Esther Coren
Rosa Hossain
Kerry Ramsbotham
Anne J Martin
Jordi Pardo Pardo

Services for street-connected children and young people in low- and middle-income countries

A thematic synthesis

August 2014

Systematic Review 12

International Initiative for Impact Evaluation

About 3ie

The International Initiative for Impact Evaluation (3ie) is an international grant-making NGO promoting evidence-informed development policies and programmes. We are the global leader in funding, producing and synthesising high-quality evidence of what works, for whom, why and at what cost. We believe that better and policy-relevant evidence will make development more effective and improve people's lives.

3ie systematic reviews

3ie systematic reviews appraise and synthesise the available high-quality evidence on the effectiveness of social and economic development interventions in low- and middle-income countries. These reviews follow scientifically recognised review methods, and are peer-reviewed and quality assured according to internationally accepted standards. 3ie is providing leadership in demonstrating rigorous and innovative review methodologies, such as using theory-based approaches suited to inform policy and programming in the dynamic contexts and challenges of low- and middle-income countries.

About this review

Services for street-connected children and young people in low- and middle-income countries: a thematic synthesis

Esther Coren
Canterbury Christ Church University

Rosa Hossain
Canterbury Christ Church University

Kerry Ramsbotham
Canterbury Christ Church University

Anne J Martin
Canterbury Christ Church University

Jordi Pardo Pardo
University of Ottawa

International
Initiative for
Impact Evaluation

Acknowledgements

Introduction

The number of street-connected children and young people worldwide has been estimated at around 100 million (UNICEF 2002) although this figure is widely contested. It is recognised that exact numbers are unknown and estimates vary, due in part to political motivations (Thomas de Benitez 2011). Numbers differ depending on whether estimated by governments or non-government organisations (NGOs). The definition and status of the problem has traditionally differed for Europe and other high income countries, although some of the structural antecedents such as inequalities or social exclusion may be similar. For example, a minimum of 66,000 first-time runaways per year is recorded in England (CSC 2009), and Canada's street-connected children and young people may be runaways who have escaped sexual or physical abuse. Data for the US estimate 1 to 2 million 'street involved youth'. The difficulty in estimating numbers is in part due to wide variations in definitions of which young people are included and the lack of formal identity papers for many street-connected children and young people.

In the historic United Nations International Children's Emergency Fund (UNICEF) definition, 'children of the street' are homeless children who live and sleep on the streets in predominantly urban areas, living with other street-connected children and young people or homeless adults. 'Children on the street' earn their living or beg for money on the street and may return home at night and maintain contact with their families. Such definitions may include children who are stateless or migrating, with or without their families. The definition of 'street-connected children and young people' can also overlap with categories such as runaways and homeless youth, children who have been trafficked, child labourers, children who live in slums, and children living in institutions (Ennew 2003; UNICEF 2005). Many commentators argue that the issues prevalent in the lives of street-connected children, including the risks, do not differ for other children living in urban or rural poverty, and that approaches to the issue of street-connected children and young people should not be disconnected from approaches to ameliorate poverty and social exclusion more generally (Panter-Brick 2002; Thomas de Benitez 2011).

To promote their best chances in life, services are needed to reduce risks and prevent marginalisation from mainstream society. This thematic review supplements a previously published Cochrane/ Campbell review on interventions for promoting reintegration and reducing harmful behaviour and lifestyles in street-connected children and young people (SCCYP) (Coren et al. 2013). The intervention evaluations with sufficiently robust methodology to be included in the Cochrane/ Campbell review were all conducted in high income countries, and concerned highly specialised (e.g. cognitive-behavioural or family therapeutic) interventions. The descriptive map (Martin et al. 2013) and the current thematic review, in contrast, focus on services provided in low- and middle-income countries (LMIC) and on qualitative evidence.

Coren et al (2013) provide a systematic review of the evidence on the effects of interventions to promote the reintegration and reduce harmful behaviours in SCCYP .. The review identified 11 studies evaluating 12 different interventions, but despite the existence of many relevant programmes in low- and middle-income countries, all the included studies were from high- income countries (Korea, UK and US). There were no sufficiently rigorous quantitative studies be identified from low- and middle-income countries.

Thus, a key conclusion of this review was that there is a need for research which considers the benefit of usual services, as opposed to specialised therapeutic interventions, most particularly in low- and middle-income countries, and which include participation of SCCYP themselves, ideally in both the intervention and research. The review also emphasised process factors as a relevant area to consider when assessing the applicability of a particular intervention in different organisational, cultural, and socio-economic contexts, as highlighted in our logic model on intervention generalisability (Coren et al. 2013 p8, Figure 2). In view of the similarity in outcomes obtained in Coren et al. (2013) between participants in the therapeutic intervention groups and the usual care control groups, it was also hypothesized that engagement processes play a key role in interventions.

By reviewing the literature identified through the original systematic search, but excluded from the systematic review, Coren et al identified a significant body of primary research conducted in low- and middle-income countries focused on a range of issues. These were included in a descriptive mapping process preceding the thematic synthesis, focusing exclusively on research from LMIC (Martin et al. 2013).

With input from the advisory group, service engagement in low- and middle-income countries was selected as an appropriate focus for the current synthesis. The focus is thus on identifying process and other relevant factors that may contribute to better engagement with services, drawing on the perspectives of service users, service providers, and researchers. The services described represent a broad range of psycho-social interventions, but differ from the specialised therapeutic interventions evaluated in Coren et al. (2013). They cover a broad range of socio-cultural and service contexts in low and middle income countries (LMIC).

Contents

List of figures and tables

1. Background

1.1. Literature review

The largest numbers of studies in the descriptive map conducted by the research team were coded as examining demographic data (44%); young people's views about lifestyle (35%); epidemiological data (31%), and/ or contextual/ predictive factors of street-connectedness (18%) (Martin et al 2013). It was felt that analysing these studies would not make a sufficiently original or significant contribution to existing knowledge, given the preponderance of such studies in the literature and in the public domain (see e.g. Conticini 2008). The mapping also identified a dearth of quantitative intervention outcome evaluations in LMI countries.

Forty-nine studies were coded in the descriptive map as examining or indirectly touching upon service provision in LMICs (Martin et al 2013). This figure excludes reviews. Services described encompass a wide range of services, from street outreach to permanent residential shelters. 'Best practices' have been described, for example, in non-systematic descriptive reviews by Volpi (2003) and Dybicz (2005). Thomas de Benitez's (2011) more comprehensive narrative review provides a broad overview of literature relating to SCCYP, including interventions in LMI countries. Drawing on the literature, this work contextualises interventions as taking place within three distinct policy frameworks: a correctional, reactive or repression-oriented model; a rehabilitative or protection-oriented model, and human-rights based model.

Two recent reviews, described as systematic but without quality appraisal, also focus on components of programme effectiveness in services for SCCYP. Berckmans et al. (2012) focus on low and middle income countries (LMICs), while Connolly & Joly (2012) examine both high-income countries (HICs) and LMICs, with a strong emphasis on the former. Berckmans et al. highlight the potentially competing perspectives of street-connected children and young people, their families, service providers and broader society,.The study questions the universality of service goals in different cultural and socio-economic contexts, and highlights the sometimes differing priorities of researchers and intervention funders which adds a further layer of complexity to intervention evaluation (Thomas de Benitez 2011).

Connolly and Joly (2012) quantitatively examine the effectiveness of street outreach in engaging SCCYP with services, highlighting the variability in definitions and measures of engagement adopted by service organisations. Their review findings focus on the importance of the therapeutic relationship, flexibility and youth-centred programme orientation.

The current synthesis complements existing reviews by incorporating children and young people's views in an LMI context, and at various stages of an intervention adopting a broad definition of engagement, as detailed below.

1.2. Conceptual framework

In this section, we discuss the theoretical and conceptual framework of service engagement and related process factors.

1.2.1. The role of process factors

By process factors we refer primarily to factors relating to the manner of service provision which may have an impact on outcomes, focusing here on those related to service engagement. Service-related process factors are factors which shape, but are not the defining components of an intervention or service, the 'how', rather than the 'what'. A defining component might, for example, be the provision of individual case management, while relational style would be a process factor. However, in some cases it may be difficult to distinguish between 'intervention component' and 'process factor', as typical services for SCCYP consist of multiple, interrelated components, reflecting the complex and multiple needs of these populations (Thomas de Benitez 2011). In addition, programme philosophies may differ in the way they regard the principal 'treatment factor', even where the contents of the intervention appear relatively similar.

The role of process factors in relation to other potential components of intervention success are illustrated in logic models (see Figures 1 & 2). The intervention logic model (Figure 1) depicts a linear model of progression towards longer term outcomes through intermediate outcomes determined by a broad range of contextual and service-related factors. This model presents an 'ideal type' situation where all necessary conditions for social integration are in place. As seen in the intervention logic model, process factors interlink with and may be shaped by available resources, external connections, and policy development activities.

Figure 1: Intervention logic model

Contextual factors	Intervention components	Intermediate outcomes	Longer term outcomes
Young person factors Strengths and resilience Motivation Reasons for street connectedness Identity factors	**Available resources** Appropriately trained/responsive staff Safe non stigmatised facilities and funding	**Individual level** Engagement and motivation Reduced harms Progress towards integration	Healthy settled lifestyles
Service development factors Location Acceptability; accessibility; focus, participatory	**Process factors** Manner and type of service delivery Incentives, engagement strategies	**Service level** Responsiveness to changing needs Participatory development Impact evaluation	Full integration into structurally protective developments
Community factors Perceptions of street connectedness Potential for integration	**External connections** Inter-agency links - health Family and community support Education and training	**Social and community level** Integration of specific with general service provision and community resources Interagency collaboration	Community cohesion & resilience Crime reduction Poverty reduction
Macro-level factors Religion and culture Equity factors: e.g. gender, ethnicity, sexual orientation and disability	**Policy development** Advocacy and awareness-raising activities	**National level** Family welfare & child protection Policing	Social inclusion Equality

3

The engagement logic model (Figure 2) with the service user at its centre, depicts social integration as a more complex process consisting of a number of mutually reinforcing and circular processes. This logic model accounts for a variety of individual and structural 'push' and 'pull' factors, including on one hand psychological mechanisms such as resistance and motivation for change, and opportunities for social integration on the other. In both these models, process factors and engagement play one role among other moderators of intervention effectiveness, including psychological factors, such as motivation to change, and material factors, such as opportunities for achieving more socially integrated, lifestyles.

1.2.2. Service engagement

Service engagement can broadly be defined as describing aspects of service users' involvement with services, from treatment uptake to active participation in the longer term. In the quantitative literature, treatment engagement has been operationalised as variedly as attendance, 'level of engagement', and service satisfaction (Hossain & Coren, under review). In qualitative terms and on the ground, perceptions of engagement are equally diverse (Connolly & Joly 2012). Equally, strategies of service engagement encompass diverse, complex and ambiguous processes. it is also shaped by diverse service user characteristics. According to our working definition, engagement consists of processes with both psychological and material aspects (Figure 2).

Assessing engagement, whether quantitatively or qualitatively, is challenging, as is the evaluation of processes leading to what may be considered successful engagement. While some engagement strategies may be explicitly articulated by intervention providers, factors facilitating or hindering engagement may emerge retrospectively. Despite remaining an ambiguous concept, service engagement is widely believed to mediate positive intervention outcomes (e.g. Staudt 2007, Simpson 2004).

Although engagement has been extensively studied in high income contexts, little is known about the role of treatment engagement in the context of marginalised populations such as SCCYP, especially in LMIC (Scivoletto et al., 2012).. The quantitative evidence relating to intervention engagement with street-connected populations in HICs is inconclusive (Hossain & Coren, under review). Paradoxically, the predictors and determinants of service engagement, ranging from participant background to intervention content, have received more attention in the relevant quantitative research literature in the HIC context than its impact.

Figure 2: Engagement logic model

Socio-economic and cultural contexts

Informal support

Transitional support

Policy structures

Background variables

Current status

Core components

Intervention

Engagement strategies

Process factors

Social/ communal structures

Resistances

Resilience

Motivation to change

External & internal gains

Marginalisation   Integration   Assimilation
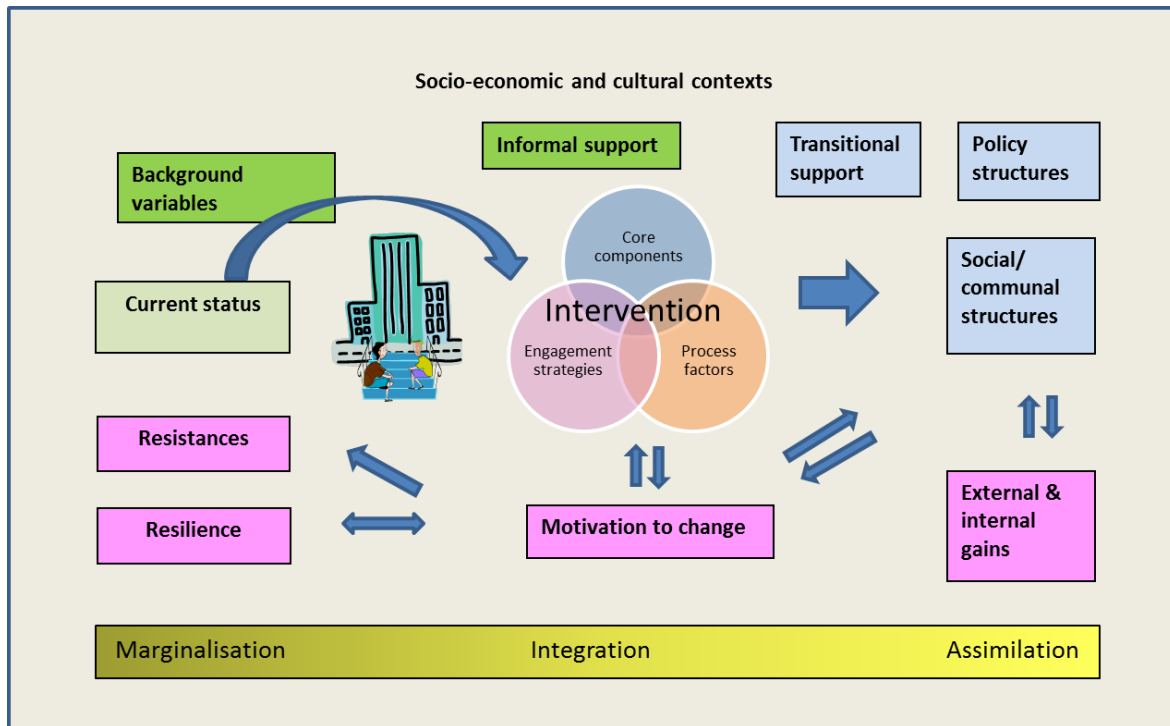
1.2.3. Stages of engagement

In our synthesis, we have chosen to examine separately the process factors relevant for recruitment and outreach, and those relevant for longer-term engagement with services. In practice, the different stages of engagement, from initial contact, to more sustained engagement with services, and finally disengagement from a service for the purpose of social integration, may be overlapping and not easily distinguishable. In view of the broader aim of social integration, service engagement is necessarily a flexible, context-specific and evolving process, rather than a fixed outcome. Below we provide a conceptual background to the stages of engagement examined in the synthesis.

SCCYP are commonly characterised as 'hard-to-reach' and do not readily access services. Thus, outreach and recruitment strategies are an important dimension of services (Connolly & Joly 2012). As process factors they may have considerable implications for understanding and critically evaluating outcomes such as service satisfaction, treatment adherence and re-integration rates (Coren et al. 2013).

However, for services to have an impact, it is not sufficient that service users are brought into contact with services, for example through active outreach; they also need to engage with services at a minimum level in order to benefit from them (Slesnick et al. 2013). This 'minimum level', if defined, varies from one service to another and study to study (Connolly & Joly 2012). As indicated above, both quantitative indicators (e.g. treatment attendance) and more qualitative indicators ('level of engagement') have been used in quantitative evaluations.

1.3. Context of engaging SSCYP with services

1.3.1. Service user characteristics

In order to engage SCCYP in the longer term and/ or at a sufficiently deep level of involvement, services need to take into account the factors that 'pull' service users to the streets. The various rewards of street life are among the most powerful motivators for SCCYP to remain disconnected from services. Whilst it is beyond the scope of this analysis to review existing evidence on SCCYP's reasons for being on the street or other contextual predictors (see Coren et al. 2013 for an indicative overview), it is not possible to discuss service engagement without reference to what motivates SCCYP to pursue a life on the streets. For example, while there are considerable variations among SCCYP populations, it is clear that significant proportions of SCCYP have experienced or continue to experience abusive or otherwise oppressive family environments (Conticini 2008, Maciel et al. 2012, Rurevo and Bourdillon, 2003), which may lead to mistrust of adults in general (McManus & Thompson 2008).

As well as considerable hardships, studies suggest the streets may also provide SCCYP with many perceived benefits, such as safety, autonomy, adventure, power, money, status, respect, love, friendship, caring, the intimacies of sex and the escapist thrills of drugs or other substances (Dabir & Datta 2006, Conticini 2008, Butler 2009, de Oliveira 1992). Researchers have argued that the freedom of the streets enables SCCYP to exert their agency, while the challenges develop their resilience, or capacity to cope or even thrive in difficult circumstances, (Thomas de Benitez, 2011). Whilst both agency and resilience are long term characteristics that are essential to healthy human development, in the context of SCCYP, these factors may contribute to 'resistance' towards engaging with services, or with adult-led initiatives, as indicated in our engagement logic model.

1.3.2. Service contexts

Different service types have implications for the engagement strategies that services consciously adopt. For example, although not as widely reported in the literature as other types of services, some services aim to act as mediators between SCCYP and the broader community, working primarily at the level of family or community engagement. Such approaches are typically premised on the notion that SCCYP are not to be blamed for their marginalisation and alienation from society, and that the community and society at large share responsibility for some of their problems (Karabanow 2004). Hence they may be more engaging also to SCCYP.

