

**RESILIENCE IN STREET
CHILDREN**



by-(GROUP—5)

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ABSTRACT

This study was conducted to find out if there is a positive relationship between resilience in street children and the progress made by them in NGO's. Thus resilience was measured in (n=181) children from different NGO's. However, the calculated correlation did not show any relationships which in turn lead us to make observation that no relationship could be because of other factors like complexities of resilience, subjectivity of the measurement.

INTRODUCTION

Resilience refers to positive outcomes or adaptations or the attainment of developmental milestones or competencies in the face of significant risk, adversity or stress.

Therefore, Masten points out that the claim of resilience in an individual requires 2 judgments: 1) the individual has been exposed to significant risk or adversity and 2) the individual has attained at least typical or normal developmental outcomes.

In 1984, Garmezy, Masten, and Tellegen operationalized resilience in one of their earlier projects as, "manifestations of competence in children despite exposure to stressful events." In 1985, Rutter defined resilience as facing ". . . stress at a time and in a way that allows self-confidence and social competence to increase through mastery and appropriate responsibility." In 1994, Masten defined resilience in this manner:

"Resilience in an individual refers to successful adaptation despite risk and adversity." She goes on to say, "resilience refers to a pattern over time, characterized by good eventual adaptation despite developmental risk, acute stressors, or chronic adversities." In 1995, Gordon defined resilience this way: "Resilience is the ability to thrive, mature, and increase competence in the face of adverse circumstances. These circumstances may include biological abnormalities or environmental obstacles. Further, the adverse circumstances may be chronic and consistent or severe and infrequent. To thrive, mature, and increase competence, a person must draw upon all of his or her resources: biological, psychological, and environmental."

Psychologically resilience refers to an individual's capacity to withstand stressors and not manifest psychology dysfunction, such as mental illness or persistent negative mood.

This is the mainstream psychological view of resilience, that is, resilience is defined in terms a person's capacity to avoid psychopathology despite difficult circumstances. Psychological stressors or "risk factors" are often considered to be experiences of major acute or chronic stress such as death of someone else, chronic illness, sexual, physical or emotional abuse, fear, and unemployment and community violence.

John Dewey (1859-1952), the renowned 20th century American educational philosopher, describes this sense of continuance through dynamic self-renewal:

A stone when struck resists. If its resistance is greater than the force of the blow struck, it remains outwardly unchanged. Otherwise, it is shattered. While the living thing may easily be crushed by a superior force, it none the less tries to turn the energies which act upon it into means of its own further existences... It is the very nature of life to strive to continue in being. Since this continuance can be secured only by constant renewals, life is a self-renewing process. Helen Keller Nelson Mandela, Aung San Suu Kyi, Anne Frank are famous examples of resilient individual

What are the Characteristics of Resilient People?

- * Ability to "bounce back" and "recover from almost anything"
- * Have a "where there's a will, there's a way" attitude
- * Tendency to see problems as opportunities
- * Ability to "hang tough" which things are difficult
- * Capacity for seeing small windows of opportunity and making the most of them
- * Have deep-rooted faith in a system of meaning
- * Have a healthy social support network
- * Has the wherewithal to competently handle most different kinds of situations
- * Has a wide comfort zone
- * Able to recover from experiences in the panic zone or of a traumatic nature

Resilience is being competent despite exposure to severe or chronic adversities. This may seem simple at first, but it is not. This is because competence changes over time.

Competence is measured by developmental milestones that change over time. The definition of competence for a baby is not the same as the definition of competence for an adult. A baby need only cry in a manner which gets its needs met. An adult needs to find a means of financial support, intimate relationships, and a manner for giving back to society. Therefore, a person may display resilience in one phase of development and not in another.

The definition is also not simple because resilience is contextual. The individual characteristics and environmental factors that lead to resilience in one context may not lead to resilience in another. For instance, academic resilience may be related to a certain set of individual characteristics and environmental factors. However, these same factors and characteristics may not equal emotional resilience. Different kinds of resilience are related to different kinds of support.

The definition is not simple because resilience is complex. It takes personal characteristics such as social skills and environmental factors such as mentoring to create the resilience phenomenon. Resilience does not just come from the person. Additionally, it draws on biological (temperament) and psychological (internal locus of control) characteristics of the person. The environment's role cannot be forgotten. Environmental factors also come into play. People, opportunities, and atmospheres all add to the resilience equation. A resilient personality is not sufficient. It takes the person and his or her environment.

The definition is also deceptively simple for another reason. Great sacrifice is made and pain is endured for a person to display resilience. Resilient people face tremendous stress and adversity. Resilience is often accompanied by emotional difficulties. There are also stress related health problems in adulthood. Resilience, competence despite severe or chronic adversity, has a cost (emotional problems and health problems). However, the accomplishments that accompany resilience are not minuscule

There are many type of resilience i.e. resilience can be individual resilience, Family resilience and social resilience etc in each of three people play a different role to build up resilience in either a child or a group of people.

INDIVIDUAL RESILIENCE

Resilience is the capacity to maintain competent functioning in the face of major life stressors. (Kaplan, Turner, Norman, & Stillson, 1996, p. 158)

Polk (1997) has synthesised four patterns of resilience from the individual resilience literature:

🕒 **Dispositional Pattern.** The dispositional pattern relates to physical and ego-related psychosocial attributes that promote resilience. These entail those aspects of an individual that promote a resilient disposition towards life stressors, and can include a sense of autonomy or self-reliance, a sense of basic self-worth, good physical health and good physical appearance.

🕒 **Relational Pattern.** The relational pattern concerns an individual's roles in society and his/her relationships with others.

🕒 **Situational Pattern.** The situational pattern addresses those aspects involving a linking between an individual and a stressful situation.

Philosophical Pattern. The philosophical pattern refers to an individual's worldview or life paradigm. This can include various beliefs that promote resilience, such as the belief that positive meaning can be found in all experiences

Individual resilience theory began with studies of children who rose above adverse childhood conditions. This research highlighted factors and models to explain how children develop resilience. Antonovsky's salutogenic theory addressed the question of health in adults. Various other models have been advanced over the years to explain how people stay healthy and happy, even in adverse childhood conditions.

