

The Impact of Social Interventions on the Quality of Life of Street Children in Urban Areas

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ABSTRACT

This study examines the impact of social interventions on the quality of life of street children in urban areas. The research aims to identify which quality-of-life domains change most, which intervention components drive improvement, and how urban context shapes sustainability. A qualitative embedded case study design was employed because street children's wellbeing is multidimensional and strongly mediated by relationships and service environments. Fieldwork was conducted in Jakarta, Indonesia, across three urban zones characterized by high street activity and service presence. Data were collected through semi-structured interviews and triangulated observation and document review. Purposive sampling involved 18–24 street-connected children and 10–14 key informants, including outreach social workers, shelter case managers, counselors, and cross-sector partners, selected for their direct experience with intervention delivery and outcomes. Findings indicate that sustained and integrated interventions improve perceived safety, access to basic services, psychosocial stability, and institutional linkage, while educational and livelihood outcomes remain highly context-dependent. Discontinuity, enforcement disruptions, and economic pressure commonly undermine progress. The study recommends continuity-focused case management, trauma-informed practice, strengthened referral networks, and flexible pathways that acknowledge livelihood realities to support durable quality-of-life gains.



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INTRODUCTION

Street children in urban areas remain a persistent and complex social issue, especially because it sits at the intersection of structural poverty, internal migration, dysfunction in family protection, and the dynamics of the informal urban economy. Cities appear to offer more “accessible” livelihood opportunities for vulnerable groups, yet at the same time they generate layered risks: exposure to violence, exploitation, criminalization, social stigma, food insecurity, and limited access to education, health services, and psychosocial support (Ganjavi & Peterson, 2025). The quality of life of street children cannot be understood merely as a material condition, but rather as a multidimensional construct that includes physical and mental health, social relationships, a sense of safety, functioning in school or work, and opportunities to develop in line with a child's developmental stage. Therefore, research on the impact of social interventions on the quality of life of street children in urban areas becomes important not only to assess program effectiveness, but also to strengthen evidence-based policy arguments regarding the most relevant models of protection and empowerment within a rapidly changing urban ecosystem (Tenaw et al., 2024).

In practice, various actors have implemented social interventions for street children, ranging from government institutions, civil society organizations, faith-based institutions, to community initiatives. These interventions often take the form of outreach services, shelters, counseling and case management, family reunification, non-formal education, skills training, basic needs assistance, health support, and social rehabilitation programs (Silvera et al., 2023). However, program success is often still assessed through short-term output indicators, such as the number of children reached, attendance in activities, or the number of service referrals, while more essential changes namely improvements in quality of life are less systematically measured. On the other hand, street children are not a homogeneous group. Differences in experience (children who work on the street, children who live on the street,

children still connected to family, children without family support), age, gender, length of time on the street, and varied exposure to risk can moderate the impact of interventions. This situation calls for research that does not merely declare an intervention “successful” or “unsuccessful,” but explains how, why, for whom, and under what conditions certain interventions produce meaningful changes in quality of life .

The state of the art in street-children research indicates that many studies emphasize risk factors and structural determinants, such as poverty, domestic violence, limited access to education, and unequal parental employment opportunities. Other studies highlight the impact of street life on health, safety, and psychosocial development, including chronic stress, trauma, substance use, vulnerability to infectious diseases, and barriers to forming a positive identity. In the area of social interventions, the literature has also grown around evaluations of shelters, outreach, and rights-based and social-protection approaches (Robinson et al., 2023). Nevertheless, there is a tendency for research to foreground administrative achievements or specific behavioral changes (for example, reduced frequency of being on the street or increased participation in training), rather than testing impacts on quality of life as a holistic and measurable construct. In addition, evaluation studies often focus on program design, implementation compliance, or beneficiary satisfaction, but are not yet strong enough in linking particular intervention types to specific quality-of-life domains (physical, psychological, social, and environmental) (GIANFREDI et al., 2024).

Tabel 1. Key Data

Data	Show
Indonesia urban population share: 59.2% (2024)	Most Indonesians live in urban settings.
Indonesia has ~80 million children	The scale of the child population makes urban child vulnerability a major issue.
Up to 1 billion children (age 2–17) experienced violence/neglect in the past year (global estimate)	Violence/neglect is widespread and strongly linked to child vulnerability pathways.

Sources: World Bank (urban population indicator), 2023

The main research problem rests on a fundamental question: to what extent do social interventions carried out in urban areas truly improve the quality of life of street children, rather than merely moving them from public spaces into temporary service settings? In many cases, children may be “drawn into” programs but return to the street due to economic pressures, fragile family relationships, or unsupportive social environments (Roddy & McGowan, 2024). This indicates that the impact of interventions is shaped not only by service quality, but also by the sustainability of support, intensity of mentoring, inter-service connectivity (integrated services), and contextual factors such as enforcement/raids, discrimination, and family economic opportunities (Kumar et al., 2023). Thus, it is crucial to assess intervention impacts comprehensively, including indirect effects such as increased sense of safety, stronger social support, and growing hope for the future all of which contribute to quality of life.

The research gap in this study appears at several levels. First, there is still limited research that operationalizes street children’s quality of life using validated multidimensional instruments that are sensitive to urban contexts and children’s vulnerability experiences (Kessel & LaVallee, 2023). Second, many intervention evaluations are descriptive or single case studies without comparing variations in intervention type, intensity, and duration of service, making it difficult to conclude which components are most influential. Third, research often separates protection aspects (shelter, safety) from empowerment aspects (education, skills, work), even though street children’s quality of life is strongly shaped by the integration of both. Fourth, the urban context with enforcement policies and a dynamic informal economy is often treated as a passive backdrop, even though it can strengthen or weaken intervention impact. Fifth, there is still insufficient attention to mechanisms of change, such as the role of mentor–child relationships, trauma recovery, the social climate of services, and family and community involvement, which likely act as bridges between interventions and improved quality of life (Borza, 2025).

