardian:-

Date:-

Time:-

Place:-

Appendix 15

CCVC list of members

Note: The Coordination Committee for Vulnerable Children (CCVC) is a forum which has been working towards a reconciliation of the practices of NGOs with the standards stipulated in the Convention on the Rights of Children (CRC). This is an umbrella organization for all NGOs working for vulnerable children in the city of Mumbai, and currently consists of 44 members. It is a platform for all member organizations to disseminate information and share common concerns. Discussions within the CCVC have led to the realization that the issue of Child's Right to Participation needs special attention.

List of member organizations

1. Akanksha Foundation
2. Amcha Ghar
3. Amchi Kholi
4. Anmol
5. Avehi
6. Children of the Monsoon
7. Child Relief and You [Cry]
8. Child Line
9. Community Outreach Programme [CORP]
10. Citizens' Council for Better
11. St Catherine's Home
12. Divya Prabha
13. Family Service Center
14. Hamara Club
15. Jeevan Niwah Niketan
16. Juvenile Act Police Unit
17. St. Joseph's Home
18. Mobile Creche
19. Maharashtra Jana Vikas Kendra
20. Navjeevan Center
21. Pavement Club
22. Prerna
23. Support
24. Salaam Balak Trust
- 25. Shelter Don Bosco**
26. Shraddha Centre
27. Smile
28. Snehasadan
29. Save the Children
30. UNICEF
31. Vatsalya Foundation
32. Women's Welfare Society
33. YWCA
34. YMCA
35. AASARA
36. Bandra East Community Centre [BECC]
37. Bombay House Workers
38. Jan Vikas Society
39. SAATHI
40. Doorstep School
41. YUVA
42. Balprafulta
43. Tash Foundation
44. SNEHA

Appendix 16
Young at Risk (YAR) List

Note: This is a forum comprising Don Bosco organizations in India working exclusively for children and young people whose safety, growth and development are put at risk through the indifference and neglect of parents and society. There is a strong networking among the YAR forum members. They meet regularly and have common programmes to strengthen networking.

Sr. No	City	Org Name	Target Group Served
1.	Adilabad	BIRDY	Street Children
2.	Ajianahalli/ Magadi	DB Yuvakara Grama	Street Children, Child Labour, Drug Addicted/Affected children.
3.	Bangalore	BOSCO	Street children, AIDS affected children, Children in Distress (ChildLine), Drug Addicted Children, Children in JJ institutions, Child Labour, School Drop outs,
4.	Bangalore	Axilium Navajeevana	Street Children, Street Girl Children, Women in Distress, Child Labour
5.	Baroda	Bosco Snehalaya	Street Children
6.	Berhampore	Yuva Jgothi	Young in JJ institution/ Prison, Child Labour (Drop out)
7.	Chandigar	Don Bosco	Slum Children
8.	Erode	DB Anbu Illam	Street Children, Working Children, Slum Children, Children in Distress (Child Line), Women and parents of working children
9.	Kolkotha	DB Ashalayam	Street Children, Street Girl Children
10.	Chennai	DB Anbu Illam	Street Children, Slum Children, Children in Distress (ChildLine)
11.	Chennai	Marialaya	Street Children, Street Girl Children, Slum Children, Young Women in Distress, Children in JJ Institutions
12.	Coimbatore	DB Anbu Illam	Street Children, Slum Children, Children in Distress(ChildLine), Child Labour

13.	Coimbatore	Marialaya	Street Children, Street Girl Children, Slum Children, Young Women in Distress, Child Labours, Community based organization, School Children.
14.	Davangree	DB Child Labour Mission	Child Labour
15.	D'durg/Y'gir	DB Child Labour Mission	Child Labour
16.	Delhi	DB Ashalayam	Street Children, Children in Distress, Refugees
17.	Delhi	Snehalaya	Street Children, Street Girl Children
18.	Gulbarga	DB Child Labour Mission	Child Labour, Street Children, community based organization.
19.	Guntakal	BIRDY	Street Children
20.	Guntur	BIRDY	Street Children
21.	Guwahati	Snehalaya	Street Children, Street Girl Children
22.	Guwahati	DBYES	Child Labour
23.	Hospet	Don Bosco	Child Labour (Drop out)
24.	Howrah	DB Ashalayam	Street children, Street Girl Children, Slum Children, Child in Distress (ChildLine),
25.	Howrah	DB SERI	Child Labour (Drop Out)
26.	Hyderabad	BIRDY	Street Children
27.	Imphal	Sneha Bhavan	Drug Addicted/ Affected children
28.	Imphal	Ravalico College Hostel	Drug Addicted/ Affected children, AIDS affected Youth
29.	Kapadvanj	Bosco Snehalaya	Street Children
30.	Kakinadu	BIRDY	Street Children
31.	Kalyani	DB Ashalayam	Street Children, Child Labour
32.	Kamimpang/ Kasipet	DB Jothi	Child Labour (Drop Out)
33.	Karunapuram	Don Bosco	Street Children
34.	Kochi	DB Sneha Bhavan	Street Children, Street Girl Children, Children in Distress (ChildLine)
35.	Kochi	Pratheeksha Bhavan	Street Girl Children, Children in Distress.
36.	Kurnool	DB Navajeevan	Street Children
37.	Lucknow	DB Ashalayam	Street Children
38.	Mangalagiri	DB Premnivas	Physically Handicapped Children and Young