Longitudinal studies on children who were born into adverse conditions have formed the foundation of much of our current understanding of resiliency in adults and families. These studies tracked children who, according to various indicators, were considered to be children at risk. Over a number of decades, researchers have become increasingly able to identify those features that are associated with the children who rose above their circumstances.

Werner and Smith's (1992) study in Kauai, Hawaii, which began in 1955, is probably the most well known study of this nature. By age 18, one third of the participants, who were assessed at birth to be 'at risk,' had developed into "competent and confident young adults" (Saleebey, 1996, p. 299). By age 32, two thirds of the remaining participants "had turned into caring and efficacious adults" (ibid., p. 300). This research demonstrates firstly that certain factors protect vulnerable children from dysfunction, and secondly that a vulnerable person's life course can change at any time and is not completely determined in early childhood (ibid.).

Research such as this has challenged three intransigent ideas that have been and probably still are prevalent in social work and psychology:

- ☐ "There are fixed, inevitable, critical, and universal stages of development;
- ☐ "Childhood trauma inevitably leads to adult psychopathology...; and
- ☐ "There are social conditions, interpersonal relationships, and institutional arrangements that are so toxic they inevitably lead to decrements or problems in the everyday functioning of children and adults, families, and communities".

Children who are able to overcome these odds are called resilient. “Resiliency in children is the capacity of those of who are exposed to identifiable risk factors to overcome those risks and avoid negative outcomes such as delinquency and behavioral problems, psychological maladjustment, academic difficulties, and physical complications” (Rak & Patterson, 1996, p. 368).

Research has shown that the following factors are present in resilient children (Benard & Marshall, 1997; Bogenschneider, 1996; Butler, 1997; Cederblad et al., 1994; Hawley & De Haan, 1996; Parker, Cowen, Work, & Wyman, 1990; Rutter, 1979; Werner, 1984, 1990):

- ☐ They had an outgoing, socially open, cooperative, engaging, likeable personality. They were able, from infancy on, to gain other people’s positive attention. Their behaviour was open, kind and calm.
- ☐ The children had good early bonding with their mothers or some other caregiver (eg a grandmother, older sister or another relative).
- ☐ They had a variety of alternative caregivers who played important roles as positive identification models.
- ☐ Their mothers had steady employment outside the home.
- ☐ They were required to participate in household chores and activities, ie ‘required helpfulness’.

SENSE OF COHERENCE

Sense of Coherence’ (SOC) is the central contribution of Antonovsky’s salutogenic theorising.

The sense of coherence is a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that one’s internal

and external environments are predictable and that there is a high probability that things will work out as well as can reasonably be expected

These three components can be discussed in more detail:

🕒 **Comprehensibility.** The comprehensibility component of SOC is what was most strongly emphasised by the original 1979 definition of SOC, viz “the extent to which individuals perceive the stimuli that confront them as making cognitive sense, as information that is ordered, consistent, structured, and clear – and, hence, regarding the future, as predictable – rather than as noisy, chaotic, disordered, random, accidental, and unpredictable” (Antonovsky, 1984, p. 118). Comprehensibility is primarily a cognitive dimension, referring to how the individual thinks about or makes sense of a set of internal or external stimuli or situations. It implies that life, which is currently comprehensible, is expected to be comprehensible in the future. It also implies that, although one may undergo great difficulties, challenges and complex situations, there is a fundamental conviction that these situations will make sense.

🕒 **Manageability.** Manageability is “the extent of the belief that not only did one understand the problem, but that the requisite resources to cope with the problem successfully were at one’s disposal”

🕒 **Meaningfulness.** Meaningfulness is the emotional face of comprehensibility (Antonovsky, 1984). While comprehensibility means that life makes cognitive sense, meaningfulness means that life is emotionally worthwhile and sensible. In this way, meaningfulness accounts for an individual’s motivation to engage in a difficult life situation (Antonovsky, 1998a).

An individual who had a weak Sense of Coherence would thus (Strümpfer, 1990):

Perceive internal and external stimuli as noise, not information, as inexplicable disorder and chaos, and as unpredictable in future; (s)/he would experience the events of life as unfortunate things that happen to her/him and victimize her/him unfairly;

and (s)he would feel that nothing in life mattered much, or worse, are unwelcome demands and wearisome burdens. (p. 269)

By contrast, the person with a strong SOC (Cederblad et al., 1994):

Confronting stressors, is capable of clarifying and structuring the nature of the stressor, believes that the appropriate resources are available and can be mobilized to deal successfully with the challenge, and is motivated to deal with it. Such an orientation to life ... allows the selection of appropriate coping strategies and provides a solid base for maintenance and strengthening of health and well being. (pp. 2-3)

FAMILY RESILIENCE

A great deal has been written on individual resilience; indeed, the very notion of resilience emerged within the context of the individual. Family researchers have begun to address the family as a context for the resilience of the individual and even as a unit of analysis in itself (Frankel, Snowden, & Nelson, 1992). This shift has not, however, been easy.

Research on resilience in children demonstrates that although it is conceptualised as a quality of the child him/herself, it is located within the systems of the nuclear family, the extended family and even the broader community (Butler, 1997). Unfortunately, the relationships and causal patterns between individual, family and community levels are not clear – they appear independent and interdependent and complementary of each other (Silliman, 1994).

Some family researchers conceive of the family as a system impacting on the resilience of the individual. Caplan's (1982) study on the family as a support system is one such example. Despite addressing the family in the context of family stress and coping, his paper conceives of the family purely as a support system to the individual family member, and thus as a vehicle for individual resilience.

In this regard, Hawley and DeHann (1996) describe the family in two contexts:

☐ Firstly, and most commonly, the family can serve as a risk factor raising the vulnerability of family members. Some research outlines the kinds of family factors that create risk for family members (eg severe marital conflict, parental mental illness, etc), while other research has identified factors that help family members be resilient in the face of family dysfunction (eg research on adult children of alcoholics). Much of the literature on resilience has, in fact, considered resilience in relation to the profoundly dysfunctional family creating a very negative image of families (Walsh, 1996).