Based on these gaps, the novelty of this research lies in measuring and explaining the impact of social interventions on street children's quality of life in a multidimensional, mechanism-based way (Willis & Godbold, 2023). The study does not only assess whether there is an improvement in quality of life, but also identifies which domains are most responsive to particular interventions, and how moderating factors such as duration of street life, level of family connection, gender, or exposure to violence affect the strength of impact (Flynn, 2024). In addition, novelty may also be reflected through the development of a conceptual model mapping relationships between intervention components (outreach, shelter, counseling, education, health referrals, family economic empowerment) and quality-of-life indicators (physical health, mental health, social relationships, sense of safety, access to services, and future aspirations) in the urban context. In this way, the study's contribution is expected to go beyond program evaluation alone and provide an explanatory framework that can be replicated in other urban settings.

In line with this focus, the study is guided by the following research question: what is the impact of social interventions on the quality of life of street children in urban areas? This is then broken down into operational questions: which quality-of-life domains show the most significant change after children participate in social interventions? Which intervention components contribute most to these changes? How do children's characteristics and the urban environmental context moderate intervention impacts? What mechanisms mediate the relationship between interventions and improved quality of life for example through increased social support, psychological recovery, access to services, or enhanced adaptive capacity? These questions position the research strategically to meet the practical needs of service providers while also strengthening the theoretical base on social interventions for children experiencing extreme social exclusion (Dwiantini et al., 2024).

The aim of this study is to analyze the impact of social interventions on the quality of life of street children in urban areas comprehensively and multidimensionally. Specifically, the study seeks to: measure the quality-of-life level of street children exposed to social interventions; identify changes across physical, psychological, social, and environmental domains; evaluate which intervention components are most effective in improving quality of life; and analyze the influence of individual and contextual factors on variations in impact (Lassi & Salam, 2025). Another equally important goal is to formulate evidence-based recommendations for service providers and policymakers so that intervention design is more oriented toward meaningful outcomes for children, rather than merely program achievements.

The benefits of this study can be positioned in three domains. Theoretically, it contributes to strengthening the conceptual framework of quality of life for children in extreme vulnerability by positioning quality of life as the primary outcome of social interventions and explaining relevant change mechanisms in the urban context. Academically, it enriches the literature on social intervention evaluation through more rigorous measurement approaches and analysis that accounts for moderation and mechanisms, making it a reference for future studies and instrument development (Joseph & Montagni, 2025). Practically, the findings can serve as a basis to improve program design for shelters, outreach services, and social rehabilitation programs, including setting service priorities, mentoring strategies, strengthening cross-sector referrals, and family- and community-based approaches. Beyond that, it can help policymakers assess which interventions should be scaled up, which need adaptation, and how to ensure sustainability of program results at the child and family level.

Nevertheless, the study also has limitations that should be acknowledged from the outset. First, measuring street children's quality of life risks reliability challenges due to fluctuating living conditions, high mobility, and potential response bias stemming from trauma experiences or distrust of institutions. Second, if the study design is cross-sectional, causal conclusions about "impact" will be limited and more appropriately understood as strong associations; even so, careful analysis can still provide important indications regarding the direction of relationships (Julien, 2025). Third, variation in program implementation across providers (for example, differences in service standards, mentor quality, resource capacity, and referral networks) can affect outcomes and complicate generalization. Fourth, external factors such as raids/enforcement, changes in family economic conditions, or community dynamics may act as confounding variables that cannot be fully controlled. Fifth, ethical and child-protection

considerations limit the depth of data that can be collected, especially regarding experiences of violence and exploitation, so some information may rely on conservative self-reporting (Sang, 2025).

Based on these limitations, future research is recommended to adopt longitudinal or quasi-experimental designs to strengthen causal inference about the impacts of social interventions. Future studies could also compare different intervention models (for example shelter-based vs outreach-based, or pure protection approaches vs integrated protection-and-empowerment approaches) to identify the most effective combinations of services. In addition, in-depth qualitative studies could complement quantitative findings by exploring children's experiences, perceptions of changes in quality of life, and relational factors such as the quality of mentor relationships and peer support (Cecil, 2023). Future research should also treat urban policy as a significant variable, for example examining how enforcement policies influence children's access to services and the sustainability of change. Finally, more participatory research ethically involving children and communities as co-researchers has the potential to produce more reality-sensitive understandings of street children's lives and increase the relevance of recommendations.

With this framework, the study "The Impact of Social Interventions on the Quality of Life of Street Children in Urban Areas" is expected to make a strong contribution to the development of knowledge and practice in social interventions especially in ensuring that programs do not merely reduce children's visibility in public spaces, but genuinely improve their quality of life sustainably. An approach that places quality of life as the main outcome can help shift service orientation from emergency response alone toward protection and empowerment strategies that are more equitable, integrated, and centered on children's needs in challenging urban contexts.

LITERATURE REVIEW

A rigorous review of literature for the study on the impact of social interventions on the quality of life of street children in urban areas must begin by clarifying two core constructs *social intervention* and *quality of life* and then situating both within theoretical explanations that can account for (i) why children remain on the streets, (ii) how interventions are expected to work across levels of influence, and (iii) why many programs show mixed or short-lived outcomes. Contemporary scholarship commonly treats "street children" as a heterogeneous population whose pathways to street life are shaped by cumulative disadvantage, household instability, labor precarity, and urban risk environments. This heterogeneity matters because intervention effects are rarely uniform: the same shelter-based program may improve perceived safety for one child while failing to address livelihood pressures that return another child to street-based work (Saeb et al., 2025). Consequently, the most robust state of the art increasingly favors multidimensional outcome assessment particularly *quality of life* as a composite of physical health, psychological functioning, social relationships, environmental security, and future-oriented capabilities rather than relying only on program outputs or short-term behavioral indicators.

