

**A Psycho-Educational Model to Facilitate the Mental  
Health of Street Children**

**by**

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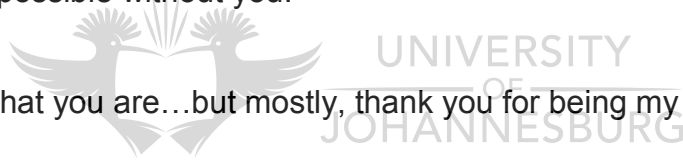
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## DEDICATION

I dedicate this thesis to my most cherished rock solid husband, Kuben.

For your unfailing support, encouragement and faith in me; as well as for angelically looking after me and letting me share your life since forever. Nothing in my world would have been possible without you.

Thank you for all that you are...but mostly, thank you for being my soulmate.



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## SUMMARY

The effects of daily abuse and hardship on the streets lead street children to suffer from poor mental health resulting in them choosing ineffective and self-destructive coping strategies that then impacts their physical health and their overall sense of well-being.

Facilitation of the mental health of street children subjected to daily threats to their survival is thus crucially needed. In my previous research, I indicated that street children are more vulnerable to impaired psychological health than any other group of children (Moolla, 2007:65-78; Moolla, Myburgh & Poggenpoel, 2008:597). The results of this research further confirmed that street children experience a vast array of negative feelings during their daily survival activities on the street which impact negatively on their mental and physical health. I also found that negative feelings of fear, abandonment, rejection, sadness, loss of trust, disillusionment and a sense of both hopelessness and uncertainty were experienced by all the street children in the study during their daily activities necessary for their survival.

As a psycho-educational facilitator, I am equipped with the skills to provide the facilitation of the mental health of street children subjected to daily abuse and hardship on the streets. Psycho-educational facilitators are highly valuable in providing an integrated healthcare-social-psychological approach when working with vulnerable individuals. To date, they are not being utilized to benefit the community and social health services, places of care and institutions catering for the neglected and abused individuals in our society.

The development of a model “Facilitating the mental health of street children” is the primary purpose of this research. The problem of street children suffering from challenges to their mental health due to their daily abuse encountered on the streets, made me realise that street children need urgent facilitation of their mental health. The fact that they made a decision to leave a usually abusive home and family environment for the street shows that street children already possess an inner resilience when it comes to self preservation. However, they frequently end up

choosing destructive coping strategies which makes it more difficult for them to utilise their inner resources to enhance their lives. Thus, this model focuses on nurturing this inner resilience present in street children in order to facilitate them toward enhanced mental health. Other important aspects of this research are guidelines and recommendations for psycho-educational facilitators or any healthcare professional with regard to how they should implement the model.

This research regarding the model “Facilitating the mental health of street children” gives the account of the various paradigms of Positive Psychology (Carr, 2004:1-2; Compton, 2005:3; Seligman, 1998:1), the Theory for Health Promotion in Nursing (University of Johannesburg, 2009:1-8) and Constructivism (Chiari & Nuzzo, 1996:166,171,178; Neimeyer [Neimeyer & Mahoney, 1995:3]; Von Glasersfeld, 1995:63). This model is developed, described and guidelines are provided for implementation and operationalisation of the model which will guide me as the psycho-educational facilitator in the facilitation of the mental health of street children.

In the process of generating a model, I made use of a contextual, descriptive, explorative nature as part of a qualitative design.

The **four steps** of Chinn and Kramer (2008:223-237) were utilized in generating the model. **Step one** focused on the creation of conceptual meaning regarding concept selection, identification, analysis, exploration and definition. In **step two** the focus moved to concept classification, the forming of structures and effective relationships. The **third step** dealt with the development and description of the model and the **fourth step** with the guidelines for application and evaluation of the model.

The development and description of the model includes four phases of crucial importance in the application of the model “Facilitating the mental health of street children”. The **pre-phase** involves all the preparation needed by me, the psycho-educational facilitator, and involves development of personal skills and also the process of recruiting and selecting street children to be involved in this process. The **first phase then** follows which is the relationship building phase where rapport is built by ensuring adequate time and space for the development of a comfortable and trusting relationship with the street children. This is done so as to enable the street

children to open up and talk about their experiences and feelings regarding their daily survival on the streets.

During the **second phase** which is working phase, a more hands-on and physically active role is taken with street children so as to guide street children through the process of resilience using expressive and creative techniques. The drawing from the arts is to assist street children deal not only with the stresses of life, but also to cope with their traumatic and challenging experiences that have become too overwhelming for their minds to assimilate.

The **third phase** of the model is referred to as the termination phase where I, the psycho-education facilitator, and the street children realize that they have reached the end of the facilitation process. At this stage, street children are able to make more constructive and effective coping decisions in their daily lives which will optimize their mental health.

The **fourth step** which was the evaluation of the model was to critically reflect on and assess how well it will serve the purpose of facilitation of resilience, to know how it might be contextually used and be further developed (Chinn & Kramer, 2008:284). The model "Facilitating the mental health of street children" answered in the affirmative to all evaluation questions and indicates to any healthcare professional that this model is clear, simple, general, accessible and important to apply.

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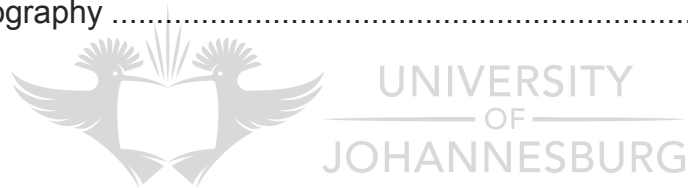
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## **STREET CHILDREN**

***On this cold winter's night  
Only poor street children are in sight  
No blankets, no shoes  
How on earth will they make it through  
Besides their cold faces  
Wet legs and muddy traces  
They stand here all alone  
With no umbrella nor a phone  
It's such a sad sight  
To be out, on this cold night,  
You should be in bed all nice and tight  
Not wet and cold, with no one to hold  
You are precious, were u ever told?  
Someone should know  
Just where do they go?  
For, it is a sin!  
For these poor street children  
To be in plain sight  
On this cold, wet winter's night...***

**(Naidoo Agendri cited in**

**<http://www.voicesnet.org/poetrydisplay.aspx?poemid=118241>)**

# 1. CHAPTER ONE: OVERVIEW

## 1.1 BACKGROUND AND RATIONALE

In this research, the term street children will be used to describe all children who do not have permanent homes and whose current abode is the street. As a global community, people are becoming more and more aware of the need to address each and every child in the world at risk. While different contexts view children at different types of risks, of particular interest in this study, is the phenomenon of street children – a visible manifestation of a fragmented socio-economic and political society. Childhood is characterised by diversity and differences across and within societies (Van Blerk, 2006:47). The street child phenomenon as a psychosocial-educational challenge is experienced both here in South Africa and internationally. Over time, it has come to be recognised that it is not enough to simply place these children in institutions, but that it would be more meaningful and helpful to understand who these children are as individuals (Tudoric-Ghemo, 2005:xii). My decision to work with street children comes after years of working with them on a voluntary basis and previous research I have done with street children.

### ➤ **The Issue of the Number of Street Children from Past to Present**

As the researcher, I noted that there is much controversy around street children in general, and in particular the approximate number of street children worldwide. This estimate has varied considerably from past to present as will now be discussed. In the past, researchers were using Unicef's (1989:www.unicef.org/streetchildren) estimate that 100 million children were growing up on urban streets around the world (Campos, Raffaelli, Ude, Greco, Ruff, Rolf, Antunes, Halsey & Greco, 1994:319). Fourteen years later the same international agency reported: 'The latest estimates put the numbers of these children as high as 100 million' (Unicef, 2002:37). Three years thereafter: 'The exact number of street children is impossible to quantify, but the figure almost certainly runs into tens of millions across the world' (Unicef, 2005: 40-41). And most recently: 'Estimates suggest that tens of millions of children live or

work on the streets of the world's towns and cities – and the number is rising with global population growth, migration and increasing urbanization' (Unicef, 2012:32).

Also from past to present is the number definition from 1994 by social anthropologist, Judith Ennew (Ennew, 1994:32) who argued convincingly that 'cited numbers of street children were rarely referenced to counting methods and usually had no validity or basis in fact' and that estimates by governments, non-governmental organizations (NGOs), and other groups varied widely. Nevertheless, the anthropologist indicated that it was believed that the 'number of children living on the streets worldwide ran into tens of millions' (Ennew, 2003:4). Perhaps in an effort to produce a global figure, Ennew (2003:4) wrote more recently that: 'Estimates by governments, NGOs, and other groups vary widely. Nevertheless, it is believed that the number of children living on the streets worldwide runs to tens of millions'. Aware of the numerical discrepancies, even the most responsible of international agencies find the larger claims hard to resist: 'The number of street children is likely to run into tens of millions across the world, with some estimates as high as 100 million' (Reale for Save the Children UK, 2008: 6).

Why then are these number games problematic and even detrimental to street children themselves? Firstly, estimates by guessing try to convey a sense of scale and urgency, in the hope that policymakers will be more willing to address larger rather than smaller social problems, and that the public will be outraged and mobilized into action by more rather than fewer children in the streets. This worked for a decade or so but has since worn thin. Secondly, national and local governments may have been persuaded to address the issue of street children on the basis of numbers, and funders may have decided to take up the banner of street children on this basis. Equally though, the numbers game has provoked donor fatigue, hasty, ill-conceived policies and violent responses towards street children. Thirdly, repressive responses by governments can push children from visible to invisible street occupancy, creating an illusion of a successful strategy and persuading the public that quoted numbers are unrealistic. And finally, large and frightening estimates are also likely to push funders away from detailed explorations of children's experiences and circumstances, towards support for programmes which set out to reduce large numbers of street children rather than for support



commensurate with those children's experiences, circumstances and rights (Consortium for Street Children, 2011:7).

➤ **Dilemma of the definitions of street children**

A major difficulty in estimating street child populations is that definitions of the term street children 'are contested and without an accepted definition of the term street children' it is thus not possible to determine their number accurately (Ennew, 2003:4). The pressure for numerical - and therefore definitional terms - certainly has at times led researchers to squeeze children into very poorly fitting boxes.

As some articles begin with the magic '100 million' number, others launch with a definition and categorization of street children. According to a review by the Consortium for Street Children (2011:9), children have multiple identities, relationships off-street and experience complex circumstances which can defy easy definition. Often cited is the definition developed with Latin America in mind (United Nations Centre for Human Settlements, 2000:74) of a street child as: '...any girl or boy... for whom the street - in the widest sense of the word, including aspects such as unoccupied dwellings and wasteland - have become their habitual abode and/or source of livelihood; and who is inadequately protected, supervised, or directed by responsible adults' (Glasser, 1994:54). This is one of our oldest definitions. Recent researchers define street children as 'agents' or capable social actors – a perspective that brings children from the margins to focus on them as social actors in their own right, with varied lives and diverse experiences (Christensen & Prout, 2005:47; Ansell, 2009:190-200).

Sometimes governments have sought to shift the emphasis away from street children as a social problem for political reasons. Droz (2006:353) describes how in Kenya, the term 'street children' was viewed to be too suggestive of irremediably broken family ties and unworthy parents abusing their offspring to the point of having them turn to the streets. The presence of unsupervised children in the streets would be living proof of the failure of both the urban middle class and the Christian ideal of the family: the children stand for the failure of this model of society, which would particularly be the case if they found new families 'in the street'. According to Droz

(2006:353), labelling these street children 'street families' conveyed the message that the government's moral ethnicity was up to the task of converting what was seen as dangerous thugs into future citizens working hard for the Kenyan nation. De Moura (2002:353-355), later stated that the social construction of street children is a powerful discourse strategy which sensitizes audiences to the existence of children in poor circumstances.

On a more positive note, during the last decade 'street child' stereotypes have been overturned as researchers have found evidence of substantive and dynamic diversity among characteristics and conditions. In fact, street boys in Indonesia were found to actively reject their 'victim' or 'deviant' label, and 'decorate' street life so that it became agreeable in their eyes. Instead of complaining about their lives - which was generally considered bad form, they reinforced the things that they viewed as being good about living on the street. Over the months or years, street children and youth learned to interact and comply with the expectations of their own group, and were more influenced by it. It was in this way that the community enabled street children to establish a new identity, and was a means through which street children could voice their collective indignation at the way they were treated by mainstream society (Beazley, 2003:1).

According to a review by the Consortium for Street Children (2011:10), alternative terms or definitions are premised on recognizing children as capable social actors and are often informed by a programme intervention lens. Within this approach, some research has continued to use the term street children but with reworked definitions, such as children for whom the street is a reference point and has a central role in their lives (Rede Rio Crianca, 2007: 18). Other research has sought new terms to capture diverse situations and experiences including independent child migrants (Mba & Kwankye, 2007:53-91; Kwankye, Anarfi, Tagoe & Castaldo, 2009:28), children in street situations (Terres des Hommes, 2010:8), street youth (Jones, Herrera & Thomas de Benitez, 2007:462-479; Kidd & Carroll, 2007:283-296), homeless youth (O'Connor & Molloy, 2001:1), delinked (McAlpine, Henley, Mueller & Vetter, 2010:30) or detached children (Smeaton, 2009:2-9). The latter is used to describe children and young people who are away from home or care for lengthy periods of time; who live outside of key societal institutions, such as the family,

education and other statutory services; who do not receive any formal sources of support; and are self-reliant and dependent upon informal support networks. Others still have proposed new typologies, mostly based on causes and situations such as proposed by Hong and Ohno (2005:16) in Vietnam.

According to De Moura (2002:355), the term street children can be best seen as a socially constructed phenomenon. He notes that there are many definitions which include and exclude certain characteristics of street children. He furthermore emphasizes that we need to understand that the concept of street children has a certain fluidity to it and that it should be understood as such. There are no possible clear definitions on street children and counting is, in many countries and circumstances not possible as it is not a clearly defined population (De Moura, 2002:355).

Estimating the number and defining the term street children are as discussed controversial enough, but what of the pertinent and infrequently answered question that subsequently arises which asks: What are the psychological, emotional and educational implications for these under-age and at-risk children? Knowing how they function on an emotional and psychological level, their beliefs, their values and their dreams has profound implications for interventions that aim at improving the quality of their lives. Furthermore, understanding the needs of these children in more depth provides them with the opportunity to be included in decision-making processes pertinent to their future as contributing members of society.

➤ **What about the Street Children Themselves**

***"You don't have a life anymore, you just suffer, you don't know what you should do anymore, you don't know where you should go, you don't know what to do with yourself, you don't know what you really wanted to do with your life."***

(Street youth from Hillbrow cited in

<http://www.ensaorg.cz/pstreetkids/5ourlives/skourlives.html>)

According to Huang, Barreda, Mendoza, Guzman and Gilbert (2004:822), most of the children in their study came from homes of abject poverty or lower socioeconomic class. Many children stated that they became street children due to physical abuse, parental death, abandonment, mental abuse and lack of financial resources to support them. Once the abandoned street children permanently left home and disassociated themselves with any adult, they earned their living and survived by working in the informal sector – mostly by begging, robbery, singing on the buses, shining shoes and selling various goods on the streets. These researchers furthermore discovered that the children had not had any formal schooling on average for three to four years (Huang et al., 2004:822).

Regarding their mental health, seventy percent of street children in their study scored for behavioral and emotional difficulties on the Strength and Difficulties Questionnaire, and over seventy percent scored for depression on the Mood and Feelings Questionnaire (Huang et al., 2004:822). Current health problems were widely reported by over seventy percent of children, with approximately half of these health problems described as persistent or severe. Furthermore, two thirds of the children in this sample were not even homeless but had chosen life on the streets in preference to permanent residence with their families (Huang et al., 2004:822).

According to Rydberg (2006:1-4), many street children suffer as they are constantly exposed to drug abuse, sickness, violence and hunger. Gracey (2002:1-8) also indicated that many studies have found that there is a high incidence of pathology in street children. Much of this has been attributed to the abusive, dysfunctional and neglected home environments that these children come from, and is generally exacerbated by the lifestyle that they lead on the streets. To add to the dilemma, as more and more people are moving from rural areas to larger towns and cities to seek better paying work, they are leaving behind family, destabilizing traditional community and cultural structures in the process. Of particular concern, urbanization is having profound effects on the physical and emotional health of children in industrialized and developing countries alike (Gracey, 2002:1-8).

McAlpine et al. (2010:26) concluded that one of the more obvious symptoms of the phenomenon of urbanization are the increasing number of children and youth leaving

their families prematurely, migrating to work and live homeless on the streets in urban areas around the world causing a significant international problem that needs addressing. Youth homelessness is a problem from a community mental health perspective, a human rights perspective and an economic development perspective. As mentioned, there are large discrepancies in estimates of how many street children actually reside on the streets of urban areas around the world - primarily due to the mobile character of this population and difficulties with defining it. This combined with the lower estimates of the total homeless children being in the millions, we can safely say that this phenomenon is at an epidemic proportion (McAlpine et al., 2010:26).

Some researchers recognize structural violence as underlying immediate reasons for children leaving for the streets – the kind of societal hostility that naturalizes poverty, sickness, hunger and premature death; erasing their social and political origins so that they are taken for granted and no one is held accountable except the poor themselves’ (Scheper-Hughes, 2004:13). More recently, in the paradigm shift towards recognition of children’s agency and rights, studies have found that children make tactical - if not strategic - decisions to be on the street, whether to reduce harm or improve socioeconomic options for their families or themselves (O’Kane, 2003:5; Ayuku, Odero, Kaplan, De Bruin & De Vries, 2003:115; Invernizzi, 2003:329; Ferguson, 2004:88; Rizzini & Butler, 2003:17; Smeaton, 2009:50-54).

In my previous research, I indicated that street children are more vulnerable to impaired mental health than any other group of children (Moolla, 2007:65-78; Moolla, Myburgh & Poggenpoel, 2008:597). The research was conducted at a temporary shelter for street children in Hillbrow, Gauteng. The results of the research clearly indicated that street children experience a vast array of negative feelings during their daily survival activities on the street which impact negatively on their mental and physical health. I found that negative feelings of fear, abandonment, rejection, sadness, loss of trust, disillusionment, intense resentment, vengeance and a sense of both hopelessness and uncertainty was experienced by all the street children in the study during their daily activities necessary for their survival (Moolla, 2007:65-78; Moolla et al., 2008:597).

A study by Geldenhuys (2001:126-127) also indicated that there are many psychological disturbances in street children including high levels of stress, anxiety and tension which result in adrenal imbalances, mood swings, aggression, irritability, restlessness, depression and hyperactivity. Moreover, Geldenhuys (2001:127), indicated that street children may also experience feelings of hopelessness, inferiority, despondency, rebellion, feelings of uncertainty about life in general and rage, rejection and desertion as a result of their circumstances. According to De Vries (2009:24), street children thus tend to develop networks of friendship with people who have similar lifestyles. The insecurity of their lives and their daily struggle to find food, work and shelter, avoid confrontation with law enforcement and the public makes them dependent on other street children which then has another vast array of influences. This was stated by Kidd (2003:250), who noted that coping strategies most mentioned were hanging out with friends and taking drugs or alcohol. These strategies were described as relaxing and as a social activity by which one can bond with friends on the street. However, they also found having friends counteracted feelings of hopelessness, loneliness and worthlessness and can thus be noted as an important factor in street children's survival on the streets (Kidd, 2003:245-253).



These coping strategies stem from the many forms of violence which are present and often normalized in street children's lives (McAlpine et al., 2010:30; Thomas de Benítez, 2007:6-10); as Smeaton (2009:116) similarly found in her own research. Perhaps one of the most shocking findings of all the research is the prevalence and extent of violence in these street children and young peoples' lives. The diversity of children's and youth's on-street experiences manifest in the ways they use public spaces to survive, show preferences and display personalities which suggests multiple possibilities in the use of agency or autonomy at the margins (Van Blerk, 2006:47). Children are often the most affected by adverse circumstances because of their relative immaturity and their lack of social power (Boyden & Mann, 2005:3). According to Gigengack (2008:13), the individual life courses of street children tend to follow the street life cycle which is if street kids survive, they are likely to become youths, young adults, veterans and seniors of streets and institutes, and the main exit from street life is death.

According to Huang et al. (2004:824), the life of an abandoned street child is marked by paint thinner use, physical violence, mental abuse, poor health and employment in the informal sector. The results of this study indicated that drug use, physical abuse, problems with the police and absence from school were significantly high for abandoned street children. Important to note, was that according to the street children, police brutality or police harassment was the factor most strongly associated with them being on the streets (Huang et al., 2004:824-825). Other research has also drawn attention to the role of violence in street children's identity construction, explored to devastating effect at individual level by Lockhart (2008:106-107) in Tanzania, and collectively by Butler (2009:11-29) in Brazil, who draws attention to experiences of 'revolta' – of revolt or rage, which channel aspirations for freedom and frustration of not being considered a citizen, of powerlessness in a society that continues to discriminate and curtail possibilities for social mobility.

Street children in Morocco are presented as 'poetic' daydreamers surrounded but not corrupted by violence (Gugler, 2007:369-379), while street children in Nepal were found to internalize strong negative images of themselves, mirroring society's view of them as delinquents or 'bigreko' (Southon & Pralhad, 2003:23), developing a sense of blame for their own situations and their inability to leave street life leading to an increasingly passive, fatalistic approach to the future as children get older, in contrast to street children's active 'rage' portrayed by Butler (2009:11-29). Children's on-street experiences can then be understood as contributing to building children's identities in a myriad of ways - at both individual and collective levels – in response to socio-cultural contexts of violence and inequality.

On another note, Van Blerk (2006:69) concluded that street children are individuals with their own agency or autonomy which is reflected in the way they express themselves and their personalities on the street. The examples she presented showed that street children's social and spatial lives are not only diversified but highlights that children's individual personalities and preferences are also for understanding the different ways they construct their lives on the street. According to De Vries (2009:39), many street children leave their homes for good, and by doing that they also abandon their families. When they decide to do so, this is often done out of sole desperation. Leaving the family home never seems to be a free choice.

Recognition of street children's relationship to the urban environment as unique, suggests that on-street processes of identity formation will also differ from those experienced by other urban children, and perhaps can be usefully understood as constituting a 'street-connectedness', which makes its particular contributions to development of children's values, beliefs, aspirations, behaviours, practices and future livelihoods. It is clear from the research however that children's everyday on-street experiences are not readily available; they emerge from trusting relationships built over time and from an intellectual receptivity by researchers (Gigengack, 2008:13).

According to Oduro (2012:52-53), for whatever reasons, street children purposively live outside the normative boundaries of society. As such, they do not experience proper care and adult control. They have come to represent the epitome of the marginalized 'non-citizen' in the sense that they are unable to access or exercise their rights as citizens, even though they are citizens and need to be catered for, since the phenomenon of street life is here to stay.

In view of the above, this study first examined the life world of street children and I subsequently devised a professional intervention which took the form of developing a psycho-educational model to enable mental health professionals to facilitate the positive mental health of street children. The psycho-educational model set out to provide alternate coping strategies based on street children's inner resilience and the skills needed by them in order to cope more effectively with the challenges they face daily on the streets. The ultimate goal was facilitating resilience and promoting positive mental health in street children. Guidelines for the implementation of the psycho-educational model were also devised. The development of a psycho-educational model will be a professional and constructive way to enhance the lives of street children experiencing impaired psychological health due to their daily activities which are necessary for their survival.

## **1.2 PROBLEM STATEMENT**

Street children all around the world tend to be suffering the consequences of their daily battle for survival in the street context. Such a harsh environment affects all



areas of functioning in street children. Furthermore, self-esteem of street children is low, not only because of the type of work they do but because of treatment they receive from the public. Few people treat them with respect or offer assistance, so they tend to have a negative vision of life and the future (Jamison, 2008:17).

In fact, it is not only the body and mind of these street children that become conditioned to their adverse circumstances but their personal role as individuals is also adversely influenced by the harsh reality of their lives on the street. This includes being shunned by the community at large, being attacked by police as described in my previous work (Moolla, 2007:65-78; Moolla et al., 2008:597-602), scrounging for food and warding off drug dealers and other more powerful street dwellers. Many street children succumb to glue-sniffing and to smoking cocaine to escape this cruel reality and both the harshness and loneliness of street life.

This was further indicated by Schimmel (2006:227) who also noted that street children's experiences of stigma can cause them to internalize the negative perceptions that members of the public have of them and to exhibit anti-social and self-destructive behaviour through joining gangs and/or engaging in crime. In addition, the context of their intra-personal communication is impeded to such an extent that street children's behaviour becomes less adaptive and more defensive affecting their interpersonal skills as well as social roles. These street children experience any removal from their context - for instance, being forced into homes or schools - as distressing and as a confusion or termination of their identities (Schimmel, 2006:227).

Street children experience high levels of stress, physical and sexual abuse, as well as psychological trauma as a result of living on the street, and they also suffer from psychological pathologies such as depression and suicidal behaviour at substantially higher rates than children who live at home or in alternative permanent accommodation (Schimmel, 2006:212). Thus, being a street child is a complex dilemma with many problems to address and according to Celik and Baybuga (2009:19), today's children will become the adults of the future and will take on the responsibilities and functions of society. Since the serious issues of child abuse and violence against street children negatively affect their psychosocial state and overall


development, it is clear that programs and other measures should be implemented to protect children against abuse and violence in their lives. This then led me to develop the following questions:

- What is the life world of street children with regard to the impact of street life on their mental health?
- What can be done to support mental health professionals in the form of developing a psycho-educational model to facilitate the mental health of street children experiencing impaired psychological health during their daily activities?

### **1.3 RESEARCH PURPOSE AND OBJECTIVES**

According to Creswell (2012:111), the research objective is a statement used in research that specifies the goals that the researcher plans to achieve in a study.

The objectives of this research are as follows:

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- To explore and describe the life world of street children with regards to the impact on their mental health;
  - To develop a psycho-educational model for mental health professionals to facilitate the mental health of street children experiencing impaired psychological health due to their daily activities; and
  - To describe guidelines to operationalise the psycho-educational model.

### **1.4 PARADIGMATIC PERSPECTIVE**

This research was based on the assumption that street children as human beings, have internal core values and are able to overcome obstacles. The human mind and body are inextricably linked. The practice of inward reality to be found in and through their daily survival is the practice that mainly advances them as human beings. Human beings have their own choices from childhood with the freedom to redesign life by means of these choices in the face of daily adversity. Human beings have an awareness of their own inner resilience, choices and meanings to life. They have

the ability to self-create their identities and purposive intrinsic selves through action. It is then in this case, the street children who shape themselves and not the environmental factors which they cannot control. Human beings are therefore an open system and have the ability to overcome their external circumstances. The assumptions of this thesis are embodied by the meta-theoretical, theoretical and methodological assumptions (Myburgh & Poggenpoel, 2000:1-3).

Assumptions are those basic givens or accepted truths that are fundamental to theoretic reasoning (Chinn & Kramer, 2008:231). And according to Cohen, Manion and Morrison (2001:6), paradigmatic assumptions and perspectives impact significantly on methodological choices, and demand a consideration of different research methods. Thus, the paradigmatic perspective, which is the Theory for Health Promotion in Nursing (University of Johannesburg, 2009:1-8) is accepted for this study. The Constructivism Theory (Piaget, 1964:8) and the Positive Psychology Theory (Seligman & Csikszentmihalyi, 2000:1) were also taken as theoretical assumptions for this study and will reflect and support what I believe to be true.

This study involves children; human beings who are seen as interacting holistically within their internal and external environment. It was thus crucial that I clarified the underlying values in order for others to understand the viewpoints and personal realities that guided this study. According to Devlin (2006:248), a paradigm provides logical frameworks within which theories are created and is a particular way of looking at or examining a topic that is used consistently. A paradigmatic perspective is thus a reconstruction of reality as seen by a person or group within a specific paradigm (De Vos, Strydom, Fouche & Delpont, 2011:74; Mouton, 2002:203; Babbie, 2007:32-33; Lichtman, 2010:7). Hence, as described below, the meta-theoretical assumptions reflect my view of the person and world through my belief system and links with theoretical assumptions.

#### **1.4.1 Meta-theoretical assumptions**

The meta-theoretical assumption in this study is the core belief that I have about street children as human beings, their environment, the street and society. Their beliefs are often at the core of their very existence as human beings (Strauss &

Myburgh, 2012:17). According to Mouton (2002:207), meta-theoretical assumptions are reconcilable with theoretical assumptions though they may not be grounded on theory.

The Theory for Health Promotion in Nursing (University of Johannesburg, 2009:4-5) views the person in a holistic manner and as one who is in interaction with the environment. The person interacts with the environment in an integrated way. The environment consists of an internal and an external environment. The internal environment can be divided into three dimensions: the body, mind and spirit. The external environment can be divided into the physical, social and spiritual dimensions. The Theory for Health Promotion in Nursing (University of Johannesburg, 2009:4-5) aims to promote the health of the individual, family, group and community. The psycho-educational facilitator is viewed as a “sensitive, therapeutic professional” who facilitates the promotion of health through displaying professional knowledge, skills and values. Health is viewed as an “interactive, dynamic process” within the person’s environment. The promotion of health in this research referred to the mental health of street children who are in a constant daily battle to survive on the streets. My assumptions regarding a person, the environment, the person’s potential and mental health were based on this paradigm.

#### **1.4.1.1 Person**

In this study a *person* refers to the street child as an individual. According to Chinn and Kramer (2008:56), the most consistent philosophic component of the idea of the person is the dimension of wholeness, or holism. In a purer sense more consistent with Eastern traditions, holism means that the whole is greater than the sum of the parts. The whole cannot be reduced to parts without losing something in the process. In this study, the person is viewed as holistic from the physical, mental, social and spiritual aspects of their beings.

The spiritual being can then be seen to have a certain connectedness with the self and others. The spiritual being as a human entity has a potential for moving and developing towards the realization of a latent unity. Integrative potential also means

the connectedness of spiritual beings themselves acting authentically by accounting their feelings, thoughts and bodily awareness within a social environment.

I viewed the spiritual dimension as a central source in persons and these persons have the capacity to reflect and respond to themselves and the environment. I also viewed human beings, and in this study, street children who have the potential to access their own feelings, to guide themselves and their fellow street children toward holistic wellness. They also have the choice and potential of bringing change in their own lives and what they become.

#### **1.4.1.2 Environment**

The environment referred to the internal and external environments of the street child who is in constant challenge with the street environment. According to Chinn and Kramer (2008:56), the concept of environment is central to the health discipline and is reflected across conceptual frameworks. The environment consists of the internal and external dimensions of the environment, including the internal environment of the street child. This is also the physical, psychological - cognitive, affective, connotative - and spiritual environment as well as the external environment, including the social, physical and emotional aspects of the street context. According to the Theory for Health Promotion in Nursing (University of Johannesburg, 2009:4-7), interaction with all these environments is necessary in assisting street children to utilize their limited resources to promote integrated and positive mental health.

#### **1.4.1.3 Psycho-Education**

As the psycho-educational facilitator in this study, I obtained a masters degree in Psycho-Education. I also have additional experience under the supervision of supervisors at the University of Johannesburg. Psycho-Education is a specialized form of education, which aims at helping people to learn about and understand the effects of a broad range of emotional and behavioural difficulties. Knowledge and awareness result in more control over undesirable behaviours. Since Psycho-Education is a specialised form of education, it aids in devising guidelines to promote

strategies and techniques to victims suffering with impaired mental health due to their daily activities.

#### **1.4.1.4 Mental Health**

Mental health refers to a holistic well-being in the promotion of wholeness. This implies that individuals accept themselves, acknowledge their actions and accept responsibility to re-organise their lives in order to enhance their psychological, physical, social and spiritual well-being. Individuals also express and realize their own unique and individual talents and potential. Mental health can thus be seen as an integral part of wholeness.

#### **1.4.2 Theoretical assumptions**

The following theories constituted the assumptions for conducting this study.

##### **1.4.2.1 Theories and Models**

- **Theory for Health Promotion**

As for the spiritual nature of street children and their ability to interact biopsychosocially, the Theory for Health Promotion in Nursing (University of Johannesburg, 2009:4-7) was used. Mental health is the balance between all aspects of life, namely the social, physical, spiritual and psychological aspects. It impacts on how an individual manages the internal and external environment in order for them to interact harmoniously. It is the capacity of the individual and the environment to interact with one another in ways that promote subjective well-being.

Basically, optimal mental health is not predicted upon mastery of skill only, but also upon mastery of the self and the environment. The capacity of the individual to interact harmoniously with the self and the ability to be self-aware and to master the self will lead to harmonious interaction with the environment due to the ability to empathise and master social relations via verbal and non-verbal communication and cues. Street children survive by forming networks with other street children and

watch each other's backs. This is the positive aspect. However, there is the negative aspect when street children band together to commit crimes (Moolla, 2007:65-78).

According to Schimmel (2006:212), living on the street on a full-time basis endangers the lives of children and is developmentally incapacitating; street life fosters feelings of disempowerment and social disconnection and results in psychological distress and emotional instability. Thus, the use of a psycho-educational model to aid in the facilitation of the mental health of street children was also included in this study since psycho-education is a specialized form of education, aimed at helping people to learn about and understand the effects of a broad range of emotional and behavioural difficulties.

Specific reference is made to Garbers (1972:9) who formulated a model of development from an educational point of view. The following are considered to be the cornerstones for such a psycho-educational model of development: a relationship with the self, a relationship with others, spatial awareness and future-directedness. The relationship with the self implies the ability to be actively involved in one's own self-development. Relationship with others implies that one has to be assisted or guided in the development process. Future-directedness implies that there is a goal-directedness which brings meaning to life within a certain context and space.

- **Constructivism**

The constructivist psychologies theorize about and investigate how human beings create systems for meaningfully understanding their worlds and experiences. The author here refers to these "constructivisms" using the plural because there are many varieties of constructivism (Neimeyer & Raskin [Dobson, 2001:394]) and they have been described in various constellations (Botella [Neimeyer & Neimeyer, 1995:13-29]; Chiari & Nuzzo, 1996:166,171,178; Neimeyer [Neimeyer & Mahoney, 1995:3]; Von Glasersfeld, 1995:63; Sexton [Sexton & Griffin, 1997:3-8], Hruby, 2001:57). Depending upon how one chooses to carve out categories of constructivism, one finds differing areas of commonality and divergence. They all

however, centre on human meaning-making as psychology's primary focus of inquiry.

According to De Vos et al. (2011:7), participants in research projects are often seen as passive role players in the researcher's total plan to gather data, but in this study, as far as constructivism is concerned, the street children became active and were involved in all the phases of the process and indeed became partners in the total endeavour. Street children sought understanding of the world in which they live and find means of work (Creswell, 2007:20). In this manner, street children influenced the course of the total process and had a say in everything that took place.

Glicken (2003:30) suggests the involvement of street children in choosing and formulating the problem to be studied, and in helping to formulate the measuring instrument and the strategy to be followed in the project. Constructivism in this sense can be regarded as a radical departure from other positivist theories in the sense that the philosophy has changed from tight control over the total process to full empowerment of the street children. This approach is thus interested in an open and democratic relationship between the street child and me, the researcher (Glicken, 2003:31). It is believed that the outcome of the project is enhanced and the results more accurate when participants are involved throughout. There can be problems attached to this approach however, such as a high drop-out figure, or one or two participants trying to dominate the process (De Vos et al., 2011:8). I sought to overcome this by working directly with outreach social workers at the temporary shelter.

Personal constructivism, also referred to as personal construct psychology (PCP) or personal construct theory (PCT), originated with the pioneering work of individuals (Bannister, 1970:1-5) who proposed that people organize their experiences by developing bipolar dimensions of meaning, or *personal constructs*. These hierarchically interrelated constructs are used to anticipate and predict how the world and its inhabitants might behave. Street children do not trust the community and police due to previous personal experiences and those of friends (Moolla, 2007:65-78). Thus, they use these experiences to predict how people might behave. This then impacts on their mental health negatively as they are constantly stressed when



they observe police and individuals in their habitat. By inventing dimensions of meaning that account for events, street children organize psychological experience. Mental health of street children is further affected due to their constant fight for survival. Negative feelings of fear, abandonment or rejection, sadness, loss of trust, disillusionment, intense resentment or vengeance and a sense of both hopelessness and uncertainty can be experienced by street children during their daily activities necessary for this survival.

Further, they continually test their personal constructs by tracking how well they predict life circumstances and by revising them when they are judged deficient. PCP uses the metaphor of the knowing individual as a *personal scientist* who continually puts his or her constructions to the test. The psycho-educational model being designed in this study will assist street children to test their personal constructs in the form of thoughts, feelings and anger and then revise these positively.

Mental health is the successful performance of mental function resulting in fulfilling positive relationships with other people and the ability to change and cope with adversity seen from an ongoing perspective, that is, from early years to later life. Within this context and frame of study, a mentally healthy person is viewed as a person with a balance between physical and intellectual capabilities as well as emotional intelligence. Being emotionally intelligent will help the street child to create intrapersonal as well as interpersonal balance. Central to this concept is self-awareness.

This study was conducted within the view of an embodied vision of the life world of street children. This included the perspective that a street child is an integrated being - spiritually, physically and psychologically. It also includes the view that harmony between the internal and external environment leads to wholeness of the street children as a living human being.

- **Positive Psychology**

Martin Seligman, who was the 1988 president of the American Psychology Association (APA) and his colleagues, laid the foundation for positive psychology,

when they appealed to psychologists at the APA conference in 1988, to build human strengths and nurture genius (Carr, 2004:1-2; Compton, 2005:3; Seligman, 1998:1). The aim of this research with positive psychology is to learn how to build the qualities that help street children not just to endure and survive, but to also flourish and become resilient.

As a scientific enterprise, positive psychology focuses on understanding and explaining human strengths, virtues and subjective well-being, and on accurately predicting factors that influence such states. As a clinical endeavour, positive psychology is concerned with enhancing human strengths, virtues and subjective well-being rather than to remedy deficits (Aspinwall & Staudinger, 2003:8, Carr, 2004:1-2; Compton, 2005:3; Seligman & Csikszentmihalyi, 2000:1). It is not a study that avoids or ignores negative experiences, but rather an exploration of how positive and negative experiences may be inter-related (Aspinwall & Staudinger, 2003:8).

Even though street children often speak of being free on the streets, such freedom can only be exercised in situations in which individuals have the capability to reason and act autonomously in an informed manner, without constraining influences such as drugs or inhalants, coercion and intimidation, and their own limited cognitive and emotional development to constrict their understanding of the choices before them, and the short and long term consequences of those choices. They must be able to think and judge potential choices critically. Street children are rarely in a position to initiate such actions, and often allow their emotions and impulses to dominate their judgments. Their lack of access to formal education impedes their development of practical reasoning skills (Schimmel, 2006:220). The challenge that social care providers now face is to run shelters and educational programming that recognize the high value that street children place on freedom in the form of negative liberty, whilst providing them with new ways of conceptualizing and experiencing freedom in the form of positive liberties such as their intellectual, artistic and vocational skills development (Schimmel, 2006:227).

Thus, taking the above into account, an important facet which was drawn in during model development was the person-centred approach referred to as expressive arts techniques. According to Kim (2010:93), in expressive arts techniques, visual art,

movement, music, poetry and creative writing offer individuals opportunities to explore their hidden feelings expressed in the art forms. The colours, lines, motions, or sounds expressed during the facilitation session will promote better understanding of the street children themselves with my support. With expressive arts techniques, street children can learn to sense when one of their skills has been ignored or cut short. That knowledge can bring situations back to integrity. They can thus merge their physical, emotional and mental realms for a more in-touch and cohesive life experience. The expressive arts will benefit street children in linking their physical with their mental, psychological and spiritual beings as they currently tend to experience a fragmentation of their inner self from their physical self.

#### **1.4.2.2 Theoretical statements**

Statements from the above-mentioned theories and models adapted for this study were:

- Street children are spiritual beings who function in a disintegrated environment and are subjects of constant abuse. They are in need of a mental health intervention which will assist them to cope with the harsh realities and challenges of their daily lives.
- Street children do not rely on physical tactics and skills only but create their own strategies for survival on the streets which can be self-destructive.
- Street children seek self-development, self-awareness and both inner and outer strength to cope in their daily lives.
- Street children are self-, other- and future-orientated.
- Street children have the ability to be self-aware, physically, emotionally and mentally. These children also have the capacity to connect body and mental states, to be aware of how thoughts shape the body and mind and how they can be re-shaped, transferred, expressed and projected non-verbally.

#### **1.4.3 Theoretical definitions**

The following theoretical definitions were used in this research:

### **1.4.3.1 Street Children**

The term street children have many definitions in different settings. Perhaps demonstrating the fact that street children are not a homogeneous group and that the particular circumstance dictates who should be included in the definition (Owoaje, Adebisi & Asuzu, 2009:10).

According to De Vries (2009:6), street children are often defined in terms of poverty, vulnerability and criminality. The United Nations (De Vries, 2009:12) defines street children as “boys and girls for whom ‘the street’ (including unoccupied dwellings, wasteland, etc.) has become their home and/or source of livelihood, and who are inadequately protected or supervised by responsible adults.” This definition suggests that the concept of street children surrounds more than just homeless children. De Moura (2002:353-355) further stated that: “the social construction of street children is a powerful discourse strategy which sensitizes audiences to the existence of children in poor circumstances”.

Alternative terms or definitions premised on recognizing children as capable social actors are often informed by a programme intervention lens. Within this approach, some research has continued to use the term ‘street children’ but with reworked definitions, such as children for whom the street is a reference point and has a central role in their lives (Rede Rio Crianca, 2007:18). Huang et al. (2004:821) also add another category, “abandoned street children” as those who have no contact with their parents whatsoever.

### **1.4.3.2 Facilitation**

Facilitation implies the methods and techniques as well as the process employed by me, the researcher. This includes the facilitation of the mental health of street children. The intention is to channel any negative mental health issues positively – through the use of expressive techniques. This mental health facilitation relies on a psycho-educational foundation.

### **1.4.3.3 Mental Health**

According to the World Health Organization (2005:7), child and adolescent mental health can be defined as the capacity to achieve and maintain optimal psychological functioning and well being. It is directly related to the level reached and competence achieved in psychological and social functioning. This definition views child and adolescent mental health as a positive dimension seen as 'a resource that is essential to subjective well-being and to our ability to perceive, comprehend and interpret our surroundings, to adapt to them or change them if necessary, and to communicate with each other and have successful social interactions' (Lehtinen, Ozamiz, Underwood, Weiss, Herrman, Saxena & Moodie, 2005:46).

### **1.4.4 Methodological assumptions**

I took methodological assumptions as fundamental in this study since they provided overall guidance to me with reference to the protection of street children who were the research participants throughout the stages of the research process. It is through the methodological assumptions that the identified research purpose can be scientifically realised, so in this study I thought widely and creatively about possible sources of data and methods to select and use. I also adhered strictly to the measures of trustworthiness so that the research project was scientifically acceptable (De Vos et al., 2011:324).

As in this study, methodological assumptions thus reflected my premises regarding both the choice of the research design and the selection of the most appropriate methods to be used in a specific study. The practice of applying scientific logic and justification to the research process was regarded as essential (Strauss & Myburgh, 2012:17). The nature of the research problem and the research aims determined which research methods would be most suitable in the research process of this study (Creswell, 2009:16; Creswell, 2012:63; De Vos, et al., 2011:323-327; Silverman, 2005:122). Methodologically, in this theory-generating, qualitative research, street children did drawings prior to being interviewed, which was also then done until data saturation was reached.

The nature of this research dealt with the subjective and multiple realities of the participants who were street children. The nature and origin of their reality is challenged by their environment. Their environment, which is the street, differs from ordinary people's environments in the sense that they have the added challenge of surviving in a harsh environment with no shelter, constant lack of food and abuse from society. On an epistemological level, the assumption was that the qualitative nature of the research acknowledges the expertise of the researcher in engaging with this research. From this basic assumption, the methodological imperative was drawn to reconstruct the participant's viewpoint in different respects (Flick, 2009:58). As the researcher, I was the primary instrument for data collection.

This research was functional for the practice of the participants of this current research, as it was a contextual research design. Inductive and deductive reasoning strategies were used. Trustworthiness was ensured by the measures discussed in detail in Chapter two. Obtaining narratives of the future derived from interviews that sought to deliberately elicit street children's desired and projected futures, were just simply one of many possible methodological approaches that explicitly reflected the social and temporal ontology of street children's complex social world (Uprichard [Williams & Vogt, 2011:116]).

## **1.5 ETHICAL MEASURES**

Researchers have two basic categories of ethical responsibility: responsibility to those, both human and nonhuman, who participate in a project; and responsibility to the discipline of science to be accurate and honest in the reporting of their research (Gravetter & Forzano, 2003:60). Researchers will never agree on precisely what is wrong and what is right as far as ethical issues in research is concerned. However, the mere fact that they can talk about their differences in opinion sets the stage for discussion (Yates, 2004:159). The concepts of ethics, values, morality, community standards, laws and professionalism differ from one another without necessarily being mutually exclusive. The term *ethics* implies preferences that influence behaviour in human relations, conforming to a code of principles, the rules of conduct, the responsibility of the researcher and the standards of conduct of a given profession (Babbie, 2007:62; Bless, Higson-Smith & Kagee, 2007:140; Monette,

Sullivan & DeJong, 2005:49; Walliman, 2006:148). Values indicate what is good and desirable while both ethics and morality deal with matters of right and wrong (Babbie, 2001:470).

Too often ethical lapses take place in research studies, such as the faking of interview data, inaccurate reporting of results or bias shown in favour of the researcher's hypothesis. Controversial findings are occasionally released before the results have been thoroughly examined and later turn out to be incorrect; procedures are followed with research subjects without informed consent; or the researcher is paid by an organisation whose involvement suggests a conflict of interest (Glicken, 2003:237). For this study, the research endeavoured to ensure that all ethical principles were adhered to as street children are a vulnerable group of children which may open up their lives to deception.

De Vos et al. (2011:114) further propose that ethics is a set of moral principles which is suggested by an individual or group, is subsequently widely accepted, and which offers rules and behavioural expectations about the most correct conduct towards experimental subjects and participants, employers, sponsors, other researchers, assistants and students (Babbie & Mouton, 2002:520). Ethical guidelines also serve as standards, and a basis upon which researchers ought to evaluate their own conduct. As such, this is an aspect which was borne in mind during this study continuously. Ethical principles were thus internalised in my personality to such an extent that ethically guided decision making and the humane and sensitive treatment of participants become part of the my total lifestyle and not just with this study (Bless et al., 2007:140).

The fundamental ethical rule of social research is that it must bring no harm to participants (Babbie, 2007:27). One may accept that harm to participants in the social sciences will be mainly of an emotional nature, although physical injury cannot be ruled out completely. Everything we do in life can possibly harm someone and therefore researchers should weigh the risks against the importance and possible benefits of the specific research project (Babbie, 2007:27). The researcher has an ethical obligation to protect participants within all possible reasonable limits from any

form of physical discomfort that may emerge from the research project (Creswell, 2009:64).

From an organizational level, the Medical Research Council (2002, Book 1:5) views ethics as: “the science of criteria, norms and values for human action and conduct”. Mental health is as crucial as physical health to the holistic well-being of individuals, societies and countries. Research involving human participants is based on moral commitment to advance human welfare, knowledge and understanding, and also to explore cultural dynamics (Struwig & Stead, 2001:67). According to professional guidelines, the researcher is responsible for informed consent, for trust and protection, and for protecting participants’ privacy by confidentiality (Seale, Gobo, Gubrium & Silverman, 2004:231-236]. Oakes (2002:449-454) notes that there are great risks associated with social science research, and these include invasion of privacy, loss of confidentiality, psychological trauma, indirect physical harm, embarrassment, stigma and gender stereotyping. Research such as this study done on street children is a particularly sensitive issue and during the study all precautions were taken by me to ensure that every ethical measure was adhered to.

In order to adhere to the principle of non-harmful procedures, I used no procedure that could have harmed the children either physically or psychologically (Babbie, 2007:27,63). I was also obligated at all times to use the least stressful research procedure whenever possible. The term *beneficence* is often understood as an obligation (Grinnell & Unrau, 2008:36) to maximise possible benefits and to minimise possible harm. According to De Vos et al. (2011:116) we need to remember that the discomfort that may arise from being involved in the investigation is often minimal in comparison with comparable situations in real life. Instances may, as with this study, sometimes arise in which exposing the child to stressful conditions may be necessary if diagnostic or therapeutic benefits to the child are associated with the research. Questioning street children about survival and life on the streets was sometimes traumatic as it often brought up painful memories. The services of a social worker were thus required after the interviews to help alleviate any anxiety created during the interview process.



Street children were also informed about the process and methods of data collection during the informed consent process and prior to their participation in the study. This was done as Patton (2002:407) suggested that before the interview or during the opening of the discussion it should be communicated to participants that the information is important and the reasons for that importance, and the willingness of the interviewer to explain the purpose of the interview should be clear. I also ensured that participants were legally and psychologically competent to give consent and they were aware that they were at liberty to withdraw from the study at any time with no consequences to themselves (Babbie & Mouton, 2001:382, Grinnell & Unrau, 2005:37).

Monette et al. (2005:60) further point out that a research project may even have positive effects on the participants and, similarly, it may take years before any beneficial effects are seen. Ritchie and Lewis (2003:70) note another crucial issue, namely the harm that can be done to researchers and the risks that they might face when negotiating the gaining of permission to enter an unknown field, doing field work, psychological implications of working with traumatised individuals and even travelling to appointments. The assessment of all possible risks should be negotiated during the planning phase of the study (Ritchie & Lewis, 2003:70). This will, however, not make provision for any unforeseen circumstances that might crop up during the main investigation. Arrangements to protect researchers from harm have cost implications which should be considered by researchers and sponsors, and should be taken into consideration at an early stage of the study (Ritchie & Lewis, 2003:71).

Increasingly, the ethical norms of voluntary participation and no harm to participants have become formalised in the concept of 'informed consent' (Babbie & Mouton, 2002:522, Babbie, 2007:26,62-64). Issues of informed consent are of particular importance as specified in the Constitution of South Africa, Act 108 of 1996 (Medical Research Council, 2002:Book 1:12-15). According to Rubin and Babbie (2005:71), participation should at all times be voluntary and no one should be forced or coerced to participate in a study (Neuman, 2003:124). Thomas and Smith (2003:21) call informed consent voluntary participation and add that it can be hard to follow only in certain valid cases where participants are not told that they are part of a study. In all

other cases, it is compulsory. As the researcher in this study, I had to also be aware of the fact that even if participants are told that their participation is voluntary, they might still think that they are somehow obliged to participate (Babbie, 2007:63).