☐ Secondly, the family can serve as a protective factor to boost the resilience of the family members (as Caplan does). Protective factors include “a good fit between parent and child, maintenance of family rituals, proactive confrontation of problems, minimal conflict in the home during infancy, the absence of divorce during adolescence, and a productive relationship between a child and his or her mother” (Hawley & De Haan, 1996, p. 285). Walsh (1996, p. 263) comments that “few have considered the family as a potential source of resilience: that is, as a resource.”

Both of these approaches consider the family merely as a context for the individual. Although there is movement from a purely intrapsychic conceptualisation of resilience to a more contextualised conceptualisation, the family remains in the background.

DEFINITIONS OF FAMILY RESILIENCE

Family resilience describes the path a family follows as it adapts and prospers in the face of stress, both in the present and over time. Resilient families respond positively to these conditions in unique ways, depending on the context, developmental level, the interactive combination of risk and protective factors, and the family’s shared outlook. (Hawley & De Haan, 1996, p. 293)

[Family] resiliency can be defined as the positive behavioral patterns and functional competence individuals and the family unit demonstrate under stressful or adverse

circumstances, which determine the family's ability to recover by maintaining its integrity as a unit while insuring, and where necessary restoring, the well-being of

Family stress research is "based on ten fundamental assumptions about the ecological nature of family life and intervention in family systems" (McCubbin & McCubbin, 1992, pp. 155-156):

🕒 **Change is Normal.** "Families face hardships and changes as a natural and predictable aspect of family life over the life cycle."

🕒 **Homeostasis.** "Families develop basic strengths and capabilities designed to foster the growth and development of family members and the family unit and to protect the family from major disruptions in the face of family transitions and changes."

🕒 **Flexibility.** "Families also face crises that force the family unit to change its traditional mode of functioning and adapt to the situation."

🕒 **Self-Protection.** "Families develop basic and unique strengths and capabilities designed to protect the family from unexpected or nonnormative stressors and strains and to foster the family's adaptation following a family crisis or major transition and change."

🕒 **Support Networks.** "Families benefit from and contribute to the network of relationships and resources in the community, particularly during periods of family stress and crisis."

🕒 **Rhythm.** "Family functioning is often characterized as predictable with shaped patterns of interpersonal behavior, which in turn are molded and maintained by intergenerational factors, situational pressures that have evolved over time, the personalities of the family members, and the normative and nonnormative events that punctuate family life throughout the life cycle."

🕒 **Multidimensional Assessment.** "Family interventions can be enhanced and families supported by both a diagnostic and an evaluation process which takes the strengths,

resources and capabilities in the family system as well as the deficiencies of the family system into consideration.”

🕒 **Problem-Oriented Interventions.** “Family functioning can be enhanced by interventions that target both the vulnerabilities and dysfunctional patterns of the family unit.”

🕒 **Strength-Oriented Interventions.** “Family functioning can be enhanced by interventions that target both the family’s interpersonal capabilities and strengths which, if addressed, can serve as a catalyst for other family-system, wellness-promoting properties.”

🕒 **Self-Regulation.** “Families develop and maintain internal resistance and adaptive resources, which vary in their strength and resiliency over the family life cycle but which can be influenced and enhanced to function more effectively. These resources can play a critical role in fostering successful family adjustments and adaptations even after the family unit has deteriorated to the point of exhibiting major difficulties and symptoms of dysfunction.

SOCIAL RESILIENCE

🕒 **Social Support.** This kind of support involves the caring exchange of information and has three components:

🕒 “Emotional support leading the recipient to believe that she is cared for and loved.

🕒 “Esteem support leading the recipient to believe that she is esteemed and valued.

🕒 “Network support leading the recipient to believe that she has a defined position in a network of communication and mutual obligation.”

Community resiliency is thus defined as “the ability of a community facing normative or nonnormative adversity or the consequences of adversity to establish, maintain, or regain an ‘expected’ or ‘satisfactory’ range of functioning that is equal to or is better than pre-stressor functioning” (Bowen, 1998, p. 5).

IN CONCLUSION

A simple formula worth remembering for how to foster someone’s growth and development of resilience is:

Growth = challenge + support

Children and resilience

Resilience is different for every child because every child is developing at a different pace. That means that we cannot expect children to use the same model and techniques to form resilience but we help children learn resilience similar to the way we teach a child how to play soccer or how to play a musical instrument. In order to help foster resilience in a child to overcome stressful circumstances you must give that individual a sense of ownership and help them self-evaluate both the situation and what they are in control of and what they are not in control of.

A self-help, consciousness-raising quiz on which a child or teen can estimate his or her own resilience is available. A youth who fills out the quiz is invited to discuss coping strengths or problems with a parent or other adult.

Building resilience in the classroom

Resilient children as described by Garmezy as working and playing well and holding high expectations, have often been characterized using constructs such as locus of control, self-esteem, self-efficacy, and autonomy. Bernard concluded that resilient children have high expectations, a meaning for life, goals, personal agency, and interpersonal problem-solving skills. All of these things work together to prevent the debilitating behaviors that are associated with learned helplessness. Chess identified “adaptive distancing” as the psychological process whereby an individual can stand apart from distressed family members and friends in order to accomplish constructive goals and advance his or her psychological development. Moving away to college after high school is a way of practicing adaptive distancing. Classrooms in which students are given an opportunity to respond, an engaging cooperative learning environment, a participating role in setting goals, and a high expectation for student achievement. All of these characteristics help students develop a sense of belonging and involvement. These two characteristics help to reduce the feelings of alienation and disengagement. With that kind of connection in the school, students will have more of a protective shield against the adverse circumstances that life throws at them.

The role a Community has in fostering Resilience in a Child

Communities play a huge role in fostering resilience. Bernard identifies three characteristics of those types of communities (1) availability of social organizations that provide an array of resources to residents, (2) consistent expression of social norms so that community members understand what constitutes desirable behavior, (3) and opportunities for children and youth to participate in the life of the community as valued members. The clearest sign of a cohesive and supportive community is the presence of social organizations that provide healthy human development. Services are unlikely to be

used unless there is good communication concerning them. Community-school relationships are very important to give extra resources to meet even basic psychological needs of students and families.