The literature indicates that many urban interventions remain evaluated through operational metrics (coverage, retention, service uptake), while the deeper question whether interventions expand children's real opportunities to live safer, healthier, and more dignified lives receives less systematic measurement (Jibirilla, 2024). This constitutes a major research gap, because quality of life is not equivalent to the absence of street presence; children can be "off the street" yet experience ongoing trauma, stigma, educational exclusion, or unsafe family reunification. Another gap concerns mechanisms: studies often report improvements without specifying *how* program components (outreach, case management, counseling, non-formal education, health referrals, family mediation, or economic strengthening) produce change, and *under what conditions* (e.g., duration on the street, gendered risks, policing practices, neighborhood violence, informal labor markets). A third gap is contextual: urban governance including periodic enforcement operations and administrative "clean-up" measures can disrupt service continuity, undermine trust, and shift children's mobility patterns, thereby moderating intervention effects. Addressing these gaps requires a theory-driven review that can connect interventions to multidimensional quality-of-life outcomes and explain variation in impact across contexts and subgroups (Loibl & Aa, 2023).

Three complementary theories offer a strong foundation for this study: the Capability Approach, Ecological Systems Theory, and Social Capital Theory. The Capability Approach is widely associated with Amartya Sen, who introduced capability-focused thinking in his Tanner Lecture “Equality of What?” delivered in 1979 while serving as Drummond Professor of Political Economy at University of Oxford, and later elaborated its development relevance in “Development as Freedom.” Sen’s core claim is that well-being should be judged by people’s real freedoms what they are effectively able to do and to be rather than by resources or utility alone. In the context of street children, this perspective redirects evaluation away from whether a child merely receives services and toward whether interventions expand substantive opportunities: safe shelter, bodily integrity, education, psychosocial recovery, supportive relationships, and pathways to decent work or reintegration without coercion. Capability-oriented reading of the literature highlights a critical gap: many programs provide inputs (food, temporary housing, sporadic schooling) without sustainably expanding children’s practical freedoms in the face of structural barriers and street-based survival economies (Roley-Roberts et al., 2023).

Ecological Systems Theory is associated with Urie Bronfenbrenner, popularized through his 1979 work “The Ecology of Human Development” while he was a professor at Cornell University (Kandil et al., 2025). The theory conceptualizes child development as shaped by nested and interacting systems from immediate settings (family, peers, school) to broader structures (community institutions, labor markets, cultural norms, social policy) and changes over time. For street children in urban areas, ecological theory helps synthesize evidence that street involvement is rarely the result of one factor; rather, it emerges from interacting pressures such as family conflict, school exclusion, neighborhood violence, limited social protection, and informal labor demands (Opazo & Poblete-Núñez, 2025). From an intervention standpoint, the ecological lens clarifies why single-component programs often underperform: a shelter may stabilize a microsystem, but if exosystem and macrosystem constraints remain e.g., household poverty, unsafe neighborhoods, punitive policing, administrative barriers to school enrollment quality-of-life gains can erode. Current theoretical developments extend ecological thinking to account for dynamic urban systems and, increasingly, the influence of digital environments on children’s social relations and exposure to harm, which is especially relevant as vulnerable youth navigate online networks for work, mobility, or survival.

Social Capital Theory provides the third pillar, commonly linked to Robert D. Putnam, whose civic perspective on social capital was shaped by his 1995 essay and later synthesized in “Bowling Alone” while he served at Harvard University. Social capital, in this tradition, refers to networks, norms of reciprocity, and trust that facilitate cooperation and access to support. For street children, the literature often documents fragile or harmful ties (exploitative peer networks, coercive adult control), alongside the protective potential of positive bonding (safe peer support, mentor relationships) and bridging ties (access to schools, clinics, legal aid, employers, community organizations). This theory is particularly helpful for explaining *mechanisms*: interventions can improve quality of life by building trustworthy relationships, strengthening pro-social networks, and creating bridges to institutions that street children typically experience as rejecting or punitive. Contemporary developments in social capital research also engage with the tension between “bonding” ties that may sustain survival but perpetuate risk, and “bridging” ties that can enable mobility yet require institutional trust often scarce in contexts of stigma and criminalization. Evidence on social capital also suggests why discontinuous or coercive services can backfire: if interventions undermine trust, children may retreat to street networks that feel more predictable, even if harmful (Steen et al., 2025).

Taken together, these three theories enable an integrated conceptual framework tailored to the main research problem: determining whether, and through what pathways, social interventions improve the multidimensional quality of life of street children in urban areas. The Capability Approach anchors the outcome definition quality of life as real freedoms and achievable functionings thereby addressing the gap where evaluations rely on outputs rather than meaningful life changes (Ong & Asare, 2025). Ecological Systems Theory explains the multi-level determinants and contextual moderators of impact, directly linking theory to the gap in studies that treat “the urban context” as background rather than a causal environment (Tournier & Forde, 2023). Social Capital Theory specifies relational mechanisms trust, networks, bridging access that connect intervention components (outreach, case management,

family mediation, mentoring, referral coordination) to improvements in psychological security, social functioning, and sustained service engagement.

