

A systematic review: A quest for effective interventions for children and adolescents in street situation[☆]

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ABSTRACT

This review on interventions for children and adolescents in street situation (CASS) starts where Dybicz ended his review in 2005. In his conclusion Dybicz pleads for more empirical research addressing the effectiveness of interventions and capturing the voices of different actors involved in intervention programs in a culture and gender sensitive way. Our review began with a broad search for academic literature on interventions for CASS published between December 2004 and October 2011 in English, Portuguese and Afrikaans. We ordered the findings derived from 33 studies in an ecological broad-based integrative model to have an idea about what we can learn from the academic literature. In a second part of this article we attend to the effectiveness of interventions. One of the main conclusions of this review is that the reviewed articles could not give us a clear picture of what is meant by the long-term objectives of interventions for CASS, which is of paramount importance in evaluating them. Furthermore, we noticed that a Western discourse on childhood is predominantly used in the reviewed articles and in the programs described. Finally, we question whether this is the ideal to which we have to interpret the results of the programs.

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1. Introduction

In 2005 Dybicz concluded his review with: "This is how far best practice research has reached: interventions based upon theory" (p. 768). The interventions which Dybicz wrote about were aimed at serving children and adolescents living and working in the streets, an ever growing population of approximately tens of millions of actors from all over the world (Ennew, 2003).

Numerous research on the subject of Children and Adolescents in Street Situation (CASS), Dybicz continued, have so far contributed to the description of the needs of CASS and the causes leading to their street life. This information is in turn used to develop policy approaches for organizations. Because these policies are heavily based upon theory, prescribed approaches are generic and universal. Thus, it is difficult for organizations on the field to translate them into their own reality.

What several authors (Ferguson, Dabir, Dortzbach, Dyrness, and Spruijt-Metz, 2006; Harris, Johnson, Young, and Edwards, 2011; Scivoletto, Silva, and Rosenheck, 2011) plead for is more empirical

research addressing the effectiveness of interventions: research that captures the voices of different actors who are already involved in an intervention program in a culture and gender sensitive manner. By taking this approach instead, research would give valuable close-to-the-field information that would enhance the ability to individualize a program to the needs and reality of a specific organization and population.

With this review we want to capture what has been written in the scientific literature on the care for CASS following Dybicz' article. We provide a contextual exposé by creating a synthesis of the main findings of the last 7 years concerning interventions for children and adolescents in street situation. As a result of this portrayal we hope to give a more cumulative understanding of the phenomenon, which in turn enables us to explore the role that interventions play in addressing the problems that CASS face.

In a second part of this article we attend to the topic of the effectiveness of interventions, more specifically to the difficulty in defining what programs want to achieve with CASS. We will therefore examine the philosophy behind the implementation and choice of programs described in the reviewed articles. We will attend to the questions: what is the street and what does it mean for children living in it? How the answers to these questions are formulated, will structure the way of working with these children, define the programs' goal and ultimately tell us if programs are effective in reaching their goal.

Actually, in 1989 the United Nations already offered a framework in the Convention on the Rights of the Child (CRC) and most countries

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put their signatures to the provisions of the convention. This convention provides a rights-based framework for intervening in the lives of children, including CASS.

More specifically, for working with CASS, protection and participation are the two key principles for the implementation of the convention. Protection includes immediate protection from danger, abuse, and exploitation, but also covers more long-term proactive approaches designed to promote development of children's skills and knowledge, build support structures for children, and lower their vulnerability. Participation is a human right with particular significance for CASS. It is essential to listen to CASS, who are most knowledgeable about the factors that send children to the street, and encourage their participation during intervention design, implementation, and evaluation (Ennew, 2003).

As we look at the current reality and practice, two other policy approaches can also be recognized when we attempt to categorize the different kinds of interventions. Not only rights-based models but also reactive/repression-oriented and protective models dominate the policy landscape around the world (Thomas de Benítez, 2003). In a reactive/repression-oriented model CASS are viewed as deviant from "normal" children and as threats or potential threats to the public order. The intervention will therefore be repressive towards them (e.g. forced removals and legal sanctions). In a protective model the focus lies on the deficient conditions of street life. CASS are seen as victims whose basic rights to food, shelter, education and health are continuously violated. The focus of the protective approach is on immediate causes of problems (e.g. basic needs) rather than on their structural causes (e.g. poverty and social exclusion).

So although the rights-based framework is globally accepted, it is not globally applied. In this article we will argue that even though a framework on attention towards CASS exists, stating where we want to go with CASS is difficult to attend to. What is "in the best interest of a street child"? Do we have to answer these questions globally or not? What is certain is that when we want to look at the effectiveness of interventions like Dybicz and others claim for, we not only need to know what we are doing, but above all what we want to achieve. Knowing where we want to go with children in street situation will determine whether we can call our interventions effective.

2. Research methodology

2.1. Sampling

This review began with a broad search of literature on street children using the following keywords: best practices, care, education, intervention, NGO, organization, policy, prevention, professional(ism), program(me), program(me) evaluation, rehabilitation, service, school, shelter, social work, strategies, welfare and work. Databases used included ISI Web of Science, PubMed/MEDLINE and PsycINFO. This range of databases was chosen as they cover social science and psychological research. Web of Science consists of seven databases containing information gathered from thousands of scholarly journals, books, book series, reports, conferences, and more. All searches were limited to academic journals and the English/Portuguese/Afrikaans language. All articles were published after December 2004 and before October 2011 (a time interval of almost 7 years). All included articles had a focus on children/youth in street situation, broadly defined (CASS, street children, working children, orphans, homeless youth), as determined by the articles' title, keywords, or abstract.

This initial search using these keywords resulted in 73 articles. To identify those articles most relevant to interventions for CASS, we removed those that only involve homeless/runaway youth (when it refers to youth from developed countries; $n = 5$). And, we removed those articles that did not have any research question about services,

policies or programs ($n = 35$). We took the remaining pool of 33 articles into consideration. Most of them ($n = 26$) included critical thinking of the processes and policies of interventions. Many ($n = 23$) reported on descriptive research of policies and interventions. Few ($n = 13$) articles compared programs or measured outcomes.

2.2. Analysis

Analysis began with the development of a descriptive table that gave an overview of the articles by using categories as: Place of research, Research participants, Kind of services examined, Research question, Study design and Description of CASS (see Table 1 in Appendix). Afterwards we conducted a thematic analysis on the collection of findings of the different researches. We went through the different findings and extracted themes relating to our research interest. Both the table and thematic analysis offered us an understanding of how findings of the articles connect and interact with each other, which eventually gave us the possibility to draw conclusions based on common elements.

2.3. Limitations

Between the years 2005 and 2011 thirty-three academic articles on interventions for CASS were found. As Thomas de Benítez (2011, p. 34) describes in her review: "The literature on policies in relation to CASS is thin considering that street children have been a research topic for over 30 years." The use of only three databases and exclusion of articles from non-peer-reviewed sources in our review may have eliminated some important and influential articles, reports, book chapters as well as unpublished research reports. Our review did not include research conducted by developmental organizations, because we aimed at hearing a less biased point of view that could broaden our theories on working with a population living in socio-economic difficult situations.

3. Findings

What can we, practitioners and researchers, learn about interventions for CASS from the findings of academic research? According to Pijnenburg (2010) research can teach us about conditions of child and youth care services which must be obtained on different levels in order to gain a positive outcome on children's lives. It is an interaction between factors on the micro-, meso- and macro-level which (in)directly influence the results of the care services for children, including CASS (see Fig. 1.). On a micro-level lies the essence of care, which is the collaboration and relationship between practitioners and children/youth and/or their guardians. Factors that influence this activity are the personal characteristics of the professional and client, their expectations and hopes, and the expertise of the professional. Factors that affect the care service at a meso-level are on the one hand the combination of social and professional institutions involved in the daily lives of children and young people. On the other hand, there is the concern of organizations for quality policy and professionalization of staff. At a macro-level we can identify the wider political, economic, environmental, cultural and social context in which children and youth live which is an influencing factor. There is also the policy framework of the child and youth welfare of a country and its developments, influenced by social norms and changes within (international) society. This domain will be looked into further in the second part of the findings "Talking about effectiveness." With this ecological broad-based integrative model in mind, we can now start the first part: ordering the findings and having an idea about what we can learn from the academic literature.