39.	Manoharabad	Don Bosco	Street Children
40.	Mirylguda	BIRDY	Street Children
41.	Mumbai	Anmol	Street Children, Street Girl Children
42.	Mumbai	Balprafulta	Street Children, Slum Children, Children in Distress(ChildLine), Traumatized Children
43.	Mumbai	Shelter Don Bosco	Street Children, Drug Addicted/Affected Children
44.	Nalgonda	BIRDY	Street Children,
45.	Nammakal	DB Anbu Illam	Street Children, Working children, Slum Children, Children in Distress (Child Line), Women and parents of working children
46.	Nellore	BIRDY	Street Children
47.	Ongole	DB Navajeevan	Street Children, Child Labour, School Dropouts
48.	Panjim	DB ChildLine	Children in Distress
49.	Pune	Maria Sharan	Child in Conflict with Law, Child in Care and Protection, Street Girl Children
50.	Ravulapalem	Ekalavya	Child Labour
51.	Hyderabad/ Secunderabad	DB Navajeevan	Street Children, Working Children
52.	Salem	DB Anbu Illam	Street Children, Working children, Slum Children, Children in Distress (ChildLine), Women and parents of working children
53.	Shillong	DB Reach out	Street Children
54.	Srikulam	BIRDY	Street Children
55.	Thirupathi	BIRDY	Street Children
56.	Thirupur	DB Anbu Illam	Street Children, Slum Children, Child Labour
57.	Thirupur	Marialaya	Street Children, Street Girl Children, Slum Children, Young Girls and Women in Distress. Balwadies, Child Labourers
58.	Trivandram	DB veed	Street Children, Children in Distress (ChildLine)
59.	Vijayawada	DB Navajeevan	Street Children, Child Labour, Working Children, Drug Addicted Children

60.	Vilathikulam	VEMBU	Street Children, Slum Children, Child Labour, Drug Addicted Children
61.	Vizagapatnam	BIRDY	Street Children
62.	Warangal	DB Navajeevan	Street Children
63.	Wyra	Don Bosco	Child Labour (Drop Out)
64.	Gulbarga	Margararishi	Street Children, Child Labour
65.	Wadi	Margararishi	Street Children, Child Labour
66.	Solapur	Margararishi	Street Children, Child Labour
67.	Hubli&Dharwar	Margodaya	Street Children
68.	Mumbai	Bosco Boys Home	School Dropouts, Orphans, Street Children, Child Labour
69.	Tumkur	DB Child Labour Rehabilitation Centre	Child Labour

Appendix 17

Summary of Publications

Note: the following are a summary of the publications I have published during the first and second cycle of my research period. They have related to street, vulnerable and marginalized children.

1) Walking with vulnerable children, edited by Barnabe D'Souza, sdb, 179 pages, Rs.150, Published by Shelter Don Bosco Research, Documentation and Training Center, Matunga, Mumbai (2006)

Walking with vulnerable children

Is a compilation of the rich and varied experiences of those who work in the social and developmental sector. It is a first-hand account of social workers who have been closely associated with the lives of the marginalized and destitute. The book reflects the complexity of interactions, the associated problems and the simple strength of the social workers' convictions.

The book can be an effective aid to youngsters and others involved in the field of social work. Drawing inspiration from the enriching experiences highlighted in this book will serve to enhance their commitment to making a difference in the lives of the under-privileged.

2) Adolescent issues and perspectives- edited by Barnabe D'Souza, sdb, Dr. Reeta Sonawat and Dakshayani Madangopal, pages 248, Rs. 300, published by Shelter Don Bosco Research, Documentation and Training Center, Matunga, Mumbai (2005)

Adolescent Issues and Perspectives

The phenomenon of adolescence has always evoked considerable interest among researchers and all those involved with their care. This book is a collection of 12 selected research and review articles contributed by experts in the field. Youngsters pose a constant challenge due mainly to their erratic temperament and shifting moods.

The book presents an academic overview from acclaimed practitioners and covers topics as diverse as health, high risk behavior, pro social behavior, substance abuse, runaways and so on. This book is meant to enable all those working with youth to chart out a plan of action in building social capital and bringing about meaningful change in the lives of young people.

3) Pivoting Peripheries- Author Barnabe D'Souza,sdb and team, 290 pages (not priced) published by Shelter Don Bosco Research, Documentation and Training Center, Matunga, Mumbai (2005)

Pivoting Peripheries

A participatory study pertaining to the development of marginalized adolescents was carried out by the International Federation of Catholic Universities, Paris, in association with Shelter Don Bosco, Mumbai. This book comprising six chapters, focuses on this vulnerable yet neglected section of society, those adolescents who survive on the fringes, who have forsaken the joys of childhood in order to take on all the burdens of adulthood. The book is meant to serve as a stimulus to action for all those responsible for the welfare of children and youth at risk, to enable them to fulfill their promises for the future.

4) Handbook for children in difficult situations- Volume 4- A manual for Outreach Strategies, authors- Barnabe D'Souza, sdb, Dr. Sunita Shanbagh and Ms Rupal Vador, 68 pages, Rs 100, published by Tej- Prasarini Don Bosco Communications, Matunga, Mumbai (2005)

Handbook for Children in Difficult Situations (Volume 4)

A Manual For Outreach Strategies

An outreach program is one of the most powerful tools used as a support system for marginalized children and adolescents (between 3 and 18 years of age). The aim is to strengthen the child and build up his capacities in his natural setting, rather than to bring him to an institution where, in the course of his stay, he frequently loses his edge, his resilience, and instead becomes dependent. This volume is targeted towards enhancing the street enablers diversity of intervention at different levels of interaction with children and adolescents – it comprises counseling strategies for individual and group contact, as well as planned sessions on issues like drugs, HIV/AIDS, education, health, hygiene, group life, sex education, entertainment, planning for their future and so on. This manual, we hope will be a handy reference guide to all outreach workers and the organizations working with marginalized children.