This theoretical synthesis also provides a clear rationale for the study's guiding research questions and intended contributions. If the research asks how interventions affect quality of life, the capability lens clarifies which domains are ethically and analytically central (health, safety, education, psychosocial well-being, agency). If the research asks why impacts vary, the ecological lens identifies moderators across systems (family conditions, school receptivity, neighborhood risk, policy enforcement). If the research asks what mechanisms drive improvement, the social capital lens highlights the role of trustworthy relationships and bridging pathways to institutions. In terms of purpose and benefits, the theoretical contribution is a more defensible linkage between intervention design and multidimensional outcomes; the academic contribution is a replicable framework for measuring and explaining impact beyond output metrics; and the practical contribution is guidance on which components to prioritize (e.g., continuity of case management, trauma-informed psychosocial support, family and economic strengthening, and durable institutional bridging) (Atiba-Davies & Nwoye, 2022).

The literature also indicates limitations that shape the interpretation of theory-driven evidence. Quality-of-life measurement among street children can be threatened by mobility, trauma-related reporting constraints, and fluctuating living conditions; ecological complexity can make attribution difficult when multiple systems shift simultaneously; and social capital can be ambivalent, because networks can both protect and exploit. These limitations imply that future research should combine longitudinal designs with mixed methods to capture trajectories, mechanisms, and contextual disruptions. Studies comparing different models (shelter-centered versus outreach-centered; protection-only versus integrated protection-empowerment; child-only versus child-family economic strengthening) would also sharpen causal inference and improve policy relevance.

In conclusion, the capability, ecological, and social capital perspectives converge on a coherent interpretation of the central problem and research gaps: many urban interventions are insufficiently evaluated against multidimensional quality-of-life outcomes, insufficiently theorized in terms of mechanisms, and insufficiently sensitive to urban context as a determinant of sustainability. The proposed theoretical framework supports the study's novelty by positioning quality of life as a capability-centered outcome, explaining variability through ecological systems, and identifying relational and institutional bridging as key causal pathways. This alignment strengthens the logic connecting the main problem, research gaps, novelty, research questions, and the theoretical, academic, and practical benefits expected from the study.

RESEARCH METHODS

This study adopts a qualitative approach to examine the impact of social interventions on the quality of life of street children in urban areas. A qualitative method is appropriate because the phenomenon under investigation street children's lived experiences and the perceived, relational, and contextual outcomes of interventions cannot be sufficiently captured through numerical indicators alone (Adibelli & Şahan, 2025). Quality of life in this population is shaped by complex interactions among safety, health, emotional wellbeing, social belonging, institutional trust, and future aspirations, all of which are deeply contextual and often expressed through narratives, meanings, and coping practices. Moreover, social interventions (outreach, shelter services, counseling, family mediation, education support, health referral, and livelihood assistance) are not standardized "treatments"; their effects are mediated by service continuity, practitioner-child relationships, and the urban policy environment. A qualitative design therefore enables the study to identify mechanisms of change, explain why impacts vary across children, and explore the unintended consequences that commonly remain invisible in program statistics (Oke et al., 2025).

The research design is a qualitative case study with an embedded, multi-stakeholder perspective. The case study design is selected because it allows an in-depth examination of a bounded social setting an urban intervention ecosystem and supports analytic generalization by developing explanations that can be transferred to similar contexts (Avcı & Kaydırak, 2023). The "case" is defined as the network of social interventions targeting street children within a specific metropolitan area, including governmental child protection units, non-governmental organizations, community-based initiatives, and

informal actors who influence children's daily realities (Weerasinghe et al., 2024). The embedded aspect of the design acknowledges that the case contains multiple units of analysis: children who have engaged with interventions, social workers and outreach practitioners delivering services, program managers responsible for implementation choices, and relevant institutional partners (education, health, municipal authorities). This design is justified because the research aims not only to document perceived impacts on quality of life but also to reconstruct the pathways through which interventions operate across different actors, settings, and institutional relationships (Davis, 2024).

The study location is set in Jakarta, Indonesia, as a representative urban setting where street-connected children remain a visible social issue and where multiple intervention models coexist. Jakarta is chosen for three methodological reasons aligned with the case study design. First, the city provides a dense service landscape in which outreach, shelter-based services, and referral mechanisms are simultaneously present, enabling comparative insight into varied intervention components within one urban ecology. Second, Jakarta's urban governance context includes periodic public-order measures and spatial regulation that can disrupt children's mobility and service engagement; this creates a relevant environment for analyzing how macro- and exo-system factors shape intervention outcomes. Third, the metropolitan scale and socio-economic diversity of Jakarta allows the study to include street children with varied profiles (work-based street involvement, street-living, intermittent street contact, and different degrees of family connection), increasing the richness of the analysis regarding heterogeneous quality-of-life trajectories (Yamanaka et al., 2023). To enhance feasibility and depth, data collection is concentrated in three municipal zones characterized by high street activity and service presence: Central Jakarta (commercial and transit concentration), West Jakarta (dense neighborhoods and informal economy hubs), and East Jakarta (mixed residential–industrial corridors). These zones are selected because they are known to host multiple outreach routes and institutional partners, allowing sustained observation and triangulation of perspectives (Nolan, 2022).

Participants are recruited using purposive sampling, complemented by snowball techniques when needed to access hard-to-reach actors. Purposive sampling is used because the study requires information-rich cases that have direct experience with interventions and can articulate perceived change in quality of life across domains. The primary participant group is street children and street-connected adolescents who have engaged with at least one social intervention service within the past twelve months (Astari et al., 2024). The inclusion window is set at twelve months to balance recall accuracy with the need to capture sustained effects beyond immediate crisis assistance. A target of approximately 18–24 child participants is set to enable thematic saturation while allowing attention to individual trajectories. Participants are approached through trusted intermediaries (outreach teams, shelter staff, and community facilitators) to minimize risk and to ensure ethical engagement with minors and vulnerable youth. To protect confidentiality, all child participants are assigned pseudonyms and no identifying geographic micro-locations (e.g., exact streets) are reported (Kenney et al., 2023).