Thus, in this study, it was ensured that participants were fully informed both by me and the social worker at hand that their participation was not obligatory, was totally voluntary and as noted, they could withdraw at any time with no consequences to themselves at all. Respect for persons require that subjects be given the opportunity to choose what shall or shall not happen to them (Grinnell & Unrau, 2008:37). Obtaining informed consent implies that all possible or adequate information on the goal of the investigation; the expected duration of the participant's involvement; the procedures which will be followed during the investigation; the possible advantages, disadvantages and dangers to which participants may be exposed; as well as the credibility of the researcher, be rendered to potential subjects or their legal representatives (Royse, 2004:52-54).

According to De Vos et al. (2011:118), the term adequate information may be viewed as a vague term, but it seeks to assess the demands that the study will make upon the participants in terms of time, activities and disclosure of information. There must be adequate opportunity for participants to ask questions before the study commences, as well as during the investigation. Participants may decide to participate for various reasons. One of the most important reasons may be the fear of victimisation. Persons with a lower status and less power than the researcher, such as children, prisoners and psychiatric patients, may feel compelled to participate, or consider participation as a way of handling boredom or of receiving certain privileges. I was aware of this and had discussions with the social worker before each street child was interviewed in order to counteract any power issues arising during the interview procedure.

According to criteria noted from Henning (2004:73-74), emphasis was placed on accurate and complete information, so that participants in this study would fully comprehend the details of the investigation and consequently be able to make a voluntary, thoroughly reasoned decision about their possible participation. I also made sure that the signed consent forms were treated with the utmost discretion and

stored away in the correct manner so that a particular form could be easily found if need be – I still remain responsible for the ethical quality of the study. The research project also guaranteed anonymity by blocking out any names on drawings or transcripts so that no person could identify a given response with a given participant (Babbie, 2007:64).

Ethical guidelines also serve as standards and as the basis on which all researchers ought to evaluate their conduct (De Vos et al., 2011:114). It is not always only the informed consent of the participant or the guardian of the participant that is needed, but also the informed consent of persons in authority such as the head of an organisation or institution (Yates, 2004:160). This often involves writing letters that identify the organisation and the researchers that want to embark on the project, the extent of the time involved, the potential impact and the outcomes of the study (Creswell, 2009:65). For this study, informed consent to conduct the research was obtained from the necessary authorities, the Research Ethics Committee of the Faculty of Education at the University of Johannesburg, the management team at the temporary street children shelter where the study was conducted, the Social Worker at the shelter as well as from the participants themselves, namely the street children at the shelter (examples of the consent letters are enclosed as Appendices A, B and C).

According to Alston and Bowles (2003:23), ethics committees review research proposals according to strict guidelines and procedures before researchers are allowed to go ahead and they are also regarded as watchdogs of society as far as research is concerned (De Vaus, 2002:8, Royse, 2004:50-51). For this study, the ethics committee was a panel of professionals from diverse backgrounds who reviewed the research proposal and in addition to the above, this study was also submitted to the Higher Degrees Committee for approval (Jackson, 2003:267; Rubin & Babbie, 2005:91). The team at the temporary street children shelter where the study was conducted and the participants will also be given feedback on the findings at the conclusion of this study.

According to the Medical Research Council (2002: Book 5:12), informed consent is a vital means of ensuring that trials are ethical, and should not be viewed primarily as

legal indemnification for investigators. The purpose of informed consent is to foster considered decision-making by potential trial participants, including refusal to participate, based on respect for each person's autonomy and right to self-determination. Both myself and the social worker were sufficiently trained to ensure adequate informed consent. The social worker and I also ensured the following procedures during the research process:

- Established an optimal emotional context for the exploration of information;
- Were sensitive to the interpersonal interaction between ourselves and participants;
- Facilitated participants' understanding of technical concepts and their consequences, and the personal, psychosocial implications of the interview process;
- Facilitated considered decision-making by research participants, including withdrawal or refusal to participate;
- Assisted with personal concerns arising from the interview process;
- Evaluated the impact of the interview process on participants; and
- Provided feedback for other researchers to adapt and improve consent procedures.

Regarding the principle of caregiver consent, a letter was sent to the management team at the temporary street children shelter where I wanted to conduct the study (Appendix B) to obtain consent since street children themselves have no legal guardians. In order to maintain respect for the autonomy of the street children participating voluntarily, all participants were treated as unique human persons within the context of their community system and each participant was given and read a consent letter in order to obtain their informed consent before they partook in the study (Appendix C). Furthermore, the basic human rights of the individual as a human being as well as the rights of groups and communities were respected (Constitution of the Republic of South Africa, Act No 108 of 1996; Medical Research Council, 2002:Book 1:5). The ethics of justice, fairness and the code of objectivity were applied during the research so as to always respect the dignity of the individuals involved in the research.

From the beginning of the study, there was a clear agreement and mutual understanding between me and the staff of the temporary street children shelter, as well as the child, when appropriate, regarding the responsibilities, roles and interests of each. I had the obligation to honour all promises and commitments of the agreement. The participants were not exposed to intentions and motives that were not directly attached to the research project, its methodology and objectives. Research sensitivity, which implies balancing scientific interest of the research with general values and norms affecting the human dignity of people involved needed to be and were adhered to. Confidentiality was respected under all conditions and circumstances (De Vos et al, 2011:119-120; Struwig & Stead, 2001:69; Marlow & Boone, 2005:195). Audio-tapes, drawings, transcriptions and field notes were safeguarded and treated as strictly personal and private in terms of the limits set by the research project. Participants were also informed of all these steps taken to ensure that no breach of the privacy and confidentiality principle took place (Morris, 2006:46; Babbie, 2007:65). The steps taken to safeguard information included keeping all audio-recordings, drawings and all documents in a locked cupboard to which only my supervisors and I have access; and audio-tapes will also be destroyed two years after publication of the research.

Clear and understandable verbal communication was required, with factual data. I am fluent in both English and Zulu, so the need for an interpreter was eliminated. Emotional and cultural values were considered since street children are very sensitive and emotional about past abuse from the community, parents or authorities. Dangers, which needed to be taken into consideration by me were, the danger of “objectification and fragmentation” and the danger of “direct and indirect coercion”. Coercion may include the exploitation of vulnerable people; taking undue advantage of a participant, volunteer or any other person; or the misuse of the authority and influence of the research (Medical Research Council, 2002:Book 1:5-6).

Finally, according to Silverman (2011:432), knowledge production comes with a moral responsibility towards research participants. Qualitative research as a field calls for the same moral responsibility in a field littered with dilemmas and not for quick pre-fixed answers. Researchers are also ethically obliged to ensure that they

are competent, honest and adequately skilled to undertake the proposed investigation (Walliman, 2006:148). In this sensitive study, these requirements were even more crucial as I had to be empathetic due to the nature of the information being disclosed by street children.

## **1.6 RESEARCH DESIGN AND METHOD**

The research design and method of this study are discussed in the following paragraphs.

### **1.6.1 Research design**

The research design selected for this study adhered to the requirements of qualitative strategy with a theory generative, descriptive, exploratory and contextual design. According to Cohen et al. (2001:5-7), a research design is used to describe the procedures for conducting a study, and its purpose is to help find appropriate answers to research questions (Babbie & Mouton, 2002:647). Thus, this research design was developed specifically for the study and moved from the underlying philosophical assumptions to specifying the selection of street children, the data gathering techniques to be used and the data analysis to be done.

#### **1.6.1.1 Qualitative**

In this study, the data was collected from street children while they were intermittently on and off the streets at a temporary shelter for street children (Creswell, 2009:175). This qualitative study involved myself, the researcher, as an instrument of data collection who gathered drawings, phenomenological interviews and field notes; analysed them inductively, focused on the meaning of participants drawings and interviews, and described a process that was expressive and persuasive in language. As such, this study was an inquiry that explored the social problem of street children (Creswell, 2012:17; Lichtman, 2010:12). As the researcher, my interpretations also could not be separated from my own background, history, context and prior understanding (Creswell, 2012:205).

### **1.6.1.2 Theory generating**

The aim of this study was to explore and describe the life world of street children, as is the case of a theory generating study which is aimed at the discovery and description of a phenomenon, without preconceived ideas (Chinn & Kramer, 2008:268-270).

### **1.6.1.3 Descriptive**

This study set out to explore the real life world experiences of street children with the goal to describe it within its natural setting. The purpose was to provide a picture of street children's experiences as they naturally happened (Burns & Grove, 2009:237; Babbie, 2007:89; Marshall & Rossman, 2006:34).

### **1.6.1.4 Explorative**

The aim of this study was to explore the life world of street children and then devise an intervention to facilitate the mental health based on the findings. The aim of exploratory research is for the researcher to gain a better understanding of a topic, to identify important categories of meaning and to test the feasibility of undertaking a more extensive study (Marshall & Rossman, 2006:34; Babbie, 2007:88).

### **1.6.1.5 Contextual study**

In this study, since it was important to gather in-depth information on the real-life experiences of street children, drawings were done before in-depth phenomenological interviewing was conducted. In a contextual study, social contexts within which experience and the values that grow out of experience occur provide important meanings that influence mental representations of that experience (Chinn & Kramer, 2008:203).

This study is characterised by the efforts to understand social events from the point of view of persons involved in them. Firstly, the life world of street children was explored and described. Secondly, based on feedback, a psycho-educational model

to facilitate the mental health of these street children was designed. And thirdly, I devised guidelines to operationalise and evaluate the psycho-educational model.

In the development of the psycho-educational model for this study, a theory generative method was used. According to Chinn and Kramer (2008:270), theory-generating research is designed to discover and describe relationships by observing empiric reality and then constructing theory based on empiric data observed. The focus will be to obtain data that would facilitate understanding of the daily life challenges of street children and the effects on their mental health. This will form the basis of the psycho-educational model which will be used as a framework of reference to facilitate the mental health of street children

### **1.6.2 Research Method**

A brief description of the following four steps of theory generation applied in the research method will be given below: concept analysis - consisting of identification and defining of the central concepts; relationship statements; description of the model and guidelines to operationalise the model (Chinn & Kramer, 2008:223-237). The steps were followed simultaneously and not one step after the other. Throughout these steps, I used analysis, synthesis and derivation, as well as different reasoning strategies.

During the first step, the life world of street children was explored and described. The second step focused on exploring the meaning that street children constructed around these experiences and the influence on their mental health. Relationship statements were made. The third step involved the generation of a model to facilitate the mental health of street children experiencing impaired psychological health due to life world experiences and challenges on the streets. The fourth step focused on the guidelines to operationalise a model to facilitate the mental health of street children experiencing impaired psychological health due to life on the streets.



### **1.6.2.1 Step One: Concept analysis**

Concept analysis can best be described as the classification and defining of the central concepts which are the basic units of analysis (Chinn & Kramer, 2008:223). The intention of concept identification was to examine the key concepts which facilitate the appropriate characteristics and attributes of street children's life world. Chinn and Kramer (2008:208-210) also state that "structuring theory requires the researcher to identify the concepts that will form the basic fabric of theory", thus I will utilise the strategies of Chinn and Kramer (2008:208-210) for concept analysis in this study.

#### ***a) Identification of central concepts***

The life world of street children were explored and described. To explore central themes, data was collected through drawings, phenomenological individual interviews and field notes.

The population for this research comprised street children living on the streets for at least one year and visiting a temporary shelter intermittently. Purposive sampling was used to select participants (Burns & Grove, 2009:355-356). This ensured that specific elements that contained the most characteristics or typical attributes of the sample were included in the research. Data was collected until data saturation was reached. According to Averbach and Silverstein (2003:19), the number of street children selected depended on data saturation and was determined by the repetition of themes in the data.

I firstly requested that street children draw a picture of their lives on the street. Following this, I posed a central question to each participant at the start of each interview and then used the drawing as a point of discussion with the use of semi-structured interviewing. Secondly, each interview was audio-taped, which enabled a more dense record, and at this point, I also compiled field notes to minimise loss of data and to indicate my observations, experiences and reflections during the data collection process (Burden & Roodt, 2007:15). The primary purpose of data collection is to give context of an experience and to reveal the experience as a

process and the full social complexity (Denzin & Lincoln, 2003:37; De Vos et al., 2011:323; Holliday, 2002:79). I transcribed the data as soon as each interview was completed and observations were recorded in field notes to supplement the taped interview as soon as possible after each interview. Thus, the data collected was triangulated by the observations made during the interview process and recorded as field notes. The original drawings were then sent to a psycho-education consultant for projective analysis and the reason for this was that the aforementioned individual is a trained psychometrist (see Addendum D) and has worked with me during my Masters research on street children as an independent data analyst.

I engaged in a systematic process of analysis after the data collection. The interviews were transcribed while they were still clear so as to raise the credibility of the research (De Vos et al., 2011:402-403). Thereafter, the data analysis technique generated by Tesch (Creswell, 2008:154-155; Marshall & Rossman, 2006:156) was applied. Themes emerged as categories which were developed and compared. Subsequently, both myself and an independent coder who was also the psycho-education consultant conducting the projective analysis of the drawings, coded the data to refine the themes and categories that I identified. Consensus discussions were held to verify findings in order to establish triangulation during the data analysis phase. These findings were further verified by means of a literature control, which added an additional method of triangulation.

The literature control was applied to support and to confirm the results of the study in which I explored and described the life world of street children and the effects on their mental health. Theory from the literature was used to substantiate the confidence of the research and as in phenomenological research and qualitative investigations, literature is used to control the results (Gillis & Jackson, 2002:182; Burns & Grove, 2009:91). This serves as re-contextualisation material of the results. Literature control during interactive reasoning is directed by the results of empirical research (Strauss & Myburgh, 2012:32).

Identification of concepts were informed by using the survey list of Dickoff, James and Wiedenbach (1968:434-450).

## **b) Definition of central concepts**

Central concepts were identified from the research results of the field study with street children. These concepts were analysed, defined and classified for the purpose of describing the concepts relevant to the model. The procedure used followed the steps provided by Wandelt and Stewardt (1975:64-65). Classification of concepts in the Psycho-Educational model was based on the survey list of Dickoff et al. (1968:423). The list included the following: the agent, the context, the dynamics, the procedure and the terminus.

### **1.6.2.2 Step Two: Relationship statements**

The concepts identified and defined in Step One of the concept analysis were placed into relationships and interrelationships with each other. This was done to elaborate on them, and at the same time, to connect them in this way, by making them less abstract. Interrelations between concepts were established to construct a tentative model. The central and relational concepts were classified to form relationship statements based on the defined concepts. These statements provided links among and between concepts (Chinn & Kramer, 2008:212-216; Walker & Avant, 2011:84).

The criteria described by Dickoff et al. (1968:423) were also utilised for this purpose. By placing concepts in relation with regard to the facilitation of the mental health of street children, it helped to clarify the phenomena of the model. It also clarified the promotional and motivational strategies in the implementation of the model.

### **1.6.2.3 Step Three: Description and evaluation of the model**

This step involved structure and process description. The model was described as a framework of reference in the facilitation of the mental health of street children experiencing impaired psychological health due to life challenges on the street. Assumptions that linked the structural aspects of the model were sketched by defining main characteristics and relationship statements as well as the process of the model.

The description of the structure and the evaluation of the model by post-doctoral researchers followed Chinn and Kramer's (2008:280-284) principles of theory evaluation. This was done to ascertain whether the theory could be used in practice. Because theory can be used prematurely or inappropriately, it is important to consider how sound judgments are made regarding the validation of theory in practice (Chinn & Kramer, 2008:279).

#### **1.6.2.4 Step Four: Guidelines to operationalise the model**

In these final steps of developing a model for the facilitation of the mental health of street children, the guidelines to operationalise this model were described. The guidelines were described for application to a practical setting. Suggestions were made on the guidelines which were applied when facilitating the mental health of street children. The evaluation of the model was done according to the principles of clarity, simplicity, generality, accessibility and importance (Chinn & Kramer, 2008:235-248). These principles will be discussed in more detail in Chapter two.

#### **1.6.3 Reasoning strategies**



The reasoning strategies for critical thinking that were utilised during the building of theory included induction, deduction, analysis and synthesis. These strategies are fully discussed in Chapter Two of this study.

#### **1.6.4 Measures to ensure trustworthiness**

To ensure valid results, I used the model of trustworthiness proposed by Lincoln and Guba (1985:290). A specific research plan was identified which was in relation to the purpose of the research, research method and trustworthiness according to this model. This model for trustworthiness of qualitative research was utilised to ensure rigour without sacrificing the relevance of the research. Since rigour in qualitative research is often questioned, trustworthiness in this study was established by means of a dense and rich description. See Table 1.1 below for an overview of criteria and strategies to ensure trustworthiness of all aspects of the research investigation

(Lincoln & Guba, 1985:289). These issues will be discussed in more detail in Chapter Two.

**Table 1.1. Overview of Criteria and Strategies to Ensure Trustworthiness**

| Criteria      | Strategies to be applied |
|---------------|--------------------------|
|               | Qualitative Research     |
| Truth value   | Credibility              |
| Applicability | Transferability          |
| Consistency   | Dependability            |
| Neutrality    | Confirmability           |

## 1.7 DIVISION OF CHAPTERS

The chapters for this study have been arranged as follows:

Chapter One serves as a background and orientation of the study. It provides the rationale, overview, purpose and aims of the study. In this chapter, the research design, methods of data collection and data analysis which included the different steps of model development was provided.

Chapter Two details the research design and method utilised in this study with an explanation of the usage of phenomenological inquiry. The chapter further explains and discusses the methods used for data collection, analysis of the data and the different steps of model development. Trustworthiness of the study as well as ethical considerations are also discussed.

Chapter Three focuses on the results obtained from drawings and individual interviews with street children talking about their drawings. An in-depth analysis and discussion of the final themes that emerged from the inquiry, followed by interpretation of data is provided in this chapter. A literature control was subsequently done to verify the research results.

In Chapter Four, the central concept and associated concepts are identified, defined and classified. This theory generating process took place according to the steps discussed in Chapter Two. The chapter covered the discussion of the psycho-educational model for the development of resilience in street children. The goal, context, assumptions and structure of the model were discussed. A process outline of the model and guidelines to operationalise the model were given.

Chapter Five describes the model and discusses guidelines for the operationalisation of the model.

In Chapter Six, the last chapter of this study, I conclude the study by looking at conclusions, limitations, restrictions and recommendations for future research with regard to the study in its totality.

## **1.8 CONCLUSION**

This chapter provides the rationale and overview of the study, which serves as the basis for both the research problem and the objectives of the study that focused on the development of a psycho-educational model to facilitate the mental health of street children. The research problem and the objectives of the study were also clearly defined. In Chapter two, theory generation levels, research design, research methods and reasoning strategies for the research will be specifically considered.

## **2. CHAPTER TWO: RESEARCH DESIGN AND METHOD**

### **2.1 INTRODUCTION**

An overview and rationale of the study was given in Chapter One. The main focus in Chapter Two is the research design and research methods applied in this study. Here I will define and clarify how the qualitative research strategy was utilised to design a psycho-educational model to facilitate the mental health of street children and to empower them to cope with their daily challenges of living on the street. Ethical issues and the measures that were taken to ensure trustworthiness of this investigation then follow.

### **2.2 RESEARCH PURPOSE AND OBJECTIVES**

The main purpose and objective of this study was to develop a model for education and practice in order to facilitate street children's mental health and to enable them to face their daily challenges with the necessary coping skills needed.

The objectives of this study were:

- To explore and describe the life world of street children with regards to the impact on their mental health;
- To develop a psycho-educational model for mental health professionals to facilitate the mental health of street children experiencing impaired psychological health due to their daily activities; and
- To describe guidelines to operationalise the psycho-educational model.

### **2.3 RESEARCH DESIGN**

The research design (Burns & Grove, 2009:218; De Vos et al., 2011:95,307) utilised in this study can be described as a qualitative design with a theory generative, exploratory, descriptive and contextual design. It was contextually based on the phenomenon of impaired psychological health as experienced by street children

during their daily struggle for survival. Their experiences were explored and described and then the findings as experienced by street children were used as a basis for developing a psycho-educational model to facilitate the mental health of street children (Chinn & Kramer, 2008:270-271).

A qualitative approach seemed to be most suitable for this research, as the topic needed to be explored, and it required me, as the researcher to enter the field of study. This included the field of perception of the participants, observing how they experience, live and display the phenomenon and looking for meaning of the participant's experiences (Creswell, 2007:37-39; Creswell, 2012:17,212-216).

Thus, the design that was used in this study was qualitative, theory generative, explorative, descriptive and contextual in nature. Following is a discussion of how the development of a model to facilitate the mental health of street children experiencing impaired psychological health due to life on the streets, was done.

### **2.3.1 Qualitative design**

This qualitative study was pragmatic, interpretive and grounded in the lived experiences of street children (Marshall & Rossman, 2006: 2; Seale, Gobo, Gubrium & Silverman, 2004:39). The qualitative approach utilised in this study gave a full view of street children's life world because it was loosely structured and allowed for the expression of a full range of street children's beliefs, feelings and behaviours (Polit & Beck, 2004:99).

Rossman and Rallis (2003:8,10) in keeping with this study, offer five characteristics of qualitative research and four of the researchers who practice it. They say that qualitative research (a) is naturalistic, (b) draws on multiple methods that respect the humanity of participants in the study, as in this study with drawings and in-depth phenomenological interviews with street children that were conducted according to strict ethical criteria (c) focuses on context, in this case, the street (d) is emergent and evolving, and (e) is fundamentally interpretive. Qualitative researchers, they maintain, (a) view social worlds as holistic, as with me, the researcher, researching street children within their street context in this study (b) engage in systematic



reflection on the conduct of the research, as was done during all stages by me, the researcher, in this street children study (c) remain sensitive to their own biographies or social identities and how these shape the study, and (d) rely on complex reasoning that moves dialectically between deduction and induction (Rossman & Rallis, 2003:8,10).

Furthermore, in accordance with Janesick's (2011:10-11) criteria for qualitative work, the characteristics of qualitative work are incorporated in this study in that this study was holistic as it attempted to understand the whole picture of the social context of street children. It looked at relationships of street children within a system or subculture and again, this relates to the holistic nature of qualitative work. The study referred to the personal, face-to-face, immediate interactions with street children during their day-to-day activities and it was attentive to detail and focused on understanding the social setting of street children rather than predicting and controlling their environment. The study also demanded equal time in the field and in the data analysis, which consisted of drawings, in-depth phenomenological interviews and field notes (Leedy & Ormrod, 2005:94-97).

By doing all of the above, this study thus incorporated a complete description of my role as the researcher and relied on me as the research instrument since I requested drawings, conducted the interviews and gathered field notes. The study further incorporated informed consent documentation and was fully responsive to ethical concerns in the study, including honesty and no harm to the street children involved in the study (Devlin, 2006:161,157; Marshall & Rossman, 2006:9; Creswell, 2012:16-17; Leedy & Ormrod, 2005:94-97). The study acknowledged ethical issues in fieldwork with a complete discussion of these issues. This study also considered the street children as co-researchers in the project and their story was told in a narrative form. This proved useful to me, the researcher, in terms of the coherence, cohesion, insight and actual words of the participants (Janesick, 2011:10-11).

I sought to gain insight into and understanding of the experiences of street children's lives in all dimensions and how they made sense of the world and the experiences they had in the world (Schurink, 2004:14; Ritchie & Lewis, 2003:8). This research was also concerned with the nature of the experiences of street children, which are

unique to them, and not with the number of individuals involved. Its qualitiveness can also be explained by the fact that it was a systematic, subjective, flexible approach, used to describe life world experiences and give them meaning (Burns & Grove, 2009:54-55; Kumar, 2005:12).

In this study, data were mediated through me, the researcher, as human instrument, who derived real meaning from street children through the use of inductive reasoning strategies (Creswell, 2007:37-39; Burns & Grove, 2009:6). Inductive reasoning implies that the researcher embarked on a research project without an explicit conceptual framework and merely used general vague hypotheses or guesses to guide the research (Leedy & Ormrod, 2005:94-97). During this process, I was not influenced by my own conceptions and ideas about the promotion of mental health of street children. This means that I had to use certain strategies in order to successfully avoid imposing my pre-existing knowledge (Creswell, 2007:37-39).

I used data from the interviews and observational notes collected from street children to derive a theory by describing, naming and positioning relationships. Suitable concepts for structuring a model for practice and education had to be identified and served as a frame of reference when describing guidelines for assisting street children to cope with their daily challenges and struggle for survival on the streets where they work and live.

During the inquiry, I attempted to explore the psychological implications that street children experience during their daily activities. The inquiry was conducted in a naturalistic setting. Therefore, I spent a substantial amount of time in the natural setting of the study with direct participant contact. In brief, I bracketed my preconceived ideas about the phenomenon to understand it through the voices of the participants (Lichtman, 2010:80).

Techniques described by Burns and Grove (2009:529,545-546) that facilitated the successful usage of this design were bracketing and intuiting and will be discussed in the following paragraphs.

- **Bracketing**

Bracketing was the process in which I suspended or lay aside what was known from my previous research about the street child's life world being studied (Lichtman, 2010:80). This technique was used at the time of data collection and data analysis (Burns & Grove, 2009:545-546). This procedure can also be seen as similar to the idea of achieving an open text by my deliberate action to get rid of pre-conceived ideas and reconstructions. By using this procedure, I was able to "see" all the facets of the phenomenon and the formation of new constructs.

Bracketing can be described as a cognitive process because I had to identify my own perceptions and beliefs about what could assist street children in the promotion of their mental health (Fain, 2003:222). This observation had to be put aside or put in brackets. The process of bracketing preceded this consciousness, beliefs, ideas, feelings and thoughts about the phenomenon (Chinn & Kramer, 2008:138-139). These self-observations were treated like my own. In this process, I became receptive to what the participants said and this in turn reduced the risks of misinterpretations. To "bracket", I thus remained open regarding the experiences of street children and their views on what support they required during data collection and data analysis in order to get rid of sedimented views. Another facilitating process that followed bracketing was the process of intuiting.

- **Process of intuiting**

Intuiting can be described as the process of actually "looking at" the phenomenon and I focused all my awareness and energy on the subject of interest – the street children (Flick, 2009:441; Burns & Grove, 2009:529). Thus, the process of intuition refers to me, the researcher, being "immersed in the descriptions of the lived experience" (Fain, 2003:222). As in this study, I was aware that since qualitative research is usually conducted in a smaller area with fewer participants, but in greater depth and over a longer period of time than in quantitative research, it was of prime importance to undertake the study as comprehensively and accurately as possible (De Vos et al., 2011:323).

This process therefore required absolute concentration and complete absorption with the experience being studied. In this study, I got immersed in what street children described regarding their personal life world and the promotion and challenges of their own and other street children's mental health. I also reflected deeply on what was described by the street children.

### **2.3.2 Theory generative design**

Generating theory is often the aim of all science and research. This means that the theory for this study was developed, and provisionally verified through the systematic data collection and analysis of data pertaining to the phenomenon of street children's life world. Theory is a set of interrelated constructs, definitions and propositions that present a systematic view of phenomena by specifying relations among concepts, with the purpose of explaining the phenomena. It is then based more on observation than on deduction and is a design as well as data collection method (Chinn & Kramer, 2008:268-273; Babbie, 2007:43; Burns & Grove, 2009:139; Marshall & Rossman, 2006:36).

The theory generative approach in this study involved the accumulation of scientific knowledge in a specific and orderly manner with a specific purpose or goal in the researcher's mind to remain focused. Firstly, it was the building of a theory that was faithful to and illuminated the areas under study (Chinn & Kramer, 2008:261). For this study, the purpose of theory generation was to create a psycho-educational model that can be used for practice and education. Secondly, the purpose of this model was the development of guidelines for practice and education in promoting and facilitation of mental health of street children (Dickoff et al., 1968:423-430; Chinn & Kramer, 2008:266).

The method of this theory generation can be described in terms of certain background and characteristics. Firstly, it was necessary for me, as the researcher to enter the field and to understand the phenomenon and the nature of street children's experience as continually evolving. Secondly, both the street children and I played an active role in shaping the world they live in where an emphasis was placed on change and the process and the variability and complexity of life. Thirdly, it involved

the interrelationships among conditions, meaning and action (Chinn & Kramer, 2008:267-271).

There are certain levels of theory generation proposed by Chinn and Kramer (2008:261) and Walker and Avant (2011:6). These four levels explain the scope in which theory is able to reach. They are metatheory, grand theory, middle-range theory and practice-theory. The first of these, metatheory, focused on philosophical and methodological questions related to the development of a theory base. The second, grand theories, consisted of conceptual frameworks defining broad perspectives for practice and ways of looking at phenomena based on these perspectives. Third, a less abstract level of theory, middle-range theory, emerged to fill the gaps between grand theories and practice. Fourth, a practice-oriented level of theory was then advocated. In this fourth level of theory, prescriptions, or, more broadly, modalities for practice, were delineated as was the emphasis in this research design.

The reason for this was based on the fact that the basis of the model had to be developed and thus the reality and relevance to the study was practice-orientated, that is to assist street children in promoting and facilitating their mental health. Practice theory is a theory that has a purpose and impact on practice. It postulates that it can progress from the level of factor isolation and factor and situation relating, to the most sophisticated phase of situation, namely producing (Dickoff et al., 1968:198; Walker & Avant, 2011:18).

The generated theory for this research was actualised to this level by making use of standards suggested by Dickoff et al. (1968:198). It included goal-content, that was the aim for the activity; and the goal of this study namely to facilitate the mental health of street children. It also included prescriptions that are to be carried out to reach this identified goal. Lastly, it involved making use of the survey list when identifying main concepts, defining, classifying these concepts and establishing their relationships with one another and eventually by describing a model as well as guidelines for its operationalisation in practice.

I focused up till now on the design for the generation and practice of theory. Placing a focus and emphasis on the qualitative design, it was necessary to acknowledge that qualitative research is primarily concerned with an inductive approach and process. The inductive process is an open-ended “naturalistic” approach whose purpose is to bring knowledge into view (Lichtman, 2010:187). This means that I built abstractions, concepts, hypotheses and theory from details through the observation of the street child phenomenon, making generalisations from it (Patton, 2002:453; Burns & Grove, 2009:6; Creswell, 2012:436). Patton (2002:129) further reminds us that one of the strengths of qualitative methods is the inductive, naturalistic inquiry strategy of approaching a setting without predetermined hypotheses.

An inductive process was followed during the development of the model that was explorative, descriptive and contextual in nature.

### **2.3.3 Explorative design**

Exploratory research is aimed at exploring dimensions of a phenomenon, how it is manifested and other related matters or factors (De Vos et al., 2011:95-96). In this study, I primarily paid attention to exploration and description of the life world of street children. The purpose of this exploration was to direct the research and to explore a relatively unknown territory to gain insight on the phenomenon of street children’s life world rather than to evaluate it. This phenomenon is seen as yet inadequately understood. In short, its usefulness is in the researcher’s gaining of a better, fuller understanding of this phenomenon (Babbie, 2007:88; Marlow & Boone, 2005:35).

Exploratory designs, as in this study, were done for three purposes: (1) to satisfy my curiosity and desire for better understanding of street children; (2) to test the feasibility of undertaking a more extensive study; and (3) to develop the methods to be employed in any subsequent study with street children (Babbie, 2007:88).

Because this investigation was focused on the inadequately understood street child phenomenon that had deeper meaning to it, I then had to remain “open” to any new ideas as they emerged so that a meaningful explorative process could be facilitated.

Therefore, a researcher's interest and curiosity in the work is of vital importance in order to work from a point of view of "not knowing". It was then also necessary that a descriptive approach be used in the process of generating theory.

#### **2.3.4 Descriptive design**

Descriptive study designs are crafted to gain more information about characteristics within a particular field of study. The purpose of this descriptive study was to provide a picture of the street child situation as it naturally happened within its specific context (Burns & Grove, 2009:237; Mouton, 2002:102; Creswell, 2012:274). With the descriptive research method, the important element is the researcher's goal, which in this case was to describe street children's life world as accurately as possible (Babbie, 2007:89). Accurate data on the study was collected, the relationship between certain phenomena in the life of street children was described and the reasons for this description were also identified. By means of this process, I demonstrated and highlighted mutually dependent phenomena. I also embarked on a descriptive analysis of the results obtained from exploring the deeper meanings that street children ascribed to their daily experiences on the street (Kreuger & Neuman, 2006:23).

The describing of phenomena will always be interpretive. In this qualitative study the description was most likely to refer to an intensive examination of the street child phenomenon, thus leading to a thicker description (De Vos et al., 2011:8). In a qualitative and explorative observation process such as this study, the main aim was to obtain undisrupted descriptions (Babbie & Mouton, 2002:273). A description was done of the results of the exploration which was done by means of drawings and semi-structured phenomenological interviews held with street children who were residing temporarily in a street child shelter. The approach here was used mainly for clarifying the experiences of street children.

Thus, an important contribution of descriptive detail was the mapping out of context for the understanding of a participant's interpretation by using bracketing and intuiting techniques. This ensured an interacting process of what was going on within this particular context (Flick, 2009:440; Creswell, 2008:162). With reference to this

research, the concepts identified came from the street children themselves. This study therefore had to be contextualised in order to respect the uniqueness of street children as individuals.

### **2.3.5 Contextual design**

Due to the fact that the theory generated in this study was for a specific context in Africa, it was crucial for me, as the researcher to apply a contextual aspect in the design. Babbie and Mouton (2002:270) refer to the contextual research method as understanding the events within the concrete, natural context in which they happen.

This research is contextual in that it focused on street children in a temporary shelter where they usually spend a few nights at a time before going back on the street. I could then explore and describe their experiences of time spent on the streets and the effects on their mental health. The street children's nomadic lifestyle was one of the factors that influenced the interaction with them. This was due to the fact that they came into and left the shelter erratically. Having to describe the model for practice and education including descriptions of guidelines for operationalisation, created another context. This necessitated the exploration and the description of inputs from the street children themselves.

Since findings from a qualitative study are unique to this study, it was not my intent to generalise the findings to a larger population. However, understanding the meaning of a phenomenon in a particular situation is useful for understanding similar phenomena in similar situations (Burns & Grove, 2009:54-55).

According to Creswell (2012:473,512), as the qualitative researcher, I thus went to the street because I was concerned with *context*. In the author's view, action can be best understood when it is observed in the setting in which it occurs. These settings have to be understood in the historical context of the institutions of which they are a part. As a qualitative researcher, I used this approach with the aim to describe and understand events within the concrete, natural context in which they were occurring (Babbie & Mouton, 2002:272). The implication of contextualism engender a style of research in which the meanings that people ascribe to their own and other's



behaviour, have to be set in a context of values, practices and underlying structures of the appropriate entity as well as the multiple perceptions that pervade that entity. Hence, street children's actions cannot be understood unless the meanings that street children assign to them are understood (Marshall & Rossman, 2006:53).

In a qualitative study such as this, the social context in which data was gathered was an important consideration in establishing the validity and reliability of data. In this interview research, one key question of validity was whether the views expressed by the street children reflected their experiences and opinions outside the interview situation, or whether they were an outcome of the interview situation itself (Silverman, 2010:225-229). Based on the knowledge base obtained through the field study of drawings and interviews, a psycho-educational model to facilitate street children's mental health was developed. The planned design was discussed in the previous paragraphs and the elaboration on a suitable method to match it will be described next.

## **2.4 REASONING STRATEGIES**

The use of reasoning strategies is essential in the process of theory development. In this study, the research strategies used are discussed in the manner in which they were applied throughout the four theory generative stages followed.

These strategies include concept analysis, synthesis, inductive reasoning and deductive reasoning. The reasoning strategies are intellectual tools applied by me, the researcher, in an effort to generate the proposed model of facilitation of resilience in street children. The reasoning strategies that assisted me to formulate the model to facilitate resilience in street children are outlined below.

### **2.4.1 Concept analysis**

Chin and Kramer (2008:187) define a concept as the totality of perception, as perceptions represent experience. A concept is a "complex mental formation of experience" (Chinn & Kramer, 2008:187). According to Chinn and Kramer (2008:208) concepts are important elements that convey the focus and meaning of

the theory. As the concepts are identified, the relationship between them becomes clear (Chinn & Kramer, 2008:208-209).

In theory generation, it is necessary to apply analysis strategy throughout the process. In this type of reasoning, I examined the structure and function of the concepts in the study. The process was (1) selecting a concept, (2) determining the aim or purpose of the analysis, (3) identifying all uses of the concept that I could discover, (4) determining the defining attributes, (5) identifying a model case, (6) identifying borderline, related, contrary, invented and illegitimate cases, (7) identifying antecedents and consequences, and (8) defining empirical referents (Walker & Avant, 2011:160).

Concept analysis is divided into two steps, namely the identification and the defining of central concepts (Chinn & Kramer, 2008:187-190; Dickoff et al., 1968:431-435). As the researcher, I entered the field and explored the phenomenon without preconceived ideas. In this study, I explored the life world of street children by interviewing a number of street children residing at a temporary shelter. Based on these results, I identified central concepts relevant to the research study. The procedure that I used followed the three steps provided by Wandelt and Stewardt (1975:64-65). The first step involved the identification of general dictionary definitions of each concept including the subject definitions. The second step involved the intended definition of each concept. The characteristics and applications of the concept were then listed. The third step included the "for-instance" definition of concepts. A description of the model case was given to illustrate the characteristics of the concept applied to real-life situations. I utilised the survey list of Dickoff et al. (1968:431-435) to classify the identified concepts.

The purpose of conceptual meaning involves the placement of boundaries to guide one during the research. It also includes differentiating between concepts that seem related and staying focused on the original direction. It also investigates how the concept is currently applied in written texts (Chinn & Kramer, 2008:195). Proceeding the selection of a concept, a variety of sources can be utilised to define the criteria for the concept. Chinn and Kramer (2008:197-198) indicate that core elements and meanings of words can be identified by existing definitions. They further note that

professional literature can also be used as a source to define the concepts. Hence, it can be asserted that professional literature can contribute meaning linked to the field and practice of psycho-education.

In this study, analysis was used during the exploration and description of concepts that were relevant to the development of the model. The purpose was to identify main concepts in the first step of theory generation that were then described, categorised and related to one another. Thus, the purpose of concept analysis here was to examine the basic elements of a concept because if a researcher knows “what counts” when describing a concept, then this helps to distinguish that concept from the ones that are similar to but not the same as that concept. It allowed me, in this study, to distinguish the likeness and unlikeness between concepts (Walker & Avant, 2011:158).

In this study, I examined the attributes of a concept and then used concept analysis to define central concepts in this study. I started with dictionary definitions of the concepts and then proceeded to subject definitions. I also distinguished between more and less essential attributes for utilisation in the development of this model for the mental health facilitation of street children experiencing impaired psychological health due to life on the street.

#### **2.4.2 Synthesis**

Synthesis is the process by which data is put back together in new ways by making connections, that is combining various separate segments or ideas, bringing isolated pieces to a meaningful whole (Walker & Avant, 2011:107; Flemming, 2007:617). By means of synthesis the relationship between variables that are relevant to the understanding of the phenomenon or event are reconstructed. This process adds insight about the phenomenon (Flemming, 2007:618). As for the qualitative research method used here in this study, synthesis required the use of sensory data, as that gained from listening or observing, to obtain information.

Synthesis is used in data analysis to identify relationships between concepts and categories thus pulling together various elements of data not clearly seen before to

form a new concept (Walker & Avant, 2011:108). Synthesis is also applied where a researcher is collecting data or trying to interpret data without an explicit theoretical framework. Therefore, in order to analyse the results in this study obtained from the interviews with street children; to sift out important data and relationships; and to describe the concepts relevant to the model, the strategy of synthesis was used. This strategy also played a role in the generation of the theory during the second and third steps as described above.

Analysis and synthesis are two different techniques, although both contribute to the process of theory generation by systematising data meaningfully during data analysis. Walker and Avant (2011:66-67), view the process of theory generation as interactive. Therefore the limitation to a singular approach would not be suitable. In this study, synthesis was used alternately with analysis during data analysis and concept analysis to help in:

- Definition of the concept of facilitation of resilience in the context of street children;
- Pulling together concepts that formed the model of facilitation in a coherent structure and process detailed in Chapter 4;
- Formulation of themes and categories from the data collected during the drawings and interviews with street children; and
- In drawing conclusions and recommendations based on these findings (Holloway & Freshwater, 2007:71).

Thus, I applied concept synthesis as concepts were examined by defining them and generating new ideas and meaning to develop a model to facilitate the mental health of street children experiencing impaired psychological health due to life on the streets. The usage of other reasoning strategies were also acquired to reach the theoretical formulation and will be discussed in the next paragraphs.

### 2.4.3 Inductive reasoning

Babbie (2007:49) states that inductive reasoning, or induction, moves from the particular to the general, from concrete observations to a general theoretical explanation (Neuman, 2006:60; De Vos et al., 2011:49). In the case of this research, data was analysed and interpreted by means of inductive abstraction and generalisation. Firstly, it was carried out and used during fieldwork. Induction was facilitated during drawings and interviews by asking a central question supported by communication techniques for the gaining of rich information. Secondly, it was used at the time of the literature control where similarities were identified with others. The inductive reasoning strategy formed part of several data sources that were employed when creating and refining the criteria for including indicators for the concepts. Synthesis was used for the purpose of identifying concepts suitable for the intended model.

Inductive reasoning begins not with a pre-established truth or assumption, but with an observation. Adding to this, Leedy and Ormrod (2005:32) state that in inductive reasoning researchers observe a sample and then draw conclusions about the population from which the sample comes (De Vos et al., 2011:49). Hence, as the researcher, I entered the field with an open mind and observed the phenomenon, after which a new thought was added that was not part of the premises and was thus only tentative. Inductive reasoning was utilised during the fieldwork of this study. The logic of this inductive approach for this study is shown in Figure 1.1 below.

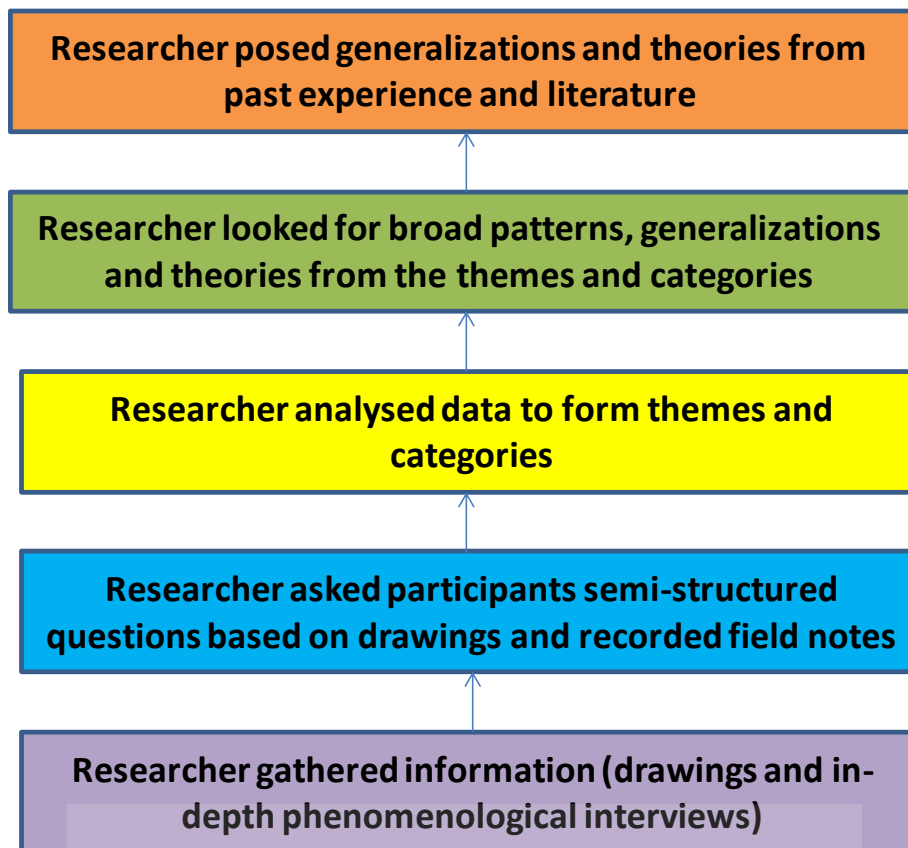


Figure 2.1. Inductive Reasoning in this Qualitative Study (Creswell, 2009:63)

#### 2.4.4 Deductive reasoning

In deductive reasoning, logic is applied from general to particular. In deductive logic, two or more premises are used as a rational statement to draw a conclusion. Thus, deductive reasoning is the process of developing specific predictions for general principle (Maputle, 2004:17; Neuman, 2006:59; Leedy & Ormrod, 2005:31; De Vos et al., 2011:48). Babbie (2007:46) further describes deductive reasoning as a process of the researcher deriving an expectation and finally a testable hypothesis from a general theoretical understanding.

In this study, deductive reasoning was useful in the following instances:

- The main concept for the model “facilitation of resilience” was deduced from the findings of this study conducted using in-depth methodologies by me as the researcher;
- In the development of the model once the constructs had been identified;

- In drawing guidelines for the implementation of the model;
- During the literature review stage to develop the model and during the literature control conducted after data analysis; and
- In conclusions and recommendations from the data analysis.

## **2.5 THEORY-GENERATING RESEARCH METHODOLOGY**

Research methodology is a technique used to structure a study, and to gather and analyse information in a systematic fashion (Polit & Beck, 2004:731). The theory generation method that was used in this study was based on certain processes for creating empirical theory and conceptual design. Four steps provided a foundation for developing theory and model development (Chinn & Kramer, 2008:207-217). The four steps included concept analysis, identifying relationship statements, a description of the model and guidelines to operationalise the model.

### **2.5.1 Step One: Concept analysis**

The analysis of concepts played an important role in the generation of theory. This was because the relationships among concepts were systematically derived from actual data related to the phenomenon. During this process, concepts essential to the generation of health of street children as individuals, were isolated. The analysis proceeded in two steps namely the identification of central concepts and the definition and classification of central concepts.

#### **2.5.1.1 Identification of central concepts**

In this study, field research was used for the purpose of identifying the required concepts. As the life world of street children was explored and described, the conceptual meaning related to assisting street children in promoting their mental health became clear. The results from the analysed data facilitated the process of identification, defining and classification of concepts relevant to promoting the mental health of street children.

- **Fieldwork**

The field is the social-psychological area where the researcher gathers data through face-to-face interviewing or participant observation (Creswell, 2012:470-472). Fieldwork in this study committed me to learn to define the world from the perspective of the street children being studied and required that I gain as intimate an understanding as possible about their way of life (Lichtman, 2010:71). Successful fieldwork was determined by the accessibility of the temporary shelter setting and my ability to build up and maintain relationships with gatekeepers (Creswell, 2012:211). The fieldwork included population and sampling, my role as the researcher, data collection, data analysis and a literature control. The life world of street children was explored through drawings and semi-structured interviews. I also made field notes during the interviews to reflect on my thoughts, feelings, observations and experiences.

- **Population and Sampling**

The population for this sample consisted of adolescents living on the street who visited a temporary shelter in Hillbrow frequently. A sample is a set of participants selected from a population and this sample represents the population of interest (Miller & Salkind, 2002:51; Babbie, 2007:111; Polit & Beck, 2006:506). In this study, purposive sampling was used, meaning that practical considerations precluded the use of probability including a subgroup that was typical of the population as a whole (Devlin, 2006:141; Marlow & Boone, 2005:136,138). Speziale and Carpenter (2007:94) further define purposive sampling as a method of sampling that “selects individuals for study participation based on their particular knowledge of a phenomenon for the purpose of sharing that knowledge”.

Street children who would most likely render particular information-rich data were selected (Fain, 2003:226; Burns & Grove, 2009:355), thus these participants were hand-picked consciously and intentionally until data saturation was reached. Saturation was the point where I stopped increasing the sample size when each new street child basically told the same story that previous street children had told



(Averbach & Silverstein, 2003:19). The street children in this study thus had to be considered relevant to the planned selection criteria (Burns & Grove, 2009:355).

#### **a) *Sampling criteria***

In this study, it was important that the participants were street children aged between 8 and 17 years who were living on the street for at least one year and visited the temporary street children shelter frequently. They were also able to communicate in English or Zulu because as the researcher, I could only communicate meaningfully in the above mentioned languages. Access to the street children was through the social workers at this temporary shelter in Hillbrow, Johannesburg. According to Burns and Grove (2009:344), sampling criteria involves the exact characteristics of those who participate in a study. These criteria are based on the research problem, the purpose and the operational definitions; it is a means to prevent biasing others as well.

#### **b) *Sampling size***

Factors such as the obtaining of meaning and dense description of the phenomenon were considered as central to its purpose. In this study, an example of saturation was for instance the individual interviews with street children, when they did not come up with new themes or additional information (Averbach & Silverstein, 2003:19). These factors determined the sample size. Saturation of the sample size determined pursuing further interviews. As the researcher, I also ensured that there were a sufficient number of street children to reflect the range of street children that made up this sub-population, so that individuals outside of this sample would have a chance to connect to the experiences of the street children in the study (Seidman, 2006:55).

#### **• *Data collection methods***

Data collection took place after entry into the field was permitted (Creswell, 2012:210). In order to understand the street child phenomenon, data collection methods were applied through collecting life world experiences from the street children themselves. This consisted of drawings done by these street children

followed by semi-structured in-depth individual phenomenological interviews. This was accompanied by observations and field notes that I noted during the data collection process. According to MacDonald (2009:48), when research involves understanding children's lived experiences, a variety of research methods should be used in order to elicit their perspectives (Creswell, 2012:212). In order to provide more meaning to the phenomenon, the methods which were employed will now be discussed fully.

### **a) Drawings**

For the picture drawing sessions, the participants were asked to draw a picture with the theme: "Draw me a picture about your life on the street". Participants were then asked to describe and discuss their pictures with me. I adhered to all ethical measures previously explained.

As the researcher, I requested that street children do drawings since it is in the visualisation of ideas, and the expression or representation of such ideas, that issues can be brought more clearly into consciousness (Brooks, 2009:319). Visual data, in this instance the drawings, enabled me to ground discussion in street children's experiences and social environments thus making the interpretative process more collaborative (Smith, Duncan & Marshall, 2005:484). According to Ayaydin (2011:303), drawings are ways of self expression and discharge for children and in addition provide psychological relief. Drawings also offer a means of gaining further insight into the ways in which participants interpret and understand their world (Guillemin, 2004:287). Drawings in this study enabled me, the researcher, to obtain an idea of street children's conceptions of daily street life (Ehrlen, 2009:41). Brooks (2009:319) demonstrated this by showing how drawing, and the related visualisation that results from drawing, helps children to construct meaning for themselves as well as share their ideas with others and across contexts.