The role a family has in fostering Resilience in a Child

Fostering resilience in children requires family environments that are caring and structured, hold high expectations for children's behavior, and encourage participation in the life of the family. Most resilient children have a strong relationship with at least one adult, not always a parent, and this relationship helps to diminish risk associated with family discord. Bernard found that even though divorce produces stress, the availability of social support from family and community can reduce stress and yield positive outcomes. Any family that emphasizes the value of assigned chores, caring for brothers or sisters, and the contribution of part-time work in supporting the family helps to foster resilience.

Street children

India is home to the world's largest population of street children, estimated at 18 million. The Republic of India is the seventh largest and second most populous country in the world. With acceleration in economic growth, India has become one of the fastest growing developing countries. This has created a rift between poor and rich; 22 percent of the population lives below the income poverty line. Owing to unemployment, increasing rural-urban migration, attraction of city life and a lack of political will, India now has one of the largest number of child laborers in the world.

Street children are subject to malnutrition, hunger, health problems, substance abuse, theft, commercial sexual exploitation of children, harassment by the city police and railway authorities, as well as physical and sexual abuse, although the Government of India has taken some corrective measures and declared child labor illegal.

Literature Review:

Earlier resilience research according to Michael Rutter (1987) was restricted to studying the developmental and situational mechanisms involved in protective processes. It was more focused on the high risk population, but in last 20 years there is surge in development in this area. This has happened because of the technological advancements which increase vulnerability of the youth to the risk factors as well as the interest in understanding the protective factors that could be incorporated in the clinical interventions to increase the positive outcomes for those youth who face the risk factors. Many longitudinal studies conducted by Garmezy, Masten, Tellegen, (1984); Luther (1991); Rutter & Quinton, (1992); Werner & Smith (1982), (1992), (2001) have tried to understand the complex interaction between the protective and risk factors with the goal of developing a model to apply this knowledge in clinical field(Goldstein & Brooks, 2001). These have served two goals, firstly they have identified resources that have predicted successful adjustment in children who face adversities and; secondly, they began to clarify the model of how these protective factors promote adaptation. Masten (2001) suggested that these processes are not only effective but can be applied which is demonstrated by its application to English and Romanian adoptee study (2001) There are many longitudinal studies conducted in America, New Zealand, Great Britain and Australia which have studied the development of children from infancy to adulthood to assess the involved protective an risk factors. For example The Kauai longitudinal study conducted by Werner and Smith, The Minnesota Parent Child Project conducted by Yates et. al. in America; National Child Development Study in Great Britain; The Dunedin Multidisciplinary Health and Developmental Study in New Zealand ; Mater-University of Queensland Study of Pregnancy (Goldstein & Brooks, 2005) in his book Michael Unger gives the cross-cultural perspective of resilience.

The Rochester Child Resilience Project (RCRP), involves four major interrelated studies focused on poor, predominantly racial-ethnic minority, urban children, with histories of heavy stress exposure. These studies have tried to differentiate between the stress resilient and a stress affected children.

SRs exceeded SAs on self-rated adjustment, perceived competence, empathy, internality of locus of control and realistic control attributions, as well as social problem solving, coping skills and support available from relatives and friends. Five variables

sensitively discriminated SRs and SAs, and classified participants with 84% accuracy (i.e., empathy, global self-worth, social problem solving, realistic control attributions, and self esteem). RCRP research to date strongly suggests that effective resilience enhancing interventions for children exposed to chronic stress are likely to be ones that are launched early in the child's development, are directed to family units, particularly primary caregivers who play crucial roles in the child's formation (Wyman, 1999)

Recent Researches:

Recent researchers for resilience in street and intervention of Ngos in it.

1 The researchers have done the researches on how different NGOs work for the better resilience in the street children and came up with the following conclusions:

The Bahay Tuluyan, through its Junior Educators Program, plays a significant role in the lives of street children. Bahay Tuluyan, since its inception in 1988, has provided temporary shelter for approximately four hundred (400) street children and has touched the lives of thousands more. It has helped and continues to help strengthen resilience among street children as they face the daily struggle of living in the streets.

In the process of extending assistance to the children of the streets, Bahay Tuluyan has recruited social workers and staff members dedicated to the cause of street children. It has also established networks with other NGOs and agencies to address the different needs of street children. It has maintained a pool of resource speakers and trainers sensitive to issues confronting the street children.

The presence of a staff that immerses themselves in the streets for an understanding of the daily struggles of street children strengthens the children's resiliency. It inspires street children to discover themselves, become confident about their own decisions, appreciate their talents and maximize their potentials. It also encourages street children to look beyond themselves as they reach out to fellow street children. It therefore serves as a valuable tool for the street children's resiliency.

While it is true that Bahay Tuluyan maintains a drop-in center where it can reach out to street children, it allows the street children the freedom to come and go. It respects every

streetchild's options - a clear application of the guiding philosophy of the Junior Educators Program.

The researcher, after looking into Bahay Tuluyan's Junior Educators Program, strongly believes that the program - with its core philosophy of "children have to make decisions for them" - strengthens the street children's resiliency in the following manner:

- 1) The program actively involves the street children. It focuses on the street children's leadership qualities, creative abilities and interpersonal skills.
- 2) The bases of learning are the street children's lives in the streets. This challenges the learners to discover themselves, make decisions for themselves, and define their roles in their communities - a manifestation of the program's core philosophy. This also presents the curriculum of street life as a rich source of learning. This further establishes that education can take place in the streets.
- 3) Participatory research training allows street children to look into their own lives as well as the lives of their fellow street children, and to find out for themselves the essence of learning from their life experiences. This leads to a discovery of themselves and to their bonding with fellow street children. This also establishes the fact that children are not passive receptacles of knowledge but are active searchers of knowledge.
- 4) The learners consist of street children and street children-turned-JEs. This makes the program unconventional. This also radicalizes learning as it takes place between children belonging to similar age range. The child-to-child approach intensifies the street children's resilience, and strengthens their bonding as they go through the process of sharing their experiences, insights and values and getting to know their rights and roles.
- 5) The curriculum is developed by the street children themselves using the dialectical approach. This leads to the fact that street children are dynamic movers and perennial discoverers of change. From the conflicts that they encounter, street children are able to gather insights and to synthesize values which heighten their resilience.
- 6) The philosophy of the program is anchored on the recognition of the ability of every streetchild to make decisions for himself. This underscores the fact that street children

build their own lives and that street children can live by themselves. Everything about the program is actually built from the street children themselves.