Services such as drop-in centres appear to aim at 'medium-level' engagement, offering services designed to provide temporary respite from street environments. Such services allow SCCYP to easily divide their loyalties between their street networks, families, and service providers. Others, such as shelters, camps and other residential institutions, offer an alternative environment requiring deeper and more prolonged engagement. These are more likely to promote the severing of attachments to street-connected lifestyles. These two types of services may or may not try to engage families and the community to improve engagement. It should be noted that these distinctions are only indicative, since services may and often do consist of multiple components of varying service type offered in combination, in parallel, or in succession.

According to Thomas de Benitez (2011), typical services for SCCYP can be grouped into repressive, protective and human-rights based services. Repressive models emphasise control and correctional approaches, while protective models are concerned with the perceived vulnerabilities of children and young people. Right-based approaches commonly refer to UN Convention on the Rights of the Child (United Nations 1989, Office of the UN High Commissioner for Human Rights 2012), specifically children's rights to participate in matters concerning them; their right to freedom of expression; freedom of assembly, and freedom from all forms of violence whilst in care; alongside their right to protection and care, according to standards set by competent authorities. In combination with service type, different service models may also have a bearing on how the process of engagement is conceptualised.

Whatever the service type, as commonly observed in the context of formal psychotherapeutic interventions (Karver et al. 2006), mentoring (DuBois et al. 2011) and youth work (Rodd & Stewart 2009), the personal relationship between a SSCYP and a service provider can be considered a central medium for engaging SSCYP and supporting their personal development, due to the interpersonal context of the work. Details of relational styles vary according to the individuals and the contexts concerned.

2. Objectives

The focus of this thematic synthesis is on the role of service-related process factors, particularly means of engaging street connected children and young people (SCCYP) with services. The objective of the synthesis was to explore which engagement-related process factors were highlighted by researchers, service providers as well as children and young people in contact with services. In addition, the review explored both positive and negative views and experiences of engagement-related factors from the perspectives of both children and young people and service providers. Researcher views were also recorded where relevant. In response to the predominance of adult/ service provider perspectives in the available literature, we sought to highlight street-connected children and young people's own views. The synthesis does not make any claims about the efficacy of the included interventions.

3. Methodology

The thematic synthesis built on two previous stages of research: a systematic Cochrane/ Campbell review (Coren et al. 2013) and a descriptive map (Martin et al. 2013). The studies included in the thematic synthesis represent a subset of studies identified in these earlier stages, as illustrated in the flowchart below.

Flowchart 1: Inclusion/ exclusion categories
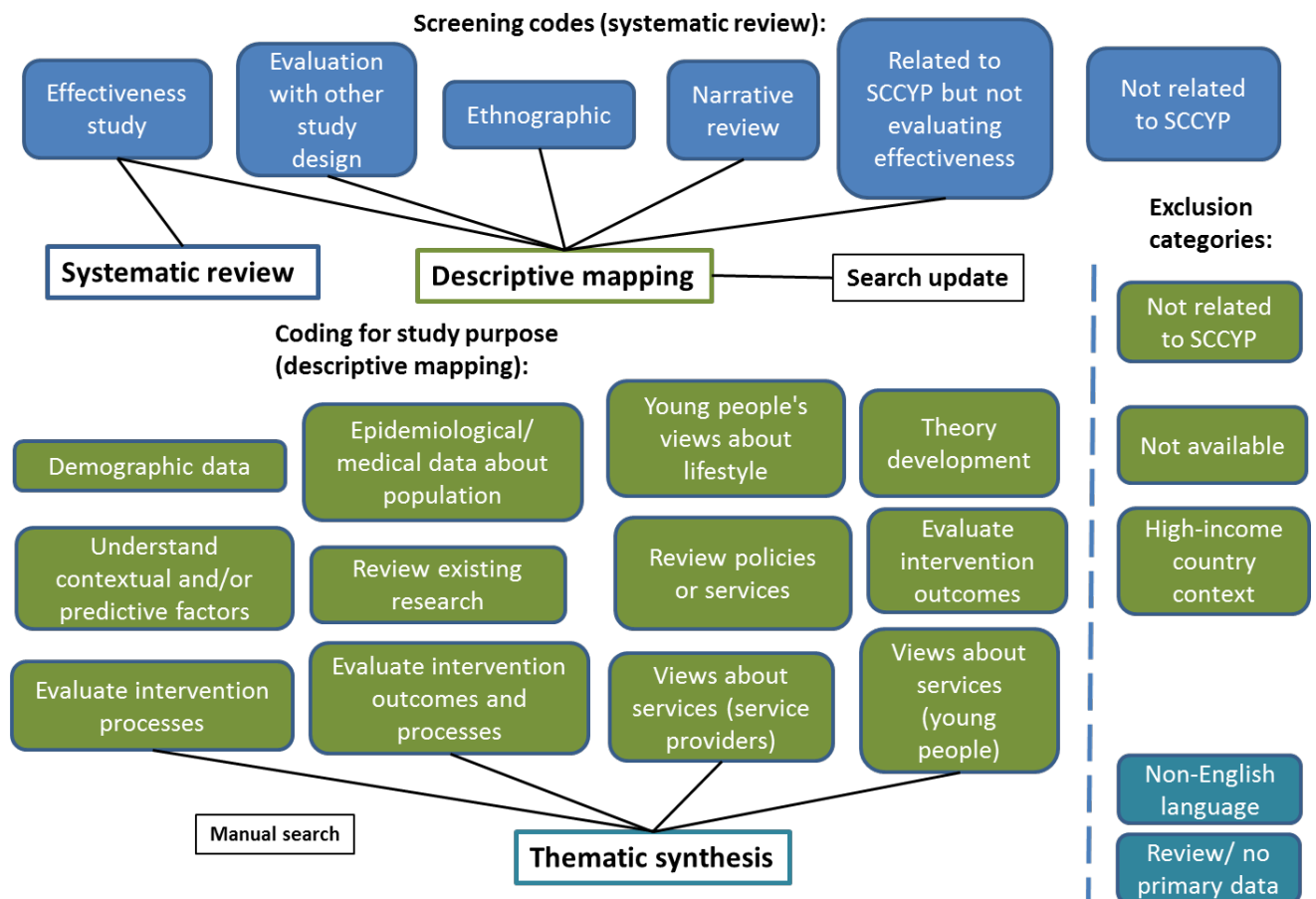
3.1. Search strategy for systematic review and descriptive map

For the Cochrane/Campbell systematic review, the team worked with information specialists from the Campbell Collaboration International Development Co-ordinating Group and the Cochrane Musculoskeletal Group to develop a search strategy (See Appendix 1). This search complied with guidance from Chapter 6 of the Cochrane Handbook (Higgins 2011) *and* methods from the Campbell Collaboration's Information Retrieval Methods Group's guide to information retrieval for systematic reviews (Hammerstrøm 2010). No language restriction was applied. The search for the original systematic review was developed in OVID MEDLINE, and modified for uses in other databases. Nineteen databases were included in the search (see Appendix 1). Further details of the search strategy can be found in Coren et al. (2013). For the descriptive map, an updated search using original search criteria for the systematic review was conducted to complement the existing database.

3.2. Inclusion criteria for systematic review and descriptive mapping

The main inclusion criteria for the systematic review were that the included studies included street-connected populations aged 0-24; reported harm-reduction, inclusion or reintegration programmes, and employed robust study methodologies, particularly randomisation and study designs involving a comparison group. Studies were screened by at least two researchers.

In the descriptive mapping exercise, all search results coded in screening for the systematic review as 'Effectiveness study', 'Evaluation study with other study design', 'Ethnography', 'Narrative reviews', or 'Related to street children but not evaluating effectiveness', were re-screened according to a new set of inclusion criteria described below. The new updated search results were also screened for relevance according to the same criteria.

The inclusion criteria for the descriptive map were that the studies related to street children; were conducted in low and middle income countries (LMIC) since 1971, and were published in academic journals, bulletins or as reports by international development organisations. Grey literature was included in order to integrate the broadest possible range of data on service user and service provider perspectives. The selection criteria and coding employed in the descriptive mapping project, of which the studies included in the current thematic synthesis are a sub-set, are further described in a complementary report (Martin et al. 2013).

Inclusion criteria for thematic synthesis

Standard PICO framework was not utilised in the eligibility decisions for this synthesis as the studies were all focused on street children and it was processes rather than intervention effectiveness that were the focus. Studies were selected according to coding categories as described below.

Studies includable in the thematic synthesis were originally identified via the original and updated review searches, as described above. They were considered for inclusion in the thematic synthesis if coded, in the mapping exercise, for the following categories of study purpose: young people's views about services (13 records); service providers' views about services (6 records), evaluating intervention processes (8 records), and/ or evaluating intervention outcomes (11 records). In the categories, we included impact and process

evaluations, studies that discussed services for street-connected children and young people, and studies that indirectly touched upon service provision.

Relevant studies were included in the thematic synthesis according to criteria described below. A further manual search was then performed to identify any publications that were related to the studies already included in the synthesis.

Studies coded in the relevant categories as part of the descriptive mapping were reviewed individually for relevance to the review questions guiding the thematic synthesis. References to primary data were required for inclusion in the synthesis.

3.3. Exclusion criteria for thematic synthesis

Studies not coded in the descriptive map in the categories described above were not considered for inclusion in the thematic synthesis. Non-English language studies were excluded from the thematic synthesis. Review-type studies, including systematic reviews which did not report primary data, were also excluded. Similarly, studies comparing a shelter-based population with a street-based or other type of control group, with a focus on participant characteristics, were excluded. Intervention evaluations of low topic relevance (i.e. not containing sufficient data on process factors or engagement processes) were also excluded. Study quality was not used as an exclusion criterion. (see appendix 1A for list of excluded studies)

3.4. Synthesis methods

A variety of methodological approaches to qualitative evidence synthesis have emerged since early work by Noblit and Hare (1988). (see Barnett-Page & Thomas 2009, Campbell et al. 2011. Relevant data considered in our synthesis included primary data as reported by authors, author accounts of primary data, and other author statements. Our method of analysis was informed by the approach taken in a review by Thomas and Harden (2008),using line-by-line coding of included studies and generating themes based on second and third order interpretations of initial descriptive codes.

While also focusing on barriers and facilitators, in contrast to the synthesis by Thomas and Harden (2008), the relevant topics and perspectives examined in our synthesis were more numerous and varied, and we wished to include more descriptive detail in our presentation of the data, for two reasons. Firstly, some researchers in the field of street children research have questioned the application of academic literature to practice on the ground (Berckmans et al. 2013, Thomas de Benitez, 2011). According to Berckmans et al., one reason for this may be that study conclusions may be too general to be considered useful. Qualitative syntheses run the same risk of presenting overviews which are too abstract to be of practical value. Our intention was to put together a synthesis which may be of value to both practitioners looking for new ideas, as well as to researchers and policy-makers.

Our second reason to include a high level of descriptive detail is our recognition of the fact that the value of qualitative research lies primarily with 'thick' description, often highlighting ambiguities and complexities which defy easy categorisation, and that qualitative syntheses should, to an extent, aim to reflect the nature of the data (see Pawson, 2006). Hence, our analysis is organised primarily around descriptive themes containing relatively detailed description of relevant data, and supplemented by separate sections providing an interpretative synthesis and discussion in four emerging areas of interest. Our discussions

are also informed by sources included in the systematic review and descriptive map but not included in the synthesis.

The coding team comprised four core researchers with input from several others, and each included study was independently coded for process and engagement-related themes by two people. The coding process was inductive and manual, and was only applied to data considered relevant to the review question. Because none of the studies could be described as a formal process evaluation, and none of the services involved were theorised, implicit indicators of engagement and aspects of facilitators and barriers to engagement were also identified by the researchers from the research data. Further notes were made relating to study methods, study philosophy, and presentation of results. The descriptive codes and notes were then compared between two coders. Coded descriptive themes were separated into facilitators and barriers.

Descriptive codes were then examined for emerging cross-study themes, according to which data was clustered. Within each area of interest emerging from this process, the data were then subjected to further analytic interpretation by the review authors, as presented in the synthesis and discussion sections. The interpretive process moved, at every stage, cyclically between the interpretive identification of themes and examination of original data. Because of the diversity of disciplinary, methodological and epistemological orientations of the included studies, as well as varying study quality and relevance to the review questions, extensive quantification of codes and themes was not considered appropriate. Further, we did not account in detail for theoretical and methodological variations and quality in the discussion. However, reviewer notes on these were compared in order to allow the authors to engage with the data critically.

3.5. Quality appraisal methods

Although qualitative researchers may take various measures to reduce potential bias, researcher bias is an unavoidable component of any qualitative observational study, and arguably all qualitative research (Sandelowski et al. 1997). For these reasons, we opted not to exclude any empirical study on the basis of study qualitys. Table 3 presents the results of the quality appraisal and consideration of study quality implicitly informed the synthesis, as described above.

Our quality appraisal tool is described in detail in Appendix 3 p 52. Recognising the potential complexities of quality appraisal in the context of qualitative research (Pawson, 2006), our tool focused on a basic set of quality appraisal criteria used in previous research, with an emphasis on aspects in the area of children and young people's participation which were deemed of particular relevance to the review. Study quality was assessed by one review author, a limitation of this study.

Results

The results of the search and selection process across each phase that contributed to the thematic synthesis are summarised in the flowchart below.

Flowchart 2: Numbers included at each stage of the process
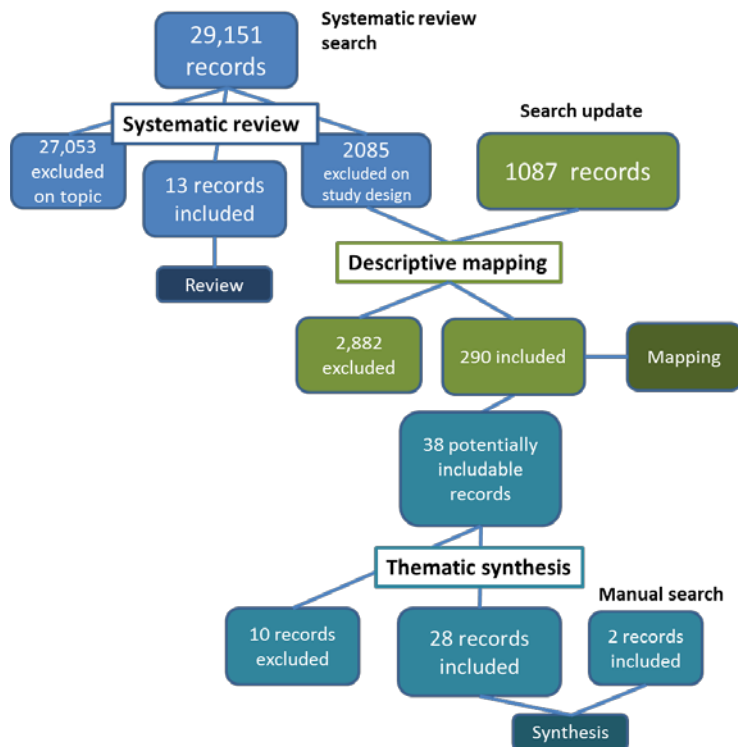
3.6. Search/ screening results for systematic review and descriptive map

Of 29,151 citations retrieved for the Cochrane review (Coren et al 2013), the majority were excluded as not topic relevant, while 2,085 potentially relevant studies were excluded from the review for reasons of study design. These, as well as 1,087 records retrieved following a search update, were screened for inclusion in the descriptive map. Of these, 290 records were included in the descriptive map and 2,882 records were excluded (see also Martin et al. 2013).

3.7. Search/ screening results for thematic synthesis

The subset of studies considered for inclusion in the current review was drawn, according to the criteria specified above, from an existing sample of thirty-eight studies. Of the studies considered for inclusion, twenty-eight publications (twenty-seven studies) were included in the thematic synthesis according to relevant selection criteria (these are listed in 'Studies included in the thematic synthesis' under References). Ten studies were excluded. Two additional related studies (Fawole et al. 2004, Scivoletto et al. 2012) were identified through a manual search and also included in the thematic synthesis.

3.8. Characteristics of studies included in thematic synthesis

Details about included studies are summarised in the Characteristics of included studies table below.