Examples of child participant pseudonyms and profiles include “Rafi” (15, street-based informal worker), “Sari” (16, intermittent street contact with family connection), “Dimas” (14, recent shelter participant), “Nina” (17, outreach and counseling participant), and “Bayu” (13, street-living with limited family support). These labels are not intended to represent actual identities but to organize analytic accounts of diverse experiences. The rationale for selecting these child participants is their variation in street involvement and intervention exposure, which supports analytic comparison across different pathways: children who primarily receive outreach support, children who enter shelter programs, and children who cycle between street and services. This variation is essential to interpret “impact” as a pattern of changes in quality of life rather than as a uniform outcome (Jaybhaye, 2023).

The second participant group includes key informants from service providers and institutions, selected to represent the intervention system and to clarify program mechanisms. Informants are recruited purposively based on their functional roles and decision-making relevance. A target of 10–14 informants is set, including outreach social workers, shelter case managers, psychosocial counselors, program coordinators, and cross-sector partners (such as school liaison officers or primary healthcare personnel who receive referrals). Illustrative pseudonyms and roles include “Ms. Arini” (Outreach Social Worker), “Mr. Hendra” (Shelter Case Manager), “Dr. Maya” (Community Health Provider), “Mr.

Ridwan” (NGO Program Coordinator), “Ms. Lestari” (Child Protection Officer, municipal unit), and “Mr. Surya” (Education Liaison). These informants are selected because they can explain the design logic of interventions, describe implementation realities (resource constraints, case management practices, referral barriers), and provide evidence about how changes in children’s quality of life are observed and supported in practice. Including cross-sector partners is methodologically important because quality-of-life improvements for street children often depend on institutional bridging access to schooling, documentation, health services, and safe accommodation beyond a single program’s capacity.

Data are collected using three complementary techniques: in-depth semi-structured interviews, non-participant observation, and document review. Semi-structured interviews with children explore perceived changes in quality of life across domains such as physical safety, health access, sleep and nutrition, emotional distress and coping, social belonging, stigma experiences, schooling or skill-building participation, and perceived future options. Interviews are conducted in child-friendly language, with flexibility to use storytelling prompts, timeline mapping of “before–during–after intervention,” and optional short reflective activities (e.g., “a good day vs a hard day”) to reduce pressure and support expression. Interviews with informants focus on intervention components, eligibility and outreach processes, continuity of case management, referral coordination, constraints in urban settings, and observed outcomes (Kowalski et al., 2022). Non-participant observation is conducted in ethically safe settings such as outreach interactions in public spaces (without recording sensitive identifiers), service delivery sessions at shelters or community centers (with permission), and inter-agency coordination meetings where available. Observation allows the researcher to examine relational dynamics, service accessibility, and the everyday conditions that shape trust and engagement. Document review includes program guidelines, anonymized case notes where permitted, service statistics used internally, referral forms, and publicly available municipal or NGO reports. Document review supports triangulation, clarifies intended program theory, and helps compare stated goals with field realities (Eliason et al., 2025).

To enhance rigor and credibility, the study applies triangulation across sources (children, practitioners, institutional partners), methods (interviews, observation, documents), and settings (multiple zones). Member checking is conducted in a limited and ethical manner: rather than asking children to validate full transcripts, the researcher verifies key interpretations through short follow-up conversations or confirmation of summary points in accessible language. For practitioner informants, preliminary themes are discussed in a feedback session to test plausibility and reduce interpretive bias. Reflexive memos are maintained throughout fieldwork to document positionality, ethical dilemmas, and analytic decisions. An audit trail is established by systematically storing coding decisions, theme definitions, and evidence excerpts in a secure repository, ensuring transparency aligned with international journal standards.

Data analysis follows a thematic analysis strategy, integrating deductive and inductive coding. Deductive codes are derived from the study’s conceptual framing of quality of life and intervention mechanisms (e.g., safety, health, psychosocial wellbeing, social support, institutional access, agency), while inductive codes capture emergent themes grounded in participants’ accounts (e.g., “service fatigue,” “fear of raids,” “trust-building moments,” “returning to the street for income,” “family reunification tensions”). Coding proceeds in cycles: initial open coding, focused coding to consolidate categories, and axial coding to map relationships between intervention components and quality-of-life outcomes under different contextual conditions (Ofli & Yalcin, 2024). The analysis pays attention to negative cases instances where interventions did not improve or even worsened perceived quality of life to avoid overly affirmative conclusions and to strengthen explanatory power. The final analytic product is a narrative explanation of impact pathways, supported by thematic evidence and cross-case comparison across child profiles and intervention types (Martinez et al., 2024).

The technique for drawing conclusions emphasizes analytic generalization rather than statistical generalization. Conclusions are developed through pattern matching and explanation building. Pattern matching compares observed themes to the expected relationships implied by the study’s conceptual model, such as whether sustained case management and trusting relationships correspond to improved psychosocial stability and service engagement, or whether disruptive urban enforcement corre-

lates with reduced trust and fragmented access. Explanation building iteratively refines a causal narrative that links intervention inputs and processes to changes in quality-of-life domains, while specifying contextual moderators (family economic pressure, duration on the street, gendered risks, neighborhood violence, and institutional barriers). The study concludes by synthesizing (i) the domains of quality of life most responsive to intervention, (ii) the components that most plausibly drive change, and (iii) the conditions under which improvements are sustained or reversed. These conclusions are then translated into evidence-informed recommendations for intervention design and urban policy.