5) Handbook for children in difficult situations- Volume 3- A Manual for children undergoing therapeutic processes, Author- Barnabe D'Souza, sdb, 78 pages, Rs 100, published by Tej- Prasarini Don Bosco Communications, Matunga, Mumbai (2004)

Handbook for Children in Difficult Situations (Volume 3)

A Manual for Adolescents Undergoing Therapeutic Processes

A Manual for Development of Children undergoing Therapeutic Processes is a resource manual designed to answer the urgent need for a holistic therapeutic program catering to the marginalized children. It is created for the facilitators or social workers, who like to deal with the target group in innovative and effective ways.

The manual is divided into three sections. The first section includes sessions for coping with the past life of the participants. The sessions help them to accept themselves and their past. The second section deals with reconstructing the present by polishing the participant's personality, communication skills and general understanding of self and

society. The third section comprises planning for the future, implementation and follow-up.

6) Handbook for children in difficult situations- Volume 2- A manual for Non-Formal Education, author-Barnabe D'Souza, sdb and Ms. Rupal Vador, 139 pages, Rs 150, Published by Tej- Prasarini Don Bosco Communications, Matunga, Mumbai (2003). Marathi edition in 2004, priced at Rs 100

Handbook for Children in Difficult Situations (Volume 2)
A Manual for Non-Formal Education

Education plays a vital role in improving the quality of life of the people. Despite the efforts of governmental and non-governmental organizations to bring all children into the fold of formal education, many children still continue to be out of school. Low socio-economic status of parents constrains them to send their children to earn at an early age, rather than to school. Therein lies the need to cover these children under the non-formal education scheme.

This manual on non-formal education (mainly for children between the ages 3 and 13) aims to bring about overall development of these children while at the same time gives them a chance to learn skills which are practically applicable in their daily life, so that they may enter mainstream society. It comprises short games and activities that a social/field worker can use while imparting non-formal education. It indicates different ways of explaining a single concept to the children, all cost efficient and at the same time ideal for the setting in which the class is conducted.

7) Healthy Food: A Challenge- (a booklet on nutrition)- Authors Barnabe D'Souza, sdb and Ms Purvi Gilani, 18 pages, Rs 50, published by Shelter Don Bosco Research, Documentation and Training Center, Matunga, Mumbai (2004)

Healthy Food- A Challenge

Food deprivation through poverty is the root cause of malnutrition, and in vulnerable children, both malnutrition and infection are widespread. Interaction with diverse groups of marginalized children and adolescents reveal that despite the vast amount of literature available on nutrition, the staff of various organizations often finds it difficult to plan out a suitable diet for children. This booklet aims to provide valuable information regarding basic foods and the nutritive values of each, interspersed with catchy illustrations to sustain the reader's interest.

8) Understanding adolescents at risk- edited by Barnabe D'Souza, sdb, Dr. Reeta Sonawat and Dakshayani Madangopal, pages 260, Rs. 300, published by Multi-Tech publishing co., Ghatkopar (East), Mumbai (2004)

Understanding Adolescents at Risk

As society becomes increasingly complex, the social context of adolescence has undergone tremendous change and many are getting uprooted and marginalized in their attempt to fulfill their survival needs. This necessitates the recognition of adolescents, particularly marginalized adolescents as a special category for systematic study. This book is a collection of research studies and review papers on different aspects of marginalized adolescent development. It is hoped that this book will provide the necessary impetus, inspiration and commitment to promote the human capital in our youth by accommodating and addressing adolescent issues and concerns as a part of national human development.

9) Handbook for children in difficult situations- Volume 1- Activity manual for marginalized adolescents, Author- Barnabe D'Souza,sdb and Dr. Reeta Sonawat, Phd,Pages-81, Rate- Rs. 150,Publisher- Tej- Prasarini Don Bosco Communications, Matunga, Mumbai (2003)

Handbook for Children in Difficult Situations (Volume 1)

Marginalized Adolescents

This is the first in the series of four and is targeted towards adolescents between 11 and 16 years of age. Meant primarily for use by staff working with vulnerable adolescents, this manual provides a comprehensive list of participatory learning activities, which will be very useful for individual and group assessment. It offers a range of interesting activities, verbal and non-verbal, which may be used ad per requirements. Learning takes place through use of diverse mediums such as focus group discussions, drawings, role-plays, story narration, outdoor games songs etc. - all of which will help sustain interest of not merely the target group but also the staff.