Table 1: Characteristics of included studies

Author(s)	Year of publ.	Country	Service setting	Design and methods	Population characteristics: Age, gender & ethnicity
Ali, M. De Muynck, A.	2005	Pakistan	Various health services	Qualitative, descriptive study - focus groups and semi-structured individual interviews.	40 participants aged 8-14 (80% boys). Pathan 82% Punjabi18%
Bademci HÖ.	2012	Turkey	Governmental non-residential/ residential institutions and outreach services.	Qualitative. Grounded Theory – using narrative interviews.	37 participants. Social service staff psychologists, sociologists, administrative officers and support staff. Age, Gender & Ethnicity: not reported.
Bademci, ÖH. Karadayi FE.	2013	Turkey	Student volunteering in drop-in centre	Qualitative. Thematic analysis of in depth interviews.	76 participants: (39 children, 25 volunteers) Gender of children male only. Children aged 11-17 ethnicity not reported.
Balagopalan, S.	2002	India	Vocational training programmes	Qualitative. Ethnography incorporating a Single subject case study.	1 male child aged 16 (Indian)
Conticini, A.	2005	Bangladesh	NGOs	Qualitative. Ethnographic study using observation, in-depth interviews, and group discussions.	93 participants: 62 Boys: 31 Girls. Age and Ethnicity: not reported.
Dabir, N. Datta, V.	2006	India	Family integration (immediate or via NGO camp).	Observations and process recording were made by a research staff and interviews with selected children and parents.	75 participants: (63%) aged 11 to 15, (31%) aged 16-8 and (4%) below 10yrs. Ethnicity and Gender: Not reported
Diversi ,M. Filho Morae, N. Morelli, M.	1999	Brazil	Drop-in/ shelter	Post hoc ethnographic account using field notes.	Number of participants: Age Range: Gender: AND Ethnicity: not reported
Fawole, O, I. Ajuwon, A, J. Osungbade, K.	2004	Nigeria	HIV/AIDS and Gender Based Violence, educational and skills training in community	Overview of four studies conducted between 1997 and 2003.	4 STUDIES: Number of participants: study 1: 228, study 2; 300, study 3: 345 and study 4 350 : Age Range: individual to study, Gender: female, Ethnicity: not reported
Fawole, O, I. Ajuwon, A, J. Osungbade, K. Faweya, O,C.	2003	Nigeria	As above	Mixed methods: Qualitative element based on focus group discussions and in-depth interviews. Quantitative survey based on semi-	Number of participants: Study 3: Interviewed at Baseline: n345 and n 374 at endpoint. Mean age 23.5 at baseline and 23.4 at end line. All female and ethnicity: Not reported.

				structured questionnaire.	
Ferguson, Kristin, M. Dabir, N. Dortzbach, K. Dyrnes, G. Spruijt-Metz Donna.	2006	India, Kenya USA	Drop-in centres/ shelters (multi-component)	Mixed methods study quantitative surveys and qualitative interviews.	63 participants: staff and clients from faith-based programs n28 staff and n35 service users. Age Range: not reported, Gender: Los Angeles: n33, 22 staff and 11 service users, Female: n12, Male: n21. Mumbai: n18 – 6 staff and 12 youth were interviewed. Female: n9, Male: n9. Nairobi: n18 - 6 staff and 12 youth, Female: n7, Male: n11. Ethnicity: not reported.
Ferguson, K,M. Heidemann, G.	2009	Kenya	Various NGOs	A qualitative study based on in-depth interviews	Number of participants: 34 Staff from community and faith-based NGOs in Kenya n34. Age Range. Gender and ethnicity not reported
Harris, M. Johnson, K. Young, L. Edwards, J.	2010	Brazil, Peru.	Multi-component residential shelters	Retrospective statistical analysis examining relationships between background characteristics, institutional processes, and successful reinsertion into the community.	863 participants age range not clearly specified (coded i.e up to 12 and 19 and above). Gender and ethnicity: Not reported.
Jacob, W. J. Smith, T. D. Hite, S. J. Cheng Sheng, Y.	2004	Uganda	Family integration (immediate or via governmental camp)	Mixed method study drawing on qualitative interviews and field observations conducted utilising a SWOT analysis.	Number of participants, age, gender and ethnicity not reported.
Karabanow, J.	2004	Guatemala, USA & Canada	Drop-in shelters	Qualitative analysis exploring anti-oppressive organizational structures	107 Participants: 42 service providers: 65 street youth. Age, gender and ethnicity not reported.
Kasirye, R.	2004	Uganda	Various	Three case studies of services utilising interviews and survey and data collected by agency	Data utilised from case notes over five years of up to 29,564 male and female service users. Gender and ethnicity not reported.
Kudrati, M. Plummer, M. L. Dafaalla El Hag Y.N..	2008	Sudan	Government 'camps', independent residential services	Participant observation and group and individual interviews.	872 participants girls and boys < ten to estimated 18 years, of mixed Sudanese origins.
Lam, D. Cheng, F.	2008	China	Family integration via governmental institutions	Ethnography utilising unstructured and semi-structured interviews and observation	50 participants: n50. Aged 15-16 gender of whole group not reported. Mixed Chinese ethnicity.

				collecting field notes of key informants.	
Mathiti, V.	2006	South Africa	Three NGO shelters	Mixed Method: Exploratory study including descriptive statistics, open ended interview and thematic content analysis and comparative descriptive statistics.	48 male participants. Aged between 11-19, ethnicity not reported.
Mitchell, K. Nyakake, M. Oling, J.	2007	Uganda	HIV/AIDS peer education	Process Evaluation including focus groups and workshops and drawing on monitoring data.	Total participants, age, gender and ethnicity not reported. Focus group consisted of 14 participants.
Moncrieffe, J.	2006	Haiti	NGOs	Case study exploration of descriptions and treatment of street children.	Number of participants, age, gender, ethnicity: not reported
Rurevo, R. Bourdillon, M.	2003	Zimbabwe	Various shelters	Ethnography, incorporating 9 descriptive case studies.	Number of Participants: not fully reported. All female, age and ethnicity: not reported. Case studies of 9 females.
Savenstedt, S. Haggstrom, T.	2005	Kenya, Uganda & Tanzania	NGO workers working with girls on the streets/ in 'rehabilitation centres'	Qualitative study using interviews subjected to a phenomenological-hermeneutic analysis drawing on Ricouer (1976)	38 project staff members aged 21-31. 13 females interviewed. Ethnicity not reported.
Scivoletto, S. Da Silva, T, F. Rosenheck, R, A.	2011	Brazil	Rehabilitative community drop-in centre	Descriptive presentation of qualitative data and analysis of empirical data collected over a 24-month period	351 participants: age range 3-19: 239 male and 112 female ethnicity not reported.
Scivoletto, S. Da Silva, T,F. Cunha, P,J. Rosenheck, R,A.	2012	Brazil	As above	Prospective observational study examining the association of psychiatric disorders with treatment adherence.	As above
Seth, R. Kotwal, A. Ganguly, K, K.	2005	India	Drop-in centres, street outreach, counsellors, doctors	Ethnography utilising in-depth interviews and focus groups, purposive sample selected by snowball sampling.	47 participants aged 9-18, gender and ethnicity not reported
Smith, C.	2000	South Africa	Weekly educational support sessions	Mixed methods pilot study: comparative statistical analysis of two different cohorts and using	105 male participants: 35 boys: and 70 student teachers: Boys aged 6 - 17. Ethnicity not reported.

				unstructured interviews and using reflective diaries from student teachers.	
Turnbull, B. Hernandez, R. Reyes, M.	2009	Mexico	Various shelters	Retrospective analysis using survey and case study based on grounded theory and using observations and interviews with street children, youths and helpers,	Number of participants, age, gender and ethnicity not reported.
World Health Organisation (WHO) (No author listed)	1993	Brazil, Egypt, Mexico, India, Philippines, Zambia, & Canada	Various services	Process evaluation drawing on individual country reports utilising interviews and focus groups for further service development.	In excess of 550 participants: n550: males and females aged up to 25. : Reported in general terms: In most, if not all, communities males overwhelmingly outnumber females. Ethnicity not reported.
Wyss, S. Ablordeppey, J. Okrah,,J, Kyei, A.	2007	Ghana	Mobile voluntary counselling and testing services for HIV	An evaluation using mixed methods: a review of service statistics and, a questionnaire and focus groups of staff and former service users, and an exit poll of service users.	4189 participants, age 15-25. Services were provided almost equally to males and females, with 2 092 (49.9%) male clients and 2 097 (50.1%) female clients served. Ethnicity not reported.

3.8.1. Number of studies

Thirty reports (twenty-seven studies) were included in the thematic synthesis. Two studies were represented by two separate study publications (Ferguson et al. 2006/08, Scivoletto et al. 2011/12). One overview (Fawole et al. 2004) covered four studies of which only one (Fawole 2003) was retrieved within timescales.

3.8.2. Categories of included Reports

Sixteen reports were qualitative studies. Two presented predominantly or exclusively quantitative data but were included for their consideration of potential process factors (Scivoletto et al. 2011/12, Harris et al. 2011). Twelve reported mixed methods studies.[1]

Three of the included publications represented non-peer reviewed research or project reports (Dabir & Datta 2006, Kasirye 2004, WHO 1993) published online. One included article (Moncrieffe 2006) was published in an institutional bulletin. All other references were peer-reviewed journal articles.

---

[1] See Table 1 for a list of included studies as coded for study purpose and study type.

3.8.3. Study countries

The countries represented in the included studies were Bangladesh (Conticini 2005), Brazil (Diversi et al. 1999, Harris et al. 2011, Scivoletto et al. 2011/12), China (Lam & Cheng 2008) Ghana (Wyss et al. 2007), Guatemala (Karabanow 2004), Haiti (Moncrieffe 2006), India (Balagopalan 2002, Dabir & Datta 2006, Ferguson et al. 2006/08, Seth et al. 2005), Kenya (Ferguson & Heidemann 2009, Savenstedt & Haggstrom 2005), Mexico (Turnbull et al. 2009), Nigeria (Fawole et al. 2004), Pakistan (Ali & de Muynck & de Muynck 2005), Peru (Harris et al. 2011), Uganda (Jacob et al. 2004, Kasirye 2004, Mitchell et al. 2007, Savenstedt & Haggstrom 2005), South Africa (Mathiti 2006, Smith 2000), Sudan (Kudrati et al. 2008), Tanzania (Savenstedt & Haggstrom 2005), Turkey (Bademci 2012, Bademci & Karadayi 2013) and Zimbabwe (Rurevo & Bourdillon 2003). The project report by the World Health Organization (WHO 1993) gives an overview of programmes run in Brazil, Egypt, Mexico, India, the Philippines and Zambia.

3.9. Characteristics of studies excluded from thematic synthesis

Ten studies were excluded according to the exclusion criteria. Four predominantly quantitative studies focusing on intervention outcomes (Hosny et al. 2007, Deb et al. 2011, Naidoo 2008, and Olley 2007) were excluded. However, these contribute to the discussion where they assist illumination. These studies will also be reviewed for inclusion in an update to the Cochrane/Campbell systematic review. Review-type studies (Connolly & Joly 2012, Karabanow 2004), including systematic reviews which did not report on primary data were not included in our thematic synthesis, but inform particularly the background section of our discussion. Studies comparing a shelter-based population with a street-based or other type of control group, with a focus on participant characteristics (Biggeri & Anich 2009, Nalkur 2009), were not included in the synthesis but contribute to the discussion. Four non-English language studies were excluded from the synthesis.

3.10. Results of quality appraisal

All of the included studies were considered to clearly describe the context of the study and three quarters of them, (n23) were judged to have taken their interpretations and conclusion clearly from the data reported. Two-thirds of included studies clearly described their study methodology; a common issue was not reporting clearly whether the participants were from one or another country if the study was located in more than one country. The recruitment process was clearly described in just over half of the included studies. Where this was not reported it is difficult to assess potential bias in selection. 18 of the studies described their data collection and it was considered systematic.

Only two studies reported children's views being sought as part of an intervention evaluation, a factor highlighted as of central importance in an international UN led project to consider needs of street children (Office of the UN High Commissioner for Human Rights, 2012) Mitchell et al (2007) and Wyss et al (2007). 63.33% (n19) reported specifically that the views were those of the children, and only 5 studies reported the involvement of the children in the design and conduct of the study. Ethical approval was only reported in 4 studies

Eighteen of the studies reported data collection methods that were suitable to help the children express their views. These studies described 'warm up' games and trust building processes, whilst only ten studies reported with clarity regarding grounding the data in the

views of the children. Only 1 study was judged high quality with regard to participation (Fawole 2003), In this study the participants helped to design, develop and conduct the study in various ways.

A summary of the quality appraisal is presented in the table below. Results of the full analysis are reported in the Results of quality appraisal table (Table 3).

Table 2: Quality appraisal of studies – summary

Quality Criteria	N studies
1. Was the recruitment/ selection process clearly described?	17
2. Was there a clear description of the context of the study?	30
3. Was there a clear description of the study methodology?	20
4. Was the data collection systematic?	18
5. Was there a clear description of the methods employed for data analysis?	12
6. Were the interpretations and conclusions clearly derived from the data?	23
7. Did the study report on children/ young people's views?	19
8. Did children/ young people participate in the design and conduct of the study?	5
9. Was ethical approval sought for the participation of children/ young people?	4
10. Did the study use appropriate data collection methods to help children/ young people to express their views?	18
11. Did the study use appropriate methods to ensure data analysis was grounded in the views of children/ young people?	10
12. Did children/ young people participate in the intervention evaluation?	2

Table 3: Results of quality appraisal

Codes: **Green** = Yes (Y)/ High (H), **Red** = No (N)/ Low (L), **Yellow** = Unclear (UC)/ Medium (M), **Black** = not applicable (n/a)

Cell colours are represented below as: G = Green, R = Red, Y = Yellow, B = Black.

| Study ID (First author, year)	Ali 2005	Bademci 2012	Bademci 2013	Balagopalan 2002	Conticini 2005	Dabir 2006	Diversi 2009	Fawole 2004	Fawole 2003	Ferguson 2006	Ferguson 2008	Ferguson 2009	Harris 2010	Jacob 2004	Karabanow 2004	Kasirye 2004	Kudrati 2008	Lam 2008	Mathiti 2006	Mitchell 2007	Moncrieffe 2006	Rurevo 2003	Savenstedt 2005	Scivoletto 2011	Scivoletto 2012	Seth 2005	Smith 2000	Turnbull 2009	WHO 1993	Wyss 2007	TOTALS
1. Was the recruitment/ selection process clearly described?	G	G	G	R	R	G	R	G	G	G	G	G	G	R	R	R	G	G	R	R	R	G	G	R	R	G	R	G	G	R	Y: 17 N: 13
2. Was there a clear description of the context of the study?	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	Y: 30
3. Was there a clear description of the study methodology?	G	G	R	R	G	R	G	G	G	G	G	G	G	G	R	G	G	G	G	G	R	R	G	R	G	R	R	R	G	G	Y: 20 N: 10
4. Was the data collection systematic?	G	G	Y	R	G	G	R	G	G	G	G	G	G	R	Y	Y	G	R	Y	G	R	G	G	R	R	G	G	R	G	G	Y: 18 N: 8 UC: 4
5. Was there a clear description of the methods employed for data	G	R	G	R	R	R	R	R	G	R	G	G	G	R	R	R	G	R	R	G	R	R	G	R	R	G	R	G	R	R	Y: 12 N: 18
6. Were the interpretations and conclusions clearly derived from the data?	G	G	G	G	Y	G	R	G	G	G	R	R	G	G	R	G	G	G	G	G	G	G	G	R	G	R	G	G	G	G	Y: 23 N: 6 UC: 1
7. Did the study report on children/ young people's views?	G	R	G	G	G	G	G	R	G	G	G	G	G	R	G	R	G	R	R	R	R	G	G	R	R	G	R	G	G	G	Y: 19 N: 11
8. Did children/ young people participate in the design and conduct of the study?	R	R	G	Y	G	R	Y	Y	G	R	R	R	R	R	G	R	R	Y	R	R	R	Y	R	R	R	R	R	R	G	R	Y: 5 N: 20 UC: 5
9. Was ethical approval sought for the participation of children/ young people?	Y	B	Y	Y	Y	R	Y	Y	Y	Y	B	B	B	B	Y	Y	R	Y	R	Y	R	Y	R	B	G	G	Y	Y	G	Y	Y: 4 N: 5 UC: 16 n/a: 9
10. Did the study use appropriate data collection methods to help children/ young people to express their views?	G	B	G	Y	G	Y	G	G	G	G	G	B	R	B	G	G	G	B	G	G	B	G	B	B	G	B	G	G	G	G	Y: 18 N: 1 UC: 3 n/a: 8
11. Did the study use appropriate methods to ensure data analysis was grounded in the views of children/ young people?	Y	B	G	B	Y	Y	G	Y	G	Y	Y	B	Y	B	G	G	G	B	Y	R	B	Y	B	B	G	B	Y	B	Y	G	Y: 10 N: 1 UC: 11 n/a: 8
12. Did children/ young people participate in the intervention evaluation?	B	B	Y	B	Y	B	B	B	Y	B	B	B	R	B	G	B	B	B	B	B	B	B	B	B	B	B	R	B	B	G	Y: 2 N: 4 UC: 14 n/a: 20
13. How generalizable are the findings? (H/M/L)	Y	R	Y	R	Y	R	Y	Y	Y	Y	Y	Y	R	Y	G	Y	R	Y	R	R	R	R	R	R	R	R	R	R	Y	R	L: 18 M: 11 H: 1

Codes: **Green** = Yes (Y)/ High (H), **Red** = No (N)/ Low (L), **Yellow** = Unclear (UC)/ Medium (M), **Black** = not applicable (n/a)

4. Thematic synthesis of findings

The following synthesis process (Figure 3) was used to analyse data. The synthesis is based on our coding of the data for facilitators and barriers of service engagement. Drawing on this, we identified common topic areas which appeared to impact on service engagement. Under each topic area, we describe relevant engagement processes and strategies, highlighting challenges and promising practice within that area. Next, we examined the topic areas for shared themes, which we describe and discuss under separate sections below. Topic areas reflecting similar themes were clustered around four descriptive dimensions according to the relevant stage of engagement, the first dimension relating to early stages of engagement and the latter three dimensions relating to sustained engagement. The separation of early engagement, including outreach and recruitment, and sustained engagement is based on our theoretical framework (see p9). The four dimensions describe distinguishable aspects of engagement, with a common set of challenges.

As the services differed in their professed aims, it was difficult to neatly distinguish between service components and process factors across interventions, particularly at the second stage of service engagement. The discussions below refer to both implicitly and explicitly articulated engagement strategies and experiences relating to engagement.

Figure 3: Synthesis process
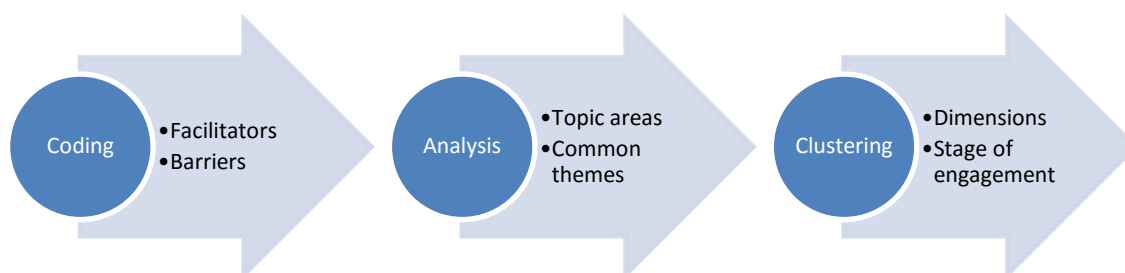
4.1. Approach and avoidance: outreach and pathways to services

In this section we examine in detail ways in which SSCYP accessed the various services discussed in the included studies, but also factors which appeared to deter SCCYP's initial contact with services.

