Psychosocial Needs and Supports for Street Children in India: Stakeholder Perspectives

Murat Yildirim[1,4], Naved Iqbal[2], Mohammad Mazhar Khan[3],
Michelle O'Reilly[4], Panos Vostanis[4*]

[1]Ağrı İbrahim Çeçen University, Department of Psychology in Faculty of Science and Letters, Ağrı, Turkey
[2]Jamia Millia Islamia University, Department of Psychology, Delhi, India
[3]Salaam Baalak Trust, DDA Community Centre, Delhi, India
[4]University of Leicester, Department of Neuroscience, Psychology and Behaviour, Leicester, UK.

*Corresponding author:
Email: pv11@le.ac.uk

Abstract

The research aimed to establish how psychosocial supports are experienced by children who lived on the streets, juxtaposed with caregivers' views. Semi-structured interviews were conducted with seven children aged 12-16 years recruited from a shelter in Delhi who had lived on the streets, four parents, and five professionals. The data were analysed using thematic analysis. Three themes were identified: 1) children's psychosocial needs, 2) risk factors, and 3) protective factors and supports. Inter-linked risk factors were deprivation of basic needs, exploitation, maltreatment, antisocial activities and substance abuse. Emotional and physical safety was a priority before instigating resilience-building strategies. These consisted of developing peer and staff relationships, education, sports and creative activities. Counselling was viewed as important, but integral to other supports. The multiple and complex psychosocial needs of street children require a co-ordinated, interdisciplinary and scaled care approach. This should prioritize protection strategies, followed by integrated resilience-building interventions.

Introduction

Street children and youth are one of the most vulnerable groups requiring attention and protection provided by a range of services. While it is known that the number of street children is increasing, it is difficult to estimate exact figures, because of varying contexts, definitions and mobility (Watters & O'Callaghan, 2016). Some reports indicate that the number of street children worldwide are more than 100 million (Ohchr, 2012). There are various reasons why street children leave home, which differ between high-and low/middle-income countries (LMIC). Familial conflict and child maltreatment have been established as the main reasons of leaving home in high-income countries (Hadland, Kerr, Li, Montaner, & Wood, 2009) and while these are also risk factors in LMIC, poverty is a further significant contributor (Olley, 2006). For example, in India, street children usually beg or work as coolies, paper collectors or shoe polishers, often from the age of ten years (Mutluri, 2015; Mohan, Yadukul, & Satish, 2018). In

Bangladesh, street children routinely work in hazardous, and ad-hoc jobs at the bottom of the informal labour market (Reza & Bromfield, 2019). Street children are particularly susceptible to exploitation, neglect, harassment and discrimination by gangs, other street dwellers, the community, as well as by authorities (Reza & Bromfield, 2019). A number of studies have shown that street children are at risk of subsequent sexual and physical abuse, violence, drug use, criminality, drop-out from education, and serious health conditions such as hepatitis and sexually transmitted diseases (Fallah et al., 2008; Hills, Meyer-Weitz, & Asante, 2016; Sah, Neupane, Pradhan, Shah, & Sharma, 2019). All these vulnerabilities make them prone to developing various mental health problems, including depression, anxiety and suicidal ideation (Myburgh, Moolla, & Poggenpoel, 2015).

There has been increasing interest in what can buffer such adversities, as a significant proportion of street children do not develop maladaptive behaviours, despite exposure to risk and adverse events (Kidd & Shahar, 2008). Research has identified these protective factors as including: adaptive coping strategies, self-esteem, secure attachment relationships, parental support, sense of belonging, positive peer group, role models, strong bonds with agencies and community/religious institutions, and access to services (Lightfoot, Stein, Tevendale, & Preston, 2011; Pandian & Lakshmana, 2017; Seth, Kotwal, & Ganguly, 2005). Building a knowledge-base, underpinned by evidence regarding these protective factors that can mitigate negative outcomes, can thus play an important role in designing psychosocial interventions. Most of the evidence available is based on psychosocial rating scales, and largely completed by parents and other caregivers. In contrast, there is limited evidence on street children's perspectives of how they understand and define psychosocial supports, and which of those supports can be accessed in the face of extreme adversity. Findings from qualitative research with other vulnerable groups of children, such as, refugees, children who suffered maltreatment and/or live in public care, show that capturing their voice is extremely important in planning interventions and improving services. Vulnerable children who experienced trauma