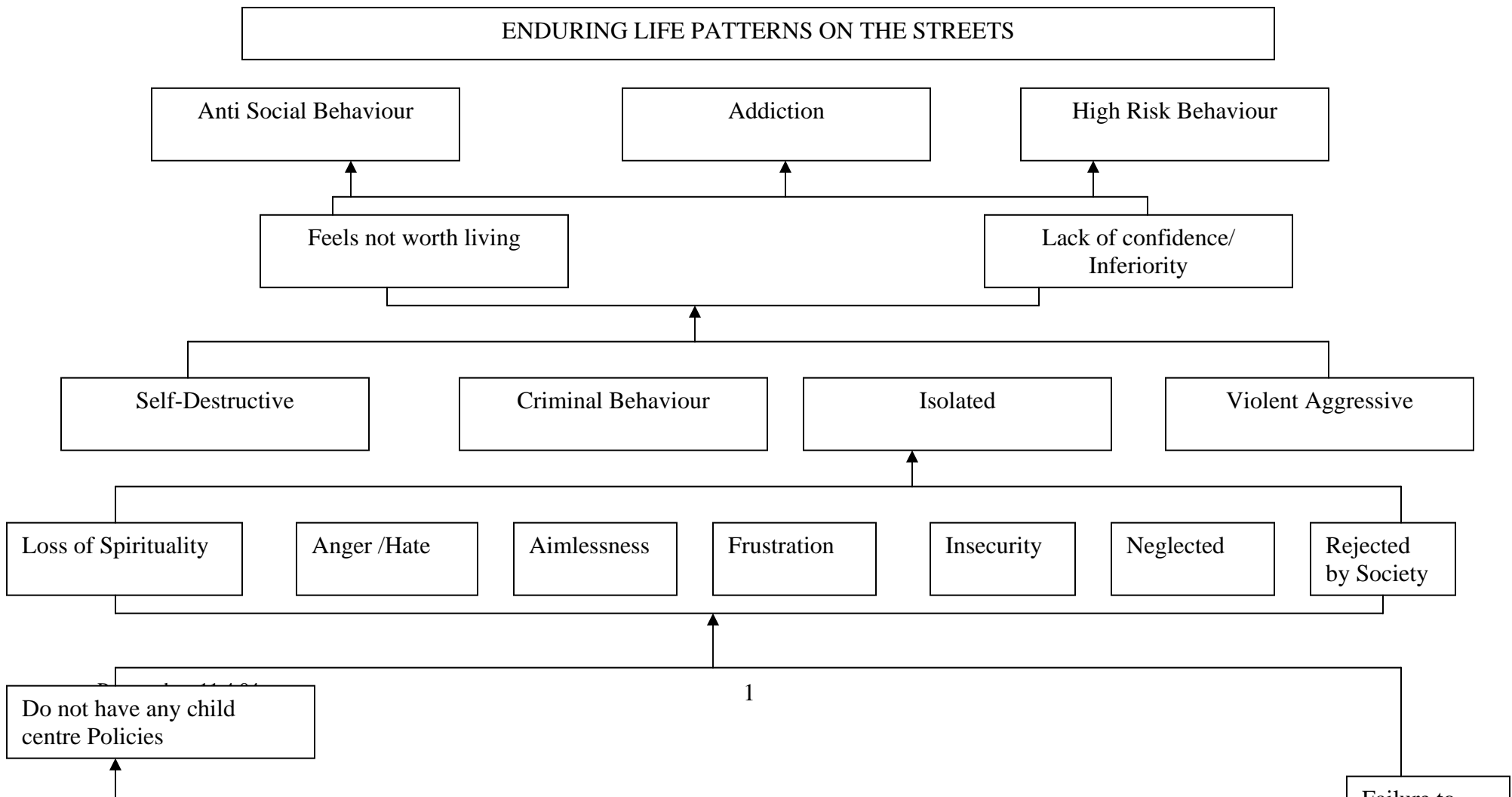
10) A Guide for Social Workers as Counselors of Vulnerable Children (Manual)- by Barnabe D'Souza, sdb and Ms. Rupal Vador (2006)

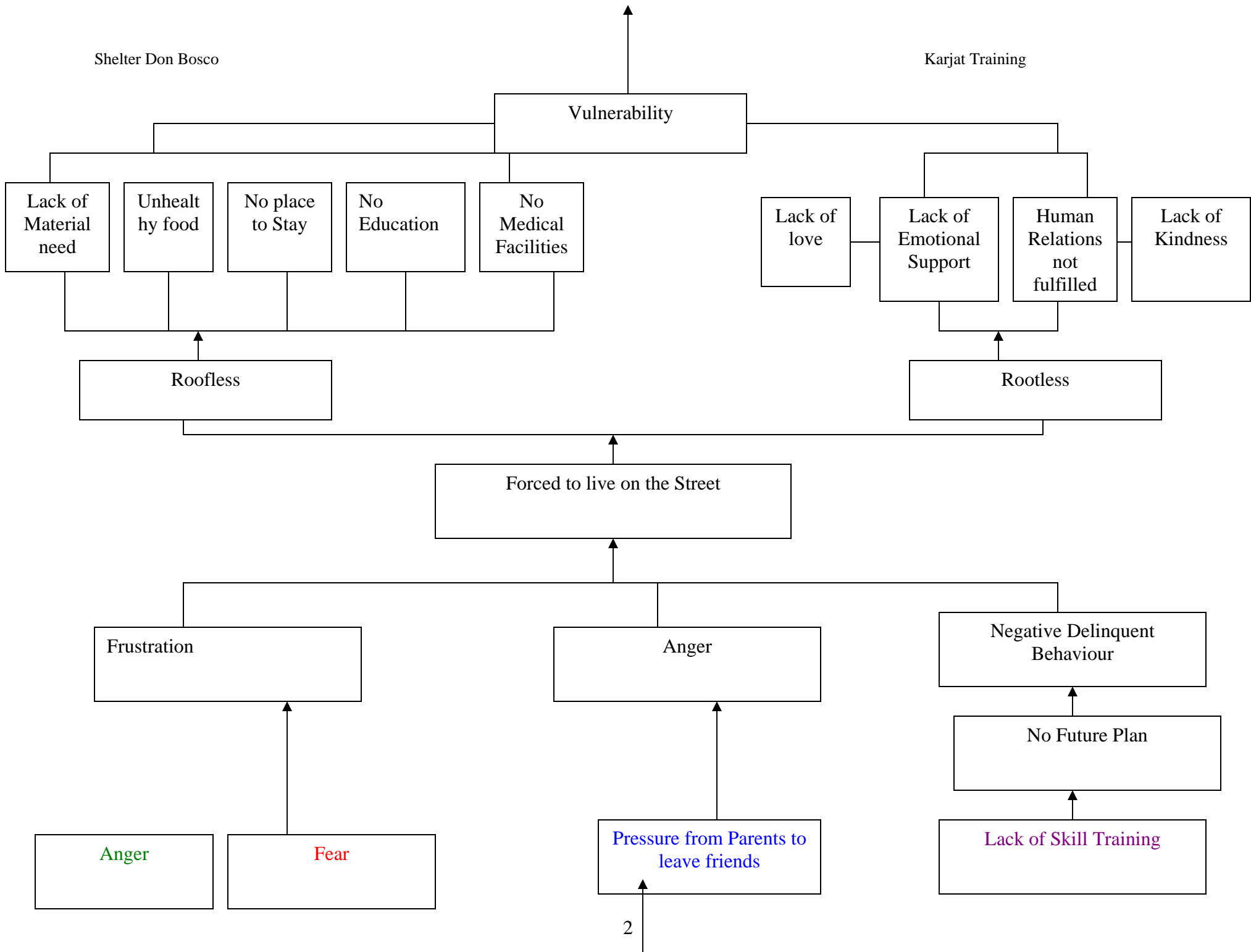
This manual is an attempt to introduce the social worker to the basic skills of counseling in order to work more effectively with marginalized children and adolescents. It serves as a ready reckoner for those social workers who find it difficult to deal with certain common problems faced by the children. An effort had been made to provide real-life examples and success stories so as to promote a better understanding of the problem and different ways of dealing with them. These strategies can be used to deal with diverse groups of marginalized children and adolescents. The main objective is to touch children's lives and make their world a better place.