Drawings also represented an effective means for 'breaking the ice' during the first meeting between the street child and myself as researcher, as the drawing task was usually experienced by the street child as 'fun' and it diverted the street child's attention from the fear of failure usually present in a psychological testing situation,

as there are no 'right' or 'wrong' answers. Thus, the street children used the drawings as transitional objects in this study in that they drew their pictures first and I then used these drawings as a reference point to ease them into their individual interviews. During the interviews, I also referred back to the drawings in order to help the participants to feel comfortable about the issues that they were talking about. It can also be argued that, in general, projective drawing techniques are less susceptible to faking than self-reporting. Moreover, the street children usually quickly became absorbed in the drawing and were therefore, less likely to resort to the customary disguises and restraints of interpersonal communication (Marijcke & Browne, 2002:22). After drawings were completed, street children were then interviewed by me and these drawings were used as a point of discussion. This formed part of a shared analysis outcome whereby participants were invited to collaborate in the analysis and understanding of their drawings (Mitchell, Theron, Stuart, Smith & Campbell [Theron, Mitchell, Smith & Stuart, 2011:25]). When street children were encouraged to revisit, revise and dialogue through with their drawings they were able to represent and explore increasingly complex ideas (Brooks, 2009:319). I invited street children to draw their daily life world experiences as doing this facilitated a discussion of their perceptions and understandings (Einarsdottir, Dockett & Perry, 2009:228).

#### ***b) Semi-structured in-depth phenomenological individual interviews***

In-depth phenomenological individual interviews can be seen as an inductive, explorative and descriptive research method (Jackson, 2003:58; Carson, Gilmore, Perry & Gronhang, 2001:73). Atkinson (2005:6) further indicates that the interview itself is a particular kind of interaction and that interviews are instances of social action – speech-acts or events with common properties, recurrent structures, cultural conventions, and recognisable genres. At the root of the in-depth interviewing in this study was an interest in understanding the lived experiences of street children and the meaning they made of those experiences (Seidman, 2006:9). The major task was to build upon the drawings done by each individual street child and then explore participant's responses to the questions that I posed. The goal was to have the street children reconstruct their experiences within the topic under study (Seidman,

2006:15). The interviews were thus semi-structured since they were based partially on the drawings done by these street children.

According to Creswell (2009:13), phenomenological research is a strategy of inquiry in which the researcher identifies the essence of human experiences about a phenomenon as described by participants. The primary advantage of phenomenological interviewing is that it permits an explicit focus on the researcher's personal experience combined with those of the interviewees. In this case, it focused on the deep, lived meanings that events had for street children, assuming that these meanings guide actions and interactions (Marshall & Rossman, 2006:55,105; De Vos et al., 2011:96; Rubin & Babbie, 2005:125). In relation to this study, phenomenology was the study of lived experiences of street children and the way that I, the researcher, understood those experiences to develop a worldview. This rested on the assumption that there was a structure and essence to shared experiences that could be narrated. The purpose was to describe the meaning of a concept or phenomenon that several street children shared (Marshall & Rossman, 2006:104, Creswell, 2007:57).

According to Wolcott (2009:30), interpretation is not derived from rigorous, agreed-upon, carefully specified procedures, but from our efforts at sense-making, a human activity that includes intuition, past experience, emotion – personal attributes of human researchers that can be argued endlessly but neither proved nor disproved to the satisfaction of all. This paradigm is also called the phenomenological approach which is an approach that aims to understand people (Babbie & Mouton, 2001:28). According to Neuman (2003:75), this is human science and it is rooted in empathetic understanding of the everyday lived experiences of people in specific historical settings. This approach maintains that all human beings are engaged in the process of making sense of their worlds and continuously interpret, create, give meaning, define, justify and rationalize daily actions (Babbie & Mouton, 2001:28).

The primary advantage of phenomenological interviewing in this study was that it permitted an explicit focus on my past personal experience with street children with those of the street children as participants themselves. It focused on the deep, lived meanings that daily events had for these street children, with the assumption that

these meanings guided actions and interactions (Marshall & Rossman, 2006:105). The primary strategy was to capture the deep meaning of experience in the street children's own words (Marshall & Rossman, 2006:55). According to Marshall and Rossman (2006:104), phenomenological interviewing is a specific type of in-depth interviewing grounded in a philosophical tradition. The purpose of this type of interviewing was to describe the meaning of the street child's life world concept or phenomenon that several street children share.

Because the focus was on in-depth interviews and therefore the communication between me as the researcher and participants, the importance regarding the process of obtaining adequate information was vital. Hence, the most important aspect of my approach was conveying the attitude that the participant's views were valuable and useful to street children's lives in general (Marshall & Rossman, 2006:101). As the researcher, I was also aware that there are power issues within any interview and that as the researcher, there was the power available to shape the interview agenda. In contrast, participants also had the power to choose the level of responses that they were providing (Burns & Grove, 2009:510). Street children were first asked to draw a picture of their life on the street. The question proceeding their drawing was: *Tell me about your life on the streets*. Participants were also encouraged to speak freely about their experiences and their drawings were also referred to during the interviewing process.

The quantity and quality of information exchanged also depended on how astute and creative I, as the interviewer, was at understanding and managing the interview relationship (Monette et al., 2005:178). According to Marshall and Rossman (2006:102), interviewers should be skilful at personal interaction, question framing, listening and gentle probing for elaboration. In this study, once the interview began, my role was to encourage the street child to continue talking. This was done by head nodding and making sounds that indicated interest (Burns & Grove, 2009:510).

Since listening is regarded as an important and a central part of all interviews, this was cultivated from the beginning in order to prevent misinterpretations. According to Seidman (2006:78-79), interviewers must listen on at least three levels. In this study, I firstly listened actively to what the street children were saying (Wilson, Kneisl &

Trigoboff, 2004:154). There was a concentration on the substance to ensure that I understood what was being conveyed and to assess whether the hearing was as detailed and complete as I wanted it to be. On a second level, I had to listen for an 'inner voice' of each street child, as opposed to an outer, more public voice which would reflect an awareness of the audience, meaning an awareness of me, the researcher. On a third level, I listened while remaining aware of the process as well as the substance. This entailed being conscious of time during the interview, being aware of how much had been covered and how much was yet to go. I also had to be sensitive to the street children's energy levels and any non-verbal cues they were offering as street children are not used to being in a confined setting and being questioned in such detail (Varcariolis & Halter, 2009:92). The techniques of probing, paraphrasing, summarising, and clarifying were also used to explore the experiences of the street children in the creation of a theory (Okun, 2002:81; Alvesson & Skoldberg, 2001:227; De Vos et al., 2011:345; Okun & Kantrowitz, 2008:77-78).

Observing silence during the drawing and interview sessions gave street children time to reflect on what had been said. Thus, the silence conveyed a message of understanding, support and acceptance from me, as the researcher (Stuart, 2009:30). Probing, or exploring, was an open-ended attempt to obtain more information about statements, including the tracking of a conversation rhythm that allowed the street children to express themselves freely (Lichtman, 2010:149; Babbie, 2007:267). This included getting street children to clarify their answers. I used techniques during interviews like phrasing, repeating the question or repeating the street children's answers (Lichtman, 2010:149). In terms of this reflection, the content of the question was used by me to make sure that the street child was understood verbally and non-verbally. In addition to this, clarifying as a technique was used to understand the focus of the basic nature of the statement of the street child (De Vos et al., 2011:345).

Summarising is a way of synthesising what has been communicated and of highlighting the cognitive themes (Okun & Kantrowitz, 2008:77-78). In this process, it encouraged the participants to share their feelings and it was also a type of clarification mechanism. This technique was used to facilitate the participants to think

about more inputs instead of the idea of reaching consensus. Inputs were not mistaken or judged for right or wrong (De Vos et al., 2011:345).

Non-verbal communication and cues are valuable for maintaining productive interviews with the participants. Spontaneous communication and participation were encouraged by the usage of gestures, tone of voice and movements from my side as the researcher. The interviews were audio-taped. During the interviews, a tape recorder was positioned where it could capture the dialogue between myself and each street child adequately during each interview (Seidman, 2006:79).

### **c) *Field Notes***

For this study, I kept field notes throughout the research process. According to Flick (2009:297), the production of reality in texts starts with the taking of field notes. As the researcher, I understood that selective perceptions and presentations have a strong influence on this production. This selectivity concerned not only the aspects that were left out, but also those which found their way into the notes. Thus, in order to reduce or at least qualify this selectivity of the documentation, I also audio-recorded the notes. Mulhall (2003:311) states that field notes are the written account of what the researcher sees, hears and experiences. Field notes in this study included observational, methodological, theoretical and reflective notes.

#### **i. *Observational notes***

These notes contained the *who*, *what*, *where* and *how* of a situation. The commentary on the running record as the events happened included emotional reactions to events, analytical insights and questions about meaning (Rossman & Rallis, 2003:195). They therefore describe the situation or events as they occur, capturing as much detail as possible about the physical environment, the activities and the interactions among the people (Rossman & Rallis, 2003:195; Higgs & Titchen, 2001:121). During this study, I did not rely on memory any more than was necessary (Babbie, 2007:310). Observation notes and field notes were the written record of my perceptions in the field (Rossman & Rallis, 2003:194-196; Creswell, 2012:216). This included both empirical observations and the personal notes

comprising of my interpretations of the observations made during drawing and audio-recording sessions (Babbie, 2007:310). These observational records, frequently referred to as field notes, are detailed, non-judgmental and concrete descriptions of what the researcher had observed (Marshall & Rossman, 2006:98). I noted street children's body language and affect in addition to their words and these were used during data analysis to discover complex interactions in street children's natural social setting (Marshall & Rossman, 2006:99).

### **ii. Methodological notes**

Methodological notes included notes on the process, reminders, instructions, time schedule and sequence. It directed me as the researcher. In short, it involved instructions to myself, critiques of tactics and reminders about methodological approaches that might be useful. Using these notes, I could then analyse myself regarding behaviour during the application of methodological approaches (De Vos et al., 2011:335; Burden & Roodt, 2007:15).

### **iii. Theoretical notes**



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Theoretical notes reflect systematic attempts to derive meaning from observational notes (De Vos et al., 2011:336-337). These notes were used by me to interpret, infer and add conjecture on which analytical scheme could be built.

### **iv. Reflective journal**

I documented and kept notes on reflection of the ongoing research process in order to increase the comparability of the empirical proceedings in the individual notes. This included documenting the process of approaching the street children residing in the temporary shelter, the experiences and problems experienced during these shelter visits and in applying the methods that I had chosen as the researcher (Flick, 2009:298). Janesick (2004:2) also indicates that the reflective journal should be used in conjunction with the field notes as was done in this study. The reflective journal thus became an introspective crucible or self-evaluation device that allowed



me a place to mix together perceptions, intuitions and hunches not necessarily explored in descriptive data (Creswell, 2012:217).

- **Data analysis**

Drawings were used as the point of departure for the semi-structured in-depth phenomenological interviews. Upon completion of this process, data was assembled and drawings were sent to a psycho-education consultant for projective analysis as previously discussed in Chapter One. The interviews themselves were transcribed and analysed by me, as the researcher. This analysis was then reviewed by and discussed with the psycho-education consultant. I also noted that “there is no one ‘right’ way [to analyse data]...data can be analysed in more than one way” (McMillan & Schumacher, 2001:463-464) and there is no formula that exists for qualitative analysis transforming data into findings, thus I had to be meticulous when assembling and managing the data (Patton, 2002:432).

**a) *Data assembling, organisation and management***

Data in qualitative analysis is in the format of a pictorial or textual narrative, in this case the drawings done by street children, the transcribed interviews from street children; and written descriptions of observations or field notes. This data also involved my reflections which were the ideas and conjectures recorded in my reflective journal. According to Bell (2009:8), a narrative is a sequence of ordered events that are connected in a meaningful way for a particular audience in order to make sense of the world or people’s experiences in it. These records were also voluminous so it was necessary for me to make sense of the data as well as locate a description to illustrate a concept.

For this study, it was important that I spend some time organising all the data in a master file in chronological sequence. While this was being done all along, revisiting the large amount of data at the analysis stage was crucial. I also listed on note cards the data that was gathered, performed the minor editing necessary to make field notes retrievable and generally cleaned up what seemed to be overwhelming


and unmanageable (Marshall & Rossman, 2006:157). I thus made sense of the data through descriptive and explanatory accounts (Ritchie & Lewis, 2003:219).

**b) Method of data analysis**

Drawings were sent to a psycho-education consultant and the data obtained from interviews with the street children were analysed in the language that it was collected in to facilitate interpreting and explaining it in a meaningful way. The analytical procedures used by me in this study fell into several phases (Marshall & Rossman, 2006:156):

- I gathered all the data and then organized all the drawings and transcripts in a logical sequence. A point of note was that drawings will always be interpreted through the human perceptions of the researcher (Ganesh, 2011:238) thus drawings were sent to a psycho-education consultant for in-depth analysis and interview transcripts were analysed by me;
- The next step was immersion in the data, which I did by reading, re-reading and reading all transcripts again in order to become intimately familiar with the data;
- From this I was able to identify categories and salient themes that emerged from the data;
- I used this process to code the data in a formal representation;
- As part of this process, I offered interpretation through analytic memos, which were my writing notes, reflective memos, thoughts and insights;
- This was followed by a search for alternative understandings to the various themes which entailed a search through the data. During this process, I challenged the very patterns that seemed so apparent in the lives of street children using all the gathered data as well as the projective analyses of the drawings; and
- Finally, I collated all this information – which again included the in-depth projective analyses of the drawings - into a comprehensive write-up of the findings (Marshall & Rossman, 2006:156).

Each phase of the data analysis entailed data reduction, as the reams of collected data (Merriam, 2009:85) were brought into manageable chunks, and interpretation, as I brought meaning and insight to the words and acts of the street children in the study (Marshall & Rossman, 2006:156-157). The precise method of data analysis described by Tesch (Creswell, 2008:155) was also given due note during this study. This method was detailed in the sense that it required that I read all the transcriptions carefully to make sense of the whole. By reading the transcripts again, I could jot down ideas or thoughts that came to mind in the margins of the transcripts. A list of all the themes, as well as all similar or related themes, was thus constructed. The most descriptive word for the identified theme was sought and used for classifying the information into categories. This was done in combination with the projective analyses of the drawings. The raw set of data was then given to a psycho-education consultant who had experience in qualitative research methods and data analysis. A protocol for data analysis was also provided. Consensus between myself as researcher and the psycho-education consultant was then reached (Lincoln & Guba, 1985:180).

The logo of the University of Johannesburg, featuring two stylized birds facing each other with a sunburst above them, and the text 'UNIVERSITY OF JOHANNESBURG' in a light grey font.

In this study, the question was how street children could be assisted in facilitating their resilience and ultimately their mental health as individuals. The objective hereof was to develop a model for practice and education. All records were kept for the reason of reviewing them to discover any additions to themes related to the findings of the observations of interviews.

Interpretive social science emphasizes a detailed reading or examination of a text, which could refer to a conversation, written words or pictures as was done by me as the researcher, in this study (Neuman, 2003:70-71). I conducted a reading to discover meaning embedded within the text. When studying the text, I tried to absorb the viewpoint it presented as a whole, and then developed a deep understanding of how its parts related to the whole. In other words, true meaning was rarely simple or obvious on the surface; it was reached only through a detailed study of the text, contemplating its many messages and seeking the connection among its parts (Neuman, 2003:76).

The holistic account is that in this qualitative research, I tried to develop a complex picture of the problem or issue under study - which was the life world of street children. This process involved using both the projective analysis of the drawings and the thematic coding of the text. It further involved reporting multiple perspectives, identifying the many factors involved in any situation, and generally sketching the larger picture that emerged (Creswell, 2009:176). According to Holliday (2007:122), the qualitative writing that was described for this study became very much an unfolding story in which the writer gradually made sense, not only of the data, but of the total experience of which it was an artefact. This was an interactive process in which, as the researcher, I tried to untangle and make reflexive sense of my own presence and role in the research.

- **Literature control**

The findings had to be linked with already existing scientific knowledge within the field. A literature control was done to find similarities and for evaluating the significance and meaning of the research (Burns & Grove, 2009:91, Polit & Beck, 2004:56). This study also contributed to existing results, as the results were verified. This verification process served the purpose of contextualising the results. The literature provides a meaningful follow-up for those researchers interested in similar studies. Central concepts identified for the model were then classified and defined as will be discussed in the next paragraph.

### **2.5.1.2 Definition and classification of concepts**

The central concepts were identified in the previous step. Fieldwork in this study included the street children as the participants.

I made use of Walker and Avant's (2011:58-60) method of definition in combination with the comprehensive approach of Chinn and Kramer (2008:208) to address concepts within this study. Concept analysis was divided into two steps, namely the identification and the defining of central concepts (Chinn & Kramer, 2008:187-190; Dickoff et al., 1968:431-435). I entered the field and explored the phenomenon without preconceived ideas. In this study, I explored the life world of street children

through a temporary shelter. Based on these results, I identified central concepts. The procedure used followed the steps provided by Wandelt and Stewardt (1975:64-65) and included three steps. The first step involved the identification of general dictionary definitions of each concept including the subject definitions. The second step involved the intended definition of each concept. The characteristics and applications of the concept were listed. The third step included the “for-instance” definition of concepts. A description of the model case was given to illustrate the characteristics of the concept applied to real-life situations. I utilised the survey list of Dickoff et al. (1968:431-435) to classify the identified concepts.

The purpose of conceptual meaning involves the placement of boundaries to guide one during the research. It includes differentiating between concepts that seem related and staying focused on the original direction. It also investigates how the concept is currently applied in written texts (Chinn & Kramer, 2008:195). Proceeding the selection of a concept, a variety of sources can be utilised to define the criteria for the concept. Chinn and Kramer (2008:197-198) indicate that core elements and meanings of words can be identified by existing definitions. They further note that professional literature can also be used as a source to define the concepts. Hence, it can be asserted that professional literature can contribute meaning linked to the field and practice of psycho-education.

In this study, analysis was used during the exploration and description of concepts that were relevant to the development of the model. The purpose was to identify main concepts in the first step of theory generation that were then described, categorised and related to one another. Thus, the purpose of concept analysis here was to examine the basic elements of a concept because if I knew “what counted” when describing a concept, then this helped to distinguish that concept from the ones that were similar to but not the same as that concept. It allowed me to distinguish the likeness and unlikeness between concepts (Walker & Avant, 2011:158).

The process of defining the concepts was to make them less complex by increasing their theoretical meaning. In this study, the concepts were defined in relation to facilitating the mental health of street children. As such, these concepts became

measurable, so that they could be verified by others. Several ways of concept definition were used as described below.

- **Definition of concepts from the dictionary**

Concept definition means the identification of as many uses of the concept as possible (Walker & Avant, 2011:59). In this study, this entailed a general definition with a broad nature and was not limited to one aspect of the concepts defined. Specifically, I used various dictionaries (<http://www.merriam-webster.com>; <http://dictionary.oxford/facilitation/html>; <http://www.dictionary.cambridge.org>; <http://www.dictionary.reference.com>) to obtain synonyms that could convey the commonly accepted usage of concepts for this study, facilitation and resilience. The dictionaries therefore also helped me trace the origin of the words in order to get clues to the core meaning of the words 'facilitation' and 'resilience' (Chinn & Kramer, 2008:187,197).

The usage of dictionaries is not the only way to define a concept as the inclusion of both implicit as well as explicit uses of the concept is necessary (Walker & Avant, 2011:59). In the case of this study, it was not always possible to get an in-depth meaning of a concept because some of the concepts were subject related, and this included the concept resilience (Burns & Grove, 2009:126). The concepts that were selected for creating the model for practice and education were also further refined during this research process. The concepts used in this study, like any other concepts, were cognitive representations of what was perceived directly or indirectly from reality by me as the researcher (Chinn & Kramer, 2008:187-188). In order to broaden the scope of the concept beyond its linguistic usage, the existing related theories were used by me, as the researcher, as another source.

- **Contextual definitions**

This is the pertinent or contextual definition of the concept as found in the literature around street children. The review of literature in this study supported ultimate choices of the defining attributes (Walker & Avant, 2011:196). This type of definition

provided me with a broad source of meaning that could be attached to the word within the field or theory behind street children. I further noted that theoretical definitions had much more to offer because they provided meanings in relation to a specific discipline.

- **A model case**

As concepts were being analysed in search for meaning, a model case representing a life situation was developed by creating a scenario which led to a better understanding of the concepts in relation to street children (Chinn & Kramer, 2008:186). That was done by the presenting of an instance that illustrated the experiences of street children. From this model case, I could identify and reflect on criteria for the concepts identified by me. For instance, various examples were provided, particularly when working with the complex concepts of both facilitation and resilience. It was easier to construct a model case by making use of concrete concepts because describing concepts were far more complex.

In this study, this was done by involving experiences and circumstances of street children and describing them in words. The question posed while working with the model case was: "What is it that makes this an instance of this concept in the lives of street children?" The response to this question formed the basis for a tentative list of criteria. If 'resilience' could be one of the concepts needing defining, a model case could be developed by putting in as many circumstances, behaviours, motives, attitudes and emotional experiences in relation to the street child who is 'resilient'. This was indicative of the street children in this study. As I worked with the possible features of the model case, I began to form ideas about which features were essential and why, as well as about qualitative features and these ideas became the criteria of the concept. A model case was thus constructed to refine the characteristics for the identified concepts.

In this process, a reflection on each concept for its fittingness to the specified context of this study was done. The process of defining concepts was a complex task as concepts had to undergo several repetitions and constant refining before acquiring a satisfactory outcome for this study. I had to become persistent and patient to be able

to define concepts so that they each reached the required standards. Some useful guidelines that were used during concept definition were those recommended by Copi (1994:192-196). I further suggested that defined concepts had to be clear to avoid misleading others. This was attained as I strove to state the essential attributes of street children. Redundant definitions were excluded by avoiding circular definitions because they would not be adding any new meaning to this study. Another important rule that was related to acquiring clarity of definitions was to state the meaning given to each concept clearly and concisely.

In the case of this study, this was also done by not using too broad or too narrow definitions. Definitions that did not carry double meanings or which were not far-fetched or remote were deemed by me to be most understandable to others and hence were the definitions of choice (Copi, 1994:169). I thus had to be precise when defining the concepts of facilitation and resilience by not using vague terminology. Using figurative definitions was not of any value as it did not create clarity of the concept. The confusion and disagreements were best therefore avoided by using operational definitions instead. In short, criteria involved the following: a definition of facilitation and resilience was described in objective terms; they were not too broad or too narrow; they were not circular; they were not described in ambiguous language; they were not negative where they could be affirmative; and the definitions stated the essential attributes of the street children.

What has been discussed above formed the basis for evaluating the definitions of the model in facilitating the mental health of street children. The next step was to put the concepts in a more meaningful manner by formulating relationships.

- **Classification of concepts**

The concepts were classified by means of Dickoff et al. (1968:435) survey list which includes the agent, recipient, context, dynamics, procedure and terminus of the central concept. The agent was the entity that, or the person who performed the action – in this study this was myself, the psycho-educational facilitator. The recipient was the entity to which, or person to whom, or on which/whom the agent performed the action – in this study, the street children. The context represented the area in



which the action took place – in this study, a temporary shelter for street children in Hillbrow. The procedure in this study was the process or strategy of the facilitation actions performed by the agent, or me who was the psycho-educational facilitator. The dynamics was the internal motivation of both the agent – myself who was the psycho-educational facilitator and recipients – the street children - that contributed to reaching the desired outcomes of the action, and the terminus was the result of the desired outcomes from the agent – myself, the psycho-educational facilitator when applying the procedure to the recipients – the street children.

### **2.5.2 Step Two: Relationship statements**

In this study, when the concepts of facilitation and resilience were placed in a relationship, it meant that they were provided with links. Concepts were joined between one another and with others so that none of them remained in isolation (Chinn & Kramer, 2008:212). Tentative relationships were also identified and I then addressed the nature and character of these relations.

The emergence of meaning resulted from these newly formed relationships between facilitation and resilience. The structure of theory was dependent on relationships of these major concepts. Therefore the relationship between these major and central concepts of facilitation and resilience had to be clear. Individual concepts could then be structured in forms to create greater clarity.

In this process, assumptions on which the theory was based were identified as well. Assumptions were considered important because they influenced all other aspects of structuring and contextualising theory (Chinn & Kramer, 2008:211). I noted that assumptions are taken as truth, though they are not meant to be empirically tested because they are philosophic in nature but since they influence the rational statements, relationships are tested. For this reason theoretical relationships were then incorporated within the context of this theory which in this study was facilitation of resilience to enhance mental health.

### 2.5.3 Step Three: Description and evaluation of the model

This step followed the completion of concept identification, the defining and classifying of concepts as well as the placing of these concepts in their relationships. Six elements as used by Chinn and Kramer (2008:220) were used in this study to describe and evaluate this psycho-educational model. In this view a crucial question to be asked in the process was: "What is this?" This unravelled the theory on which this psycho-educational model was based. These principles were the basis for a description of the model for practice and education that served as a frame of reference when assisting street children in the facilitation of their mental health. Chinn and Kramer (2008:246-248) suggest the following criteria in describing the model:

- **What is the purpose of the model?**

This was done by asking: "*Why is it necessary to generate the psycho-educational model?*" The next question related to this one was: "*Who will use this psycho-educational model and under which conditions or situation will this psycho-educational model be utilised?*" This question addressed the reason for the generation of the psycho-educational model in this study. It also reflected the context and purpose for creating the psycho-educational model. In this study, the context was street children experiencing impaired psychological health due to life on the streets. The purpose was the facilitation of resilience in order to enhance their mental health.

- **What are the concepts of the model?**

This was achieved by asking: "*Which concepts constitute the model? What key ideas were used? How were they classified?*" This was done to check whether it fitted into the model for education and practice of facilitation of the mental health of street children. Reference is made to the identification of ideas structured and related within this psycho-educational model.

- **How are the concepts defined within the model?**

The questions here were: *“How are concepts defined? How clear are they? Will they be comprehensible? Which of these concepts are theoretically relevant?”* This was done to find out whether meaning had been created. Answering this question clarified the meaning of the concepts of facilitation and resilience as used in this psycho-educational model.

- **What is the nature of the relationship?**

One does this by asking the question: *“What is the nature of relationships between and amongst concepts?”* Checking the relationships was a provision of finding out how the concepts of facilitation and resilience were linked together. Basically, the nature of the relationships revealed the theoretic purposes and the assumptions on which the model was based. I then linked statements and concepts. Basically, the nature of the relationships revealed the theoretic purposes and the assumptions on which this psycho-educational model of facilitating resilience was based.

- **What is the nature of the model?**

The nature of the structure intrinsic in the psycho-educational model was explored. The structure of this psycho-educational model was dependent on the nature of the conceptual relationships between facilitation and resilience. A structure of the model emerged by asking the following question: *“What are the most central relationships?”* (Chinn & Kramer, 2008:228). The same question was used for assessing the direction, strength and quality of relationships including what forms and the structure it would take.

### **2.5.3.1 Assumptions of the model**

The nature of the assumptions on which this psycho-educational model was created was also looked into. I assessed if these assumptions reflected the values of theory used in the study. Chinn and Kramer’s (2008:234) criteria for evaluating the theory

were used in this study. Assumptions were made on which theory it was based on (Chinn & Kramer, 2008:231). I also noted that assumptions are accepted “truths” that are fundamental to both theoretical reasoning and a description of the contextual framework and psycho-educational approach.

### **2.5.3.2 Evaluation of the model**

Once the model had been described, it was evaluated for the precision of the relationships between components within it. A guide for the critical reflection of theory from Chinn and Kramer (2008:234) and Walker and Avant (2011:195) was utilised for this evaluation. The importance of the theory in this study was closely tied to its practical value. In accordance with Chinn and Kramer (2008:246-247), the adequacy of this psycho-educational model’s purpose was evaluated by applying the following reflective questions:

- **How clear is the model?**

In determining how clear this research theory was, semantic clarity, semantic consistency, structural clarity and structural consistency had to be considered. Clarity in general refers to how well the theory can be understood and how consistently the ideas are conceptualised. Semantic clarity and consistency refers to the understandability of theoretic meaning as it relates to concepts within this study. Structural clarity and consistency reflect the understandability of connections between concepts within this research theory (Chinn & Kramer, 2008:238).

- **How simple is the model?**

Simplicity means that the number of elements within each descriptive category, particularly concepts and their interrelationships, are minimal. Complexity implies numerous relational components within the theory, simplicity implies fewer relational components. Thus, the overall structure of this psycho-educational model was followed using a structured diagram. The major concepts of this psycho-educational

model were defined and the basic assumptions were also consistent with each other (Chinn & Kramer, 2008:242).

- **How general is the model?**

This question addresses the scope of experiences covered by this theory. Generalness refers to the soundness of the research evidence and the width of the theory. The implication is that a general theory can be relevant and useful in different situations (Chinn & Kramer, 2008:243). In this study, the psycho-educational model can be utilised with other traumatised or vulnerable children.

- **How accessible is the model?**

This question addresses the extent to which concepts within the theory are grounded in empirically identifiable phenomena. The concepts of facilitation and resilience are universally identifiable phenomena and grounded in vast areas of study. Accessibility addresses the extent to which empirical indicators can be identified for concepts within the model and how attainable the projected outcomes of the theories are (Chinn & Kramer, 2008:243).

- **How important is this model?**

This question addresses the extent to which theory leads to valued goals in practice, research and education (Walker & Avant, 2011:195). The importance of this model is tied to the idea of its practical value. An important model should be valued for creating a desired aim, as well as the possibility of stimulating new ideas and thoughts (Chinn & Kramer, 2008:245). With this research it was envisaged that the model would enrich psycho-educational practice by facilitating the mental health of street children experiencing impaired psychological health due to their negative experiences on the street.

#### **2.5.4 Description of the guidelines to operationalise the model**

In these final steps of developing a model for the facilitation of the mental health of street children, the guidelines for operationalisation of this model were described. The guidelines were described for application to a practical setting (Chinn & Kramer, 2008:235-248). Suggestions were made on the guidelines for application of the psycho-educational model when facilitating the mental health of street children.

### **2.6 MEASURES TO ENSURE TRUSTWORTHINESS**

The validity of research concerns the interpretation of observations: whether or not 'the researcher is calling what is measured by the right name' (Guba & Lincoln, 2005:205-209, Silverman, 2010:275-286). Lincoln and Guba (1985:290-301) proposed a model for assessing the trustworthiness of qualitative data (Marshall & Rossman, 2006:205). In this study, this refers to the establishment of validity and reliability of this qualitative study in that I confirmed that the findings accurately reflected the street children's experiences and views and not my own perceptions (Polit & Beck, 2004:36). The model defines different strategies of assessing these criteria and is important to researchers in designing ways of increasing the rigour of a qualitative study such as this study (Holloway & Wheeler, 2002:250). Critical thinking was also the basis of this rigour and was about curiosity, about continual questioning and about developing a healthy, deliberate, 'mindful' scepticism and applying it even-handedly to all aspects of the research at hand (Petre & Rugg, 2010:116).

Four criteria constitute Lincoln and Guba's model (Lincoln & Guba, 1985:290-301): truth value, applicability, consistency and neutrality. These criteria will be discussed in the next paragraphs.

#### **2.6.1 Truth value**

Truth value asks whether the researcher has established confidence in the truth of the findings for the street children and the context in which the study was undertaken (Marshall & Rossman, 2006:201). In this study, truth value was used to determine

the extent to which the findings were representing the experiences of street children. An in-depth description, showing the complexities of variables and interactions, was embedded with the data derived from the setting (Marshall & Rossman, 2006:201). Truth value is obtained through credibility and the following strategies were used and applied for its attainment.

### **2.6.1.1 Prolonged engagement**

An important strategy is to spend an extended period of time with the participants. I had been working with street children for a period of more than seven years on a voluntary basis and as part of a Masters study. This revealed the importance of building a trusting relationship with the street children to support the intensive participation (De Vos et al., 2011:420; Lincoln & Guba, 1985:302). Building a trusting relationship, in this case, especially with street children exposed to all forms of constant abuse in a harsh environment. This included devoting some time to the participants before the interviews, explaining the purpose of the research, allowing the participants to become accustomed to me as the researcher and to offer them a chance to ask any questions relating to the study and to express their feelings.

### **2.6.1.2 Reflexivity and persistent observation**

Qualitative researchers need to critically think through the dynamic interaction between the self and the data occurring during analysis (Burns & Grove, 2009:545; Lichtman, 2010:121). In this study, as the researcher, I was part of the reflexive process because of my professional background and my perceptions and interest in the study. In addition, I used observational notes so that I could reflect on interactive patterns during the interviews. These notes then reflected my feelings, thoughts, ideas and hypotheses generated by contact with participants, containing questions (Shenton, 2004:68; Burns & Grove, 2009:546). Such a clarification will also allow the reader to better understand how I, as the individual researcher arrived at the particular interpretation of the data I am presenting (Merriam & Associates, 2002:26).

### **2.6.1.3 Triangulation**

Methods used for applying triangulation in this study included the use of drawings; in-depth phenomenological interviews; the use of field notes during the data analysis; the use of the inductive descriptive approach; as well as reaching consensus with an external data analyst on the results; literature control; and the usage of multi-data sources for defining and classifying concepts using Dickoff et al. (1968:415); Polit and Beck (2004:444) and Chinn and Kramer (2008:208).

Triangulation is based on the idea that the researcher is likely to find greater confidence in the findings when these are derived from multiple methods of investigation to ensure an in-depth understanding of the phenomenon (Lichtman, 2010:229; Marshall & Rossman, 2006:204; Bryman, 2004:454-456; Burns & Grove, 2009:231-234). Thus, triangulation in this study was ensured by utilising multiple methods when collecting data for theory development since triangulation is actually the act of bringing more than one source of data to bear on a single point (Marshall & Rossman, 2006:202).

Objective reality can never be captured, therefore the ultimate purpose of triangulation, for combining methods and to use those methods that are consistent with each other, is to ensure that what is studied becomes understandable. The various methods used in this study brought unique contributions and complemented each other. Thus it revealed the various dimensions of the area of interest, which was constructing a model to facilitate the mental health of street children.

### **2.6.1.4 Member checking**

Member checking is a technique that consists of continually testing with informants the researcher's data, analytic categories, interpretations and conclusions. Member checking is the use of participants to check language – an idea that the researcher is “trying to get it right” (Lichtman, 2010:230). In this study, this technique also used follow up interviews with a few of the participants to ascertain their viewpoints or feelings. This was done when certain themes were not clear. This strategy then ensured that I had accurately translated the informant's viewpoints into data (Shenton, 2004:68; Creswell, 2012:259).



### **2.6.1.5 Peer group evaluation**

Peer group evaluation is a process of consensus with leaders of the study who have experience of qualitative methods (De Vos et al., 2011:420; Lincoln & Guba, 1985:308). In this study, it established confidence in the findings because it promoted impartiality. In this study, and as mentioned previously, an independent expert who was also a psycho-education consultant was continuously involved in the data analysis process and this provided guidance for keeping my objective. The searching questions also contributed to deeper reflexive analysis by the researcher (Shenton, 2004:67).

### **2.6.1.6 Structural coherence**

The establishment of structural coherence ensures that there are no inconsistencies between the data and their interpretations (De Vos et al., 2011:420). Credibility is supported when interviews, observations and interpretation of data are internally consistent, that is when there is a logical rationale about the same topic, the same interview or observation. In this study, the structural coherence was maintained by the focus on street children in order to mobilise their internal resources to promote their mental health. In addition findings within the theory used were discussed. The study was geared to develop a model that could serve as a reference for the description of guidelines that could be used to facilitate the mental health of these street children.

### **2.6.1.7 Authority of the researcher**

As the researcher, I had the authority for conducting a study and this is based on the “I was there” element which strengthens the viewing of me as a measurement tool (Lichtman, 2010:16). The degree of familiarity with the phenomenon and the setting under study were some of the characteristics necessary to assess the trustworthiness of the human instrument. This trustworthiness was achieved as I am employed as an HIV researcher and worked as a social scientist with adolescents and young adults participating in vaccine trials. I am also a voluntary worker at the temporary street children shelter where my research for both my Masters degree and

this current doctoral study was conducted. I have also participated successfully in the doctoral course at the University of Johannesburg.

### **2.6.2 Applicability**

Applicability refers to the degree to which findings of a specific investigation can be applied to other contexts and settings or with other groups and informants, whether it is fitting or transferable and how well the threats to external validity have been managed. It is the ability to transfer from the findings to larger populations (Marshall & Rossman, 2006:201-202; Polit & Beck, 2004:444; Lincoln & Guba, 1985:290; Lichtman, 2010:228). In this study, transferability which is a part of dependability was influenced through purposive selection of the sample of street children. A dense description was given about the demographics of the participants. A rich description was provided on the life world of the street children with direct supporting quotations from the participants. An in-depth description was given of the developed model as well as guidelines to operationalise the model.

### **2.6.3 Consistency**



Consistency as a criterion for trustworthiness considers the consistency of data. That is whether the findings of the study, when applied by others, using street children as participants, will provide the same results. Consistency is defined in terms of dependability.

The construct of dependability is the researcher's attempts to account for changing conditions in the phenomenon chosen for the study as well as changes in the design created by increasingly refined understanding of the setting (Marshall & Rossman, 2006:203; Lichtman, 2010:228). A dependability audit is established when the process as well as the products are described in detail (Lincoln & Guba, 1985:317). To secure dependability in this research a description of data collection and data analysis methods were ensured so that other researchers can be in the position to "audit trail" the four steps of the theory generation (see Addendum E).

In this study, peer examination and code-recode procedures were followed, that is testing the equivalence of results. For the purpose of this study a consensus between the research participants and myself as researcher was reached. These procedures included the use of an independent panel of experts and further included an external data analyst. A dense description of the research methodology was also given and the four step method of theory generation was described in-depth.

#### **2.6.4 Neutrality**

Neutrality is the freedom from bias in the research procedure and results (De Vos et al., 2011:24). Neutrality refers to the degree to which findings can be ascribed solely to the actual functioning of the participants and to the actual conditions of the research and not to incorporate biases, motivations and perceptions. This required that my own perspectives and assumptions be neutral during the research procedure. De Vos et al. (2011:421) views neutrality not as the researcher's objectivity but as data and interpretational confirmability (Lichtman, 2010:228). Audit strategy as used in here can be seen as a major technique (Burns & Grove, 2009:546).

This strategy involved an external auditor attempting to follow through the natural history of progression of events to understand why and how decisions were made. Categories of record could be identified namely, field notes, audio-recordings, data analysis and reduction procedures, data reconstruction and synthesis products, thematic categories, interpretations and categories, notes on procedures and instrument development.

A reflexive journal is another strategy used in the establishment of confirmability (Lichtman, 2010:122). This included a diary with my feelings and thoughts on the research process (Creswell, 2012:474). Triangulation, as discussed earlier, can also be a strategy.

## **2.7 ETHICAL MEASURES**

Ethical measures as described in Chapter One above were applied throughout the research process. This included autonomy, beneficence, non-maleficence and justice toward the street children involved in this study during all stages of the research process (Babbie, 2007:27,63; Grinnell & Unrau, 2008:36; De Vos et al., 2011:116).

## **2.8 CONCLUSION**

This chapter covered the research methods that were used during the research process of this study. The methods for ensuring trustworthiness were also discussed. The next chapter will deal with the results from the drawings and the in-depths interviews with street children within an outreach program at a shelter in Hillbrow.



### **3. CHAPTER THREE: DISCUSSION OF RESEARCH FINDINGS: THE EXPERIENCES OF STREET CHILDREN**

#### **3.1 INTRODUCTION**

In Chapter Two, the research design and method of this study were discussed. This chapter will focus on the results obtained from drawings and individual interviews with street children talking about their drawings.

Data collection was carried out through drawings, in-depth phenomenological interviews, observations and field notes with fourteen street children at a temporary street children shelter based in Hillbrow, Johannesburg. Both English and Zulu were used as medium languages during the course of the interviews. An interpreter was present as needed. Serious efforts were made to retain the tone and essence of the original wording. Consent was obtained from the management of the temporary street children shelter as well as all the participants. Data saturation was reached after fourteen interviews.

As elsewhere in the world, South African street children are found in towns and cities but there have also been reports of children living alone or in groups in the veld and of children living on, in or near mine and rubbish dumps, mostly in close proximity to major cities. Children are generally about 10 to 12 years of age when they first take to living on the streets, but street children as young as four years of age have been found in Johannesburg and Pretoria (Kruger & Richter, 2003:4).

A purposive sampling method was used in this study and was carried out using conscious selection of certain subjects or elements in the study (Babbie & Mouton, 2002:166; Babbie, 2007:184). Sampling was done according to the following criteria:

- Children who lived on the streets and used the shelter temporarily
- Street children aged 8 to 17 years
- Street children who speak either Zulu, English or both

All the participants that were chosen were male as the temporary street children shelter only houses males. The majority of the street children at the shelter had been on and off the street for over one year. All these street children spend a few weeks intermittently each year at the street children shelter and they always return to the street. Thus, participants in this study were all males and all of them were below the age of eighteen and had lived on and off the streets intermittently for over one year. They also all spoke either English or Zulu and I understood and articulated both languages adequately. The house mother acted as interpreter if the need arose during the course of data collection. There were fourteen interviews in total conducted in this study before data saturation occurred.

The drawings done by the street children in this study were utilised as the point of departure for the semi-structured in-depth phenomenological interviews conducted with the participants. According to Patterson and Hayne (2009:124), young children reported more information when asked to draw and tell about a past emotional event than did children only asked to tell. All the interviews were audio-taped, transcribed and analysed using Tesch's open coding (Creswell, 2008:154-155, Creswell, 2012:243-244). The interviews were based on the drawings done by the street children and street children were asked the research question: *"Tell me about your life on the street"*.

Coding was done by listing categories and themes, after identifying words and themes that were related. Field notes were used to make inferences on themes, pertaining to categories and sub-categories. The data obtained were analysed by me who was the researcher and by an independent psycho-education consultant with extensive experience in qualitative research. Consensus was reached between me and the external data analyst on the results. A literature control was conducted to identify similarities and the uniqueness of the study (Creswell, 2012:105).

### 3.2 DISCUSSION OF RESULTS

The discussion of results is preceded by a central story line.

- **Central story line**

The central story line of this study is the duality of challenged mental health versus resilience in the life of a street child. Firstly, the daily lived experiences of street children lead to the accumulation of negative emotional responses, including anxiety, despair, deep sadness, helplessness, hopelessness, shame, fear and even suicide ideation which impacts negatively on mental, physical, spiritual health and thus the overall well-being of street children. These negative experiences impact directly on self-concept in the formative years of a street child’s life. Thus, this research shows how the negative emotions stemming from the daily lived experiences of street children tarnishes and distorts the self-concept of street children. Yet, on the other hand, it also shows that there is a resilience and a strive for autonomy which is also very clearly visible (Malindi & Theron, 2010:318).

The following outline, Table 3.1, is an overview summary of the themes and their subthemes, which became prevalent from the drawings and the interviews with street children:

**Table 3.1. Themes And Categories Of Research Outcomes**

| <b>THEMES AND CATEGORIES OF RESEARCH OUTCOMES</b> |   |
|---|---|
| 3.2.1   | <p><b>Theme 1:</b> Being a street child is a way of life</p> <p>Category A: It is the only reality with no alternative lifestyle in mind</p> <p>Category B: Family-of-origin dynamics contribute to becoming a street child</p> <p>Category C: Street children are usually not illiterate – they have received some schooling</p> <p>Category D: Street life allows street children freedom and responsibility to fend for themselves which can also be a stumbling block in their lives</p> <p>Category E: There are social structures in the world of street children - street children are organised in different us and them “groups”</p> |

| THEMES AND CATEGORIES OF RESEARCH OUTCOMES |  |
|--|--|
| 3.2.2                                      | <p><b>Theme 2:</b> Street children are exposed to risks and threats of life in all contexts of their daily lives on the street</p> <p>Category A: Street children are subjected to threats and exposed to physical assault and verbal abuse</p> <p>Category B: Street children are exploited in various ways by some individuals due to street children's intense need for money</p> <p>Category C: Street children suffer physical discomforts on the street</p> <p>Category D: Addiction to drugs leads to criminal activities</p>   |
| 3.2.3                                      | <p><b>Theme 3:</b> Street children exhibit various emotional responses to their daily lived experiences</p> <p>Category A: Street children experience negative emotions</p> <ul style="list-style-type: none"> <li>a) Feelings of deep sadness</li> <li>b) Feelings of fear and anxiety</li> <li>c) Feelings of misery and despair</li> <li>d) Feelings of helplessness</li> <li>e) Feelings of hopelessness regarding survival task on the streets</li> </ul> <p>Category B: Street children experience positive emotions</p> <ul style="list-style-type: none"> <li>a) Feelings of sympathy for and identification with other street children</li> </ul> <p>Category C: Suicide ideation due to sense of social isolation and lack of social support</p> |
| 3.2.4                                      | <p><b>Theme 4:</b> Street children develop various coping strategies against the harsh environment of the street</p> <p>Category A: Controlling own environment</p> <ul style="list-style-type: none"> <li>a) Running away and hiding for self-preservation</li> <li>b) Forming street children groups</li> <li>c) Quick spending of money to avoid potential loss</li> <li>d) Utilisation of formal shelters and religious or humanitarian groups to meet primary needs</li> </ul> <p>Category B: Suppression</p> <ul style="list-style-type: none"> <li>a) Avoid and suppress memories of life circumstance before current life-on-the-street</li> <li>b) Substance abuse</li> </ul>   |



|       | <b>THEMES AND CATEGORIES OF RESEARCH OUTCOMES</b>   |
|-------|---|
|       | Category C: Displacement<br>a) Blaming non-South African citizens for being involved in criminal behaviour – indicates a form of xenophobia<br>Category D: Street children devise ways to meet primary needs<br>Category E: Holding on to the hope or dream to live a better life   |
| 3.2.5 | <b>Theme 5:</b> Street children show resilience by striving for autonomy<br>Category A: Strive to be free from coercive power of other street children groups<br>Category B: Personal choice and perseverance to leave parental or guardian context to live on the street<br>Category C: Strive to lead a morally good life |

The above themes and sub-themes will now be elaborated upon.

### 3.2.1 THEME 1: BEING A STREET CHILD IS A WAY OF LIFE

Being a street child is a way of life as evidenced in experiences of it and that it is the only reality with no alternative lifestyle in the minds of street children.

- **Category A: It is the only reality with no alternative lifestyle in mind**

Based on the interviews conducted in this study, being a street child is a chosen way of life and street children seem to prefer living on the street rather than staying in formal and organised shelters or even being part of general society. Street children thus have no current alternative lifestyle in mind and this chosen lifestyle is their reality. It is the only life they know and their past experiences are suppressed in their minds. This choice to live an autonomous life on the street is regarded by these street children as better than being neglected in the family-of origin context. They choose to be survivors rather than to be victims of poor extended family conditions and live completely isolated and separated from their family-of-origin. They adopt a nomadic lifestyle and constantly move from one shelter to the next.

*“I do not remember...it was a long time ago...when I went away... I only know 2009...”* (Participant One)

*“It is better to be on the street...because I can get food...because I am begging...then I can get money for food...it is better this way...It is better on the street because I can make my own money by begging...and buy what I want...food...and it makes me happy to have money...”* (Participant Two)

*“I cannot remember...it is a long time now...”* (Participant Two)

According to Tudoric-Ghemo (2005:55), street children do not have permanent shelter and live a nomadic lifestyle. Panter-Brick and Smith (2000:9) state that mainstream society assumes that children who are not under the care of responsible adults are simply not in their proper place. Street children, for example, allegedly live by their own means, without direct adult supervision, roaming the streets rather than sleeping at home and attending school.

In a different light, a study conducted over a four-year period by Beazley (2003:9) found that many street youths look for proof that street life is a better way of living. Many hardships are ignored and treated with amusement, and often the youths contend that it is ‘great in the street’; ‘we can be free’; ‘we can be independent’; there aren’t any rules’; ‘we can go wherever we like’ – a way of making life tolerable (Beazley, 2003:9).

- **Category B: Family-of-origin dynamics contribute to becoming a street child**

A variety of family-of-origin factors contribute to the leaving home of children. Being physically assaulted by caregivers who abuse alcohol, being blamed for no reason, poverty, abandonment and rejection by parents, siblings and other family members are all major contributing factors. A point in case is that family abandonment by fathers can result in the onset of a child and the mum’s life of begging on the street, possibly due to a loss of the only family income provided by the father. The death of parents also leads to loneliness and subsequent neglect by caregivers. This

inconsistent basic caring by various extended family members, which is often characterised by physical abuse and neglect then forces these children onto the streets.

*“...then my father...he leave my mother and me alone... then we have to go away from the house and beg...we have no money... I don't know where he go...he just went away...then they brought me and left me here...my mother and my mother's sister...they could not look after me anymore...”* (Participant Four)

*“...so this place was not too good for us because like my father he like to drink you see...stuff like this...ya...he like...he was...he used to leave us alone and he go and he come back like late ya... And he beat us...”* (Participant Seven)

*“I was treated badly...they did not want me to play with my friends...and did not want to give me enough food...I was staying with my mother...until she passed away... After she died...I went to my aunt...then they was ill-treating me...”* (Participant Two)

McAlpine et al. (2010:32) confirmed that street children are indeed not criminals nor deficient of character, but rather many are running away from their lives which are rooted in multi-problem households rife with poverty, hunger, alcohol abuse, family violence, family dissolution and in the breakdown of traditional supportive community structures (Aderinto, 2000:1208; Gracey, 2002:6; McCreery, 2001:124; Panter-Brick, 2002:152; Cockburn, 2004:46; Tudoric-Ghemo, 2005:61; McAlpine et al., 2010:32). In young Ghanaian children's accounts of how they came to live on the street, a number of common themes emerged, which included the death of parents, family disintegration, parental divorce, escape from home as a result of extreme maltreatment from foster parents and abusive care-givers (Oduro, 2012:44-45).

- **Category C: Street children are usually not illiterate – they have received some schooling**

Living-on-the-street is associated with a lack or avoidance of formal schooling. However, many of the street children in this study were actually literate but had not completed their school education. Participants were also more mature than would be expected from other school children in their age group. This indicates that they lost one to two years of formal schooling due to their dysfunctional family contexts. Street children also sometimes aggregate into groups based on shared characteristics, for example, their refusal to attend school. Such groups may strengthen certain negative ideas due to the effect of group thinking.