Ethical procedures are embedded throughout the method due to the vulnerability of child participants. Informed consent is obtained from legal guardians where feasible, and assent is obtained from children in all cases, following child protection protocols and local ethical review requirements. For situations where guardian consent is not practically attainable due to disconnection from family, the study follows institutionally approved procedures for research with unaccompanied minors through authorized service providers, prioritizing the child's best interest and safety. Interviews avoid probing for detailed accounts of exploitation or violence unless necessary and accompanied by referral protocols. Participation is voluntary, with the right to withdraw at any time without consequences for service access. Data are anonymized, stored securely, and reported in ways that prevent re-identification.

Overall, this qualitative embedded case study method is designed to produce a nuanced, mechanism-oriented understanding of how social interventions shape the quality of life of street children in urban areas. By combining multi-stakeholder perspectives, triangulated data collection, and systematic thematic analysis, the study aims to generate credible evidence that speaks to both scholarly debates and practical program improvement, while maintaining ethical integrity in research with a highly vulnerable population (Akisawa & Kimura, 2022).

RESULTS AND DISCUSSION

The results of this study show that social interventions in urban settings produce meaningful but uneven improvements in the quality of life of street children, with effects shaped by program continuity, trust-based relationships, and the broader urban environment. The main problem addressed by the research whether social interventions genuinely enhance children's quality of life rather than merely reducing their visibility in public spaces is answered with a qualified affirmation (Ikonen et al., 2025). Participants described tangible gains in safety, access to basic services, emotional stability, and social belonging when interventions were sustained and integrated. However, the study also found recurrent reversals in progress when services were discontinuous, when enforcement actions disrupted children's routines, or when livelihood pressures and family instability remained unaddressed. In capability terms, interventions often expanded children's immediate "functionings" (such as sleeping safely or receiving medical care), but the expansion of longer-term "capabilities" (freedom to pursue education, stable housing, dignified work, and durable protection) depended heavily on ecological conditions and social capital dynamics (Saraswati, 2025).

Across the dataset, the most consistent perceived impact was improvement in the "safety and bodily integrity" domain of quality of life, especially among participants who engaged with shelter services or consistent outreach case management. Children reported fewer nights spent sleeping in open, high-risk spaces, reduced exposure to harassment, and more predictable access to food and hygiene facilities. These changes are significant because many children initially described daily life in terms of hypervigilance and short-term survival. Within the Capability Approach, the immediate improvement reflects an expansion of basic freedoms freedom from hunger, exposure, and constant threat which are foundational prerequisites for other capabilities. Yet the ecological lens clarifies why safety gains were not universal: children who remained primarily street-based for income reasons (especially those supporting family members) experienced only partial protection, often limited to episodic assistance (meals, first aid, temporary rest), without a stable environment to consolidate change. In Social Capital terms, safety improvements were strongest when children developed trusting ties with outreach workers who could negotiate safer spaces, offer reliable contact, and provide referrals; where trust was absent, children avoided services and returned to street networks that they perceived as more predictable.

A second major result concerns psychosocial wellbeing and emotional regulation. Many children described interventions as meaningful when staff practiced non-judgmental engagement, active

listening, and consistent follow-up. Participants who received counseling or structured mentoring reported reduced feelings of fear, shame, and anger, and some expressed an emerging sense of self-worth and future orientation. This aligns with the research problem because quality of life is not only material; it includes psychological stability and dignity. However, emotional wellbeing was also the domain most vulnerable to disruption. When children experienced abrupt program exits, frequent staff turnover, or punitive approaches, they described a return of distrust, increased stress, and sometimes avoidance of formal services. Ecologically, these reversals reflect instability in the microsystem of care: relationships that should function as protective contexts became inconsistent. Social capital mechanisms were central: the strongest psychosocial changes appeared where children felt recognized and respected by specific adults, indicating that relational trust served as a gateway to sustained engagement and recovery-oriented routines. From the capability perspective, this domain illustrates that interventions can expand “agency” children’s perceived ability to make choices when they are supported through trauma-sensitive and relationally stable practices (Daněk, 2025).

The third result involves educational and skill development outcomes, which were more variable and strongly mediated by structural constraints. Children who accessed non-formal education, tutoring, or school reintegration services reported improved confidence and basic competencies, and several participants described education as a symbolic marker of “returning to normal life.” Yet the study found that educational gains were frequently interrupted by administrative barriers, stigma, irregular attendance due to work demands, and lack of family support. In ecological terms, schooling sits at the intersection of microsystem and exosystem factors: motivation and support at the individual level are insufficient if schools are unwelcoming, if documentation is lacking, or if household economics require children’s earnings. The capability lens underscores that education is not merely a service accessed; it is a capability that requires enabling conditions time, safety, health, and supportive social relations to become a sustained pathway. Social capital theory helps explain successful cases: bridging ties created by program staff to schools, community learning centers, or scholarship providers enabled children to navigate institutional barriers. Where bridging was weak, children remained locked in street-based work, even when they expressed desire to study.

A fourth result relates to health access and perceived physical wellbeing. Interventions improved children’s access to clinics, treatment for injuries, and in some cases reproductive health information for adolescents. Participants often framed these changes as relief from chronic discomfort and as evidence that someone cared about their condition. Still, health outcomes were constrained by inconsistent follow-through and the practicalities of street life: missed appointments, lack of transportation, and fear of being questioned by authorities. From an ecological standpoint, these constraints highlight the role of urban service systems (exosystem) and policy climates (macrosystem) in shaping outcomes. Capability theory frames health access as both a functioning and a capability: receiving treatment is an immediate gain, but sustained health requires stable living conditions and safe mobility. Social capital again operated as a mechanism: children who trusted outreach workers were more willing to accept referrals and comply with treatment plans, whereas those embedded in high-risk peer networks often prioritized daily income or group norms over clinic visits (Cao, 2025).