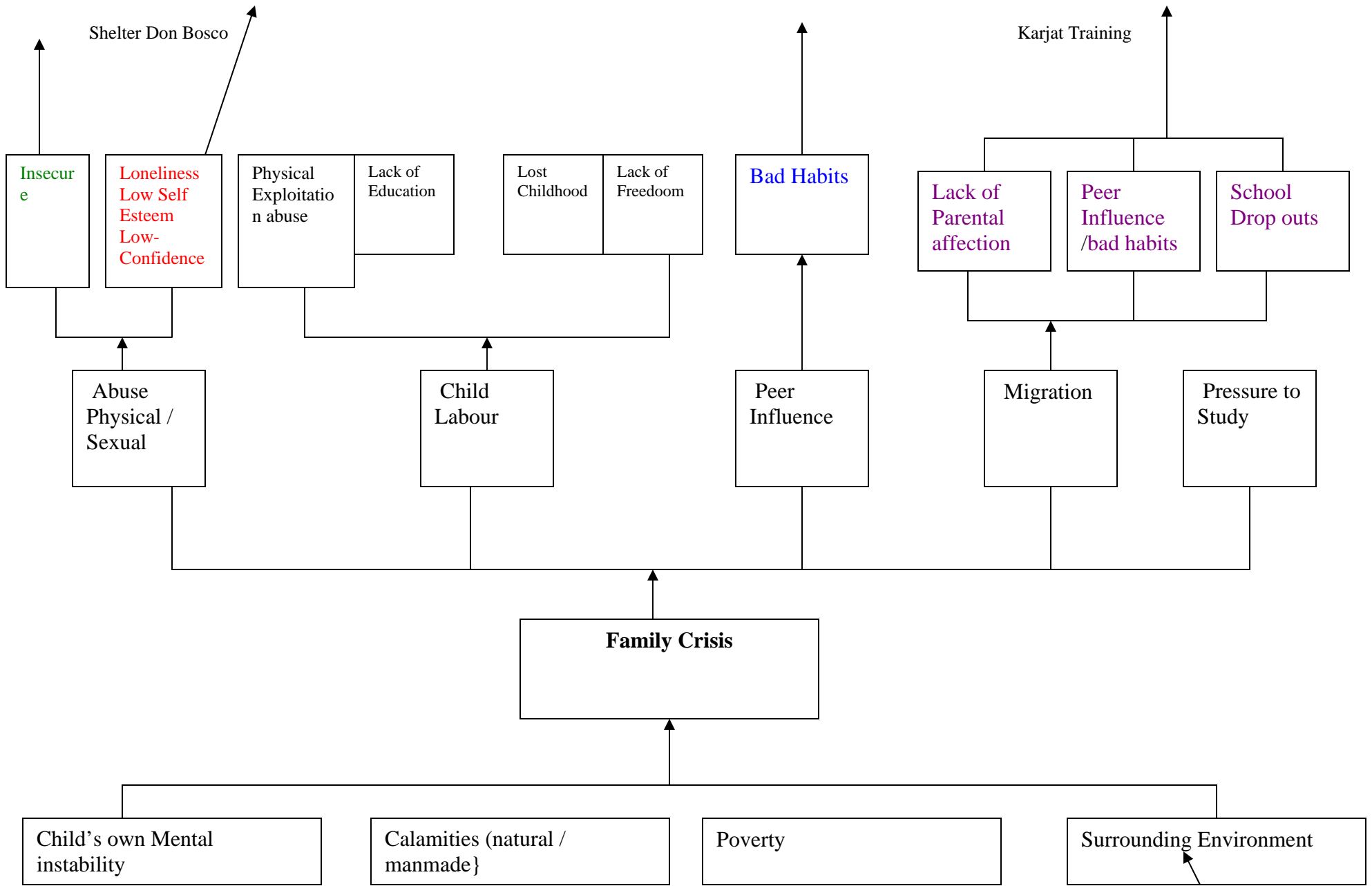
Appendix 18

Problem Tree of Therapeutic Drug Addiction Centre

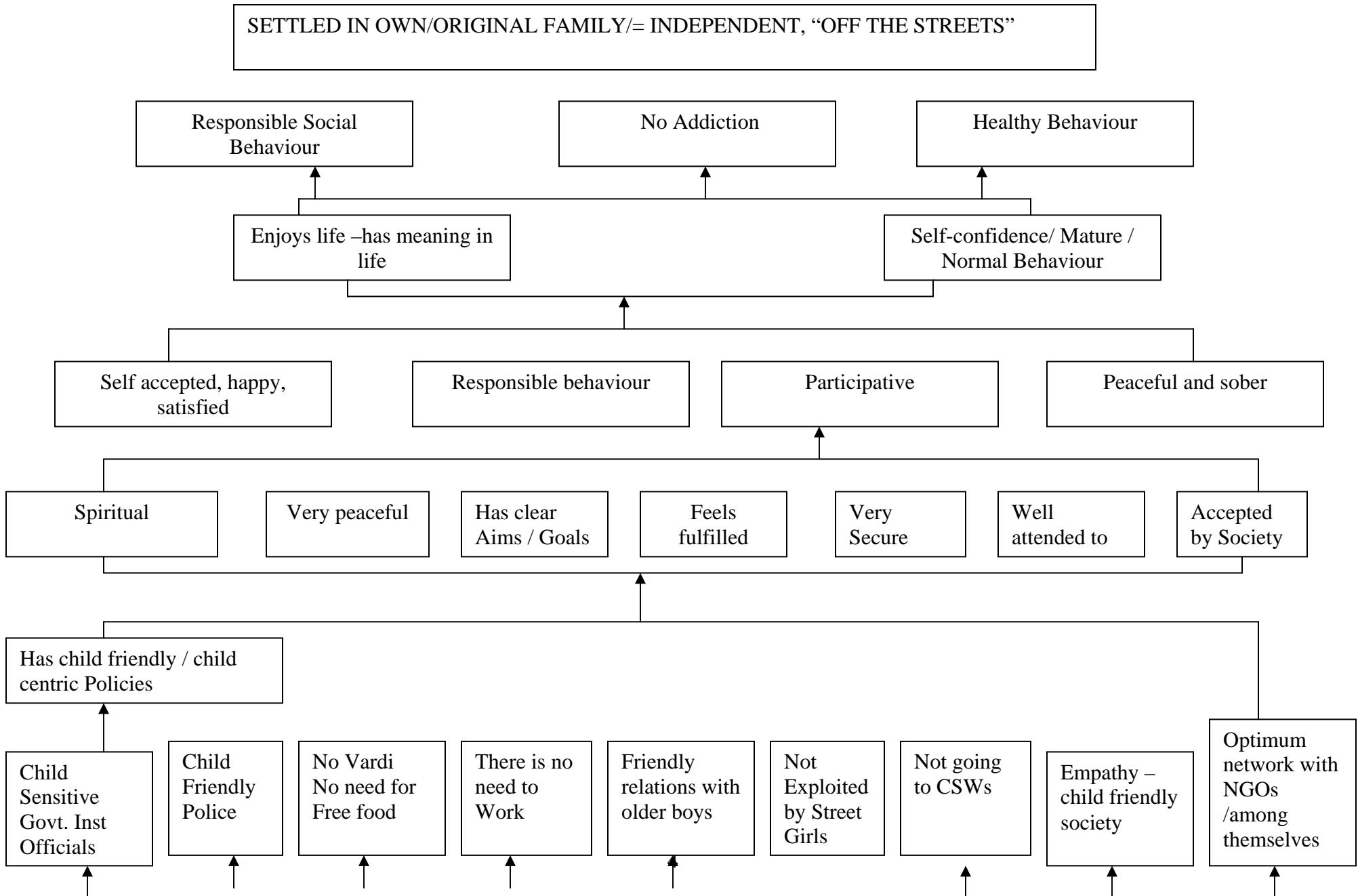
Note: The entire organization with the staff went through this exercise, to bring ownership and quality service to the children in 2004 I used the problem tree analysis along with my staff to identify the basic problem, specifying its cause and effects. This step by step approach enabled me to arrive at a consensus and an understanding of the problem to be addressed, how and under what constraints.