*“I didn’t have time to go to school ya. But normally I did get my grade 9 report...ya...”* (Participant Six)

*“I did not want to go to school... Then I met some friends...who also don’t want to go to school...”* (Participant Thirteen)

*“I can only draw nice alphabets...but I cannot draw about my life... Yes...this is me...and the alphabets stand for XXX”* (Participant Three)

A study in Nigeria showed that the majority of street children in the study did not have any formal Western education (Aransiola, Bamiwuye, Akinyemi & Ikuteyijo, 2009:379). But, according to McAlpine (2007:14), a phenomenon of note was the number of youth on the streets who had recently completed primary school. This study also interestingly noted that 13% of full-time street children claimed that they were attending primary school daily, as did approximately 20% of part-time street children between two locations. This is extraordinary, given our assumptions that life on the streets precludes attendance in school, and warrants further research to understand how these children are managing their lives and education. A study by Owoaje et al. (2009:13) has also brought forth a peculiar type of street children who still attend school but are likely to eventually abandon school due to lack of adult supervision and street influence on them. Incomplete schooling may lead to street children suffering from gaps in their social and cognitive development, and such a

social background often leads to loss of confidence in street children's most basic abilities, leaving them disempowered and unable to make informed life choices (Schimmel, 2006:211).

- **Category D: Street life allows street children freedom and responsibility to fend for themselves which can also be a stumbling block in their lives**

The autonomy and self-reliance that stems from street children taking responsibility for their lives and also from their view that living on the street is better than being neglected by family may be a stumbling block for willingly attending formal schooling as they are "acting" older than their actual age. They do not want to be treated as children anymore even though they are still children. The "us" that they refer to indicates a close identification with other street children.

*"...but when you go to school...they are treating you like a small boy... Yes...when I was staying with my grandmother...but they are treating you badly in school...so I left... they are treating us like small children..."*  
(Participant Five)

*"...you don't want to come early in the house...you see...because you normally go in the house at six but maybe it's not comfortable to stay inside...they want to stay outside until ten..."* (Participant Six)

*"It is better to be on the street...because I can get food.....because I am begging...then I can get money for food...it is better this way..."* (Participant Two)

Many street children, particularly boys, reported being drawn to the relative freedom and independence of the streets, and valued this very highly once on the streets (Kudrati, Plummer & Yousif, 2008:439). This can be a downfall as noted in a study by Parks, Stevens and Spence (2007:46), where it was found that in spite of there being many homeless children in the world, fewer than 2000 have been assessed cognitively and reported in the literature. Yet when compared with those who are

domiciled, these children tend to have lower intellectual functioning and decreased academic achievement.

Furthermore, according to a study in Ghana by Oduro (2012:45), the rhetoric of street freedom mythologises the 'street' and masks the acute poverty and extreme violence experienced by these street children. Rather than becoming neo-liberal subjects of new economies, these street children are denied their rights of protection as citizens. They become the 'outsiders' and ultimate 'others' within a traditional cultural civic world, completely excluded from the norms and safeties of society (Oduro, 2012:46).

According to Schimmel (2006:226), the negative freedom that street life affords, its familiarity and lack of formal regimentation, and the pleasures found in the thrills of criminality and the occasional riches that it can yield all influence why street children often remain on the street.

- **Category E: There are social structures in the world of street children – street children are organised in different us and them “groups”**

Street children live in small close groups and not alone and the data obtained from the interviews in this study support the notion of a social structure among street children. Street children can belong to a group of friends based on generally shared values, but at the same time belong to a smaller subgroup due to a principle or value not shared by all members of the larger group. These groups are seemingly mutually exclusive and do not freely interact.

This indicates that at least two different types of street child groups are recognised, namely the non-drug users that beg money for food and the drug users. The “esilunde” is the street-name for the drug user group and is composed of older street boys characterised by their poor moral values and criminal behaviour, such as theft and murder. Furthermore, they have coercive power over other street children to force them into “working” for them and further exploit these street children for money using physical assault, intimidation and bullying tactics causing them to lose

resources for their basic needs. Findings in this study also showed that gay street children form their own subgroup, possibly due to their shared sexual orientation.

*“The big boys...they are hitting us and scaring us and they want our money... they want our money to buy cigarettes...We give them the money because they are scaring us...”* (Participant Two)

*“I was always staying separate because the others...they were smoking...that is why I am staying separate...two people were not smoking...so we staying separate...”* (Participant Two)

*“...you see...our relationship was not good because we were only smoking glue and we are not smoking drugs...there is no relationship you see...”* (Participant Six)

According to Finkelstein (2005:42), establishing street networks is not only for survival purposes. As indicated above, many street children arrive on the street feeling scared and lonely. They are excited about their newfound independence, yet at the same time they suffer from severed family ties and often lack the self-esteem needed to survive on the streets. Forming street networks help street children not only learn the ropes, but also allow them to experience the rewards of friendship ties. The street provides these children with a collective identity, a community so to speak. In fact, many street children talk about their street networks in terms of being a community. However, these street networks are not homogenous and this is confirmed by findings by Ayuku et al. (2003:115). They noted that it is necessary to make structural distinctions within the population and work with the planning and policy most suitable for specific subgroups.

### **3.2.2 THEME 2: STREET CHILDREN ARE EXPOSED TO RISKS AND THREATS OF LIFE IN ALL CONTEXTS OF THEIR DAILY LIVES ON THE STREET**

Street children are exposed to various risks and threats to their lives in all contexts of their daily lives which include physical assault and both verbal and sexual abuse.

- **Category A: Street children are subjected to threats and exposed to physical assault and verbal abuse**

Street children are frequently subjected to threats and exposed to physical assault and verbal abuse by other street children groups, the general public and the police. These street children are often directly involved in these actions or are witnesses to it. Older, bigger and more experienced street children in particular, exert dominance over younger children, possibly for access to various scarce resources and also possibly due to feeling threatened because people give money to younger street children more readily.

The general public and business owners are often aggressive and act in a patronizing way to the presence of children in a begging context. Instead of being motivated to give money to young street children, they react with aggression and in a dismissive way and often offer unsympathetic, unsolicited advice to street children to return to their often dysfunctional families. This is done without any attempt to gain insight into the circumstances that resulted in a life on the streets. Interesting to note is that street children sometimes experience positive support that is more than merely token support from the general public. This can include significant nurturing and humanitarian support, like safe shelter and food.

The police who should protect innocent citizens against criminal actions are in this context experienced as harassing innocent street children. Street children mistrust the police due to being physically assaulted without any clear justification. Metro police harassment and physical assault are a serious risk and hazard that street children experience, more so because it happens at night - almost as if the police want to hide away their actions. This also highlights street children's powerless



position in society. Instead of combating drug-related offences, some police members seem to rather use their authority positions to facilitate drug dealing.

*“...there were too many bad things because fighting, stab each other you see, even actually while being on the street you always see violence, you always have to fight when you stay on the street, you want to defend yourself against other boys...ya actually the people who were doing that are those who are old you see ...”* (Participant Ten)

*“Also...sometimes the police they are coming to take us and they are saying...hey boys come here...they just take you somewhere but you can't trust them because the police they used to beat us... they would take our blankets then we sleep without blankets in the cold...If they see us in the robot they chase us...”* (Participant Six)

*“Some people they shout and scream at us... some people they chase us...There are some problems because the cars...they try to knock you and you can die... it is bad and dangerous...but some people...they help us...there is this one man...whenever it rains...he comes and takes us to his house to stay... No...he wanted nothing...”* (Participant Two)

Studies show that more than 50% of street children report being regularly threatened with weapons, physically attacked and verbally and sexually abused on the streets, frequently severely (Celik & Baybuga, 2009:14; Schimmel, 2006:217; Tyler & Cauce, 2002:1266). Injuries from stabbing, slashes from razor blades, fractured skulls and broken bones were quite common. Such injuries are most often inflicted during fights with other homeless adults and street boys (Motala & Smith, 2003:66). Disputes typically arise over “rights” to work in a particular area or perceived insults (Celik & Baybuga, 2009:14). Street children are exposed to even more violence on the streets than when they were in their own homes (McAlpine et al., 2010:30, Thomas de Benitez, 2007:6, Pinheiro, 2006:13).

In many countries street children are thought of as delinquents who represent a moral threat to civil society. According to Finkelstein (2005:128-129), this belief has

led to the formation of “death squads”, self-proclaimed vigilantes, many of whom are involved with security firms and the police and seek to solve the problem by elimination. According to Celik and Baybuga (2009:20), street children face possibility of arrest, confinement in jail and beatings from the police because these children are likely to be thought guilty of various disruptive or illegal behaviours (Kilbride, Suda & Njeru, 2000:124; Moolla, 2007:65-78, Moolla et al., 2008:597).

In a study by Celik and Baybuga (2009:20), the children working on the street portrayed the police as an enemy, a fearful figure and one of the most frightening street experiences. According to the children, police violence occurred in three forms: through systematic police persecution in an effort to remove the children from their streets against their will; actions that had deliberate intent to humiliate them with verbal or physical aggression; and through alleged sexual abuse - revealed by the children in a veiled manner (Ribeiro, 2008:94; Moolla, 2007:65-78, Moolla et al., 2008:597).

Interesting to note are the survey results by McAlpine et al. (2010:30), who showed that the youth who live on the streets in the larger cities reported significantly higher abuse and lower support scores in relation to their families, compared to the scores of the children’s reports about their families from the smaller towns. These results suggest that smaller communities may provide a measure of support due to increased proximity and familiarity, versus the anonymity and lack of familiarity that can exist in bigger cities.

- **Category B: Street children are exploited in various ways by some individuals due to street children’s intense need for money**

Street children are exploited by various individuals who offer them money in exchange for criminal or sexual favours. Organised crime groups exploit street children to commit robberies for them and offer monetary incentives to street children who most probably use this money to sustain their drug use habit. Organised crime groups also exploit female street children to become involved in organised prostitution which these girls do to maintain their drug use habit and thus, are willing to take big personal risks by engaging in sexual contact with more than one person.

Sexual acts in cases of prostitution are associated with exploitation, rejection and stigmatization experiences. In this regard, gay street children experience at least a triple vulnerability, namely 1) Being a street child, 2) Being involved in prostitution, and 3) Being gay.

*“...sometimes they are people who are working on the shops you see...those who are making shoplift...ya they...at night they come to pick up street kids you see...maybe about six of them. They took you where there is place that they open it and where there is many goods that they are going to take there...after that you get some money you see... Yes...they paid us...There are other girls there...the Nigerians took these girls and put them in this place...I don't know where is this place. They took them away and put them in a place you see...make them prostitutes...ya they are prostitutes and they get money like that...”* (Participant Ten)

*“...then those people they come...they say how much...then maybe sometimes I say twenty rand...and then the other one they come they say...I don't have twenty...I just only got fifteen rand...I say okay...I do it because I want money you see...That's why I leave it...because I didn't feel nice because sometimes you get the one that got lot big dick you see...”* (Participant Eleven)

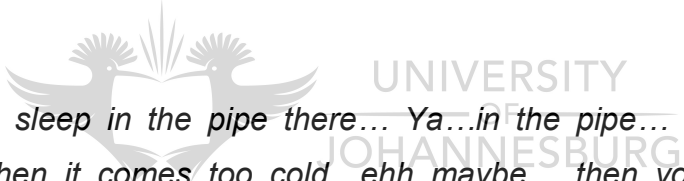
*“...they don't want to tell us what they do when they go with these people with the cars...”* (Participant Three)

It is reported that both girl and boy street children fear and are vulnerable to rape on the streets by other street youths or gang members, although this is more common with girls (Motala & Smith, 2003:66,69). According to Oduro (2012:46), poverty and exclusion force street children into unacceptable and dangerous sexual practices and the main themes identified by these street children were sexual abuse and violence, sexual exchange for protection, prostitution and the lack of privacy and decency in their sexual practices. A review of evidence from developing countries undertaken by the Population Council (Jejeebhoy & Bott, 2003:1), points out that “under certain circumstances ...young people may be less equipped...to avoid non-

consensual sex and may have fewer choices available to them when they do experience coercion” (Kaime-Atterhog, Lindmark, Persson & Ahlberg, 2007:614).

- **Category C: Street children suffer physical discomforts on the street**

Street children are constantly exposed to natural elements; harsh environmental conditions and temperature without proper shelter and this is a constant reality of their life-on-the-streets. Coping with harsh environmental conditions, poses a significant threat and risk to survival on the street. Furthermore, begging itself is a physically exhausting activity due to being exposed to natural conditions and long “working” hours. The inability to maintain personal hygiene, for example, bathing and washing clothes, is another significant discomfort of living on the street. One outcome of the inability to maintain personal hygiene is the onset of dermatological conditions, often characterised by skin irritations and ulcers. Street children do not make use of health facilities, seemingly due to feeling shameful of their physical appearance.



*“...then we sleep in the pipe there... Ya...in the pipe... Ehh..the way you staying...when it comes too cold...ehh maybe... then you have the other thing...what can I say it’s like a small animal you see...it starts to bite you because you don’t bath you see...maybe you can be sick...ya you start to scratch yourself and this animal goes inside to your body...inside your skin...”*  
(Participant Six)

*“I don’t like to sleep on the street because sometimes you sleep...you didn’t eat...you didn’t bath...you didn’t do nothing you see. Sometimes you sleep now...the raining is coming inside...you supposed to stay until the sun is coming out. Without that you never sleep...”* (Participant Eleven)

*“It was not good...it was raining sometimes and then we were getting wet and it was cold...or sometimes it was too hot...”* (Participant Four)

Street children are exposed to harsh conditions and generally live in very unhygienic surroundings that are not conducive to mental and physical health (Tudoric-Ghemo,

2005:62). Children living on the streets said they tended to avoid seeking medical help when they were ill and tried to sleep off their illnesses, whereas children in shelters went to doctors or to clinics (Kruger & Richter, 2003:9). According to Celik and Baybuga (2009:22), the harsh conditions under which street children live and work are a breeding ground for abuse and neglect as well as a host of physical, psychological and emotional problems. Many street children are exposed to social and medical powers that devalue their health and expose them to feelings of alienation and inadequacy (Guernina, 2004:104).

- **Category D: Addiction to drugs leads to criminal activities**

Drugs have a firm and controlling grip on the lives of many street children, to such an extent that many participants resort to criminal activities to get their next “fix”. Begging is frequently supplemented with stealing to obtain money which indicates that street children engage in this criminal behaviour to support their drug use, not so much to meet their needs for food. Drug addiction is an important factor that prevents street children from escaping their context and to choose in favour of a better life. Street children engage in high-risk behaviours to sustain their drug use habit which indicates a very high level of desperateness and risk-taking.

*“When they are smoking the glue...they feeling good...like they can do anything...like they are in a cartoon... They are feeling like everything is not real...so they are feeling like they are in a cartoon...they feel brave... They feel like they can do whatever they want to... It can be that they can kill people and it will feel like not real...”* (Participant One)

*“...actually everyone which stays on the street goes to beg or to steal and comes back and smoke...that’s the only thing we do when we are staying on the street...”* (Participant Ten)

*“...if it’s like this...no-one is going to go away from the street because of the drugs you see...”* (Participant Ten)

According to Boyer (2008:28) addictions generate most of the visible presence and interactions of street homelessness. Individuals who are addicted will go to the streets to buy and sell drugs and make their connections. Addicts will scavenge for food, items to sell, and opportunities to commit crimes to get money, drugs and alcohol. If they are prostituting from the street, they are likely to be addicted, involved with a pimp, and become more susceptible to arrest; all factors that quickly exacerbate their homelessness. As their addiction begins to take over, they make less money and the money they have goes for drugs (Boyer, 2008:21).

In a study by Morakinyo and Odejide (2003:112), a total 45% of participants admitted to either lifetime or current use of at least one psychoactive substance. Almost two-thirds of the users obtained the substances from petty traders within the locality and three persons admitted to taking other person's belongings or money to meet the expenses of these substances.

### **3.2.3 THEME 3: STREET CHILDREN EXHIBIT VARIOUS EMOTIONAL RESPONSES TO THEIR DAILY LIVED EXPERIENCES**

Street children exhibit various emotional responses to their daily life experiences which impacts on their emotions in many different ways.

- **Category A: Street children experience negative emotions**

Street children experience negative emotions due to their daily lived experiences on the streets. These include sadness, fear, misery, despair, feelings of helplessness and hopelessness.

#### **a) Feelings of deep sadness**

The street children in this study experience a deep sadness and a longing for physical safety, nurturing and care and also a sense of identity and personal worth. A poor and dysfunctional relationship between participants and their families seems to be the primary reason for their autonomous choices to opt for a life on the street. These participants then experience deep sadness regarding separation from their

significant family members, particularly their mothers, which indicates a sense of belonging to a family. This indicates the participants' intense sense of abandonment by their mothers, as well as a sense and fear of its permanence.

*"I didn't feel happy but because of the life that I was living...I was supposed to leave it and so I was on the street..."* (Participant Ten)

*"My mother's sister is still at home... I am sad...I miss my mother...and my aunt...I miss my home...My new friend...we play a lot...but I am sad sometimes...So now, sometimes I am dreaming bad dreams about my mother...I dream that my mother...she is dead... I always dream this...these terrible dreams... Just my mother...she is dead...I feel very sad...and frightened...because maybe my mother she is dead..."* (Participant Four)

*"(Crying)...because I don't have home... because I'm living in street..."*  
(Participant One)

Tudoric-Ghemo (2005:66) indicates that street children are more vulnerable to impaired psychological health than any other group of children. There is also a high incidence of pathology in street children and the causes are attributed to the abusive, dysfunctional and neglected home environments that these children come from, and this is generally exacerbated by the lifestyle they lead on the streets (Tudoric-Ghemo, 2005:xii).

#### **b) Feelings of fear and anxiety**

Being subjected to the coercive behaviour from police and other street children groups lead to street children feeling unsafe and anxious. These individuals and groups make life miserable for younger groups who feel scared and unsafe in their context and often need to hide or flee from the real or perceived threat. New street children may also experience anxiety feelings due to a sense of insecurity, loneliness and disorientation. Seeking medical help, abandonment by significant others and being exploited for sexual favours also leads to fear and anxiety in street children.

*“I run away every time...because I am scared...they want our money ...they are making us scared...We give them the money because they are scaring us...”* (Participant Twelve)

*“...sometimes if you get sick...we normally ehh other kids they are scared to go to the clinic or hospital because they are dirty you see...”* (Participant Six)

*“I am looking for some shelter all the time...because I am scared...”*  
(Participant Two)

Although they frequently mention personal freedom as their prime incentive for going to the street, street children soon discover that this is paired with a fearful existence, especially at night (Rizzini & Butler, 2003:8). Various studies (Celik & Baybuga, 2009:21; Valente, 2005:1,12) indicate that psychological responses to abuse such as anxiety, fear, anger, denial, self-hypnosis, disassociation and self-mutilation are common in children working on the street. According to Kaime-Atterhog et al. (2007:602), street children also view health and social service providers as unfriendly, threatening and unhelpful (Ribeiro & Campione, 2001:44; Kaime-Atterhog et al., 2007:615) and when they seek healthcare, they are reluctant to be candid. Over and above this, the authority – which is the police - that is supposed to protect them is portrayed as one of the most feared social agents (Ribeiro, 2008:89; Rizzini & Butler, 2003:8).

### **c) Feelings of misery and despair**

Street children experience feelings of misery and despair due to the coercive power, physical assault, and threats of certain street children groups and the police. This constant presence of physical threats and physical assault elicits a sense of survival despair in street children. Street children attempt to legitimately earn money by offering to do menial tasks for passersby, but are often treated in a dehumanizing and degrading way and not offered any payment. This leads to further feelings of despair in street children who are usually just trying to get money for food.



*“Yes...we are not feeling well...we are feeling very bad...too much bullying...I am feeling very terrible...Sometimes they getting mad...I feel bad...they are also forcing me to smoke...I am looking for some shelter all the time...because I am scared...”* (Participant Two)

*“I feel very bad...”* (Participant One)

*“They are treating me like a slave... Whenever they buy something, then they want you to hold it...then they give you nothing...they shout and chase you...”*  
(Participant One)

Street children’s deprived home environment does not allow much space for growth and initiative either because any self-determining behaviour and freedom becomes suppressed. This further reinforces a low self-esteem, feelings of despondency and a general disinterest in life leading to poor self concept in street children. This has been confirmed in some studies that have found in their samples that feelings of inferiority, hopelessness, uncertainty about life in general, and unworthiness are common among street children (Geldenhuys, 2001:127).

To summarise the above in accordance with the projective analysis, the drawing below (Figure 3.1) done by one of the participants indicates poor self concept which stemmed from negative emotions, feelings of social inadequacy, feelings of weakness in personal achievement, a sense of insecurity and need for social acceptance. These daily challenges faced by street children erodes their concept of inner self and exposes them to psychological vulnerabilities.



Figure 3.1. Participant Three

#### d) Feelings of helplessness

The street children in this study displayed feelings of helplessness when describing their addiction to drugs and inability to help other street children. I also noted that there was a sense of powerlessness to escape from a life on the street despite a striving to do so and this was evident in street children's wish for someone out there to offer them a chance to enter into meaningful employment. Being unable to obtain donations from the public also elicits a feeling of helplessness among street children who feel they are unable to address their own current living conditions. Street

children also experienced a sense of helplessness to have effectively dealt with the problems in their family-of-origin that resulted in their current life on the street.

*“I was thinking that maybe if people... maybe if the government can help me...can help the people on the street by taking them to the rehab by force you see...because if it’s like this...no-one is going to go away from the street because of the drugs you see...”* (Participant Ten)

*“She cry...she say there is nobody to look after me...”* (Participant Four)

*“You must help these children...they smoke glue...”* (Participant One)

The results of a study done by Tudoric-Ghemo (2005:124) found that generally, healthy development in street children has, indeed, been compromised. Any need for achievement, autonomy, dependency or security was found to be absent in these street children. It has therefore been argued that these children have been arrested at their first level of development, mainly because their primary focus is on fulfilling their basic psychological needs, to the extent that any higher order needs cannot be met. This study indicated that there is an increased risk to pathologies in street children.

According to Schimmel (2006:228), some street children even suffer from ‘learned helplessness’, an attitude that emerges from experiences of powerlessness and lack of control over their environment, and a history of repeated failures of attempting to exercise control over their lives. This entails the expression of an accepting attitude to street life, and a lack of interest and energy to pursue alternatives to it.

#### **e) Feelings of hopelessness regarding survival task on the streets**

The street children in this study expressed a sense of hopelessness regarding their survival task on the streets and the unlikely possibility that they could ever escape from their current lifestyle. These children also experience serious doubt in the ability of the general public to successfully intervene in the lives of street children.

*“...and no-one wants to help you...it is bad and dangerous...because no-one can help you...”* (Participant Two)

*“I’m not feeling alright but because I have a problem I can’t do anything...I want somebody who can change my life...give me something to work eh...something where I can work and then get money...I want to change this life... I don’t like this life. Just I’m doing it because there is nothing that I can do...”* (Participant Eleven)

*“I is always run away if I see the people is get hurt...because I don’t want to see that...I feel very bad... and upset...”* (Participant One)

Street children learn early to distrust that the world is a safe place, resulting in a loss of a sense of faith and a sense of hopelessness. In addition, the instability of life on the streets only exacerbates the child’s lack of trust, and a healthy sense of identity and overall personal trustworthiness becomes negatively distorted (Motala & Smith, 2003:63). Street children’s difficult living circumstances may also encourage a sense of hopelessness which could promote involvement in dangerous activities such as involvement in riots and vandalism, and self destructive behaviours such as psychoactive substance use (Abdulmalik, Omigbodun, Beida & Adedokun, 2009:530). Such psychological disorders have been linked to the stressful living conditions inherent in their home life as well as their street life (Tudoric-Ghemo, 2005:68).

Despite the abusive treatment they receive, and even living in this context of having their sense of self-worth attacked on a regular basis, street children do not perceive themselves as having an alternative to the street. They desperately want to be respected and loved – but they lack the confidence to leave the street and move to a permanent shelter (Schimmel, 2006:226).

To summarise the above in accordance with the projective analysis, the picture below (Figure 3.2) indicates feelings of helplessness, insecurity and inadequacy. Furthermore, the tears depicted in the picture suggest intense sadness and the unsmiling mouth suggests depressive tendencies and a sense of hopelessness. The

participant who drew this picture tried to capture the essence of his life on the street and to portray it as he experienced it. After a difficult day of trying to survive and earn a living on the street, the participant then has to brave the weather conditions, lack of adequate sleeping facilities and dangerous criminals whilst trying to rest at night. All of these negative factors lead to a sense of helplessness, hopelessness and despair in street children.



Figure 3.2. Participant One

- **Category B: Street children experience positive emotions**

Street children experience positive emotions due to their daily lived experiences on the streets. These include feelings of sympathy for and identification with other street children.

### **a) Feelings of sympathy for and identification with other street children**

Some participants showed deep care and concern for the plight of other street children. This is expressed in their appeals for help from “external” individuals, despite earlier expressions of hopelessness regarding the possibility of street children trying to escape from their lives on the street. Street children also feel upset when they witness other street children – even the “esilunde” - getting hurt. Living on the streets sensitises street children to the plight of other street children. It is a form of survivorship to be actively involved in helping other street children. This may partially be motivated by the reluctance of the general public to become involved in helping street children. These children are forced to care for themselves and other street children as a way to survive or cope on the streets.

*“I is always run away if I see the people is get hurt...because I don’t want to see that...I feel very bad... and upset...”* (Participant One)

*“You must help these children...they smoke glue...”* (Participant One)

*“I want to work here at XXX Shelter so that I can help children of the street...”*  
(Participant Three)

According to research done by Finkelstein (2005:112), the exposure to violence takes a heavy emotional toll on kids. Most are of the opinion that it is unpleasant, but that it is a necessary part of street life. According to one of the participants, “It is scary. It hurts to see someone you know die. It makes you cold. That is the only way to say it. It makes you cold, just cold”. Finkelstein (2005:41) also notes that an important part of street life involves being accepted by other street children. Because they are thrown into a common situation, they develop bonds, even with those with whom they are not well acquainted. The older children would usually take care of the younger children and look out for them.

- **Category C: Suicide ideation due to sense of social isolation and lack of social support**

Noted in this study among participants was an indication of suicide ideation - a subtle expression of wishing to die and escape from the difficult life on the street by being reunited with a significant family member. This indication of suicide ideation is likely due to a sense of abandonment, social isolation and lack of social support in the lives of these street children.

*“I want to follow my father then...but he is gone too far...”* (Participant Fourteen)

*“It was very bad and I had nobody to help me...I wanted to die...”* (Participant Fourteen)

In a study conducted by Schimmel (2006:212), street children experience high levels of stress and of physical and sexual abuse and psychological trauma as a result of living on the street, and that they suffer from psychological pathologies such as depression and suicidal behaviour at substantially higher rates than children who live at home or in alternative permanent accommodation. Other studies have also concluded that street youths present with serious emotional and behavioural disturbances, suicide or suicidal ideation, anxiety and depression, low self-esteem, withdrawal, feelings of hopelessness, inferiority and despondency (Richter & Van der Walt, 2003:11).

To summarise the above in accordance with the projective analysis, the drawing below (Figure 3.3) done by one of the participants suggests a need for support associated with feelings of insecurity and low self-assurance, strong security needs, dependency tendencies and a fear of independent action. Uncertainty regarding the future and a sense of isolation coupled with a strive for social acceptance and recognition is also a strong focal point in this drawing.

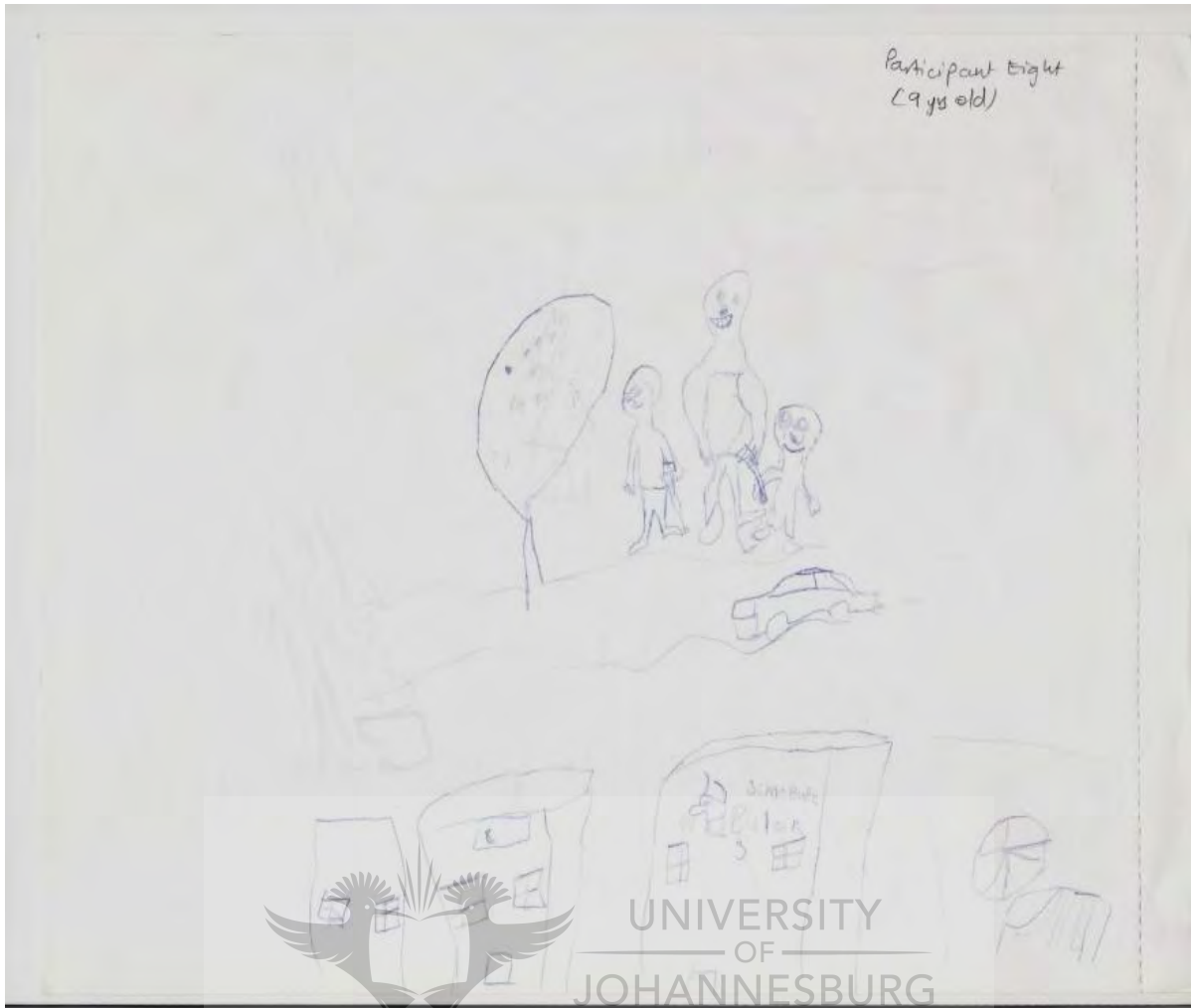


Figure 3.3. Participant Eight

### 3.2.4 THEME 4: STREET CHILDREN DEVELOP VARIOUS COPING STRATEGIES AGAINST THE HARSH ENVIRONMENT OF THE STREET

Street children display various coping strategies or defense mechanisms against the harsh environment which includes controlling own environment, suppression and displacement.

- **Category A: Controlling own environment**

Controlling as a defense mechanism is the attempting to manage or regulate events or objects in the environment to minimize anxiety and to resolve inner conflicts (Sadock & Sadock, 2007:203). Controlling is probably the most useful and constructive of the strategies as it takes street children out of dangerous or harmful



situations and puts them in a safer space. Street children display incredible resilience with this defense mechanism as they often run away and hide for self-preservation, form groups for support, spend money quickly due to theft and utilise shelters for primary needs.

#### **a) Running away and hiding for self-preservation**

Street children find it difficult to find a “home” where they can stay for prolonged periods. Their frequent relocations expose them to significant risks and their lives are thus characterised by frequent running away, either running away from their homes of origin or running away from personal risks, dangers and threats on the street. As such, it seems as if their primary defense mechanism is to avoid or actively escape certain situations, rather than trying to resolve the situation – which is street smart behaviour.

Besides “running away”, another defense mechanism of street children to avoid physical assault is to physically hide or keep to so-called safe places where they will not be seen by their abusers. Hiding resources is another defense mechanism employed by younger street children groups to deal with the threat of resource losses. Street children also hide to avoid physical assault by family members from whom they had run away from.

*“...then I run away whenever I see the police car... I run away every time...because I am scared...and when you are small then you get bullied by the big boys...so I run away and hide.”* (Participant Twelve)

*“...then we go...me and my brother...we hide and we go this way and that way...but we go...we left the town there...we left it like this...you see my father came pass with his car and kind of look at us...I said come let’s go that way...and he came to find us and we go hide...we run away...then my father he didn’t find us...the he go...he go...he go straight...he go straight like there...then we go...we go...we go round and come out by a big shop...we go we go we go we go.”* (Participant Eight)

*“After the police took me to Katlehong...I ran I ran away to my home...after my home I ran away again...then I ran away again from there...then I go near to Hillbrow police station...it was near there...then I stayed there.”* (Participant Twelve)

According to Celik and Baybuga (2009:21), the majority of abused children use different coping methods: running away or responding with the same methods. Gallupe and Baron (2009:526) noted differently, that delinquency results where the loss of positive relationships is seen to be an unfair outcome of the actions of others. One example is the loss of a valued family member by running away to escape the abuse of another family member. According to Guernina (2004:100), street children seem to run away from home because they are unhappy or abused at home. This was highlighted by Ebigbo (2003:6) who indicated that excessive or unwarranted “discipline” can drive a child from home to live on the streets if there is no recourse available. According to Van Blerk (2005:14), street children also participate in strategies to help them elude the police such as hiding or leaving town for a few weeks.



To summarise the above in accordance with the projective analysis, the drawing below (Figure 3.4) indicates social awareness and a good level of spatial awareness and familiarity with the area depicted in the drawing. This keen sense of geographical orientation is crucial since street children need to be alert and aware of their surroundings as they are constantly on the move. This also plays to their advantage when they need to run away from people who are trying to abuse them in any way or steal from them.

Street children have made the street their permanent home and thus these surroundings are as familiar as their own homes would have been to them before they left to live on the street.



Figure 3.4. Participant Two



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### b) Forming street children groups

Street children live in small close groups and not alone, possibly as a coping strategy to survive on the streets. Life on the street also meets street children's primary need for social interactions and to belong to a significant group. Participants experience a sense of personal recognition and validation from their friends that they did not get in their own homes. Being part of a group is experienced as something that adds value to their quality of life, not merely as a survival strategy. Groups are formed on the basis of a shared identity and group members share a sense of struggling with the same issues, hence the shared identity. These groups are also characterized by mutual care and friendship and as a group, these street children beg, sleep, eat, play and even gamble together. They also care for any group member who gets sick.

One purpose and advantage of friendships is social networking with other street children that may provide access to resources that addresses their primary needs.

Younger street children also seem to group together which suggests group formation amongst street children based on age - “small” versus “big” - categories. Street children survive on the street by slotting into the “street economy” for personal protection against the risks for physical assault. They are involved in social networking with powerful individuals to ensure their own safety. It seems that even some police officers whose primary task is to protect all citizens are themselves involved in the “street economy” that thrives on the vulnerabilities of street children.

*“We are begging the money to go and buy the food...We begging together... then we put the money together...to buy food ... enough food...sometimes we make a fire and cook our food in a tin...with my friends...We are happy together because we are together... helping each other... and they are same like me... we are helping each other...”* (Participant Two)

*“...if I am sick...my friends there they take care for me...yes..they give me food...they help...they give me those tablets...they help... everything... something like that...they are making like the brother and sisters we are...”* (Participant Eleven)

*“I was staying with another friend of mine who was older than them...they were scared of him you see...if they try anything like that I just tell him...he go beat them...he used to be a friend of mine...a good friend of mine...he used to help me a lot...”* (Participant Ten)

According to Finkelstein (2005:39), newcomers on the street seek out other children that can help them. Earlier hardships lead to these children becoming involved with more experienced children who offer them support and the tools they need to survive. Therefore, forming street relations is not only a solution to survival problems, but it also widens and legitimises the street scene (Rizzini & Butler, 2003:3).

Street children live in groups and work harmoniously to provide for the basic needs of the group. They make decisions together as to where they will go, what they will eat and also distribute the food they have evenly amongst themselves (Tudoric-

Ghemo, 2005:55) and each child in the gang has a responsibility for meeting the needs of others as indicated by the specific role that each child played in the group's activities (Ayuku, Marten, Devries, Arap Mengech & Kaplan, 2004:26). Beazley (2003:3,7) observed that strong interrelationships, networks, group solidarity and loyalty to one another is a response to alienation and rejection by mainstream society (Ayuku et al., 2004:29). These networks could be seen as a resource for developing a modern, democratic and ethnically diverse society (Ayuku et al., 2003:116). Through these networks, street children reinforce their difference, strengthen their boundaries and produce a collective identity and sense of belonging (Kaime-Atterhog et al., 2007:615). They also help each other financially, morally, emotionally and when ill (Malindi & Theron, 2010:232; Kaime-Atterhog et al., 2007:615).

### **c) Quick spending of money to avoid potential loss**

While collecting money for food is street children's first priority, strategies to hold on to the money is their next priority. Younger street children groups employ a quick-spending coping style to deal with potential loss of money due to the threats of the "esilunde". As a result, younger street children never build up any money reserves, but rather live from day-to-day by means of begging to meet their most basic needs.

*"...but we try to spend it quickly and we play games with it as soon as we get the money..."* (Participant Three)

*"We begging together... then we put the money together...to buy food ... enough food..."* (Participant Two)

According to Beazley (2003:5), when a child first arrives on the street he is asked where he is from. He may simply be chased away, but it is more likely he will be beaten up, or mugged of his possessions, clothes and money. Associated with this "live for today" attitude, street children are also extravagant with the money they earn. By their own admission they earn money, but will spend it on food, entertainment and each other straight away (Beazley, 2003:10).

#### **d) Utilisation of formal shelters and religious or humanitarian groups to meet primary needs**

Organised shelters and religious institutions make a significant difference in meeting various needs of street children. These places meet street children's primary need for food and hence allows them to devote more time to social interactions and less time to begging. Some effective social workers have skills to actively reach out and engage with street children in their context on the street and in some cases it results in their placement in formal shelters.

The context of the formal shelter also gives participants a chance to consider long-term goals and offers street children a chance to "escape" from a survival-life on the street and embrace a potentially thriving-life due to proper scholastic education. Formal shelters also mediate basic health services and even medical drug rehabilitation treatment; whereby children are taken to clinics for medical care that they themselves would not be able to claim on their own. Thus, these shelters offer more than physical shelter and food, but actually become involved in restoring the holistic well-being of street children.

Despite all of the help offered and received at shelters, these organised shelters are seen by many street children as only a temporary living space and not a long-term home. Formal shelters may thus not always sufficiently meet the needs of street children to ensure that they do not return to a life on the street. Alternatively, some street children may find it difficult to exchange a "free" life on the street for a more structured and controlled life in a formal shelter. The formal shelter is not seen as a permanent "solution" to escape from life on the street, but only seems to partially meet their needs, perhaps only in times when life on the street become too hard.

*"We stay on the street...and we only come here to eat at XXX Shelter...I also get food here so I can play for how long I want" (Participant Five)*

*"Actually I ended up here because of another social worker whose name was XXX...he was working on the street...one day he came up to me on the street and talked to me. He told me that life on the street is not good...you see. He*

*advised me lot of things...then after he advised me I just think for myself that what does I want in life and I realized it later that yes he was talking the truth”*  
(Participant Ten)

*“...then I came here to XXX for one month...then I go back to the street...to beg for money...me I come to XXX sometimes”* (Participant Thirteen)

Harper (2003:32) states that in recent years, as more and more attention has been drawn to the existence of street children, many health and welfare organisations, social workers and religious organizations have responded by providing intervention strategies and programmes to address street children’s basic needs and provide the necessary support they require. According to Kruger and Richter (2003:9), children living on the streets said they tended to avoid seeking medical help when they were ill and tried to sleep off their illnesses, whereas children in shelters went to doctors or to clinics.

- **Category B: Suppression**

Suppression is consciously or semiconsciously postponing attention to a conscious impulse or conflict. Issues may be deliberately cut off, but they are not avoided and discomfort is acknowledged but minimized (Sadock & Sadock, 2007:203). This negative coping strategy involves street children avoiding and suppressing memories of their lives before current-life-on-the-street, blaming non-South African citizens for being involved in criminal behaviour and substance abuse.

- a) Avoid and suppress memories of life circumstance before current life-on-the-street**

Street children in this study were sometimes reluctant to share the time period and sometimes also the reasons for being on the street with me, especially because, for most it is due to family dysfunction or family rejection. These issues may be too emotionally painful to admit and discuss with others. Thus participants may say that they do not remember how long they have been on the streets. The reason for them

not remembering could also be that living on the street is not a temporary lifestyle but a permanent one.

On the other hand, street children were reluctant to share certain information with me – possibly due to threats. They indicated “not knowing” which may indicate possible fear of retribution by “esilunde” if their identities are revealed to me. This may also indicate a general reluctance to trust anyone, especially individuals who are not part of the street children community – and this includes the police who are viewed as perpetrators by street children.

*“I do not remember...it was a long time ago...when I went away... I only know 2009...”* (Participant One)

*“...normally we don't talk about problems...because everyone is is...you don't want to talk about it...maybe someone is is run away home...because you don't want to discuss these issues you see...why you ran away home...”*  
(Participant Six)

Street children display a tough adult like appearance and attitude that not only disguises a latent childhood but also frequently masks deep personal hurt, defencelessness and distrust of relationships with others. According to Rizzini and Butler (2003:18), street children often indicate that they are also unable to remember anything good that ever happened to them in their lives.

#### **b) Substance abuse**

Drug use allows street children to temporarily escape into a fantasy world where everything is good, and where the longing for being in meaningful relationships, especially family life, is suppressed and inhibited. As such, drug use is a short-term effective coping mechanism to emotionally and physically survive on the street. Drug use also creates a feeling of companionship that drives away feelings of loneliness and dampens or inhibits the longing for being in meaningful relationships. Drug use also creates body warmth that drives away the cold of being outside or facing unpleasant environmental conditions. Alternatively the “cold” that these street



children mention can refer to “cold and suppressed emotions” and drug use can facilitate the expression and experience of these emotions. “Sniffing glue” brings cognitive distortions that result in an underestimation of risks and an overestimation of one’s own psychological and physical strength and abilities. Drug addiction is hence an important factor that contributes to street children not being able to adapt to life in a formal shelter. It forces them to continue with a street child lifestyle.

*“If you didn’t smoke the drugs you feel lonely...you feel like we are sick you see...you feel cold even if there is a fire...you feel cold...cold...It’s the taiwan... It’s a heroin... glue...”* (Participant Ten)

*“...because if I was sniffing those glue if you come to me you will talk the thing that I don’t like...I am feeling like I have more power than you...if you are young like you are young to me...I take you like you are a small boy...like you are a small child you see...even if you are so bigger than me. I take you like a small child...”* (Participant Eleven)

*“...actually everyone which stays on the street goes to beg or to steal and comes back and smoke...that’s the only thing we do when we are staying on the street...”* (Participant Ten)

The extent of hard drug use among street children in South Africa is unknown. In recent years there has been an increase in the smoking of “white pipes,” a mixture of ground Mandrax and dagga (Kruger & Richter, 2003:3). Of the street children under study by Tudoric-Ghemo (2005:100), glue, marijuana and alcohol were most common and 100% had used some form of substance or drug. According to Abdulmalik et al. (2009:536), drugs with the highest prevalence of use among street children were stimulants, volatile solvents, cigarettes, and cannabis, which are readily and cheaply available (Rizzini & Butler, 2003:9).

Peers, who are the main sources of socialization and support for street children may not always encourage positive behaviours. They are often highly influential in introducing street children to behaviours such as substance abuse, stealing, prostitution and other illicit modes of street life (Finkelstein, 2005:40). Substance

use often provides street children with an escape from the harsh realities of street life. Many feel that substance use gives them a way to emotionally remain on the streets. It keeps them out there, so to speak (Finkelstein, 2005:92).

Abdulmalik et al. (2009:537) also found that the duration of street children's stay on the streets was not significantly associated with the use of psychoactive substances, unlike the study by Morakinyo and Odejide (2003:115) carried out in southwest Nigeria which reported strong correlation between duration of stay on the street and use of psychoactive substances. Abdulmalik et al. (2009:534,538) noted that it was depressive symptoms, feelings of loneliness, hunger and difficulty sleeping that significantly increased the likelihood of street children using substances like cannabis, pawpaw leaves and volatile substances. Street children learn early to distrust that the world is a safe place, resulting in a loss of a sense of faith. In addition, the instability of life on the streets only exacerbates the child's lack of trust, and a healthy sense of identity and overall personal trustworthiness becomes negatively distorted. This then leads them to turn to avenues which help them to forget about these rejections and seek solace against their harsh world, in this instance substance abuse (Motala & Smith, 2003:63).

- **Category C: Displacement**

Displacement as a defense mechanism is the shifting of an emotion or drive cathexis from one idea or object to another that resembles the original in some aspect or quality. Displacement permits the symbolic representation of the original idea or object by one that is less highly cathected or evokes less distress (Sadock & Sadock, 2007:203).

- a) Blaming non-South African citizens for being involved in criminal behaviour – indicates a form of xenophobia**

Certain groups of individuals are known to buy stolen items from street children. This indicates a certain "street economy" that street children utilise to obtain money. Citizens from other African countries, especially Somalia and Nigeria, are viewed as the primary offenders of organised crime groups that recruit street children. It is

difficult to verify the factual correctness of this statement. However, it may be seen as an attempt to displace blame and categorise the “bad” group into a non-me and us group - xenophobia. This may make it easier to displace the blame of all the “bad” events among street children onto a “foreign” group, while at the same time making it easier to not having to deal with the possibility that children in the “us” or “in” group are also involved in “bad” behaviour.

*“The Nigerians...they are buying the stolen things from everyone...”*  
(Participant Five)

*Too many people you see...Somali and Nigerians...(take street children to shoplift for them)...It’s the people who live around the town...the Nigerians...most of them are Nigerians... Ya...you can only just buy it (drugs) from them...”* (Participant Ten)

*“...they always taking money from those other people...they are from Mozambique”* (Participant One)

According to Valji (2003:1), an examination of the xenophobia phenomenon and its manifestation reveals that 'the foreigner' has become a site for the violent convergence of a host of unresolved social tensions. The difficulties of transition, socio-economic frustrations, a legacy of racial division, and an inherited culture of violence are just some of the factors contributing to violent xenophobia in South Africa today. Indeed, much literature pertaining to xenophobia, notes that it does not merely relate to attitudes and displacement of blame but also to actions which can be violent in nature, and has been expressed in the media (Neocosmos, 2006:114; Harris, 2002:175).

Much of the xenophobic conflict in South Africa was underpinned by perceptions of, and, in some cases, the reality of crime and who is responsible for criminal activities (Human Sciences Research Council, 2008:12). Organised criminals have apparently been opportunistic in taking advantage of the vulnerable, further deepening tensions and grievances. People living in South Africa illegally are vulnerable to coercion and violence, just as local citizens must bear the brunt of these activities (Human

Sciences Research Council, 2008:12-13). In general, there is a widespread South African perception that Nigerians in particular are involved in high level organised crime, in particular drug trafficking, which draws in young people as partners in this crime and has led to an escalating problem of addiction and drug abuse (Human Sciences Research Council, 2008:34).

- **Category D: Street children devise ways to meet primary needs**

Street children have to be innovative and devise ways to meet their primary food needs since they are responsible for their own well-being. Begging from the general public seems to be the primary way for street children to address their primary need for food. On the other hand, some street children seem to exploit the general public's sympathy for begging children to get money that is then used to maintain their drug abuse instead of buying food. Begging is also often supplemented with stealing to obtain money.

It seems as if some children even offer to perform menial jobs for the public to earn some income but are often treated in a degrading way without any payment. Drug-using children use their money to buy drugs, while they meet their need for food by searching refuse bins. This indicates that to many street children, drug use and addiction receives a higher priority than food in their allocation of limited monetary resources.

*"...when we woke up in the morning we only go to the houses nearby there to Mayfair and we go there and ask for food you see...ask for clothes, clean the garden...at night we go again"* (Participant Six)

*"Sometimes I'm going to the dustbin to open...like if people throw away take-away...something like that"* (Participant Eleven)

*"We were just walking around and picking it up from the floor or the dustbin...or begging..."* (Participant Twelve)

*“Those friends if they want food they go out to like a Shoprite they ask food...others go to Pick & Pay and ask there...others go to the dustbin...they do all those stuff...those friends were going to sell some bodies...something like that...”* (Participant Eleven)

According to Tudoric-Ghemo (2005:55), common ways of earning money on the street include begging, selling cigarettes, carrying customer’s parcels, guiding cars into parking areas, engaging in survival sex, caring for and washing cars, selling newspapers, fruit and flowers (Motala & Smith, 2003:67). In a South African study by Malindi and Theron (2010:322), all the street children in the study adopted socially inappropriate forms of agency to provide for their basic needs, including begging, isolated acts of vandalism and lying to survive difficult circumstances. Begging is viewed differently by street children as Abebe (2008:281) demonstrated how, for some children, begging is a way of life that they have followed since early childhood, while for others it is merely a temporary survival strategy. Abebe (2008:281) also illustrated how some children view begging as a shameful activity that they would prefer to avoid, while others construct it positively as a central part of their livelihoods. According to other researchers, begging can allude to a hidden resilience within individuals (Malindi & Theron, 2010:322).

Richter and Swart-Kruger (2001:1) also contend that work on the street for children can have some constructive elements. They assert that “it is not work per se which is damaging to street children: the damage depends on the nature of the work, the working conditions, and the meaning of the child’s work...” (Richter & Swart-Kruger, 2001:1). According to Tudoric-Ghemo (2005:55), while street children may decide to rummage through rubbish bins for food, they are careful as to what they eat to avoid food poisoning and illness. In recent years, a new paradigm shift is emerging. Beazely (2003:7) asserts that it may be useful to see street children as having ‘careers’ on the streets, in which they make a living by activities such as shoe-shining, selling bottled water or sweets and busking with guitars or drums (Beazley, 2003:7).

According to projective analysis, the drawing below (Figure 3.5) done by one of the participants suggests unsatisfied drives and motives, power needs and a feeling of

strength for achievement. There is also a suggestion of feelings of body weakness, with a compensatory drive towards physical power or aggression tendencies and a feeling of strength for achievement. All these drawing projections are a result of this participant's daily challenges on the street and his battle for survival – both internally and physically.