4.1.1. Round-ups and enticement

Data from seven studies are included in this section, including data from India, Uganda, Sudan, Turkey, Zimbabwe and China. Statutory interventions included in our analyses all appeared to adopt an indiscriminate approach of either rounding up SSCYP in large numbers by the police (Jacob et al. 2004, Mitchell et al. 2007, Kudrati et al. 2008), confining individual children and youth in government shelters irrespective of their consent (Lam & Cheng 2008), pushing them into 'voluntary' shelters by controlling their presence on the street, or attempting to 'collect' them on the streets (Bademci 2012). In most cases, these approaches may violate children's basic rights, from restricting their freedom of movement to inflicting physical and sometimes sexual violence (Kudrati et al. 2008). They are not only coercive but punitive, at times explicitly designed to act as a deterring influence (Jacob et al.

2004). Instead, the threat of round-ups is more likely to create an even more marginalised and hard-to-reach population of SCCYP (Jacob et al. 2004, Mitchell et al. 2007, Rurevo & Bourdillon 2003). Children and young people invariably expressed strongly negative views of these approaches.

One third-sector agency in India adopted the explicit policy of recruiting SCCYP considered 'repeat runaways' to a four-week rehabilitation camp in a relatively remote rural location under false pretences, for example pretending to take the children out for a picnic (Dabir & Datta 2006). Some beatings and physical punishment by facilitators were also reported by the camp participants. However, while a few children had reportedly attempted escape, and some did explicitly disapprove of the recruitment methods, the majority of the children interviewed for the study appeared to be satisfied with the camp experience. The study authors suggest the children were perhaps used to such treatment by adults, and/ or perceived a caring motivation behind their overall treatment at the camp.

4.1.2. Street outreach

The issue of outreach location arose in five studies. Service providers have reported the benefit of meeting SCCYP on their own territory, such as railway terminals (Dabir & Datta 2006) and marketplaces (Wyss et al. 2007). Public parks are known to be used by SSCYP for dwelling and recreational purposes and were successfully used as a setting for some focus groups in a WHO-led intervention (WHO 1993). A Ugandan intervention employing 'youth-friendly services' related to sexual health and HIV prevention conducted a detailed inventory of project catchment areas, in consultation with local experts (Kasirye 2004). The inventory covered areas such as bars, brothels, slums, lodges and depots of SCCYP and sex workers. Restaurants and video stores were also found to be popular amongst the target population. The recruitment of girls and young women may require a different approach in terms of location identification, as they appear to be less visible on the streets themselves (e.g. Kasirye 2004).

While the intervention in (Scivoletto et al. 2011) aimed at engaging the families of participating SCCYP, it was recognised that outreach among families was compromised due to concerns about staff safety in the impoverished slum areas where the families resided. Similar concerns were not reported in relation to the mobile clinical outreach posts employed in a slum-based intervention based in Uganda (Kasirye 2004).

Street outreach could potentially be strengthened by enlisting the cooperation of community services SCCYP are likely to use in the course of their everyday lives. For example, SCCYP in Delhi have been found to visit temples which offer free food (Seth et al. 2005), and SCCYP have been known to approach the police for money and jobs, despite the typically adversary relations between SCCYP and the police (Lam & Cheng 2008, Dabir & Datta 2006). Referrals by local leaders involved in the intervention, including police and community-based organisations, were described as pivotal in one study (Kasirye 1994). However, there are also reports in two studies of some health workers, religious figures and members of the police being involved in the supply and sale of drugs to children and otherwise contributing to problems faced by SCCYP (WHO 1993, Seth et al. 2005).

The success of street outreach would appear to depend on many factors, perhaps including implicit staff attitudes and SCCYP's perceptions of a particular service any of which may impact on engagement (discussed in more detail in following sections).

4.1.3. Word of mouth and media

Some child and youth participants in two studies, conducted in Turkey and Ghana, highlighted the potential of encouragement through word-of-mouth and by family members or friends (Bademci & Karadayi 2013, Wyss et al. 2007). Further, one study from Ghana found that radio publicity and collaboration with community leaders can help lessen the stigma of a service and bring it into public attention (Wyss et al. 2007). The SCCYP interviewed in Seth et al. (2005) in India, expressed their desire for more services to help them overcome substance abuse, and recommended posters, TV and radio as forms of outreach. In Bademci & Karadayi (2013), conducted in Turkey, one participant mentioned the Internet as a mode of peer communication about a service (see quote on p16).

4.1.4. Peer outreach

As SCCYP are highly influenced by their peer-groups, it has been suggested that outreach targeting groups rather than individuals may be a useful strategy (Conticini 2005). Another strategy is to use trained peers for outreach. Four studies conducted in Uganda, Ghana and Turkey highlight the potential benefits of peer outreach in recruiting young people to services. (Kasirye 2004, Mitchell et al. 2007, Wyss et al. 2007, Bademci & Karadayi 2013). For example, Kasirye (2004) reports a tripling in the number of intervention participants after the recruitment of peer educators. In Bademci & Karadayi (2013), some participants expressed having felt excited upon simply hearing of the arrival of peers at the shelter. Peers may be more likely to be trusted and respected by other SCCYP, and they will be more familiar with the lifestyles of the target population, which facilitates access.

In one intervention, peer educators were paid for each successful recruitment, a policy which reportedly contributed to an increase in client numbers (Wyss et al. 2007). As highlighted by this study, attention needs to be paid to ethnic matching, so that peers can communicate effectively with SCCYP from a variety of matched ethnic and language groups. One intervention successfully extended peer outreach activities to prisons, while struggling to access street populations driven underground by police roundups (Mitchell et al. 2007). It may be the case that peers may be less likely to be trusted in some areas, e.g. specialist skills or knowledge (Kasirye 2004), and more trusted in their assessment of the value of a service (Bademci & Karadayi 2013)

However, peers in one study (Rurevo & Bourdillon, 2003) were reportedly mistrusted by some SCCYP, an attitude the peers themselves attributed to jealousy over their remuneration. The SCCYP interviewed felt that peer outreach workers took financial advantage of newcomers to the streets, before directing them to services. One study reports a gender imbalance in that female peer educators' attempts to engage girls and young women on the streets were reportedly less successful than those of male peer educators. Furthermore, older peer educators (aged 14 to 22) appeared to be both more confident and accepted among SCCYP than those aged 10 to 13 (Mitchell et al. 2007).

4.1.5. Referral processes

Data from six studies are included in this section, incorporating research conducted in Brazil, Peru, Turkey and Mexico. In some countries or cities, referrals are made between shelters specialising in different subpopulations or different types of services for SSCYP, or by other social institutions such as the youth justice system. Such service coordination was reported

especially for Latin American countries (Scivoletto et al. 2011, Harris et al. 2011). These referrals may involve the SSCYP's commitment to abide by the rules and ethos of a particular service, as well as practitioners' assessment of their suitability for the service.

A hierarchy of linked services catering for different needs was mentioned in a number of papers (Bademci 2012, Scivoletto et al. 2011, Harris et al. 2011, Turnbull et al. 2009), although in the case of Istanbul (Bademci 2012), this policy appeared to be undermined by the police seemingly indiscriminately 'dumping' SCCYP into any of the various shelters, as well as service failures. The practice of the police clearing the streets of SCCYP and dropping them into shelters which the SCCYP were however free to leave at their will, was described as contributing to a 'revolving door' environment with detrimental effects on both service users and staff.

4.1.6. Service location

The location of the actual service in determining its uptake has been highlighted in one study. Accessibility, balanced with safety, was a crucial element of a Brazilian social integration programme located in a community centre. According to the authors (Scivoletto et al. 2011 p191),

> Among the watershed moments in the development of the center was the placement of barbed wire along the tops of the walls to make it safe from outside criminal activity and the procurement of bus passes that gave participants greater accessibility to schools, residences and other city services.

Treatment attendance at the centre was also reported to have improved from procurement of a government-sponsored van, for transporting shelter-based residents.

4.1.7. Scheduling of outreach and services

Five studies conducted in Ghana, Pakistan, Uganda and Turkey highlighted this issue. A project review relating to the peer education intervention described in Mitchell et al. (2007) cites night outreach as a useful strategy. A simple consideration such as offering a service on a day when SCCYP are known to be free from work, can have a considerable impact on service intake as well as service costs. The HIV testing and counselling intervention reported in Wyss et al. (2007) found their client numbers to be 5 to 13 times higher compared to similar services, despite being open on only one day (Sunday), where the other services were open five days a week (Monday to Friday). Economic factors are highly important for SSCYP, and long waiting times (which would impact on their hours of income generation) were cited in Ali & de Muynck (2005) as one reason preventing SCCYP from using standard health services. Regularity and predictability of service timings is also highlighted in studies involving discontinuous services, as this enables SCCYP to gradually build trust in the service (Kasirye 2004, Bademci & Karadayi 2013).

4.1.8. Determining service user characteristics

Given the diversity of young people and their circumstances in street connected situations, assessing individual needs at entry to services may be crucial in retention and successful intervention (Kasirye, 2004). In general, SCCYP commonly appear distrustful of adults, often with good reason, and consequently service providers may struggle to form an accurate picture of a SCCYP and his or her needs (Jacob et al. 2004). There were few reports in the included studies of the use of particular screening interviews or of training outreach staff to

assess the individual histories of SCCYP, although it may be that such skills form a part of service providers' 'tacit knowledge'.

In a Ugandan intervention (Jacob et al. 2004), SCCYP were – after being indiscriminately 'collected' from the streets – interviewed by social workers to determine a course of action for their reintegration. The aims of the interviews appeared ambivalent, since it was both stated that a plan for future action was to be drawn together with the child, and that children with identifiable family members were to be returned home as soon as possible. According to later reports, the rushed timetable of the project prevented the emergence of trustful relations, and resources were wasted by returning SCCYP to locations they had falsely indicated to be their homes.

Although background information appears crucial for directing service users to an appropriate service, there may not be a 'quick and easy' ways to determine relevant information. However, in one intervention with a focus on HIV and sexual health (Kasirye 2004), participatory needs assessment was conducted by trained peer educators prior to service development. No detailed data was available on this process.

4.1.9. Impact of street histories

Three studies conducted in India, Bangladesh, and Brazil, Egypt, Mexico, India, Philippines, Zambia and Canada (Dabir & Datta 2006, WHO 1993, Conticini 2008) highlight issues of timing of engagement and intervention relative to the stage of a young person's street 'career'. Some NGOs aim to intervene as early as possible, before attachments to the street have had time to develop. Children and young people who have recently left home on their own account may be relieved to be reunited with their parents and therefore engaging them is relatively easy (Dabir & Datta 2006). On the other hand, one study reported on a 'honeymoon period' where SCCYP are enjoying their first taste of the freedoms and promises of street life (WHO 1993, see also Conticini 2008).

The reasons for SCCYP being on the street also seem relevant for initial engagement. For example, service providers engaging in street outreach may also service children and youth who have been accidentally separated from their parents or removed from their homes by criminals, especially in countries where the police are not trusted to solve such matters (Dabir & Datta 2006, Lam & Cheng 2008).

4.1.10. Issues around gender and SCCCYP as parents

Generally, studies report street-connected girls and young women to be an invisible or 'hard-to-reach' population. (Mitchell et al. 2007, Bademci & Karadayi, 2013). Furthermore, it is reported that younger street-connected boys (like girls) are marginalised within programmes by older boys (Rurevo & Bourdillon 2003). No studies discussed means to counter these trends. Of the included studies, three focused exclusively on girls (Fawole et al. 2004, Rurevo and Bourdillon, 2003, Savenstedt & Haggstrom 2005), although others included discussion on gender issues (Mitchell et al 2007, WHO 1993, Kasirye, 2004). Themes that arose here related to the potential utility of engaging the community in interventions, and issues around SCCYP as parents, which was also discussed in two further studies.

A Nigerian intervention (Fawole et al. 2004), aiming at preventing HIV and gender-based violence among female hawkers and other out-of-school youths, reported that all the young female apprentices working in a particular location were enrolled in the study. The study

assessed a succession of interventions over a number of years which engaged the immediate community – including those likely to exploit the girls either economically or sexually – in various ways, such as public rallies and training sessions. Extensive community involvement and advocacy were also reported in Kasirye (2004), in an intervention which successfully engaged a large number of female participants. Community approaches avoid drawing attention to affected individuals and are likely to reduce the stigma around HIV and gender-based violence and related service use.

This study, focusing on slum as well as street dwellers, is one of only two studies to highlight the fact that SCCYP may also be parents. The study included 125 girls with babies 'of whom majority [were] former street/ domestic workers or school dropout[s] staying with relatives' (p17). While the majority were thus not living on the streets or engaging in street work, these young mothers are likely to come from similar backgrounds and experience similar problems as SCCYP. The World Health Organisation study (WHO 1993 p52) reported that street-families were becoming increasingly common and that '[c]hildren are being born on the street to adolescent street girls, creating second and even third generation street children'. No family-oriented outreach or engagement strategies were reported in the included studies.

4.1.11. Synthesis and discussion

The data in this section suggest that the above process factors relating to outreach and pathways to services are important for successful engagement. Although all the studies highlighted very different strategies and process factors and involved a broad range of interventions, a common thread linking successful engagement processes was an understanding and accommodation of the practicalities of SCCYP's lifestyles.

SCCYP's Lifesyles. Although accommodation of SCCYP lifestyles may be termed a 'child-centred' approach, these lifestyles may largely revolve around the need to generate income and provide for not only the individual concerned, but some instances other dependants such as parents, siblings or even children, and/ or contribute to the well-being of street-based peer networks. Hence, successful outreach needs to work around the practicalities of income generation (or, potentially, caring activities) in the early stages of engagement. This may take the form of conducting outreach during the night or in locations frequented by SCCYP.

Methods of Engagement. Public broadcasting and media communications appeared promising approaches, partly because they seemed to increase the broader social and communal familiarity and acceptability of certain interventions. Generally, SCCYP appeared to rely on heavily on the opinions and recommendations of family members and peers. The social status of peers, linked to gender and age, was also a contributing factor. According to one study, peer-involvement as a service component was also a factor attracting attention and interest. Training of community service providers such as the police or religious figures also emerged as a potential outreach strategy. However, as with peers, this needs to be carefully designed and monitored in order to avoid abuses of the role. In one study, police methods of 'dumping' SCCYP with services undermined the functioning of service specialisation, while in two cases, service providers for SCCYP were informally involved in policing activities such as tracing families of lost or trafficked children.

Mistrust. A third theme emerging from the data is the often highlighted mistrust dominating SCCYP's relations with other people, especially adults. Such mistrust centres on the

perceived motivations of other people's behaviours, which is why simply providing a relevant service is not sufficient; services also need strategies to express and develop trust in their motivations. Process factors which may facilitate trust include regularity, continuity, gradual service progression according to assessed needs and preferences, and the use of peers. Remuneration may act as a motivating factor for peer involvement in service outreach, but it may also generate mistrust towards their motivations and behaviours. Although needs assessment at an initial engagement stage may help tailor services to individual needs (where service choice is available), the pervasiveness of mistrust prevents this from being a straightforward or rapid process. The issue of needs assessment will be discussed further in the following section.

Service deficiencies and innovative approaches: responding to multiple needs

4.2.1. Diverse service needs and needs assessment

Four studies conducted in India, Brazil, China, Kenya, Uganda and Tanzania discussed some of the challenges services encounter in responding to diverse characteristics in SCCYP (Rurevo & Bourdillon 2003, Dabir & Datta 2006, Kasirye 2004, Scivoletto et al. 2011). Services tend to either specialise in one type of population, or make attempts to cater for different populations of SCCYP (e.g. Dabir & Datta 2006, Bademci 2012). Beyond collecting basic information, there appears to be very little documented evidence on how services collect information on service users' individual histories, or how these impacted service provision. SCCYP were described as critical of services which did not consider their individual wants, talents and needs (Rurevo & Bourdillon 2003).

In one intervention (Kasirye 2004), as mentioned above, services were developed in response to a community-based, participatory needs assessment. In one innovative Brazilian service intervention (Scivoletto et al. 2011) with relatively extensive resources, needs assessments were conducted by a specialised interdisciplinary team – including psychiatrists, paediatricians, art therapists and nurses, over several weeks or more (Scivoletto et al. 2011). The authors describe assessment of the population as 'initially difficult' due to the lack of diagnostic instruments validated for use with the particular service user population, but they do not explain how these difficulties were overcome. Participatory methods for needs assessment were also employed.

Two studies in particular highlighted the potential utility of group based assessment and intervention (Dabir & Datta 2006; WHO 1993). This may be especially useful with some SCCYP, for example, those without family connections or distrustful of adults, in order to normalise sensitive topics and encourage participation in a safe environment. One Indian intervention utilised informal individual and group discussions to gain insight into participants' attitudes towards their families (Dabir & Datta 2006). Another example derives from a multi-phase programme started by the WHO in 1993, with NGOs from eight different cities in six LMICs. Its aim was to train service staff in the use of focus groups, organised according to the conceptual framework of the Modified Stress Model, as a form of 'rapid assessment' to be used with SCCYP (WHO 1993). This was reported to be a useful method of gathering information, including of a personal and sensitive nature, and engaging SCCYP in a shared task. The groups were mainly facilitated by service providers who were already known to and trusted by the participants. However, under-representation and marginalisation of girls in the group was reported.

4.2.2. User participation

Participatory interventions with SCCYP have been recommended for a long time (e.g. WHO 1993), and may improve engagement. User participation in services of varying degree and nature was described in six of the included studies (Bademci & Karadayi 2013, Scivoletto et al. 2011, Mitchell et al. 2007, Kasirye 2004, Wyss et al. 2007, Smith 2000). In three studies, planning was guided by service users' needs and wishes, identified through one-to-one interaction with the intervention participants (Bademci & Karadayi 2013, Smith 2000, Scivoletto et al. 2011). Themes arising in relation to such approaches were efficacy and feelings of self-respect, potentially resulting in better engagement; 'All the activities we had were decided by us. This affected me twice as much' (Bademci & Karadayi 2013 p171).