particularly value trust, ease of access, youth-friendly approaches and environments, flexibility, building a relationship with professionals, being listened to, receiving individualized care plans, being empowered as active agents in decisions about their care, integration of psychosocial interventions with practical supports, culturally sensitive approaches, and inter-agency collaboration (Davison, Zamperoni, & Stain, 2017; Frauenholtz & Menderhall, 2020). Children's views can differ from those of their parents, other caregivers and professionals (Getanda, O'Reilly, & Vostanis, 2017) and therefore, it is important to capture street children's perspectives, and to juxtapose them with those of their caregivers and professionals, to develop appropriate interventions and service supports. This research gap and service need informed the rationale for this study.

Objectives

The overarching research objective was to establish how psychosocial supports for street children are defined, and which of those supports are available.

Methods

The objective was addressed through an exploration of the following research questions:

1. How do stakeholders conceptualize street children's psychosocial needs?

2. Which psychosocial supports and resources can they identify in the face of extreme adversity?

3. How are these supports and resources viewed by different stakeholder groups?

Study design

A qualitative research design was adopted, as this was appropriate to address the research questions in establishing participants' experiences and perspectives.

Participants

Homeless or street children in India are defined as surviving on their own and sleeping on the streets, pavements, railway stations, bus stops, or outside places of worship. At any one time, 8,573 street children are accommodated in residential homes (out of a total of 377,649 in residential care) for

re-integration into society (MWCD, 2018). Their stay is less than six months where re-unification with their families is possible, otherwise they remain at the care home until they reach adulthood. Children were recruited from such a non-statutory boys' care home in Delhi. This home provides outreach work, medical and psychosocial support, education, skill-building and rehabilitation through a multidisciplinary staff group. All young residents and their parents (when contactable) were invited to take part (see ethics procedure below), as well as representative professionals from the staff group. The final sample consisted of seven children, four parents and five professionals. Children were aged between 12-16 years (mean = 14.7 years) and had lived in the care home for 2-12 years (mean = 5.7 years). Children's reasons for living on the streets and being placed at the care home are described in Table 1. Two mothers and two fathers were aged between 38-45 years (mean = 41.2 years). Participants' professional disciplines were: caregiver with responsibility for welfare and rehabilitation, social worker with guardianship responsibilities, medical social worker, educational co-ordinator, and helpline officer with child protection and placement responsibilities. They had 8-20 years of experience in their roles (mean = 15.2 years).

Table 1 : Children's profile

Age	Years in care home	Previous history
15	4	Sent from village to work in grandfather's shop in the city. Physical abuse and financial reasons precipitated placement.
12	2	Father left at early age, mother could not afford to care for him. Rag picking on the streets.
16	3.5	Parents killed in car accident.
15	12	Ran away from family, previously lived in another care home, followed and living with strangers in a slum area.
15	6	Ran away from home. Slept on railway, substance abuse.
15	4	History of alcohol abuse and domestic violence by father. Ran away across many states. Slept on railway, rag picking, substance abuse.
15	9	Lived with mother at domestic violence shelter. Placed in this care home because of its education provision.

We utilized a pragmatic approach to data collection with this seldom-heard group of children, and used the stopping criterion to indicate data saturation (Francis et al., 2010). While saturation was achieved across the whole sample, it was not fully reached within populations, which reflected the challenging nature of reaching such groups for research. Nonetheless, the data produced by those recruited was rich and in depth, whilst recognising the importance of a child-centred approach and acknowledging that saturation is a contentious measure of sampling adequacy (see for example) (Braun, & Clarke, 2019a; O'Reilly, & Parker, 2013). This sampling adequacy approach is consistent with a thematic design, and accounts for a determination of no new conceptual issues emergent through discussion

Research procedure
Certain safeguarding precautions were taken because of the vulnerability of the young participants. The study was approved by the care home Board and by the Research Ethics Committee of (anonymized reference). Parents or legal guardians of children provided written consent, and all children provided verbal assent.

