



**REGIONAL RESEARCH ON
PREVALENCE OF **STREET CHILDREN PHENOMENON**
IN ALBANIA, BOSNIA AND HERZEGOVINA,
MONTENEGRO AND SERBIA**



Save the Children

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Regional network
for street involved children

Regional Research on prevalence of street children phenomenon in Albania, Bosnia and Herzegovina, Montenegro and Serbia

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This publication was developed within the Regional Network for Street Involved Children and at Risk Children (RNSIC), supported by Save the Children Italy

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Abbreviations

RNSIC - Regional Network for Street Involved Children for SEE

SCiNWB - Save the Children in North-West Balkans

B-H - Bosnia and Herzegovina

FB-H - Federation of Bosnia and Herzegovina

RS - Republika Srpska

SEE - South East Europe

EU - European Union

MoI - Ministry of Interior (Albania)

MoSWY - Ministry of Social Welfare and Youth (Albania)

SAPCR - State Agency for the Protection of Children's Rights

CP - Child Protection

CPU - Child Protection Unit

CSO - Civil Society Organisation

CSW – Centre for Social Work

CT scan – Computerised Tomography Scan

EU – SILC - EU Statistics on Income and Living Conditions

FGD - Focus Group Discussion

GDP - Gross Domestic Product

ID – Identity Document

MICS - Multiple Indicator Cluster Survey

NGO – Non-Governmental Organisation

Acknowledgement

First and foremost we are thankful to the families that participated in the research, that opened their doors to NGO researchers with trust and a high level of co-operation. Without the co-operation of these families this entire process would not have been possible and therefore their support has been essential. We would like to express our sincere thanks to all of them who devoted their time and trust.

This research involved a significant amount of work and dedication and it could not have been implemented without the support of many professionals, individuals, institutions and organisations. Without their superior knowledge and experience, the research findings would not have been of such high quality and thus their support has been essential. Therefore we would like to extend our sincere gratitude to all of them.

A big thank you goes to Save the Children Italy for their financial support for project implementation.

EXECUTIVE SUMMARY

Street involved and at risk children represent the most vulnerable group of individuals in social need. This group of children, due to poverty and the fact that they often work long hours, remains excluded from all relevant social systems. The number of street involved children has increased rapidly over the past few years in South Eastern Europe.

In response to the problem, in 2012 Save the Children in North-West Balkans (SCiNWB), based in Sarajevo, Bosnia and Herzegovina, launched the project “Comprehensive protection for street children in the SEE Region”, whose overall objective was to establish effective models of support and protection to street involved children, in order to prevent violence, exploitation and abuse and to minimise unsafe child migration and risks of trafficking in the Balkans region. The project represents a natural follow up to an initiative carried out in 2010 that aimed to gather and connect agencies in the SEE region that focused their work on providing visibility, support and protection to street involved children, through the creation of an informal Regional Network for Street Involved Children for SEE (RNSIC) in June of the same year. The RNSIC was the main platform for the implementation of the project “Comprehensive protection for street children in SEE Region” during the period 2012-2015. The Network currently has 14 members, different non-governmental organisations and institutions in Bosnia and Herzegovina, Serbia, Albania, and Montenegro, committed to promoting and advocating for the implementation of the rights of children and youth living and working on the street, and improving their quality of life. In 2015, Save the Children supported the Network’s strategic planning process, whereby the Network reassessed its purpose, activities, and results, and defined its priorities for the following four-year strategic period.

In this context a comprehensive regional piece of research was planned, with the aim of researching the phenomenon of “children living and working on the street and children at risk of street involvement” in countries covered by RNSIC activities. The research study which was built on two components, quantitative and qualitative, was conducted in 4 different countries: Republic of Albania, Bosnia and Herzegovina, Montenegro and Republic of Serbia. The quantitative component aimed to assess the situation of vulnerable families of street involved children and children at risk, while the qualitative component focused on identifying the gaps and needs in service provision for these children.

A total of 1062 households were encompassed by the research (103 in Albania, 300 in Bosnia and Herzegovina, 150 in Montenegro and 509 in Serbia). The qualitative component consisted of 7 focus group discussions with the participation of a total of 71 relevant stakeholders. Data was collected in Tirana (Albania), Bihać and Brčko (Bosnia and Herzegovina), Belgrade and Novi Sad (Serbia) and Podgorica (Montenegro). Data collection and analysis were conducted during June and July 2016.

The main findings of the research indicate that the families of street involved children and children at risk face numerous difficulties in their everyday life. Parents in these families are largely unemployed (numbers reaching more than half of the parents who participated in the study), with very low levels of education and extremely low family monthly income. Their only means to support their families financially are collection of raw materials, social welfare assistance or other social welfare benefits, begging or trading in the streets. In terms of nutrition and clothing, on average the participating families appear to fulfil minimum standards for these needs. On the other hand, considerable percentages of the participants, percentages that vary across countries (reaching up to thirty-five percent), state that they cannot afford more than one meal per day, or a spare set of clothing for each member of the family or one pair of shoes. The presence of chronic health conditions or disabilities in adults and children is found at moderate levels, emphasising the necessity for free access to health care services.

Street involved children stay on the street for many hours – on average from 3 to 9 hours – during the day, moving to different neighbourhoods or even cities. These facts become even more concerning in the many cases of children that are not accompanied by their parents during the time they spend on the street. School and preschool attendance rate for all the children in the participant families, and particularly for the street involved children, remains low. According to the participants, risks of trafficking and physical and/or mental health problems also increase with street involvement. The most frequent reason for street involvement is economic: many parents take their children with them onto the street to help them in collecting raw materials, because they do not have anywhere to leave them, or because the children beg along with their parents.

Participant families live in very poor conditions. In many cases their homes lack basic necessities such as electricity, water or winter heating. They also lack many basic durable goods such as washing machines, kitchens, refrigerators, electric fans and so on. The percentages of families that lack these facilities are higher for families who live in huts. Furthermore, many of their homes present

problems regarding their physical conditions, such as damp walls or floors, rotten windows, leaky roofs, mould and so on, adding to the potential health risks for parents and children.

In addition, the findings of this research show that there is an overall lack of a common definition of 'street involved children' and a lack of understanding of the phenomenon. As a general conclusion, the phenomenon is largely regarded as an isolated and/or a cultural issue, rather than a societal or system-related problem. The services for street involved children, children at risk and their families are limited in their typology, available human and financial resources and long-term prevention interventions. These children and their families are often faced with discrimination and prejudice from society at large.

In order to better address the issue, the recommendations of the study include: creating a common definition of the phenomenon at country level; addressing the situation of children through interventions which focus on a case management, multidisciplinary and inter-sectorial approach of all relevant stakeholders; creating integrated data management systems; and undertaking further research in order to better understand the situation of these children and the factors underlying the phenomenon in each country, and to enable effective steps to be undertaken to tackle it.

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1. INTRODUCTION

Most street involved children live below the poverty line and are often part of a cycle of poverty that is generationally passed on. As a group, street involved children have to a large extent been 'hidden' from the public eye as well as the main spheres of political, economic and social life in South East Europe. This inevitably affected hindering their integration and increasing their vulnerability. Child begging and child labour as forms of exploitation of children are weakly addressed by the systems of social protection in countries of SEE that still have not been completely reformed and are burdened with residues of former systems, meaning they still not fully anticipate protection of the marginalized groups of population.

Aim of the study

The main aim of this study is to identify main features of the circumstances faced by the children involved in living and working on the street and children at risk of street involvement in Bosnia and Herzegovina, Serbia, Albania and Montenegro. It provides a comprehensive analysis of characteristics, nature and consequences of the phenomenon of street involved children and children at risk, and it defines recommendations to the governments at local and national level for improving the status of this marginalized category of the society.

More specifically, objectives of this research are to:

- Describe characteristics of at risk children and their families;
- Explore the nature of street involvement and its consequences;
- Map the services and programs available to street involved and at risk children;
- Identify gaps and needs in the provision of services for street involved children and at risk children; and
- Give recommendations to the governments and other relevant actors at local and national level for the purpose of improving the status of this marginalized category of the society.

2. COUNTRY CONTEXT

Albania

Among the countries covered by this research, Albania is specific as the phenomenon of street involved children has arisen only since the transition from the communist system to democracy back in 1990. Before this time, it was not permitted for children to work on the streets and engage in begging, cleaning car windscreens, assisting in car parking or peddling. The transition caused such restrictions to disappear, creating a grey area where children can be involved in street activities. In 2014 a national study on street involved children was conducted in Albania, and it identified the following root causes of the phenomenon:

- Some parents were once street involved themselves
- Harmful situations caused by parents/guardians such as neglect, migration and exploitation lead to exposure of their children to street activities
- Domestic physical, sexual and/or emotional abuse lead children to run away from home
- Peer pressure
- Poor performance of a weak and fragmented child care system
- Some children get involved in street activities on their own initiative because they want to support their families due to the grave economic situation
- Some teenagers see it as a way to become independent
- Family migration and/or family dynamics/dysfunction such as illness, abandonment or death of one or both parents¹.