In a Ugandan intervention (Kasirye 2004), as mentioned above, community-based needs assessment undertaken by trained peer educators was used to guide service development, reportedly resulting in increased service uptake. Increased level of engagement was also suggested in another study where peer educators were elected by shelter-based SCCYP, with the rationale of increasing their accountability towards the target population (Mitchell et al. 2007). Through this process, the peer educator role reportedly became coveted and respected, implying engagement with the intervention. In contrast, some problems with credibility were reported in a similar intervention also employing peer educators (Kasirye 2004). Both these studies highlighted the importance of supporting peer educators with on-going training and organisational support, including supervision.

4.2.3. Basic needs

Since some street-connected children and young people may be relatively successful in providing for themselves on the streets (Woan et al. 2013), providing for basic needs may be necessary to successfully engage young people with services. Participants in three studies mentioned poor quality or monotonous food being a downside of a service (Dabir & Datta 2006, Kudrati et al. 2008, Mathiti 2006), and lack of lunch provisions or food shortages were mentioned in two studies as a disincentive to continue (Kasirye 2004, Rurevo & Bourdillon 2003). Some services are not always able to meet needs satisfactorily due to limited resources, lacking basic amenities such as medical supplies, clean bedding and sanitary facilities, as noted by authors and members of staff (Dabir & Datta 2006, Ferguson & Heidemann 2009, Mathiti 2006). In one study (Rurevo & Bourdillon 2003), a service user criticised deficient services to be unethical. On the other hand, even the best facilities and most generous material provisions appeared not to compensate for a lack of freedom and individual care (Lam & Cheng 2008). In another instance, social activities appeared to make up for a lack of basic amenities. Dabir & Datta (2006) report predominantly positive participant feedback from an intervention camp whose premises consisted of a single hall without outdoors space or proper toilet facilities. However, camp activities were varied and included games, story-telling, individual and group discussions, counselling, mental visualisation and informal education.

4.2.4. Health needs

In the area of healthcare, shortage of medication and lack of access to high quality medical care can pose a real problem for some services, particularly in relation to HIV, as was raised in two studies (Wyss et al, 2007, Kasirye 2004), and which may reflect the paucity of affordable health services locally. This may have a potentially detrimental impact on

engagement. For example, in one study, the general unavailability of treatment for HIV and AIDS in Ghana acted as a disincentive to utilise the free services of the HIV testing and counselling intervention; in the words of one respondent, 'The fear of a positive result and subsequent death makes people prefer not to know' (Wyss et al. 2007 p125). Similarly, a report on an HIV/AIDS prevention programme in Uganda reports that some participating adolescents were 'scared away' by the inability of the service to meet the high demand for medical treatments resulting from the intervention (Kasirye 2004).

A contrasting issue that arose in relation to meeting general health needs centred on acceptability of interventions. Some SCCYP resist the notion of being 'patients' in need of health treatments (Scivoletto et al. 2011) – some of which they may perceive both as unwanted and unpleasant (Conticini 2005). Using a participatory approach, Scivoletto et al. found speech therapy to be the most valued and accepted health treatment among service users, many of whom suffered from serious hearing impairments which impacted on their everyday lives.

Although provision within many service organisations appears limited, it would appear that few residential shelters for SCCYP are linked with formal health services (e.g. Scivoletto et al. 2011). Some service providers explicitly mention how difficult it is for their clients to gain access to clinical and mental health systems (Bademci 2012). This can lead to situations where service providers' diagnoses do not lead to appropriate treatments, preventing service users' engagement.

Reduced substance use was considered an important outcome in studies included in the review on intervention effectiveness with SCCYP (Coren et al. 2013). The data also suggest that substance use may act as a significant potential obstacle to service engagement (Dabir & Datta 2006, Savensted & Haggstrom 2005). However, service providers described difficulties in addressing substance use. A lack of treatment facilities was reported in Seth et al. (2005), Harris et al. (2011), Dabir & Datta (2006), and Savenstedt & Haggstrom (2005), while some services were reported to exclude young people with on-going substance dependencies (Scivoletto 2011). While detoxification and drug clinics were mentioned in some studies (Harris et al. 2011, Bademci 2012), none of the included studies explicitly discussed the use of medication or other targeted treatments to help clients with their substance abuse. Service providers in one study mentioned the difficulty in countering the influence of "big people" involved in the drug business (Savenstedt 2005).

One intervention described a 'body-mind' technique consisting of meditation/ visualisation (Dabir & Datta 2006) (see also Naidoo 2008, not included in the synthesis, for use of Tai Chi), while another (Kasirye 2004) referred to social activities as a means to relieve acute stresses and anxieties associated with symptoms of substance withdrawal, which may also prevent participants from successfully engaging with a service. Some positive feedback by service users on meditation activities was reported from intervention participants in Dabir & Datta (2006), suggesting that such approaches may be acceptable to SCCYP.

According to two studies, SCCYP may be relatively well-equipped to provide for their basic health care needs through self-medication and services available in the community, whether through traditional spiritual healers (Ali & de Muynck 2005) or hospital-based care (Ali & de Muynck 2005, Kudrati et al. 2008). As explained by a participant in Kudrati et al., p445, when a boy falls ill,

> He comes to his brothers [other street boys] and . . . we collect money from each person. . . Then we take him to the hospital and buy medicine from the pharmacy. . . . We carefully look after the ill person. We bring him bananas, fruits, and oranges. One of us stays with him at the hospital, to serve him. [When he is released] we take the ill person to a verandah, [to sleep] away from the sewage and rains.

Although not always available, peer and family support appeared to play an important role in SCCYP's care-seeking behaviours according to both studies. In terms of SCCYP's resources to address substance use, one study (Seth 2005) suggested a more mixed picture of varying levels and sources of support in the community. In the resource-constrained circumstances described above, service users may have realistic anxieties over focusing on their health and mental health needs in the service context, perhaps especially where these restrict service users' reliance on their usual social networks. It may be important that such anxieties are addressed early on, in order to convey a realistic picture of what services have to offer. Clearly addressing service users' concerns over their potential reliance on substances, for example, may encourage their engagement with services (Ferguson et al. 2006).

4.2.5. Educational needs

Informal educational activities for SCCYP may be used to engage them with other services (Conticini 2005). Experiences of marginalisation or belittling in mainstream schools, perhaps due to learning or other disabilities – for example, hearing impairments as described in Scivoletto et al. (2011), or belonging to a social minority (Smith, 2000) – may contribute to negative attitudes to school, and alternative educational arrangements, collaboratively designed in one intervention by trainee teachers, may be able to provide a more individually tailored and appealing learning experience to some SCCYP (Smith 2000).

While positive experiences were observed among some SCCYP in three studies (Dabir & Datta 2006, Kudrati et al. 2012, Ferguson & Heidemann 2009; see also the mapped studies, Nalkur 2009, Malindi & Machenjedze 2012), dissatisfaction with educational or training services was reported in four studies (Balagopalan 2002, Conticini 2005, Dabir & Datta 2006, Mathiti 2006). Reported complaints centred on the perceived inferiority of teaching materials and methods in comparison to mainstream schools, a lack of progression, an overly controlling environment, or perceived futility of the particular type of education. In the words of one participant, 'they can teach you the same thing over and over again' (Mathiti 2006 p265).

Some SCCYP also appeared to view educational/ vocational classes as incompatible with their lifestyles or their personal goals and aspirations (Balagopalan 2002), and may have come to experience it as a waste of time (Conticini 2005). A Brazilian study not included in the synthesis found that SCCYP generally had higher expectations for their futures than did service providers (de Oliveira 1992). In the context of limited opportunities for social mobility and limited resources, the informal schooling offered by services may indeed appear unattractive to SCCYP, especially as they also necessitate time away from income generation. Some SCCYP already have access to informal apprenticeships in the community, which – unlike a more formal vocational training programme examined in Balagopalan (2002) – provide skills for the future without impinging on the trainees' autonomy.

Activities related to income-generation were briefly mentioned in some studies, for example attempts to form co-operatives and operate a micro-credit system among female hawkers in Nigeria (Fawole et al. 2004). One of the studies mentioned above examined service users' experiences of vocational education where the service users worked as carpentry apprentices (Balagopalan 2002). The service user interviewed for a case study resented the organisations' emphasis on saving the participants' earnings (gained from the sale of artefacts produced by the SCCYP) for the future, and expressed strong mistrust of the process. Another interesting observation was made in a study on SCCYP in Bangladesh: according to the researcher, SCCYP were likely to start building savings once they entered trusting relationships with social workers or other street agents (Conticini 2005).

4.2.6. *Social and self-actualising needs*

Seven studies discuss engagement through social and expressive activities. Social and arts-based methods of engagement that participants are reported to have valued the most include story-telling (Mitchell et al. 2007, Dabir & Datta 2006); conversations with peers and social workers (Dabir & Datta 2006, Bademci & Karadayi 2013, Mitchell et al. 2007); drama, educational games and puppetry (Mitchell et al. 2007), and sports, singing, playing and other forms of recreation and artistic activity (Dabir & Datta 2006, Mathiti 2006, Kasirye 2004). Authors and staff members also asserted that creative activities, such as producing radio programmes and newspapers (Scivoletto et al. 2011), and participation in religious activities (Ferguson et al. 2006/08) may be important for SCCYP. Kasirye (2004) refers to drama, music, debates, films, and sports competitions as successful means of engagement, as well as acting, as distractions from substance use. Limited information was available on how such activities were organised or how SCCYP were engaged with the activities, but a high level of structuring by adults was implicated in most cases. However, one study (Kasirye 2004) mentioned that such activities had been initiated as a result of a peer-led, community-based needs assessment.

In particular, participants appeared to appreciate opportunities to make friends and develop more pro-social behaviours in the service context. For example, when asked about their feelings about the intervention camp, participants in Dabir & Datta (2006 p65) reported: 'I find it easier to adjust at the camp after I made friends' and 'I have my first Muslim friend at the camp'. A participant in another study described, 'I don't think about fighting now. When I was on the street, I used to think about fighting all the time. When I came, I made friends. We love each other. We don't think about fighting anymore' (Ferguson et al. 2008 p173).

At the most fundamental level, SCCYP seem to value a safe social space where they feel regarded first and foremost as human beings and individuals, as described in four studies (Ferguson et al. 2006/08, Karabanow 2004, Scivoletto et al. 2011, Bademci & Karadayi 2013). For example, a participant in the Turkish peer-intervention expressed his appreciation that the intervention providers 'didn't treat me as a street child, a substance sniffer. They treated me as a friend' (Bademci & Karadayi 2013 p171).

The above intervention was delivered by psychology students of the same age group as the target group. The evaluation which focused on service users' own voices suggested that both the comparable age of the peers, their social status and their emphasis on sincerity, friendliness, equality and the individuality of each service user was extremely well received by the boys participating in the intervention. From the outset, one service user had felt excited by the prospect of being able to 'talk, have a chat and play together' (Bademci &

Karadayi 2013 p170). The relationships that evolved over the course of nine months were based not only on shared enjoyment, but trust and opening up (by the service users) over personal concerns: 'Since we were in the same age group, I told my secrets to our elder sisters and brothers and felt better'; 'I could share my troubles and speak to them about my family problems because they were very frank' (Bademci & Karadayi 2013 p171-2).

Perceived reciprocity of intervention benefits, i.e. the feeling among service users that they in turn may have something to offer to the service providers, which indirectly implies a more equal relationship, may also facilitate engagement. Mutuality of intervention benefit was expressed in another peer-based study focusing on the experiences of teacher trainees taking part in a collaborative teaching intervention (Smith 2010). While service user views were not sought in this study, the student trainees portrayed the emergence of an egalitarian relationship where both parties needed and cared for one another. As one trainee teacher reported, 'We have learned about psychological needs. The boys feel that they now belong. We care about them and they care about us' (Smith 2000 p11).

4.2.7. Protective needs

Geographical isolation, and/ or restrictions on freedom of movement were utilised by some services in order to remove SCCYP as far as possible from their familial street environment and its associated 'risks', but also as a form of social control, as discussed above. Participant accounts of government facilities with limited opportunities for social activities and strict restrictions on freedom of movement were largely negative (Kudrati et al. 2008, Lam & Cheng 2008), and some staff members also viewed such restrictions as impacting negatively on engagement (Dabir & Datta 2006).

However, a participant in one study (Seth 2005) suggested that a change of environment and friends may be the only way to combat their substance abuse. Consequently, in some contexts, a degree of isolation and discipline may appear justified or at least accepted by some service users. For example, participant attitudes towards the purposefully isolated rehabilitation camp run by an Indian NGO reportedly remained predominantly positive despite extensive interviewing on the issue by the independent academic researchers (Dabir & Datta 2006). The camp environment offered many social activities of the kind described above. Despite beliefs among some practitioners and SCCYP that such an environment could combat service users' substance abuse, as expressed above, evidence to the contrary was also present, as one participant reported: 'I would bring other children [to the intervention camp] but run away because I cannot bear to be at the camp without inhaling [t]his solution' (Dabir & Datta 2006 p65).

4.2.8. Service user characteristics shaping engagement

The impact of specific service user characteristics on engagement was only raised in a small number of studies and the data relating to this theme was very patchy. In one study, girls and young women were perceived to be controlled by other powerful adults/ SCCYPs, and hence difficult to engage with services, especially after having a longer history of street-connectedness (Savenstedt & Haggstrom 2005). In another study (Ferguson & Heidemann 2009), street-connected girls were described by a staff member as naïve about the risks they faced on the streets and difficult to engage due to lack of staff training. According to a quantitative analysis (Scivoletto et al. 2012) relating to the intervention described in

Scivoletto et al. (2011), treatment attendance was related to diagnostic profile (see also section on Family and community involvement below).

A lack of motivation to engage with services was observed among some SCCYP in some studies. When pressed on the advantages of street life, a boy in one study stated: 'We will never trade our freedom' (Dabir & Datta 2006 p64). Similarly, another author inferred that street-connected girls and young women were highly resistant to giving up the perceived freedom and independence associated with their street lives (Rurevo and Bourdillon, 2003). On the other hand, some SCCYP's lack of engagement appeared to be rooted in a sense of hopelessness over the future (Seth 2005), echoed by doubts over the impact of their service among some service providers (Savenstedt & Haggstrom 2005, Bademci 2012).

4.2.9. Synthesis and Discussion

Similar themes arose across a range of areas considered relevant for longer-term service engagement, including needs assessment, provision for basic needs, educational needs and social needs.

Quality of services. One theme related to the level and quality of available resources. Although services benefit from being free, the typically mediocre quality of services appears to act as a deterring factor for many SCCYP. In contrast to the assumptions of a 'protective' service model emphasising the deficiencies of street life (Thomas de Benitez 2003), services frequently appeared to have limited advantage over the resources available to SCCYP through a street-connected lifestyle.

Service acceptability. The other theme related to the acceptability of programme components, where acceptability appeared to be determined largely on accommodation of service users' autonomy and individual goals and needs. Service users' love of freedom was reported as an obstacle to engagement in a number of studies. Offering a choice of treatments/ services and assessing acceptability of different treatments can conceivably help engage service users with different types and levels of need, while responding to service users' need for self-determination.

Developmental needs. While both of these themes reveal SCCYP's pragmatic approach to services, based on rational evaluation of services, one area of service engagement appeared free from this kind of instrumental logic. Although SCCYP have widely been reported to create and enjoy social networks on the streets, intervention participants in many studies expressed deep satisfaction over opportunities to socialise and build friendships in the more pro-social environment provided by services. Recreational and creative activities also appeared highly valued. Some creative activities may tap into talents not recognised or valued within the formal schooling system (see Rurevo & Bourdillon 2003) or the community, but none of the interventions appeared to offer formal training in the areas covered by the methods discussed here. Mainly, these activities appeared to strengthen service engagement in a variety of ways.

Apart from having their physical needs met, the conclusion can be drawn that service engagement benefits from SCCYP feeling happy, cared for, relaxed and engaged in positive social activities. Such activities are perhaps appealing because, despite being adult-led, they allow participants to retain or even strengthen their sense of individuality and autonomy, while they also facilitate social co-operation and bonding with peers (Scivoletto 2012). This is consistent with the CRC's (United Nations, 1989) emphasis on children's right to both

protection and autonomy. The need for autonomy and self-expression alongside access to a safe social environment may be even more pronounced for older youth.

The self-expression or self-actualisation that can take place as part of such activities may further deepen the process of engagement. On the other hand, they can facilitate the emergence of trusting relations with service providers. Often being group-based and informal, as well as relatively structured and goal-oriented, they may to some SCCYP feel safer than one-to-one activities or, for example, more formal therapeutic approaches. Conditions enabling physical isolation from the street environment were employed by some services in order to promote service engagement. While seemingly accepted and even sought by some SCCYP, no explicitly positive feedback was reported on such measures, whereas explicit negative feedback was reported in a number of studies.

4.2. Ambivalent attitudes and dilemmas of service engagement: relations with adult service providers

In this section we describe staff relational styles with an impact on service user engagement. We also discuss factors shaping relational styles, including available resources, gender issues and issues around power and conflict. Finally, we examine approaches to engaging SCCYP with services in face of emotional and/ or behavioural 'resistance'.

4.3.1. Staff relational style

The benefits of a caring, familial service environment for service engagement were described by staff members in a number of studies (Bademci 2012, Dabir & Datta 2006, Ferguson et al. 2006/08, Ferguson & Heidemann 2009, WHO 1993), as well as SCCYP in two studies (Mathiti 2006, Ferguson et al. 2006/08). In service providers, SSCYP are likely to evoke strong parental feelings which may, at times, conflict with their personal and/ or professional identities (Bademci 2012, Savenstedt & Haggstrom 2005).