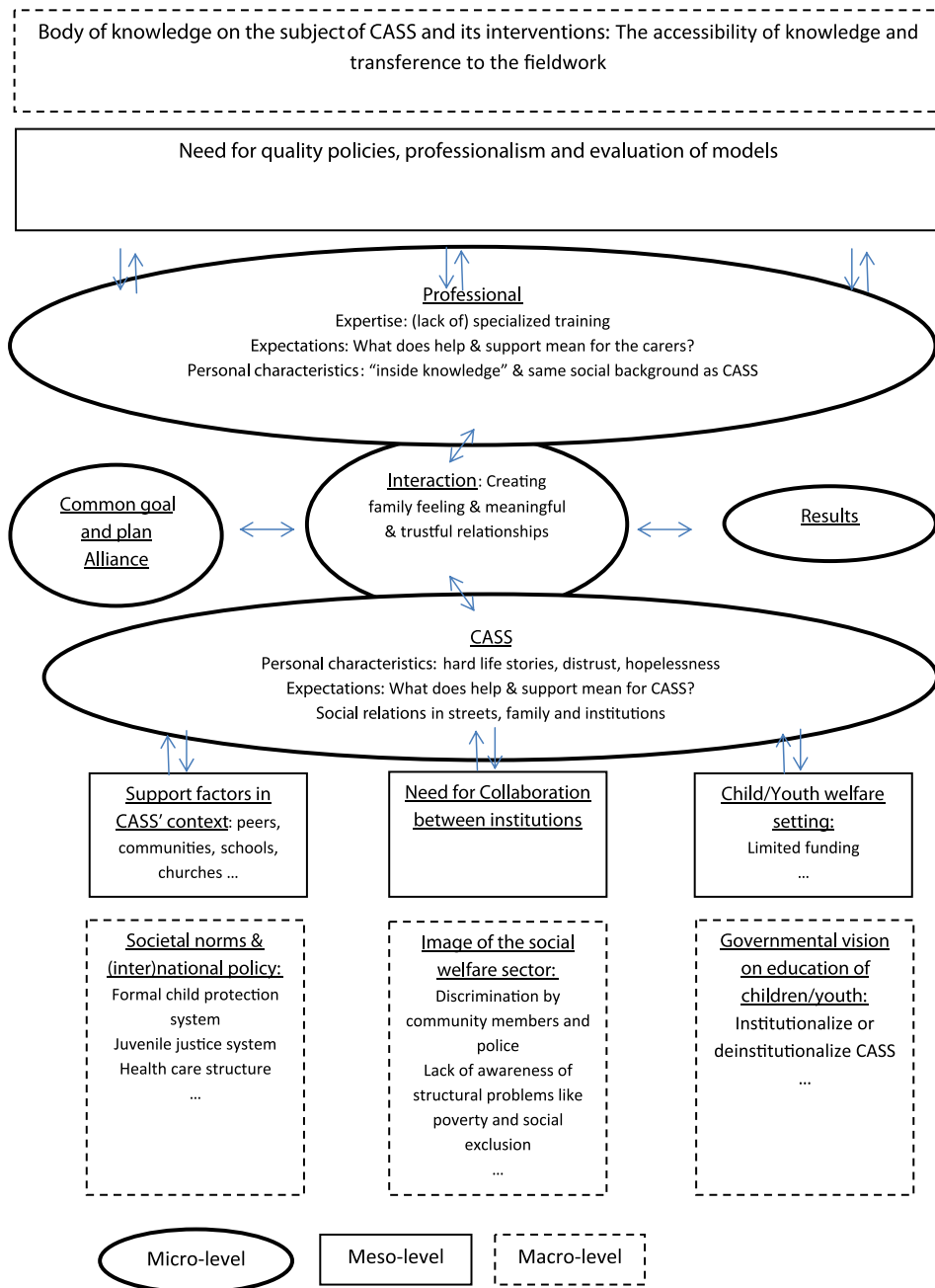


Fig. 1. An ecological broad-based integrative model illustrating factors on the micro-, meso- and macro-level that (in)directly influence the results of the care services for CASS.

3.1. A comprehensive synthesis of the interventions for CASS

3.1.1. Micro-level: Creating a family-like environment and developing long-term meaningful relationships

“The greatest thing that they have done for the children is to give them a place they can call a home with no stress but with friends to associate with and a listening ear from the staff. The children have different dormitories and each dorm has a house mother whom they open up to.” (Nairobi, # 7. Ferguson and Heidemann, 2009, p.358)

On a micro-level we hear a call from researchers to create a family-like environment and to develop long-term meaningful

relationships with CASS. Former street girls from a study in Kenya commented that the best thing the shelter offered, was the family feeling (Harris et al., 2011; Kaime-Atterhög, Lindmark, Persson, and Ahlberg, 2007). This family feeling gives CASS the experience of security, affection, care and a place to return to when needed (Ferguson and Heidemann, 2009; Kaime-Atterhög et al., 2007; Mathiti, 2006). In an Indian NGO it was particularly difficult for the older adolescents to deal with the eventuality of moving out from the center when aged out of care. Counseling sessions revealed that many were confused, even scared about their future outside the NGO and felt that they were being pushed out before they were equipped to deal with the outside world. From that moment on there was a conscious effort to view the center as the children’s home, to which they could return whenever they felt the need to do so (Sen, 2009). This was also a significant support when CASS faced returning to their actual families in family reunification

programs and were unsure about how their families might receive them (Kaime-Atterhög et al., 2007).

All of the HIV prevention programs in the study of Arnold and Rotheram-Borus (2009) appeared to be in agreement that homeless youth need an on-going safety net. Positive relationships with program facilitator, their family, peers, and concerned others provided the motivation to resist risky behavior patterns. If youth feel that they are respected and their opinions are validated, they will develop positive values and morals (Ferguson and Heidemann, 2009; Ferguson et al., 2006). Nalkur (2009b) found that obtaining good advice from adults was one of the most important events for CASS, especially when they share the same background:

“By originating from the same social context, these staff can identify themselves with the social problems experienced by the children. They share a unique bond with the children and demonstrate to them through example how to overcome life struggles, such as poverty.” (Ferguson and Heidemann, 2009, p.358)

But, how did these meaningful relationships ever begin? Savenstedt and Häggstrom (2005) described how listening and encountering the children's past life stories and present situations created awareness and indignation within staff members which in turn developed into a desire to engage in a relationship with these children. In turn it was important and necessary for staff members to create trust in the relationship. Mutual trust meant respecting the child in their vulnerability and having an ability to transfer feelings that they are accepted, lovable and worth listening to. If staff members are sensitive to their special needs and understand the multiple services the children require, the children will be more and more able to communicate openly with staff about their past experiences, their present situations, and their future goals and dreams (Ferguson and Heidemann, 2009).

Not only adults but also former CASS can be enlisted for offering support. The findings of Mitchell, Nyakake, and Oling (2007) suggest that peer educators are generally respected, regarded as knowledgeable and responsible, and are able to empathize with the children living in the streets. Peer educators are effective at actually reaching the target group (CASS). The study found, in accordance with the aforementioned findings of Ferguson and Heidemann (2009), that much of the peer educator's credibility stemmed from their inside knowledge of their intended audience and their experience of similar struggles. Peer educators share the experience of street life and have a common language with the CASS. The study also confirmed that peer educators are the primary source of information about HIV/AIDS among CASS. Kaime-Atterhög et al. (2007) also found that discussing sexual matters and sexually transmitted infections (STI) is less taboo when doing it among peers than discussing it with adults. Still, the peer educators recognized that at times, the target group preferred information on sexual health matters to come from respected adults and authority figures. Mitchell et al. (2007) claim that this must not be viewed as a drawback because it presents an opportunity for adults and young people to collaborate in providing a multi-faceted program, which involves both youth and adult educators. The peer educators in the study of Mitchell et al. (2007) also referred CASS to local youth-friendly health centers and assisted them in leaving the street to join organizations which are able to cater for their material and emotional needs.