Based on the data gathered, the researcher makes the following conclusions:

1) The Bahay Tuluyan street children, exposed to the harsh realities of street life, are capable of participating in their milieu as active agents of change. Their active involvement as JEs who develop curricula for their street education classes and Day Care Center tutorials is a solid manifestation of this capability. Their detractors can actually inspire street children to work towards overcoming any form of reproof and difficulties.

2) The Bahay Tuluyan street children, accorded loving attention and care, become creative forces in the development of a street- and needs-based curriculum. This creativity is dynamic and will definitely benefit a lot of their fellow street children.

3) The Bahay Tuluyan street children, treated with respect and trust, symbolize dynamism and versatility of human resource. Their readiness to face life is deeply rooted in their understanding of their core values learned in the streets.

In the light of its role of strengthening street children's resilience, Bahay Tuluyan is an NGO worth emulating. The pioneer of the child-to-child approach being used in the Junior Educators Program, Bahay Tuluyan manifests a clear and deep understanding of the nature and place of street children in an urbanized setting. Bahay Tuluyan has a genuine concern for street children. The researcher hopes that NGOs of similar thrust would increase in number.

The researcher believes that the street children are capable of contributing to the rise or fall of a nation. The substantive and precious lessons they provide constitute the wisdom of, or lack of wisdom in, governance. The government should redefine its priorities by identifying and addressing the root cause of the proliferation of street children in the urban areas. Policy review and policy intervention on the plight of the street children are in order.

2 nd recent research

Teaching street children in a school context: some psychological and educational implications

Author:Harper, Michael Leigh

This study investigated the psychological approach and the classroom methodology needed by an educator to teach street children effectively in a special school created for them. Street children with their psychological trauma, their independent, self-sufficient outlook and educational deprivation make their adaption to the methods and educational environment of mainstream schooling difficult. To meet the special educational, psychological and emotional needs of street children, Masupatsela School was started. The study was carried out in this school. The qualitative research methodology used an action research design which consisted of a reconnaissance phase and three cycles. Each cycle made use of a planning, implementation and evaluation phase. A general plan was formulated after the reconnaissance phase and revised after each cycle. The teaching was done by the researcher using four grades of street children ranging from grade 7 to grade 10. Because of their specific psychological makeup, street children, who have lacked close, comforting and trusting relationships and role models, require a classroom environment, atmosphere and a relationship with the educator which is supportive, caring, warm and firm. To achieve this a client centred approach was used based predominantly on the therapeutic principles of congruence, empathetic understanding and unconditional positive regard. The interaction with the children was based on openness, tolerance, the affirmation of others and honest firmness. The teaching methodology was an eclectic one which made use primarily of a cognitive teaching style which was introduced incrementally over the three cycles. The main components of this style consisted of cognitive questioning, cooperative learning and strategic reading for information. The results of the study showed that both the psychological and educational approach in the classroom to be very appropriate and successful. However the wider negative contextual influences such as the school organization, staffing and curriculum made the classroom strategies difficult to sustain. It is recommended that a programme uses these educational and psychological approaches and incorporating functional

literacy and numeracy, vocational skills, recreation and a therapeutic programme be incorporated when designing a programme for street children in a formal setting.

3rd research

Unique pathways to resilience

22nd June 2007

Ungar & Liebenberg In this paper the researchers have given report on the qualitative findings of a 14-site, 11-country study of resilience among youth ages 12-23. Results support a fourth wave of resilience research, one that is sensitive to culturally embedded definitions of positive development found in both western and non-western countries and among indigenous and nonindigenous peoples. The researchers hypothesize that resilience is not only an individual's capacity to overcome adversity, but the capacity of the individual's environment to provide access to health-enhancing resources in culturally relevant ways.

Specifically, we seek to answer the following questions:

1. How is resilience defined by different culture groups or disadvantaged communities?
2. Are there global and/or culturally specific aspects of resilience?
3. What unique outcomes are associated with resilience in specific cultures and contexts?
4. What unique processes are associated with resilience in specific cultures and contexts?

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Available online 24 February 1999.

Author Keywords: child development; vulnerability; resilience; malnutrition; violence toward children

Abstract

Many of the challenges facing children now are a function of changing times, including increase in urbanization, political violence, changing family forms, and in some areas decreased supplies of adequate food. This review focuses particularly on those changes in which children are the victims and which induce new threats for them, rather than on problems such as child disability or mental illness. The outcome variables of interest in

this paper are dimensions of children's psychosocial development, including cognitive development, psychological adjustment and aggression, whereas the companion paper in this issue (Caldwell P., Child survival: vulnerability and resilience in adversity in the European past and the contemporary Third World, *Soc. Sci. Med.*) [1] focuses on physical aspects of children's development. The risks that are hurdles in the process of development of a young child begin from conception and carry on into later life. To address them all would be impossible; thus, in order to do justice to the issues at hand, we have chosen those risks that, in our view, are important in a child's psychosocial development in developing countries. This paper will thus provide a discussion of the concepts of risk and resilience, then apply these concepts to the analysis of three examples of risk faced by children today: nutritional threats (e.g. malnutrition due to decline in breastfeeding); family dynamics and types of family forms (e.g. child fostering and non-traditional families); and experiences of violence (domestic or political). In each case, the same four questions will be addressed: what are the consequences of the risk factor for children, what are the etiologies and conditions of risk, are there any children who seem to cope with the risk factor successfully and what are some of the protective factors, and what interventions or programs would help support these children?