Relational engagement in an Indian intervention was engendered partly through a leadership style that was at the same time both authoritarian and charismatic. According to the study author, SCCYP participating in the Indian camp intervention commonly expressed trust in and respect for the camp leaders, despite a relatively high level of discipline and surveillance (Dabir & Datta, 2006). The quotes provided offered only partial support for this conclusion: 'Sirs are very good and have good things to teach the children – such as being obedient, eating properly. Despite the Sirs being so good, the children would often behave badly and some would even think badly of Sir' (Dabir & Datta 2006 p77). On the other hand, camp leaders also emphasised the fact that participants were free to choose their course of action once the camp was over, and that staff emotional investment in the service users was limited to the duration of the camp.

Excessive emotional detachment vis-à-vis clients among professional service providers was reported by the authors in a study on Turkish governmental institutions for SSCYP (Bademci 2012). Service providers explained and justified their limited interactions with service users with reference to high administrative workloads. The study author also considers the trend as a result of burn-out, and a defence against the emotional demands of working with SCCYP within an unsupportive organisational structure. Emotional distancing can also protect against perceived failures and disappointments, such as children returning to street life, sometimes in spite of considerable emotional investment on the part of the service

provider (Ferguson & Heidemann 2009). Staff working in the intensive camp environment described above (Dabir & Datta 2006) also expressed both emotional and physical exhaustion, which they ascribed to isolated circumstances, lack of time and not knowing their colleagues well.

4.3.2. Factors shaping staff relational engagement

Different service philosophies appeared to impact on engagement strategies. In the context of intervention approaches broadly characterised as relational, some service providers emphasise the 'endless patience' required in what is portrayed as the gradual and cyclical process of engagement (Ferguson et al. 2006/08, Savenstedt & Haggstrom 2005), which may be subject to mutual negotiation and bartering (Turnbull et al. 2009), while others appear to focus more on the imposing of clear limits as a means towards character 'reform' through a linear process directed by the service providers (Dabir & Datta 2006, Diversi et al. 1999, Harris et al. 2011). Personal and/ or ideological convictions of staff members were emphasised in a large number of studies.

All four of the governmental services included in this synthesis (Kudrati et al. 2008, Jacob et al. 2004, Lam & Cheng 2008, Bademci 2012) appeared to involve repressive elements, in some cases including actual violence and abuse. However, in cross-national and, where possible, national comparison, non-governmental services also varied greatly in their organisational culture. Among the included studies, Mathiti (2006) observed that NGOs within a country can vary greatly in their ethos. On the other hand, an examination of service provider views in Haiti (Moncrieffe 2006) suggested that anti-oppressive agendas had struggled to emerge or thrive even at a grassroots level, due to the pervasiveness of class, race and/ or gender hierarchies.

Professional background also appeared to impact on staff engagement style, although the data on this was mixed. Two studies mentioned the lack of a professional service framework (Lam & Cheng 2008, Ferguson & Heidemann 2009). Highly trained professionals in Turkish governmental shelters found themselves working in environments which did not conform to a conventional service context, but lacked the autonomy or support to modify and develop their professional roles (Bademci 2012). Multi-professional teams seem to work in some settings (Scivoletti et al., 2011) but, without adequate boundaries, these may cause tensions in others leading to role confusion and emotional exhaustion, with negative impact on service user engagement (Bademci 2012).

Lack of training and appropriate supervision may prevent service providers from engaging effectively with SCCYP according to service provider and author views in three studies (Bademci 2012, Ferguson & Heidemann 2009, Lam & Cheng 2008). On the other hand, staff in one of these studies (Ferguson & Heidemann, 2009) expressed frustration with training not supported by necessary material resources. In two studies, staff expressed a lack of competence in addressing the problems of street-connected girls and young women, who were simultaneously perceived to be more vulnerable than their male counterparts to risks such as sexual abuse, comparatively high prevalence of STIs as well as HIV and pregnancy (Ferguson & Heidemann 2009, Savenstedt & Haggstrom 2005).

The aforementioned peer-based intervention in Turkey demonstrated that undergraduate psychology students could be successfully tutored to apply certain 'methods' for creating boundaried, emotionally safe practice (Bademci & Karadayi 2013). These were centred on

long-term commitment, regularity, punctuality, expression of warmth and open communication. Similarly, the intervention in Smith (2000) was explicitly based on a participatory, user-friendly approach translated into practical approaches adopted by peer educators.

In one study, untrained 'support staff' from low socio-economic backgrounds similar to the service users, were criticised by professionals in the organisation (psychologists, sociologists and social workers) for not establishing necessary boundaries (Bademci, 2012). A staff member in another, Kenya based study, highlighted issues in 'cultural mismatch' between staff and young people, where ethnic differences were perceived to generate challenges in meeting SCCYP's needs (Ferguson & Heidemann, 2009). Common cultural background between staff and SCCYP was argued to be a positive factor enabling beneficial role modelling. One study (Ferguson et al. 2006/08) compared faith-based organisations in three different countries (including one HIC) but, although differences in service ethos were reported depending on the faith-base of each service, particularly with regard to manifestations of faith, these were not reported to have differentially influenced service engagement.

Service provider gender was touched upon in two studies. The Turkish peer-based intervention found that the participating boys engaged very well with female peers (Bademci & Karadayi 2013). This was considered by staff to have positive implications for the SCCYP's relations with women in general, although one staff member expressed a preference for male peers. In another study, researchers suggest that involving woman service providers in the camp may have resulted in different (potentially enhanced) group dynamics (Dabir & Datta 2006).

4.3.3. Dealing with 'resistance' and challenging behaviours

According to Turnbull et al. (2009), SCCYP and service providers appear to have distinct, opposing agendas, with each party trying to manipulate the other to adjust to their needs and expectations. In contrast, two studies, while similarly critical of service providers' implicit expectations and normative biases, simultaneously recognised that the 'bravado' of SSCYP (alternatively constructed as agency or resilience) can also be a defensive barrier, a 'front' presented to a tough world (Smith 2000, Savenstedt & Haggstrom 2005). Hence services face the challenge of striking a balance between respecting the skills and qualities that SCCYP have acquired on the streets, and guiding them towards more mainstream, protected lifestyles (Rurevo & Baudrillard 2003). A staff member in one study felt that the lifestyles adopted by some SCCYP also reflected the influence of other powerful actors in the street environment, such as older SCCYP or pimps, but felt powerless to challenge these directly (Savenstedt & Haggstrom 2005).

Service user dissatisfaction with the constraining and controlling aspects of service settings was a recurrent theme in studies involving a variety of service settings, including regular shelters run by NGOs (Scivoletto et al. 2011, Conticini 2005, Balagopalan 2002, Dabir & Datta 2006, Turnbull et al. 2009). From a staff perspective, two related issues emerged: difficulties with engaging participants with less appealing pro-social behaviours (such as complying with rules) (Bademci 2013, Turnbull et al. 2009), and difficulties with engaging participants who appear particularly 'resistant' to change and re-adjustment, a conception explicitly formulated by a staff member as follows: 'Some [of the children] are hard cores

who will not hear anything or take orders – such that they end up running away, back to the streets' (Ferguson & Heidemann 2009 p360).

According to the Indian study mentioned above (Dabir & Datta 2006), participant feedback was predominantly positive despite a highly controlling camp environment, explicitly aimed at breaking through the resistance of 'chronic' runaways. However, the coercive and disciplinary elements of the camp were offset by a broad range of social and educational activities mostly led by dedicated personnel who also listened to the service users. The emphasis of the camp activities was to convince entrenched runaways of the value of family relations, and participants appeared to have internalised this message during their camp experience. This suggests an engagement/ intervention strategy akin to psychological manipulation, perhaps utilising pre-existing ambivalence, and softened by other engagement strategies. Upholding strict rules and behavioural expectations are also central to the 'tough love' approach adopted by some Brazilian service organisations (Harris et al. 2011). This was reported to include punishments, for example in the form of temporary or permanent exclusion, for unacceptable behaviour (Diversi et al. 1999). Participant feedback on the latter approach was negative. However, services may also exclude 'troublemakers' in order to protect better-integrated service users (Bademci 2012, Ferguson & Heidemann 2009), whose perspectives were not included in the research. When asked for their opinions on how they themselves would run the camp in the Indian intervention (Dabir & Datta 2006), several children criticised beatings, while one participant would have increased the severity of physical punishment and the majority did not comment on these, suggesting that authoritarian and disciplinary approaches may result in a stark polarisation of engagement and disengagement among participants.

In contrast, service user and staff feedback in Bademci & Karadayi (2013) suggested that even the most 'troublesome' service users are likely to develop greater engagement with services, including commitment to behavioural expectations, in a context of respectful, caring relations built over time. A preference for persuasive communication over commanding language was also expressed among service users in this study. However, as described above, this intervention involved peers, whose similarity in age to the service users was frequently commented on as a favoured aspect in itself. Similar to Bademci et al. (2013), a staff member in (Savenstedt & Haggstrom 2005 p493) emphasised a persuasive approach, requiring sufficient time to build relations, to 'instil' more mainstream attitudes and values in service users. According to another study, by providing role modelling in an environment where service providers of all ranks and service users engage in similar tasks, service users may also be engaged in less appealing activities such as cleaning (Ferguson & Heidemann, 2008). These findings point to the levelling of power hierarchies as a potentially successful engagement strategy.

4.3.4. Synthesis and discussion

Service user ambivalence. There was no clear pattern in the findings in this section, which may reflect the fact that young people may be simultaneously attracted by services being offered, while also resistant to engaging with them. Although the themes of autonomy, respect and equality emerging from service user perspectives echo the themes in previous sections, service users also seemed in some cases accepting or appreciative of adult-led or authoritarian services, where balanced by other factors, such as feeling cared for by the adults involved, or finding support in friends. However, resistance to engaging with adult

service providers also appeared related to external material and social circumstances and influences, including experiences of other authority figures present on the streets.

Varied service user approaches. From the perspective of service providers, we looked at the factors shaping staff members' relational styles. The data highlighted ideological and value-based factors, training (or lack of it), and personal identity. Just like service users' level and manner of engagement, service providers' attempts to engage SCCYP with services exhibited great variation and were shaped by a variety of factors.

Length of service engagement. A lengthy period of time was identified in one study as enabling the emergence of trusting relations essential for engagement, while a limited time frame of four weeks was utilised in another intervention to facilitate service user engagement with an authoritarian relational style. The latter finding tentatively raises the theme of endings and disengagement with services as a step towards social reintegration. Addressing the necessarily temporary nature of many forms of service engagement (including any emotional attachments) and the potential anxieties associated with this may in fact be a factor facilitating engagement, but was not directly addressed in the included studies.

4.3. Rejections and reunions: challenges of community and family engagement

We identified community and family engagement as a distinct dimension based on an alternative service approach which attributes the problems faced by SCCYP not only to individual children or young people but also to their environments. Consequently, engagement strategies are directed towards members of relevant communities. Earlier in our discussion we have referred to various forms of stakeholder involvement as part of outreach activities. In contrast, detailed examples of more sustained community or family involvement were scarce, as indicated below.

4.4.1. Community involvement

One study mentioned difficulties with trying to involve the community and challenging negative stereotypes (Ferguson & Heidemann 2009). The data also included a few examples of services involving the police. Training of police was raised in three studies, and some examples of positive police engagement are represented in the literature. During a round-up of SCCYP in Uganda, police violence was reportedly evident despite the police being instructed by the government to treat them with 'respect and kindness' (Jacob et al. 2004 p8). The study authors recommend that police training be an essential part of governmental interventions. In India, the police force is reportedly increasingly being trained to understand and respect children's rights (Dabir & Datta 2006).

A preventive intervention targeting female out-of-school youth in Nigeria attempted to sensitise law enforcement officials as part of the programme, recognising their role in preventing gender-based violence in the community (Fawole et al. 2004), while a Ugandan intervention involved police officers in training events for peer educators (Mitchell et al. 2007). The Indian NGO evaluated in this study describes, on their website (http://sathi-india.org/), the involvement of government officials, including police officers, in the reunification ceremonies marking a child or young person's voluntary return to their family home, and this was also mentioned in the project evaluation; however, empirical data regarding the engagement of the police was not presented in the study.

These interventions with a community involvement element attest to the possibility of at least gaining the support of individual members of the police for SCCYP-related causes, although the processes for achieving this have not been well described.

4.4.2. Engaging the family

Only a few studies included any details on strategies for engaging families. In this section, we refer to related quantitative and qualitative analyses of data, as reported in relevant studies included in this synthesis.

Some studies suggested that the families of SCCYP appeared entirely uninterested in seeking help for what they perceived as their children's shameful behaviour (Seth et al. 2005), or that families in some cases actively contributed to the difficulties their children were faced with (Ferguson & Heidemann 2009, Bademci 2012). For example, NGO staff in one study reported difficulties in involving parents of SCCYP, for example in workshops organised by the service (Ferguson & Heidemann 2009).

One service based in Brazil included in the analysis made extensive attempts to engage families in a multi-strand child-centred intervention described above (Scivoletto et al. 2011). Its aim was to involve parents or other important family members, including siblings and godparents, in the initial phase of participant engagement and evaluation. Therapeutic services were offered to interested family members. While the participants are characterised as coming from 'broken' families, it was reportedly possible to engage such family members in 301 out of 351 cases. One apparently successful engagement strategy was to provide the intervention in a community centre rather than a residential facility, respecting the participants' existing residential arrangements and social networks. Another factor facilitating engagement was the provision of free bus passes for the SCCYP, so that participants from slum areas (which were considered too unsafe for services to be based in) could travel to the intervention facility.

While these findings are encouraging, reports of the positive impact of family engagement on treatment attendance described in the literature are small scale and provide a limited evidence base. A complementary quantitative examination of data on treatment attendance in the above intervention (Scivoletto et al. 2012), , suggested that residential status (living with family vs. living in a group shelter or on the street), correlated with treatment attendance only where young people were diagnosed with a mood disorder or substance misuse disorder. The authors speculate that families with strained resources may be more likely to positively contribute to their children's engagement with clinical treatment, if the disorder the child suffers from has a serious impact on the family (as in the case of substance abuse), suggesting that such family factors are relatively more important for keeping youths engaged with treatment than particular service-related engagement strategies. However, further research would be needed to test this hypothesis.

The intervention described in Dabir & Datta (2006) was guided by the principle of family reintegration in all but a few exceptional cases. Therefore, all of the intervention components were focused on this goal. The SCCYP were usually escorted to their homes by a social worker, or collected by their parents, either as soon as contact had been made with the family, or after a four week stay at the rehabilitation camp (in the case of 'repeat runaways') focusing primarily on changing the participants' attitudes towards returning home and ending in a family meeting.

One staff member expressed the need to involve family members in intervention and follow-up activities. In contrast to some of the data referred to above, the sample of parents interviewed for the study were not difficult to engage once they had been located. This contrasted with the mixed feelings some children expressed about returning home. Many of the parents had already tried extensively and sometimes with great expense to locate their children, although in six cases the parents had reportedly not had time to notice their child had gone missing before repatriation occurred. Some parents came to pick their child up at the camp, but where this was not possible, children were escorted home by a social worker. Examples of police engagement in repatriation ceremonies, a method reportedly used by the organisation, were not described in the study.

For these families, the relief of reunification and of restored and improved family relations appeared to be sufficient reward for their engagement. Other types of incentives may distort the process. For example, a Ugandan governmental intervention supplied children returning to their families with a resettlement package consisting of 'a mattress, blanket, hoe, basin and 100,000 Ugandan shillings' (Jacob et al. 2007 p8). Whilst well-intentioned, there were worries in this case that desperately poor families may have been encouraged to send their children to the streets in order to collect the resettlement package.

4.4.3. Synthesis and discussion

Mixed experiences and service provider attitudes. The data in this area was limited in scope and inconclusive. Besides individual examples of successful community and family engagement, difficulties with involving community and family members were also reported, although not described in detail. The police are a pervasive presence in the lives of SCCYP, and appear to occasionally be involved in service development. Their involvement in the few interventions described is encouraging, but the manner in which they were engaged was not described in any of the studies.

Family engagement was discussed in some detail in two studies. In one study with a self-selected, retrospective sample consisting of the carers of re-integrated SCCYP, involving families did not really appear to be an issue, since most carers seemed to welcome their children back into the family, this being the unique service goal. In many cases, the parents had already been actively looking for their children in spite of restrictions placed by impoverished circumstances. However, there had been no attempts to involve the families in intervention activities as such, and no follow-up mechanisms were in place.

Another study, where family members were extensively encouraged to engage with the intervention, suggested that in this instance, residing with the family (as opposed to residing in a shelter) increased treatment attendance only among service users with specific diagnostic profiles. Although the reasons for this were not explored empirically, the authors speculated that family members of SCCYP could only be engaged where the problems of the SCCYP had a severe enough impact on the family, potentially because the families in question were forced by their circumstances to prioritise economic activities.

The community and the family were reported in the literature as contributing to the problems faced by SCCYP. This may prevent service providers from considering and treating these as potential resources. It has been documented that many SCCYP, especially boys and young men, continue to maintain complex yet meaningful connections to their families of origin (Thomas de Benitez, 2011).The acceptability of services and service goals to families and

communities, as well as their participation in interventions, are areas needing further exploration.

4.4. Summary of findings

Our systematic review on service interventions for SCCYP (Coren et al. 2013) identified the need to account for service-related process factors, particularly with regard to service engagement, in evaluations on intervention effectiveness.

Our data as presented here indicate that effective engagement is essential for attracting SCCYP to services and is a process that continues throughout an intervention.

4.5.1. Early engagement

The findings concerning early stages of engagement are summarised in the figure below.