From the study of Conticini (2005) we know that children are more likely to leave the street when this is a planned strategy involving friends and peers. When they make this attempt alone, they usually develop feelings of social injustice and of having betrayed their friends, and eventually return to the streets and to their friends. When organizations try to help a single child, and ignore the strength of his or her social ties, this diminishes the likelihood of successful

reintegration and is perceived by children as disrespectful interference in their efforts to build alternative social relationships. This describes the difficult struggle between respecting the child's relationships on the streets and wanting him/her to leave the street live (Scivoletto et al., 2011).

In the study of Savenstedt and Häggstrom (2005) caregivers fought against the grip of street culture and against the image of mainstream society. Caring for individual girls and being able to support change in their destiny meant convincing them to give up drug abuse. Drug abuse made girls aggressive and difficult to deal with. Another struggle was the struggle against prostitution.

(...) “meant dealing with carer's own gender values concerning how normal girls and young women should behave. It also meant dealing with society's ignorance and rejection. It meant both convincing the girls that there was an alternative way of living and going against the values of street boys, pimps and other street girls who felt that they had an ownership of the GOS [Girls of the streets].” (p. 493)

Importantly in the care for CASS is the hope for a change in the future of the youth/child. Hopefulness and future orientation help adolescents to achieve goals and overcome obstacles, initiate life changes, improve the well-being, and the willingness to learn (Herth, 1998; Nalkur, 2009a, 2009b). This is said to be especially important for youths whose future may be unpromising and unpredictable, like those of homeless youth (Herth, 1998).

Youth living in centers throughout Los Angeles, Mumbai and Nairobi commented that the diverse religious practices (masses, ceremonies, study groups and retreats) helped them to enhance their own spirituality and especially to feel a part of something—to feel belonged (Ferguson et al., 2006). The stable lifestyle and meaningful relationships in centers also provide children feelings of belongingness. Belongingness is very important in enabling hope and shifts in the future priorities of youth who have been homeless. Hence, youth in more stable contexts, like shelters, credit themselves with the power to hope and take ownership for their successes, whereas youth in less stable contexts attribute hope to others and avoid hope to protect themselves from failure (Nalkur, 2009a).

On the streets it is important for health carers to know the expectations and perceptions of CASS. The perspective of CASS on “what is health?” will influence whether one uses the care services or not. So, what is health? Ali and de Muynck (2005) found that the living circumstances of the CASS shape the concept of health. For the children illness is a condition which renders them unable to work. Health is defined as a state allowing them to work and earn income. Respiratory infections, minor cuts, burns, skin infections, cold, mild fever and diarrhea are categorized by them as minor illnesses. These infirmities do not hinder their livelihoods. Therefore, there low self-perceived risk of diseases/perceived severity of medical problems may prevent children from seeking needed medical care (Ali and de Muynck, 2005; Uddin et al., 2009). The first and by far the most common initial response to an illness is an attempt to self-medication, using both home-made and commercially prepared remedies (Ali and de Muynck, 2005; Kaime-Atterhög et al., 2007; Mathiti, 2006). Some children with STI symptoms also buy medicines which are suggested by their peers who have previously had an STI or use the remains of peer's medicines (Kaime-Atterhög et al., 2007). In situations where ill health persists longer than a few days and immobilizes them, they seek health care (Ali and de Muynck, 2005). To summarize, the decision to seek medical advice depends mainly on two factors: gravity of the illness and financial situation/the estimated cost associated with each alternative. Family members – if they are in the picture – and peers have a more vital role in the process of decision making in seeking health care, then social workers and health care workers (Kudrati, Plummer, and Yousif, 2008).

Care providers often find themselves unprepared to work with clients who require specialized services (Ferguson and Heidemann, 2009; Lam and Cheng, 2008; Sen, 2009). Some of the CASS struggle with substance abuse (Balachova, Bonner, and Levy, 2009) and are observed to show inability or refusal to follow rules, and a desire to return to the streets (Ferguson and Heidemann, 2009; Ward and Seager, 2010). Carers in Kenya find themselves untrained to teach youth how to protect themselves from the risks associated with sexual activity or how to develop life skills that facilitate independent living. Some of Kenya's NGOs encounter problems when the carer's and clients' ethnicities do not match. Directors identified this cultural mismatch as a challenge to understand the specific cultural needs of the clients and to instill traditional values (Ferguson and Heidemann, 2009). The awareness of lacking knowledge and means to care for the children consequently seems to create feelings of frustrations and powerlessness (Savenstedt and Häggstrom, 2005).

3.1.2. Meso-level: Strong partnerships among different services

“A way to move forward is to involve various segments of the society in the work of public institutions. These locations may be the focus for a communal project for the benefit of young people on the streets, places where governmental and non-governmental representatives, members of the voluntary sector, social workers and other stakeholders engage in a coordinated effort to help young people access permanent and safe housing, mainstream education, medical care and other resources that are available to others in society.” (De Moura, 2005, p. 199)

On a meso-level authors see the expansion of service provision to meet the children's needs more holistically and individualized as a necessary condition to be obtained. Arnold and Rotheram-Borus (2009) investigated HIV prevention programs and saw that each program provided access to medical services, as well as training in coping skills, creating a safety net, acquiring information and developing meaningful relationships, and all this with a future-oriented, non-blaming approach. In this way these programs not only focus on the prevention and treatment of HIV, but also on the problem of homelessness. The need for programs promoting motor skills (Van Niekerk, Pienaar, and Coetzee, 2007) and the need for intellectual, creative, spiritual and personal stimulation are something researchers, practitioners and children also request in interventions. Besides developing meaningful relationships and giving children a sense of belonging (see micro-level) center satisfaction is also related to factors such as: opportunities offered to attend school, vocational training, educational outings and becoming involved in recreational activities (Harris et al., 2011; Kaime-Atterhög et al., 2007; Kudrati et al., 2008; Mathiti, 2006). In Kenya NGO staff described how children in centers demonstrate an increased desire “to excel in life and have a chance to realize their life goals, dreams, and full potential—opportunities that are often not available to them while living on the streets or in slums” (Ferguson and Heidemann, 2009, p. 359). The children experience an increased self-esteem and learn interpersonal skills to communicate and relate with others. But, schooling is often a problem for CASS even prior to taking to the streets. Many CASS report school failure, extreme punishment at school or an inability to attend because their parents were unable to pay fee or to buy uniforms (Ward and Seager, 2010). Most are therefore functionally illiterate or have learning difficulties (Sen, 2009). Reintegration into mainstream schooling is therefore not straightforward for many CASS, although most will say they would like to return to school (Ward and Seager, 2010). Sen (2009) and Xue (2009) talk about the road blocks in the formal education of children which led to frustration, emotional and behavioral problems. Between CASS there also exist differences in aptitudes and aspirations (Xue, 2009). Sen and his team started therefore a Special

Education Program and Career Counselling Program. The initial outcomes that they reported were very encouraging. The main objectives were to increase clarity and confidence in their own abilities, help them to choose the right stream or vocation, to decrease dropout rates from the chosen vocation, and to strengthen job placements. Change was felt. Realistic aspirations, a sense of optimism and purpose, and a belief that the youngsters are multifaceted and capable had brought about significant positive changes in the atmosphere of the center and its approach. But, to ensure this individualized holistic support and above mentioned family feeling research notices that organizations are only able to enroll a small number of children (Ferguson and Heidemann, 2009).