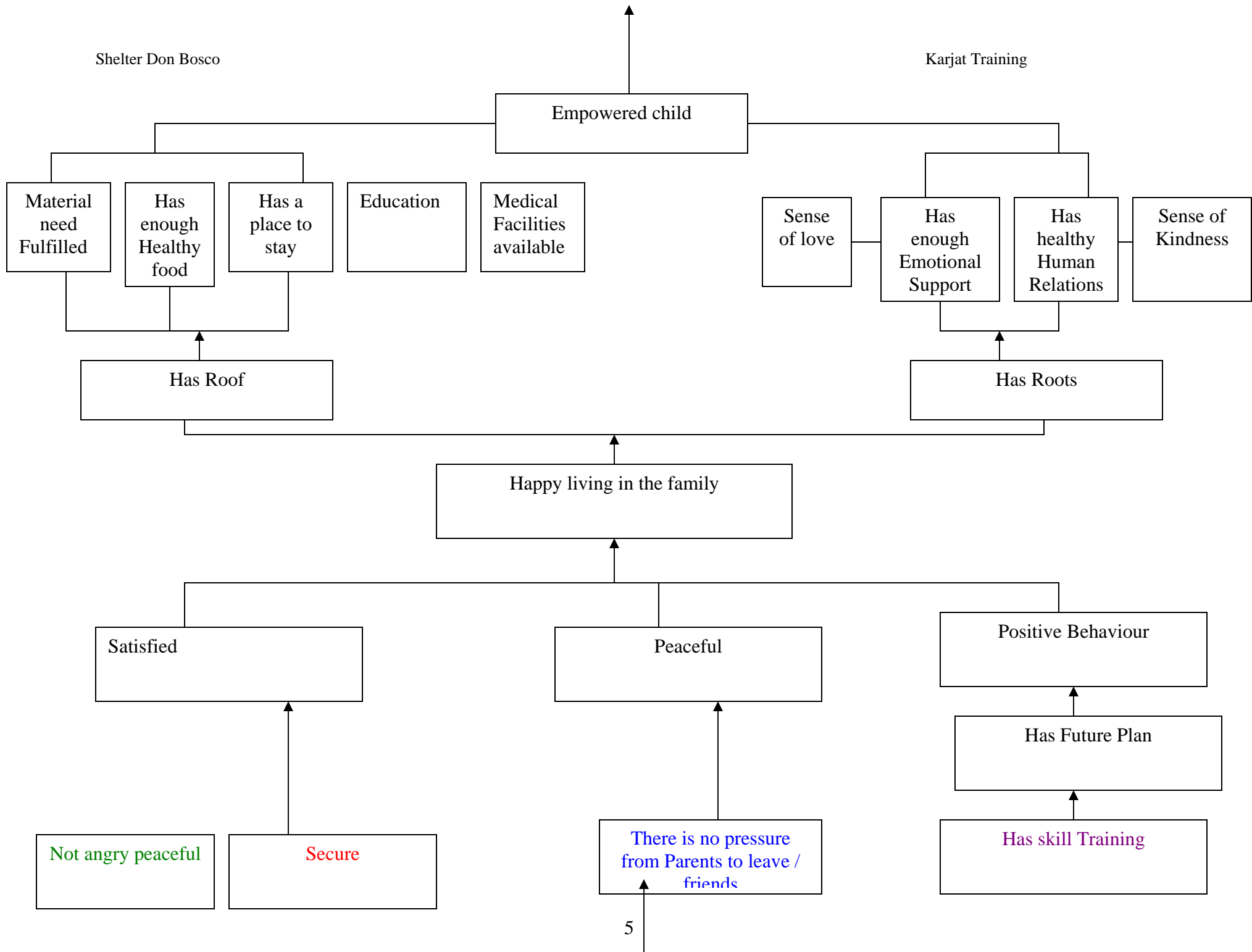


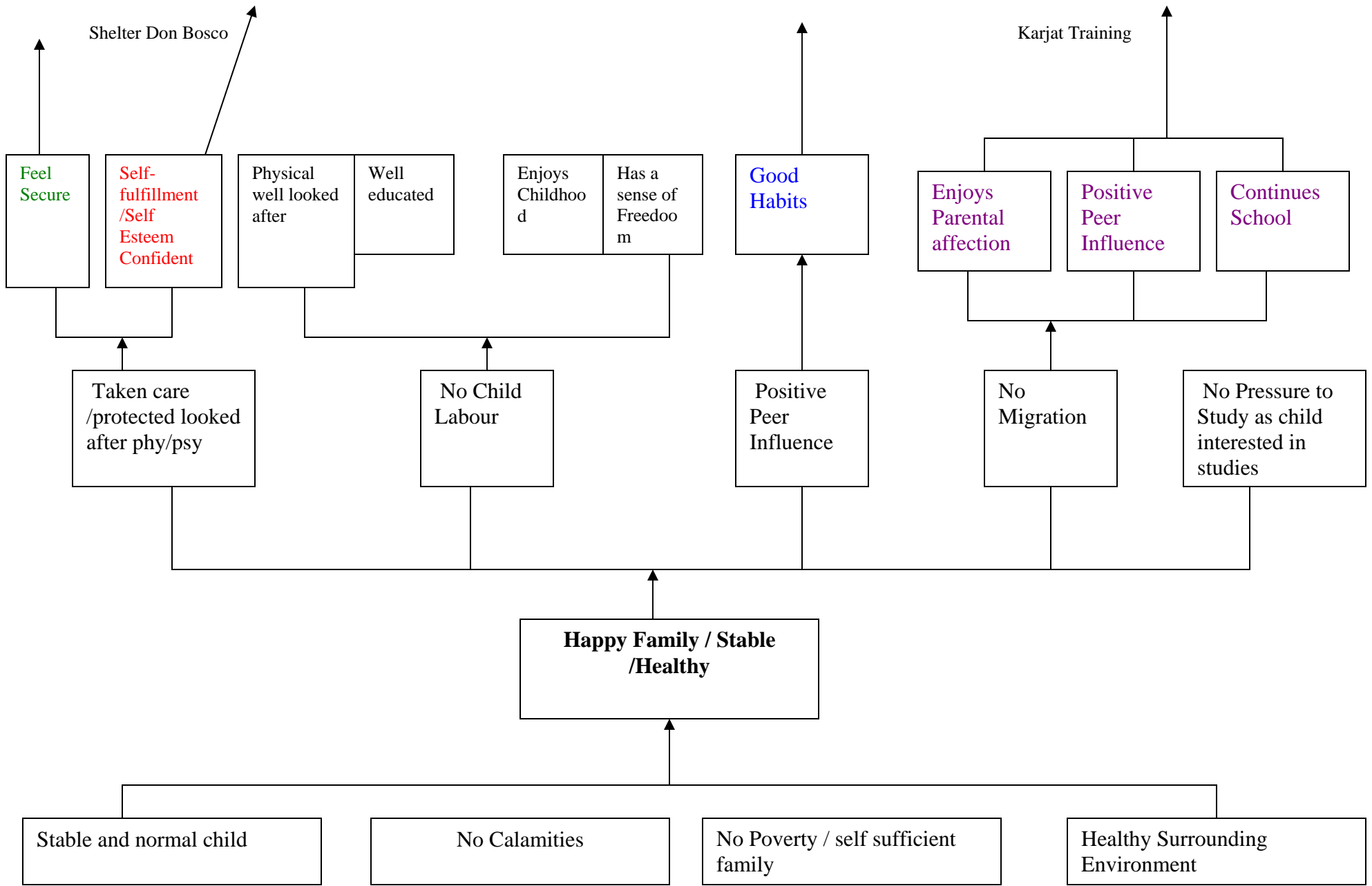




OBJECTIVE TREE OF TC, MISSION, GOALS







Appendix 19
Syllabus Topics

Note: The syllabus was developed through discussions with the staff and the boys at the various phases, it encompasses a wide spectrum of inputs, activities and celebrations covering essential developmental aspects ranging from the physical to the psychosocial and economic, all geared towards promoting holistic development of the child.

<ol style="list-style-type: none"> 1. Height and Weight of the Boys 2. Case Study Forms 3. Physical Fitness 4. Self Responsibility 5. Education 6. Personality Development 7. Goal Setting 8. Counseling 9. Guidance 10. Outings 11. Entertainment 12. Time Management 13. Relationship Building 14. Good Manners 15. Healthy Communication 16. Drug Information 17. Spirituality 18. Self Discipline 19. General Information 20. Group Formation 21. Self Esteem 22. Family Atmosphere 	<ol style="list-style-type: none"> 23. Good Thoughts 24. Self Reflection 25. General Knowledge 26. Special Programmes 27. Resource Person 28. Ex Boys' Role Modeling 29. Trekking, Hiking 30. Educational Visits 31. Outdoor Meetings 32. Cooking, Budgeting, Home Management 33. Feasts and Festivals 34. Annual Day 35. Nature Trail 36. Clay Modelling 37. Projects 38. Tree Planting 39. Yoga, Pranayam, (Deep Breathing), and Meditation 40. Nutrition 41. Sharing 42. Suggestions 43. New Prayers 44. Map 45. Music 46. Clean Clothes 	<ol style="list-style-type: none"> 47. Repair and Maintenance 48. Marketing 49. Accounts 50. Medical 51. Independence Day 52. Celebrations 53. Family Day 54. Shram Daan (Voluntary service rendered to a community) 55. Scout Troupe 56. Workshop 57. Benefactors 58. Photo Documentation 59. Research 60. Evaluation 61. Staff Training Program 62. Display 63. Aptitude Testing 64. Family Contact 65. Volunteer Programme
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S. No.	Category of activities	Activities