Figure 4: Overview of findings (1)
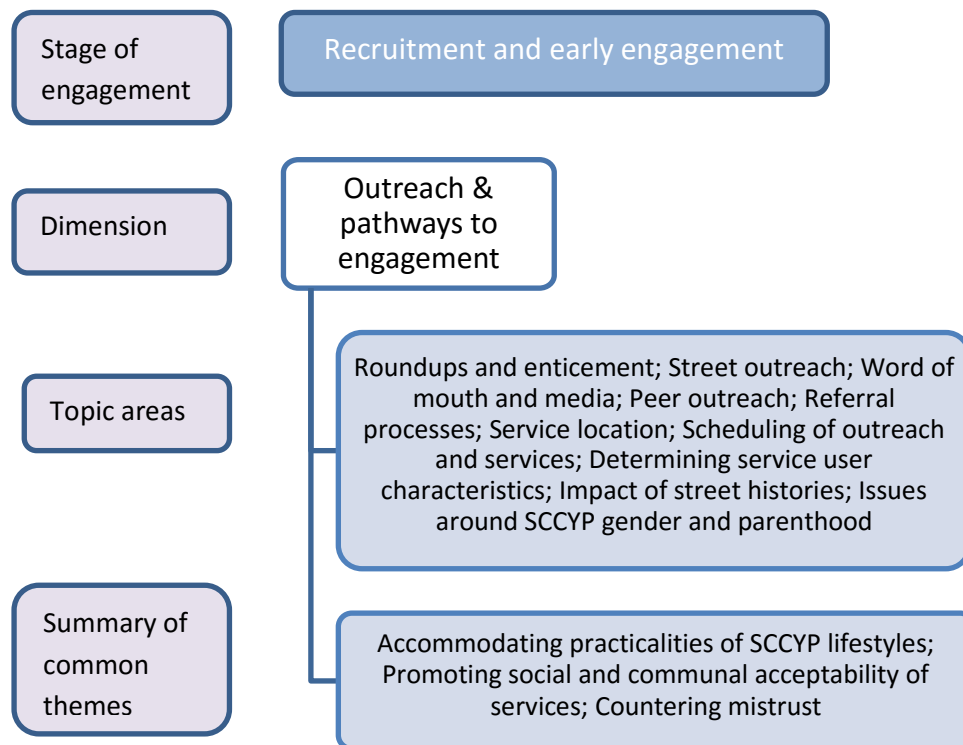
Outreach elements of services were inconsistently reported through the literature. Available data suggested that peer outreach can be useful and have potentially beneficial impact on service engagement, as well as involving local leaders or community locations such as marketplaces that young people utilise already. For focused interventions, such as targeted sexual health interventions, availability at a convenient time (e.g. weekends) and being time-efficient (e.g. not involving long waiting times) were important considerations reported in the included studies. The use of various media and peer educators was reported to be helpful in reducing stigma and enhancing the acceptability of services. Physical security and accessibility further increased engagement.

Certain subpopulations of SCCYP, including girls and young women and those with severe substance abuse issues, appeared more difficult to engage with services, and street-connected young parents and their children appear to be an underserved population. Generally, issues with service user mistrust were frequently reported. Potential ways to counter mistrust included enabling service users to initiate engagement at their own pace and at their own terms, by providing an accessible, appropriate, regular and continuous service. Highly punitive or coercive responses to SCCYP appear fairly common and both violate children's rights and provoke negative responses from young people and may contribute to revolving door type population instability with detrimental effects on service engagement.

4.5.2. Sustained engagement

The findings concerning sustained engagement are summarised in the below figure.

Figure 5: Overview of findings (2)
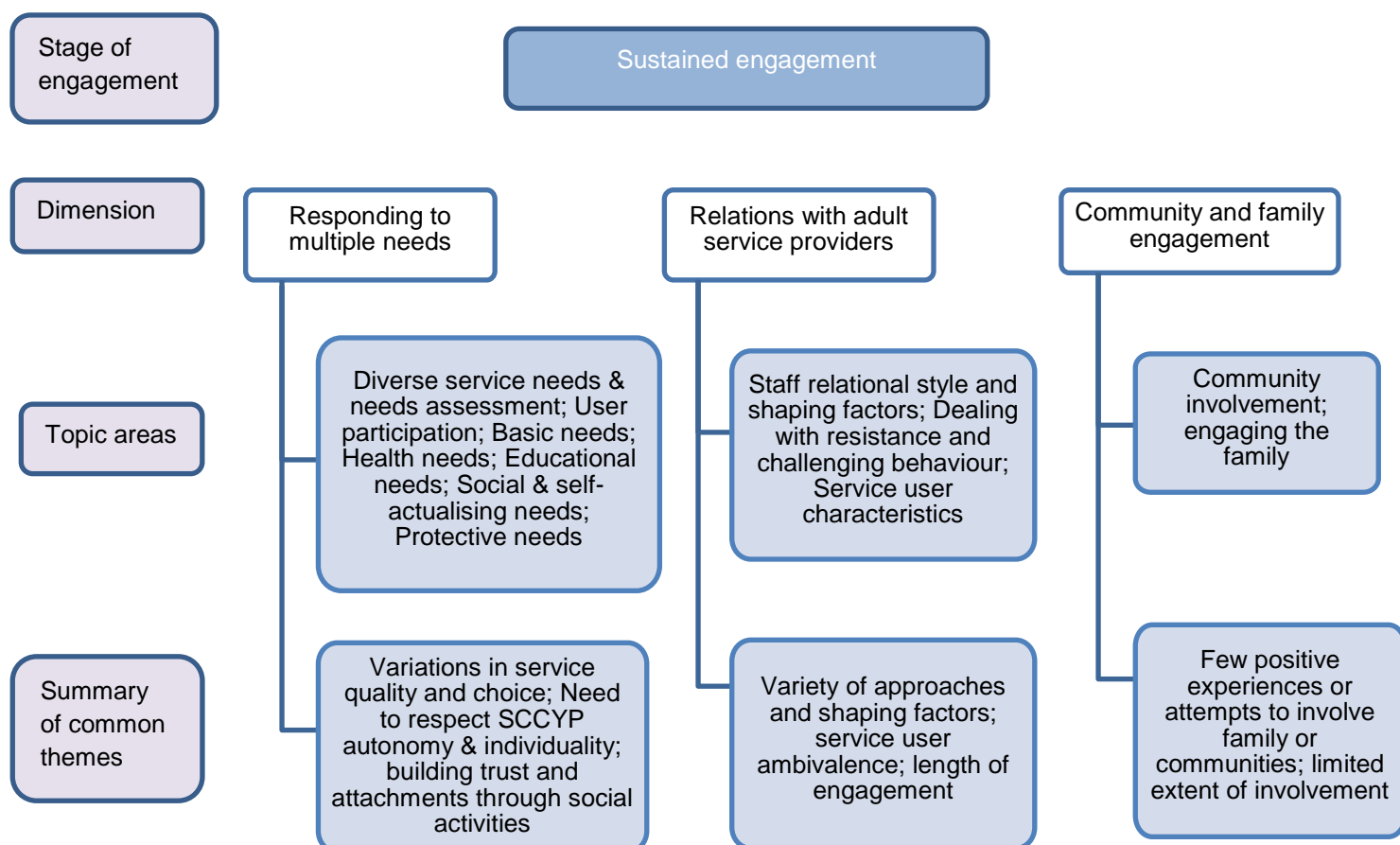
Group-based activities which provide opportunities to make friends or explore sensitive topics in a safe, facilitated service setting appeared successful engagement strategies with some SCCYP. In one study, a artnership with a university, particularly the use of university-based peer educators/ mentors, showed promise in enabling individualised and informed interventions to complement service delivery in shelters or drop-in centres, and were reported to have been highly accepted among SCCYP. Overall, services that offered choice,

variety and appropriate challenges according to each individual's needs and goals appeared more acceptable to SCCYP. As in the previous section, difficulties were reported with engaging girls and young women with services.

The data confirmed the view that SCCYP place a high value on the restoration of their status as respected and loved human beings and members of society. However, fostering this belief in the most vulnerable individuals may take a long time. Participatory methods were suggested as way of building self-efficacy and a sense of self-worth and ownership among street-connected populations. Further, the data consistently suggest that SCCYP valued meaningful, one-to-one relationships with reliable adults. Consistency, reliability and friendliness were staff qualities appreciated by SCCYP, although some SCCYP appeared difficult to engage even in the presence of such approaches. Overall, relationships with staff were far from easy or straightforward, and required appropriate organisational, professional and material support. Authoritarian relational styles and structured environments were also accepted by some SCCYP in certain circumstances.

Substance abuse appears to hinder service engagement and difficulties in addressing substance abuse were reported in several studies. Fun and relaxing activities, such as sports, story-telling, drama and meditation, were also described as necessary distraction and replacement activities facilitating service engagement. Generally, social and recreational activities, creative pursuits, and other activities offering opportunities not available in the street environment (e.g. media and drama production) appeared appealing to SCCYP. The data regarding engagement with educational provision was more mixed. As with health services, the varying quality and nature of alternative educational provision appeared to disengage some SCCYP. Involving the wider community, important authorities and/ or family members appeared to have some potential to strengthen service user engagement, although examples of this were scarce.

4.5. Implications for practice

Tailoring services to individual needs and strengths can help service users feel recognised and valued. For example, educational provision may act as a route to broader service engagement, but both educational and vocational training activities need to be tailored to service users' individual skills and aspirations, to maintain long-term motivation. Intervention activities however should therefore build on individual needs assessment and take into consideration any learning difficulties or other physical disabilities, such as speech and hearing difficulties, which appear common among SCCYP. Practice development to address issues of gender and family status (e.g. the needs of SCCYP who are also parents and/ or in a partnership) are also needed. For this, necessary professional expertise and resources may be required. However, some resources are already available to use in less professionalised settings. For example, project materials developed as part of the WHO project, including a toolkit on needs assessment, are freely available from the project website (WHO, 2013). Whether formalised or informal, needs assessment would seem to benefit from being on-going and taking several forms, from professional observations to focus groups and other participatory methods, as a response to evolving individual needs, street situations and group dynamics within a service setting.

Opportunities to make friends in a more pro-social environment and contribute to other SCCYPs in need of help, or even the wider community through service engagement, can help create new loyalties and hope for the future, acting as a motivator for sustained service

engagement. Some SCCYP may find it relatively easier as well as more motivating to engage with services involving peers (street-connected or not) than adults, who are more easily resisted as parental and authoritative figures. Recognition of SCCYP's remaining loyalties to their networks, whether families of origin and/ or street families may help them to engage with services, although the data in this area was inconclusive.

As in high income countries, there exist a broad range of services and interventions for SCCYP in LMIC settings. While we encountered some examples of highly professionalised services, other services did not have access to even basic resources. In the context of economic scarcity, some areas of good engagement practice emerge from our synthesis. For example, where service provision is limited by material or other circumstances, directly addressing participants' fears or anxieties may be therapeutic in itself, while offering service users the opportunity to make an informed choice about whether or not to engage with a particular service. Partnerships between universities and service organisations may benefit all the parties involved, and the utilisation of appropriately trained and supervised students as intervention providers in one study provided a relatively inexpensive as well as seemingly effective engagement 'booster'.

While some of the things that SCCYP appeared to value most can be considered 'free' resources – e.g. caring, respect, companionship and fun – organisations still require appropriate structures (e.g. funding and training) and cultures (including proper management and supervision) to enable staff to provide these in the context of a pressured environment. The need for provision to meet basic needs, as well as educational and occupational opportunities consistent with service user aspirations also has potential to promote engagement.

4.6. Implications for policy

There are a number of implications of this synthesis that policy makers could attend to that might support appropriate service delivery for SCCYP. Firstly, investment in SCCYP-sensitive police training, supporting more family/ youth workers to work in shelters, better public funding for shelters, support for services which are gender-sensitive and accommodating of street-based families headed by SCCYP, and expansion of substance abuse treatments which may promote both engagement in services available and also healthy, more socially integrated paths to adulthood. Supporting services for the harder-to-reach and under-served groups, e.g. girls and young women, should be a particular priority. Most of the services described in the studies included in the synthesis were non-publically funded NGO services and it may be that the state may play a limited role in SCCYP services in these countries., Consistent with the recent work by UNHCR it is also clear that better participation of SCCYP in development and evaluation of services, promoting SCCYP human rights and not (in some instances) primarily treating young people as criminals, would likely lead to better engagement with services and less suspicion of adult authority figures (Office of the UN High Commissioner for Human Rights, 2012).

4.7. Implications for research

While it is broadly assumed that service engagement impacts on outcomes, this is an area needing further research in the context of services for SCCYP. A clear step forward might be the development and adoption of clear indicators of engagement which might enable more consistent measurement and reporting of engagement processes.

Indeed, few of the included studies made an attempt to systematically evaluate service-related process factors. Many study recommendations are based on service providers' beliefs and values, rather than empirical research involving service users. We also do not know the relative importance of engagement-related process factors in relation to other contextual confounders, including gender or stage of street career. Longer-term and more carefully designed process evaluations are still very much needed, that explicitly define and evaluate the processes of service engagement and delivery, alongside further research on long-term intervention outcomes. Such process evaluations should incorporate the views of SCCYP so that services can attend to their expressed views in a more systematic way, and potentially improve the potential to meet the individual needs of autonomous and resilient SCCYP. In a similar vein, research could usefully be done with hard-to-reach and under researched groups, like street connected girls and their parents/ partners, to improve engagement as well as wider intervention practices with these groups. Of key importance in an area where the rights of service users seem to be so conspicuously under promoted, one of the most important research gaps identified in this synthesis came from the quality appraisal of included studies. The absence of reporting in most studies of any processes of ethical approval, informed consent and participation, are glaring absences and future research should attend to these important missing elements, if it is not to perpetuate some of the abuses of SCCYP's rights that beset the lives of these young people.

References

Studies included in the thematic synthesis

Ali, M & de Muynck , A (2005) Illness incidence and health seeking behaviour among street children in Rawalpindi and Islamabad, Pakistan - a qualitative study. *Child: Care, Health & Development* 31(5): 525-532.

Bademci, ÖH (2012) 'Working with vulnerable children': Listening to the views of the service providers working with street children in Istanbul. *Children and Youth Services Review* 34(4): 725-734.

Bademci, ÖH & Karadayi, FE (2013) Working with street boys: importance of creating a socially safe environment through social partnership, and collaboration through peer-based interaction. *Child Care in Practice* 19(2): 162-180.

Balagopalan, S (2002) Constructing Indigenous Childhoods: Colonialism, Vocational Education and the Working Child. *Childhood* 9(1): 19-34.

Conticini, A (2005) Urban Livelihoods from Children's Perspectives: Protecting and Promoting Assets on the Streets of Dhaka. *Environment & Urbanization* 17: 69-81.

Dabir, N & Datta, V (2006) [Online research report] *Home Placement of Street Children in Maharashtra, India*: 1-160. Available at www.sathiindia.org (research papers)*.* Accessed 30/04/2013.

Diversi, M, Filho, NM & Morelli, M (1999) Daily Reality on the Streets of Campinas, Brazil. *New Directions for Child and Adolescent Development* (85): 19-34.

Fawole, OI, Ajuwon, AJ & Osungbade, K (2004) Violence and HIV/AIDS prevention among female out-of-school youths in southwestern Nigeria: lessons learnt from interventions targeted at hawkers and apprentices. *African Journal of Medicine and Medical Sciences* 33(4): 347-353.

Fawole, O, Ajuwon, O, Osungbade , K and Faweya, O. (2003). Interventions for Violence Prevention among Young Female Hawkers in Motor Parks in South-Western Nigeria: A Review of Effectiveness. *African Journal of Reproductive Health, Vol. 7, No. 1, April, 2003 pp. 71-82*

Ferguson, KM, Dabir, N, Dortzbach K, Dyrness G & Spruijt-Metz D (2006) Comparative analysis of faith-based programs serving homeless & street-living youth in Los Angeles, Mumbai & Nairobi. *Children and Youth Services Review* 28(12): 1512-1527.

Ferguson, KM; Dortzbach, K, Dyrness, Grace, R, Dabir, N & Spruijt-Metz, D (2008) Faith-based programs and outcomes for street-living youth in Los Angeles, Mumbai and Nairobi: A comparative study. *International Social Work* 51 (2): 159-177.

Ferguson, KM & Heidemann, G (2009) Organizational strengths and challenges of Kenyan NGOs serving orphans and vulnerable children: a template analysis. *International Journal of Social Welfare* 18: 354–364.

Harris, MS, Johnson, K, Young, L & Edwards, J (2011) Community reinsertion success of street children programs in Brazil and Peru. *Children and Youth Services Revie*. 33: 723-731.

Jacob, WJ, Smith, TD; Hite, SJ & Cheng Sheng, Y (2004) Helping Uganda's Street Children: An Analysis of the Model for Orphan Resettlement and Education (MORE). *Journal of Children and Poverty* 10(1): 3-22.

Karabanow, J (2004) Making Organizations Work: Exploring Characteristics of Anti-Oppressive Organizational Structures in Street Youth Shelters. *Journal of Social Work* 4(1): 47-60.

Kasirye, R (2004) *Empowering streets and slum young people to prevent HIV/AIDS in Kawempe division-Kampala city: A case study of Uganda Youth Development Link (UYDEL)* [Online project report] Changmai Thailand conference organised by UNESCO: 1-25. Available at www.unesco.org/education/uie/pdf/Kasirye.pdf. Accessed 30/04/2013.

Kudrati, M, Plummer, ML & Dafaalla El Hag, YN (2008) Children of the sug: a study of the daily lives of street children in Khartoum, Sudan, with intervention recommendations. *Child Abuse & Neglect* 32: 439-448.

Lam, D & Cheng, F (2008) Chinese policy reaction to the problem of street children: An analysis from the perspective of street children. *Children and Youth Services Review* 30: 575-584.

Mathiti, V (2006) The Quality of Life of Street Children Accommodated at Three Shelters in Pretoria: An Exploratory Study. *Early Child Development and Care* 176(3-4): 253-269.

Mitchell, K, Nyakake, M & Oling, J (2007) How Effective Are Street Youth Peer Educators? Lessons Learned from an HIV/AIDS Prevention Programme in Urban Uganda. *Health Education* 107(4): 364-376.

Moncrieffe, J (2006) The Power of Stigma: Encounters with 'Street Children' and 'Restavecs' in Haiti. *IDS Bulletin* [Institute of Development Studies] 37(6): 34-46. Available at www.powercube.net/wp-content/uploads/2010/02/Moncrieffe.pdf. Accessed 30/04/2013.