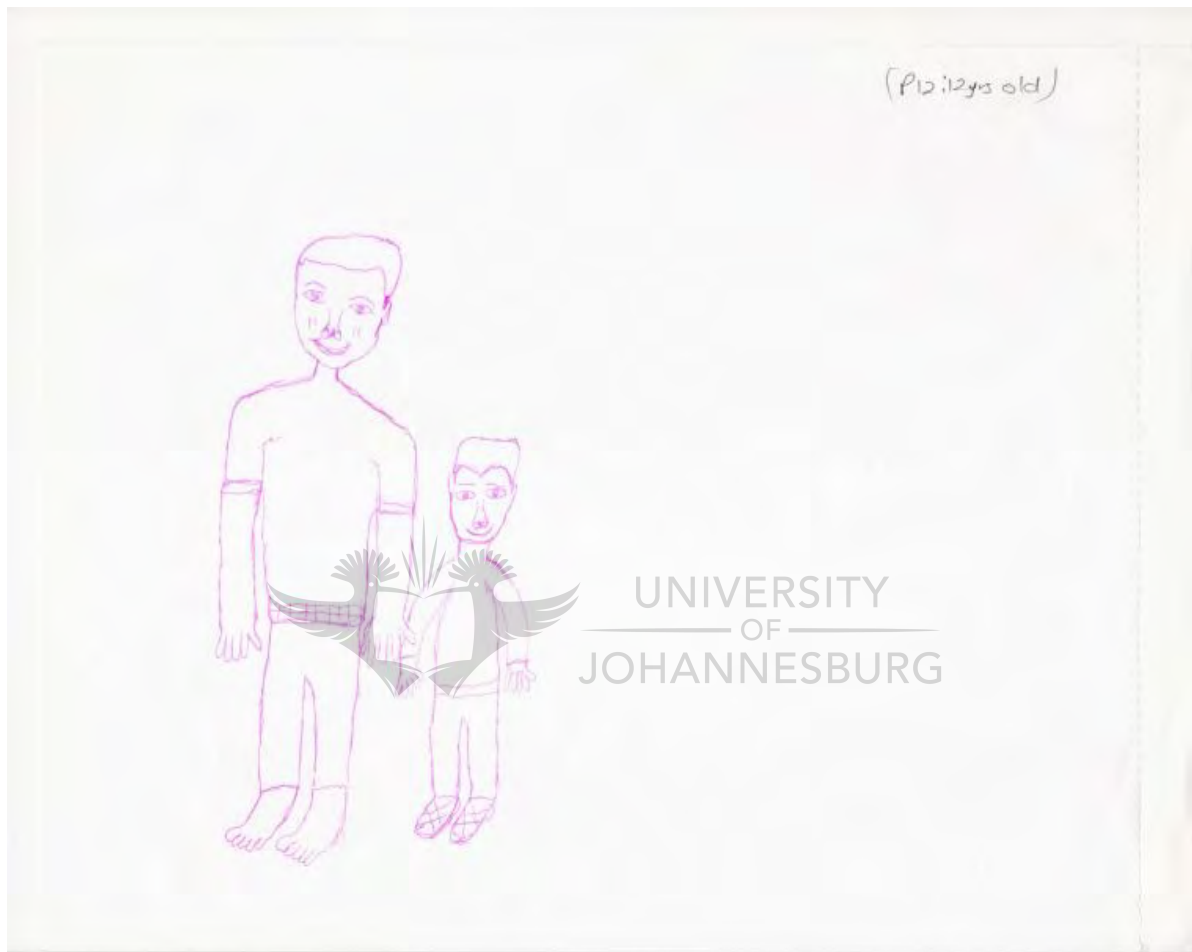


Figure 3.5. Participant Twelve

- **Category E: Holding on to the hope or dream to live a better life**

Participants dream of a formal education and careers to escape from their life on the street and even help other street children. They also understand that school education is one way to escape from a life on the street. However, their indications of attending school are very vague. Even at a young age these participants identify a way to ultimately escape from a life on the streets and this indicates a sense of hope

and future. Some participants have dreams of a family despite coming from dysfunctional families that ultimately had resulted in their life on the streets.

*“Mum Social Worker told me that they can help me...go to school...She told me that maybe next year I can go to school to study...Anyway I like to football...ya I can play football well...ya that’s all...”* (Participant Six)

*“...then I want to have my own children and my own family one day...you see...”* (Participant Ten)

*“I want to learn about computers and I want to get a job with computers...I like computers...”* (Participant Four)

*“When I grow up...I want to be a DJ... I want to play music for everyone...and make them all happy”* (Participant Five)

*“I want to work here at XXX Shelter so that I can help children of the street...”* (Participant Three)



According to McAlpine (2005:8), UNICEF’s seminal 1986 (Unicef, 1986:www.unicef.org.za/streetchildren) definition, which categorises street children as “candidates for the streets”, children “on” the streets and children “of” the streets, is still used as a classification in much of the literature and is assumed to reflect the process of becoming a street child. Within these multiple and varied definitions lies the paradox that despite the human propensity to classify, a child is almost impossible to pigeonhole as a “street child” or an “at risk child”, because essentially, they are individuals with unique histories, aspirations and potential (McAlpine, 2005:8). Street children often have difficulty understanding that the choices they make as children and youth will have long term effects on their future employability, educational qualifications and the ability to socialize into society and enjoy society’s benefits. They indicate a desire to be professionals but often they are not aware that it is virtually impossible to achieve such goals without formal education and a stable and settled living situation (Schimmel, 2006:228).

### 3.2.5 THEME 5: STREET CHILDREN SHOW RESILIENCE BY STRIVING FOR AUTONOMY

Street children show resilience by striving for autonomy and freedom from the coercive power of other street children groups, making personal choices and perseverance to leave an unhappy context to live on the street. There is also an incredible strive to lead a morally good life.

- **Category A: Strive to be free from coercive power of other street children groups**

Street children striving to be free often display defiance and perseverance against the coercive power of other groups. This can be seen as a strive for personal autonomy and perhaps also a strive to be a “good” person who is not involved in criminal behaviour despite everyday survival challenges. Many participants exhibited a high degree of autonomy to persevere in favour of pro-social actions despite clear threats of physical assault and intimidation or bullying. Many of the participants in this study also made autonomous choices to accept the offers for proper physical shelter – albeit temporarily. This suggests some level of self-reliance to deal with their circumstances despite the potential of negative peer-pressure.

*“...the bigger boys...they told me not to go with this lady and they were following me and then they were chasing me to hurt me...then I come with that lady here for now...”* (Participant Two)

*“I decided no...let me go there and then see. I came to XXX with the social worker...”* (Participant Six)

*“They were shouting at me, beating at me...it’s not like maybe I’m running away from my family...but I can’t stick to stay there because they normally drink a lot...”* (Participant Six)

*“...they do want to push me on the road...I don’t want to...”* (Participant One)



A study by Ayuku et al. (2004:28) clearly supports much of the earlier research on street children is actually counter to public opinion and hostility. These researchers found them to be highly resilient displaying a high degree of adaptability and flexibility in the face of adversity and, because of their special psychological characteristics, remaining remarkably well adjusted as individuals. In the face of adversity they strive for personal autonomy and leave harmful situations behind them as they strive for morality.

Results from a study done by Tudoric-Ghemo (2005:xiii) also found that the majority of the street youth in their sample were extroverted and flexible, and despite their living conditions, they were not negative or evasive. This flexibility enables them to adapt to or leave situations that may be not be beneficial to them. Whether these traits were inherent or learned is unknown, however, it was argued that these traits assisted them to survive more successfully on the street. It was also found that, although these youths were not very adaptable, they were accessible, a possible survival skill making them more receptive to both welfare institutions and the public, on whom they depended on for their survival. In this study, some participants braved possible physical abuse from other street children groups in order to seek help from outside institutions thus making themselves more accessible and showing highly efficient adaptability and survival skills.

- **Category B: Personal choice and perseverance to leave parental and guardian contexts to live on the street**

It seems as if the participants in this study were not actively forced to leave home, but rather autonomously decided to live on the streets. This may explain their assertive behaviour and sense of autonomy in their current context. Life on the street is regarded as a better lifestyle and choice than to live in a difficult and abusive family context. These street children showed a determination to leave and to escape their difficult and abusive family context.

*“...that is why I chose to leave home...she did not want to give me food...she said my mother was dead and if I want food...then I must go to my mother’s grave...not even a plate of food I was getting... then I left...”* (Participant Two)

*“I leave my home because my stepfather...he is troubling me too much and beating me up....My stepfather was shouting and screaming...then beating me...so I left...My mother and my stepfather...they come there to fetch me...Then I run away again...and then he is beating me up again for running away...I feel happy...I am happy now...I am far away now from home...”*  
(Participant Three)

*“...so I decided to leave and I came here to Johannesburg...you see... not Joburg...there by Witbank by Mayfair...”* (Participant Six)

According to McAlpine et al. (2010:30), their results confirm that there is a significant relationship between poverty, violence or abuse in the home, and participation and engagement in school, as to whether a child will flee the comfort of the family for the vulnerability of living alone on the street. The results of this study suggest an answer to one part of this question, which is that if a child experiences too much abuse and not enough support from their family, they would rather risk living on their own on the street than stay in that environment. Thus, according to McAlpine et al. (2010:30), children who do not feel safe and supported at home will not stay there.

And while the street child is often treated like an outlaw by local authorities, once on the street, this migration to the street may in fact suggest an act of personal resilience, where a child believes they have a better chance to further their own lives and livelihood in positive ways by leaving home prematurely. Also, these results begin to differentiate why some youth go to the street “full-time”, while other children only do so “part-time”, or not at all: it is the experience of support (McAlpine et al., 2010:30).

To children escaping abusive and violent home environments, the street can be a compelling alternative that they perceive as offering the chance for a better life (Schimmel, 2006:211). According to Cockburn (2004:46), street children do find support and camaraderie among their peers on the street, but they are looking beyond what the peer group has to offer. Running away from intolerable circumstances can be evidence of extraordinarily adaptive behaviour.

- **Category C: Strive to lead a morally good life**

Street children in this study had the ability to distinguish between “good” and “bad”. These children understood that certain actions have clear negative consequences that should be avoided by doing the “good” thing. Refusing a verbal demand by “esilunde” also requires courage due to the assault consequences. Some of these participants show a clear sense of autonomy and assertiveness in deciding not to smoke anything, and this despite the potential for group pressure from their friends who are smoking cigarettes. The reasons for their strong conviction are not mentioned. Some of the participants in this study chose to radically part from a certain group of friends and a life of prostitution to start a meaningful life in a formal shelter. Interestingly, the “esilunde” did not reach out to the shelter where the interviews for this study took place. It is not known whether they reach out to other shelters for help or if they prefer to fend for themselves fully.

*“I am not smoking anything...not dagga and not cigarettes...I was always staying separate because the others...they were smoking...they are also forcing me to smoke...but I said I do not want to smoke...I never smoked...I don't want to start now...”* (Participant Two)

*“I destroy all those things to come here to XXX to do these beads. So I want my life to be changed...I want to do something that's going to be nice for me...”* (Participant Eleven)

*“Fighting is also not good...if you fight...then the police...they will arrest you and put you in jail... especially if you are fighting... if you fight...then you can also kill other kids...”* (Participant One)

It has been suggested that rather than being passive victims of abandonment, many children demonstrate strong feelings of self-efficacy and internal locus of control (Veale, Taylor & Linehan, 2000:136). Research by Malindi and Theron (2010:322) in South Africa further indicates that street children utilise humour to forget their problems, are assertive enough to stand up for themselves, take action when faced with challenges and hence cope resiliently with the multiple challenges of streetism.

### 3.3 CONCLUSION

African children are increasingly facing abuse and neglect on the streets, in their communities and even in their homes. It is not only carried out by strangers but by the very people who are meant to protect them – their family and friends. In these cases, children have nowhere to turn (Children’s Legal Protection Centre, 2009:1).

From past and present research done on street children, exploring how their daily lived experiences impact on their mental health, it became clear to me that street children are strongly influenced by all their daily lived experiences in their environment (Moolla, 2007:iv). Being a street child is a way of life. It is the only reality with no alternative lifestyle in mind. These street children choose to live an autonomous and nomadic life on the street rather than being neglected in the family-of-origin context. This family-of-origin neglect and abandonment also invokes a deep sadness and sense of longing in street children who secretly long for caring family kinship as well as a sense of identity and personal worth. This makes them shun other parental figures as they seem to prefer living on the street – a familiar context – rather than staying permanently in formal or organised shelters or being part of general society.



In the interests of self-preservation, street children form little groups which are characterised by a shared identity and mutual care which counteracts loneliness and contributes to a sense of well-being and safety. Street children are also involved in social networking whereby they associate themselves with more powerful or knowledgeable street dwellers to ensure their own safety on the streets. Street children also regularly visit shelters and religious or humanitarian institutions for temporary shelter, medical interventions and food. Despite all their hardships, street children hold on to the hope and dream to live a better life. They have dreams of formal education followed by a career as well as having their own family one day, this despite coming from a dysfunctional or broken family themselves.

Street life exposes street children to a variety of ambiguous experiences which further disrupts their world-view and image of reality. These interactions with the general public, the authorities and other street children range from positive to negative. On the one hand, some individuals provide street children with shelter and

food while others, on the other hand, treat them in a degrading and dehumanising way by not paying them for tasks they complete, constantly chasing or physically and verbally abusing them. These ambiguous experiences lead to feelings of confusion, despair, helplessness and suicide ideation in street children.

Living on the street allows street children the freedom and responsibility to fend for themselves outside their dysfunctional parental contexts. However, this may be a stumbling block to prevent regular school attendance and also leads to a distorted self-concept as street children veer away from the structured environment which would normally provide security and stability. This impacts on their formation of positive self-expression and also impacts negatively on personal self-concept as well as self-image. They are resilient survivors but lack the capacity to reconcile or reason through their various daily lived ambiguous experiences which eventually lead to a negative impact on their overall well-being.

To meet primary food and other needs, street children beg, steal, scavenge or resort to prostitution. This impacts on their views of a future for themselves and inculcates a false sense of future reality in their minds eventually leading to feelings of hopelessness. Yet, in the very nature of human existence, there exists within us all a resilience that fights its way through the misery and hardship of life, and street children are no exception to this survival instinct.

These risks and threats of life on the streets have a deep impact on the emotional responses of street children since they are at higher risk for experiencing abuse (Johnson, Whitbeck & Hoyt, 2005:232; Parker, 2002:2068). Their negative emotions, daily hardships with lack of physical comforts, being constantly exposed to natural elements and unhygienic living conditions has not hardened them in any way as street children still show feelings of sympathy and identification with the plight and suffering of other street children. These dualities in their lives indicate that despite their tough exterior, street children are often scared, lonely and sad.

This leads to the formation of survival and coping strategies which are dual in nature and can be either or both detrimental and self-preserving at the same time. The primary coping mechanism in threatening situations is to run away or hide, thereby

being street smart. These actions, although life-saving, are coupled with negative emotional responses, which include fear and anxiety. The accumulative stress associated with these experiences leads to deep feelings of mistrust and despair. Street children, over time, come to mistrust most individuals associated with any organisation.

Although feelings of mistrust are very common, the street children in this study showed a certain level of trust toward certain social workers who visit them while they live on the streets. This indicates that street children are more accepting of help if approached by adults in a sincere manner. A false sense of reality was also evident in the xenophobic statements made by street children blaming all non-South African citizens for being involved in criminal behaviour and organised crime by street children. Perhaps the most detrimental of all coping strategies to the mental and physical health of street children is the use of drugs to suppress or deal with current loneliness and painful memories of life before ending up on the streets.

A striving for autonomy is clearly depicted as street children strive to be free from abusive guardians and from the coercive power of other street children groups. It includes acts of defiance and perseverance against the coercive power of these individuals and groups. Ultimately, this indicates an attitude of hope and being-a-survivor-rather-than-victim of circumstances. And finally, the street children in this study strive to lead a morally good life which involves the ability to distinguish between good and bad actions. There is clearly the ability to appreciate cause-effect linked to criminal behaviour and negative outcomes.

The South African study by Malindi and Theron (2010:324) transforms the popular, medically inclined conceptualisation of street youth as perennially helpless, vulnerable and maladapted. In its place, they paint a picture of young people who negotiate resilient trajectories, strengthened in part by personal resources - albeit unconventional – and bonds to their peer groups. However, according to McAlpine et al. (2010:27), the “street” experience is highly individual and contextual. Consequently, not nearly enough research has been done to learn about the depth and diversity of the street experience directly from the perspectives of street children

themselves, and what they think might help (Ayuku et al., 2003:115; McAlpine, 2007:11; Panter-Brick, 2002:156).

Van Blerk (2005:14) further indicates that street children's choice to engage in processes of mobility impacts on their actual identity. This motility affords them a number of opportunities that enhance their survival strategies on the street. Due to their fluid identities, they are able to tap into a range of resources on the street and off the street at different times. Thus, organizations that seek to support street children, should consider both daily and long-term mobility within their programmes.

Finally, it is important to note that healthy personality development of street children is not solely based on their experiences at home or on the street. It may also depend on predisposition traits, how they perceive their situations, how they construe themselves, their resilience levels and their social support systems (Tudoric-Ghemo 2005:xiv).



## **4. CHAPTER FOUR: IDENTIFICATION, DEFINING AND CLASSIFICATION OF THE CENTRAL CONCEPT AND ASSOCIATED CONCEPTS**

### **4.1 INTRODUCTION**

The in-depth results of the research have been discussed in Chapter three. A literature control was subsequently done to verify the research results. Here in chapter four, a psycho-educational model for the facilitation of resilience in street children will be developed. The combined methods of Chinn and Kramer (2008:223-237), Walker and Avant (2011:40-51) and Dickoff et al. (1968:434) will be utilized in developing this model. Chapter four focuses on identifying and defining the central concepts of the psycho-educational model in this research.

### **4.2 IDENTIFICATION OF THE CENTRAL CONCEPT**

From the central storyline and themes discussed in Chapter Three, it was clearly indicated that street children's psychological, physical and spiritual health is negatively impacted due to the challenges they face daily on the street. Utterances such as "They are scaring us", "It is bad and dangerous", "I didn't feel happy", and "I am sad sometimes" bear testimony to these negative experiences and emotions which directly impact upon street children's mental health.

The data analysis indicated that the daily lived experiences of street children leads to the accumulation of negative emotional responses, including:

- Feelings of deep sadness;
- Feelings of fear and anxiety;
- Feelings of misery and despair;
- Feelings of helplessness;
- Feelings of hopelessness regarding survival task on the streets; and
- Suicide ideation due to a sense of social isolation and lack of social support.



These negative emotional responses impact directly on self-concept in the formative years of a street child's life. In order to survive, street children develop various coping strategies against the harsh environment of the street, which include:

- Avoidance and suppression of memories of life circumstances before their current-life-on-the-street;
- Substance abuse; and
- Forms of xenophobia.

Despite this research showing how the negative emotions stemming from their daily lived experiences tarnishes and distorts the self-concept of street children, it also showed them displaying great acts of resilience by striving for autonomy, displaying acts of self-preservation to ensure their survival, devising ways to meet primary needs and holding on to the hope and dream to live a better life.

Thus, I indicate that it is necessary to facilitate this inner **resilience** and ultimately, the mental health of these street children in order for them to learn to cope and survive on the streets by making more effective choices in their daily lives.

**Facilitation of resilience** thus appears to be a goal for enabling street children to establish their own identity as survivors of the streets and to counteract the impact of a distorted self-concept by improving their mental health.

#### **4.3 DEFINITION OF THE CENTRAL CONCEPT: "FACILITATION OF RESILIENCE"**

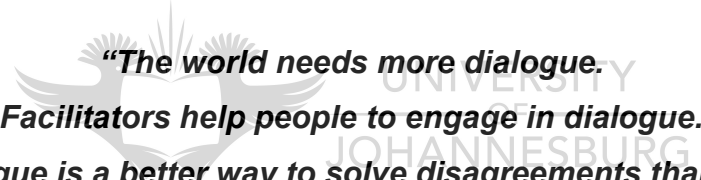
In this study, I used online dictionaries as resources. Recent dictionaries are difficult to obtain at higher educational institutions as the preferences are now to subscribe to online dictionaries instead.

I utilised online dictionaries and subject definitions to define the central concepts, namely, **facilitation of resilience** in street children.

#### 4.3.1 Dictionary definitions for the concept 'facilitation'

Facilitation as a noun is defined as the act of assisting or “**making easy or easier**” (Reader’s Digest Word Power Dictionary, 2002:342) and is also similarly defined as “**to make easier**” or to “**help bring about**” in the Merriam-Webster online dictionary (<http://www.merriam-webster.com>). The Cambridge online dictionary (<http://dictionary.cambridge.org>) defines the word ‘facilitate’ as “**to make possible or easier**”, while the Oxford online dictionary (<http://dictionary/oxford/facilitation/html>) defines it “**as a means of facilitating**” or “**helping towards**”. Wordsmyth (<http://www.wordsmyth.net>) adds that ‘facilitate’ can also mean to “**make less difficult**” and “**help in progress**”. And according to Dictionary.com, the word ‘facilitate’ indicates “**to assist the progress of, be of use and increase the likelihood, strength or effectiveness**” (<http://www.dictionary.reference.com>).

#### 4.3.2 Subject literature definitions for the concept “facilitation”

  
*“The world needs more dialogue.  
Facilitators help people to engage in dialogue.  
Dialogue is a better way to solve disagreements than war.  
Facilitators therefore are involved in peace making and peace building.  
I have a dream. One day there will be free speech for all. We will learn to talk  
instead of kill and bomb. We have brainpower to do this. One day there will be  
world peace...”  
(Hogan, 2003:3)*

Facilitation is concerned with **encouraging** open dialogue among individuals with different perspectives so that diverse assumptions and options may be explored (Hogan, 2002:11). Facilitate means to make easier and to help bring about growth, the process happens through the sharing of knowledge, it also means to **support**, ease and alleviate. Support means **aiding** the cause or policy. Facilitation means bringing out the wisdom of the individual or group, as the individual creates something new or **solves a problem** (Muir, 2001:1). Gladding (2001:45) further explains that facilitation **empowers** people to take charge; facilitation is a discrete, essential skill for anyone who leads others. The quality of process between people in

a meeting impacts the quality of the group's final product. The quality between facilitator and individual impacts on the quality of the individual's final product or own personal insights.

A facilitator is enormously powerful in orchestrating the process. Facilitation **teaches people to help themselves**. To facilitate is also to increase the likelihood of a response and helps clients to open up and talk about concerns applying to an **intervention** meaning a treatment initiated by the facilitator that is aimed at disrupting and alleviating client problems, giving direction to do the opposite of what they have been doing (Gladding, 2001:45). Similarly, according to Hogan (2002:50), facilitation makes it easier to arrive at an agreed destination. Facilitation describes an activity, yet it includes non-activity, silence and even the facilitator's absence. It is the **empowerment** of individuals to achieve for themselves. The objective of facilitation is thus to help individuals or groups improve the **process for solving problems and making decisions** so that the individual or group can **achieve goals and increase overall potential** (Hogan, 2002:60).

Facilitation furthermore, helps people **engage in, manage and cope** creatively with rapid changes within themselves, their communities and the globe; to make a more civil society: that is, a relationship – a way of relating in the local and global community which fosters inclusive respect, responsible participation and peace (Hogan, 2003:1). According to Hogan (2002:55), the facilitator can be seen as a change agent, a catalyst for change, who works on individuals or groups as a whole to **develop and improve** performance. He further describes the facilitator as somebody with exclusive responsibility for **guiding** individuals or groups in a **problem solving** process and whose key role is to “hold the space”, to be fully present and **allow** the process to develop (Hogan, 2002:55).

According to Klemm (2005:6), effective facilitative leaders facilitate a creative atmosphere by means of getting rid of disincentives – thereby creating an atmosphere of **trust**. Most importantly, they **foster respect** between individuals and get them involved through direction and goal setting. They give people both time and freedom for **mediation and change** towards conformity. Klemm (2005:6) further maintained that facilitation fosters **understanding, support and follow-through**. It

is a way of working with people that empowers them to carry out a task. Facilitation is also an educational tool that assists individuals to use their own resources to enhance the outcome of effort. Facilitation can be seen as the approach for **problem solving, visioning, modeling, process development, performance improvement and choice-making**. It is transformational and yields joint decisions; and through listening and expressing it is also a helping process. The outcome takes the form of new ideas and a change of heart.

Finally, according to the Theory for Health Promotion in Nursing (University of Johannesburg, 2009:7), facilitation is a “dynamic, interactive process for the promotion of health through the creation of a positive environment and mobilization of resources, as well as the identification and bridging of obstacles in the promotion of health”.

#### 4.3.3 Summary of the definition of the concept ‘facilitation’

After a thorough review of dictionary definitions, I concluded that the phrase, ‘**to help bring about**’, represented the word ‘facilitation’ in the context of mediating with street children to progress forward by bringing about a less stressful situation with various possibilities.

The subject definition of ‘facilitation’ entailed encouraging and empowering street children to achieve goals and increase overall potential. Facilitation skills needed in this process include approachability, empathy, openness and sincerity. Essential attributes for the concept ‘facilitation’ are listed in the Table 4.1 below.

**Table 4.1. Essential attributes for the concept facilitation**

| <b>Essential concepts</b> | <b>Related concepts</b>   |
|---------------------------|---|
| <b>Mediating</b>          | Through enhancement, challenging, promotion, embracing and aiding through guiding, encouraging and supporting |
| <b>Inspiring</b>          | Through motivation, involvement and capacity-building   |
| <b>Strengthening</b>      | Exercising self-confidence and purposefulness to add meaning and to promote assertiveness                     |

#### 4.3.4 Dictionary definitions for the concept 'resilience'

According to Merriam Webster online dictionary, resilience is defined as an **ability** to **recover** from or adjust easily to misfortune or change (<http://www.merriam-webster.com/dictionary/resilience>). Resilience is also defined as the ability to recover readily from illness, depression, adversity, or the like; buoyancy (<http://dictionary.reference.com/browse/resilience>). According to the online Oxford dictionary, resilience is noted to be the **capacity** to recover quickly from difficulties; toughness (<http://oxforddictionaries.com/definition/resilience>) and being able to quickly return to a previous good condition (<http://dictionary.cambridge.org/dictionary/resilient>). Finally, Wordsmyth (<http://www.wordsmyth.net>) looks at resilience as the **capacity to withstand** and recover quickly from difficulty, sickness, or the like.

#### 4.3.5 Subject literature definitions for the concept 'resilience'

Resilience refers to the capacity of an individual or community to **cope** with stress, **overcome** adversity or **adapt positively** to change (Varghese, Krogman, Beckley & Nadeau, 2006:505). And according to Ungar (2006:55), resilience is both an individual's capacity to navigate to health resources and a condition of the individual's family, community and culture to provide these resources in culturally meaningful ways. Unpacking this definition, the author noted that resilience is about both the child's ability to navigate to health resources - the exercise of personal agency - and the capacity of the child's family, community and culture to provide health sustaining resources - availability and access - ranging from positive attachments to the provision of instrumental supports such as education, housing and medical care, as well as meaningful participation, good governance, safety and a collective identity (Ungar, 2006:55).

Ungar (2011:12) later added on that the developmental course of the child depends on the degree of environmental facilitation, with changes in outcomes varying to the extent the environment provides resources the child needs. Thus, a robust theory of resilience should account for changing environments and the facilitative function that each provides. Mampane and Bouwer (2006:445) define resilience as having a

disposition to identify and utilise personal capacities, **competencies** and assets in a specific context when faced with perceived adverse situations. The interaction between the individual and the context leads to behaviour that elicits sustained **constructive** outcomes that include continuous learning and flexibly negotiating the situation. Thus environment or context is crucial for the facilitation of resilience.

Resilient children are considered to have an internal locus of control with a sense of purpose, challenge, commitment responsibility, independence, **assertiveness**, problem-solving abilities, a pro-active nature, a **positive** self concept, identification with **competent** role models, **competence** and communality (Bernard, 2004:14; Brooks & Goldstein, 2001:193; Burt, 2002:139; Thomsen, 2002:7). Thus, despite extremely debilitating environmental, familial and personal experiences, many young people actually develop normally, exhibiting **competence, autonomy and effective coping strategies** (McWhirter et al., 2004:79). McWhirter et al (2004:79-80) further relates the development of resilience to three distinct areas that provide protection to an adolescent. Firstly, individual characteristics and attributes for example, cognitive skills, have positive influence on 'at risk' children and are related to resilience. Secondly, the family background has both direct and indirect influences on the youth's resilience, and lastly, the social environment can provide the children with opportunities for development and support, despite adverse conditions. Other findings also suggested that adolescents are governed by values and principles that inform responsible and respectful interactions with their environments. Their personal attributes together with their **social support networks** are protective structures that strengthen their resilience (Leatham, 2006:87).

The resilience process as further proposed by Boyd and Eckert (2002:8-10) also holds that individual and environmental protective factors contribute to the type of reintegration that individuals will experience, helping them **overcome** adversity and experience healthy reintegration after exposure to challenges and stressors. The resilience factors will also help to actually buffer the risk factors the individual is prone to (Henderson & Milstein, 2003:5-6). On a more complex level, Germann (2005:43) draws from a resilience project, facilitated by the Bernard van Leer Foundation, which established that every country has a common set of sources of resilience from which children draw. These sources involve "what the child has" in

terms of external support; “what the child is”, in terms of his or her internal make-up, belief and attitude; and “what the child can do”, in terms of interpersonal skills. Here, Germann (2005:44) points out individual character traits which correlate with features behind resilience, such as intelligence, popularity with peers and adults, self-discipline and social **competence**.

Ungar (2005:95) notes that a thicker description of resilience reveals a seamless set of negotiations between individuals who take the initiative, and an environment with crisscrossing resources that impact one on the other in endless and unpredictable combinations. Resilience is thus understood to be an ecologically dynamic and mutually dependent process. When understood this way, resilience is the outcome of experiences and identity stories. Within psychology, resilience concepts are sometimes referred to as ‘protective factors’ as they are thought to protect individuals from developing serious problems as a result of exposure to stress or adversity, known as ‘risk factors’ (Ungar, 2005:95). Many researchers now believe that enhancing a person’s level of resilience may be a more effective way of preventing problems and improving wellbeing than trying to modify individual risk factors (Ungar, 2005:95). The challenge that they then face is to identify the processes that are systemic and variable while avoiding excessive focus on individual characteristics that are not under an individual’s control (Ungar, 2011:10).

In practice, this means that research should be able to account for individual maturational processes that are both physical and cognitive at the same time as social and physical ecologies are changing. A definition of resilience that accounts for this ontological and ecological variability notes that in the context of exposure to significant adversity, resilience is both the capacity of individuals to **navigate** their way to the psychological, social, cultural and physical resources that sustain their wellbeing and their capacity individually and collectively to **negotiate** for these resources to be provided and experienced in culturally meaningful ways (Ungar, 2008:225). The dual processes of navigation and negotiation require that the locus of control for positive development be a shared experience of both individuals and their social and physical ecologies. Unpacking this definition indicates that navigation implies movement toward resources that are made both available and accessible by those in power to those who are disadvantaged; and the second component is

negotiation by individuals alone and in groups to ascribe meaning to the resources that are available and accessible (Ungar, 2011:10). The compounding effects of risk are more easily explained as they compromise the capacity of environments to provide what individuals need. When navigation is thwarted, or the resources that are provided lack meaning, then it is more likely that the environment will fail in its **facilitative** role (Ungar, 2011:11).

A critical argument when moving toward the structural or ideological level is that overemphasizing **resilience** can blind us all to the fact and consequences of various forms of structural inequalities including socio-economic factors, gender, ethnicities and disability factors in our societies (Canavan, 2008:4). Another controversial point of note is that to date, local studies have done little to explicitly discourage the scape-goating of young people made vulnerable by their ecologies, often not spoken out against non-systemic interventions, disregarded the possible price of resilience, employed feeble measurements at times or offered explanations of resilience that were biased towards western thinking – in short, breaching **ethical** practices (Theron, 2012:339). Furthermore, besides the disregard for the mostly psychological expenses that resilient functioning potentially exacts; there is the under-reporting of the scientific accounts of interventions to augment South African youths' resilience in locally and internationally indexed journals (Theron, 2012:339). The conclusion is that studies of South African youth resilience may not have promoted ethical practices but this does not mean that the study of positive adjustment is unethical. In fact, not to study resilience would be unethical (Theron, 2012:339).

All of the above indicates that indeed resilience is a dynamic, developmental process thus making it critical to conduct multi-level studies and that resilient functioning itself is also not immutable (Cicchetti, 2012:13). Studying the processes underpinning South African youths' positive adjustment is a complex undertaking that requires judicious, reflective practice. In order to be ethical and because of the multifaceted, dynamic nature of resilience; there cannot be a disconnection from the socio-cultural context in which any study involving resilience takes place. The development of this psycho-educational model will thus take place bearing in mind the fact that to date the main focus of research in the resilience field has concentrated on identifying protective factors and behaviours observed in resilient people (Atkinson, Martin &



Rankin, 2009:143). In effect, this has had a limiting effect on the overall dynamism of resilience as a truly collaborative process. To urge this resilience research process on is the challenge that we have yet to determine what works best for which individuals and why some individuals fail to show a beneficial response (Rutter, 2012:40).

#### **4.3.6 Summary of the definition of the concept 'resilience'**

After a thorough review of dictionary definitions, I concluded that the phrase, **'capacity to withstand and recover quickly from difficulty'**, represented the word 'resilience' in the context of street children learning to cope effectively with stress by developing positive and effective coping strategies.

The subject definition of 'resilience' entails the ability to 'bounce back' from negative experiences which may reflect the innate qualities of individuals or be the result of learning and experience. Resilience concepts are also referred to as 'protective factors' as they are thought to protect individuals from developing serious problems as a result of exposure to stress or adversity, known as 'risk factors'. However, I had to bear in mind that there are many attributes involved in the development of resilience, which in itself is not a single trait or process, but rather a complex family of concepts' (Masten & Obradovic, 2006:22).

Taking the above in account, it can be seen that the street environment is not facilitative enough to provide a context for resilience hence the choice to use a temporary shelter that is already seen as a safe haven by street children. To counteract the possibility of being blinded to structural inequalities reflective practice will be crucial. This will entail being continually aware of the meaning and value of my actions during all stages of the research, intervention, implementation and evaluation processes. The concepts chosen by me to enhance resilience in street children is based on the notion that mapping out risk and protective factors at practitioner level and devising a strategy to build these in street children presents an empirically testable approach to intervention (Canavan, 2008:6).

Essential attributes for the concept ‘resilience’ are listed in the Table 4.2 below.


**Table 4.2. Essential attributes for the concept resilience**

| Essential concepts               | Related concepts  |
|----------------------------------|---|
| <b>Connectedness</b>             | Create a sense of belonging and solid sense of security through the fostering of these healthy relationships; thus encouraging responsible thinking towards self and others                                   |
| <b>Competence and confidence</b> | Drawing from inner strengths to develop self-efficacy, self-awareness and assertiveness and hence build effective conflict resolution skills and learn to make constructive decisions                         |
| <b>Coping</b>                    | Learning to cope effectively with stress by developing positive and effective coping strategies and understanding that one can control the outcomes of one’s decisions; and that actions produce consequences |

#### 4.3.7 Conceptual definition of the central concept

All criteria contributing to conceptualization of the term ‘**facilitation of resilience**’ were identified from the dictionary and subject definitions. Table 4.3 below serves the purpose of reducing the identified essential and related criteria of the concept ‘**facilitation of resilience**’. The function is to include these criteria in the definition of the term ‘**facilitation of resilience**’ with other related criteria.

**Table 4.3. Central concepts and essential criteria**

| <b>CENTRAL CONCEPT</b> | <b>ESSENTIAL CRITERIA</b>  | <b>RELATED CRITERIA</b>  |
|------------------------|--|--|
| <b>Facilitation</b>    | <p><b>Mediating</b></p> <p><b>Inspiring</b></p> <p><b>Strengthening - to promote mental health</b></p>   | <p>Through enhancement, challenging, promotion, embracing and aiding through guiding, encouraging and supporting</p> <p>Motivating, involving and capacity building</p> <p>Exercising self-confidence and purposefulness to add meaning and to promote assertiveness</p>   |
| <b>Resilience</b>      | <p><b>Connectedness</b></p>  <p><b>Competence and confidence</b></p> <p><b>Coping</b></p> | <p>Create a sense of belonging and security; encouraging responsible thinking towards self and others.</p> <p>Drawing from inner strengths to develop self-efficacy, self-awareness and assertiveness; thus building effective conflict resolution skills and learning to make constructive decisions.</p> <p>Learning to cope effectively with stress by developing positive and effective coping strategies and understanding that one can control the outcomes of one's decisions; and that actions produce consequences.</p> |

#### 4.3.8 Definition of central concept and associated concepts

The facilitation of resilience in street children experiencing impaired psychological health due to life on the streets was a process of empowering street children to cope more effectively on the streets and to make more effective choices with regard to coping strategies. Thus, the concept '**facilitation of resilience**' can be defined as a facilitator **mediating, inspiring** and **strengthening** street children in order to bring about resilience through the development of **connectedness, competence, confidence** and effective **cop**ing strategies.

- **Mediating**

Mediating is the enhancement of inner strength, challenging of current methods of survival, promotion of more effective strategies, embracing street children's need for change and then aiding through guiding, encouraging and supporting street children toward choosing more effective coping strategies in their day-to-day survival.

- **Inspiring**



Is the motivation of street children, their involvement in the change process and ultimately, capacity-building.

- **Strengthening**

Is the exercising of self-confidence and purposefulness to add meaning and to promote assertiveness in street children.

- **Connectedness**

Refers to the close ties with community to create a sense of belonging and solid sense of security through the fostering of healthy relationships; thus encouraging responsible thinking towards self and others.

- **Competence and Confidence**

Is the drawing from inner strengths of street children to develop self-efficacy, self-awareness and assertiveness; thus building effective conflict resolution skills and learning to make constructive decisions.

- **Effective Coping**

Refers to street children learning to cope effectively with stress by developing positive and effective coping strategies. This is accompanied by an understanding that they can control the outcomes of their decisions, and that their actions produce consequences.

#### **4.4 CONSTRUCTING A MODEL CASE**

To start up my model case, I have included the poem below as it depicts the harsh lives of our street children from the moment of their abandonment to adulthood and the limits they are pushed to in order to survive. The poem speaks of the consequences that society is ultimately left to deal with and shouts for justice for these street children in a world they did not ask to be born in. The poem is also a call for action from all of government and society to prevent the end results depicted in this poem and the rippling effects of its devastation.

#### ***OUR CHILDREN ARE CRYING***

***Our children are crying  
Their tears as blood  
Will stain the conscience  
Of those who have abused them  
Have trampled on their rights...***

***Our children are crying  
Tiny angels sleeping two in a crib***

*Growing up in a children's home  
Deprived of human touch, of love  
Their piercing cries unheard, never ending  
Their nightly lullaby...*

*Our children are crying  
Their sobs turned into violent words  
Aggression slowly replacing their sadness  
Once brutalised and now brutalising others  
Teenage boys wiping car windshields, begging at street corners, rich men sex  
toys...*

*Our children are crying  
Young girls raped and abused  
Having babies they conceived in hell  
Choosing to hang at the age of sixteen  
Death is worth more than life in a government place or in a sex den...*

*Our young people are crying  
Young men and women  
Roaming the inner city streets  
Dance hall queens, sex scenes, drugs scenes  
Gun men, drug pushers  
Wasted lives...*

*Now ,we are all crying  
The children's cries now echo in the gunshots we hear  
Their anger turned into rage  
Laughing at death  
Leaving behind a trail of blood  
They now inflict on others  
The pain they have always felt...*

**(<http://jahteecha.wordpress.com/2007/12/26/poems-dedicated-to-the-many-children-who-have-died-under-violent-circumstances-this-year-to-cookie-a-street-boy-who-died-under-the-gun/>)**

According to Chinn and Kramer (2008:184), a model case represents an instance of experience. It should be pointed out how this model case is an example of facilitating interaction during the discussion of the model case.

There are thousands of street children on the streets in South Africa. The harsh climate and dangerous environment impact severely on their lives and many of these street children seek temporary shelter when their physical and survival needs override all other needs that they have. Once these needs are met, many of these children return to the street to continue begging and eking out an existence in their seemingly permanent yet unforgiving environment – the street. Inevitably, their overall health suffers. However, with facilitation these children may have hope of having a safer and more fulfilled life. The model case below describes the lives of four street children and note is to be taken that the names mentioned are not their real names but are pseudonyms.



A group of street children seeking safe haven, albeit temporarily, at a street children shelter in Hillbrow, Johannesburg were Gift aged 8, Thokozani aged 9, Bongani aged 12, Xolisa aged 14. All of these children had lived on the street for over one year and usually dropped in at this temporary street children shelter if they were ill, starving or if the weather was too cold. According to these four boys, being a street child is a way of life. It is the only reality with no alternative lifestyle in mind. These street children showed **resilience** by choosing to live an autonomous and nomadic life on the street rather than being neglected in the family-of-origin context. However, their family-of-origin neglect and hence absence, invoked a deep sadness and sense of longing in these street children who secretly long for caring family kinship as well as a sense of identity and personal worth. This makes them currently shun other parental figures as they seem to prefer living on the street – a familiar context – rather than staying permanently in formal or organised shelters or being part of general society. However, these boys showed **resilience** by visiting the temporary shelter when their physical environment became too harsh for them to cope in.

As the psycho-educational facilitator, I will use this knowledge to invite and encourage these street children to build on this inner resilience by joining **facilitation** sessions whereby I will use techniques for **mediation, inspiring** and **strengthening** these street children to enhance their inner strength, challenge their current methods of survival and thus promote more **effective coping** strategies.

In the interests of self-preservation; Gift, Thokozani, Bongani and Xolisa have formed a little group which is characterised by a shared identity and mutual care which counteracts loneliness and contributes to a sense of well-being and safety. These street children are also involved in social networking and being **street connected**; whereby they associate and **connect** themselves with more powerful or knowledgeable street dwellers to ensure their own safety on the streets. Despite all their hardships, these boys hold on to the hope and dream to live a better life. This is also a **coping** strategy which flows in with their distorted sense of reality. They have dreams of formal education followed by a career as well as having their own family one day, this despite coming from a dysfunctional or broken family themselves. Through the process of **mediation** and using expressive art techniques, I will embrace these street children's need for change and start a change process to **facilitate** them toward enhanced mental health.

Street life has exposed these street children to a variety of ambiguous experiences which further disrupts their world-view and image of reality. These interactions with the general public, the authorities and other street children range from positive to negative. On the one hand, some individuals provide these street children with shelter and food while others, on the other hand, treat them in a degrading and dehumanising way by not paying them for tasks they complete, constantly chasing or physically and verbally abusing them. These ambiguous experiences have led to feelings of confusion, despair, helplessness and suicide ideation in street children. I will thus **inspire** and aid these street children through guidance, encouragement and support to move them toward more positive thinking.

Living on the street has allowed Gift, Thokozani, Bongani and Xolisa the **confidence**, freedom and responsibility to fend for themselves outside their



dysfunctional parental contexts. They develop a sense of **connectedness** with other street children and they all then help and fend for each other. However, this has become a stumbling block and is preventing regular school attendance and has also led to a distorted self-concept as these street children veer away from the structured environment which would normally provide security and stability. They never stay at the shelter for long periods of time. This has impacted on their formation of positive self-expression and has impacted negatively on personal self-concept as well as self-image. They are resilient survivors but lack the capacity to reconcile or reason through their various daily lived ambiguous experiences which have eventually led to a negative impact on their overall well-being. I will **mediate** these children toward seeking support without losing their freedom and **inspire** them to develop a wider sense of **connectedness** with their environment.

To meet primary food and other needs, these boys beg, steal, scavenge or resort to prostitution. This has impacted on their views of a future for themselves and has inculcated a false sense of future reality in their minds which has eventually led to feelings of hopelessness. Yet, in the very nature of human existence, there exists within us all a **resilience** that fights its way through the misery and hardship of life, and these four young street children are no exception to this survival instinct.

Their negative emotions, daily hardships with lack of physical comforts, being constantly exposed to natural elements and unhygienic living conditions has not hardened them in any way and Gift, Thokozani, Bongani and Xolisa still display feelings of sympathy and identification with the plight and suffering of other street children. These dualities in their lives indicate that despite their tough exterior, these children are scared, lonely and sad. Through the use of expressive art techniques, I will help these street children to identify these feelings and to work toward **strengthening** themselves against the negative effects of the dualities that they constantly encounter in their lives.

In terms of being street-wise, street children become **competent** and **confident** in street survival. This has led to the formation of survival and **coping** strategies which are also dual in nature and can be either or both detrimental and self-preserving at the same time. The primary **coping** mechanism in threatening situations is to run

away or hide, thereby being street smart. These actions, although life-saving, are coupled with negative emotional responses, which include fear and anxiety. The accumulative stress associated with these experiences has led to deep feelings of mistrust and despair. Street children, over time, come to mistrust most individuals associated with any organisation. Although the feelings of mistrust are very common, Gift, Thokozani, Bongani and Xolisa showed a certain level of trust toward certain social workers who visit them while they live on the streets. This indicates that street children are more accepting of help if approached by adults in a sincere manner.

A false sense of reality was also evident in the xenophobic statements made by these street children blaming all non-South African citizens for being involved in criminal behaviour and organised crime by street children. Perhaps the most detrimental of all **coping** strategies to the mental and physical health of street children is the use of drugs to suppress or deal with current loneliness and painful memories of life before ending up on the streets. The **facilitation** process of **mediating, inspiring** and **strengthening** through the use of expressive techniques will guide street children toward more effective coping strategies and will be choices that they ultimately make themselves wherever they choose to live.

A striving for autonomy is clearly depicted as Gift, Thokozani, Bongani and Xolisa strive to be free from abusive guardians and from the coercive power of other street children groups. It includes acts of **resilience**, defiance and perseverance against the coercive power of these individuals and groups. Ultimately, this indicates an attitude of hope and being-a-survivor-rather-than-victim of circumstances. And finally, Gift, Thokozani, Bongani and Xolisa indicated that they strove to lead a morally good life which involves the ability to distinguish between good and bad actions. There is clearly the ability to appreciate cause-effect linked to criminal behaviour and negative outcomes. Ultimately, the focus on **mediating, inspiring** and **strengthening** these street children will tap into their inner resources which will help motivate their involvement in the change process and exercise their self-confidence and purposefulness. This will help with their capacity-building, promote assertiveness and ultimately lead to a greater degree of **resilience** and enhanced mental health.

#### 4.5 CLASSIFICATION OF CONCEPTS

The concepts of this model were classified according to the survey list as described by Dickoff et al. (1968:434-435). The diagram designed by me in Figure 4.1 shows this study's central and associated concepts which were classified according to the survey guide of Dickoff et al. (1968:423).

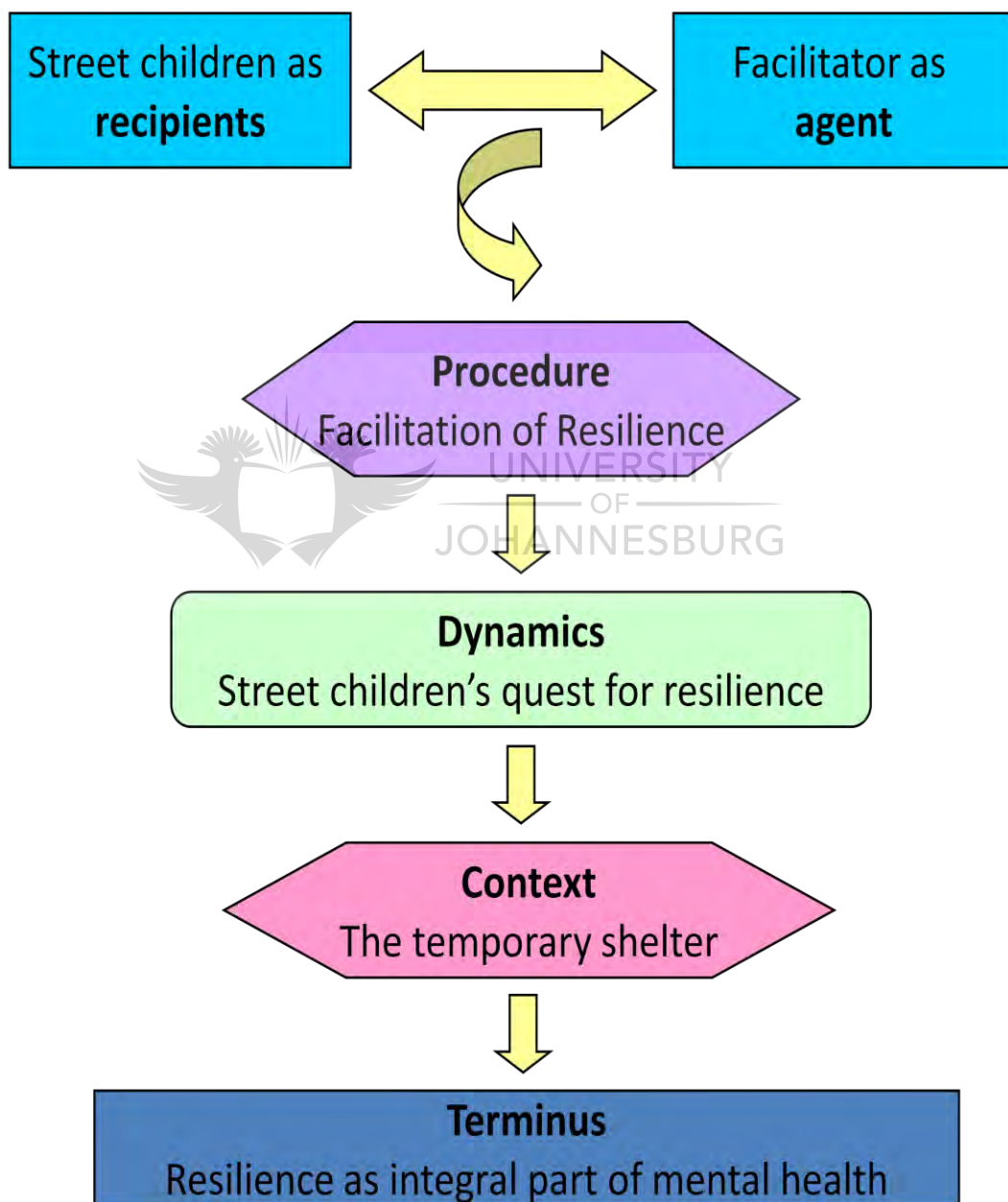


Figure 4.1. Map Of The Major And Associated Concepts

- **Facilitator as the agent**

The facilitator is the person who coordinates and puts into effect the activity. In this instance, the psycho-educational facilitator will be me who is already actively involved in shelters with street children. This will enhance the possibility of street children to be influenced by me as I understand their world as street children having conducted previous research at the temporary shelter as well.