For the reintegration of CASS back to their communities organizations need to assure that the child's standard of living does not drop and is not violating their rights again. Organizations are presented with various challenges in the rural or local communities of CASS including, poor infrastructure in the villages, family violence and lack of community awareness about the problem of CASS (Ammar, 2009; Ferguson and Heidemann, 2009; Mitchell et al., 2007). Ferguson and Heidemann (2009) observed that the children in educational centers often receive a higher quality of education than they would in schools within the slum communities. Other children are enrolled in private schools through the NGOs' support and are given the best education available in the area.

In the study of Mathiti (2006) the children in the shelters found the relationships with their parents important, but they rated the quality of these relationships less optimally. CASS leave home for different reasons. But, in many cases they flee from parental violence and neglect (Thomas de Benítez, 2007). Despite this widely held view of a break between the family and the child as the cause of children being on the street, most street children are in regular contact with their families (Silveira, 2002, in Schwinger, 2007). Governmental organizations are keen on putting the child back into the family (Kudrati et al., 2008; Lam and Cheng, 2008; Xue, 2009). According to the Chinese law, relief to the street children is only a temporary measure. The ultimate goal of the governmental organizations is to help these children return home. The children's guardians are contacted to take them back home, regardless of the wishes of the children. The study of Lam and Cheng (2008) reveals that such efforts are meaningless to the vast majority of the children. For the majority of the street children, whose family connections are severely strained, family reintegration would be unfavorable or even harmful to them, unless, there are public services in place to work on the parent-child relationship (Balachova et al., 2009; Lam and Cheng, 2008; Xue, 2009).

The roots of the problem such as, child abuse and neglect, have still not received adequate attention (Balachova et al., 2009; Lam and Cheng, 2008). And, because few measures have been taken to solve these children's family problems, even when returned home, some children find they cannot stay for long. Interestingly, the study of Mathiti (2006) showed that children who had family contacts that were less conflictual and acrimonious were more likely to be satisfied with life than those who had unhealthy or no family contacts. Through visits of their families in the center, the children obtained feelings of reintegration. These visits were used to both prepare the child and the family for reintegration and to identify impediments. However, most of them seemed to be stuck at the exploration phase where they become visitors to their families. Unfortunately, how family reunification programs can improve the relationships and go beyond the visitor phase was not clarified in this study. In Kenya and South Africa authors write (Ferguson and Heidemann, 2009; Ward and Seager, 2010) about NGOs demonstrating success in reintegrating children into their families. Much of this success is due to resourceful communities that offer academic and vocational opportunities to the children. In such communities, partnerships between public, private and civil-society organizations facilitate a

smooth transition for the children back to their communities and pursuing their academic and employment goals. Carers therefore need to promote the public awareness and a will to work with members of the communities: “We feel we need to sensitise the communities about child abuse because many in the communities are not aware of what is wrong about child abuse” (Savenstedt and Häggstrom, 2005, p. 494).

To conclude, programs that can provide multiple services will ultimately have a greater impact on keeping these youth off the streets and preparing them for adulthood than those that offer one-dimensional services (Ferguson et al., 2006). But many organizations have limited funding and thus limited staff to offer broad-based services on their own (Xue, 2009). Therefore authors (Ammar, 2009; De Moura, 2005; Ferguson et al., 2006; Scivoletto et al., 2011) recommend developing strong partnerships among service providers and developing inter-agency referral processes. Such relationships often generate alternative personnel (e.g. teachers, physicians, and lawyers) and specialized services (e.g. technical support, advanced medical care, and medications) for organizations and their clients (Scivoletto et al., 2011). Ultimately, a key role for organizations should be the capacitation, support, and strengthening of the existing natural networks within communities as the primary responses to the needs of the children. Providing services to families in the slum neighborhoods recognizes and strengthens natural long-term support systems and therefore contributes to more sustainable changes and societal transformations (Ferguson and Heidemann, 2009). Ward and Seager (2010) give some recommendations for initiatives to support families. The programs should include at least the following (according to the needs): income generation and/or employment assistance, family violence interventions, parent training, substance abuse interventions, and support for children to receive an education. The latter might entail assistance with school fees or uniforms but also, and equally important, assessing children for learning difficulties, and providing the necessary remedial support.

3.1.3. Macro-level: Governmental recognition and action towards social inclusion of CASS

“Last but not least, we need to raise public recognition of and concern about this problem [social exclusion of CASS]. The negative aspects of street children’s behaviour tend to be over-emphasized by some mass media, which causes unnecessary fear among urban residents. Indeed, a shift in public opinion to looking with understanding and will to change conditions would do a great deal to resolve the problem.” (Xue, 2009, p. 407)

On a macro-level, authors claim for more engagement and support of governments, not to institutionalize CASS, but to deinstitutionalize services for children and to provide support services for families and communities with the help of an urban health care structure specific to the problematic of homelessness (Uddin et al., 2009), a formal child protection system (Balachova et al., 2009) and a juvenile justice system (Ammar, 2009). The absence of a child abuse reporting and investigatory system in Russia for example prevents practitioners from intervening to stop further abuse (from family, police and other community members), even when abuse is recognized. Necessary elements of child protection – such as child abuse reporting lines and qualified practitioners – simply do not exist in Russia. As a result, the majority of child abuse cases are not subject to legal action. Also, terminating parental rights in case of family violence is still a more common practice in Russia than merely restricting parental rights and providing services to the family. The restriction of parental rights is intended to give parents some time to correct the conditions that caused the child to be removed from the home. However, this important law has not been implemented efficiently in court practice.

This lack of a formal institutionalized child protection system in Russia creates an enormous void in helping maltreated children and their families. Why this code is not translated into a formal child protection system in Russia is not explained. In China and Egypt authors explain this void by saying that in traditional cultures, family (violence) is seen as a private matter that does not need state intervention (Ammar, 2009; Xue, 2009).

Additionally there are some problems with the definition of CASS. In Sudan and Egypt for example the official definition is based on a legal conceptualization. This has clearly systemic consequences—in the sense that it places the children in a category of lawbreakers or in danger of becoming lawbreakers (Ammar, 2009; Kudrati et al., 2008). Some of the activities CASS are arrested for are symptom of children’s vulnerability rather than delinquency. They include being habitually absent from school, inability to show the way to their resident caretaker and suffering from mental illness or diminished mental capacity. Besides the fact that police routinely arrest and detain children who need protection (and not punishment), these children are often subject to extortion, beatings, verbal abuse, and being transported in vehicles that are unsafe and that transport adult criminals as well (Ammar, 2009; Kudrati et al., 2008; Moolla, Myburgh, and Poggenpoel, 2008). Although the United Nations Guidelines for the prevention of Juvenile Delinquency ensures the rights of these youth, in practice they are often violated.

To conclude, despite the great efforts of NGOs and governmental organizations to improve the conditions and experiences of CASS throughout the world, it is impractical to dismiss the role of governments. There exists a global shift from the eradication of street children phenomenon, to providing support for CASS’s rights (Aransiola and Akinyemi, 2010). Yet, the studies in this review revealed that this paradigm shift has a very weak root when laws, protection and support systems are not implemented, coordinated and monitored.

3.1.4. Gaps in the academic research

We also identified gaps in the reviewed literature. We see limited empirical research on recreational activities (two: Ahmed and Sohail, 2008; Hosny, Moloukhia, Abd Elsalam, and Abd Elatif, 2007), advocacy (none), counseling (three: Savenstedt and Häggstrom, 2005; Scivoletto et al., 2011; Sen, 2009), financial assistance (none) and faith-based working (one: Ferguson et al., 2006), although authors value their importance (Balachova et al., 2009; Ferguson, 2006; Ferguson and Heidemann, 2009; Ward and Seager, 2010; Xue, 2009). In different parts of the world recreational activities leads to center satisfaction (Kaime-Atterhög et al., 2007; Mathiti, 2006), change in behaviors and a greater self-esteem (Hosny et al., 2007). And, Chinese children living in locked shelters plead for more opportunities to play (Lam and Cheng, 2008). But, only Ahmed and Sohail (2008) asked CASS’s opinion on Bangladesh’s playgrounds, parks, amusements parks, and informal open spaces. Causes of dissatisfaction with parks were lack of drinking water, lack of adequate toilet facilities and poor rubbish collection.