Rurevo, R & Bourdillon, M (2003) Girls: The Less Visible Street Children of Zimbabwe. *Children, Youth and Environments* 13(1): unpaginated.

Savenstedt, S & Haggstrom, T (2005) Working with girls living on the streets in East Africa: professionals' experiences. *Journal of Advanced Nursing* 50(5): 489-497.

Scivoletto, S, da Silva, TF & Rosenheck, RA (2011) Child psychiatry takes to the streets: A developmental partnership between a university institute and children and adolescents from the streets of Sao Paulo, Brazil. *Child Abuse and Neglect* (2): 89-95.

Scivoletto, S, Silva, TF, Cunha, PJ & Rosenheck, RA (2012) The impact of psychiatric diagnosis on treatment adherence and duration among victimized children and adolescents in Sao Paulo, Brazil. *Clinical Science* 67(1): 3-9.

Seth R, Kotwal, A & Ganguly, KK (2005) Street and working children of Delhi, India, misusing toluene: an ethnographic exploration. *Substance Use & Misuse* 40(11): 1659-79.

Smith, C (2000) A Community Outreach Programme: Teacher Training at the University of Durban-Westville. *Educational Review* 52(1): 5-12.

Turnbull, B, Hernandez, R & Reyes, M (2009) Street children and their helpers: An actor-oriented approach. *Children and Youth Services Review* 31: 1283-1288.

World Health Organisation (WHO) (1993) *A One-Way Street?Report on Phase I of the Street Children Project* [Online project report] 14(4): 1-57. Available at http://apps.who.int/iris/handle/10665/62396. Accessed 30/04/2013.

Wyss, S, Ablordeppey, OJ & Kyei, A (2007) Reaching disenfranchised youth and mobile populations in Ghana through voluntary counselling and testing services for HIV. *African Journal of AIDS Research* 6(2):121-8.

Further references

Ahmed, A & Sohail, M (2008) Child's play and recreation in Dhaka City, Bangladesh. *Municipal Engineer* 164(4): 263-270.

Barnett-Page, E, & Thomas, J (2009) Methods for the synthesis of qualitative research: a critical review. *BMC medical research methodology*, 9(1): 59.

Berckmans, I, Velasco, ML, Tapia, BP, & Loots, G (2012). A systematic review: A quest for effective interventions for children and adolescents in street situation. *Children and Youth Services Review* 34(7): 1259-1272.

Biggeri, M & Anich, R (2009) The Deprivation of Street Children in Kampala: Can the Capability Approach and Participatory Methods Unlock a New Perspective in Research and Decision Making? *Mondes en développement* 2(146): 73-93.

Butler, UM (2009) Freedom, Revolt and Citizenship: Three Pillars of Identity for Youngsters Living on the Streets of Rio de Janeiro. *Childhood: A Global Journal of Child Research* 16: 11-29.

CSC (2009) Consortium for Street Children. *Street Children Statistics*. London: CSC.

Campbell, R, Pound, P, Morgan, M, Daker-White, G, Britten, N, Pill, R, ... & Yardley, L. (2011). Evaluating meta-ethnography: systematic analysis and synthesis of qualitative research. *Health Technology Assessment* 15(43).

Connolly, JA & Joly, LE (2012) Outreach with street-involved youth: A quantitative and qualitative review of the literature. *Clinical Psychology Review* 32(6): 524-34.

Consortium for Street Children (CSC) (2012) Street children in Brazil: Briefing to the IPU, May 2012 [Online briefing paper]. Available at http://www.streetchildren.org.uk/_uploads/publications/Street_Children_in_Brazil_-_Briefing_to_IPU_2012.pdf. Accessed 30/04/2013.

Conticini, A (2008) Surfing in the Air: A Grounded Theory of the Dynamics of Street Life and Its Policy Implications. *Journal of International Development* 20: 413-436.

Conticini, A & Hulme, D (2007) Escaping Violence, Seeking Freedom: Why Children in Bangladesh Migrate to the Street. *Development and Change* 38(2): 201-227.

Coren, E, Hossain, R, Pardo Pardo, J, Veras, MMS, Chakraborty, K, Harris, H & Martin, AJ (2013) Interventions for promoting reintegration and reducing harmful behaviour and lifestyles in street-connected children and young people. *Cochrane Database of Systematic Reviews* 2013, Issue 2. Art. No.: CD009823. DOI: 10.1002/14651858.CD009823.pub2.

De Oliveira, W, Baizerman, M & Pellet, L (1992) Street Children in Brazil and Their Helpers: Comparative Views on Aspirations and the Future. *International Social Work* 35: 163-176.

Deb, S, Mukherjee, A & Mathews, B (2011) Aggression in sexually abused trafficked girls and efficacy of intervention. *Journal of Interpersonal Violence* 26: 745-768.

DuBois, DL, Portillo, N, Rhodes, JE, Silverthorn, N, & Valentine, JC (2011). How effective are mentoring programs for youth? A systematic assessment of the evidence. *Psychological Science in the Public Interest*, 12(2): 57-91.

Dybicz, P (2005) Interventions for Street Children: An Analysis of Current Best Practices. *International Social Work* 48 (6): 763-771.

Embleton L, Atwoli L, Ayuku D & Braitstein P (2013) The Journey of Addiction: Barriers to and Facilitators of Drug Use Cessation among Street Children and Youths in Western Kenya. *PLoS ONE* 8(1). Available at http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0053435. Accessed 30/04/2013.

Ennew J, Swart-Kruger J. (2003) Introduction: homes, places and spaces in the construction of street children and street youth. *Children, Youth and Environments* 13(1):1-21.

Ferguson, KM & Islam, N (2008b) Conceptualizing outcomes with street-living young adults: Grounded theory approach to evaluating the social enterprise intervention. *Qualitative Social Work* 7(2): 217-237.

Glaser, BG & Strauss, AL (1967). *The Discovery of Grounded Theory: Strategies for Qualitative Research.* New York: Aldine De Gruyter.

Harden, A., Oakley, A., & Oliver, S. (2001). Peer-delivered health promotion for young people: systematic review of different study designs. *Health Education Journal* 60(4): 339-353.

Hosny, G, Moloukhia, TM, Abd Elsalam, G & Abd Elatif, F (2007) Environmental behavioural modification programme for street children in Alexandria, Egypt. *Eastern Mediterranean Health Journal/ La revue de sante de la Mediterranee orientale/ al-Majallah al-sihhiyah li-sharq al-mutawassit.* 13(6): 1438-48.

Karver, MS, Handelsman, JB, Fields, S, & Bickman, L (2006). Meta-analysis of therapeutic relationship variables in youth and family therapy: The evidence for different relationship variables in the child and adolescent treatment outcome literature. *Clinical Psychology Review*, 26(1): 50-65.

Kennelly, J & Watt, P (2011) Sanitizing Public Space in Olympic Host Cities: The Spatial Experiences of Marginalized Youth in 2010 Vancouver and 2012 London. *Sociology* 45(5): 765-781

Maciel, MR, Mello, AF, Fossaluza, V, Nobrega, LP, Cividanes, GC, Mari, JJ & Mello, M (2012) Children working on the streets in Brazil: predictors of mental health problems. *European Child & Adolescent Psychiatry* 22(3): 165-75.

Malindi, MJ & Machenjedze, N (2012) The role of school engagement in strengthening resilience among male street children. *South African Journal of Psychology* 42(1): 71-81.

Martin A, Coren E, Hossain R & Pardo J (2013) *Report of systematic mapping of literature from low and middle income countries concerning street connected children and young people.* Report for funders. Canterbury Christ Church University, UK

Naidoo, B (2008) *An evaluation of a Tai Chi program with street children in South Africa.* [Online PhD dissertation]: 1-146. Available at http://uzspace.uzulu.ac.za/bitstream/handle/10530/156/An%20Evaluation%20of%20a%20Tai%20Chi%20programme%20with%20street%20children%20in%20SA%20-%20B%20Naidoo.pdf?sequence=1 Accessed 30/04/2013.

Nalkur, PG (2009) Adolescent Hopefulness in Tanzania: Street Youth, Former Street Youth, and School Youth. *Journal of Adolescent Research* 24(6): 668-690.

Noyes J & Lewin S (2011) Chapter 5: Extracting qualitative evidence. In: Noyes J, Booth A, Hannes K, Harden A, Harris J, Lewin S, Lockwood C (editors), *Supplementary Guidance for Inclusion of Qualitative Research in Cochrane Systematic Reviews of Interventions.* Version 1 (updated August 2011). Cochrane Collaboration Qualitative Methods Group, 2011. Available from URL http://cqrmg.cochrane.org/supplemental-handbook-guidance

Noblit, GW & Hare, RD (1988) *Meta-Ethnography: Synthesizing Qualitative Studies.* London: Sage.

Panter-Brick C (2002) Street children, human rights, and public health: a critique and future directions. *Annual Review of Anthropology,* 31:147-71.

Rodd, H & Stewart, H (2009) The glue that holds our work together: The role and nature of relationships in youth work. *Youth Studies Australia*, 28(4): 4.

Save the Children (2005) Save the Children. Global Submission by the international Save the Children Alliance, UN Study on Violence against children. http://www.crin.org/docs/resources/publications/violence/Save_Alliance_Global_Submission.pdf 2005:43.

Sandelowski, M, Docherty, S, & Emden, C. (1997) Focus on qualitative methods Qualitative metasynthesis: issues and techniques. *Research in nursing and health*, 20: 365-372.

Slesnick, N & Prestopnik, JL (2005) Ecologically based family therapy outcome with substance abusing runaway adolescents. *Journal of Adolescence*, 28(2): 277-289.

Slesnick, N, Erdem, G, Bartle-Haring, S, & Brigham, GS (2013) Intervention with substance-abusing runaway adolescents and their families: Results of a randomized clinical trial. *Journal of consulting and clinical psychology*, 81(4): 600-614.

Thomas J, Sutcliffe K, Harden, Oakley A, Oliver S, Rees R, Brunton, G and Kavanagh, J (2003) *Children and healthy eating: a systematic review of barriers and facilitators.* [Report] Institute of Education.

Thomas de Benitez, S (2011). *Street children: A mapping and gapping review of the literature 2000 to 2010*. Available at www.crin.org/docs. Accessed 30/04/2012.

Thomas de Benitez S (2011b) *State of the World Street Children: Research*. London: CSC, 2011.

Office of the UN High Commissioner for Human Rights (2012) Protection and/or promotion of the rights of children living and working on the street. Available at http://www.ohchr.org/Documents/Issues/Children/Study/OHCHRBrochureStreetChildren.pdf accessed 20/9/12

United Nations (1989) The United Nations Convention on the Rights of the Child. Available at http://www.unicef.org.uk/Documents/Publication-pdfs/UNCRC_PRESS200910web.pdf. Accessed 25/06/2014.

UNICEF (2002). *The State of the World's Children 2003*. New York: UNICEF.

UNICEF (2005) The State of the World's Children 2006. New York: UNICEF.

Volpi, E (2003) Street Children: Promising Practices and Approaches. [Online working paper] *World Bank Institute*: 1-31. Available at http://siteresources.worldbank.org/WBI/Resources/wbi37196.pdf. Accessed 30/04/2013.

Woan, J, Lin, J, & Auerswald, C (2013) The health status of street children and youth in low- and middle-income countries: a systematic review of the literature. *Journal of Adolescent Health*, 53(3): 314-321.

World Health Organisation (WHO) (2013) *Management of Substance Abuse: Special Project on Street Children* [website]. Available at http://www.who.int/substance_abuse/activities/street_children/en/. Accessed 30/04/2012.

Appendix 1

Search strategy from Cochrane/ Campbell review

<mark>See Coren et al. (2013, pp101-8) for a list of search terms used.</mark>

Electronic searches

We searched the following bibliographic databases for eligible empirical studies published between the databases' inception and the search date:

Cochrane Central Register of Controlled Trials (CENTRAL) (database inception to search date)

MEDLINE and PreMEDLINE (1948 to search date)

EMBASE and EMBASE Classic (1947 to search date)

CINAHL (1966 to search date)

PsycINFO (1806 to search date)

ERIC (1950 to search date)

Sociological Abstracts (1952 to search date)

Social Services Abstracts (1979 to search date)

Social Work Abstracts (1977 to search date)

Healthstar (1966 to search date)

LILACS (database inception to search date)

System for Grey literature in Europe (OpenGrey) (database inception to search date)

ProQuest Dissertations and Theses (database inception to search date)

EconLit (1969 to search date)

IDEAS Economics and Finance Research (database inception to search date)

JOLIS Library Catalog of the holdings of the World Bank Group and IMF Libraries (database inception to search date)

BLDS British Library for Development Studies (1987 to search date)

Google, Google Scholar

Searching other resources

We screened items suggested by experts, advisory group members, and authors of included studies, including companion studies. We also checked reference lists of included studies from the electronic database search. We used search terms from the electronic search which describe our population, and adapt them as appropriate to search the Internet-based resources. We used relevant studies to perform a citing studies search using SCOPUS or Web of Science and PubMed's related article function to track references to the included articles, relevant reviews and annotated bibliographies.

We conducted a targeted Internet search on the following relevant sites:

§ www.pep-net.org/

§ http://www.ccemg.webapp3.uea.ac.uk/resources/C1%20Singapore_2009/Introduction%20
to%20search%20methods/Specialist_health_economics_literature_databases.pdf

§ J-PAL website

§ UNICEF database of evaluations

§ Eldis http://www.eldis.org/

§ Department for International Development http://www.dfid.gov.uk/

§ Inter-American Development Bank http://www.iadb.org

§ Asian Development Bank http://www.adb.org

§ African Development Bank http://www.afdb.org

Appendix 1A List of studies excluded from synthesis

Study details	Reason for exclusion
Biggeri, M & Anich, R (2009) The Deprivation of Street Children in Kampala: Can the Capability Approach and Participatory Methods Unlock a New Perspective in Research and Decision Making? *Mondes en développement* 2(146): 73-93.	Not relevant to review question
de Oliveira, AAP & Ribeiro, MO (2006) O cuidar da criança de/na rua na perspectiva dos graduandos de enfermagem. *Texto & Contexto Enfermagem* (002): 246-253.	Non-English language study
Deb, S, Mukherjee, A & Mathews, B (2011) Aggression in sexually abused trafficked girls and efficacy of intervention. *Journal of Interpersonal Violence* 26: 745-768.	Not relevant to review question
Gutierrez, R & Vega, L (1999) Preliminary report of a program elaborated for the purpose of diminishing the damage associated with toluene inhalation among "street children". *Salud Mental* 22: 75-78.	Non-English language study
Hosny, G, Moloukhia, TM, Abd Elsalam, G & Abd Elatif, F (2007) Environmental behavioural modification programme for street children in Alexandria, Egypt. *Eastern Mediterranean Health Journal/ La revue de sante de la Mediterranee orientale/ al-Majallah al-sihhiyah li-sharq al-mutawassit* 13(6): 1438-48	Not relevant to review question

Naidoo, B (2008) An evaluation of a Tai Chi program with street children in South Africa. [Online PhD dissertation]: 1-146. Available at http://uzspace.uzulu.ac.za/bitstream/handle/10530/156/An%20Evaluation%20of%20a%20Tai%20Chi%20programme%20with%20street%20children%20in%20SA%20-%20B%20Naidoo.pdf?sequence=1 Accessed 30/04/2013.	Not relevant to review question
Nalkur, PG (2009) Adolescent Hopefulness in Tanzania: Street Youth, Former Street Youth, and School Youth. *Journal of Adolescent Research* 24(6): 668-690.	Not relevant to review question
Olley, BO (2007) Changing social and HIV/AIDS risk behaviors: Effects of life skills educations among urban street youths. *Vulnerable Children and Youth Studies: An International Interdisciplinary Journal for Research, Policy and Care.* (1): 80-86.	Not relevant to review question
Rodríguez, Y (2003) Desempeño de instituciones que atienden a niños "de" y "en" la calle en Venezuela. *Revista Venezolana de Gerencia (RVG)* 8(21): 105-125.	Non-English language study
Santana, JP, Doninelli, TM, Frosi, RV & Koller, SH (2005) É fácil tirar a criança da rua, o difícil é tirar a rua da criança. *Psicologia em Estudo* 10(2): 165-174.	Non-English language study

Appendix 2

Quality appraisal criteria

The strength of evidence was assessed based on both methodological quality and evaluation of conduct of the study and its location in young people's perspectives. The quality appraisal tool was adapted from Harden et al. (2001) (Questions 1-6). A key concern of this review is the quality of participation the SCCYP have had in the studies and questions 7-12 were adapted from Thomas et al (2003, p24) to support the quality appraisal:

Box 1: Quality appraisal criteria

1. Was the recruitment/ selection process clearly described? (Y/N)

2. Was there a clear description of the context of the study? (Y/N)

3. Was there a clear description of the study methodology? (Y/N)

4. Was the data collection systematic? (Y/N)

5. Was there a clear description of the methods employed for data analysis? (Y/N)

6. Were the interpretations and conclusions clearly derived from the data? (Y/N)

7. Did the study report on children/ young people's views? (Y/N)

8. Did children/ young people participate in the design and conduct of the study? (Y/N)

9. Was ethical approval sought for the participation of children/ young people? (Y/N)

10. Did the study use appropriate data collection methods to help children/ young people to express their views? (Y/N)

11. Did the study use appropriate methods to ensure data analysis was grounded in the views of children/ young people? (Y/N)

12. Did children/ young people participate in the intervention evaluation? (Y/N)

13. How generalizable are the findings? (High/Medium/Low)

Did the study report on the children's views?

Did the children participate in the design and the conduct of the study?

Was ethical approval sought?

Did the study use appropriate data collection methods to help children/ young people to express their views?

Were data collection methods appropriate to ensure the data was grounded in the views of the children?

Did the children participate in the data evaluation?

www.3ieimpact.org