Apparatus
A semi-structured individual interviewing approach was considered the most appropriate way of collecting data to address sensitive issues with the different participants, especially children, and to

answer the research questions (O'Reilly, & Dogra, 2016). The development of the interview guide was informed by the available literature on psychosocial needs, risk and protective factors of street children and other vulnerable groups e.g. Getanda et al. 2017 evidence on psychosocial interventions and services in LMIC (Patel et al., 2018); and by the socioecological systems theory of approaching children's development and mental wellbeing at different and dynamically linked levels (Bronfenbrenner, 1979). The interview guide was refined with the local researchers and service providers, who had contextual knowledge of issues at stake. In particular, children's interview guides were phrased in a developmentally appropriate language (Bone, O'Reilly, Karim, & Vostanis, 2015). Interviews were conducted by the third author (anonymized) who had relevant qualifications in research methods and experience in conducting research with children. The data collection process involved open dialogue and regular consultation within the research team to ensure that the quality indicators of reflexivity, transparency and credibility were achieved, as congruent with qualitative design (Levitt, Motulsky, Wertz, Morrow, & Ponterotto, 2017).

Data analysis

Interviews were recorded, transcribed in Hindi, and translated into English. A thematic approach was applied to analyse the data. We utilized thematic analysis to identify, analyse and report patterns in the data (Boyatzis, 1998). While there are different approaches to undertaking thematic analysis, we utilized the coding reliability approach (Braun, & Clarke, 2019b), which means that a meaningful conclusion can be derived from the data via a systematic and robust coding process, to identify prominent themes that reflect the participants' point of view (Boyatzis, 1998). In other words, we coded the data using the three-tier approach of Boyatzis, which takes a systematic approach to coding, where labels are applied on three levels to create overarching themes.

Results

Analysis identified three core themes from the interviews: (1) Children's psychosocial needs, (2) risk factors, and (3) protective factors and psychosocial supports. Each theme is elaborated below in relation to the research questions of the study.

Theme One: Children's psychosocial needs

Basic needs such as food, shelter and safety were the priority for interviewees in maintaining survival. Some participants could only identify this once they had experienced the relative safety of a care home.

"Children think that living in the streets is best for them, but we can tell them that their lives can be even better if they will live in such homes, for which we have to make more shelter homes...it can help them to mould their lives for a better future. When I came here, only then I was able to distinguish the difference between the life at the streets and in the shelter home, and I see a huge difference among both." Child 6

"The most important support they are getting is shelter. Care homes are fulfilling their other basic survival needs such as food, clothes and education." Parent 2
Ways of making children safe were considered, both while on the streets and through residential settings. Interestingly, some parents view the care home as providing more safety than their family unit, as they feared that children could run away and return to the streets.

"I also want more Childline and Contact Points to be established, so that these street children could be reached easily, and they could be provided with a safe environment in the NGO care home." Child 5

"He is safe in the centre and we are free to work. Our society is not good. If he lives here, he will be safe, and he will study. He would not be able to roam outside and will be safe from substance use." Parent 3
Safety was the springboard in fulfilling higher level needs, namely education and peer relationships. Lack of opportunities and fighting for survival meant that children had often lost their motivation. Psychosocial needs were not conceptualized as a priority at this stage. All three stakeholder groups focused on children's isolation, not belonging and lack of trust after months or years of living and working on the

streets. These barriers were viewed as priorities in engaging children following admission, if they were to exploit educational and life skills opportunities.

"Initially when I joined the school here, I made many friends and even best friends with whom I love spending my time, they even invite me to their birthday parties. Child 6

"I want him to gain good education, and he should be able to adjust in a good society. His education should be focused on." Parent 3

"They do not initially have much interest in education. But when you put them in mainstream education, they gradually pick up and go ahead." Professional 3

Theme Two: Risk factors

Participants, especially the children, highlighted the inter-linkage between reasons for ending up on the streets and deprivation of basic needs, subsequent exploitation and abuse, and maladaptive behaviours such as antisocial activities and substance abuse.