To advocate the rights of the children in society and being the voice of the children brings hope for staff members in the care for CASS (Savenstedt and Häggstrom, 2005). In Africa and South America this is done through increasing the awareness of the community about the problems of children living in the streets (Mitchell et al., 2007; Santana, Doninelli, Frosi, and Koller, 2005; Savenstedt and Häggstrom, 2005). These testimonies are mentioned to be very valuable and powerful mechanisms in breaking down widespread prejudice towards youth on the street and in ameliorating relations with the community (Mitchell et al., 2007). However, we found no empirical research on this.

Furthermore, many of the children in a Brazilian study recognized they needed help with their substance abuse, and wanting even psychiatric care (Scivoletto et al., 2011). Also, as already mentioned,

different authors claim for counseling interventions that deal with family violence (Balachova et al., 2008; Lam and Cheng, 2009; Ward and Seager, 2010; Xue, 2009). Unfortunately, services that protect the right to restore its health, self-respect and dignity after abuse, neglect and exploitation, that protect the right to grow and reach its potential, the right to be respected for one's views and the freedom of expression (Unicef, n.d., *Convention on the rights of the child*. Retrieved November 1, 2011), are all services that academic articles on CASS have not given much attention to in the last 7 years.

We question, like Thomas de Benítez (2011), the actual implementation of evidence and findings of academic research into the daily work of organizations. We wonder if the findings of the studies are too general that it is difficult for the field to tailor them to their context. This could be, in our opinion, one of the explanations. For example, authors (Balachova et al., 2009; Ward and Seager, 2010) agree that the investment and support for families are important in preventing children from leaving home and as a reintegration approach, which is preferable over institutional care. Unfortunately, more information on the implementation of these family reunification processes in CASS-literature could not be found. At the time of the study of Ward and Seager (2010) several shelters in Cape Town were initiating preventive interventions, but also these had yet to be evaluated. Hence, we do not know what happens during these family reunification and therapeutic processes and how they are experienced by every member (child/family/organization). Examining cooperatively with researchers and professionals the fieldwork with the objective to gather information on the effect of the interactions between an individual care provider, a group of aid workers, one (group of) institution(s) and the target group, will stimulate new thinking, give answers to difficulties experienced in practice and uncover gaps. This will improve the actions of the professionals or institutions and equally important, the (social) legitimacy of actions (Veerman and Van Yperen, 2006). Ideally, the intervention processes and the findings are described in articles transparently and in detail. It will give a bigger opportunity for the research world and professionals in the field to mutually debate and converse on the findings.

Additionally, these practice-based researches can broaden the theories of psychology, pedagogy, sociology, law and perhaps many more sciences on an academic level. Something we, as psychologists, for example, want to know more about, is on doing counseling on the streets with people living in a context of poverty and social exclusion. Can it be done? Is it already being done? And how are these sessions experienced by the different members? Such research could broaden our conventional psychotherapeutic approaches.

3.2. Talking about effectiveness: What is the aim we want to achieve with CASS?

Previous chapter brought several articles together that spoke about interventions for CASS. The findings of the researches were assembled one below the other. But, thinking about the question of Dybicz, we can ask ourselves what the effectiveness of all these interventions is. To answer this question we need to know what the desired outcome is. Where do we want to go with children living on the street? What is in their best interest?

That is why we looked at how researchers and practitioners in the reviewed articles speak about children and the streets, as a living environment for a child. How the answer to this question is formulated will structure the way of working with these children. In this review we distinguish three policy approaches as defined by Thomas de Benítez (2003): reactive-oriented, protective-oriented and rights-based approach.

3.2.1. The reactive-oriented and protective-oriented approaches

Authors of the reviewed articles ascribe this reactive approach mostly to government services:

“City centres may be more likely to be the focus for politicised ‘quick fix’ initiatives. Typical quick fixes include enticing children into programmes, removing children from the city centre to outer limits, or incarcerating them.” (Ward and Seager, 2010, p. 97)

“Social Welfare Department and other government agencies are still more of a punitive nature than rehabilitative, as stipulated by the Child Rights Act.” (Aransiola, Bamiwuye, Akinyemi, and Ikuteyijo, 2009, p. 380)

“As such, the official definition of street children in Egypt is based on a legal conceptualization, and it clearly has systemic consequences—in the sense that it places the children in a category of lawbreakers or in danger of becoming lawbreakers as early as age 7.” (Ammar, 2009, p. 558)

“They [CASS] will stay away from a place that is physically restraining and they will try to avoid being sent home against their will.” (Lam and Cheng, 2008, p. 583)

Authors agree that both the enticement and removal approaches are likely to erode children's trust in service providers (Ammar, 2009; Kudrati et al., 2008). It seems obvious that this is a very outdated view of assistance and a harmful role governments can play in supporting young people.

Yet in the same article of Lam and Cheng (2008) managers of governmental organization defend their system of operation by stating that they felt that this was their only choice. According to the Chinese law, the center has the legal responsibility to care for the children admitted. If the children were allowed to roam free in the streets, they would be exposed to abuse and exploitation. So it was considered necessary to lock them in. In this case the security measures are more so seen as protective and not so much as punitive, as this reactive approach is often thought of. The protective approach is based on a vision of childhood as a time where children are in need of close protection. Such a view has the advantage that children are cared for by adults, but also the disadvantage that, because of this protection, their social competence is often denied, as is their competence in social participation. It is suggested that childhood agency is influenced by these understandings of childhood (Mayall, 2002). This perception of childhood affects how children act and how they are expected to act.

3.2.2. The rights-based approach

In the mid nineteenth century the children right's movement started to mobilize in the Western World. This has led to a new paradigm of childhood where children have a right for their views to be heard in regard to events that relate to them. In this vision CASS are considered as competent social actors, rather than incompetent and dependent “human beings in the making,” who are being passively socialized (James, Jenks, and Prout, 1998). “If we intend to help them,” as Lam and Cheng (2008, p. 583) state, “we have to listen to what they have to say and provide services that match their needs.”

So, let us reconsider some findings: there are tens of millions CASS (Ennew, 2003) surviving in the fallout zone of society, (...) “for whom the street has become their home and/or source of livelihood and who are inadequately protected or supervised by responsible adults” (Glasser, 1994, p. 54), who have little access to basic health care (Uddin et al., 2009), hardly have any education

(Ward and Seager, 2010), have no sense of belonging to the broader community and are constantly in danger of being abused, exploited and traumatized (Sen, 2009). Reading this, the protection of children's well-being and saving them from adversities can only be a moral imperative. Is listening to and then fulfilling the needs of CASS the ultimate goal of interventions? The purposes of the interventions mentioned in the reviewed articles are indeed often described as providing support in the area of feeding clothing, housing, medical care and education (Aransiola and Akinyemi, 2010; Ferguson and Heidemann, 2009) and improving conditions (Ali and de Muynck, 2005; Kudrati et al., 2008; Mathiti, 2006; Mitchell et al., 2007). At the same time we notice that CASS build complex social relations in order to access emotional and protective security as well as income-generating activities, food security, health and education (Conticini, 2005). So the answer of what the ultimate goal of interventions is, is not that straightforward. When in addition authors and organizations describe the long-term goal of the interventions and thereby, the future of CASS, they describe it as:

—a reintegration into mainstream society (Ammar, 2009; Balachova et al., 2009; Conticini, 2005). Some coordinators of the service centers in Brazil pointed out that the young people on the street live often in subhuman conditions. Therefore, one of the goals of their institutions is to humanize the adolescents, reinsert them in a process which can be even considered civilizing (Santana et al., 2005);

—an achievement of a stable lifestyle. The goal of some services in South Africa and Brazil is described as family reunification, with a children's home a last option if this failed (Harris et al., 2011; Ward and Seager, 2010). Staff members working with girls on the street considered their task to convey hope and give girls the vision that it was possible for them to become lovable ordinary family girls, who could attend schools and form a family of their own (Savenstedt and Häggstrom, 2005).