To be effective, psycho-educational facilitators should acquire the necessary knowledge and skills to communicate interpersonally on all levels. Effective facilitators have efficient listening, observation and speaking skills; they can foster open and honest dialogue among diverse individuals whilst remaining impartial; they are sensitive and can also both encourage participation and manage participants who dominate the conversation.

- **Recipients or street children**

The recipients are the street children. Street children are in a constant daily battle to survive in a harsh environment where they are further looked down upon and abused by society. These risks and threats of life on the streets have a deep impact on the emotional responses of street children. Being constantly fearful and anxious due to constant physical risks, lack of safety and sexual exploitation is coupled by the misery and despair due to the coercive power or threats from certain street children, dehumanisation by the general public and harassment by the authorities. Their daily hardships with lack of physical comforts, being constantly exposed to natural elements, unhygienic living conditions and not being able to receive proper medical treatment when needed, has led to feelings of helplessness, hopelessness and shame. The underlying sense of sadness is accompanied by a longing for family kinship, nurturing and care.

These street children need support, motivation and nurturing if they are to survive their daily battles on the street. I noted a striving for autonomy which is clearly depicted as street children strive to be free from coercive power of other street

children groups, it includes acts of defiance and perseverance against the coercive power of other groups. Ultimately, this indicates an attitude of hope and being-a-survivor-rather-than-victim of circumstances. Street children's resilience shows in their personal choice and perseverance to leave an abusive parental or guardian context and live on the streets. To enhance their mental health, this resilience needs to be facilitated.

- **Procedure**

As the psycho-educational facilitator, I will be involved with the **facilitation of resilience** in these street children. In order to facilitate such a process there should be a relationship of mutual trust and respect between the recipients and me, the facilitator. I have past experience in working with street children, thus will be able to aid street children as recipients through three dimensions, which are **mediating, inspiring and strengthening**. This will be done as group psycho-education sessions using expressive and creative art techniques. The street children are assisted to gain a sense of **connectedness, competence, confidence** and to learn **effective coping strategies** in order to promote mental health.

- **Dynamics**

It became evident during the research that street children are confronted with daily personal challenges within their environment, which despite their inner **resilience**, affects their mental health and distorts their self-concepts. Their daily struggles are evident by their descriptions of their negative emotions, including suicide ideation.

The motivation for participation in facilitating interaction would be to promote the development of **connectedness, competence and confidence**. I will also facilitate street children toward learning to **cope effectively** with stress; hence increasing purpose, motivation and positive outlook. Furthermore, I will **mediate** understanding that street children can control the outcomes of their own decisions and that actions produce consequences; all this in order to **inspire** goals and aspirations of street children.

- **The context**

The context is the area in which the facilitation interaction will take place. This research was conducted at a temporary shelter for street children in Hillbrow, Johannesburg and having conducted research there previously, I understood the context and struggle of street children within their environment.

- **Terminus**

Terminus refers to the goal of the facilitator. The aim is to facilitate resilience in street children to promote their mental health as individuals and as survivors-rather-than-victims. 'Mental health' properly describes a sense of well-being: the capacity to live in a resourceful and fulfilling manner, having the **resilience** to deal with the challenges and obstacles which life presents. **Resilience** is a social construct that identifies both processes and outcomes associated with what people themselves term wellbeing and is also a life-long process. Thus, the short-term goals are to **facilitate connectedness, competence, confidence and coping**. The long-term goal is **resilience** and mental health as an integrative aspect of street children's health.

#### **4.6 RELATIONSHIP STATEMENTS**

The relationship between concepts is important as it demonstrates how the concepts relate to one another. Concepts can be used to provide information on empirical events and cannot be viewed in isolation. The nature of the relationship between concepts also needs to be explored (Dickoff et al., 1968:433; Chinn & Kramer, 2008:212-213).

The relationship statements for this study can be formulated as follows:

The agent is a facilitator who acts as a psycho-educational facilitator. This individual is me – who has the knowledge, experience and motivation to interact with the street children in order to facilitate resilience. The recipients are street children dropping in

and out of a temporary shelter in Hillbrow, Johannesburg. This and previous research indicated that they need an intervention in their quest for positive mental health.

I have past experience in working with street children, thus will aid street children as recipients through three dimensions, which are **mediating, inspiring and strengthening**. This will be done as group psycho-education sessions using expressive and creative art techniques. **Facilitation** takes place when the agent and recipient take responsibility for the entire interactive process. In order to facilitate this process, there should be a relationship of mutual trust and respect between the recipients and me, the facilitator. The street children are assisted to gain a sense of **connectedness, competence, confidence** and to learn **effective coping strategies** in order to enhance their mental health.

The context is the area in which the facilitation interaction will take place. This research was conducted at a temporary shelter for street children in Hillbrow, Johannesburg.



It became evident during the research that street children are confronted with daily personal challenges within their environment, which despite their inner **resilience**, affects their mental health and distorts their self-concept. Their daily struggles are evident by their descriptions of their negative emotions, including suicide ideation.

The outcome was to facilitate resilience in street children through **mediation, inspiring and strengthening** in order to promote and enhance their mental health as individuals and as survivors-rather-than-victims. The short-term goals were to facilitate a sense of **connectedness, competence, confidence and coping**. The long-term goal is **resilience** and mental health as an integrative aspect of street children's health.

#### **4.7 CONCLUSION**

In Chapter Four, the central and associated themes of the study were identified and classified. The central concept of this study was identified as facilitation of resilience.

The associated concepts of this study were me, the psycho-educational facilitator as agent, the street children as recipients, connectedness, confidence, competence, character, control, contribution and coping.





## 5. CHAPTER FIVE: A DESCRIPTION OF THE MODEL OF FACILITATING RESILIENCE IN STREET CHILDREN

*“Although exploited, poor and oppressed, ‘he’ was a ‘strong and astute’ being, a surviving hero for whom it was necessary to create critical, creative and participative action on the part of educators, who always had something to learn from the children and had to face opposition from the public, who only demanded immediate results. There the children would be playing their part as, denouncers of an unjust society that evaded its due responsibilities...”*

*(Rizzini 1996:226)*

### 5.1 INTRODUCTION

Chapter four concluded with the relationship statements of the central concepts identified through the drawings, phenomenological interviews and field notes. The relationship statements provided a structure for the model for the facilitation of resilience in street children (Chinn & Kramer, 2008:186-198).

In Chapter five, the findings of Chapter four are implemented in the description of the structure and process of the model. Guidelines for the operationalisation of the model are also discussed.

### 5.2 OVERVIEW OF THE MODEL

The model serves as a framework of reference for the facilitation of resilience in street children experiencing impaired mental health due to negative life world experiences on the street. The model of facilitating resilience depicts that street children should take an active, expressive and creative role in developing their **connectedness, confidence, competence and effective coping strategies** in order to enhance mental health. As the facilitator, I have past experience in working with street children, which will aid street children as recipients through three dimensions, which are **mediating, inspiring and strengthening**. This will be done as group psycho-education sessions using expressive and creative art techniques.

Street children's participation in their own **resilience** building is regarded as an opportunity for them to develop emotionally, physically, mentally, socially and spiritually by tapping into their expressive and creative selves. Within this context, building **resilience** is a chance for street children to develop **connectedness**, become **competent and confident**; and choose more **effective coping strategies** in order to develop their individual identities and wholeness. Facilitating **resilience** in street children is a basic necessity for their future as positive holistic individuals with goals and aspirations.

Street children's newfound **resilience** is anticipated to activate them in such a way that they are able to have a more positive outlook on life, become more assertive, acquire conflict resolution skills and develop more **effective coping strategies**. It is crucial to assist street children through this intervention, and to **mediate, inspire** and **strengthen** them through expressive and creative art therapies to become emotionally pro-active and more self-responsible. This is a continuous process and it is envisaged that their daily struggles will be more effectively dealt with and they will experience a sense of **connectedness** which will increase their feelings of self worth and pro-activeness. **Resilience** is a continuous process and in light of this, street children will be **mediated** with, **inspired** and **strengthened** through the acquisition of individual and interpersonal skills to **cope effectively** and understand that they can control the outcomes of their decisions and that their actions produce consequences. This will be done by allowing them to utilise their expressive and creative selves through the use of art, movement and music.

Street children are battling a daily struggle to survive on the streets. They are frequently physically assaulted, emotionally and mentally abused and degraded as human beings. This has a severe impact on their mental health and their subsequent coping strategies are primarily detrimental to their overall well-being. Despite all of these hardships, there is a **resilience** that shines through and this can be seen in their will to survive and to keep on going despite their daily adversities. What is also apparent is that this is their choice to leave behind a dysfunctional family context and choose a life over which they have more control. This inner **resilience** needs to be nurtured in order for them to make more effective choices and become more assertive and self aware. They require this type of **resilience** and these skills in

order to develop a positive outlook, to look forward toward the future and ultimately to survive their harsh environment.

As the facilitator, I will have to utilize professional knowledge, skills and previous experience in dealing with inner turmoil during interactions with street children. These children put on brave faces yet they are hurting inside. They do not possess adequate defenses against reality and lack the skill to make effective choices when it comes to their health. They also shun authority figures due to abuse received from them and are mistrusting of organizations. Therefore, it is necessary to create a safe haven of trust for street children to express themselves during the facilitation process. A mutually trusting environment denotes honesty, respect and hope. It is thus crucial that genuine care, trust, honesty and respect towards street children must be reflected at all times. This relationship between myself and the recipient is a vital element in bringing about change. It is within this trusting environment that street children can feel a sense of belonging and **connectedness**, become more **competent and confident** and ultimately develop effective survival and **effective coping** skills. They will be able to utilize this newfound **resilience** to survive, to cope and to live more positive lives.

The process of facilitation involves a relationship-, working- and termination phase. During the relationship phase, I form therapeutic relationships with the street children. I engage with street children by using myself as an insightful and sensitive therapeutic agent demonstrating acceptance and empathy within a context and environment of mutual understanding and trust. During the relationship phase, as the psycho-educational facilitator, I identify and explore the negative emotions experienced by street children during their daily life on the streets. This will also involve me being in a mediating role toward street children.

This **mediation** process will continue throughout all the phases and will involve the enhancement of inner strength, challenging of current methods of survival, promotion of more effective strategies, embracing street children's need for change and then aiding through guiding, encouraging and supporting street children as they start to embrace this process of self-awareness and change.

The working phase focuses on the facilitation of resilience through **inspiring** and **strengthening** street children on all levels using expressive and creative art therapies. All individuals have an innate ability to be creative and the creative process is healing in itself. Although the product of creative expression supplies important messages to the individual for useful insights, the process of creation itself, is profoundly transformative. The facilitation of resilience in street children will thus include the following concepts:

- Fostering **competence** and **confidence** in street children by drawing from their inner strength in order to develop self-efficacy, self-awareness and assertiveness; thus building effective conflict resolution skills and learning to make constructive decisions. According to Rogers (2012:<http://nrogers.com>), personal growth, higher states of consciousness and a sense of wholeness are achieved through self-awareness, self-understanding and insight. Self-awareness, understanding and insight are attained by delving into one's emotions. The feelings of grief, anger, pain, fear, joy and ecstasy are the tunnel through which a person must pass to get to self-awareness, understanding and wholeness. The feelings and emotions - the grief, anger, pain, fear, joy and ecstasy - are a source of energy which can be channeled into the expressive arts to be released and transformed. The expressive arts - including movement, art, writing, sound, music and imagery - will lead street children into their subconscious and allow them to express previously unknown facets of themselves, thus bringing to light new information and awareness. When they move, it will affect how they write or paint. When they write, paint or move it will affect how they feel and think. During the creative connection process, one art form stimulates and nurtures the other, bringing the street children closer to their innermost core or essence, which is their life-force energy. This expressive arts process offers street children the opportunity to be aware of, to face, and to accept their shadow aspect - that part of self which they have repressed or denied - which in turn can bring them to a deeper self-acceptance. Self-acceptance and self-esteem are basic to becoming whole persons capable of caring for others and receiving love. Such personal growth takes place in a safe, supportive environment that will be created by me, the psycho-

educational facilitator - who is genuine, warm, non-judgmental, empathic, congruent, and caring.

- A sense of **connectedness** will be seen to exist between street children's life-force - their inner core, or soul - and the essence of all beings. Therefore, as street children journey inward to discover their essence or wholeness, they discover their relatedness to the outer world. The inner and outer become one (Rogers, 2012:<http://www.nrogers.com>).
- Helping street children learn to **cope effectively** with stress by developing positive and effective coping strategies and helping them understand that they can control the outcomes of their decisions, and that their actions produce consequences. There are many discoveries to be made with this work. The expressive arts are particularly appropriate and useful for finding spirit, soul, the ability to laugh at oneself, new wisdom, or the knowledge that with each struggle in life there are major lessons to be learned.

Since one of the goals of a psycho-educational facilitator is to help people become whole, more fully actualized and empowered, **connectedness** to oneself is always the first step. Without this internal awareness there are no choices. Personal integration is part of the natural flow of events when symbolic and expressive techniques are used. Once the unknown aspects of the self are uncovered, the process includes letting these parts find their rightful places in street children's psyches, and then they are more able to experience the universal connection to all other life forms and to their environment.

During the termination phase the facilitation of street children's **resilience** is explored and reflected upon. The objective of the termination phase is to provide street children with the opportunity to clarify the meaning of their experience during this facilitation process, to consolidate gains achieved during the process, and to decide what newly acquired behaviours they want to transfer to their everyday lives.

## 5.3 STRUCTURE OF THE MODEL

The structure of the psycho-educational model will now be discussed:

### 5.3.1 Purpose of the model

The purpose of the psycho-educational model of facilitation of **resilience** in promoting the mental health of street children is to provide a framework of reference for me, the psycho-educational facilitator and for other mental healthcare professionals. These children will be **mediated** with, **inspired** and **strengthened** in order to develop a sense of **connectedness**, become more **competent and confident**, and develop more **effective coping** strategies; which will all ultimately enhance their **resilience** and consequently their mental health.

### 5.3.2 Assumptions of the model

The theories of Health Promotion in Nursing (University of Johannesburg, 2009:4), Constructivism Theory (Botella [Neimeyer & Neimeyer, 1995:13-29]; Chiari & Nuzzo, 1996:166,171,178; Neimeyer [Neimeyer & Mahoney, 1995:3]; Von Glasersfeld, 1995:63; Sexton [Sexton & Griffin, 1997:3-8], Hruby, 2001:57) and the Positive Psychology Theory (Seligman & Csikszentmihalyi, 2000:5) were used to provide assumptions for this research.

A primary assumption of this model is that all street children possess to a lesser or greater extent some form of "**resilience**". Through facilitation, this resilience in street children can be further developed so that street children ultimately cope more effectively on the street by choosing more **effective coping** strategies.

**Resilience** occurs across the life course with individuals, families, and communities experiencing unique paths of development. It is linked to life stress and people's unique coping capacity and involves **competence** in daily functioning. Interestingly, resilience may be on a continuum - as a polar opposite to risk. Furthermore, it may be interactive, having an effect in combination with risk factors and is enhanced through **connectedness** or relatedness with others. This model represents a

segment of this lifelong process, when I as the agent steps in as a psycho-educational facilitator to aid in the development of resilience in street children.

Furthermore, **resilience** is a bio-psychosocial and spiritual phenomenon. It involves a transnational dynamic process of person-environment exchanges and encompasses an adaptational process of goodness-of-fit. The **facilitation** of **resilience** in street children can be divided into four core elements; namely **connectedness, competence, confidence** and **effective coping**.

Street children live psychologically and physically demanding lives. Their lives are fraught with danger. Because of this, street children have to reach maturity at a young age and learn to fend for themselves in all aspects of their lives. The role as street survivor can become the dominant role that street children as individuals have to take on. Thus, their individual identities are determined by their survivor roles. Many activities in the daily lives of street children are extremely traumatic and demeaning to their very human existence. There is no life experience that prepares street children for this daily life of survival on the streets, for **coping** with their daily struggles and for surviving the hardships they encounter on a daily basis.

This study is unique in that much research is focused on the life world experiences of street children when not much evidence which focuses on their mental health in relation to their life world currently exists. This psycho-educational model aims to teach children more **effective coping** strategies in order for them to survive the hardships they encounter on the streets. The ultimate goal is to see them make positive choices against alcohol and drugs; become more **resilient** and hence develop positive and **effective coping** strategies against their daily survival battles.

In this model, **facilitating the resilience** of street children subjected to a harsh environment is laid out by me, the psycho-educational facilitator to enable these street children to optimize their mental health by becoming more **resilient** to their harsh environment. The **facilitation** process with its three stages is needed to gradually build up these street children's **resilience**.

Street children suffer psychological trauma and damage as a result both of destructive family backgrounds and their subsequent potentially injurious experiences on the street (Rydberg, 2006:1-4). Thus, street children lack the primary socialisation and modeling framework of the family that is thought to foster healthy growth and development. As such, they are now developmentally at emotional, mental and psychological risk.

Mental health implies a holistic well-being in the promotion of wholeness. This means that individuals acknowledge and accept themselves, accept responsibility to re-organise their lives to enhance their physical, psychological, social and spiritual well-being and then express and realize their own unique potential. Mental health can be seen as the integral part of wholeness as seen in the Theory for Health Promotion in Nursing (University of Johannesburg, 2009:4).

The aim of this research with positive psychology was to learn how to build the qualities that help street children not just to endure and survive, but to also flourish. As a clinical endeavour, positive psychology is intrinsically concerned with enhancing human strengths, virtues and subjective well-being rather than to remedy deficits (Aspinwall & Staudinger, 2003:8; Carr, 2004:1-2; Compton, 2005:3).

The constructivist psychologies theorize about and investigate how human beings create systems for meaningfully understanding their worlds and experiences (Neimeyer & Raskin [Dobson, 2001:394]). Depending upon how one chooses to carve out categories of constructivism, one finds differing areas of commonality and divergence. They all however, centre on human meaning making as psychology's primary focus of inquiry. For this study, the focus was on the meaning that street children give to their daily life world experiences.

### **5.3.3 Context of the model**

This study is of a contextual nature (Creswell, 2012:473,512), whereby the model facilitating the resilience of street children subjected to daily abuse is seen as a whole and not separate from the natural settings. Thus, in this study the temporary shelter housing street children in Hillbrow, Gauteng formed the context of this model



as framework of reference to facilitate the resilience of street children and thus enhance their mental health.

#### **5.3.4 Theoretical definitions of concepts**

The central, essential and related concepts are defined as follows:

##### **a) Definition of central concept: Facilitation of Resilience**

The concept '**facilitation of resilience**' can be defined as the process through which I **mediate, inspire** and **strengthen** street children in order to bring about resilience through the development of **connectedness, competence, confidence** and effective **coping** strategies.

##### **b) Definitions of related concepts:**

- **Mediating**



Mediating is the enhancement of inner strength, challenging of current methods of survival, promotion of more effective strategies, embracing street children's need for change and then aiding through guiding, encouraging and supporting street children toward choosing more effective coping strategies in their day-to-day survival.

- **Inspiring**

To inspire is to motivate street children toward their involvement in the change process and ultimately, capacity-building.

- **Strengthening**

Strengthening is the exercising of self-confidence and purposefulness to add meaning and to promote assertiveness in street children.

- **Connectedness**

Connectedness refers to street children's close ties with community which are needed to create a sense of belonging and a solid sense of security which will come about through the fostering of healthy relationships; thus encouraging responsible thinking towards self and others.

- **Competence and Confidence**

Competence and confidence is the drawing from inner strengths of street children to develop self-efficacy, self-awareness and assertiveness; thus building effective conflict resolution skills and learning to make constructive decisions.

- **Effective Coping**

This concept refers to street children learning to cope effectively with stress by developing positive and effective coping strategies and understanding that they can control the outcomes of their decisions, and that their actions produce consequences.

### **5.3.5 Relationship statements**

The relationship statements in this model are based on the above theoretical definitions. As a psycho-educational facilitator, I have the knowledge, motivation and experience to interact with street children as recipients for promoting resilience. I **mediate, inspire** and **strengthen** street children to develop their resilience. Thus, street children subjected to daily challenges on the streets and the **facilitation** of their **resilience** which will enable them to develop a sense of **connectedness, competence, confidence** and **effective coping** are the centre of this model.

The RECIPIENTS are street children who reside temporarily at a shelter in Hillbrow, Johannesburg. This research indicated that they require assistance in their strive for

wholeness and integration. Facilitation takes place when both the recipient and the facilitator take responsibility for the interaction.

During the facilitation process the psycho-educational facilitator, as the AGENT, will make use of different stages. I will begin by building rapport and developing a warm and unconditional relationship of trust with these street children. In this initial stage, there will be a process of **mediating** with, **inspiring** and **strengthening** street children.

The facilitation of resilience represented by this model will take place within the CONTEXT of a temporary street children shelter in Hillbrow, Johannesburg.

The AIM of the process is to facilitate resilience in street children by helping them develop a sense of **connectedness**, building **competence and confidence**, and guiding street children toward more **effective coping** strategies. This will ultimately lead to them having enhanced mental health.

The PROCESS will advance through the different phases of facilitation, namely the relationship phase, the working phase and the termination phase.

### 5.3.6 Structural description of the model

The model in Figure 5.6 below will be divided into different parts to build up toward and assist in the discussion of meaning. This was done to demonstrate the interaction between parts of the model. The principal structures constituting the model of facilitation of **resilience** are me, the psycho-educational facilitator as agent and the street children as recipients. A temporary street children shelter in Hillbrow, Johannesburg provides the context and is another crucial component of the structure. Street children who are abused in their environments and who suffer physically, socially, emotionally and spiritually are the focus of attention for the operationalisation of the model for me, the psycho-educational facilitator. The recipients need to be facilitated towards mental health. The possibilities rely on their acquisition of a sense of **connectedness, competence, confidence and effective coping** strategies *in order to realise and live out their unique inner resilience and*

*inner potential and to ultimately promote their mental health.*

The colours given to each part of the model “Facilitating resilience in street children” reflects each aspect of the model. This also explains the development of each phase of the resilience process that I facilitate.

Dissecting the model further into different segments and discussing each part’s meaning will aid the explanation of the structure of the psycho-educational model for the facilitation of resilience.

### **5.3.6.1 Phase One: Relationship Phase - Building Rapport**

#### **a) The Facilitation Process**

The most important relationship in the model is the one between me as the facilitator and the street child as illustrated in Figure 5.1 below. As stated previously, the facilitation of resilience is dependent upon a relationship of trust and understanding between me and the street child; their interaction needs to be based essentially upon constructive human relationships. The relationship phase in this model is a process of **mediating, inspiring and strengthening**. The entire facilitation process is also not linear, but rather a circular process which is vital for relationship building and maintaining. The primary aim of the model is to facilitate resilience in street children as illustrated by the blue arrows in Figure 5.1 below. This facilitation process takes place within the context of the temporary shelter as denoted by the house-shaped structure around the diagram.

- **The colour blue – to denote the concept of facilitation**

In this study, blue symbolism associates blue with freedom, strength and new beginnings. Blue skies are emblematic of optimism and better opportunities. Blue is the colour of loyalty, faith and power. Blue is also seen as the colour of protection. Blue-coloured light has been shown to reduce blood pressure. Blue calms the autonomic nervous system and is anti-inflammatory (<http://squidoo.com>). Blue symbolism emphasizes the cooling and relaxing qualities of blue, reminding us of

peace and calmness. Blue is also often associated with depth and stability. It symbolizes trust, loyalty, wisdom, confidence, intelligence, faith, truth and heaven. Blue is considered beneficial to the mind and body. It slows human metabolism and produces a calming effect. Blue is strongly associated with tranquility and calmness. In heraldry, blue is used to symbolize piety and sincerity (<http://www.color-wheel-pro.com/color-meaning.html>). Hence, blue will denote the **facilitation** process in this study and the transformation at a very deep level in order to build inner resilience in street children.

As a facilitator, I will **mediate** with, **inspire** and **strengthen** street children. The process starts with relationship and rapport building, then moves to a working phase and finally to a termination phase. The entire process is powerful, ongoing and vibrant. During the therapeutic relationship phase, I convey empathy and understanding within a context of trust. I explore the negative emotions experienced by street children during their daily life world experiences on the street using expressive art techniques described below. Facilitation is an ongoing process and carries through to all the other phases of the model. I **mediate** the entire process of facilitation through enhancement of street children's inner strength, challenging of current methods of survival, promotion of more effective strategies, embracing street children's need for change and then aiding through guiding, encouraging and supporting street children.

I will again use expressive and creative art techniques to **inspire** street children by motivating them, encouraging their involvement in the change process and ultimately working toward capacity-building and resilience. Finally to be described below, I strengthen street children by increasing their sense of **connectedness** within themselves and to their environment, exercising their **confidence** and **competence** to add meaning to their lives and finally, guiding them toward choosing more **effective coping** strategies against their harsh realities of life.

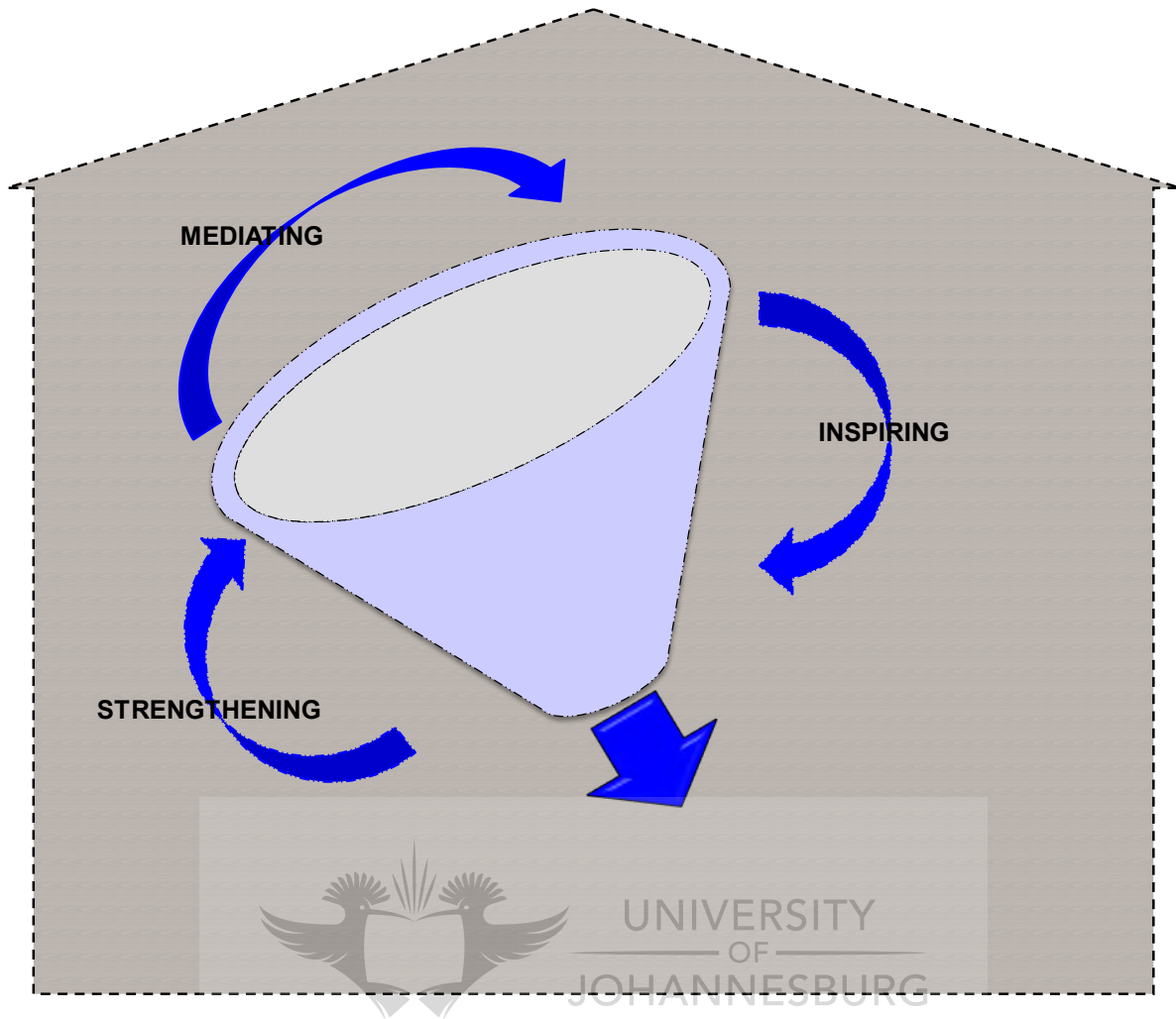


Figure 5.1. The Relationship Phase and Blue Symbolism

### 5.3.6.2 Phase Two: Working Phase

During the working phase, I take on a more hands-on role and physically active role with street children so as to guide street children through the process of **resilience** using expressive and creative techniques and drawing from the arts to help street children deal not only with the stresses of life, but also to cope with their traumatic experiences that have become too overwhelming for their minds to assimilate. This facilitation process takes place within the context of a temporary street children shelter.

## a) **Connectedness**

Street children will be nurtured toward the development of a sense of **connectedness** through these expressive techniques and this will enable them to feel a sense of connectedness within themselves and to their environment. A sense of belonging is crucial for all human beings as seen with the red denotation in Figure 5.2 below. This process takes place within the context of the temporary shelter as denoted by the house-shaped structure around the diagram.

- **The colour red – to denote the concept of connectedness**

The colour red symbolizes wholesomeness, dependability, courage and the vitality of being alive. Red is the warmest of all colours and is associated with warmth, joy and prosperity. It brings focus to the essence of life and living with emphasis on the links we have to others and to our environment (<http://www.squidoo.com>). Basically red symbolizes strong emotions, like excitement, energy, speed and strength. It is a popular view that red, the colour of blood and fire, represents life and vitality.

Red also signifies the colour of the sun: a symbol of energy, radiating its vitalizing life-force into human beings (<http://www.color-wheel-pro.com/color-meaning.html>). We thus need red to root ourselves in everyday reality to give us a sense of security. Red symbolizes the **connectedness** that street children will be nurtured and mediated toward. They will be helped to feel more grounded and an integral part of something bigger, they will learn to feel a sense of belongingness.

**Connectedness** is vital to all our well-beings and in order for us to thrive, we need a sense of protectiveness and love from all around us. This sense of **connectedness** is lacking in street children hence their destructive coping choices against the harsh realities of their lives. By building a feeling of **connectedness** within street children, they will be able to see that they belong and that they add value to the world.

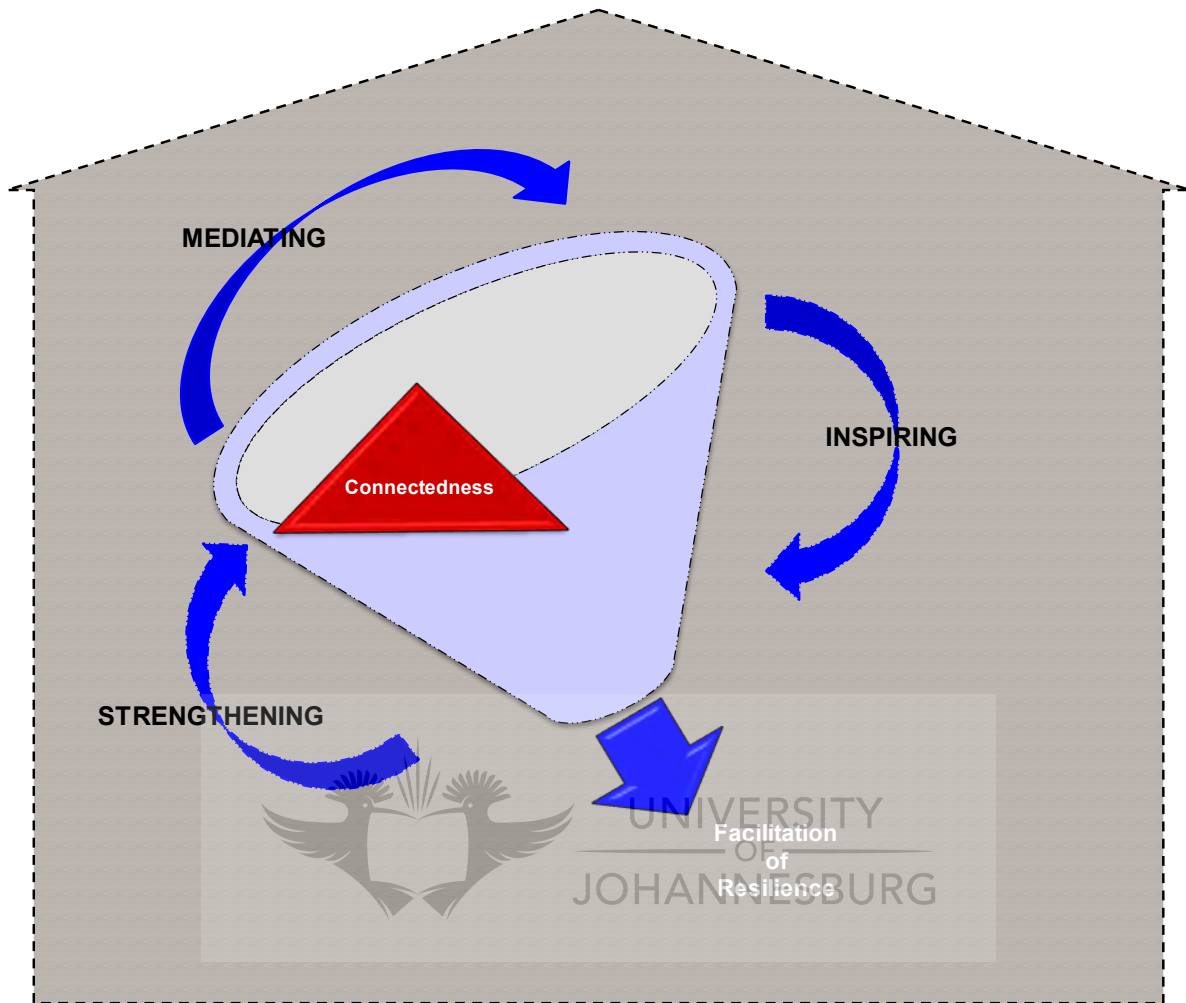


Figure 5.2. A Sense of Connectedness – Red Symbolism

## b) Competence

The next concept of resilience is **competence** which describes the feeling of knowing that one can handle a situation effectively as seen with the orange denotation in Figure 5.3 below.

- **The colour orange – to denote the concept of competence**

The colour chosen to depict the concept of **competence** is orange. For this model, orange symbolizes stimulation of the mind, growth and a renewed interest in life. Orange is also associated with energy in life and acts both on the physical body and



intellect. It is a colour that boosts creativity (<http://www.squidoo.com>). Orange represents enthusiasm, fascination, happiness, determination, attraction, success, encouragement and stimulation (<http://www.color-wheel-pro.com/color-meaning.html>). This inner and outer wisdom portrayed by this colour is the **competence** that I, as the psycho-educational facilitator, will assist street children to strive toward. The intuition that orange speaks of already has a strong place in street children’s daily lives. It is an inner sense of self-preservation that ensures their survival on the streets. This process takes place within the context of the temporary shelter as denoted by the house-shaped structure around the diagram.

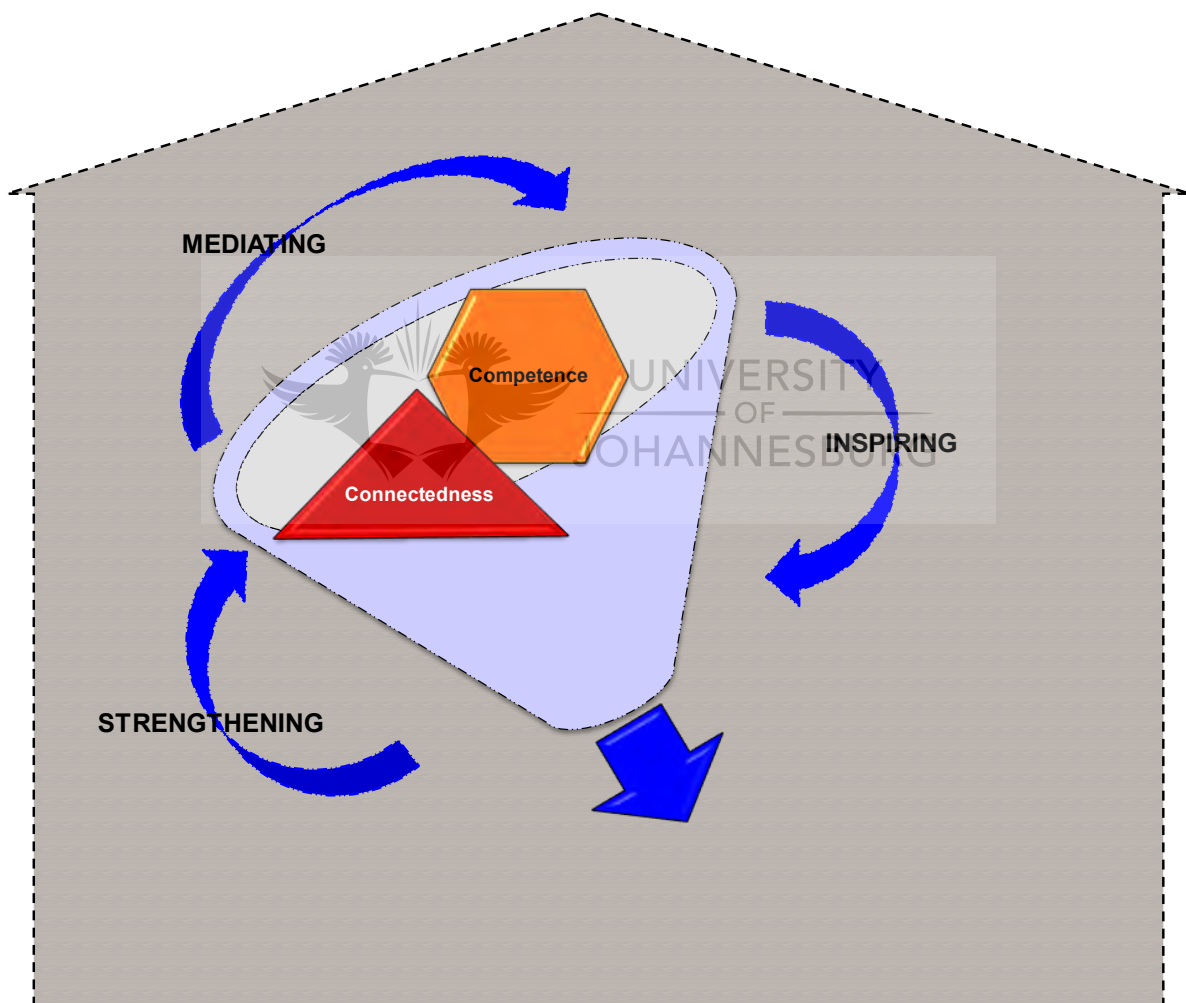


Figure 5.3. The Orange Link - Competence

### c) Confidence

**Confidence** comes with competence. And **confidence** is another crucial component of resilience as seen with the yellow denotation in Figure 5.4 below. Confidence is the belief in our own precious abilities hence the colour yellow as a descriptor for this concept. This process takes place within the context of the temporary shelter as denoted by the house-shaped structure around the diagram.

- **The colour yellow – to denote the concept confidence**

In this model, yellow is associated with vigour and vibrancy. Yellow enhances self esteem and relates to rational mind and clear thinking (<http://www.holisticworld.co.uk>). Yellow also enhances concentration and helps to focus on inner senses thus developing **confidence**. Yellow symbolizes humankind's goal to obtain perfection in mind and spirit. In people, it symbolizes the confidence in their abilities to overcome the harshness of surroundings by dealing constructively with the daily hardships that lead to negative mental health. Yellow is the colour of sunshine. It's associated with joy, happiness, intellect and energy. Yellow produces a warming effect, arouses cheerfulness, stimulates mental activity and generates muscle energy (<http://www.color-wheel-pro.com/color-meaning.html>).

By using their inner and outer strength, street children will ultimately become more **confident** and empowered. Due to the reference to power and strength, we further associate the colour yellow with confidence. Confidence is like a gift to oneself. To develop confidence will enable street children to develop the inner sense of value that they need to thrive in their harsh environment.

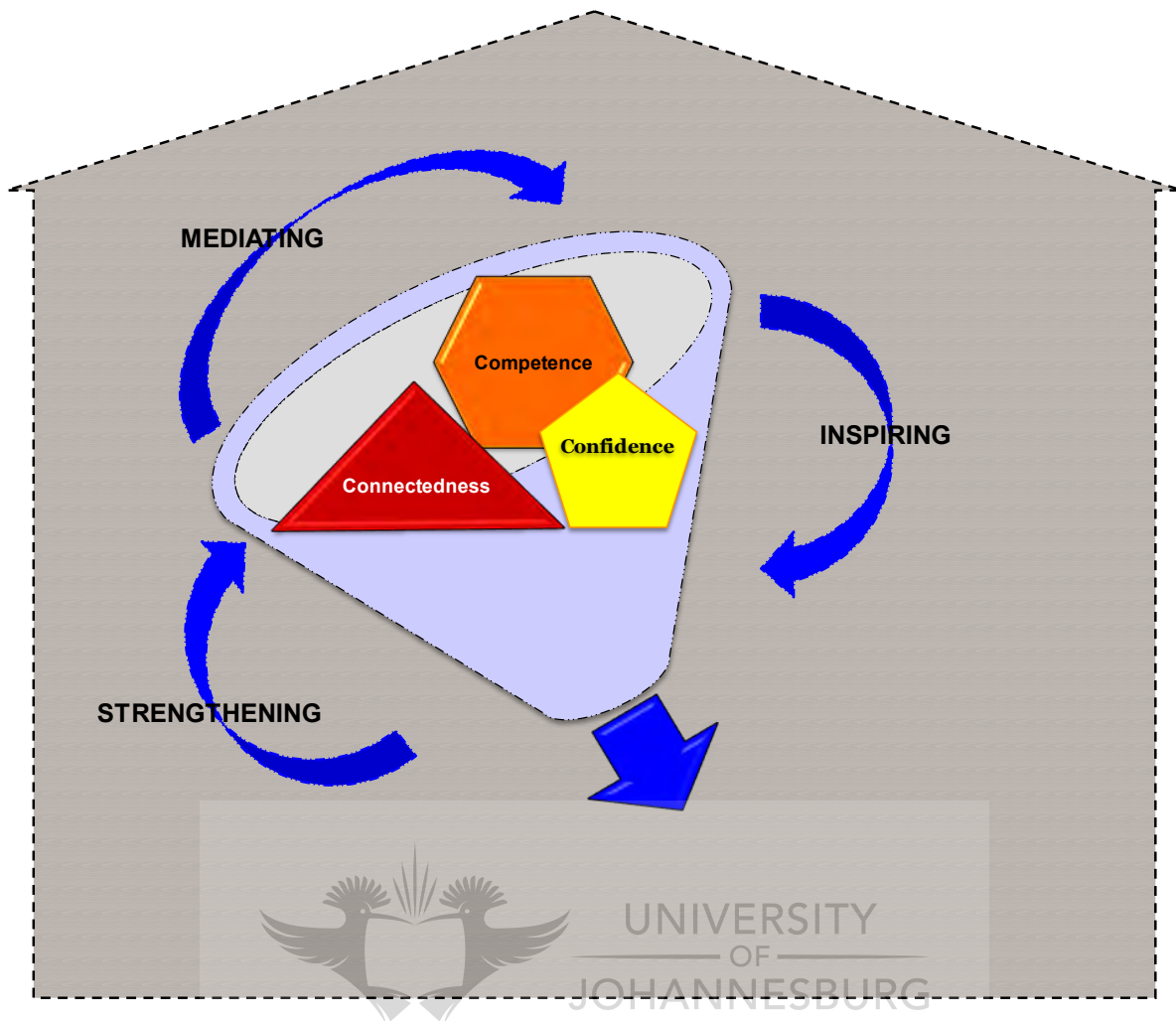


Figure 5.4. The Yellow Link – Confidence

#### d) Effective Coping

The concept of learning effective and constructive **coping** strategies is the final crucial concept of resilience in this model as seen with the green denotation in Figure 5.5 below. Hence the choice of constructive **coping** strategies by street children will depend on their development of **confidence, competence and connectedness**. All these factors work together to promote wholeness in individuals, in this case street children within their context of the temporary shelter.

- **The colour green – to denote the concept effective coping**

The colour green creates a feeling of comfort, relaxation, calmness, space, lessened stress, balancing and soothing of emotions. Green is also associated with nature,

balance and harmony of emotions. Green is the colour of nature. It symbolizes growth, harmony, freshness and fertility. Green has strong emotional correspondence with safety. Green has great healing power. It is the most restful colour for the human eye; it can improve vision. Green suggests stability and endurance (<http://www.color-wheel-pro.com/color-meaning.html>).

Thus this colour symbolizes **effective coping**. Street children will learn to choose effective coping strategies to bring balance and harmony to their lives. To achieve this, they will be nurtured by me, the facilitator, within their temporary street children shelter toward openness and trueness toward themselves. Also, this kindness towards themselves will mean turning away from destructive aspects of their lives. In the case of street children, this refers to the drug abuse which is a current coping mechanism against their harsh environment.

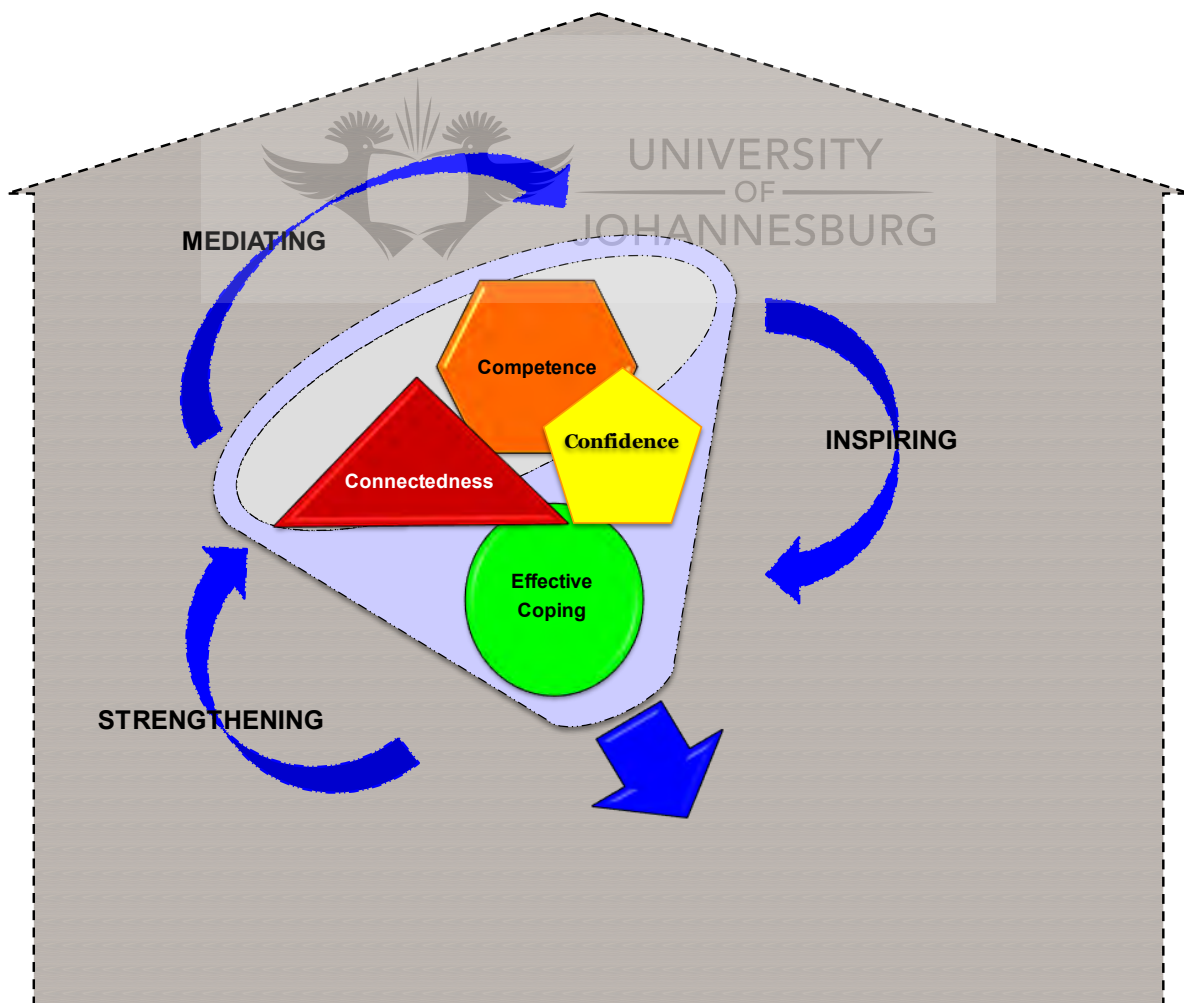


Figure 5.5. The Green Link – Effective Coping

### 5.3.6.3 Phase Three: Termination Phase

The final phase of the model is referred to as the termination phase where I, the facilitator, and the street children realize that they have reached the end of the facilitation process. At this stage, street children are able to make more constructive decisions in their daily lives which will optimize their mental health.

#### a) Resilience

Remembering that all phases in this model are fluid, as real life itself is, this is now the final product after the merging of various concepts of **resilience**. What has now been achieved is both resilience and enhanced mental health as seen with the purple denotation in Figure 5.6 below. The entire process takes place within the context of the temporary shelter as denoted by the house-shaped structure around the diagram.

- **The colour purple – to denote the concept resilience**

To describe the symphony of effects, the multi-dimensional colour purple is used to depict the concept of resilience. Purple is often associated with royalty, nobility and spirituality. This is because purple is at the top of the colour spectrum and of all the colours of the visible spectrum, it is the one that vibrates at the highest frequency. Purple is associated with the seventh chakra, located at the crown of the head. This is the chakra of connection to spirit. Purple is associated with wisdom, dignity, independence and creativity, Thus this colour symbolizes inner energy, vitality and ultimate **resilience** and mental health. Street children will be mediated and inspired toward this resilience in order for them to achieve greater mental health (<http://www.color-wheel-pro.com/color-meaning.html>).

Having described the structure of the model, the next section will elucidate the process represented in the model.