According to the national study, 2527 children were identified as street involved in Albania (700 of these in Tirana alone) in 2014. Although state mechanisms to identify, protect and enhance the rehabilitation of these children are not yet in effect, according to NGO representatives, there have been

¹ UNICEF, Save the Children, Ministry of Social Welfare and Youth, ARSIS and GfK (2014). *National Study on children in street situation in Albania*.

efforts from state institutions to improve the efficiency of the social protection system and the quality of social services for vulnerable groups, as follows:

- Following a broad-based discussion involving governmental institutions and civil society, the Parliament of Albania passed the Law on Protection of Children's Rights (No 10347) on 4th November 2010. The passing of this law marked an important step towards ensuring the protection of children's rights through a comprehensive legal and institutional framework, in accordance with the Albanian Constitution and the Convention on the Rights of the Child².
- In 2014, the national study on street involved children was conducted with the support of the Ministry of Social Welfare and Youth (MoSWY), in order to understand the issue and to recommend future interventions and new effective mechanisms for child protection³.
- The initiative "Help for children and families in a street situation" was launched by SAPCR. It implemented the first action plan for identifying, supporting and referring street involved children, through the mobile street work teams composed of Child Protection Units and NGO workers⁴. The mechanism was piloted in Tirana and then scaled up to include other cities. In 2016 there are 6 drop-in centres in Tirana.
- In 2015, MoSWY made a big step forward with the adoption of the Inter-ministerial guidelines "Ways, forms of cooperation and intervention procedures to help children at risk for key bodies and institutions responsible for the protection of children", which clarified the roles and responsibilities of various stakeholders, especially at the local level, regarding protection of children from all forms of violence, abuse, exploitation (including economic) and neglect⁵.
- Procedural Guidelines for the identification, immediate support and referral of children in a street situation in Albania were developed as part of the implementation of the Inter-Institutional Plan of Action of the

² Center of Official Publishing (2010). *Law No.10347, dt.4.11.2010. On the protection of the rights of the child*. Retrieved in July 2016 from http://www.qbz.gov.2al/botime/fletore_zyrtare/2015/PDF-2015/33-2015.pdf

³ UNICEF, Save the Children, Ministry of Social Welfare and Youth, ARSIS and GfK (2014). *National Study on children in street situation in Albania*.

⁴ State Agency for Protection of Children's Rights in the Ministry of Social Welfare and Youth, 2014-2016. <http://femijet.gov.al/al/raporte>

⁵ Center of Official Publishing (2015). *Inter-ministerial guideline No. 10, dt. 25.2.2015 "Working Protocol on Child Protection: Manners and Forms of Cooperation and Intervention Procedures in Help of Children in Risk for Main Responsible Institutions and Structures for Children's Protection"*. Retrieved in July 2016 from <http://femijet.gov.al/al/wp-content/uploads/2015/05/Udh%C3%ABzimi-Nr.-10-dat%C3%AB-25.02.2015.pdf>

Government of Albania for the identification, protection and reintegration of street involved children in Albania. It is the first such tool in the Balkan region for professional use by social workers and other stakeholders in contact with street involved children. The document was developed based on existing legislation and the 2014 Cooperation Agreement between the Ministry of Interior (MOI) and MoSWY⁶.

- An important policy document on integrated child protection systems has been developed in the context of the efforts of the Albanian government to improve the protection of children's rights in Albania⁷. It contributed to the National Action Plan on Children and the revision of the existing child protection legislation carried out with participation of all relevant stakeholders. This process has been supported by the Council of Europe and is in line with the Council of Europe Strategy for the Rights of the Child (2012-2015).
- During 2016, SAPCR, in collaboration with civil society organisations working on child protection issues, has been implementing the Plan for Child Protection, through a high participation campaign focused on raising awareness of the rights of children, available services, referral system and collaboration between agencies working on child-related issues.
- The new draft law on social services has been discussed with civil society organisations during 2016, in order to generate suggestions and recommendations mainly related to a package of services useful for supporting street involved children.
- The new draft law on child protection and child rights has been discussed at length with all relevant stakeholders during 2016, including some proposed amendments, relating to vulnerable children, which have to be considered.

⁶Center of Official Publishing (2014). Retrieved in July 2016 from <http://femijet.gov.al/wp-content/uploads/2016/02/UDH%C3%8BZUES-I-PROCEDURAVE-P%C3%8BR-IDENTIFIKIMIN-NDIHM%C3%8BN-E-MENJ%C3%8BHERSHME-DHE-REFERIMIN-E-F%C3%8BMIJ%C3%8BVE-N%C3%8B-SITUAT%C3%8B-RRUGE-2015.pdf>

⁷ Lai. A. (2015). *FUTURE OF INTEGRATED CHILD PROTECTION SYSTEM IN ALBANIA: The vision of how to improve children's outcomes in Albania through an effective and integrated child protection system. Policy document*. Retrieved in July 2016 from <http://femijet.gov.al/wp-content/uploads/2016/03/FUTURE-OF-INTEGRATED-CHILD-PROTECTION-SYSTEM-2015.pdf>

Bosnia and Herzegovina

Social protection in Bosnia and Herzegovina remains fragmented⁸ for all categories of the population, children included. It is predominantly determined based on status as opposed to need, and there are still inequalities in the provision of rights in different geographical areas. The system remains largely inefficient, despite a relatively high level of public expenditure, and policies for social inclusion are not harmonised across entities.

In the Federation of Bosnia and Herzegovina, the system of social protection is fully decentralised: jurisdictions in this field are divided among various institutions at the entity and cantonal levels, whilst implementation is solely the responsibility of the cantons. The study “Non-Contributory Cash Benefits for Social Protection in B-H – What Works and What Does Not” prepared by IBHI (Initiative for better and human inclusion) and the University of Maastricht in 2013, shows that the majority of stipulated rights in the area of child protection have not been met, as is also the case with the majority of interventions and services. In FB-H, child protection is defined by the FB-H Law on Social Protection, Protection of Civilian War Victims and Families with Children, cantonal laws on social protection, protection of civilian victims of war and protection of families with children, and legislation endorsed by the governments of FB-H and cantons. The FB-H Law sets the framework of social and family care of children, while cantonal laws prescribe the rights, interventions and services that make up social and family protection. The FB-H Law also deals with several areas of social policy (child protection, social protection, family care, care for persons with disabilities and civilian war victims) which makes it difficult to implement. The situation is further complicated by the fact that it is left to the cantonal governments to produce their own regulations, based on the FB-H Law, governing the area of child protection⁹.

The Family Law of the Federation of Bosnia and Herzegovina, No. 35/05, defines the issue of protection and care for children whose lives and health are threatened by family circumstances, as well as those children who are abandoned by their parents or are deprived of parental care for whatever

⁸ Bosnia and Herzegovina is divided into two entities – the Federation of Bosnia and Herzegovina (FB-H) and the Republika Srpska (RS) – and an independent administrative unit, the Brčko District. The entity of FB-H is further divided into 10 cantons, each with its own set of competencies.

⁹ Child Protection Hub and Save the Children, Research Report 'Analysis of situation in the area of child protection in Bosnia and Herzegovina, Social Service Workforce Mapping', January 2016

reason. It also mandates protection for children and sanctions for parents who neglect their children, which range from warnings, supervision of the exercise of parental rights, up to temporary and permanent deprivation of parental rights¹⁰.

The system of child protection in Republika Srpska is centralised and regulated mostly by the provisions of the Family Law of RS, the Law on Social Protection of RS, the Law on Protection and Treatment of Children and Youth in Criminal Proceedings in RS, and the Law on Child Protection of RS. In line with the Family Law, children whose lives and health are jeopardised by family circumstances due to neglect, would be removed from their family and accommodated in line with the Law on Social Protection. In cases where a child is deprived of parental care or is threatened by the family circumstances, he/she is assigned a legal guardian whose duty is to ensure protection of the child's best interests. Under the Law on Social Protection of RS, the realisation of the rights of children is financed through budgets at the municipal level.

In Brčko District, the system of child protection is mandated to the Sector for Social and Child Protection which functions as part of the District's Government with jurisdiction in all segments of child protection.

Despite legal provisions, the current situation of vulnerable families and children in the country, especially street involved children, is concerning. Most street involved children are situated in major towns and cities, and have almost become one of their distinctive features. Although they can be seen daily on city squares, roads and crossroads, in front of shops and in parks, these children are largely invisible for the system and society. Little is known about their origins, life, family and social status, while the underlying causes of their street involvement is usually not subject to research, nor has it been systematically dealt with.

The issue of street involved children as possible victims of child trafficking should be treated as a problem within the system of social protection. Children who beg are children for whom "the street" has become their second home, and who have to comply with "the rules of the street". These children, in order to survive, tolerate being terrorised by adults who abuse them in different ways. Often children are forced to beg and to bring a certain amount of money to their parents and/or third parties. In many cases these children do not attend school, have no health insurance and may not even be registered in

¹⁰ Family Law of Federation of Bosnia and Herzegovina, No. 35/05.

the birth register¹¹. Bihać and Brčko are among those towns struggling with this phenomenon.

A recent and important step was made in ensuring increased access to social services for street involved children when the Federal Ministry of Labour and Social Affairs endorsed recommendations by the Institution of the Ombudsman of Bosnia and Herzegovina aimed at protecting children from all forms of maltreatment with a particular emphasis on the protection of children from begging. This institution, among other things, recommends establishing day care centres for children involved in begging in all those municipalities where such a phenomenon is significantly present. Still, this endorsement was not followed up by concrete actions at cantonal and local levels. In order to fill this gap, civil society organisations are running drop-in centres in Tuzla, Sarajevo and Zenica, while SCiNWB supports local CSOs operating centres in Brčko, Bijeljina, Mostar, Bihać and Banja Luka.