"Life on the streets is very difficult and not easy to survive. Sometimes one is even deprived of food. I used to make mistakes, and then I had to bear the abuses and beating. Very small children doing a lot of work. They have their own reasons, and they have to work to fill their empty stomachs. Some get into wrong activities, some get into substance use, some steal." Child 1

"When the children run away from their homes and live on the street, situations make them vulnerable due to the different kinds of child exploitations/abuses such as physical, emotional, drug, child labour and sexual abuse…" Professional 1

It was acknowledged by professionals and parents themselves that homelessness and illicit labour were often initiated or encouraged by parents. The underlying reason was usually to increment the small family income. Children were sometimes sent from villages to the city to stay with relatives and work.

There are many parents who are not making their children study, rather they are involving them in rag picking. They make the children beg for money and do not care for their future." Parent 3

Children were considered to remain at risk of runningaway and further exploitation, despite being

in residential care. When they felt relatively safe, underlying mental health symptoms gradually emerged. Children reported emotional problems such as sadness, crying, sleep disruption and suicidal ideation, which did not appear to be detected by adults. Instead, all stakeholder groups recognized social withdrawal or isolation and externalizing behaviours, such as aggression, as reflecting children's adjustment difficulties.

"First of all, this place was very new for me, and there were so many older children living here. So, I didn't like it, I started missing my family and ran away. I was not used to the place. I went to a nearby place and started crying." Child 4

"When I came here, I faced many problems. Initially I didn't like staying here, I always used to think about escaping from here. I used to cry all the time. I used to stay tensed, I even started seeing nightmares, because of which I used to stay awake all the nights…and started having suicidal thoughts, after which I went to the counsellors and shared all my problems with them." Child 3

Theme Three: Protective factors and psychosocial supports

In parallel with Theme One, survival skills were viewed as pre-requisites, followed by adaptive coping strategies that would help children become more resilient. These were reported as important by professionals, rather than children themselves.

"Survival skills help street children and young people become more resilient." Professional 5

"Actually, they live on the street, so they are called street 'smart' kids. They know how to save themselves from other people and are able to fulfil their basic needs on the street." Professional 3

Professionals stated that adversities could also lead to the development of coping strategies, which children would work out for themselves or learn from others in the same situation.

"Due to the various reasons when they run away from their homes and faced the problems on the street, they become able to solve their issues, and early exposure of problems makes them more resilient." Professional 4

Although children had not identified protective factors while on the streets, they viewed peer support and education as important when feeling safe at the care home. Being accepted by staff and peers, building relationships, making friends and, crucially, gradually regaining trust, were key mechanisms for children in engaging with their new school and care life. Celebrating festivals and organizing activities together within the care home were particularly important in compensating for the absence of a nuclear family unit.

"I feel happy staying here, because I have my friends here, and I can get education here as well." Child 2

"I have a unique experience living here...like I don't feel lonely here, as my friends are always available to play and to talk with." Child 4

Caregivers and professionals appeared aware that building trust, nurturing and positive relationships were essential initial steps in the re-integration process. In contrast, participating parents focused more on learning and academic achievement, rather than the relational and life skills benefits of education. They particularly focused on the importance of opportunities, and the chance for the child to thrive through a school system, as supported by the community

"They need parents' love, care and protection. In school, they need respect and equal opportunities in the school system. The community needs to support them in all aspects and, most importantly, people should see them in a positive way." Professional 1

Extra-curricular social activities were central in children making and sustaining new relationships, as well as learning new life skills after a long time on the streets, which they could begin to apply in preparation for young adulthood and independence. Children were enthusiastic about several sports, such as cricket, football, running, squash or kickboxing. One young person was already competing at state and national level, and hoped to become a coach one day. Creative activities like drawing, music, theatre and dance served a similar function of unleashing potential, and enhancing self-esteem and social skills. Another young person was enthusiastic about rap music and had been encouraged by staff to record his own rap song. Interestingly, he had decided to use his talent to help other children who lived on the streets.