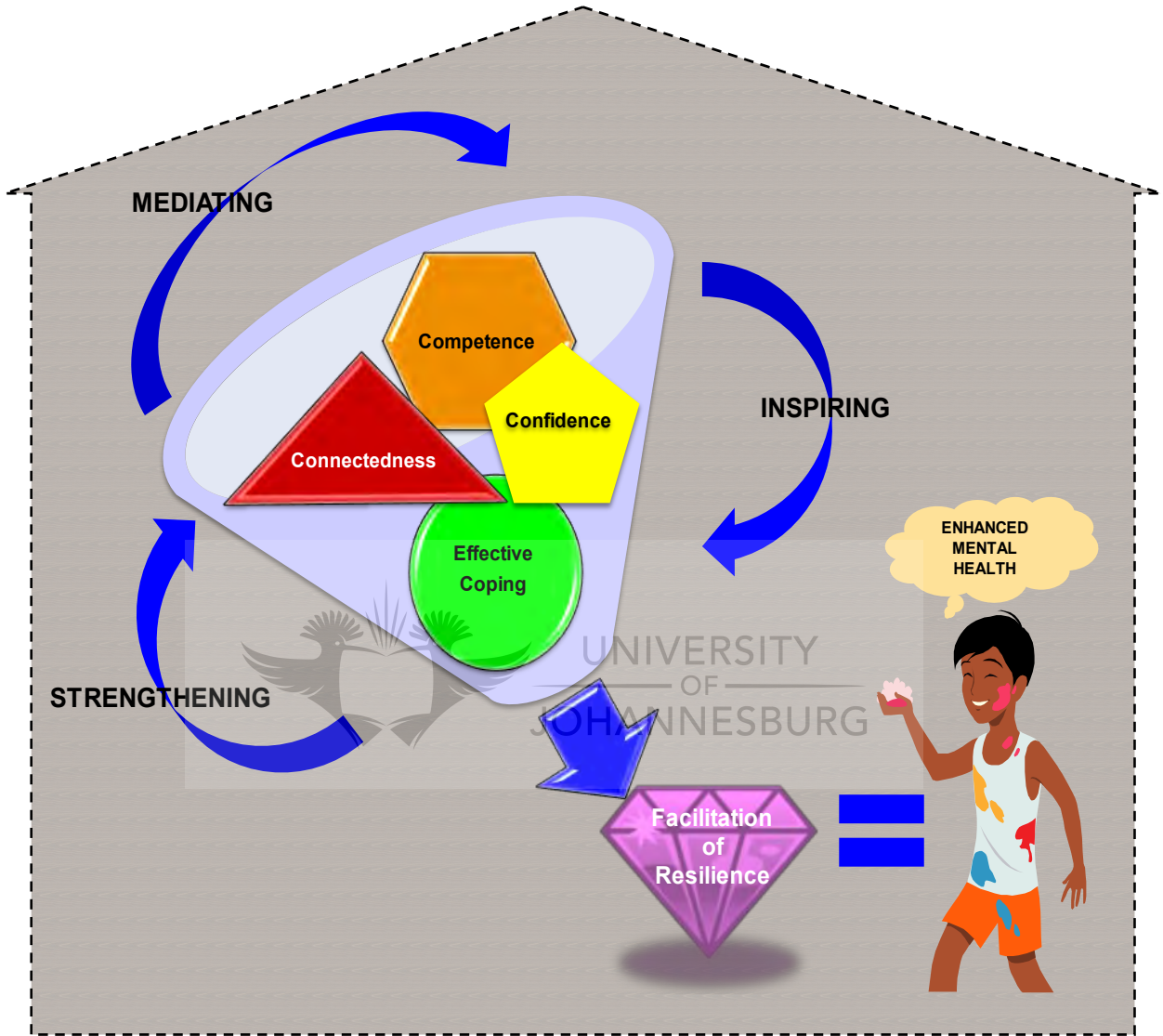


Figure 5.6. Model of facilitating resilience street children

### 5.3.7 Guidelines for the operationalisation of the model

The process of facilitation of resilience which moves from a relationship to a termination phase, is a process of facilitating street children to feel a sense of **connectedness**, become more **competent**, more **confident**, and to choose more **effective coping** strategies during their day-to-day survival. This will be done by assisting them to form a holistic perspective of their identities, to acknowledge and accept this reality in order to initiate exercises of coping through the facilitation of resilience. This will help them in the process of reaching optimal mental health as an integral part of wholeness. Resilience is a lifelong process and this capability will be a unique and new experience to each street child.

In this view, the operationalisation of the model takes into account the combination of processes that are required to reach optimal health in street children. In the process description of the model facilitating the mental health of street children, I make use of four phases, which are:

**Pre-Phase: Preparation Phase**



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**Phase 1: Relationship Phase**

**Phase 2: Working Phase**

**Phase 3: Termination Phase**

It needs to be mentioned that the division between the different phases is not rigid, and that there may be an overlapping and fluidity of phases.

### 5.3.8 Pre-Phase: Preparation Phase

**Objective:** The objective of the preparation phase is to successfully prepare for and both select and recruit participants for the group facilitation process where resilience will be facilitated. I must also explore personal beliefs and feelings about street children.

**Strategy and actions:** During this phase, I will take into consideration the type of setting and process that I will use to facilitate resilience in street children. It is recommended that the setting be a place of care for vulnerable children. These children are fundamentally compromised and require the necessary support and development in all spheres of their lives – environmentally, physically, emotionally and spiritually.

I get myself professionally and psychologically prepared for the facilitation process ahead by using all my previous experience and training. I also need to address practical considerations when forming the group. In this regard, the context in which the facilitation of resilience would take place is a group session of between four to six street children meeting once per week for approximately two to three hours. The physical setting where these meeting will be held needs to be private to ensure that participants will not be interrupted by outside noises. Furthermore, the physical location should allow enough space for the group of street children to move around freely.

The recruiting of participants to be part of this facilitation process to develop resilience may prove to be demanding as street children are independent and untrusting of others. They are therefore not keen to attend workshops just for the sake of their own personal development as they do not see themselves as mentally affected. Even though they display a tendency toward survival, they might be against learning situations that seek to enhance these survival skills. Their entire mode of thinking is very different from other children their age, and their previous negative experiences at school might also further contribute to a general resistance toward learning situations where there is a power of authority who seeks to control their environment. It is therefore imperative that I devise innovative ways to link the aims of the facilitation process and the very specific life needs of these street children.

Due to my past experiences with street children, there is a base of knowledge and practice that I can draw from as all street children are unique and the approach toward each of them will differ during this phase. In this context, my past experiences will thus prove crucial in getting street children to agree to partake in this process of facilitation.



### 5.3.9 Phase 1: Relationship Phase

**Objective:** Phase two, which is the relationship phase, forms the initial starting point of the facilitating process and is therefore the cornerstone for the facilitation process in this model. Without relationship building, the realisation of the other phases will not be possible in the model.

**Strategy and actions:** Contact with street children takes place on a very interpersonal level. As the psycho-educational facilitator in this study, I also acted as teacher, choreographer and co-ordinator. The time spent with these children will be as a group to enhance their feelings of **connectedness**. According to Moolla (2007:93), what firstly needs to be done during any intervention, is to find ways to meet the children's emotional needs and to create a safe and stable environment where personal change can take place. The most practical place of choice would be temporary street children shelters (for example, the shelter used in this study) since many street children spend time in and out of such shelters. This facilitation programme can be integrated into the guidance sessions which are usually already in place but this would entail a level of familiarity and trust between myself, the facilitator, and street children. If no programmes are offered, then I will need to spend time with the children before the programme is implemented which could take place as part of the recruitment process. Thus the first two phases may overlap. The reason for this is that the effectiveness of the facilitation depends greatly on my abilities as the facilitator and how close I am to the street children (Hanbury, 2002:27).

The relationship phase of the facilitated group process focuses on the orientation of the street children who will be in a group setting. The group members will get to know each other, learning how the group functions, developing spoken and unspoken norms that will govern the group's behaviour, exploring fears and hopes pertaining to the group, clarifying expectations, identifying personal goals and determining if the group can provide an emotional safe place. This will be done through the use of the activities described below. In this initial phase, my task is to **mediate, inspire and strengthen** street children. Mediating in this phase will be starting the enhancement of inner strength, challenging of current methods of

survival, promotion of more effective coping strategies, embracing street children's need for change and then aiding through guiding, encouraging and supporting street children toward the facilitation of the resilience process. This will be an ongoing and fluid process through all phases.

**Inspiring** street children will be done in the form of the motivation of street children, their involvement in the change process and anticipating capacity-building. Strengthening during this phase will be the exercising of self-confidence and purposefulness to add meaning and to start promoting **competence** in street children. This will also be an ongoing and fluid process through all phases.

During this phase, street children will commonly experience negative and positive feelings, and the way I **mediate** the process and handle these feelings will be crucial for the degree of trust that is established in the group. A lack of trust might lead to tentativeness and lack of clarity concerning what the street children hope to get from the facilitation experience. In this phase, the street children might also present aspects of themselves that they think others will accept. Pleasing and superficial behaviour is often characteristic of the beginning phase. Street children are generally mistrusting of adults and individuals linked to any type of institution, be it government or other. I will guide, encourage and support street children during these periods of uncertainty.

This can be done by assisting street children to tune in to their inner personal needs in their lives in order to facilitate resilience. **Mediation** is the process to use and it involves engaging with street children and getting them to move gently around the room and toward each other in free play whilst also joining the group. This activity will assist participants in physically expressing their emotions that they generally battle to express and will also help them feel a connection to me.

Another important activity to inspire and strengthen during the relationship phase will be doing artwork, playing games, story-telling and ice-breakers. Games and ice-breakers are activities that help set the tone of the facilitation activity and will also help **inspire** street children to involve themselves fully in the process of facilitation of resilience and will increase their self-confidence and add meaning to their current

experiences. It helps participants to have fun, learn and laugh together. The purpose is to get participants into the mood for the activity and to relieve the tension. In addition, the aim is to help them move from a previous activity to the present one. Participants can also be assisted to communicate easily with each other. Shy participants can also be assisted in mixing with other participants (Luck, 2001:119). Street children will also feel more comfortable and communicative during these activities. This is because they do not trust people easily and thus do not divulge much about their lives to strangers.

### **5.3.9.1 Games and Ice Breakers**

Examples of games and ice-breakers to be used during the relationship phase:

#### **a) Drawing and painting using various art forms**

From my past experience, I understand the value of art as a form of expression by street children. The group will be given paints, colour pencils and pens to draw anything that they wish to about themselves. They can draw individually or join each other if they wish to.

#### **b) Candy Sharing**

Sit in a circle and set bowl or box of candies in the middle. Children can each choose a candy from the bowl and then each take a turn to say something random about themselves and their lives. Reassure the street children that it is totally voluntary and they can divulge or choose not to.

#### **c) Story-Telling**

The group will now stretch their storytelling skills by incorporating details about themselves into a story that could just go anywhere. They can also use their pictures in this process. No one should say more than two sentences at a time. Turns must be taken in order.

All of the above games and ice-breakers were adapted and revised from: <http://www.businessstrainingworks.com/Train-the-Trainer/Icebreakers-Free.html>

All of the above activities will start the facilitation process and thus the relationship and working phase overlaps at these points. Group work is also crucial as the sense of **connectedness** which is a crucial component of resilience is developed because of the interactions taking place in this type of setting. According to Kenney-Noziska (2011:2), for those working with children and adolescents, creating a child-friendly atmosphere assists in engaging children and adolescents and may facilitate the development of a stronger therapeutic alliance. As a result, dedicating attention to this area is an important step.

Since the working phase will be conducted with groups over various sessions, pre-group orientation is important to reinforce positive expectations and remove negative preconceptions (Yalom, 1995:4). In a specialized group, like street children, the focus will be on building a strong protocol of developing a sense of belonging and **connectedness** which is a core concept of facilitation of resilience.

According to Yalom (1995:16), group psycho-education has eleven advantages, all of which contribute to the facilitation process. These advantages of group work in relation to the street children are as indicated in the Table 5.1 below.

**Table 5.1. Advantages of Group Psycho-Education and Relevance to Street Children**

| <b>Advantages of Group Psycho-Education</b> | <b>Relevance to Street Children</b>   |
|---|---|
| 1. Installation of Hope                     | Could bring inspiration to street children by motivating them to start to change their current situation                  |
| 2. Universality                             | To let street children subjected to daily trauma discover the similarities of their situations through shared experiences |
| 3. Altruism                                 | Through the sharing of their problems; support, reassurance and insight into self is achieved                             |

| <b>Advantages of Group Psycho-Education</b> | <b>Relevance to Street Children</b>   |
|---|---|
| 4. Corrective recapitulation                | Helps to test new behaviour and is constantly encouraging   |
| 5. Development of social techniques         | Could benefit the handling of the negative situations they constantly find themselves in  |
| 6. Imitative behaviour                      | Is learned from the facilitator and may initially be short-lived in this context but can help street children reach out for help – both initially and in the long term            |
| 7. Imparting information                    | Helps to focus on what can be done about their situation on the street  |
| 8. Interpersonal learning                   | Helps to correct distorted views of the various relationships in the lives of street children   |
| 9. Group cohesiveness                       | Allows the affective sharing of street children's daily experiences and to be accepted by others whilst sharing this information  |
| 10. Catharsis                               | With the free expression of negative or positive feelings toward other street child; this concept will convey the purest sense of ventilation                                     |
| 11. Existential Factors                     | Stress the fact that life sometimes is unfair and unjust and there is no escape from life's pain or death but that in some cases one can do something to improve one's situation. |

### 5.3.10 Phase 2: Working Phase

The process of resilience building is a process of facilitating and empowering street children to feel a connectedness to their environment, to become more **competent**, to develop **confidence** and to learn to choose constructive and **effective coping** strategies. This will be done by assisting street children to form holistic perspectives of their individual and unique identities and thus become more resilient through the use of expressive and creative art techniques.

Thus taking the above into account, this phase will now use movement and the sounds of music in order to reach out to street children and get them to further release their inner strength and resilience. This phase will draw basic concepts from a group technique using movement to music, called Neuro-Muscular Integrative Action (NIA) Technique which was founded in the 1980s by Debbie Rosas and Carlos Rosas (Rosas & Rosas, 1990:1). The NIA technique is more than merely an exercise form; the philosophy of NIA centres around the wisdom contained in the body, hence its motto, 'movement the body's way'. The aim in integrating this technique in this study is for street children to learn to understand their own bodies through movement to music (Rosas & Rosas, 1990:1).

Group movement practice as a whole is dedicated to both fitness and personal growth and as an expressive technique, will offer a path for street children to **connectedness** and integrate the body, mind, emotional self and spirit. Grounded in consciousness, movement techniques are a stimulating way to gain health, **competence, confidence**, well-being and personal growth. It is also seen as a way to discover one's own deeper meaning, value and depth in living life. The NIA technique itself has been successfully used on vulnerable groups and individuals and has become an entity in and of itself (2011:<http://www.niasouthafrica.co.za/nia-outreach-programme>).

So, how then can movement techniques like NIA help street children? NIA, along with current scientific thought (Meyer, 2004:330-333), take as a given that people are made up of energy, each vibrating within their own electromagnetic field. The theory goes, then, that by gaining a deeper awareness of people's relationship to their

bodies and their wave patterns of energy, they can reach a level of calm and have ease of control over their lives. The benefits of movement techniques manifest when people learn the skills that allow people to **connect** physical bodies with their minds and then with others around them (Meyer, 2004:330-333).

With freedom of movement, street children can learn to sense when one of their skills has been ignored or cut short. That knowledge can bring situations back to integrity. They can thus merge their physical, emotional and mental realms for a more in-touch and cohesive life experience making them more **competent and confident**. This physical movement will benefit street children in linking their physical with their psychological and spiritual beings as they tend to experience a fragmentation of their inner self from their physical self. Enhancing competence and confidence will allow for more effective coping in the lives of street children. This is described in Table 5.2 below.

The basics of movement derived from the concepts of NIA (Rosas & Rosas, 1994:5-10) for this context which are summarized in Table 5.2 below and then described in detail thereafter show the type of movement techniques to be used and their relatedness to the concepts of resilience:

**Table 5.2. Movement Techniques To Aid Facilitation Of Resilience**

| <b>Movement Techniques</b>   | <b>Resilience Concepts</b>  |
|--|---|
| <b>The Integrated Body - Ground the nervous system by focusing on internal sensation. Pause to absorb externally</b> | To develop a sense of <b>connectedness</b> to self first and will also assist street children to become consciously aware of their presence. Street children then pause and take a moment to become listener and observer. Sense of <b>connectedness</b> will now extend to feeling of belonging within the group |
| <b>Centred Awareness</b>   | Street children to calm and mobilise their minds to direct purpose. This will enhance <b>self-confidence</b> in the form  |

| Movement Techniques  | Resilience Concepts  |
|--|--|
|  | of a sense of security from within themselves and their <b>connectedness</b> to the universe itself.   |
| <b>Energetic Spirituality - Engage different touches and styles</b>  | Street children initiate, deliver with perfect “touch”. Feeling fully alive with moving energy. This physical motion will increase <b>competence and self-confidence</b> by encouraging self-control and discipline.   |
| <b>Healing Process</b><br><b>Balance the influence of body and mind</b><br><br> <b>Blend / Integrate with emotion and people</b> | Street children negotiate with outside forces to challenge current negative emotions stemming from negative life world experiences. This will be part of the <b>connectedness</b> stemming from the above concepts and will further enhance <b>competence and confidence</b> .<br>Street children discover potential unity and that they can control the outcomes of their decisions.. |
| <b>Release</b>   | Street children relinquish control of negative emotions and transition with ease. By letting go of negative emotions, space is created for new <b>coping</b> strategies.   |

All of the above concepts stem from the NIA technique (Rosas & Rosas, 1994:5-10) which is outlined below within the context of this study:



**a) The Integrated Body – Ground the nervous system by focusing on internal sensation. Pause to absorb externally**

**Objective:** To develop a sense of **connectedness** to self first and to also assist street children to become consciously aware of their presence. Street children to then learn to pause and take a moment to become listener and observer so that the sense of **connectedness** will then extend to a feeling of belonging within the group.

**Strategy:** The Integrated Body refers to the particular physical aspects of the experience of the NIA movement. This will be achieved by using free play and semi-structured choreography (Rosas & Rosas, 1994:5-10). The integrated body moves as a whole, systematically. In NIA, everything is working together, the parts of the body in communication – there is a sense of **connectedness**. NIA addresses traditional aspects of fitness, strength, flexibility and endurance but also precision, power and flow. The physical process of NIA is personal, organic, conscious and experiential. Street children will feel **connected** to themselves, to the group and to the universe. The Integrated Body movements assist street children to view the body as an entity that offers unending potential for ongoing learning through the physical, mental, emotional and spiritual realms. They can use their body to control access and perceive information, for feeling and **connecting** to sensation from the internal and external worlds. Through this integratedness, street children can then learn to use the senses of the body as instruments to help them become more available to themselves, to their actions, and to others.

**Actions:** Described in choreography below.

**b) Centred Awareness**

**Objective:** Street children to calm and mobilise their minds to direct purpose. This will be done to enhance **self-confidence** in the form of a sense of security from within themselves and their **connectedness** to the universe itself.

**Strategy:** Centred awareness is how street children will start to feel inside as they move. This awareness of experience helps to give feedback within about how they

are using their bodies. When they bring their attention inward, they can **connect** and make corrections or changes to their movement based on what they notice. To be able to shift habits around holding and moving the body will be empowering for street children and help them feel more **self-confident**. It can also be regarded as a spiritual place and street children can access this calm, reflective place while moving.

**Actions:** Described in choreography below.

### **c) Energetic Spirituality - Engage different touches and styles**

**Objective:** Street children learn to initiate and deliver with perfect “touch” all their movements. They feel fully alive with moving energy. This physical motion is to increase **competence, self-confidence and connectedness** by encouraging self-control and discipline.

**Strategy:** The integration of the martial arts form in NIA during this phase will be like moving energy for street children. This brings in a sense of giving and receiving energy with other participants. For street children, the sense of drawing in of energy will help them to feel more **self-confident** and the sense of giving energy will help them to feel more **competent**. This will be a deeply meaningful experience for street children and will give them a feeling of being **connected** to something larger than themselves.

**Actions:** Described in choreography below.

### **d) Healing Process - Balance the influence of body and mind + Blend / Integrate with emotion and people**

**Objectives:** Street children negotiate internally with outside forces to challenge current negative emotions stemming from negative life world experiences. This will be part of the **connectedness** stemming from the above concepts and will further enhance **competence and confidence**. Street children discover potential unity and that they can control the outcomes of their decisions.

**Strategy:** The Tai chi movements combined with music within the NIA movement technique will help put street children in touch with their inner emotions. Encourage active listening in street children by asking them to move with the subtle sounds, the rise and fall, and the waves and cycles within the music that will in turn help to support and create rhythm (Rosas & Rosas, 1994:10-15). Start by helping street children to move while **connecting** with the sounds of music and then encourage them to actively speak using their body gestures and voices. NIA uses all kinds and styles of music: popular, ethnic, sacred, world beat as well as harmonies to support healing physiological responses. Playing the various types of music while they are moving during this facilitation process will encourage a balance in their minds, spirits and bodies. Working as a group and moving around and with each other will help street children blend and integrate their movements with other street children around them. This will further enhance **competence and self-confidence** within themselves and toward others and engage them further in controlling their actions and understanding that they can control the outcomes of their decisions.

As the facilitator, I will wherever possible, assist street children to discover their own body language and ways of moving. Movement finds its source at the center of the emotional, feeling being. The art of any expressive movement transcends technique and science, and is an expression of their very own personality. Moment to moment, expressive movement is an opening, an unveiling, a manifestation of themselves. Uninhibited movement offers them the opportunity to express who they are as they create. This will increase street children's **competence and self-confidence**. Generally, **competence and self-confidence** describe the feeling of knowing that one can handle a situation effectively. Development of **competence and self-confidence** can be done by helping street children focus on individual unique strengths through this type of movement and hence empowering them to make decisions. One needs to recognize the competencies of these children individually and avoid comparisons for facilitation of resilience to be effective. This will be done by focusing on each child individually even though this will be a group activity.

**Actions:** Described in choreography below.

### e) Release

**Objectives:** Street children to relinquish control of negative emotions and transition with ease. By letting go of negative emotions, space is created for new **coping** strategies.

**Strategy:** NIA movements will give street children the opportunity to let go of what they are holding in their bodies, a sense of emptying. This release will come from NIA stances and movements with instructions to let go. Street children can use this opportunity to let go of limiting thoughts and beliefs. Letting go in this way is a form of emotional release, allowing space for more effective **coping** strategies which I will also simultaneously guide them toward as part of the process using NIA to help facilitate resilience.

**Actions:** Described in choreography below.

### f) The Choreography



Choreography is an integral part of movement techniques as there needs to be a semi-structured routine in order to introduce a sense of groundedness to street children.

A semi-structured movement routine will involve:

- The feet and legs: steps, stances, kicks and locomotion used in both athletic and classic styles of NIA. Stances are movements where both feet or one foot stays in contact with the floor, freezing in place for a period of time. As street children go into and come out of stances they will gain precision, control and balance; all components for developing and maintaining power and strength as depicted in Figure 5.7 below. Stances provide the opportunity to powerfully express postural strength, balance and stability. Steps are rhythmic combinations of foot-work where one foot is always leaving the ground.



**Figure 5.7. Choreography**

- This will enhance street children's feelings of connectedness; within themselves, with each other and with the environment. Developing close ties to peers and community creates a solid sense of security that helps lead to strong values and prevents alternative destructive paths to love and attention. Street children will be guided to connect with others by me - who will create a sense of physical safety and emotional security within their temporary shelter environment and allow the expression of all emotions, so that these children will feel comfortable reaching out during difficult times and returning to the shelter. They need a place they can come to if they need to. Fostering healthy relationships will reinforce positive messages and conflict needs to be openly addressed in order to resolve the problem.
- A balanced flow of energy combines vertical and horizontal alignment. Encourage street children to shift body weight versus dropping it, and use a smile line to move, ground, stay centered and cultivate energy. Free dance and structured movement address the duality of masculine and feminine movement in choreography and create an energetically balanced workout. Some benefits are improved sensory awareness, a balanced and healthy nervous system, a powerful breathing and circulation system, a balanced and integrated emotional body, a logical, imaginative, and resilient mind, a graceful gait, integrated posture, and a harmonized body, emotional self, mind and spirit (2011:<http://www.freedance.com>).

- By utilizing the above expressive and creative techniques, street children will feel more confident and competent within themselves and will also feel a sense of connectedness within themselves, to each other and to the universe. Release through expressive movements will clear a space for reflection on constructive life choices going forward.

(Adapted from **The NIA Technique** by Debbie Rosas and Carlos Rosas, 2005:1-50)

### **5.3.11 Phase 3: Termination phase**

**Objective:** The objective of the termination phase is to provide members with the opportunity to clarify the meaning of their experience within the group, to consolidate gains achieved during the process, and to decide what newly acquired behaviour they want to transfer to their everyday lives.

**Strategy and actions:** Set the termination date of the facilitated group process at the beginning of the process. A period of six weeks as an average length for a group to run is suggested. This is due to fluidity of street children in and out of the shelter.

Assess the degree to which members have benefited from the group experience. This will be done by utilizing member-specific measures to assess changes in competence, confidence, feelings of connectedness and abilities to choose effective coping strategies during times of hardship. This will be done by follow-up drawings and interviews with individual members, as well as a reflection on before and after drawings. In order to ascertain whether the goal of developing resilience was achieved, the following list of criteria will be used, namely did the participants increasingly:

- take responsibility for their own actions;
- exercise freedom of choice and will;
- find meaning in their life world after partaking in these activities; and
- think about and change themselves and their environment.

Group-specific measures will also be conducted two weeks after termination of the group. This will help assess the changes common to all members of the group. This will act as both an assessment tool as well as an accountability measure. If members know that they will come together to evaluate their progress regarding explicit goals, they are more motivated to take steps to make changes. Participants will also benefit from the feedback that they receive from other group members but it is up to each of them individually to decide what personal changes they want to make.

The model and guidelines for its practical implementation have been discussed and the task now remaining is to evaluate the model.

#### **5.4 EVALUATION OF THE MODEL**

The main idea behind evaluation of the model is to critically reflect on and assess how well it will serve the purpose of facilitation of resilience, to know how it might be contextually used and be further developed (Chinn & Kramer, 2008:284).

The two strategies employed in this study to evaluate the psycho-educational model for the facilitation of resilience were peer examination and member checking. With regard to peer examination, the complete research process leading up to the construction of the model was overseen by two study supervisors, both with vast years of experience as study leaders, study promoters and experts in the field of theory generation and model development. Secondly, the results and various aspects of the model were presented and evaluated by my peers at two doctoral seminars as well as an international conference. An independent expert was also part of the evaluation phase.

The evaluation criteria used was the criteria for critical reflection towards evaluations or assessments of models suggested by Chinn and Kramer (2008:284-286) namely: clarity, simplicity, generality, accessibility and importance.

#### **5.4.1 Clarity: How clear is the model?**

Clarity has to do with the meaningful and consistent usage of ideas and concepts within the model. Concepts in this model have been defined and linked in such a way that their relationships are clear and understandable. Definitions and their structural forms are used consistently, and were continuously evaluated to ensure that semantic and structural clarity was preserved. Illustrative diagrams were meaningfully used and their discussions were in line with the discussed concepts and the main focus of the model unfolding toward facilitation of resilience. Direct quotes were also included in the discussion and write-up of results in order to illustrate relationships between concepts.

#### **5.4.2 Simplicity: How simple is the model?**

Simplicity becomes evident through the minimum use of elements in the model. The model is simple to understand and follow, thus is not complex, complicated or confusing to the reader. The core concepts support the purpose of the model and are self-evident. The meanings of the concepts have been retained by not introducing new and unimportant concepts. There are no contradictions or confusion between outlines or assumptions of involved concepts and their supporting relevant assumptions were selected and used appropriately.

#### **5.4.3 Generality: How general is the model?**

Generality asks the question of whether the model can be implemented in a broader application than the intended application of the facilitation of resilience in street children. The scope of the concepts provides clues as to the generality of the model. In this regard, the scope of the central concept, namely “the facilitation of resilience” applies to humanity at its optimal level of functioning. Even though the model was developed for the facilitation of resilience in street children, its practical focus on resilience makes it usable, applicable and relevant to be used by mental healthcare professionals across the board who are working with vulnerable children in general. Because the quest for, demonstration and experience of resilience continue to be an



issue of local, national and international interest and concern, the model will be applicable to many different situations involving children.

#### **5.4.4 Accessibility: How accessible is the model?**

This criterion is meant to address the extent to which the identified, defined and discussed concepts within the model are grounded in empirically identifiable phenomena. The model and theory generated through this research is useful in promoting the facilitation of resilience. The model and its practical implementation is focused on facilitating the development of resilience in street children, by increasing competence, building confidence, developing a sense of connectedness and guiding street children to be able to adopt more constructive coping strategies against their harsh environment. Hence, one of the greatest contributions of this model is the assistance given to street children to develop their resilience. The facilitation of resilience is a practical process in which observable indications of behavioural outcomes can be expected, projected and assessed. Accessibility of the model was further enhanced by the fact that the definitions of the discussed concepts adequately reflect their meanings, without being unnecessarily narrow or undeservedly broad.

#### **5.4.5 Importance or significance: How important or significant is the model?**

The importance and significance of this model has to do with the applicability and the practical value of this model. Research, theory and praxis should be related in a meaningful way. As an extended process of this study, this model can be practically implemented so that it can be evaluated at grass root level. The model's objective of facilitating resilience is of influential and paramount importance for human and social science research and educational and behavioural practice. The need and quest for, and the experience of cultivating resilience in vulnerable children continue to be of local, national and international interest and concern. The outlined guidelines, developed strategies and proposed activities should assist mental healthcare professionals to facilitate vulnerable children toward resilience.

It should be further qualified here that these guidelines for evaluation of models are

neither merely interrogative nor normative. They are rhetorical guidelines for process considerations. Thus, there are no particular correct answers to these questions, and the questions do not imply some expected, specific or direct answers (Chinn & Kramer, 2008:245).

## **5.5 CONCLUSION**

The chapter covered the discussion of the psycho-educational model for the development of resilience in street children. The goal, context, assumptions and structure of the model were discussed. A process outline of the model and guidelines to operationalise the model were given. Chapter 5 ended with the evaluation of the model.

In chapter six, the last chapter of this study, I will conclude the study by looking at restrictions and recommendations regarding the study in its totality.



## **6. CHAPTER SIX: CONCLUSION, LIMITATIONS AND RECOMMENDATIONS**

### **6.1 INTRODUCTION**

The previous chapter described the context, purpose, structure and process outline of the model towards facilitation of resilience in street children. Guidelines for operationalising the model were outlined, with their objectives, strategies and proposed activities. This chapter will conclude the study and will focus on whether the objectives of the study were reached. The limitations of the study will be discussed, and recommendations regarding the operationalisation of the model in practice, education and research will be reviewed.

### **6.2 EVALUATION AND CONCLUSION**

The research goal of this study is the description of a psycho-educational model to facilitate the resilience in street children. To achieve this goal, the following objects were pursued, namely:

- To explore and describe the life world of street children with regards to the impact on their mental health;
- To develop a psycho-educational model for mental health professionals to facilitate the mental health of street children experiencing impaired psychological health during their daily activities; and
- To describe guidelines to operationalise the psycho-educational model.

In an undertaking to meet the above objectives, a theory generative, qualitative, explorative, descriptive and contextual research design was executed. The fieldwork was done by conducting semi-structured in-depth phenomenological interviews based on drawings done by street children at a temporary shelter in Hillbrow, Johannesburg. The results obtained were analysed and categorized with consensus being reached with an independent coder. Drawings were analysed by an accredited psycho-education consultant who was also the independent coder of this study. The

findings from all the data were contextualized and a literature study was carried out. In this way the findings were validated. A full description of the research methodology that was followed in this study is described and explained in Chapter Two. In Chapter Three, the results obtained from the data are described and they clearly illustrate that street children have negative mental health outcomes due to their daily negative experiences of emotional, physical and verbal abuse on the street.

This model will be implemented and evaluated post-doctorally, thus guidelines were devised during this study. These guidelines were presented by me and evaluated at a doctoral seminar after their completion.

The psycho-educational model developed in this study, was developed specifically toward improving the mental health of street children. The model consisted of the following four steps which were applied simultaneously.

### **6.2.1 Step One: Concept Analysis**

This step involved the identification and definition of the study's central concepts. The concepts were identified from the analysed data, which was collected through field research utilizing drawings, in-depth phenomenological interviews, field notes and transcripts from audio-recordings.

Data analysis was done according to Tesch (Creswell, 2012:243-244). The outcomes of the data analysis displayed that street children were experiencing negative mental health outcomes and needed to become more resilient in order to cope more effectively on the street. This was validated through a literature control.

The major concept of my psycho-educational model was identified as "facilitation of resilience". Dictionary and subject definitions, as well as discussions of concepts of resilience and facilitation, according to a survey list by Dickoff et al. (1968:430), guided this approach of qualifying the major concept of the psycho-educational model.

## **6.2.2 Step Two: Construction of theoretical relationships**

This step involved outlines of the context, structure and process description of the model, as directed by the four phases of preparation, relationship building, working and termination phases which were discussed in detail in Chapter Five of this study.

## **6.2.3 Step Three: Description of the model**

This step concentrated on the development and description of the model. I provided a structural and relational description of the developed model. The theoretical definitions brought clarity to the context of this study with the identified and defined concepts. A visual presentation of the model was depicted, which highlighted the purpose, concepts and context of the model. These concepts were then aligned in relation with each other as part of the model.

## **6.2.4 Step Four: Description of guidelines for operationalisation and evaluation of the model**

Guidelines were developed under the four dimensions of preparation, relationship building, working and termination phases. Under these dimensions the targeted objectives, particular strategies and proposed activities through and within which resilience can be facilitated were outlined and discussed.

The following questions, as indicated in Chapter Two and Five of this study, were used as leading assessment guidelines for evaluation of the model:

How clear is the model? – This question assessed the semantic and structural clarity and consistency of the model.

How simple is the model? – This question focused on assessing whether the model is not too complex, complicated or confusing to the readers.

How general is the model? – This question looked at possible applications or relevant utilization of the model in other contexts or environments wherein the need

for facilitation of resilience could be an issue of interest or concern.

How accessible is the model? – This question focused on assessing whether the model's identified, discussed and central concepts were grounded in and justified through empirical phenomena.

How important is the model? – This question assessed the value or significance of the model by focusing on how successful it has been in achieving its envisaged contribution as indicated in Chapter One of the study.

### **6.3 CHALLENGES ENCOUNTERED DURING THE STUDY**

Challenges as experienced by the participants and myself are as follows:

The street children were initially confused about what I wanted them to draw but on telling them to draw their daily life as they experienced it, they then set about drawing in detail. Some participants were concerned that they would not give me what I wanted but they were reassured that there was no right or wrong type of drawing or answer. The tape-recorder also initially proved to be a little daunting to participants as they were at first very aware of it and spoke to the recorder directly. However, as the interview progressed they opened up and started sharing their daily experiences on the street with me.

With regard to field notes, the street children were initially very wary of me writing notes while they were drawing or talking. Since they generally do not trust people who offer to help them without asking for anything in return, they needed to be reassured by both me and the social worker. In some cases, I also made mental notes which I wrote up as soon as the participant had left the room. This proved to be less intimidating to the street children who looked uncomfortable while I was taking notes. I also noted that once these street children were more comfortable, they began to trust me and field notes were done whenever the need arose in these cases.

Another challenge was that street children are very mobile and do not stay at the

temporary shelter for long periods of time. This factor governed my decision to conduct as much as possible during a single session and this was emotionally tiring on my part and the participant who as a result, was always debriefed at the end of the session by the social worker at the shelter. The intervention process will also have to be limited to approximately six weeks as this was usually the average time spent by street children at the shelter. Many disappear back on the streets and then return when they have health problems or if the weather is too harsh.

A possible restriction could be that this research was done only on one population group and did not include other population groups as the Gauteng province has mainly street children of one population group whilst other provinces will have street children of other population groups due to the demographics in those areas.

A final challenge on my part was that I did not have the time or resources to debrief or vent the stress and emotions that I experienced when working with these traumatized street children. I was fortunate though, to have supervisors who were sensitive to this but for other researchers in the future, there should be this and alternative support systems for them to debrief.

#### **6.4 RECOMMENDATIONS**

Recommendations are discussed with reference to how the findings are to be applied in practice, as are suggestions for future research. The intervention strategy devised here is nurturing to facilitate resilience and support the mental health of street children experiencing emotional, physical and verbal abuse on a daily basis.

Mental health workers are becoming more and more aware of the need to address all youths at risk in South Africa. While different contexts place youths at different types of risks, of particular interest in this study, is the phenomenon of street youths – a visible manifestation of a disrupted political and socio-economic society. Over time, it has come to be recognised that it is not enough to simply place these children in institutions, but that it would be more helpful to understand who these children are as individuals. Knowing how they function on an emotional and psychological level, their culture, their values and their dreams has profound

implications for interventions that aim at improving the quality of their lives. Moreover, understanding the needs of these youths in more depth provides them with the opportunity to be included in decision-making processes pertinent to their future as contributing members of society (Harper, 2003:xiii).

It has also been argued that it is important to note that, because different studies indicate different results, it must be recognised that street children experience street life differently, and that not all street children experience negative life circumstances as equally stressful. Thus, it can be concluded that healthy personality development of street children is not solely based on their experiences at home or on the street. It may also depend on pre-dispositional traits, how they perceive their situations, how they construe themselves, their internal locus of control, their resilience levels and their social support systems (Harper, 2003:1).

Taking the above factors into account, this study argues that without the input of street children themselves, interventions geared toward helping street children will not be truly successful. Street children will need to be part of the decision-making processes for future interventions.

With regard to future recommendations and directions, the following suggestions are also made:

- Attention should be given to cross-cultural belief systems that impact on the way street children perceive themselves and how this may influence their survival behaviour.
- Controlling of societal, authority and community aggression against street children needs to urgently addressed and taken forward.
- Any pre-dispositional traits that contribute to these children leaving home in the first place; or that may contribute to their survival on the streets should be further investigated.
- A comparison between the personality characteristics of children that decide to leave a home that is abusive or dysfunctional in some way, and those who



decide to continue to live under the same conditions should also be further investigated.

- An examination into whether these children form part of a special group that is, despite their circumstances more likely to be successful in adulthood.

## **6.5 ORIGINAL CONTRIBUTION**

This study was unique in the sense that it looked at street children holistically and focused on their own inner resources thus this thesis is an original contribution to existing theory. A psycho-educational model was also designed to facilitate the mental health of street children and thus this psycho-educational model is an original contribution to current psycho-educational practice. And finally, moving forward on to how street children are allocated resources by the government, this study speaks to the policy makers who are involved in deciding how street children will be cared for the government.

## **6.6 CONCLUSION**



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The above discussion concludes the discussion of the application of the concept of facilitation of resilience in street children. In this chapter, both the study and model were critically evaluated, limitations were pointed out and recommendations were suggested in an effort to increase the validity and value of the research.

## 7. BIBLIOGRAPHY

Abebe, T. (2008). 'Earning a living on the margins: begging, street work and the socio-spatial experience of children in Addis Ababa'. *Geografiska Annaler: Series B, Human Geography*, 90(3): 271–284.

Abdulmalik, J., Omigbodun, O., Beida, O. & Adedokun, B. (2009). Psychoactive substance use among children in informal religious schools (Almajiris) in northern Nigeria. *Mental Health, Religion and Culture*, 12(6):527-542.

Aderinto A.A. (2000). Social correlates and coping measures of street children: A comparative study of street and non-street children in south-western Nigeria. *Child Abuse & Neglect*, 24(9):1199-1213.

Alston, M. & Bowles, W. (2003). *Research for caring professions: An introduction to methods*. London: Routledge & Francis Group.

Alvesson, M. & Sköldbberg, K. (2001). *Reflexive methodology. New vistas for qualitative research*. London: Sage Publications.

Ansell, N. (2009). Childhood and the Politics of Scale: Descaling Children's Geographies? *Progress in Human Geography*, 33:190-209 (first published on September 2, 2008).

Aransiola, J.O., Bamiwuye, O., Akinyemi, A.I. & Ikuteyijo, L.O. (2009). Proliferation of street children in Nigeria. *Journal of Social Work*, 9(4):371-385.

Aspinwall, L.G. & Staudinger, U.M. (Eds.). (2003). *A psychology of human strengths: fundamental questions and future directions for a positive psychology*. Washington DC: American Psychological Association.

Atkinson, P. (2005). "Qualitative research – unity and diversity". *Forum: Qualitative Social Research*, 6: Article 26.

Atkinson, P.A., Martin, C.R. & Rankin, J. (2009). Resilience revisited. *Journal of Psychiatric and Mental Health Nursing*, 16:137-145.

Averbach, C.F. & Silverstein, L.B. (2003). *Qualitative data: An introduction to coding and analysis*. New York: New York University Press.

Ayaydin, A. (2011). Art and drawing as a game in child development. *Electronic Journal of Social Sciences*, 10(37):303-316.

Ayuku, D., Odero, W., Kaplan, C., De Bruyn, R. & De Vries, M. (2003). Social network analysis for health and social interventions among Kenyan scavenging street children. *Health Policy and Planning*, 18(1), 109–118. doi:10.1093/heapol/18.1.109.

Ayuku, D.O., Marten, W., Devries, M.W., Arap Mengech, H.N.K. & Kaplan, C.D. (2004). Temperament characteristics of street and non-street children in Eldoret, Kenya. *African Health Sciences*, 4(1):24-30.

Babbie, E. (2001). *The practice of social research*. (9<sup>th</sup> ed.). Belmont, CA: Wadsworth/Thomson Learning.

Babbie, E. (2007). *The practice of social research*. (11<sup>th</sup> ed.). Belmont: Thomson Wadsworth.

Babbie, E. & Mouton, J. (2001). *The practice of social research*. Cape Town: Oxford University Press.

Babbie, E. & Mouton, J. (2002). *The practice of social research*. Cape Town: Oxford University Press.

Bannister, D. (Ed.) (1970). *Perspectives in personal construct psychology* (pp. 1-30). San Diego: Academic Press (Original work published 1955).

Beazley, H. (2003). "The Construction and Protection of Individual and Collective Identities by Street Children and Youth in Indonesia." *Children, Youth and Environments*, 13(1):1-15.

Bell, S.E. (2009). *DES Daughters: Embodied Knowledge and the Transformation of Women's Health Politics*. Philadelphia: Temple University Press.

Bernard, B. (2004). *Resiliency: What we have learned*. San Francisco: West Ed.

Bless, C., Higson-Smith, C. & Kagee, A. (2007). *Fundamentals in social research methods: an African perspective*. Cape Town: Juta & Co.

Botella, L. (1995). Personal construct theory, constructivism and postmodern thought. In R.A. Neimeyer & G.J. Neimeyer (Eds.), *Advances in personal construct psychology*, 3:3-35. Greenwich, CT: JAI Press.

Boyd, J. & Eckert, P. (2002). *Creating resilient educators: A global learning communities manual*. Tasmania: Global Learning Communities. Available at <http://www.vision.net.au/~globallearning/pages/newservs/nsfr.htm> . Accessed May 2012.

Boyden, J. & Mann, G. (2005). Children's risk, resilience, and coping in extreme situations. In Ungar, M. (Ed.), *Handbook for working with children and youth: Pathways to resilience across cultures and contexts* (pp. 3–25). London: Sage Publications.

Boyer, D. (2008). Ethnographic assessment of homeless street populations. *Report provided to United Way of King Country*, Seattle. Boyer Research:pp.1-48.

Brooks, M. (2009). Drawing, visualisation and young children's exploration of "Big Ideas". *International Journal of Science Education*, 31(3):319-341.

Brooks, R. & Goldstein, S. (2001). *Raising resilient children: Fostering strength, hope and optimism in your child*. London: McGraw -Hill.

Bryman, A. (2004). *Social Research Methods*. (2<sup>nd</sup> ed.). Oxford: Oxford University Press.

Burden, J. & Roodt, G. (2007). Grounded theory and its application in a recent study on organisational redesign: Some reflections and guidelines. *SA Journal of Human Resource Management*, 5(3):11-18.

Burns, N. & Grove, S.K. (2009). *The practice of nursing research: Appraisal, Synthesis and Generation of Evidence*. (6<sup>th</sup> ed.). Saunders: Elsevier.

Burt, M.R. (2002). Reasons to invest in adolescents. *Journal of Adolescent Health*, 31:136-152 .

Butler, U. M. (2009). Freedom, Revolt and Citizenship: Three pillars of identity for youngsters living on the streets of Rio de Janeiro. *Childhood*, 16(1): 11-29.

<http://www.businesstrainingworks.com>. Accessed 31 January 2011.

Cambridge Online Dictionary. <http://www.dictionary.cambridge.org>. Accessed 16 February 2012.

Campos R., Raffaelli, M., Ude, W., Greco, M., Ruff, A., Rolf, J., Antunes, C.M., Halsey, N. & Greco, D. (1994). Social networks and daily activities of street youth in Belo Horizonte, Brazil. *Child Development*, 65:319-330.

Canavan, J. (2008). Resilience: Cautiously welcoming a contested concept. *Child Care in Practice*, 14:1-7.

Carr, A. (2004). *Positive psychology: the science of happiness and human strengths*. New York: Brunner-Routledge.

Carson, D., Gilmore, A., Perry, C. & Gronhang, K. (2001). *Qualitative marketing research*. London: Sage.

Celik, S. S. & Baybuga, M. S. (2009). Verbal, physical, and sexual abuse among children working on the street. *Australian Journal of Advanced Nursing*, 26(4):14-22.

Chiari, G. & Nuzzo, M.L. (1996). Psychological constructivisms: A metatheoretical differentiation. *Journal of Constructivist Psychology*, 9(3):163-184.

Children's Legal Protection Centre (2009). Who we are? From <http://www.africanchildforum.org/site/index.php/safeguarding-children-in-africa-child-protection-mechanisms.html>. Accessed 25 November 2011.

Chinn, P.L. & Kramer, M.K. (2008). *Integrated theory and knowledge development in nursing*. (7<sup>th</sup> ed.). Mosby: Elsevier.

Christensen, P. & Prout, A. (2005). Anthropological and sociological perspectives on the study of children. In Greene, S. & Hogan, D. (Eds.), *Researching children's experience. Approaches and Methods* (pp. 42-60). London: Sage.

Cicchetti, D. (2012). Annual research review: Resilient functioning in maltreated children – past, present and future perspectives. *Journal of Child Psychology and Psychiatry*. Aug 28. doi: 10.1111/j.1469-7610.2012.02608.x. [Epub ahead of print].

Cockburn, A. (2004). Context for street children. Children without adult caregivers and access to social assistance. Workshop Report - Children's Institute, University of Cape Town and the Alliance for Children's Entitlement to Social Security, pp. 46-50.

Cohen, L., Manion, L. & Morrison, K. (2001). *Research Methods in Education*. (2<sup>nd</sup> ed.). London: Routledge Falmer.

<http://www.color-wheel-pro.com/color-meaning.html>. Accessed 25 January 2012.

Compton, W.C. (2005). *An introduction to positive psychology*. California: Thomas Wadsworth.

Consortium for street children (2011). *Street children: Mapping and gapping review of the literature 2000 to 2010*. AVIVA: Street to School.

Constitution of South Africa, Act No.108 of 1996. <http://www.polity.org.za/html/govdocs/legislation/1996/constit0.html?rebookmark=1>. Accessed 28 September 2011.

Copi, I.M. (1994). *Introduction to Logic*. New York: Macmillan.

Creswell, J.W. (2007). *Qualitative inquiry and research design: Choosing among five approaches* (3<sup>rd</sup> ed.). Thousand Oaks, CA: Sage.

Creswell, J.W. (2008). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research* (3<sup>rd</sup> ed.). Upper Saddle River, NJ: Merrill.

Creswell, J.W. (2009). *Research design: Qualitative, quantitative and mixed methods approaches* (3<sup>rd</sup> ed.). Thousand Oaks, CA: Sage.

Creswell, J.W. (2012). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research* (4th ed.). Upper Saddle River, NJ: Merrill.

Denzin, N.K. & Lincoln, Y.S. (2003). *The Landscape of Qualitative Research: Theories and Issues*. (2<sup>nd</sup> ed.). London: Sage Publications.

Devlin, A.S. (2006). *Research Methods: Planning, Conducting and Presenting Research*. Thomson Wadsworth: USA.

De Moura, S. (2002). "The Social Construction of Street Children: Configuration and Implications." *British Journal of Social Work*, 32:353-367.

De Vaus, D.A. (2002). *Research design in social research*. London: Sage.

De Vos, A.S., Strydom, H., Fouché, C.B. & Delpont, C.S.L. (2011). *Research at grass roots*. (4th ed.). Pretoria: Van Schaik.

De Vries, J. (2009). *Coping on the Streets: Accounts on the Lives of fifteen Argentinian Street Children*. Bachelor Thesis. Igitur Archive Library.

Dickoff, J., James, P. & Wiedenbach, E. (1968). Theory in a practice discipline. Part 1: Practice-oriented theory. *American Journal of Nursing*, 17(5):415-435. Reproduced with permission from nursing research.

<http://www.dictionary.reference.com>. Accessed 31 July 2011.

Droz, Y. (2006). Street children and the work ethic: New policy for an old moral, Nairobi (Kenya) childhood. *Street Children Literature Review*, 13(3): 349–363.

Ebigbo, P.O. (2003). Street Children: The core of child abuse and neglect in Nigeria. *Children, Youth and Environments*, 13(1):1-12.

Ehrlen, K. (2009). Drawings as representations of children's conceptions. *International Journal of Science Education*, 31(1):41-57.

Einarsdottir, J., Dockett, S. & Perry, B. (2009). Making meaning: children's perspectives expressed through drawings. *Early Child Development and Care*, 179(2):217-232.

Ennew, J. (1994). *Street and working children – A guide to planning, development manual 4*, Save the Children: London.

Ennew, J. (2003). Working With Street Children, Exploring Ways for ADB Assistance, Regional and Sustainable Development Department, ADB.

Fain, J.A. (2003). *Reading, understanding and applying nursing research: A text and workbook*. (2<sup>nd</sup> ed.). Philadelphia: F.A. Davis Company.

Ferguson, K. M. (2004). Measuring and indigenizing social capital in relation to children's street work in Mexico: The role of culture on shaping social capital indicators. *Journal of Sociology and Social Welfare*, XXXI(4):79-102.



Finkelstein, M. (2005). *With no direction home: Homeless youth on the road and in the streets*. USA: Thomson Wadsworth.

Flemming, K. (2007). Synthesis of qualitative research and evidence-based nursing. *British journal of Nursing*, 17(10):616-621.

Flick, U.W.E. (2009). *An introduction to qualitative research*. (4<sup>th</sup> ed.). London: Sage.

<http://www.freedance.com>. Accessed 3 May 2011.