For many years, Bihać has faced the problem of an influx of a large number of families who do not live in the municipality and are not able to provide basic living conditions for themselves. As a consequence, many children are not attending school and spend most of their day in the street, making money through begging or working, to help their families survive. The families also show a large degree of distrust towards official institutions. The only local functioning service is the Centre for Children Living and/or Working on the Street. The activities run by this centre have evolved as a response to the needs of this particular vulnerable group of fellow citizens, in order to offer sustainable, constructive and positive alternatives to life and/or work on the street.

Similarly in Brčko, many children are spending a considerable part of their time on the street. The majority of these children are from the biggest Roma settlement in Brčko District called Prutače and most often they have been driven to Brčko by adults for the purpose of begging¹². Other settlements include Suljagić Sokak, Broduša, Stari Rasadnik and Centre V. The socio-economic situation of these settlements varies and they include Roma and non-Roma population. In October 2014 a drop-in centre for street involved and at risk children was established by Vermont Youth Centre and Save the Children

¹¹ UNICEF (2013). *Street working children. An assessment of child begging and other street work in Bosnia and Herzegovina*. Retrieved in July 2016 from https://issuu.com/unicefbih/docs/unicef_engleski_22-10-small_pdf?e=4149600/10036189

¹² According to reports from Citizen Association "Romi na djelu", 2016.

North West Balkans, which for the first time introduced specialised services for this group of children in this area.

The Law on Social Protection in Brčko District of B-H defines the possibility for citizen associations to become providers of specific social services, although the process for doing so has not been fully developed.¹³ Based on this law, an initiative has been developed to create an inter-sectorial protocol for responding to cases of child begging, child labour, exploitation and other types of child abuse¹⁴.

Serbia

Frequent political turbulence and economic challenges in Serbia negatively affect most of the services that have traditionally been the responsibility of the state, especially welfare and social services. In a climate of economic uncertainty and diminished resources, the official unemployment rate is at 19%, with low average pensions, salaries and social assistance¹⁵. Also, the state is reducing social services, which in many cases are already inadequate to address mounting social challenges and problems. In this climate, many families - especially those on the margins of society - lack support systems and safety nets, resulting in an increasing number of street involved children. The number of children requiring special attention is on the rise, with recent increases in numbers of children entering Serbia with their families.

Based on the experience of NGOs working for over a decade on this phenomenon, around 90% of street involved children are in this situation due to extreme poverty, as a way to survive, while the rest are forced to it, as a direct consequence of sexual or labour exploitation, neglect or abuse¹⁶. Work primarily includes activities such as begging, selling items and petty services, and petty crime. It may also include other forms of labour exploitation and sexual exploitation that are in effect human trafficking. Street involvement is itself an extreme form of social exclusion, but is usually just one part of a wider context of exclusion.

¹³ Law of Social Protection of District Brčko of B-H, article 6; article 76.

¹⁴ According to reports from Youth Center 'Vermont'. 2016.

¹⁵ Republic agency for statistics, (2016). Retrieved in July 2016 from <http://webzrzs.stat.gov.rs/WebSite/Public/PageView.aspx?pKey=2>

¹⁶ According to reports from Centre for Youth Integration, Belgrade, and EHO, Novi Sad, 2016.

Most of the street involved children are living in informal settlements. Living conditions are most often inadequate - lack of running water, electricity, toilets etc. In particular many of the children from Roma communities face extreme hardships, often living in abject poverty, without proper legal documents (remaining invisible to institutions) and with little access to schooling, employment, health care or dignified housing¹⁷.

In the Republic of Serbia, the substantive law protects the child from any form of abuse or violence¹⁸. Labour law protects children from exploitation by prescribing a minimum age limit for legal labour¹⁹. Also, the Constitution of the Republic of Serbia stipulates the right to health protection through laws on Health Protection²⁰ and Health Insurance²¹. These laws guarantee that street children must receive urgent health assistance even if they do not possess documentation demonstrating that they are covered by health insurance. The responsible department is obliged to provide health ID even if the child does not have a unique ID number. Furthermore, when it comes to legally invisible persons, one big step forward has been taken, consisting in court processes for determining the time and place of birth: when this detail is established it is easier for the Ministry of Internal Affairs to determine the individual's Personal Identification Number and the address of residence.

Even so, street involved children have not yet been adequately recognised by the system. No law, either substantive or procedural, adequately deals with this issue to ensure systematic protection of this highly vulnerable group of children. Also, child begging is not a well understood topic. Awareness about this type of "child labour" has been raised by the mass media but not sufficiently to initiate any change in existing laws and regulations. The definition of begging is incomplete, with the issue being dealt with both under the Law on Juvenile Delinquency²² and the Law on Public Order. There are

¹⁷ According to reports from Centre for Youth Integration, Belgrade, 2016.

¹⁸ General Protocol on Protection of Children from Abuse and Neglect, Retrieved on July 2016 from <http://www.minrzs.gov.rs/files/doc/porodica/zlostavljanje/Opsti%20protokol%20zlostavljanje%20i%20zane%20marivanje%20deca.pdf>

¹⁹ Law on Labor of Republic of Serbia ("Sl. glasnik RS", br. 24/2005, 61/2005, 54/2009, 32/2013 i 75/2014)

²⁰ Law on Health Protection of Republic of Serbia ("Official Gazette ", No 107/2005, 72/2009 - dr. zakon, 88/2010, 99/2010, 57/2011, 119/2012, 45/2013 - dr. zakon, 93/2014, 96/2015 i 106/2015)

²¹ Law on Health Insurance of Republic of Serbia ("Sl. glasnik RS", br. 107/2005, 109/2005 - ispr., 57/2011, 110/2012 - odluka US, 119/2012, 99/2014, 123/2014, 126/2014 - odluka US, 106/2015 i 10/2016 - dr. zakon)

²² Law on Minor Perpetrations of Criminal Offences and Protection of Minors in Criminal Proceedings of Republic of Serbia ("Sl. glasnik RS", br. 85/2005)

insufficient services provided to these children. Only one, the Belgrade Children's Shelter, deals with at-risk children on a full-time basis - this is a public facility that provides support to minors in particularly critical conditions, including street involved children. The centre has been operating for over 50 years but is currently in a precarious state: not only is the maintenance poor, but the capacity is far from being able to serve the number of children and youth in need. Furthermore, the lack of adequately trained professionals (e.g. educators, social workers, health workers) seriously hinders the process of social inclusion of these children and their families. Some children avoid contact with such institutions altogether, due to 'unpleasant situations' during previous contact with representatives of these institutions. Due to the state's inability to deliver effective support and assistance to these children, NGOs have played a critical role in recent years in assisting and protecting at-risk children.²³

Services for street involved children are currently being offered by family outreach workers in a state run shelter, by the Drop-in Shelter of the Centre for Youth Integration in Belgrade and by the Shelter for Street Children in Novi Sad. These three services cover a very limited geographical area, mostly focused in Belgrade and Novi Sad.

The Drop-in Shelter service in Belgrade strives to meet multi-layered needs of street involved children and has proven to be an effective way to prevent further street involvement, end child labour and support the social inclusion of these extremely vulnerable and excluded children. The service model provides a means to address the immediate needs of vulnerable street involved children, including provision of food, clothing, shelter and protection in cases of physical harm or danger, and a base from which to consistently engage with a target group that is inherently mobile and hard to reach, enabling tailored intervention strategies to be developed responding to the individual needs of each child. The service also provides a framework for referring children to other services that lack mechanisms to reach out to them directly and to coordinate cross-sector interventions to assure the child's wellbeing. The drop-in service provides a foundation for the protection and social inclusion of street involved children in Belgrade, which other social services do not reach directly or effectively²⁴.

²³ According to reports from Centre for Youth Integration, Belgrade, 2016.

²⁴ Ibid

Montenegro

The Government of Montenegro has made efforts to strengthen legal protection for children through new Labour Law solutions, changes to the Criminal Code, adoption of the Law on the Prevention of Illegal Businesses and the new Law on Social and Child Protection adopted in May 2013 which includes a provision mandating special protection of victims of human trafficking. There are however still gaps in the legal framework. While the Labour Law prohibits children under 18 from performing overtime and night work, there is an exception that allows employees between age 15 and 18 to work at night if the nature of the work requires a continuation of work that was interrupted by natural disasters or to prevent damage to raw and other materials. The Government does not have a detailed, separate hazardous work list that prohibits children from working on dangerous activities, although these are mentioned in a general manner in the law.