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STREET CHILDREN, HUMAN RIGHTS, AND PUBLIC HEALTH: A Critique and Future Directions

▪ Abstract This review presents a critique of the academic and welfare literature on street children in developing countries, with supporting evidence from studies of homelessness in industrialized nations. The turn of the twenty-first century has seen a sea change of perspective in studies concerning street youth. This review examines five stark criticisms of the category “street child” and of research that focuses on the identifying characteristics of a street lifestyle rather than on the children themselves and the depth or

diversity of their actual experiences. Second, it relates the change of approach to a powerful human rights discourse—the legal and conceptual framework provided by the United Nations Convention on the Rights of the Child—which emphasizes children's rights as citizens and recognizes their capabilities to enact change in their own lives. Finally, this article examines literature focusing specifically on the risks to health associated with street or homeless lifestyles. Risk assessment that assigns street children to a category “at risk” should not overshadow helpful analytical approaches focusing on children's resiliency and long-term career life prospects. This review thus highlights some of the challenging academic and practical questions that have been raised regarding current understandings of street children.

Methodology

SUBJECT: The present study was conducted on street children who were selected from various organizations, such as Community Outreach Programme, Touching Life's Organization, Pratham, & Regina Pacis Boarding for children. The total sample size was of 181 children out of which boys were 78 and girls were 107, who were between 9-15 years of age.

APPARATUS: The Child and Youth Resilience Measure (CYRM)-28 was used to measure the resilience of street children. It is designed as a screening tool to explore the resources (individual, relational, communal and cultural) available to youth aged 12 to 23 years old, that may bolster their resilience. The measure was designed as a part of the International Resilience Project (IRP), of the resilience research center, in collaboration with 14 communities in 11 countries of the world. The reliability of all the 58 items of the CYRM has been found to be consistent across cultures, and the validity of the CYRM subscales changes according to the status of the respondents.

DESIGN: The study aimed to measure 2 variables –

Resilience -“The capacity of individuals to navigate their way to resources that sustain well being”

-“The capacity of individuals physical and social ecologies to provide those resources”

-“The capacity of individuals, their families and communities to negotiate culturally meaningful ways for resource to be shared”

Progress of Children- This was measured as a function of the ratings’ given by the teachers’ of the children, ranging from the time when they joined the NGO to the day the survey was conducted.

PROCEDURE: Children from various organizations were interviewed personally. Relevant questions were asked, with the questions being translated in the language comfortable to the children. Each question was asked systematically, and the responses of the subjects were noted accordingly.

The total score was calculated using the scoring key , according to which –‘Not at all ‘ is equal to 1 ,‘A little’ is 2 ,Somewhat’ is 3,‘Quite a bit’ is 4, and ‘A lot’ is 5. The higher the calculated score the greater the resilience of the children.

Similarly the teachers’ ratings were tabulated, as a measure of the progress of the child.

Results

The street and underprivileged children were scored on the scale of Child and Youth Resilience Measurement from different NGOs in Mumbai. Data of 182 boys and girls can be seen in table no.1. It can be observed that the total of resilience score is 21246. Therefore the mean is 118.03. The teachers in each Ngo were told to rate the child on the scale of 1-10 for his progress in the ngo activities. It can be seen in table 1 that the total ratings is 1110, therefore the mean is 6.17.

The resilience scores range from 56 to 157 i. e. the range is 151. on the other hand the ratings range from 3 to 9 i. e. the range for ratings is 6. The standard deviation was calculated to analyze the variability, the SD of resilience scores is 21.92 and the SD for the ratings is calculated to be 1.36. Therefore it shows that the scores of resilience are spread out.

A Pearson r correlation was used as an inferential statistics. The Pearson r was calculated using following formula:

$$\text{Pearson } r = \frac{N(\sum XY) - (\sum X)(\sum Y)}{[\sqrt{N(\sum X^2) - (\sum X)^2}][\sqrt{N(\sum Y^2) - (\sum Y)^2}]}$$

The score on the resilience scale was used as X variable and Ratings given by teachers were used as Y variable. The calculated Pearson r-value was +0.252. The correlation coefficient value is positive and low. Therefore according to this data there is low relation between the children's' resilience and progress made by them in the activities given by the ngo.

Table2 is the grouped data of resilience variable. It can be seen that the maximum score attainable on this scale was 170. On the observation of table 2 it can be seen that most of the cases fall in the range of 110 to 140. If 1-57 is considered to be low resilience if 58-113 is considered to be average resilience and 114- 170 is considered to be high resilience then 110 children fall in the category of high resilience and only 70 fall in the category of average resilience. One child has low resilience. Therefore there is a tendency of the scores to pile up in the middle.

Discussion

The aim of this study was to find out whether there is any relation between a street children's' resilience and the progress that they make in the activities given by the Ngos. The calculated correlation is positive and low. The positive correlation coefficient denotes that there is if any, direct relationship between these two variables i. e. increase in one variable is related to increase in the other variable. However the magnitude of the coefficient is 0.25, which is low. However considering the fact that these are not connected factors that show cause and effect or that they are seemingly different variables in this field. The correlation of 0.25 is not very low.

The major factors that could have caused the low coefficient is that 1) the variables taken were not chosen correctly, 2) the variables were not defined properly or that 3) there is no relationship between the resilience and progress made by children.

1) A typical assessment of resilience includes first assessing the risk in the life of the individual and then assessing the normal developmental outcome of the individual. Resilience is basically an interaction between the protective and risk factors in the individuals' life thus it is a multivariate construct (Goldstein & Brooks). It is very difficult to assess these different variables. Thus it could be possible that different dimensions of resilience like individual, family, religion/cultural and interpersonal relationship affect the individual's adaptation differently. Therefore the no relationship between resilience and progress and of children in NGOs is because not all dimensions of resilience could be related to progress. It might be possible that the dimension of individual is related to progress. Thus even if they score low on other dimensions they still show higher progress. On this assumption it could be said that the aspect of progress could be related to the individual dimensions of resilience not others or it might be possible that the progress is dependent on the dimension of encouragement aspect of family resilience, and coherence aspect of individual resilience. It is possible that the dimensions of religion and culture are not at all related to progress. It was seen in general observations done by the researchers during scoring the children on the scale that many were not even introduced to their cultures or traditions. They didn't even know their religions. The diversity of cultures and religions was seen among this small world of Ngo shelters too. The knowledge or the strength given by cultural resilience was oblivious to these children.