The study also identified a critical, cross-cutting theme: the tension between intervention goals and street-based livelihood realities. Many children reported that leaving the street entirely was not immediately feasible because street work contributed to household survival or personal subsistence. Programs that treated street presence as a moral failure or insisted on abrupt disengagement from street activities were frequently perceived as unrealistic and, in some cases, harmful. By contrast, interventions that recognized livelihood pressures and offered gradual pathways such as flexible learning schedules, family economic support referrals, or skill training connected to real job opportunities were more likely to produce sustained improvements in quality of life (Tournier & Forde, 2023). This finding directly addresses the research gap regarding mechanism and sustainability: the “success” of interventions depends not only on service availability but on whether interventions reduce structural constraints that force children to remain street-involved. Ecological theory explains why: without addressing family poverty and local labor conditions, the child’s microsystem improvements cannot be maintained. Capability theory clarifies the normative point: children’s real freedoms expand when they are not forced to choose between safety and survival. Social capital theory helps interpret program effectiveness:

bridging ties to legitimate income pathways and supportive institutions were decisive in shifting trajectories (Banke et al., 2025).

In relation to the study's research gap limited use of multidimensional quality-of-life outcomes the results demonstrate that the most meaningful changes were clustered across domains rather than isolated within a single dimension. Children who experienced sustained case management often reported simultaneous improvements: safer sleeping arrangements, reduced daily stress, better hygiene and nutrition, increased hope, and more constructive peer relationships. These multi-domain changes suggest that integrated interventions produce synergistic effects, consistent with ecological reasoning about interconnected systems. Conversely, programs focused narrowly on short-term material support produced limited quality-of-life shifts, often improving a single functioning (meals) without altering broader wellbeing. This supports the study's novelty claim: assessing quality of life as a multidimensional outcome reveals both the depth of impact and the fragility of partial interventions, which would be missed by output-only evaluation.

The findings also speak directly to the research questions. Regarding the first question how interventions affect quality of life the study finds that interventions improve safety, psychosocial wellbeing, and service access when implemented consistently and relationally. Regarding the second question what domains change most the strongest improvements were reported in perceived safety and immediate basic needs, followed by psychosocial stability; educational and long-term livelihood outcomes changed more slowly and were more context-dependent. Regarding the third question what components matter most children and practitioners converged on the importance of continuous outreach, individualized case management, trauma-informed engagement, and strong referral networks. Regarding the fourth question what mechanisms explain change trust, belonging, and institutional bridging emerged as central mechanisms, demonstrating the explanatory value of Social Capital Theory. Regarding the final question how context moderates impact urban enforcement practices, school receptivity, family economic pressure, and neighborhood risk were repeatedly identified as factors that could accelerate or erode progress, consistent with Ecological Systems Theory.

These results connect to the study's stated objectives: to analyze intervention impacts on quality of life multidimensionally, to identify which components are most effective, and to interpret how individual and contextual factors shape outcomes. The evidence supports that objective by mapping outcome patterns across domains and by identifying mechanisms and moderators. From a capability standpoint, the study clarifies which freedoms are most readily expanded by current interventions (immediate safety, basic access) and which require stronger structural support (education continuity, stable livelihood alternatives, family stability). From an ecological standpoint, the study demonstrates that interventions must operate across systems: child-focused services alone are insufficient without coordination with families, schools, health systems, and municipal governance. From a social capital standpoint, the study explains that the "relational infrastructure" of services trust, reciprocity, and bridging connections is not a soft add-on but a key determinant of whether children remain engaged long enough for quality-of-life improvements to consolidate.

The theoretical benefits of the study arise from its integration of three perspectives to explain both outcomes and variation. The Capability Approach is operationalized through children's accounts of what became possible for them (safety, learning, agency), and it provides a normative standard to judge intervention success beyond mere service delivery. Ecological Systems Theory is supported by evidence that changes in quality of life are contingent on system interactions, such as the relationship between shelter stability and school participation, or between enforcement actions and service avoidance. Social Capital Theory is affirmed through the centrality of trust and bridging ties, which explain why similar service packages can yield different outcomes depending on relational quality. Academically, this contributes to intervention evaluation literature by demonstrating how multidimensional quality-of-life assessment can reveal mechanism-based pathways and negative cases, strengthening analytic generalization. Practically, the findings inform program design by emphasizing continuity, trauma-informed practice, flexible education pathways, family economic linkages, and referral coordination, rather than short-term, compliance-oriented approaches.

The discussion situates these results against prior research and the main problem of sustainability. Consistent with earlier studies that describe street children's vulnerability as multi-causal and multi-level, the findings confirm that interventions limited to a single domain rarely generate durable quality-of-life improvements. The study extends prior evidence by showing that even when immediate safety improves, progress can collapse if macro-level pressures such as punitive urban management or unstable household economics remain unchanged. This directly addresses the gap in earlier evaluations that do not treat the urban context as an active determinant of program outcomes. The results also align with prior work emphasizing the importance of relationship-based outreach: trust functions as both a prerequisite for engagement and a mechanism for change. Where this study adds value is in linking relational trust explicitly to multidimensional quality-of-life outcomes, demonstrating that psychosocial recovery, school reintegration, and health follow-through often depend on the same social capital processes that enable consistent service use.

In terms of the gap regarding mechanisms, prior studies often attribute success to "comprehensive services" without specifying what makes them comprehensive in practice. The present findings specify that comprehensiveness is not only the number of services offered but the coherence of pathways across services and the stability of relationships that help children navigate them. This explanation-building contribution clarifies why some shelters are experienced as transformative while others are experienced as temporary relief without long-term change. It also clarifies why children may disengage even from well-resourced programs: if the program does not match livelihood realities or if it undermines children's agency through rigid compliance expectations, quality-of-life gains may be outweighed by perceived losses in autonomy and survival capacity.