We can assume that in order to reintegrate (out of the streets and into the private sphere of family type structure) CASS need to be convinced to accept and integrate prevailing values corresponding to the mainstream society. However, what is the mainstream society and who defines it? Firstly, we want to explain our reasoning with an example.

For many authors (Balachova et al., 2009; Ferguson et al., 2006; Harris et al., 2011; Kudrati et al., 2008; Ward and Seager, 2010) the process of intervention for CASS requires a series of steps along a continuum (the step-wise approach), because it is not easy to involve CASS in a supervised and structured environment (Ferguson et al., 2006). Through their “survival” experience on the street they may have developed (mal)adaptive strategies (Ferguson et al., 2006) such as, hopelessness (Nalkur, 2009a, 2009b), drug abuse and distrust (Savenstedt and Häggstrom, 2005). Care for CASS should therefore begin with service provision through soup kitchens and drop-in centers, and gradually move to shelters and long stay homes for children for whom reunification with their family is impossible. This will enable children to develop trust in services that do not require a large personal commitment (such as a soup-kitchen), and thereafter to develop the trust and courage required to make more serious commitments to shelters and long-stay programs. This is a slow and flexible process that demands a lot of both the care worker and the child, but enables the child to attach to a program and through attachment, to succeed in using the opportunities provided by the program (Ward and Seager, 2010). Interestingly Conticini (2005) argues that educational activities are a good entry point for building a trusting relationship between the care worker and the child. He argues that it will give the willing and “deserving” child the possibility of moving upward to more and more supportive programs of reintegration. However,

when organizations fail to involve children in this way, education starts to be perceived as a waste of time both by the children and, at times, by care workers, who consider the children beyond assistance because of their unwillingness to change (Conticini, 2005).

This unwillingness to change is further examined by Turnbull, Hernández, and Reyes (2009). They offer a critical and refreshing view on this step-wise approach of organizations. In their research they noticed that CASS use the different programs and even play one off against the other to obtain what they want from either of the services. The children use a few strategies to get around the set of rules of the services that want the children to be committed to a particular program. The children know that the helpers want them in the shelter; hence they exchange their presence there for privileges, concessions and exceptions to the rules. When the rules are too strict, they leave the shelter and thus, indirectly force the organization to loosen these rules, or, as is the case in China, lock children in, which goes against the public opinion and the rights-based discourse (Lam and Cheng, 2008).

“A good part of the power of the helpers over the children comes from their access to different resources that the children may want. The power of the children over the helpers comes, in part, from their knowledge of the latter's agenda. (...) The children are aware of these exchanges and so they administer and trade with their knowledge — hiding, showing or making up their reality to match each helper's specific agenda.” (Turnbull et al., 2009, p. 1286)

Children even hide their own power. In this process, the authors (Turnbull et al., 2009) explain, the child will renounce her or his identity as capable and able to more or less care for him/herself. And this in order to receive some help and match with the idea of organizations that children are vulnerable and in need for protection. As we have seen, CASS are not passive recipients of intervention. On the contrary, they demonstrate versatile behaviors in their efforts to secure autonomy and rights for themselves. Yet, this complicated process whereby children create a new social and political space and home for themselves is also riddled with contradictory outcomes and painful experiences (Conticini, 2005). It may lead to self-destructive behavior (drug abuse, prostitution, criminal activities...), which adults, wanting to protect children's rights and well-being, do not favor.

Thus, these authors revealed the struggle between children and organizations in defining what is meant by childhood, help and reintegration in mainstream society. Although we have a new childhood paradigm where agency of children is respected (James et al., 1998), according to Conticini's (2005) study there still exists a wide gap between children's understanding of their experiences on the street and the way adults interpret these experiences. When we turn our attention to children's rights using a purist approach, we usually focus on the gap between what should be a “perfect” child life – the Western discourse on childhood as a time of play, innocence and learning which is inscribed in the CRC (Wells, 2009) – and what is the child's everyday life.

We sometimes forget to critically think about the opportunities we can give these children. We also forget the structural problems like poverty and reproduction of social exclusion and inequality that play a role in taking the street life (Wells, 2009). The idealized view of childhood held by the Western world has, on the one hand, been held as the international standard which all respectable nations should aim for. On the other hand, it has been shaken by the realization that not all children have access to this childhood. Can we offer a “perfect” childhood and what does that mean for CASS and their families in different cultures? It seems difficult. For example, when integrating children back into family life, as adults want them to do, the findings of Mathiti (2006) generate apprehension

—especially from our Western point of view. He found that the children who were more involved in income-generating activities reported significantly better relations with their families than those who were less involved. At the same time, children who became involved in income-generating activities were more likely to experience a sense of compromise of their emotional well-being and, consequently, a more depressed quality of life. Mathiti suggested that income-generating activities increased the vulnerability of the children to both physical and psychological assault. The possibility that income might have played a role in improving family relations is disconcerting. But Mathiti also wonders if the heightened levels of anxiety of the children could be explained by the unpredictability of the responses from potential customers and, interestingly enough, the negative public perceptions and discourse that exist with it. So, even though a transgression of CASS to a home and in the family is an outcome researchers and professionals want to achieve (because it is where children belong), is the outcome satisfactory in reality? Should we tell the parent not to let his/her child to go to work?

“If children can be at home on the street, if food is more plentiful for a child on the street than for a child at home, what has happened to the private sphere of the family, that is widely regarded as a haven from a harsh world? The private space of the home and the public space of the street are in many ways not so different from one another if home is small and crowded and lacks basic amenities.” (Wells, 2009, p. 82)

In our opinion the CRC contributes to the normalization of childhood according to Western norms and moral values. This leads to questioning which childhood is better, leading eventually to negative public perceptions, which Mathiti talks about, when a child does not respond to this image.

While there is a new paradigm of childhood (Prout and James, 1990), as a social construction that is shaped by other social identities, including race, class, and gender, the childhoods of Western middle-class children remain as the main idea of what a childhood is and should be. Moreover there is some debate on the social status CASS grant themselves as or which one the family grant them as. Wells (2009) speaks about an in-between **social status**, somewhere between being a child and being an adult. “Most CASS are teenagers who have not quite left the dependency **of childhood [many are not entirely separated from their family home] but nor have they transitioned to adulthood**” (p. 81). James and James (2004) also note that childhood, “whilst a specific moment in the life course with common experiences, is also embedded with differences that fracture or cut across the shared experiences of children and shared concepts of childhood in any particular time or space” (p. 22). We definitely cannot say which childhood is better, nor do we want to defend a pragmatic relativism standpoint that argues against any intervention for children and their families on the basis that children in social economic difficulties do not have another choice than to experience adversity, but we want to be clear that “what is in the best interest of a child?” is a very delicate question, that seems difficult to answer globally. How to be the best child is at the end something that is experienced and answered by an individual child in her/his everyday practice of friendship, family, religious life. Notwithstanding, this answer is not fully trusted upon by adults. Rightfully so?