Gallupe, O. & Baron, S.W. (2009). "Street youth, relational strain and drug use". *Journal of Drug Issues*, 39:523-546.

Ganesh, T.G. (2011). Children-produced drawings: An interpretive and analytic tool for researchers. In E. Margolis & L. Pauwels (Eds.), *The Sage handbook of visual research methods* (pp. 214-240). Thousand Oaks, CA: Sage.

Garbers, J.G. (1972). *Ordering tot n opvoedkundige ontwikkelingsmodel*. University of Johannesburg, South Africa.

Geldenhuys, J.L. (2001). An investigation into possible development problems of African street adolescents in South Africa. *Journal of Psychology in Africa*, 11 (2):126-143.

Germann, S. (2005). *An exploratory study of quality of life and coping strategies of orphans living in child-headed households in the high HIV/AIDS prevalent city of Bulawayo, Zimbabwe*. Cape Town: University of South Africa Press.

Gigengack, R. (2008). *Critical omissions - How street children studies can address self-destructive agency in research with children: Perspectives & practices*. (2<sup>nd</sup> ed.). Pia Christensen and Allison James (eds.)

Gillis, A. & Jackson, W. (2002). *Research for nurses: Methods and interpretation*. Philadelphia: F.A Davis Company.

- Gladding, S.T. (2001). *The counselling dictionary*. New Jersey: Prentice Hall.
- Glasser, I. (1994). *Homelessness in a global perspective* New York: Maxwell.
- Glicken, M.D. (2003). *Social research: a simple guide*. Boston: Allyn & Bacon.
- Gracey, M. (2002). Child health in an urbanizing world. *ACTA Paediatrica*, 91(1), 1–8. doi:10.1080/080352502753457842.
- Gravetter, F.J. & Forzano, L.B. (2003). *Research methods for the behavioural sciences*. Belmont: Wadsworth/Thomson Learning.
- Grinnell, Jr, R.M. & Unrau, Y.A. (2005). *Social work research and evaluation: quantitative and qualitative approaches*. (7<sup>th</sup> ed.). New York: Oxford University Press.
- Grinnell, Jr, R.M. & Unrau, Y.A. (2008). *Social work research and evaluation: foundations of evidence-based practice*. New York: Oxford University Press.
- Guba, E.G. & Lincoln, Y.S. (2005). *Paradigmatic controversies, contradictions, and emerging confluences*. In N.K. Denzin & Y.S. Lincoln, *The Sage handbook of qualitative research* (3<sup>rd</sup> ed., pp. 191-215). Thousand Oaks, CA: Sage.
- Guernina, Z. (2004). Theory and Practice: The sexual and mental health problems of street children: A transcultural preventative approach in counselling psychology. *Counselling Psychology Quarterly*, (1): 99–105.
- Gugler, J. (2007). Ali Zaoua: The Harsh Life of Street Children and the Poetics of Childhood. *Journal of North African Studies*, 12(3):369-379.
- Guillemin, M. (2004). Understanding illness: using drawings as a research method. *Qualitative Health Research*, 14:272-289.
- Hanbury, C. (2002). *Life Skills: An active learning handbook for working with street children*. Oxford: Macmillan.

Harper, M.M. (2003). *Transactional Analysis and the Adjustment of Street Children in a School Context: An Ethnographic Account*. Doctoral Thesis: UNISA press.

Harris, B. 2002. Xenophobia: a new pathology for a new South Africa? In Hook, D., Egale, G. (eds.) *Psychopathology and Social Prejudice* (pp. 169-184). Cape Town: University of Cape Town Press. Available from: <http://www.csvr.org.za>.

Henderson, N. & Milstein, M.M. (2003). *Resiliency in schools: Making it happen for students and educators*. California: Corwin Press.

Henning, E. (2004). *Finding your way in qualitative research*. Pretoria: Van Schaik.

Higgs, J. & Titchen, A. (2001). *Practice knowledge and expertise in the health professions*. Butterworth: Oxford.

Hogan, C. (2002). *Understanding facilitation*. London: Kogan Page.

Hogan, C. (2003). *Practical facilitation: A toolkit of techniques*. London: Kogan Page.

<http://www.holisticworld.co.uk>. Retrieved from the worldwide web on 5 March 2012.

Holliday, A. (2002). *Doing and writing qualitative research*. London: Sage.

Holliday, A. (2007). *Doing and writing qualitative research* (2<sup>nd</sup> ed.). Thousand Oaks, CA: Sage.

Holloway, I. & Freshwater, D. (2007). *Narrative research in nursing*. (1<sup>st</sup> ed.). Wiley-Blackwell.

Holloway, I. & Wheeler, S. (2002). *Qualitative research in nursing*. (2<sup>nd</sup> ed.). United Kingdom: Blackwell Publishing.

Hong, D.K. & Ohno, K. (2005). Street Children in Vietnam: Interactions of old and new causes in a growing economy. *Vietnam Development Forum*, pp.1-31.

Hruby, G.G. (2001). Sociological, postmodern, and new realism perspectives in social constructionism: Implications for literacy research. *Reading Research Quarterly*, 36(1):48-62.

Huang, C.C., Barreda, P., Mendoza, V., Guzman, L. & Gilbert, P. (2004). A comparative analysis of abandoned street children and formerly abandoned street children in La Paz, Bolivia. *Archives of Disease in Childhood*, 89:821–826. doi: 10.1136/adc.2003. 042911.

Human Sciences Research Council (2008). *Citizenship, violence and xenophobia in South Africa: Perceptions from South African communities*. Democracy and Governance Programme.

Invernizzi, A. (2003). Street-Working Children and adolescents in Lima: Work as an Agent of socialization. *Childhood*, 10(3):319-341. doi:10.1177/09075682030103005.

Jackson, S.L. (2003). *Research methods and statistics: A critical thinking approach*. Sydney: Thomas Wadsworth.

<http://jahteecha.wordpress.com/2007/12/26/poems-dedicated-to-the-many-children-who-have-died-under-violent-circumstances-this-year-to-cookie-a-street-boy-who-died-under-the-gun/>. Our children are crying. (2012). Accessed 25 February 2012.

Jamison, S. (2008). *The effects of performing life on street working youth in Cochabamba, Bolivia*. A Special Project in Community Development: Iowa State University.

Janesick, V.J. (2004). *Stretching exercises for qualitative researchers*. Thousand Oaks, CA: Sage.

Janesick, V.J. (2011). *Stretching Exercises for Qualitative Researchers*. (3<sup>rd</sup> ed.). Thousand Oaks, CA: Sage.

Jejeebhoy, S.J. & Bott, S. (2003). *Non-consensual experiences of young people: A review of the evidence from developing countries*. South & East Asia: Regional Working Paper, No.16:Population Council.

Johnson, K.D., Whitbeck, L.B. & Hoyt D.R. (2005). Predictors of social network composition among homeless and runaway adolescents. *Journal of Adolescence*, 28: 231–24.

Jones, G. A., Herrera, E. & Thomas de Benitez, S. (2007) Tears, Trauma and Suicide: Everyday Violence Among Street Youth in Puebla, Mexico. *Bulletin of Latin American Research*, 26 (4), 462-479.

Kaime-Atterhög, W, Lindmark, G, Persson, L & Ahlberg, B.M. (2007). Burning "Centre Bolt": Experiences of sexually transmitted infections and health care seeking behaviour described by street boys in Urban Kenya. *Children and youth services review*. 29(5), 600-617.

Kenney-Noziska, S. (2011). Empirically-informed play therapy interventions. [http://www.lianalowenstein.com/article\\_noziska.pdf](http://www.lianalowenstein.com/article_noziska.pdf). Accessed 25 February 2012.

Kidd, S. & Carroll, M. (2007). Coping and suicidality among homeless youth. *Journal of Adolescence*, 30(2): 283-296.

Kidd, S. (2003). Street youth: coping and interventions. *Child and Adolescent Social Work Journal*, 20(4):235-261.

Kilbride, P., Suda, C. & Njeru, E. (2000). *Street Children in Kenya: Voices of Children in Search of a Childhood*. Westport: Greenwood Publishing Group.

Kim, S. (2010). A story of a healing relationship: The person-centered approach in expressive arts therapy. *Journal of Creativity in Mental Health*, 5:93-98.

Klemm, W.R. (2005). Leadership: Creativity and innovation. <http://www.au.af.mil/au/awc/awcgate.htm>. Accessed 5 June 2011.

Kreuger, L.W. & Neuman, W.L. (2006). *Social work research methods: qualitative and quantitative applications*. Boston: Pearson Education.

Kruger, J.M. & Richter, L.M. (2003). South African street children at risk for AIDS? *Children, Youth & Environments*, 13(1).

Kudrati, M., Plummer, M.L. & Yousif, N.D. (2008). Children of the sug: A study of the daily lives of street children in Khartoum, Sudan, with intervention recommendations. *Child Abuse Neglect*, 32(4):439-448.

Kumar, R. (2005). *Research methodology: a step-by-step guide for beginners*. (2<sup>nd</sup> ed.). London: Sage.

Kwankye, S.O., Anarfi, J.K., Tagoe, C.A. & Castaldo, A. (2009). *Independent north-south child migration in Ghana: The decision-making process*. Development Research Centre on Migration, Globalisation and Poverty: University of Sussex, Brighton.

Leatham, C. P. (2006). *The lived experiences of adolescent learners from child-headed families in the Northern Free State*. Unpublished Masters Thesis, University of Johannesburg, South Africa.

Leedy, P.D. & Ormrod, J.E. (2005). *Practical research: Planning and design*. (5<sup>th</sup> ed.). New York: Pearson Merrill Prentice Hall.

Lehtinen, L., Ozamiz, H., Underwood, L., Weiss, M., Herrman, H., Saxena, S. & Moodie, R. (2005). The intrinsic value of mental health. In H. Heeman, S. Saxena & R. Moodia (Eds.), *Promoting mental health: Concepts, emerging evidence, practice* (pp. 46–58). Geneva: WHO.

Lichtman, M. (2010). *Qualitative Research in Education: A User's Guide*. (2<sup>nd</sup> ed.). Thousand Oaks, CA: Sage.

Lincoln, Y.S. & Guba, E.A. (1985). *Naturalistic inquiry*. London: Sage.

Lockhart, C. (2008). The life and death of a street boy in East Africa: Everyday violence in the time of AIDS. *Medical Anthropology Quarterly*, 22: 94–115. doi: 10.1111/j.1548-1387.2008.00005.

Luck, K.E. (2001). *A Lifeskill Programme for High School Boys*. Masters Dissertation: University of Johannesburg.

MacDonald, A. (2009). Drawing stories: The power of children's drawings to communicate the lived experience of starting school. *Australasian Journal of Early Childhood*, 34(2):40-50.

Malindi, M.J. & Theron, L.C. (2010). The hidden resilience of street youth. *South African Journal of Psychology*, 40(3):318-326.

Mampane, R. & Bouwer, C. (2006). Identifying resilient and non-resilient middle-adolescents in a formerly black-only urban school. *South African Journal of Education*, 26(3):443-456.

Maputle, M.S. (2004). *A model for woman-centered childbirth*. University of Johannesburg, South Africa.

Marijcke, W.M.V. & Browne, K.D. (2002). The assessment of drawings from children who have been maltreated: A systematic review. *Child Abuse Review*, 11:19–37.

Marlow, C. & Boone, S. (2005). *Research methods for generalist social work*. Belmont, CA: Wadsworth.

Marshall, C. & Rossman, G.B. (2006). *Designing qualitative research* (4<sup>th</sup> ed.). Thousand Oaks, CA: Sage.

Masten, A. & Obradovic, J. (2006). Competence and resilience in development. *Annals of the New York Academy of Sciences*, 1094:13-27.

Mba, C. J. & Kwankye, S.O. (2007). *Population, health and development in Ghana: Attaining the millennium development goals*. Population Association of Ghana: University of Ghana.

McAlpine, K. (2005). "Mkombozi census: A comparative analysis of Tanzanian's most vulnerable children, situation and trends in street child populations in Moshi and Arusha 2003-2005." Mkombozi.

McAlpine, K. (2007). *Census 2006: The rhetoric and reality of Tanzania's street children*. Moshi, Tanzania: Mkombozi.

McAlpine, K., Henley, R., Mueller, M. & Vetter, S. (2010). A Survey of Street Children in Northern Tanzania: How Abuse or Support Factors May Influence Migration to the Street. *Community Mental Health Journal*, 46:26–32. DOI 10.1007/s10597-009-9196-5.

McCreery, K. (2001). From street to stage with children in Brazil & Ghana. *The Annals of the American Academy of Political and Social Science*, 575(1), 122–146.

McMillan, J.H. & Schumacher, S. (2001). *Research in education: a conceptual introduction*. (5<sup>th</sup> ed.). New York: Addison-Wesley Longman.

McWhirter, J. J., McWhirter, B.T., McWhirter, E.H. & McWhirter, R.J. (2004). *At-risk youth: A comprehensive response*. Toronto: Thompson-Brooks/Cole.

Medical Research Council (2002). *Books 1 and 5: Guidelines on ethics for medical research: General principles*. Cape Town: Medical Research Council.

Merriam, S.B. & Associates (2002). *Qualitative Research in Practice*. San Francisco, CA: Jossey-Bass.



Merriam, S. (2009). *Qualitative research: A guide to design and implementation* (Rev. ed.). San Francisco: Jossey-Bass.

Merriam Webster English Dictionary. <http://www.merriam-webster.com>. Accessed 28 September 2011.

Meyer, B.S. (2004). *Exploring women's body image and exercise experience: A qualitative study*. PhD dissertation: University of Texas at Austin.

Miller, D.C. & Salkind, N.J. (2002). *Handbook of research design and social measurement*, (6<sup>th</sup> ed.). Sage Publications.

Mitchell, C., Theron, L.C., Stuart, J., Smith, A., & Campbell, Z. (2011). Drawings as research method: In Theron, L.C., Mitchell, C., Smith, A. & Stuart, J. (Eds.), *Picturing research: Drawing as visual methodology* (pp.19-36). Rotterdam, the Netherlands: Sense.

Monette, D.R., Sullivan, T.J. & DeJong, C.R. (2005). *Applied social research: a tool for the human services*. (6<sup>th</sup> ed.). Australia: Thomson Brooks/Cole.

Moolla, A. (2007). Psycho-educational guidelines to facilitate the mental health of street children experiencing aggression during interaction with police. MEd (Psycho-Education) Thesis: University of Johannesburg.

Moolla, A., Myburgh, C.P.H. & Poggenpoel, M. (2008). Psycho-educational guidelines to facilitate the mental health of street children experiencing aggression during interaction with police. *Journal of Psychology in Africa*, 18(4): 597-602.

Morakinyo, J. & Odejide, A.O. (2003). A community based study of patterns of psychoactive substance use among street children in a local government area of Nigeria. *Drug and Alcohol Dependence*, 71(2):109-116.

Morris, T. (2006). *Social work research methods: four alternative paradigms*. London: Sage.

Motala, S. & Smith, T. (2003). Exposed to risk: girls and boys living on the streets. *Agenda*, 56:62-72.

Mouton, J. (2002). *Understanding social research*. (3<sup>rd</sup> impression). Pretoria: Van Schaik Publishers.

Muir, G. (2001). Why facilitation skills are important. <http://www.guilamuir.com>. Accessed 10 August 2011.

Mulhall, A. (2003). In the field: notes on observation in qualitative research. *Journal of advanced nursing*, 43(1):306-313.

Myburgh, C.P.H. & Poggenpoel, M. (2000). Programme development and evaluation. M.Ed/M Phil Adolescent Guidance Implementation. University of Johannesburg, South Africa.

Naidoo, A. Street Children. <http://www.voicesnet.org/poetrydisplay.aspx?poemid=118241>. Accessed 3 March 2012.

Neimeyer, R. A. (1995). An invitation to constructivist psychotherapies. In R.A. Neimeyer & M.J. Mahoney (Eds.), *Constructivism in psychotherapy*, pp. 1-8. Washington, DC: American Psychological Association.

Neimeyer, R.A. & Mahoney, M.J. (Eds.). (1995). *Constructivism in psychotherapy*, pp. 1-8. Washington, DC: American Psychological Association.

Neimeyer, R. A., & Raskin, J. D. (2001). Varieties of constructivism in psychotherapy. In K. S. Dobson (Ed.), *Handbook of cognitive-behavioral therapies* (2nd edition, pp. 393-430). New York: Guilford.

Neocosmos, M. (2006). *From 'Foreign Natives' to 'Native Foreigners'. Explaining Xenophobia in Post-apartheid South Africa*. Citizenship and Nationalism, Identity and Politics. Council for the Development of Social Science Research in Africa (CODESRIA) Monograph Series. Senegal.

Neuman, W.L. (2003). *Social research methods: Qualitative and quantitative approaches*. (5<sup>th</sup> ed.). Boston: Allyn & Bacon.

Neuman, W.L. (2006). *Social research methods: Qualitative and quantitative approaches*. Boston: Pearson.

<http://www.niasouthafrica.co.za/nia-outreach-programme>. Accessed 30 November 2011.

<http://www.niadance.com/principles>. Accessed 15 May 2012.

Oakes, J.M. (2002). Risks and wrongs in social science research: an evaluator's guide to the IRB. *Evaluation Review*, 26, 443-479.

O'Connor, W. & Molloy, D. (2001). 'Hidden in plain sight': Homelessness amongst lesbian and gay youth. UK National Centre for Social Research.

Oduro, G.Y. (2012). 'Children of the street': sexual citizenship and the unprotected lives of Ghanaian street youth. *Comparative Education*, 48(1):41-56.

O'Kane, C. (2003). Street and Working Children's Participation in Programming for their Rights: Conflicts Arising from Diverse Perspectives and Directions for Convergence. *Children, Youth and Environments* 13(1), Spring 2003.

Okun, B.F. (2002). *Effective helping: Interviewing and counselling techniques*. Pacific Grove: Books/Cole.

Okun, B.F. & Kantrowitz, R.E. (2008). *Effective helping: Interviewing and counselling techniques*. (7<sup>th</sup> ed.). USA: Thomson Brooks/Cole.

Owoaje, E.T., Adebisi, A.O. & Asuzu, M.C. (2009). Socio-demographic characteristics of street children in rural communities undergoing urbanization. *Annals of Ibadan Postgraduate Medicine*, 7(1):10-15.

Oxford Advanced Learners' Dictionary. (<http://oxforddictionaries.com>). Retrieved from the worldwide web 25 July 2011.

Panter-Brick, C. (2002). "Street Children, Human Rights, and Public Health: A Critique and Future Directions." *Annual Review Anthropology*, 31:147–171.

Panter-Brick, C. & Smith, M.T. (Eds) (2000). *Abandoned Children*. United Kingdom: Cambridge University Press.

Parker, L. (2002). Street children and child labour around the world. *The Lancet*, 360(9350):2067-2071.

Parks, R.W., Stevens, R.J. & Spence, S.A. (2007). A systematic review of cognition in homeless children and adolescents. *Journal of the Royal Society of Medicine*, 100(1):46-50. PMID: PMC1761678.

Patterson, T. & Hayne, H. (2009). Does drawing facilitate older children's reports of emotionally laden events? *Applied Cognitive Psychology*, 25:119-126.

Patton, M.Q. (2002). *Qualitative research and evaluation methods*. (3<sup>rd</sup> ed.). Thousand Oaks, CA: Sage.

Petre, M. & Rugg, G. (2010). *The unwritten rules of PhD research*. (2<sup>nd</sup> ed.). Open University Press: McGraw Hill.

Piaget, J. (1964). Development and learning. In R. Ripple & V. Rockcastle (Eds.), *Piaget rediscovered* (pp. 7-20). Ithaca, NY: Cornell University Press.

Pinheiro, P. (2006). *World report on violence against children*. New York: United Nations Secretary General's Study on Violence against Children.

Polit, D.F. & Beck, C.T. (2004). *Nursing Research: Principles and Methods*. (7<sup>th</sup> ed.). Lippincott Williams & Wilkins.

Polit, D.F. & Beck, C.T. (2006). *Essentials of nursing research methods, appraisal and utilization*. (6<sup>th</sup> ed.). Philadelphia: JB Lippincott.

Reader's Digest Word Power Dictionary (2002). London: Oxford University Press.

Reale, D. for Save the Children (2008). *Away from Home: Protecting and supporting children on the move* Save the Children. UK, London.

Rede Rio Crianca (2007). *Criança, Rua e ONG's: Quem Faz e o que faz? Mapeamento de Ações Das ONG's Junto às Crianças e adolescentes em situação de rua no município do RJ [Childhood, Street and NGOs: Who are they and what do they do? Mapping of NGO Activities working with children and adolescents in street situations in the municipality of Rio de Janeiro]*. Criação Gráfica: Rio de Janeiro.

Ribeiro, M. (2008). Street children and their relationship with the police. *International Nursing Review*, 55(1):89-96.

Ribeiro, M.O. & Ciampone, M.H.T. (2001). Homeless children: the life of a group of Brazilian street children. *Journal of Advance Nursing*, 35 (1), 42–49.

Richter, L. & Van der Walt, M. (2003). The psychological assessment of South African street children. *Children, Youth and Environments*, 13(1). <http://cye.colorado.edu>. Accessed 31 January 2012.

Richter, L. & Swart-Kruger, J. (2001). Street Children. Reading for Child and Youth Care Workers. <http://www.cyc-net.org/cyconline/cycol-0701-richter.html>.30. Accessed 31 January 2012.

Ritchie, J. & Lewis, J. (2003). *Qualitative research practice: a guide for social science students and researchers*. London: Sage Publishers.

Rizzini, I. (1996). "Street Children: An Excluded Generation in Latin America." *Childhood*, 3(2): 226.

Rizzini, I. & Butler, U.M. (2003). Life Trajectories of Children and Adolescents Living on the Streets of Rio de Janeiro. *Children, Youth and Environments*. 13(1):1-20.

Rogers, N. (2012). *Expressive arts for healing*. <http://www.nrogers.com>. Accessed 13 March 2012.

Rosas, D. & Rosas, C. (1990). <http://www.nianow.com>. Accessed 24 August 2011.

Rosas, D. & Rosas, C. (1994). The NIA Technique. *IDEA Handbook*. Session 235.

Rosas, D. & Rosas, C. (2005). *The Nia technique: The high-powered energizing workout that gives you a new body and a new life*. USA: Broadway Books.

Rossmann, G.B. & Rallis, S.F. (2003). *Learning in the field: An introduction to qualitative research*. (2<sup>nd</sup> ed.). Thousand Oaks, CA: Sage.

Royse, D. (2004). *Research methods in social work*. London: Thomson Brooks/Cole.

Rubin, A. & Babbie, E. (2005). *Research methods for social work*. (5<sup>th</sup> ed.). Australia: Thomson Brooks/Cole.

Rydberg, N.M. (2006). 'A Discussion of the Application of the Convention on the Rights of the Child to Policies toward Children and Youth on the Streets: A Case Study of a Municipal Program in Buenos Aires, Argentina'. [dspace.wrlc.org/dspace/bitstream/1961/4123/1/etd\\_nmr7.pdf](https://dspace.wrlc.org/dspace/bitstream/1961/4123/1/etd_nmr7.pdf). Retrieved 8 March 2012.

Sadock, B.J. & Sadock, V.A. (2007). *Kaplan & Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry*. (10<sup>th</sup> ed.). New York: Wolters Kluwer - Lippincott Williams & Wilkins.

Scheper-Hughes, N. (2004). Dangerous and Endangered Youth: Social Structures and Determinants of Violence. *Annals of the New York Academy of Sciences*, 1036: 13–46. doi: 10.1196/annals.1330.002.

Schimmel, N. (2006). Freedom and Autonomy of Street Children. *The International Journal of Children's Rights*, 14:211-233.

Schurink, W.J. (2004). Considerations when choosing a qualitative style of research. *Introducing key features of an interpretive approach to social science research, University of Johannesburg, 27-28 February 2004*. Waterkloof Glen, Pretoria: Lecture Three.

Seale, C. Gobo, G., Gubrium, J.F. & Silverman, D. (2004). *Qualitative Research Practice*. London: Sage.

Seidman, I. (2006). *Interviewing as qualitative research: A guide for researchers in education and social sciences*. (3<sup>rd</sup> ed.). New York: Teachers College Press.

Seligman, M.E.P. (1998). Building human strength: Psychology's forgotten mission. *APA Monitor*, January 29(1).

Seligman, M.E.P. & Csikszentmihalyi, M. (2000). Positive psychology: An Introduction. *American Psychologist*, 55: 5-14.

Sexton, T.L. (1997). Constructivist thinking within the history of ideas: The challenge of a new paradigm. In T.L. Sexton & B.L. Griffin (Eds.), *Constructivist thinking in counselling practice, research and training* (pp. 3-18). New York: Teachers College Press.

Sexton, T.L. & Griffin, B.L. (Eds.). (1997). *Constructivist thinking in counselling practice, research and training* (pp. 3-18). New York: Teachers College Press.

Shenton, A.K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22:63-75.

Silverman, D. (2005). *Doing qualitative research*. (2<sup>nd</sup> ed). London: Sage.

Silverman, D. (2010). *Doing qualitative research* (3<sup>rd</sup> ed.). London: Sage.

Silverman, D. (Ed.). (2011). *Qualitative research: Issues of theory, method and practice*. London: Sage.

Smeaton, E. (2009). *Off the Radar: Children and Young People on the Streets in the UK*. Sandbach: Railway Children.

Smith, A., Duncan, J., & Marshall, K. (2005). Children's perspectives on their learning: Exploring methods. *Early Child Development and Care*, 175(6), 473–487

Southon, J. & Pralhad D. (2003). *A Life without Basic Services: Street Children's Say*. Save the Children UK.

Speziale, H.J.S. & Carpenter, D.R. (2007). *Qualitative Research in Nursing*. (4<sup>th</sup> ed.). Crawfordsville: Lippincott Williams & Wilkins.

Strauss, J. & Myburgh, C.P.H. (2012). *Study guide: Research methodology*. Faculty of Education and Nursing. University of Johannesburg, South Africa.

Street youth from Hillbrow. <http://www.enyaorg.cz/pstreetkids/5ourlives/skourlives.html>. Accessed 16 November 2011.

Stuart, G.W. (2009). *Principles and practice of psychiatric nursing*. (9<sup>th</sup> ed.). Canada: Mosby Elsevier.

Struwig, F.W. & Stead, G.B. (2001). *Planning, designing and reporting research*. Cape Town: Pearson Education.

<http://www.squidoo.com>. Accessed 27 August 2011.

Terres des Hommes (2010). *Children in street societies – Sectoral Policy*. January 2010.

Theron, L.C. (2012). Resilience research with South African youth: caveats and ethical complexities. *South African Journal of Psychology*, 42:333-345.



Thomas, A.R. & Smith, P.J. (2003). *Spotlight on social research*. Boston: Allyn & Bacon.

Thomas de Benitez, S. (2007). *State of the World's Street Children: Violence*. Consortium for Street Children: London.

Thomsen, K. (2002). *Building resilient students: Integrating resiliency into what you already know and do*. California: Corwin Press .

Tudorić-Ghemo, A. (2005). *Life on the Street and the Mental Health of Street Children - A Developmental Perspective*. Masters Thesis. University of Johannesburg.

Tyler, K. & Cauce, A.I. (2002). "Perpetrators of Early Physical and Sexual Abuse Among Homeless and Runaway Adolescents." *Child Abuse & Neglect*, 26(12): 1261-1274.

Ungar, M. (2005). A thicker description of resilience. *The International Journal of Narrative Therapy and Community Work*, 3 & 4:89-96.

Ungar, M. (2006). Nurturing hidden resilience in at-risk youth in different cultures. *Journal of the Canadian Academy of child and adolescent psychiatry*, 15:53-58.

Ungar, M. (2008). Resilience across cultures. *British Journal of Social Work*, 38:218-235.

Ungar, M. (2011). The social ecology of resilience: Addressing contextual and cultural ambiguity of a nascent construct. *American Journal of Orthopsychiatry*, 81(1):1-17.

Unicef (1989). <http://www.unicef.org/streetchildren>. Accessed 5 September 2011.

Unicef (2002). *State of the World's Children 2003: Child Participation* New York: UNICEF.

Unicef (2005). *State of the World's Children 2006: Excluded and Invisible*. New York: UNICEF.

Unicef (2012). *State of the World's Children 2012: Children in an urban world*. New York: UNICEF.

United Nations Centre for Human Settlements (UNCHS). (2000). *Strategies to combat homelessness*, Nairobi UNCHS.

University of Johannesburg (2009). *Theory for Health Promotion in Nursing, Department of Nursing Science Paradigm*. University of Johannesburg, Auckland Park.

Uprichard in Williams, M. & Vogt, W.P. (Eds.). (2011). *The SAGE Handbook of Innovation in Social Research Methods*. London: Sage.

Valente, S. (2005). Sexual abuse of boys. *Journal of Child and Adolescent Psychiatric Nursing*, 18(1):10-16.

Valji, N. (2003). *Creating the nation: The rise of violent xenophobia in the new South Africa*. Unpublished Masters thesis. York University, July 2003.

Van Blerk, L. (2005). "Negotiating Spatial Identities: Mobile Perspectives on Street Life in Uganda." *Children's Geographies*, 3(1): 5-21.

Van Blerk, L. (2006). Diversity and difference in the Everyday Lives of Ugandan Street Children: The Significance of Age and Gender for Understanding the Use of Space. *Social Dynamics*, 32(1):47-74.

Varcarolis, E.M. & Halter, M.J. (2009). *Essentials of psychiatric mental health nursing*. Missouri: Saunders Elsevier.

Varghese, J., Krogman, N. T., Beckley, T. M. & Nadeau, S. (2006). Critical analysis of the relationship between local ownership and community resiliency. *Rural Sociology*, 71:505–527. doi:10.1526/0036011067780706.

Veale, A., Taylor, M. & Linehan, C. (2000). *Psychological perspectives of 'abandoned' and 'abandoning' street children* in Panter-Brick, C. & Smith, M.T. (Eds). (2000). *Abandoned Children*. United Kingdom: Cambridge University Press.

Von Glasersfeld, E. (1995). *Radical constructivism: A way of knowing and learning*. London: The Falmer Press.

Walker, L.O. & Avant, K.C. (2011). *Strategies for theory construction in nursing* (5<sup>th</sup> ed.). United States: Pearson Education.

Walliman, N. (2006). *Social research methods*. London: Sage.

Wandelt, M.A. & Stewardt, D.S. (1975). *Slater nursing competencies rating scale*. New York: Appleton-Century-Crofts.

Wilson, H.S., Kneisl, C.R. & Trigoboff, E. (2004). *Contemporary Psychiatric – Mental Health Nursing*. New Jersey: Pearson Prentice Hall.

Wolcott, H.F. (2009). *Writing up qualitative research* (3rd ed.). Thousand Oaks, CA: Sage.

<http://www.wordsmyth.net>. Accessed 25 July 2011.

World Health Organisation (2005). *World Health Organisation resource book on mental health: Human rights and legislation*. World Health Organization: Geneva.

Yalom, I.D. (1995). *The theory and practice of group psychotherapy*. (4<sup>th</sup> ed.). Basic Books: Perseus Books Group.

Yates, S.J. (2004). *Doing social science research*. London: Sage.

## 8. APPENDIX A



### ETHICAL CLEARANCE

Dear A Moolla and Prof C Myburgh

Ethical Clearance Number: 254/14/09/2009

Re: Ethical Approval for: A psycho-educational model to facilitate mental health of street children

The FAEC has decided to

| Options   | Decision marked X                   |
|---|-------------------------------------|
| approve the proposal with minor changes                     | <input checked="" type="checkbox"/> |
| provisionally approve the proposal with recommended changes | <input type="checkbox"/>            |
| recommend revision and resubmission of the proposal         | <input type="checkbox"/>            |

Sincerely,



Professor B. Smit  
Chair: FACULTY ACADEMIC ETHICS COMMITTEE

## 9. APPENDIX B



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**LETTER OF PERMISSION TO CONDUCT RESEARCH (TO MANAGEMENT  
TEAM IN TWILIGHT SHELTER)**

**DEPARTMENT OF EDUCATION  
September 2009  
UNIVERSITY OF JOHANNESBURG**

TELEPHONE : (011) 559-2860

**TWILIGHT SHELTER  
STREET**  
31 Van De Merwe Street  
HILLBROW  
JOHANNESBURG  
2193

Dear Sir/Madam

**PERMISSION TO CONDUCT RESEARCH** UNIVERSITY

I am a Doctoral Degree (DEd: Psychology of Educational) student at the University of Johannesburg and I am currently engaged in a research project titled: "A psycho-educational model to facilitate the mental health of street children".

I hereby request permission to conduct research at Twilight Shelter with street children who reside here on a temporary basis. The prospective participants will be invited to participate voluntarily in this research study. They may withdraw from this study at any time without any repercussions to themselves. I will request permission from prospective participants to audio-tape the interviews conducted with the street children. The audio-taped interviews will be transcribed and analysed. The participants will also be invited to draw sketches concerning their experiences as street children. Thereafter, a model will be developed based on the information obtained through the sketches and the interviews. Finally, the model will be implemented and then evaluated. The study will contribute to the positive mental health and the empowerment of street children.

It is reasoned that the benefits for the participants in this investigation will be larger than the risks. The participants will be able to voice their experiences. Further, a social worker at the Twilight Shelter is available should any participant experience discomfort as a result of participating in this investigation.

Results of the research will be made available to Twilight Shelter upon request. Data collection is envisaged to start after August 2009 and implementation will follow at a later stage.

Written consent will be obtained from the participants before the study commences. Confidentiality and anonymity of all participants will be ensured.

Please send letter of permission to:  
**Ms A Moolla, P.O.Box 3361, HOUGHTON, 2041.**

Yours faithfully

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**A MOOLLA (MS)  
RESEARCHER**

*Marie Poggenpoel 20/08/09*  

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**MARIE POGGENPOEL, Ph.D  
PROFESSOR AND SUPERVISOR**

*C. Myburgh 20/8/2009*  

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**CPH MYBURGH HED, D.Ed  
PROFESSOR AND SUPERVISOR**

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## 10. APPENDIX C



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### LETTER OF PERMISSION TO CONDUCT RESEARCH (TO PARTICIPANT)

DEPARTMENT OF EDUCATION  
UNIVERSITY OF JOHANNESBURG

2009-03-02

Dear Prospective Participant

#### PARTICIPATION IN A RESEARCH PROJECT

I, Aneesa Moolla, am a Doctoral Degree (DEd: Psychology of Educational) student at the University of Johannesburg and I am currently engaged in a research project entitled: "A psycho-educational model to facilitate the mental health of street children".

I am hereby inviting you to participate in this study. The purpose of this research will be to explore and describe the mental health of street children. Based on the data obtained from this research, I will develop, implement and evaluate a model to facilitate the mental health of street children.

An interview will be held with you where you would be invited to describe your daily experiences. I will also invite you to sketch a picture of your experiences. These pictures will also be used during the interview. With your permission, a tape recorder will be used for purposes of facilitating data analysis. Audiotapes will be transcribed and analysed during the study. The findings will be verified by a qualified independent coder on completion of transcriptions. The audiotapes will be kept under lock and key and only I and my supervisors will have access to them. The audiotapes will be destroyed two years after the completion of my study. Strict measures will be taken in order to ensure the anonymity of participants by omitting the use of their names.

Your participation in this study is strictly voluntary and you are under no obligation to participate in the study. As a participant, you reserve the right to withdraw consent at any stage during the research process should you wish to do so. Your human rights will be respected at all times. A social worker (Anna, Telephone number: 011-7831011) will be available should you feel uncomfortable at any stage as a result of talking to me.

In participating in this research, you will contribute to the development of psycho-education and the self and mental empowerment of fellow street children. I believe that by talking to me, you might experience that you will benefit. The direct benefit of your participation in the interviews, sketch sessions and in the model implementation

Faculty of Education, University of Johannesburg, 2005

Auckland Park Kingsway Campus | Cnr Kingsway and University Road Auckland Park  
PO Box 524 Auckland Park 2006 Johannesburg Republic of South Africa | Tel +27 11 559 2911 | www.uj.ac.za

is that you will have the opportunity to say what you experience. I want to listen to you and talk to you about what you experience and might help to empower you.

A summary of the research findings will be made available to you for perusal if you so wish.

**Should you agree, you hereby give consent to participate in the study.**

Signed at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 200\_

\_\_\_\_\_  
**Signature: Participant**  
**Thank you for your support**

I \_\_\_\_\_ (signature: participant) voluntary consent that the interviews can be audio-taped.

\_\_\_\_\_  
**Moolla A (Ms)**  
**Researcher**

*Marie Poggendoel 20/08/09*  
\_\_\_\_\_  
**MARIE POGGENPOEL, Ph.D**  
**PROFESSOR AND SUPERVISOR**

*CPH Myburgh 20/8/2009*  
\_\_\_\_\_  
**CPH MYBURGH HED, D.Ed**  
**PROFESSOR AND SUPERVISOR**

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## 11. APPENDIX D



December 6, 2012

Ms A Moolla  
C/o Prof C Myburgh  
Faculty of Education  
University of Johannesburg

Dear Ms Moolla,

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### **PROJECTIVE ANALYSIS EXPERIENCE**

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Your request regarding my formal experience and training in the analysis of projective images bears reference.

#### Formal Training

1. BA(Hons)(Psychology), University of Pretoria, South Africa. It included formal training in the analysis of projective images produced by children and adults.
2. DEd (Psychology of Education) - Rand Afrikaans University, Johannesburg, South Africa. Part of my study involved the use of arts-based therapy and the projective analysis of collages. Specialist analysis skills were obtained during a doctoral Residency at the International Institute for Qualitative Methodology, University of Alberta, Edmonton, Canada, Oct 2002 to March 2003.

#### Professional registration

1. Psychometrist - Health Professions Council of South Africa, Registration PMT 0060801.

#### Consultation experience

I've already served as projective analysis consultant for five doctoral students and one masters student at two universities in South Africa during the last six years. Four of these studies have been successfully completed, while two studies are currently in progress.

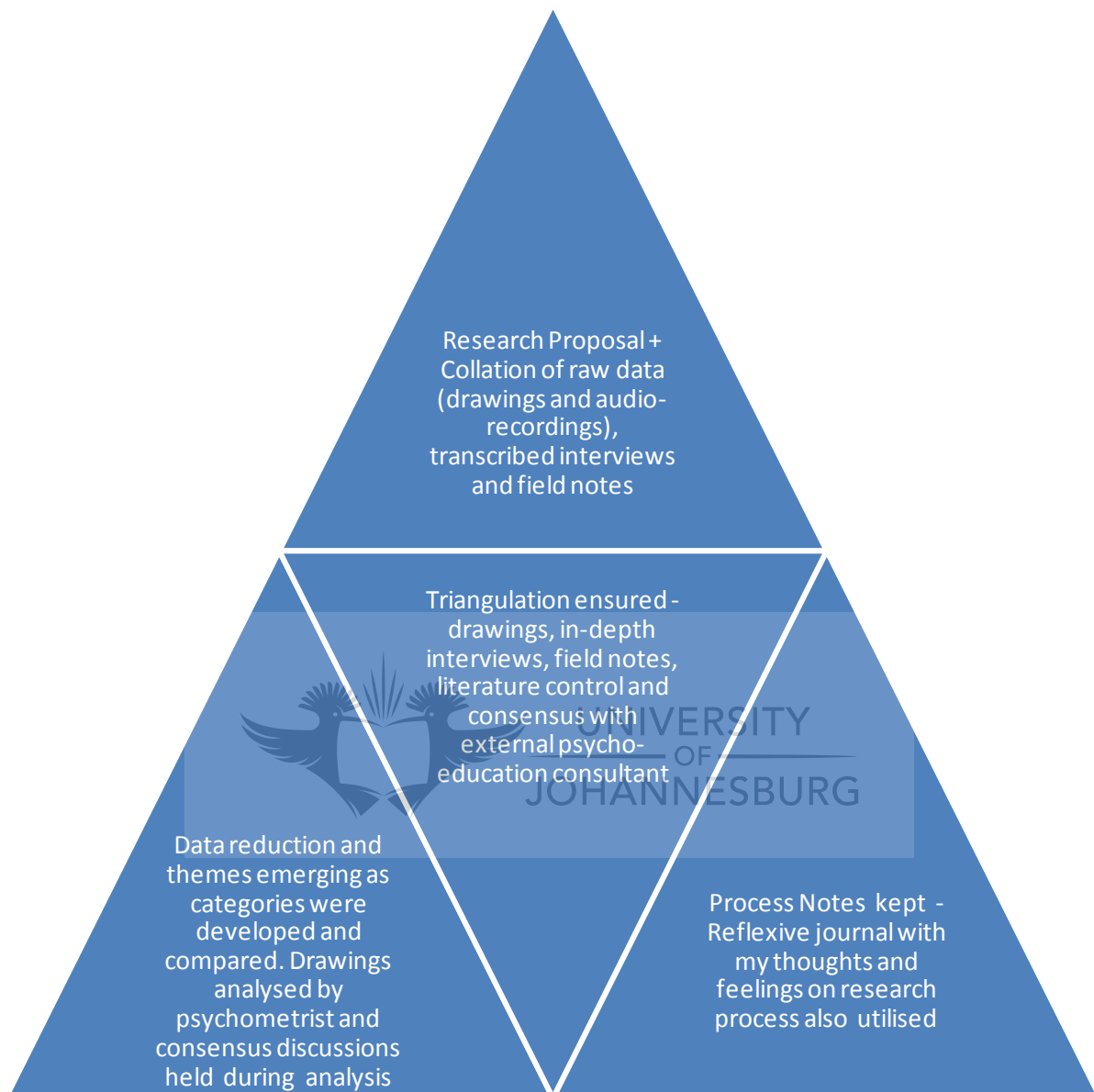
Yours sincerely,

WA HOFFMANN (Dr)  
Tshwane University of Technology  
Tel(W): (012) 382-6246  
E-mail: [hoffmannwa@tut.ac.za](mailto:hoffmannwa@tut.ac.za)

*We empower people*

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## 12. APPENDIX E



### 6.6.1 Audit Trail

### 13. APPENDIX F

#### TRANSCRIPTION OF INTERVIEW DONE ON MONDAY 16 NOVEMBER 2009 AT SHELTER - HILLBROW

##### INTERVIEW ONE

Participant One (P1)

Interviewer (A)

A: Please tell me about your picture.

P1: It is me sleeping...

A: Tell me more...about your life on the street...

P1: My life...I was sleeping here and if you go somewhere else then they hit you...and they try to kill you...they also steal...

A: Tell me more about that.

P1: There are all these other people who want to hit you...they are killers...then I come here sometimes to hide...

A: Tell me about this picture that you drew...

P1: Ya...the other children...they are bad...

A: Tell me about what you also wrote here...

P1: I write about the bad people...the esilunde...they are taking the people's money and they are killing them...(...Keeps quiet for a long while...)

**A:** Would you like to read out aloud whatever you wrote here?

**P1:** They do killed you...I not feel good...if you do not want to go to robot their way...they wait to hit you...esilunde bad...is no good... They are the bad boys...they kill people...

**A:** Tell me more...

**P1:** (...Keeps quiet for a while...)

**A:** Can you tell me more about what you are talking about there? Tell me about your life while you lived on the streets...your life story...

**P1:** Yes... I go to sleep on the street and they do want to push me on the road... and I don't want to...and then...( ...Keeps quiet for a while...)

**A:** Tell me about these people that you are talking about?

**P1:** They are not here... I do not know all these people who are chasing me...I'm just saying...

**A:** Tell me more about your life on the streets...How old were you when you first went to live on the streets?

**P1:** I do not remember...it was a long time ago...when I went away... I only know 2009...( ...Keeps quiet for a while...)

**A:** What do you remember?

**P1:** I was born in Durban.

**A:** Anything else you remember about your life then?

**P1:** I stayed with my father...my mother...she go away...then my stepmother...she come then she take my brothers and sisters and she go away and she leave me with my father...

**A:** How do you feel that she left you with your father?

**P1:** I don't know why she do that...I think she do that because they are her children...not my father's children...only me...I was...but I feel very bad...(**...Keeps quiet for a long while...**)

**A:** Can you tell me what you do the whole day when you are on the streets?

**P1:** In my home...?

**A:** No...when you are on the streets?

**P1:** I am outside all day...in Braamfontein...

**A:** Tell me about where you were sleeping...what kind of place is it?

**P1:** Also outside on the street...

**A:** As you show in your picture that you drew? Tell me about the picture...

**P1:** I am sleeping...

**A:** What is this on the picture...?

**P1:** They call it a tile...

**A:** What is it used for?

**P1:** We sleeping on it...

**A:** Were there other children with you?

**P1:** Yes...

**A:** Tell me more...

**P1:** We sleeping together and we also asking for money...(**...Keeps quiet for a while...**)

**A:** And...

**P1:** We using the money to buy food...

**A:** How did you feel about getting the money...

**P1:** I feel good...because if I get no money then I have to be hungry...

**A:** Tell me more about your friends on the street?

**P1:** They are my friends...we are together... (**...Keeps quiet for a while...**)

**A:** Tell me about the esilunde you mentioned earlier and wrote about here...

**P1:** They are the very bad boys...they staying on the street...they kill the people...they are hitting us and hurting us too...

**A:** Tell me more about this...

**P1:** They want our money and if we don't give them, then they are hitting us...they are taking our money to buy dagga and glue...

**A:** Carry on...

**P1:** They are always taking our money...

**A:** What did you and your friends do?

**P1:** We give it to them?

**A:** Tell me more about your friends...do all of you stay together all the time?

**P1:** Yes we stay together...

**A:** Besides collecting money...what else did you all do?

**P1:** We are hiding from the others who want to take our money...

**A:** Where are your friends now?

**P1:** They are somewhere there on the street...

**A:** How did you get separated from them?

**P1:** Someone was chasing us and I heard about this place where you can get food...the esilunde were talking about it...so I followed them here...that is how I am here now...

**A:** Tell me more about this esilunde...

**P1:** They always taking money from those other people...the people who are coming from work...(...**Keeps quiet for a long while...**)

**A:** Carry on...

**P1:** And they are not from here?

**A:** Where are they from?

**P1:** They are from Mozambique...

**A:** Are there any other experiences that you would like to share with me?

**P1:** No...

**A:** Who is next to you in the picture?

**P1:** It is my friend...

**A:** What is making you cry in this picture that you drew?

**P1:** Because I don't have home...

**A:** Because you don't have a home...

**P1:** Because I'm living in street...

**A:** And how do your friends feel... as well?



**P1:** They are okay...because they are staying there long time inside there...

**A:** So all this time that you are staying on the street, do other people call you esilunde too?

**P1:** No...only the bad boys...because me...I am staying separate...

**A:** Tell me more about that...

**P1:** Because I don't do the bad things...

**A:** What do you mean by that?

**P1:** They steal...they kill...



**A:** Have you seen that?

**P1:** Yes...

**A:** Tell me more...

**P1:** This other park there...some children...they take the people's money...then they run away...

**A:** Did you hear about this?

**P1:** No...because I was there...

**A:** And...

**P1:** They took it from the people who were coming from work...

**A:** Carry on...



**P1:** And then I go to church...

**A:** Do you go to church while you are living out in the streets?

**P1:** I go to church to eat...then the aunty there...she tell me to come here to Twilight...

**A:** Tell me more about the esilunde in the park... Is there anything else?

**P1:** No...

**A:** You can talk to me about anything because everything is confidential in this interview...

**P1:** Okay...me...I always run away if I see the people is get hurt...because I don't want to see that...

**A:** How did you end up at the park...tell me more about that...

**P1:** I go there...

**A:** Tell me about your feelings during all of this?

**P1:** I feel very bad...and upset... (**...Keeps quiet for a long while...**)

**A:** Anything else...

**P1:** Fighting is also not good...

**A:** Can you add to that?

**P1:** If you fight...then the police...they will arrest you and put you in jail...especially if you are fighting...

**A:** Did you have any experiences like that?

**P1:** No...but I see it is happening...

**A:** Tell me more...

**P1:** If you fight...then you can also kill other kids...

**A:** Carry on...

**P1:** There are boys who are hitting us and trying to kill us...and they are killing others too...and we run away when we see the police and then they getting arrested...

**A:** Tell me more about these boys...

**P1:** These big boys...they are also swearing us...

**A:** Do you ever speak to the big boys?

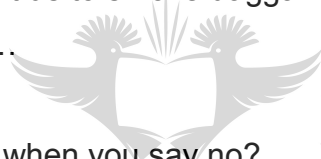
**P1:** Yes...sometimes we can talk about our homes...we talk when they are smoking the dagga...

**A:** Tell me more...

**P1:** When they are not smoking...then they come for our money...they want us to beg and then give them the money...(**...Keeps quiet for a long while...**)

**A:** Can you add to that?

**P1:** They also want us to smoke dagga...and steal money for them from the other people...I say no...



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**A:** What happens when you say no?

**P1:** They are hitting us...

**A:** How are you treated by the people who are passing you in the street when you are begging?

**P1:** They are treating me like a slave...

**A:** Tell me more...

**P1:** Whenever they buy something, then they want you to hold it...then they give you nothing...they shout and chase you...

**A:** Any other experiences you want to talk about? Tell me about the police...

**P1:** They shout and chase you....we run away...

**A:** Tell me more about your friends...

**P1:** We were four...then someone he took one away...then we were three...

**A:** Who took your friend away?

**P1:** I don't know...

**A:** Tell me more...

**P1:** We are asking money together and then we are playing too...

**A:** How do you feel about your friends now?

**P1:** I like them...and miss them...but they are not here...they are happy by the robot...asking money...then they take their money to buy food...and they also gamble...

**A:** Tell me more about this...

**P1:** They are playing dice...with these other children...they are gambling...

**A:** And then...

**P1:** They are also fighting when they lose...

**A:** Tell me more about the game...

**P1:** We throw the dice and we get six...then we win...

**A:** How do you feel about the game?

**P1:** I like it...to win money...

**A:** Tell me more about these you have had experiences on the street...

**P1:** You must help these children...they smoke glue...

**A:** Tell me more...

**P1:** When they are smoking the glue...they feeling good...like they can do anything...like they are in a cartoon...

**A:** What do you mean by that?

**P1:** They are feeling like everything is not real...so they are feeling like they are in a cartoon...they feel brave...

**A:** Tell me more about this feeling?

**P1:** They feel like they can do whatever they want to...

**A:** Can you give me an example...

**P1:** It can be that they can kill people and it will feel like not real...(**...Keeps quiet for a long while...**)

**A:** Do you have any of these experiences that you want to share with me?

**P1:** No...I see from far...and my friends...they tell me...

**A:** Anything else that you want to talk about?

**P1:** No...

**A:** Okay...thank you for your participation...

**P1:** Thank you...