"I want to share that I write songs for the children who are living in the streets, those who don't have daily bread, and those children who are living with a large family in a cramped house...and I will always write my songs for them." Child 4

Although counselling was mentioned several times by all stakeholders, including children, who generally found it helpful, it was interesting to note that this was contextualized in relation to other functions rather than viewing it as 'therapy'. Children thus valued counselling in helping them with education, sports or health issues such as controlling asthma symptoms. Crucially, children stated that counselling should be introduced early in the admission process, when they are most vulnerable and at risk of returning to the streets.

"I am happy here because we are provided with regular counselling to deal with our difficulties, and we often get the chance to participate in sports. Child 5

In terms of other services, a range of agencies were reported by parents and professionals as being helpful, although these appeared to be recommendations rather than services received, at least before children had been accommodated in the care home. Their desired role was again integrated with practical support. Children especially referred to helplines as being accessible, non-judgemental, and confidential - thus safe – whilst living on the streets and throughout their placement.

"People who are social workers should help. If they see a child doing substances or not doing studies properly, they should help." Parent 3

"People who are working in the field can be more helpful. I feel if field workers focus more, then it would be better. The law can also play an important role in tackling various issues." Parent 4

"They need financial assistance, as well as continuous guidance by the social workers. Teachers and community people encourage them towards a quality education." Professional 4

Discussion

This study explored the experiences and perceptions of children who had lived on the streets in the city of Delhi in India, as well as of their parents and key professionals involved in their care, on how the psychosocial needs of this vulnerable group could be met. The overwhelming priority of keeping children safe and providing for their basic needs through a variety of strategies came across from all stakeholders. Interestingly though, only adults identified the children's capacity to develop some survival and coping skills. The children themselves only reported protective factors when they were in a safe environment, and even then, these were related to external factors such as peer support and education. None of the stakeholders related to mental health issues during the early 'unsafe' period. Symptoms of distress, predominantly through emotional presentations, began to emerge during the re-integration phase. At that point, children valued staff guidance and counselling, albeit linked with sports and social activities.

Although there is paucity of evidence on the effectiveness of psychosocial interventions for street children, the findings of this study are consistent with recommendations arising from research on risk and protective factors among street and other vulnerable children, who share similar characteristics and vulnerabilities such as the war-affected, refugees, and children who suffer maltreatment. For example, Sayem & Kidd, (2013) found that education and access to prevention services predicted enhanced resilience among street children in Dhaka, Bangladesh. All these vulnerable groups have multiple needs, which can only be addressed through co-ordinated, interdisciplinary and multi-layered programmes of individual, family, school and community-based approaches (Hills et al., 2016; Pandian & Lakshmana, 2017; Watters & O'Callaghan, 2016). These approaches are especially pertinent in LMIC contexts with limited specialist resources (Vostanis, 2017). Their design and implementation should be informed by theories such as the sociecological systems framework (Bronfenbrenner, 1979), and by international service guidelines on a stepped care service model

(World Health Organization, 2016). Vulnerable children and youth have been shown to offer valuable insights to the development of interventions and services that influence their lives (Vostanis et al., 2020), and this knowledge should complement parents, professionals' and policy makers' perspectives (Vostanis, Maltby, Duncan, & O'Reilly, 2018).

Combined legal, police and child protection strategies should ensure children's safety and removal from the streets. Community or residential options should be built in from the outset, through availability of such resources, and jointly working between law enforcement, child protection and rehabilitation agencies. Re-building children's engagement, trust and relationships is a pre-requisite for motivation and change (Hossain & Coren, 2015). This can lead to resilience-building by helping the children to develop problem-solving and self-reliant coping skills (Lightfoot et al., 2011). Family contact or re-unification, where possible, should be considered at the second stage. This would focus on enhancing parental strengths such as emotional availability, positive rearing strategies, and nurturing. Psychosocial support can be integrated through social activities, education and life skills, in addition to counselling or direct pathways to mental health services, if required. Multi-modal interventions and interdisciplinary working need to be supported by joint policies, budgets and capacity-building.