In relation to street involved children, the data come from a piece of research from the Protector of Human Rights and Freedoms which started in 2010 in Montenegro²⁵. The competent authorities registered 323 children who were found begging. Centres for social work, during the course of 2010, worked with 164 children aged 2 to 17 years, while data obtained from the Police Directorate indicate that they documented 120 cases of begging. According to the responses of the police administration, it was concluded that begging was conducted in most cases by children aged 16-17 years, although there were cases of children begging at a very young age, 2 to 4 years. According to the findings of research carried out by the “Ljubovic” Centre for Children and Youth, 38 cases of begging were registered in 2010. The Protector finds that the competent authorities generally do not have disaggregated systematised records of children engaged in begging. Most of the responsible bodies do not have records on returnees nor measures imposed by the police, nor do they have data on the gender structure of the children engaged in begging. Therefore the Ombudsman concluded that the existing registers are formed for internal use only and that there is no efficient exchange of information between the social actors. Records of street involved children are not available to a wider circle of professionals. Children who are found homeless and/or begging are registered on different grounds. In most CSW these cases are treated through the work of teams for children with behavioural disorders with a smaller number treated as victims of neglect and abuse. It is unacceptable

²⁵ http://www.ombudsman.co.me/docs/naucimo_ih_nesto_drugo.pdf

that children who are victims of neglect, exploitation and abuse are treated as offenders or children with behavioural disorders and juvenile delinquents. The Protector is of the opinion that such a practice in many ways complicates the problem and distances professionals from solving it.²⁶

The identified consequences of this phenomenon include:

- Low standards of living of these children
- Often they are victims of violence from peers and adults
- They are potential victims of trafficking
- Begging at crossroads threatens their life and the life of traffic participants
- Not attending regular school/education with any continuity
- Children have not developed an awareness of the importance of caring about their health
- Often children are treated as offenders and not as victims of abuse by adults
- They are discriminated against in the framework of the wider community²⁷

The majority of street involved children are of Roma and Egyptian origin. Montenegro has signed and ratified a number of international and regional agreements referring to human rights and also has endorsed a number of laws dealing with the integration of Roma and Egyptian citizens. The Constitution of Montenegro since 2007 incorporates all mentioned international legal standards on the protection of human and minority rights.²⁸ The Law on Social and Child Protection regulates issues of financial protection of families, persons in social need, children and children at risk. The way of implementing strategies and their practical application are defined by a series of strategic documents in particular areas²⁹.

²⁶ (2011). Protector of human rights and freedoms of Montenegro: Special report of child begging in the Montenegro.

²⁷ Reports from the focus group of Centre for children's rights of Montenegro with the purpose of the National action plan for children 2013-2017.

²⁸ Strategy for Improving the Position of Roma and Egyptians in Montenegro 2012-2016, p.8.

²⁹ Montenegro endorsed appropriate for both the national and local level (7 local communities), which in particular refer to: additional exercising of the rights, problem-solving and improvement of socio-economic position of Roma and Egyptians, including the Strategy for Improving the Position of Roma and Egyptians in Montenegro 2012– 2016, as principal document encompassing all issues relevant to integration of Roma and in accordance with European Framework for National Strategies on Integration of Roma up to the year of 2020 and its Action Plan, local Action Plans for inclusion of Roma and Egyptians in the municipalities: Ulcinj, Tivat, Kotor, Herceg Novi, Nikšić, Bijelo Polje and Berane.

From June 2013 to July 2014 Montenegro successfully presided over "The Decade of Roma 2005-2015", an international initiative that has the aim of enabling Roma citizens to exercise their rights to education, accommodation, health care and employment without prejudice and discrimination, but the implementation of the National Plan of the Decade did not produce the desired results. The results of the Decade are uneven in some areas, and particular problems are the lack of ethnically disaggregated statistical data as well as a lack of capacity for strategic planning and establishing frameworks for implementation of effective and sustainable integration measures of Roma and Egyptians. Although there was a certain shift in the plan for improving the legal and real position of members of Roma and Egyptian minority communities, the level of enjoyment of their basic rights and liberties is still low. Roma and Egyptian citizens still represent the most vulnerable and the most marginalised communities in Montenegro. The problems they are facing exist in almost every field of public and private life ranging from inability to satisfy their basic needs, lack of access to adequate health care, inadequate access to education, to problems exercising social protection rights and barriers met in accessing the labour market. Given that Roma and Egyptians are not sufficiently present in political and public life, there is only a small number of people who can represent their interests authentically and effectively.

According to research conducted by Fundamental Rights Agency (2012), considerable numbers of Roma people living in EU Member States are faced with prejudice, intolerance and discrimination. The research findings suggest that every third member of the Roma population is unemployed, twenty percent have no health insurance and ninety percent live below the national poverty line³⁰. Results of the research done within the "AMARE" project in Montenegro indicate that the problems faced by the Roma and Egyptian minority communities in Montenegro are even larger and more complex. They range from: unemployment, identified as the main problem by Roma and Egyptians; extremely poor housing conditions in the settlements, unfit for human habitation: extreme poverty that makes it impossible for large numbers of people to obtain basic necessities; a low level of education; unresolved legal status; gender inequality; discrimination³¹. On the other hand, substantial positive changes are also visible in relation to education, improvement of housing conditions, building and reconstruction of infrastructural facilities in Roma settlements, and gender equality. Of particular significance is that at the

³⁰ Fundamental Rights Agency (2012). Retrieved in July 2016 from www.fra.europa.eu

³¹ Conclusions from seminar „Local approach, concrete approach“, Annex 6.

beginning of September 2014, as a result of cooperation between the Directorate for Care of Refugees and competent institutions from Kosovo, 12 families of internally displaced Roma from the territories of Podgorica and Nikšić returned to the municipality of Klina. This is of great importance and is an example of how similar problems could be adequately and permanently resolved in the future. The involvement of the Roma and Egyptian communities in the accession process of Montenegro to the EU is no less important. Namely, although the current level of input from the Roma and Egyptian populations to EU and European integration is extremely low, they see EU Accession as a process that could considerably contribute to the improvement of their situation and want to take an active part in it. Key challenges for changing this situation are reflected in the necessity to effectively apply existing inclusion policies, to strengthen capacities for their application, and to ensure that representatives of Roma and Egyptian communities are adequately informed and included in decision-making processes particularly relating to benefits and challenges brought by the EU integration process. All of these priority steps aim to ensure equal opportunities to exercise rights guaranteed by the Constitution, laws and international conventions and to enable an acceptable quality of life. In summary, the overall results of the research indicated that the socio-economic position of Roma and Egyptians in Montenegro is extremely difficult.³²

3. METHODOLOGY

Study Design

This study employed a mixed methods approach, using desk review, survey and focus group discussions (FGDs) as research tools for gathering primary and secondary data. For the survey a convenience sample was used targeting families in vulnerable situations who mainly live in informal settlements or on the outskirts of towns and cities. In order to collect as much and as accurate information as possible, it was decided to conduct the research through local organisations who have already established relationships inside these communities and who have substantial experience in working with families with

³² (2014). Monitoring report on the position, problems and needs of the members of Roma and Egyptian population in Montenegro.

street involved children. Owing to the fact that these organisations have been previously recognised as trustworthy partners by the families and communities, their researchers were able to access households and administer questionnaires in even larger numbers than originally planned.

The study was conducted in four different countries: Bosnia and Herzegovina, Albania, Serbia and Montenegro. The table below shows the geographical coverage of the sample in all four countries. As can be seen, in Bosnia and Herzegovina the study was conducted in a number of settlements located in two cities - Bihać and Brčko. In Serbia, which had the largest sample, Belgrade and Novi Sad were included. In both Albania and Montenegro the local partner organisations conducted the study in the capital city, namely Tirana and Podgorica respectively.

Table 3.1 -Research sites

Bosnia and Herzegovina	
Bihać	Brčko
Ružica Main bus station Golubić Vedro Polje Čekrljje	Centar V Broduša Stari Rasadnik Suljagić Sokak Prutače
Albania, Tirana	
Bregu i Lumit Shkozë Tufinë	
Serbia	
Belgrade	Novi Sad
Mali Leskovac Čukarička šuma Vuka Vrčevića Marija Bursać Orlovsko settlement Reva settlement Last bus stop of buses number 74 and 75 Dr Ivana Ribara Vidikovac (OMV gas station) Bežanijska kosa	Adice Bangladeš Veliki rit Other streets
Montenegro, Podgorica	
Suburb Konik camp 1 Suburb Konik camp 2	

The geographical coverage of the study was based on the many years of experience of local partners and their stakeholders working in and with communities in extreme poverty. For this reason the results of this study cannot be extended to the entire population: they only show the trends for the study participants.

For the focus group discussions a convenience sample was used, targeting the most relevant stakeholders at national and local level, working with either governmental or civil society organisations providing services for street involved children and children at risk and their families in the areas the study focused on. The desk review aimed to present a concise picture of the situation of street involved children and children at risk at each country and was conducted by the local partner organisations themselves.

Sampling

For the quantitative part researchers deferred to the suggestions of the local partner organisations. They included households that already had street involved children or children at risk. Interviewers were advised to interview only one person per family, above the age of 18 years. The individuals that could be interviewed in each household were primarily parents or the head of the household. However, if none of them were present an informed adult child could participate in the interview. In cases where two or more families lived in the same house, interviewers were advised to interview the one representative from each family. The total regional sample in the four countries was $N = 1062$ households with the following distribution:

- $N = 103$ households in Albania
- $N = 300$ households in Bosnia and Herzegovina
- $N = 150$ households in Montenegro
- $N = 509$ households in Serbia

For the qualitative part, local partner organisations compiled lists of relevant stakeholders and selected participants for focus groups. In total 7 focus group discussions were conducted, with a total of 71 participants, as presented below:

- 2 FGDs in Albania (20 participants)
- 2 FGDs in Bosnia and Herzegovina (21 participants)
- 1 FGD in Montenegro (13 participants)
- 2 FGDs in Serbia (17 participants)

Research Tools

The research tools used for this study were developed by the researchers based on the literature review and situation analysis conducted in advance. A closed-ended questionnaire was used for the quantitative part, which was separated into 4 different sections, namely: characteristics of the families, characteristics of the children in the families, the nature of street involvement for the households reporting they had street involved children, and housing conditions. The aim of the questionnaire was to assess the situation of the vulnerable families in the sample, in order to conduct a social mapping of them. The questionnaire was reviewed by Save the Children coordinating staff and local partner organisations: their suggestions were incorporated into the final version.