4. Conclusion

We hear the request of researchers for more research on the effectiveness of interventions. But therefore it is important for researchers to know not only the needs intervention programs are targeting, but also the long-term objectives. In this way, one of

the main conclusions of this review is that the reviewed articles could not give us a clear picture of what is meant by effective interventions for children and adolescents in street situation. What exactly do we want to achieve by “reintegration into the mainstream society,” a “stable life style” or “becoming lovable ordinary family people”? These can be interpreted in many ways. And, as we saw in the article by Turnbull et al. (2009), children and care providers have different views on what care services are intended for and what is meant by support. Furthermore, we noticed that a predominantly Western discourse on childhood was used in the reviewed articles and in the programs described. We question if this is the ideal to which we have to interpret the results of the programs. The academic literature describes the Western discourse on childhood as a time of play, innocence and learning which differ greatly with the opportunities some families in poverty, communities and countries can give to children. The children and adolescents in street situation also challenge the willingness of pursuing this ideal childhood. As it seems desirable to find a way to keep the children and young people in the houses and programs, they are also becoming a subject of aid. They are admitting that someone has to take care of them and are therefore surrendering their responsibilities over their lives (Van Blerk, 2005). Would this lead to a better integration in their local society and lessen the social exclusion? The notion of childhood that is often used in some programs described in the articles marginalizes the child that does not fit with this ideal, as well as societies that are unable or unwilling to enforce such notions of childhood (Pupavec, 2001). A further step should be to not only challenge, but to broaden the notions of childhood as to include and not to exclude some parts of the population. This topic requires further and serious exploration.

Investment in children though is a key factor in poverty reduction and economic growth. But, instead of sticking to the Western reintegration ideas, Ennew (2003) rather stresses on the importance to frame interventions within local ideas about the roles of children and the nature of family relationships. Therefore, we must broaden the ideas of what childhood is to local ideas by wondering how CASS see themselves within family and society. Above all, we have to learn from the local creative solutions of people living in, and those working daily with poverty. It will allow the creation of a conceptual framework that builds on local opportunities for action, and beneficiaries’ (children’s and families’) strengths. A framework that not only focuses on certain aspects or manifestations of poverty, such as low income, but also considers other vital aspects of poverty such as vulnerability and social exclusion. This sustainable livelihoods approach (SLA) is not a new concept in developmental aid (see Johnson and Bebbington, 2011 on SLA in rural communities). Notwithstanding, to our opinion it is insufficiently applied in interventions (or written about in academic literature) dealing with CASS. Perhaps, because it is difficult to abandon this Western norm of child-life for other alternative livelihoods. Perhaps, ultimately, livelihoods that are built on children’s views and that estimate the capabilities and knowledge of children and youth at a great value are not as bad as first thought.

As UNICEF mentions: “all the rights are both interdependent and indivisible. So, we cannot ensure some rights without—or at the expense of—other rights” (§ 2). We realize that in this competitive world where social inequality is persisting even when poverty is reducing (United Nations, 2010), it is difficult to find an equilibrium between ensuring the right to have a different view on childhood and to be heard, and at the same time ensuring all of the other children’s rights. Therefore, let the convention (CRC) not be an instrument of sanction and thereby contributing to increased inequalities and social exclusion, but an instrument of inclusion and of obtaining the rights of every child even when living a different childhood, if it is in the best interest of the child.

Appendix Table 1. Description of the reviewed articles

First Author	Year	Place of research	Research participants	Kind of service examined	Research question(s)	Methodology	Description of CASS
1. Ali, M.	2005	Pakistan	40 street children (of which 17 children also participated in 3 focus groups). Most of the children were children on the street	Health services	What are the street children's perceptions of health and illness? What is the process of their health care decision making? What are the factors in their choice of health care provider? What are the perceived barriers to health care by street children?	Descriptive, cross-sectional study. Semi-structured interviews Focus groups	The classification scheme of UNICEF (on/of the street)
2. Conticini, A	2005	Bangladesh	62 boys and 31 girls working/living on the streets → Speaks about children in street situation	Reintegration programmes NGOs activities	What does s.c. ^a value as important in their daily life? And how do they protect and promote those important livelihoods? → Health and Education	Field research: ethnographic observation, in-depth interviews, daily activity schedules and group discussions Fieldwork in a child welfare centre → interviews	Children as not passive recipients of intervention, but who demonstrate versatile and resilient behaviours to secure their autonomy and rights
3. De Moura, S. L.	2005	Brazil	31 respondents: 21 males and 10 females	Child welfare centre was the location	What is the relevance of the prevention of street life in the context of the lifelong socio-demographic conditions of young people?	Semi-structured interviews	Young people living on the streets without adult supervision and protection + street live as transitional phase
4. Santana, J.P.	2005	Brazil	6 institutional coordinators of 4 service settings	a school, health centre, night shelter and a day shelter → all of the same municipal service network	To describe the main goals of 4 service centres for street children, coordinators ideas concerning childhood, youth's objectives for accessing these services, and relationship between services and street context.	Narrative interview Individual and in group	(use of CASS) Children and adolescents who use the space of the street to obtain recourses for their livelihoods and/or as a place of residence
5. Savenstedt, S.	2005	Kenya, Tanzania, Uganda	13 female project staff members	4 different NGO-projects with the aim of supporting their integration into society	What is the meaning of caring for girls of the street as experienced by female staff members working in s.c. projects in Eastern Africa?	Review	Deprived children, like other "... perennial loser who... in the aggressive restaging of the new world order are... categories of 'superfluous' people..." Child workers who participate daily in the informal street economy. This population tends not to receive protection from law and are vulnerable
6. Ferguson, K. M.	2006	Global	literature	Alternative income generating models	To review the literature regarding children's street work, the oft-cited theoretical frameworks used to explain child street migration. To propose a social development model as a response to children's street work	Mixed methods research design Survey Interview	Homeless and street-living youth as vulnerable populations
7. Ferguson, K. M. (et al.)	2006	Los Angeles (U.S.) Mumbai (India) Nairobi (Kenya)	29 street youth 17 staff members 17 programme directors	faith-based programmes	How do faith-based organisations around the world use faith, religion and spirituality in servicing homeless youth? How do staff and youth distinguish positive client outcomes (i.e. client changes)?	Interview	Street children occupy a low position on the power ladder relative to other interest groups in the South African society. Describes their condition as separated from families and loss of access to basic facilities
8. Mathiti, V..	2006	South Africa	48 boys (11–19 years)	3 centres/shelters	What is the state and nature of the quality of life of street children in three centres that provide accommodation and other facilities?	Observation using observation sheet for adaptive behaviour	Any girl or boy who has not reached adulthood (3–18 years) for whom the street has become his/her habitual abode and/or source of livelihood and who is inadequately protected, supervised or directed by responsible adults
9. Hosny, G	2007	Egypt	35 boys: 28 aged 7–11 years 7 aged 12–15 years.	Environmental behavioural modification programme	This paper reports an evaluation of the intervention programme	Participant observation Semi-structured interview Focus groups	Children living and working on the streets. Description as coming from poor families, have to earn money by begging... Day to day survival is the primary objective of these children and almost all activities on the streets are considered illegal
10. Kaime-Atterhög, W.	2007	Kenya	115 children (observation) < 20 (interviews and focus groups)	Health care	How do s.c. describe and reason around their experience of STI's? How do they search health care? What are the methodological challenges in trying to access and interview s.c. about sexuality		