Limitations

This valuable qualitative study provides an insight into a group of children that have rarely held a voice in academic literature. While the sample of stakeholders may not be representative of other sociocultural or welfare contexts, and the sample size is small, the lack of evidence in this area means that this study is an important starting point for identifying core issues at stake. There were limitations to the research, as the setting we recruited from was a boys' care home. It was thus not possible to explore gender-related issues. Children in this study were no longer living or working on the streets, as they had been accommodated in a care home. Consequently, we may not have included even more vulnerable children who could not be rehabilitated in a similar

way. It would have been useful to complement stakeholders' views on needs and service use with quantitative measures of mental wellbeing, mental health problems, and resilience in a larger sample recruited at different stages of children's experiences. For example, future research should engage children at risk of becoming homeless, while living and working on the streets, in care settings such as in this study, and re-united with their family or other family members. Such a comparative research design would enable better understanding of specific risk and protective factors (i.e. factors that predict better psychosocial outcomes), in order to identify suitable points for appropriate interventions.

Recommendations

The protection and re-integration of street children requires a stepped interdisciplinary psychosocial approach between state authorities and service providers. These should prioritize child protection strategies, followed by integrated resilience-building interventions. Children's voices and experiences should influence the contextualization of interventions and service provision in conjunction with those of parents, professionals and policy makers.

Acknowledgements

Declaration of conflicting interests

The authors declare that they had no conflicts of interest with respect to their authorship or the publication of this article.

Ethics approval

This study was approved by the Psychology Research Ethics of (anonymized). The serial number was 19394.

References

Bone, C., O'Reilly, M., Karim, K., & Vostanis, P. (2015). "They're not witches…" Young children and their parents' perceptions and experiences of Child and Adolescent Mental Health Services. Child: Care, *Health and Development, 41*(3), 450-458.

Boyatzis, R. (1998). *Transforming Qualitative Information: Thematic Analysis and Code Development.* Sage, London.

Braun, V., & Clarke, V. (2019a). To saturate or not to saturate? Questioning data saturation as a useful concept for thematic analysis and sample-size rationales. *Qualitative Research in Sport, Exercise and Health,* 1-16,

Braun, V., & Clarke, V., (2019b). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health, 11*(4), 589-597.

Bronfenbrenner, U. (1979). *The Ecology of Human Development: Experiments by Nature and Design.* Cambridge, MA: Harvard University Press.

Davison, J., Zamperoni, V., Stain, H. (2017). Vulnerable young people's experiences of child and adolescent mental health services. *Mental Health Review Journal, 22*(2), 95-110.

Fallah, F., Karimi, A., Eslimi, G., Goudarzi, H., Malekan, M., Navidinia, M., & Moradi, A. (2008). The assessment of hepatitis B and C prevalence in street children of Tehran from Farvardin to Shahrivar 1386. *Research in Medicine, 32*(2), 147-151.

Francis, J., Johnston, M., Robertson, C., Glidewell, L., Entwistle, V., Eccles, M., & Grimshaw, J. (2010). What is adequate sample size? Operationalising data saturation for theory-based interview studies. *Psychology and Health, 25*(10), 1229-1245.

Frauenholtz, S., & Mendenhall, A. N. (2020). "They'll Give You a Second Chance": Perceptions of Youth and Caregivers Regarding Their Experiences in a Community-Based Mental Health System of Care. *Child and Adolescent Social Work Journal*, 1-9.

Getanda, E., O'Reilly, M. & Vostanis, P. (2017). Exploring the challenges of meeting child mental health needs through community engagement in Kenya. *Child and Adolescent Mental Health, 22*(4), 201-208.

Hadland, S., Kerr, T., Li, K., Montaner, J., & Wood, E. (2009). Access to drug and alcohol treatment among a cohort of street-involved youth. *Drug and Alcohol Dependence, 101*(1-2), 1-7.

Hills, F., Meyer-Weitz, A., & Asante, K. (2016). The lived experiences of street children in Durban, South Africa: Violence, substance use and resilience. *International Journal of Qualitative Studies on Health and Well-Being, 11*(1), 30302.

Hossain, R., & Coren, E. (2015). Service engagement in interventions for street-connected children and young people: A summary of evidence supplementing a recent Cochrane-Campbell review. *Child Youth Care Forum, 44*(3), 451-470.