2) The variables chosen were resilience and ratings given by the children: the resilience was taken as one variable however there are 4 dimensions of variable, which could determine different types of resilience, For example, the individual Vs family resilience. It would have been better if the variable of resilience had been scored on different dimensions.

Ratings were chosen as indicators of progress but progress is a very subjective concept. Ratings may not be very good indicators of progress made by the child. On the other hand observation is a much more efficient variable that could give a better idea

about the progress. Another measurement that could provide a much more detail and unbiased view of progress is checklists. However due to time constraint it was not possible to make a checklist that would be appropriate for the context of this study.

3) The progress variable was defined as the ratings given by their teachers on the scale of 1-10, on the basis of the difference between their situation while entering the ngo and present situation. As stated earlier progress is a very subjective concept the ratings cannot give a proper idea of the actual progress. This was seen when the teachers tend to rate the child on the basis of their intelligence than the improvement or decrement in their situation. Even after explaining to them that intelligence did not matter, the researchers are looking only at the change in their situation, the teachers seemed to rate on the basis of their school achievements. Therefore it could be possible that the ratings are indicators of differences in their intellectual achievement rather than their progress. Therefore the correlation was low. One of the Ngos had a proper system of rating their progress for the purpose of their own studies, which helped in describing to them the variable studied and was helpful for the teachers to rate their students.

4) The sample scored and analyzed for this study had high or average resilience. Only one case had low resilience, it does not have proper representation in terms of resilience scores or pattern. It will be interesting to see if low resilience cases affect the results.

Tables and Graphs

Table1: Raw data table of 181 children's score on CYRM Scale and Ratings given by their teachers.

Sr. No.	Resilience Scores	Ratings
1.	119	6
2.	100	5
3.	118	6
4.	115	6
5.	109	5
6.	106	5
7.	115	5
8.	120	6
9.	126	7
10.	128	7
11.	109	6
12.	107	6
13.	121	7
14.	116	6
15.	118	6
16.	101	5
17.	99	4
18.	129	8
19.	114	6
20.	107	5
21.	113	5
22.	114	5
23.	122	7
24.	118	7
25.	130	8
26.	104	6
27.	102	6
28.	100	6
29.	116	7
30.	128	8
31.	129	6
32.	117	6

33.	123	4
34.	112	5
35.	144	5
36.	150	6
37.	149	6
38.	148	6
39.	152	7
40.	125	5
41.	134	6
42.	149	7
43.	120	4
44.	147	5
45.	155	4
46.	151	7
47.	153	5
48.	141	5
49.	155	5
50.	153	4
51.	144	8
52.	128	7
53.	136	8
54.	126	6
55.	122	9
56.	149	6
57.	129	7
58.	122	7
59.	128	9
60.	157	5
61.	137	9
62.	147	5
63.	135	8
64.	130	8
65.	117	5
66.	125	6
67.	132	7
68.	126	8
69.	135	6
70.	146	9
71.	152	8
72.	136	5
73.	128	9
74.	118	8
75.	129	8
76.	144	6
77.	130	8

78.	136	9
79.	140	8
80.	148	5
81.	119	6
82.	124	3
83.	124	3
84.	124	3
85.	127	6
86.	141	8
87.	139	8
88.	133	8
89.	139	8
90.	133	8
91.	133	8
92.	128	7
93.	135	8
94.	150	3
95.	153	6
96.	98	3
97.	84	7
98.	100	6
99.	111	5
100.	109	4
101.	108	5
102.	87	6
103.	110	7
104.	92	6
105.	94	7
106.	87	4
107.	84	6
108.	86	7
109.	108	7
110.	107	6
111.	86	7
112.	88	7
113.	89	6
114.	84	5
115.	84	4
116.	56	5
117.	100	7
118.	101	6
119.	102	7
120.	100	7
121.	111	7
122.	112	6

123.	110	6
124.	100	7
125.	84	7
126.	84	7
127.	146	7
128.	140	5
129.	140	6
130.	123	6
131.	132	6
132.	146	6
133.	138	7
134.	141	7
135.	140	5
136.	127	8
137.	126	6
138.	120	5
139.	123	6
140.	117	4
141.	122	6
142.	118	7
143.	117	6
144.	132	5
145.	127	5
146.	118	7
147.	124	5
148.	126	6
149.	109	7
150.	122	5
151.	114	6
152.	128	8
153.	135	8
154.	114	6
155.	110	7
156.	60	6
157.	89	4
158.	87	5
159.	138	6
160.	92	5
161.	110	5
162.	79	5
163.	86	6
164.	114	7
165.	128	7
166.	135	9
167.	64	4

168.	71	4
169.	95	6
170.	104	7
171.	77	5
172.	83	6
173.	137	9
174.	100	6
175.	109	7
176.	61	4
177.	68	5
178.	90	6
179.	101	5
180.	72	6
181.	119	6
Total	21246	1110
Mean	118.033	6.166
SD	21.921	1.360
Range	157-56=151	9-3=6

Table2

Frequency Table of Resilience Scores

Class intervals	Frequency
155-169	3
140-154	28
125-139	46
110-124	47
95-109	28
80-94	20
65-79	5
50-64	4