FGDs were conducted following a structured format, where facilitators were issued with guidelines to discuss the following topics:

- Causes and consequences of the phenomenon in the country
- Existing types of services for street involved children and children at risk and their impact
- Positive and negative interventions
- Obstacles to the services' impact
- Gaps in existing services
- Interventions needed for preventing and addressing the phenomenon, according to priority
- Data collection and research needs

The aim of the FGD guidelines was to ensure that the information gathered in the process helps to understand the circumstances in which relevant services are provided, including perceptions and attitudes of the stakeholders towards this issue, as well as their practice at both regional and national levels.

Data Collection and Analysis

The questionnaires and FGD guidelines were developed initially in English and then translated into local languages and validated after the first few days of the fieldwork. Data collectors were trained in the administration of the questionnaires and focus group discussions. The fieldwork lasted approximately three weeks, during June and July 2016.

Quantitative data was analysed using SPSS 20. Data was checked for extreme and missing values and was cleaned. Afterwards, descriptive statistics were used to report on the results.

The focus group discussions were recorded either via audio registration or by hand written notes depending on the participants' preferences. The records were further transcribed and printed in order to facilitate coding and analysis processes. The main tool for qualitative data analysis was the thematic data analysis approach.

The data analysis summary underwent an independent, secondary review, after which the research team resolved minor discrepancies during research group meetings.

Ethical Considerations

All the participants questioned during the study were requested to give their informed consent for participation which was also voluntary. All data was treated confidentially and used only for the study purposes.

Limitations of the Study

- While it would be desirable to have the possibility to generalise the data for the entire targeted population (families and children at risk or street involved) through a probability sampling conducted on the preselected vulnerable communities in all selected locations, this was not possible due to the lack of a clear sampling framework for these communities as well as time constraints.
- Despite the fact that this study captured the characteristics of the households and especially of the families that had street involved children, thus serving as a regional baseline, there could nevertheless be other factors that influence street involvement not included in this study. It is recommended to conduct further research to explore other potential factors that were not considered as part of this research.

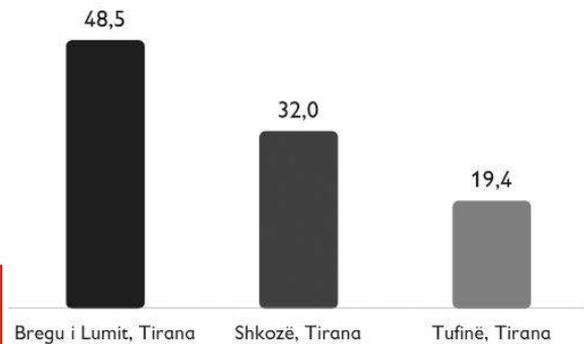
4. FINDINGS

4.1. CHARACTERISTICS OF THE FAMILIES

The following section presents the characteristics of the families and households that participated in the study, emphasising general characteristics such as gender of the participants, civil status and completed years of education as well as more specific characteristics such as family composition, rate of health insurance coverage, health conditions of household members, disability and so on. Results are presented by country.

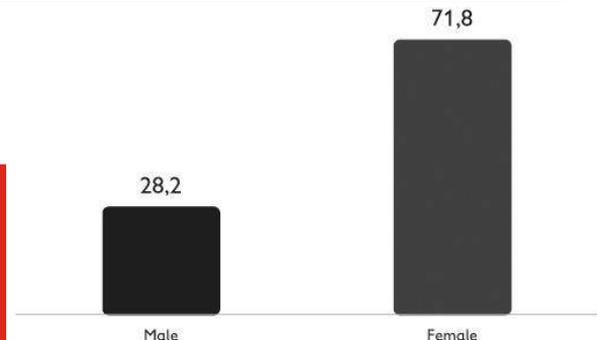
A. Albania

In Albania the survey was conducted in the capital, Tirana, in three different settlements: Bregu i Lumit (49%), Shkozë (32%) and Tufinë (19%) (Graph 4.1). The total number of participants was $N = 103$, of which the majority were women (71.8%) (Graph 4.2).



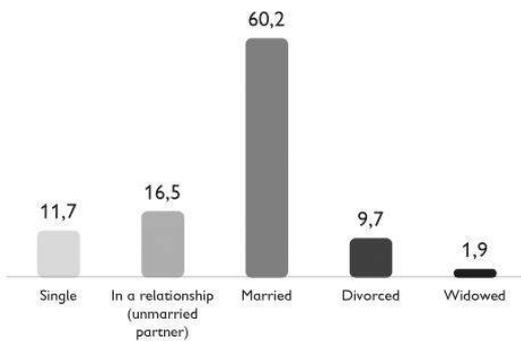
Graph 4.1 - Distribution of participants by settlements

*Graph 4.2 -
Distribution of
participants by gender*

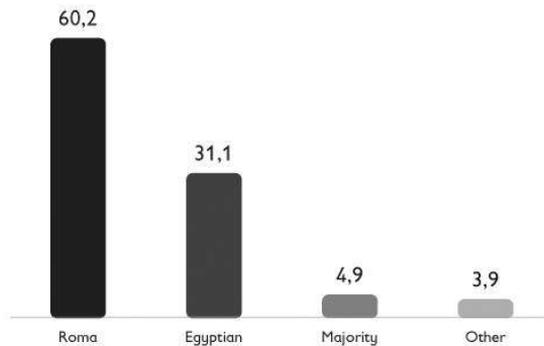


Participant's mean age was $m_a = 34.99$ years.

In terms of participants' civil status most of them were married (60.2%), while others were either living in a common-law marriage (16.5%) or single (11.7%). A considerable number were divorced (9.7%) or widowed (1.9%), meaning that a number of them are single parents (Graph 4.3). Children of single-parent families tend to be one of the most vulnerable groups of children in terms of poverty³³, mainly due to lack of employment³⁴. As regards participants' ethnicity most of them were from the Roma community (60.2%) followed by Egyptian (31.1%) (Graph 4.4). A small percentage of the sample was from the mainstream population (4.9%).



Graph 4.3 - Distribution of participants by civil status



Graph 4.4 - Distribution of participants by ethnicity

³³ "Single mother families make up half of all households in poverty" (2012). U.S. Census Bureau, Current Population Survey. Retrieved in July 2016 from <http://www.familyfacts.org/charts/325/single-mother-families-make-up-half-of-all-households-in-poverty>

³⁴ Rampell, C. (2010). "Single Parents, Around the World". The New York Times.

Noticeably, the participants' completed years of education were very low, not only for them but also for their partners. On average they had completed around 2.5 years of school (Table 4.1), having little contact with any type of formal education.

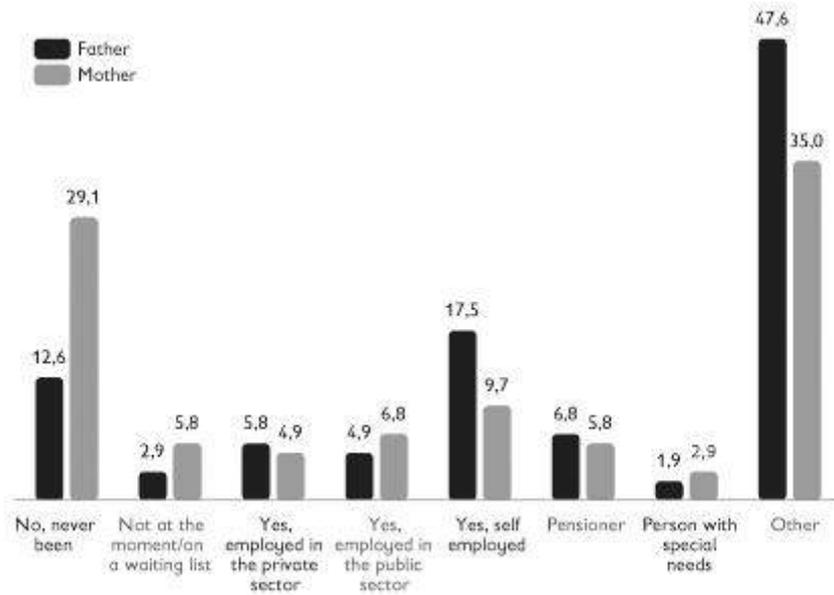
Table 4.1 - Participants' education

	<i>Mean</i>
Participant's completed years of education (total) (in years)	2.59
Participant's partner's completed years of education (total)(in years)	2.45

Sustainable employment of parents is important to ensure a monthly income that will meet the needs of the family and particularly children. Lack of employment, or job loss, affects the family not only financially but also influences family relations due to the emotional distress it can cause. Longitudinal data on unemployment speaks about the financial hardship produced by unemployment that was found to directly affect family relationships.³⁵ Coelli (2005) used the Canadian Survey of Labour and Income Dynamics to show that parental job loss leads to an increase in children's probability of dropping out of high school and a decrease in the probability of entering university³⁶. In this study, a considerable percentage of the participants had never been employed with women more prone to unemployment (29.1%) than men (12.6%). In those instances in which the interviewee answered "other" (47.6% for fathers and 35% for mothers), they explained that fathers usually collected raw materials, or that they have been employed before but not at the moment, while mothers received social welfare benefits and also collected raw materials. Another frequent answer in the "other" category for both fathers and mothers was that their partner has passed away. Overall, 1 in 4 fathers and 1 in 5 mothers were employed in either the private or public sector or self-employed (28.2% of fathers and 21.4% of mothers) (Graph 4.5).