Kidd, S., & Shahar, S. (2008). Resilience in homeless youth: The key role of self-esteem. *American Journal of Orthopsychiatry, 78*(2), 163–172.

Levitt, H., Motulsky, S., Wertz, F., Morrow, S., & Ponterotto, J. (2017). Recommendations for designing and reviewing qualitative research in psychology: Promoting methodological integrity. *Qualitative Psychology, 4*(1), 2.

Lightfoot, M., Stein, J., Tevendale, H., & Preston, K. (2011). Protective factors associated with fewer multiple problem behaviours among homeless/runaway youth. *Journal of Clinical Child and Adolescent Psychology, 40*(6), 878-889.

Ministry of Women and Child Development (2018). *Analysing Data of Mapping and Review Exercise of Child Care Institutions.* Delhi: MWCD.

Mohan, M., Yadukul, S., & Satish, K. V. (2018). Socio-demographic profile of pattern of solvent abuse among street children in Bengaluru. Indian *Journal of Forensic Medicine and Toxicology, 12*(2), 1-5.

Mutluri, A. (2015). Situational analysis of street children in Guntur, Andhra Pradesh. *Techno Learn, 5*(1-2), 27-32.

Myburgh, C., Moolla, A., & Poggenpoel, M. (2015). The lived experiences of children living on the streets of Hillbrow. *Curationis, 38*(1), 1-8.

OHCHR (2012). *Report of the United Nations High Commissioner for Human Rights on the Protection and Promotion of the Rights of Children Working and/or Living on the Street.* Geneva: United Nations.

Olley, B. O. (2006). Social and health behaviors in youth of the streets of Ibadan, Nigeria. *Child Abuse and Neglect, 30*(3), 271-282.

O'Reilly, M., & Dogra, N. (2016). *Interviewing Children and Young People for Research.* London: Sage.

O'Reilly, M., & Parker, N. (2013). Unsatisfactory Saturation': A critical exploration of the notion of saturated sample sizes in qualitative research. *Qualitative Research, 13*(2), 190-197.

Pandian, R. D., & Lakshmana, G. (2017). Risk and resilience factors for substance use among street adolescents: Assessment and development of an integrative model. *Asian Social Work and Policy Review, 11*(3), 216-233.

Patel, V., Saxena, S., Lund, C., Thornicroft, G., Baingana, F., Bolton, P., ... & Herrman, H. (2018). The Lancet Commission on global mental health and sustainable development. *The Lancet, 392*(10157), 1553-1598.

Reza, M., & Bromfield, N. F. (2019). Human rights violations against street children working in the informal economy in Bangladesh: Findings from a qualitative study. *Journal of Human Rights and Social Work, 4*(3), 201-212.

Sah, S., Neupane, N., Pradhan, A., Shah, S., & Sharma, A. (2019). Prevalence of glue-sniffing among street children. *Nursing Open, 7*(1), 206-211.

Sayem, A., & Kidd, S. (2013). The levels and patterns of resilience among male street children in Dhaka City. *International Journal of Adolescent Medicine and Health, 25*(1), 39-45.

Seth, R., Kotwal, A., & Ganguly, K. (2005). Street and working children of Delhi, India, misusing toluene. *Substance Use and Misuse, 40*(11), 1659–1679.

Vostanis, P. (2017). Global child mental health: Emerging challenges and opportunities. *Child and Adolescent Mental Health, 22*(4), 177-178.

Vostanis, P., Haffejee, S., Yazici, H., Hussein, S., Tosun, C., & Maltby, J. (2020) Youth conceptualization of resilience strategies in four low- and middle-income countries. *International Journal of Child, Youth and Family Studies, 11*(1), 92-111.

Vostanis, P., Maltby, J., Duncan, C., & O'Reilly, M. (2018). Stakeholder perspectives on chil-

dren's psychosocial needs in six low-and middle -income countries. *Children and Society, 32*(6), 457-469.

Watters, C., & O'Callaghan, P. (2016). Mental health and psychosocial interventions for children and adolescents in street situations in low-and middle-income countries: A systematic review. *Child Abuse and Neglect, 60*, 18-26.

World Health Organization (2016). *Mental Health: Strengthening Response. Geneva: WHO.*