11. Mitchell, K.	2007	Uganda	3 project reviews—with focus groups (n = ?)	Peer support group	An exploration of the aspects of project implementation that either enhance or hinder the effectiveness of the role of street children and youth as peer educators. To what extent were the peer educators able to reach their target with clear and positive messages about HIV prevention? → effectiveness of communication.	Focus groups Observation Questionnaires...?	Street children are at risk of HIV/AIDS, have little protection. Street life is a day to day survival.
12. Van Niekerk, L.	2007	South-Africa	24 street children	State supported shelter → 10 week motor intervention programme	Does an intervention programme has a positive influence on the anthropomotor and motor development of street children?	Motor-reflex Tests	Definition of Fourie (1994) en Hartell (1995)
13. Ahmed, A.	2008	Bangladesh	Street children Children living in slums with their parents Children from middle- and high-income group + Adults	Play and recreation in the city	What are the existing condition of playgrounds, parks and amusement parks? What are the children's view about the existing condition, their satisfaction level and their opinions on improvements of the condition from a user's point of view?	Survey: interview	Children living or working on the streets
14. Kudrati, M.	2008	Sudan	Street living children Former street boys		It describes street children daily activities on the streets (e.g. obtaining money and food, recreations, substance abuse, health care), as well as their relationships with their peers, families and authorities. What are the institutional experiences of formal street boys	Participant observation, surveys, qualitative interviews	Working/street children
15. Lam, D	2008	China	4 Street children + 7 children in the program + many more	The GO—Protection and education centre for street children program	What is the effectiveness of the government-managed Protection and Education Centre for Street children program in China?	Ethnographic Study: unstructured interviews, semi-structured interviews and observation	Street children are defined as those children who stay out of their homes or schools and spend most of their time in public places of the city, with little or no responsible adult supervision or protection.
16. Moolla, A.	2008	South Africa	16 black male street children who receive care from a shelter	Interaction with police	What are the s.c.'s experiences during interaction with police? Drawings followed by group interviews.	Individual interviews	Street children are a vulnerable population, are inadequately cared for. Their development of any positive sense of social identity and self-worth is put at risk
17. Ribeiro, M. O.	2008	Brazil	14 former street children who reside in a refuge	Police interaction	What are the experiences that street children have with the police?	Semi-structured individual interviews	School-age children who live in the city and rely on the streets as a means for their survival and development
18. Ammar, N.	2009	Egypt	Street children	Justice system	What is the relationship between street children and the justice system?	Review	Those younger than 18 who spend a large proportion of their time on the street ... Legal definition: vulnerable to delinquency and vulnerable to danger.
19. Aransiola, J. O.	2009	Nigeria	500 s.c./city 1500 s.c. in total Key government official – church leader – Imam – lawyer/city	All kinds of support available for s.c. in the area of schooling, economy, health and shelter	What services are available for the children, especially street children. What was in the provisions of the Child Rights Act in comparison with the realities of problems confronting the s.c.	Questionnaires Semi-structured interviews In-depth interviews Focus groups discussions Quantitative analysis	Street children as community children, as they are the offspring of the communal world. Categorization of s.c.
20. Arnold, E. M.	2009	Global	Homeless youth (in developed and developing world)	6 HIV prevention programmes	What are the intervention approaches that have been developed to reduce homeless youths' risk of being infected with HIV. What are the differences and common components between the different intervention approaches?	Review of programme materials, articles, programme manuals, conversations	Homeless youth are at risk for multiple problem behaviours and mental health problems

Appendix Table 1 (continued)

First Author	Year	Place of research	Research participants	Kind of service examined	Research question(s)	Methodology	Description of CASS
21. Balachova, T. N.	2009	Russia	Articles about street children	Prevention (primary-secondary-tertiary)	What is the historical evolution of the development of social policy towards street children in Russia?	Review	UN definition
22. Ferguson, K. M.	2009	Kenya	Staff and directors	34 NGOs in Kenya	What are the perceptions of directors and staff in relation to organizational strengths and challenges in serving orphans and vulnerable children	In-depth interviews and field notes	Vulnerable children
23. Nalkur, P. G.	2009	Tanzania	Street youth, former street youth, no-street youth (± 180)	Shelters/institutions	How do the life priorities of street children, former street children and school going children differ according to their living environment?	Structured interview	s.c.'s lives are characterized engagement in "street life": menial jobs, drug use and erratic living conditions. Independence and freedom from parent/adult control typify street life for children. Compared with non-s.c., s.c. have fewer resources to overcome hardships and succeed.
24. Nalkur, P. G.	2009	Tanzania	Street youth (60)—former street youth and school youth Boys	Street Shelter family	Does an unstable, unpredictable, and unsafe environment engender more or less hope than a supportive, secure, and stable environment? And what kinds of resources enable hope in adolescents according to these varying environments?	Sentence completion task (game)—qualitative analysis	'those under 18 who leave their families or guardians to wander outside for more than 24 hours without any dependable security and are trapped into trouble.
25. Sen, A.	2009	India	Mental health programme	Salaam Balaak Trust: street-based programme 3 shelter home, 1 transitional shelter.	Describing the Mental Health Programme	Description and revision of the evaluations of MHT	Classification of UN-children's Fund + comparison with internally displaced persons "A majority of them are homeless, without any parental care or nurturance, have no sense of belonging to any community, and are constantly in danger of being abused, exploited, and traumatized."
26. Turnbull, B.	2009	Mexico	Care service	Relationship helper-child	Why do s.c. not co-operate to participate or take an active part in their recovery in the way usually envisaged by intervention programmes? By trying to understand the interaction between the street children and the people who try to help them, and with this, the role that the outsiders play in keeping the children on the streets.	Fieldnotes of observations and interviews	Street child in interaction with his/her environment → anything but helpless
27. Uddin, J.	2009	Bangladesh	Ever-married Street-dwellers 15-49!	Health care facilities	To what extent is the need for primary health care services among street-dwellers being met through existing facilities?	Community-based cross-sectional survey + interviews → quantitative	S.c. as part of street-dwellers: 'are the people who sleep on the street... Street dwelling can create specific problems, such as crimes.... A public health hazard

28. Xue, Z.	2009	China	Street children in China	Psychosocial support	What are the problems of street children? What are the difficulties of protecting street children?	Literature and interviews → review	Those under 18 who leave their families or guardians to wander outside for more than 24 hours without any dependable security and are trapped into trouble.
29. Aransiola, J. O.	2010	Nigeria	500 s.c./city 1500 s.c. in total Key government official – church leader – Imam – lawyer/city	All kinds of support available for s.c. in the area of schooling, economy, health and shelter	What are the kinds of support given by different social actors to s.c. in Nigeria? What are the attitudes of the s.c. to the social support options?	What are the preferred options of care that the s.c. desire?	questionnaires Semi-structured interviews In-depth interviews Focus groups discussions Quantitative analysis UN convention on the rights of children Categorization—on and of the street Children of the streets—those who no longer have contact with their families and may be regarded as homeless.
30. Ward, C. L.	2010	Johannesburg and Cape Town (South Africa)	18 service providers 98 street children (> 12 years) 5 former street children (women) 305 street children (for census)	Welfare services for street children	What is the service system environment? What is the situation of children on the streets? What are the factors that contribute to achieving successful outcomes? What is the estimated number of street children in Gauteng?	focus groups interviews survey census	
31. Harris, M. S.	2011	Brazil and Peru	536 former residents of shelter Brazil 327 former residents All boys	Reinsertion into community	What are the individual characteristics, source of referral, and length of stay of former residents? What percentage of former residents has been successfully reinserted into the community? What are the predictors of community reinsertion success?	Profile analysis of all resident's record data who had left programme between 1994 and 1999.	S.c. live without the support of traditional structures, such as family, school, church, and community + Classification of s.c. (on and of)
32. Louw, S.	2011	South-Africa	5 former street children	General intervention for street children 1 street child 10 staff members of 10 different organisations	Looking from an ecological perspective, what are the indicators which are important for an intervention plan for street children.	Questionnaires and case studies	The street child phenomenon from an ecological perspective Victims of criminality, sexual abuse, neglect, addiction and violations of human rights.
33. Scivoletto, S.	2011	Brazil	351 street children who participated a programme between 2007 and 2009	Community centre-Equilibrium project	What is the current operation of the programme and what are some challenges and lessons learned during the first 2 years	Descriptive presentation of qualitative data and analysis of preliminary empirical data collected over a 24-month period.	Homelessness among children as a global public health problems Here there is a focus on the mental health

^a S.c. = street child(ren).

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