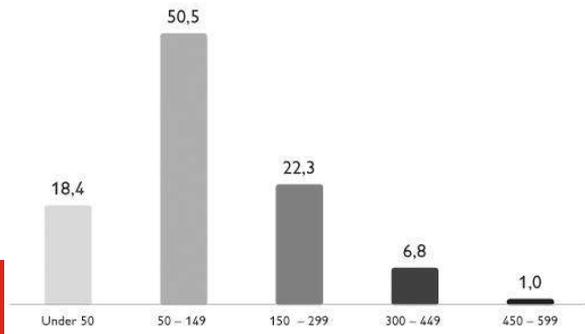
³⁵ Broman, C., Hamilton, V. & Hoffman, W. (1996). The impact of unemployment on families. University of Michigan. Retrieved in July 2016 from <http://quod.lib.umich.edu/m/mfr/4919087.0002.207/--impact-of-unemployment-on-families?rgn=main;view=fulltext>

³⁶ Coelli, M. (2005). Parental income shocks and the education attainment of youth. Melbourne: Department of Economics, University of Melbourne. Retrieved on July 2016 from <mercury.ecom.unimelb.edu.au/SITE/staffprofile/mcoelli/ChSub.pdf>.

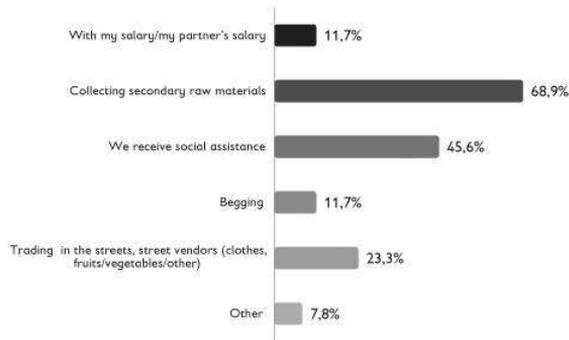


Graph 4.5 - Employment status of parents

The majority of the families in this sample were living on a very low monthly income. For half of them their income ranged from 50 to 150 euro, but what is even more concerning is that almost 1 in 5 families lived with less than 50 euro per month, an extremely low amount that is not enough to fulfil even basic needs. Only eight percent of the families had a monthly income above 300 euro (Graph 4.6). Collection of raw materials was the participants' main activity to support their household (68.9%), followed by social welfare assistance in some cases (45.6%). More than 1 in 10 participants were begging for money (11.7%) while others are trading (23.3%). Only a small percentage of them had a regular monthly salary (11.7%) (Graph 4.7). Informal work does not usually ensure an adequate monthly income. Additionally, in Albania it is common to see children accompanying their parents in these activities, thus being exposed to all the hazards involved. These findings are even more concerning taking into account that the average number of family members and people living under the same roof is more than 5, ranging from 2 to 14 (around $m = 5.2$).

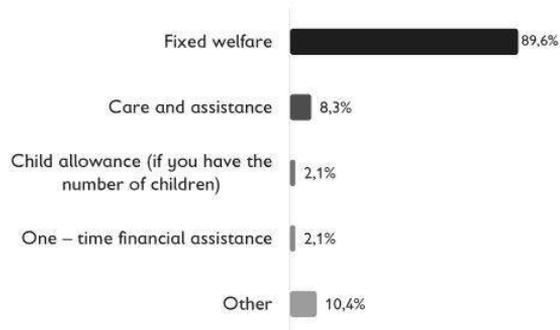


Graph 4.6 - Level of family monthly income (in Euro)



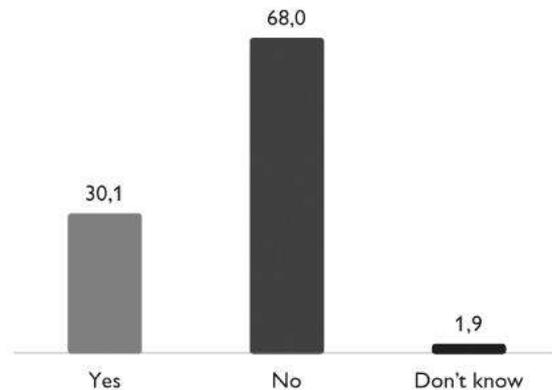
Graph 4.7 - How the family is financially supported

Of those receiving social welfare benefits, the majority were entitled to social welfare assistance (89.6%), incapacity or disability pension, and care and assistance (Graph 4.8). However, in Albania the minimum living standard has not been assessed, thus it is questionable whether the amount of social cash transfer is sufficient for the basic needs of the beneficiaries.



Graph 4.8 - Types of social welfare benefits

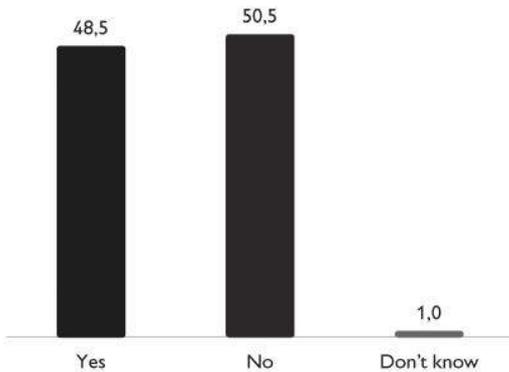
Health care in Albania is free for all. However, it is often difficult for vulnerable groups to access quality health care services due to lack of information about their rights, long distances to the nearest health care centre, corruption among health care professionals and so on.³⁷ Only thirty percent of the sample had health insurance (Graph 4.9). Those without health insurance explain that the main reasons for that are lack of information, unemployment and lack of documents. In order to benefit from health care services they need to be registered as unemployed, but some of them report that they do not know how and where to do so, while others say that the unemployment office is too far away from their home. Considering the importance of these services for all people, and particularly for children, state agencies and non-profit organisations working in this field need to be more proactive in providing necessary information for members of this vulnerable group and facilitating the process of registration.



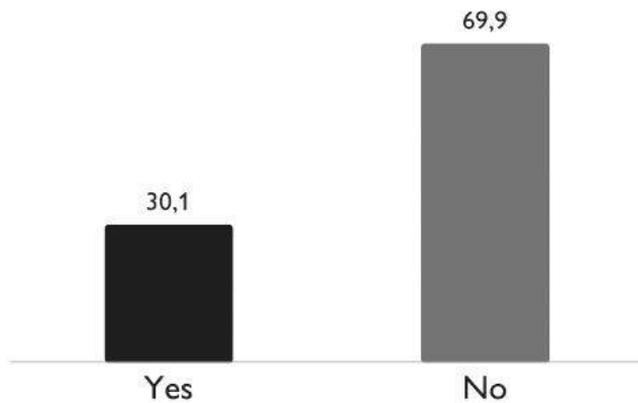
Graph 4.9 - Rate of health insurance

³⁷ State Agency on the Protection of the Rights of the Child (2015). *Implementation report on the National Action Plan of Children's Rights 2012 – 2015*. Retrieved on July 2016 from <http://femijet.gov.al/wp-content/uploads/2015/05/Raport-mbi-zbatimin-e-Planit-t%C3%AB-Veprimit-p%C3%ABr-Identifikimin-dhe-Mbrojtjen-e-F%C3%ABmij%C3%ABve-n%C3%AB-Situat%C3%AB-Rruge-2014-2015.pdf>

The graphs below (4.10 and 4.11) speak about the prevalence of chronic diseases and disabilities in the families of the sample. 1 in 2 participants had a person in their family with a chronic disease or disability (Graph 4.10). Additionally, in 1 in 3 families, children were the ones suffering from a chronic disease or disability. The adults' diseases ranged from asthma and migraine to more serious conditions like cancer, diabetes or cardiovascular diseases. Children in thirty percent of the families had some form of disability, physical or mental, or disease (Graph 4.11) ranging again from asthma and allergies to cardiovascular diseases and cancer.