1.	Child development	<ul style="list-style-type: none"> • Health and hygiene • personality development (communication, time management, relationship, map, good manners, etiquettes, self discipline, self esteem, self reflection) • physical and mental development • medical
2.	Education	<ul style="list-style-type: none"> • value education • NFE • goodnight talks • general knowledge • excursions
3.	Games	<ul style="list-style-type: none"> • outdoor games • indoor games • tournament
4.	Home placement	
5.	Networking	
6.	Case study	<ul style="list-style-type: none"> • family background
7.	Resource persons	<ul style="list-style-type: none"> • ex boys
8.	Research and documentation	<ul style="list-style-type: none"> • evaluation • sessions plan • training • syllabus • information
9.	Evaluation/reporting	
10.	Animal farm, gardening	
11.	Outings	<ul style="list-style-type: none"> • trekking • camps • adventure • nature trail
12.	entertainment	<ul style="list-style-type: none"> • movies • shows
13.	syllabus	
14.	Activity	<ul style="list-style-type: none"> • skill training • yoga, meditation, spirituality, prayer • music, dance

		<ul style="list-style-type: none"> • drama • talent and hobbies • team work
15.	Guidance and counseling	<ul style="list-style-type: none"> • goal setting • boys sharing
16.	training	<ul style="list-style-type: none"> • staff • boys (pre and post training) • job placement (self cooking, marketing, budgeting)
17.	Marketing, accounts, repair and maintenance	
18.	Special events	<ul style="list-style-type: none"> •cultural activity •don Bosco feast •annual day/shelter day •community day •guests visit •function/celebration
19.	Project	<ul style="list-style-type: none"> •indoor •outdoor •social service •scout group •group work in memoriam to this place
20.	Volunteer assignment	
21.	Workshops	<ul style="list-style-type: none"> •aptitude testing •for training for boys
22.	Sponsorships	
23.	sessions	<ul style="list-style-type: none"> •relationship •healthy communication •drugs •outdoor meetings
24.	Suggestion box	