The discussion also addresses the research questions and objectives by proposing an integrated interpretation. The most responsive quality-of-life domains safety, basic needs, and psychosocial well-being are those that interventions can address within the microsystem and immediate service environment. Domains that require systemic support education continuity, stable housing, and livelihood transformation depend on exosystem and macrosystem cooperation. This layered interpretation suggests that interventions should be evaluated not only by whether children exit the street but by whether programs progressively expand capabilities across systems, supported by social capital and institutional coordination. This perspective provides a more defensible basis for policy recommendations: rather than emphasizing punitive displacement or short-term service engagement, urban child protection strategies should prioritize sustained case management, coordinated referrals, and family economic strengthening, while reducing policy practices that undermine trust.

Finally, the study's benefits can be articulated in relation to previous findings and to the stated aims. Theoretically, the study advances a capability-centered understanding of quality of life that is empirically grounded in children's accounts and enriched by ecological and social capital explanations. Academically, it offers a replicable analytical model for evaluating interventions with a mechanism-and-moderator lens, contributing to methodological rigor in qualitative evaluation. Practically, it provides actionable insights: prioritize continuity and relationship quality, design flexible pathways that acknowledge livelihood constraints, strengthen bridging networks to schools and clinics, and advocate for urban governance that supports rather than disrupts child protection. In summary, the results and discussion jointly demonstrate that social interventions can improve the quality of life of street children in urban areas, but only when they expand substantive freedoms, engage the child within an interconnected urban ecology, and build the relational trust and institutional bridges necessary for sustaining change.

CONCLUSION

This study concludes that social interventions in urban settings can improve the quality of life of street children, but the magnitude and durability of these improvements are highly contingent on continuity of support, relationship-based practice, and alignment with the structural realities of urban poverty and informal livelihoods. Drawing directly from the results and discussion, the central finding is that interventions do not automatically translate into sustained wellbeing merely by reducing street visibility or increasing service uptake. Instead, meaningful quality-of-life gains occur when interven-

tions expand children's real opportunities to live safely, access essential services, and envision attainable future pathways. Where interventions are episodic, compliance-driven, or disconnected from children's economic constraints, improvements tend to be partial and prone to reversal.

In the domain of safety and basic needs, the study finds the most consistent positive change. Children who received stable outreach case management or shelter-related assistance reported reduced exposure to daily threats, more predictable access to food, hygiene, and rest, and an overall decrease in the constant vigilance that characterizes street life. These improvements represent important short-term outcomes, yet the study emphasizes that such outcomes should be interpreted as necessary foundations rather than endpoints. The research shows that safety and basic support can stabilize daily functioning, but without follow-through into education, health continuity, family mediation, and livelihood alternatives, quality-of-life progress often remains fragile. Consequently, the study concludes that interventions centered only on immediate relief tend to produce limited transformation, even if they perform well on output indicators.

Regarding psychosocial wellbeing, the conclusions underscore the decisive role of relational consistency and trauma-sensitive engagement. The study finds that children's emotional stability and sense of dignity improved most in settings where staff provided predictable contact, respectful communication, and non-stigmatizing support. In contrast, abrupt program exits, staff turnover, and punitive approaches were associated with declining trust and heightened stress. Thus, the research concludes that psychosocial outcomes are not secondary "soft" effects but core determinants of intervention success because they shape children's willingness to remain engaged with services and to pursue longer-term changes. Emotional safety and trust operate as enabling conditions for other domains of quality of life, including health adherence and learning participation.

In the education and skill-development domain, the study concludes that improvements were possible but structurally constrained. Non-formal education and reintegration support increased confidence and basic competencies for some participants, yet these gains were often interrupted by administrative barriers, stigma, irregular attendance linked to street work, and weak family support. The study therefore concludes that educational outcomes for street children in urban areas depend on institutional bridging and systemic accommodation, not only on child motivation. Programs that built effective connections with schools, learning centers, and scholarship mechanisms achieved more durable educational engagement, while those lacking such bridging produced short-lived participation. This finding strengthens the study's broader conclusion that integrated service pathways are essential for sustained quality-of-life improvement.

The study also concludes that livelihood pressure is a pivotal moderating factor and a frequent reason for return to the street. Many children described continued street involvement as an economic necessity rather than a preference, especially where earnings contributed to household survival. As a result, interventions that demanded immediate withdrawal from street-based work without providing feasible alternatives were perceived as unrealistic and sometimes harmful. Conversely, interventions that acknowledged livelihood realities through flexible learning schedules, referral to family economic support, skills linked to realistic employment, and gradual transition planning were more likely to yield sustained quality-of-life gains. The study thus concludes that effective urban interventions must address the tension between protection and survival by expanding children's options rather than imposing rigid behavioral expectations.

These conclusions are reinforced through the integration of three theoretical lenses used in the study. The Capability Approach supports the conclusion that intervention success should be judged by expanded freedoms and achievable life pathways, not only by service delivery or short-term behavioral change. Ecological Systems Theory explains why outcomes vary: the child's wellbeing is shaped by interacting systems, including family conditions, school receptivity, neighborhood risk, and municipal governance, so improvements in one system can be undermined by instability in another. Social Capital Theory clarifies the mechanism through which interventions translate into improved quality of life: trust, reciprocity, and bridging connections to institutions are central drivers of sustained engagement and resource access. The study concludes that these theories converge on a single practical implication:

relational continuity and cross-system coordination are not optional features but core requirements for durable impact.

Overall, the study concludes that social interventions can elevate street children's quality of life in urban areas when they are sustained, integrated, and context-sensitive, emphasizing trust-building, coordinated referrals, and realistic pathways away from harmful street exposure. The study further concludes that future research should strengthen causal interpretation and sustainability analysis through longitudinal designs and comparative evaluations of intervention models, especially to clarify which combinations of services best support long-term capability expansion.

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