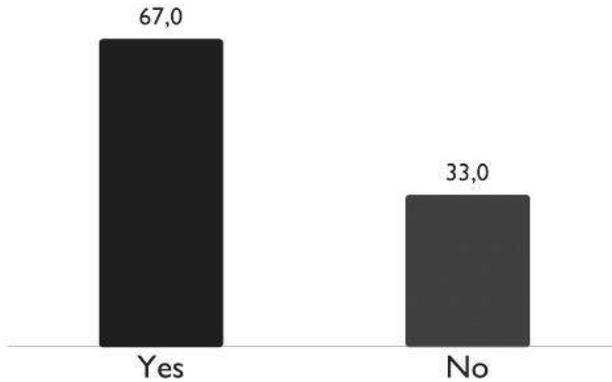


Graph 4.10 - Presence of chronic disease in the family



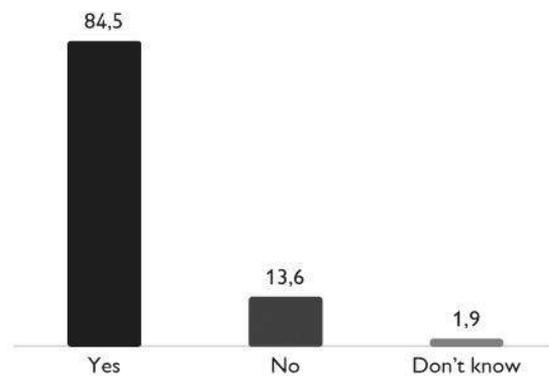
Graph 4.11 - Presence of childhood chronic disease or disability

Child or adult disability adds to the emotional but also financial burden of the families. As seen in the graph below (Graph 4.12) a large percentage of the families cannot afford all the medical examinations or medications that they need (67%). Participants explained that they cannot afford to pay for examinations related to the conditions mentioned earlier. Additionally, some of them stated that they cannot even afford basic medicines for common childhood illnesses, like paracetamol or ibuprofen.



Graph 4.12 - Ability to pay for medical examinations or medications

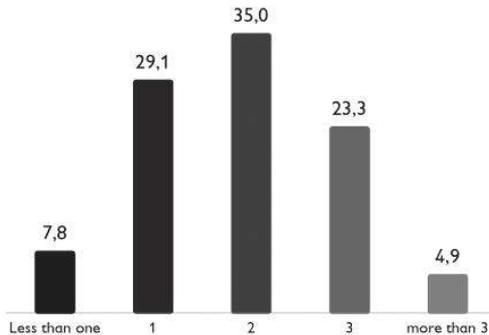
In terms of vaccination, the majority of the participants said that they regularly inoculate their children (84%). In Albania an incentive is provided for families that perform vaccination³⁸, but this is considered by the participants of this study to be a very low motivation factor (Graph 4.13).



Graph 4.13 - Immunisation rate

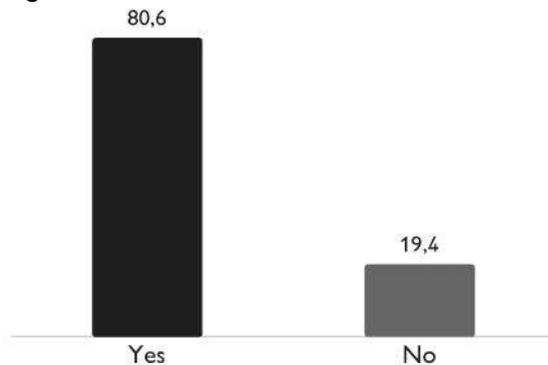
³⁸ Families receive 2.2 euro for each vaccination.

Regarding nutrition, the majority of participants reported that their family eats on average 1 or 2 cooked or uncooked meals per day (64.1%) (Graph 4.14). Only twenty-three percent of them have three meals a day. It is worrying that eight percent of the families and their family members, including children, have even less than one meal in a day. This means that these families are experiencing food poverty, according to the EU standards³⁹. Early childhood nutrition is crucial for children's development and food insecurity and poverty can have negative effects on children's health and development⁴⁰.



Graph 4.14 - Number of meals per day

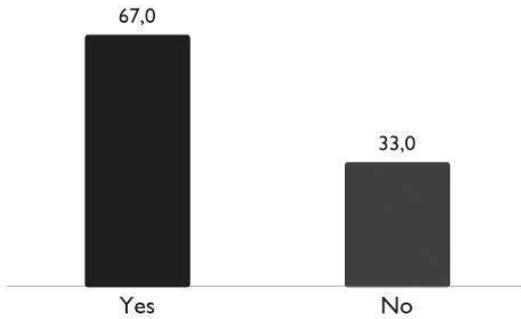
These findings are confirmed by the results in the next graphs (4.15 and 4.16) which show that in 1 in 5 families, family members have fewer than two sets of clothing and in 1 in 3 families they do not even have shoes.



Graph 4.15 - Percentage of family members with at least two sets of clothing

³⁹ EU (2011). The Measurement of Extreme Poverty in the European Union. Retrieved on July 2016 from ec.europa.eu/social/BlobServlet?docId=6462&langId=en

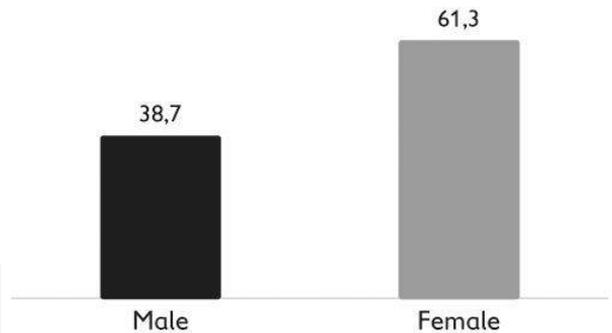
⁴⁰ Chilton, M., Chyatte, M. & Breaux, J. (2007). The negative effects of poverty & food insecurity on child development. *Indian Journal of Medical Research*, 126(4):262-72



Graph 4.16 - Percentage of families where all family members have shoes

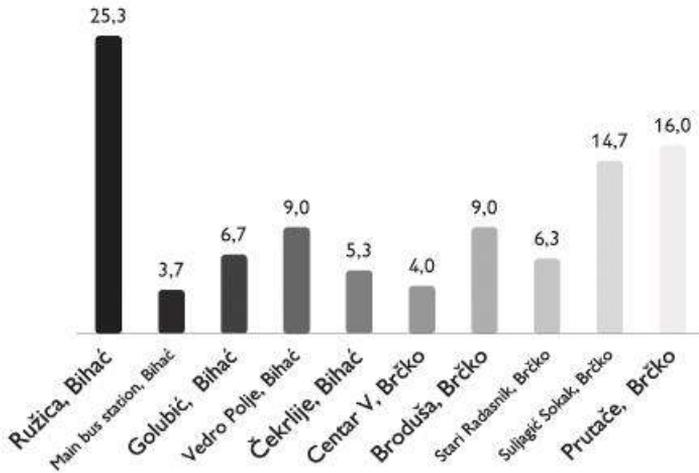
B. Bosnia and Herzegovina

In Bosnia and Herzegovina the total number of the participants were $N= 300$. The majority of them were women (61.3%). Only thirty-nine percent were male (Graph 4.17).



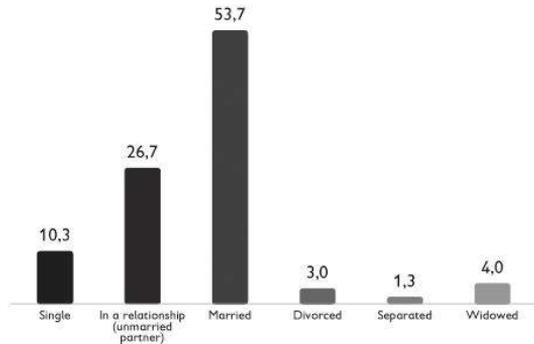
Graph 4.17 - Distribution of participants by gender

Participants were evenly spread over the different areas in Brčko and Bihać. Specifically, regarding Bihać, the largest number of participants were concentrated at the Ružica settlement (25.3%) while the rest of the sample came from the main bus station, Golubić, Vedro Polje and Čekrlje. In relation to Brčko the largest number of participants came from Prutače (16%) and Suljagić Sokak (14.7%). The other sites included in the study were Stari Radasnik, Broduša and Centar V (Graph 4.18).

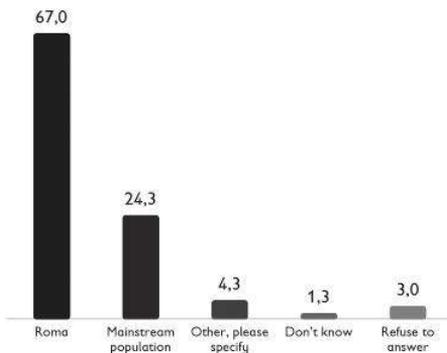


Graph 4.18 - Distribution of study participants by settlements

The majority of participants were married (53.7%), followed by those in a relationship (26.7%). The remainder were single (10.3%), divorced (3%) or widowed (4%) (Graph 4.19). As regards participants' ethnicity, 2 in 3 were of Roma ethnicity and 1 in 4 came from the mainstream population (Graph 4.20).



Graph 4.19 – Distribution of participants by civil status



Graph 4.20 – Distribution of participants by ethnicity

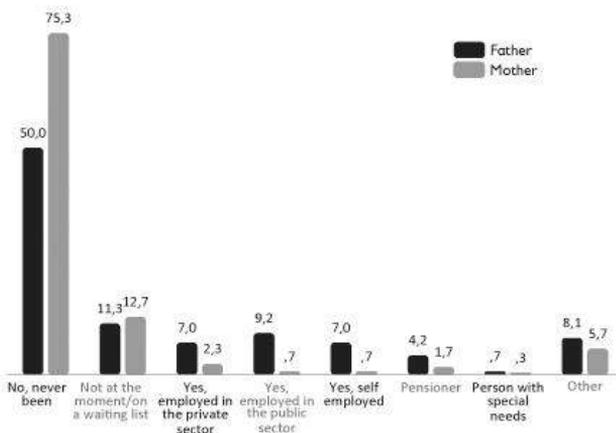
Table 4.2 shows the mean number of family members as well as the number of people living under the same roof. There was a small difference between the two means: the average number of family members was $m_f = 5.4$, whereas the mean number of people living under the same roof was $m_h = 5.7$. It is worth noticing that the highest number of family members and/or those living in the same household was $max = 15$. On average, the mean number of men and women was almost equal.