Table3

Frequency table of ratings given by teachers

Class intervals	Frequency
9-10	8
7-8	62
5-6	93
3-4	18
1-2	0

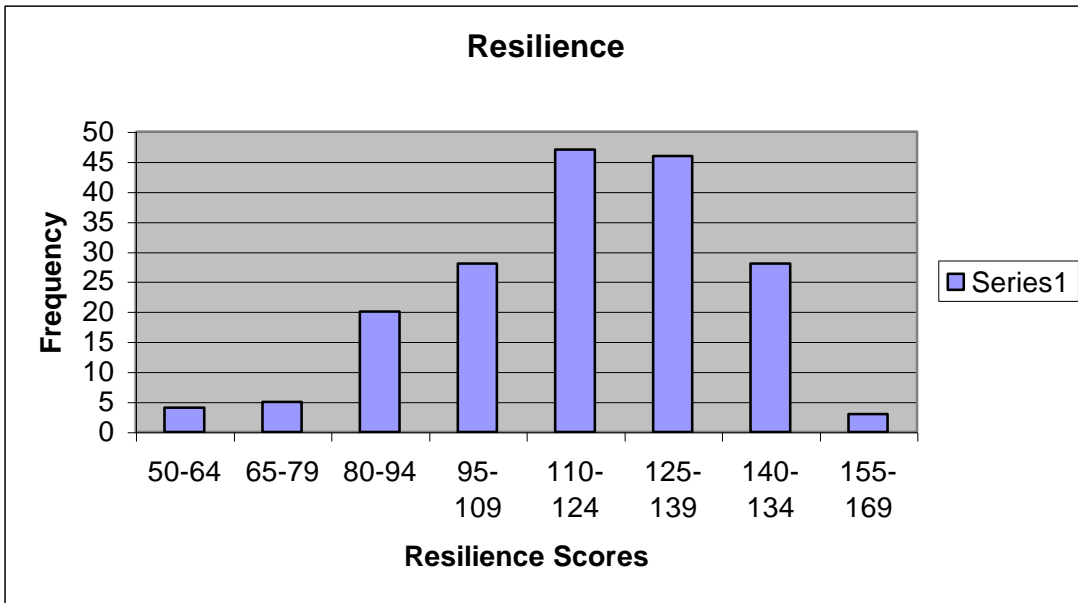


Fig1: Resilience Scores of 181 children

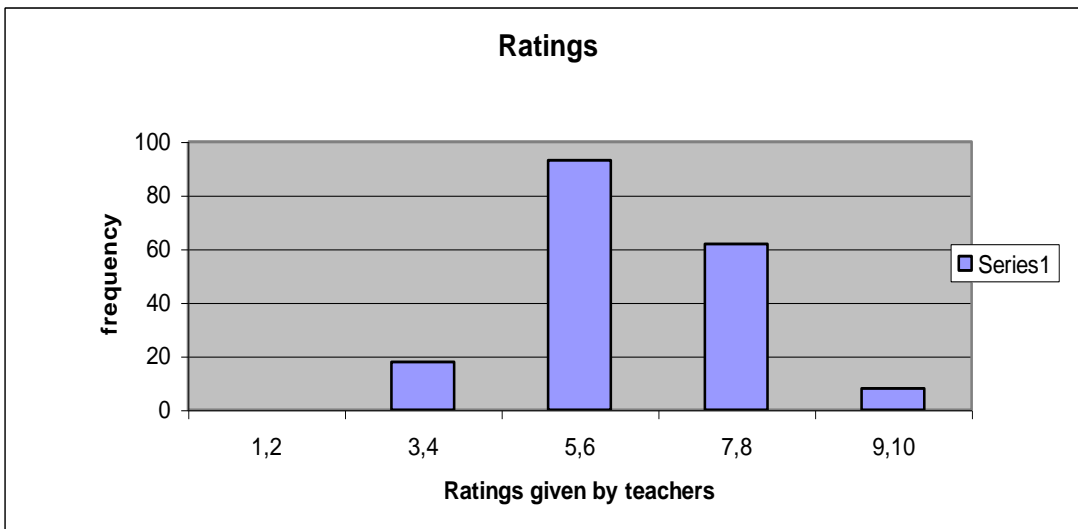


Fig2: Ratings given by the teachers

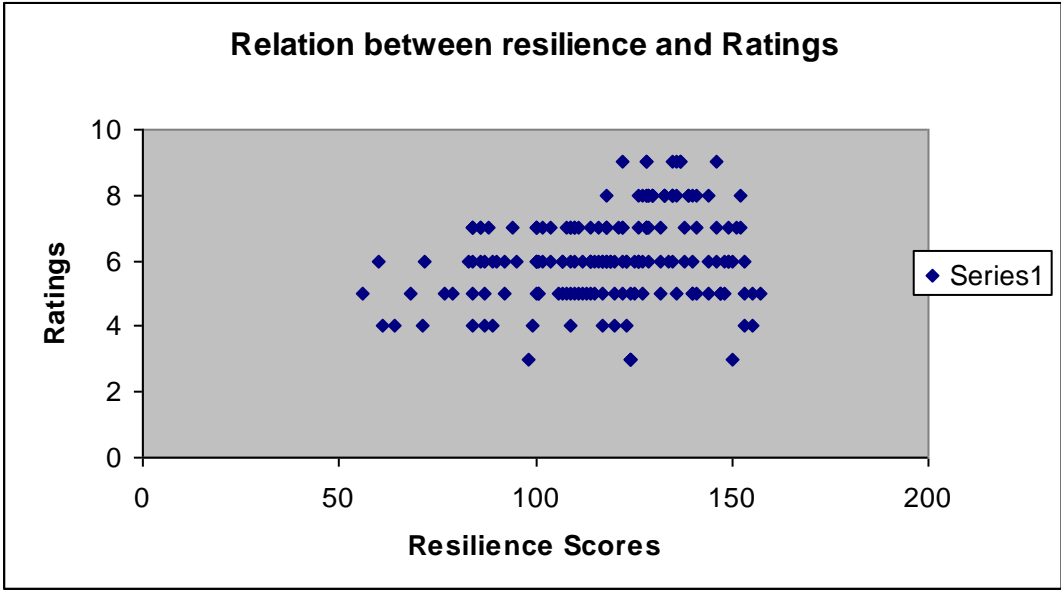


Fig3: Scatter diagram of relation between resilience and ratings given by teachers

HOW TO IMPROVE THE STUDY

A lot of areas in the research could have been carried out in a better way:

- The operational definition should have been improved and defined in a more elaborative manner. We should also have tested different dimensions differently or in a different method.
The term “progress” is very subjective. Not everyone will show equal change in all aspects of life as it has been found in the study. The progress made by some was high while some were very low.
- The rating of the child on a scale of 1 to 10 was very limited and is probably not an appropriate representation of progress of the child.
Therefore, a better measurement should have been used rather than a rating scale. Even if ratings are used more ratings should have been taken and the average of these ratings should have been considered.
- The questionnaire is designed to measure the resilience of children in Canada and some of the questions are formed based on their social environment. Therefore, the questionnaire should have been validated and modified according to the Indian environment and which meet the conditions of the locals here.

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