Table 4.2. - Mean numbers of family and household members (under the same roof)

	<i>N</i>	<i>Minimum</i>	<i>Maximum</i>	<i>Mean</i>
What is the total number of your family members?	300	1.00	15.00	5.3567
What is the total number of people living in this household?	300	1.00	15.00	5.7433

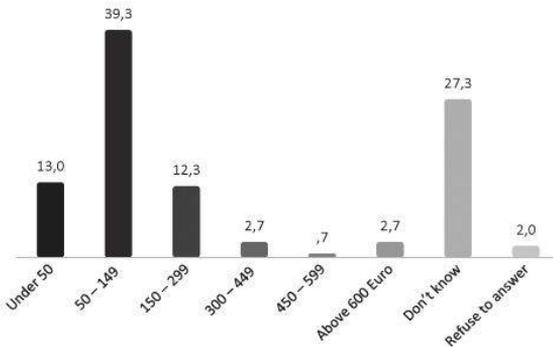
The mean age of the participants was $m_a = 37.1$ years, on average they had completed $m_e = 6$ years of education and the participants' partners even less, only $m_p = 5.3$ years. The lowest number of years of education, accounting for twenty-two percent of participants, was 0, which means that they had had no contact with any formal education. On the other hand, a small percentage of the sample had completed 12 to 14 years of education (7.2%).

Employment of parents and caregivers is very important in order for them to secure an adequate family monthly income to fulfil their children's needs. However, in these towns the majority of participants did not have and never had had any type of employment. 1 in 2 men and 2 in 3 women had never been employed. Very small percentages of the sample, ranging from seven percent to nine percent, had some form of employment (Graph 4.21).

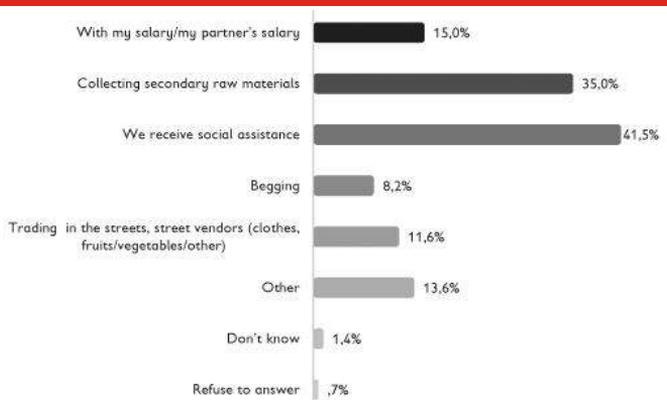


Graph 4.21 – Employment status of parents

The results show that more than half of the participants (52.3%) had a monthly family income under 200 Euro. To put this in context, GDP per capita for Bosnia and Herzegovina in 2016 was 4364 Euro⁴¹ (or 362 Euro monthly) which is much higher than the family income reported by the participants (Graph 4.22). 1 in 4 participants said they did not know their family monthly income (27.3%). Social welfare benefits appear to be the main source of income for many families included in this study (41.5%) along with collecting secondary raw material (35%). Very few families had members with regular monthly salaries (15%) or were engaged in trading activities (11.6%). It is important to note a number of participants reported that they beg to ensure some income to support their household (8.2%). Other alternatives reported by the participants were agriculture, self-employment, doing crafts, working in the construction or other sectors as hired workers on a daily basis, receiving financial assistance from their relatives within the country and abroad (13.6%) (Graph 4.23).



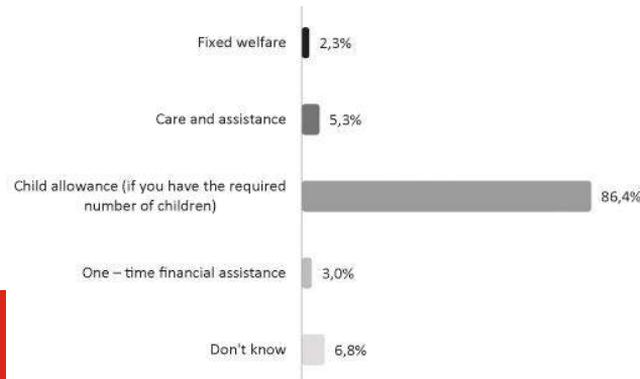
Graph 4.22 - Level of family monthly income (in Euro)



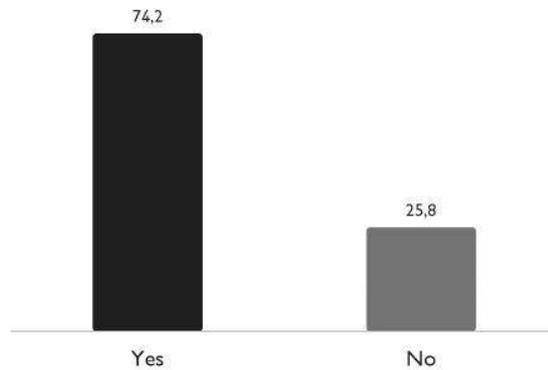
Graph 4.23 - How the family is financially supported

⁴¹ "Bosnia and Herzegovina GDP per capita". Retrieved in July 2016 from <http://www.tradingeconomics.com/bosnia-and-herzegovina/gdp-per-capita>

Of the participants that received social welfare benefits (N = 122) the vast majority of them received only a child allowance (86.4%) and very few of them received any other forms of assistance - such as care and assistance (5.3%), one time financial assistance (3%) or fixed welfare (2.3%) (Graph 4.24) - which can provide more sustainable sources of income to reduce poverty, although they cannot replace more active schemes for poverty reduction like sustainable employment.



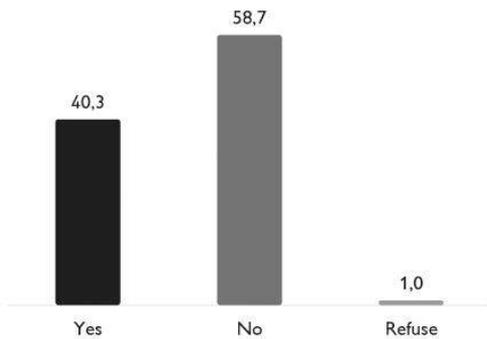
Graph 4.24 - Types of social welfare benefits



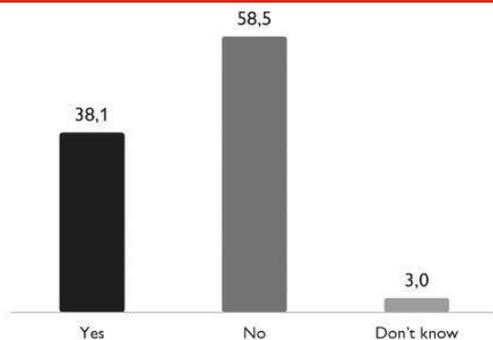
Graph 4.25 - Rate of health insurance

It is noteworthy that more than 3 in 4 participants said they had basic health insurance (74%) (Graph 4.25). Although the majority had basic health insurance, half of the participants were in need of medication or a medical examination that they could not afford. The situation is such because mandatory health insurance does not cover all expenses. Some treatment and hospitalisation costs have to be covered by patients.

Considering that basic health care in the country is free for only certain groups of the population⁴², citizens are at risk of not receiving adequate health care or having to pay for it. An effort to understand the reasons why twenty-six percent of participants do not have basic health insurance revealed that the two main reasons were delays at the Employment Bureau and lack of documentation. Other reasons were related to not having information about the documents and procedures needed to obtain health insurance, not being registered at the Employment Bureau or not being interested in the procedures. Simplifying the procedures of the Employment Bureau for applicants could make it more likely that they will access health insurance. NGOs and governmental agencies working with vulnerable groups should be more proactive in informing these groups about their rights to health care.



Graph 4.26 - Presence of chronic diseases in the family

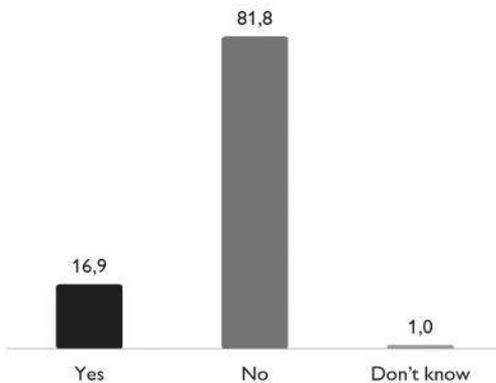


Graph 4.27 - Ability to pay medical examinations or medications

⁴² IOM (2014). Country fact sheet: Bosnia and Herzegovina. Retrieved in July 2016 from http://www.bamf.de/SharedDocs/MILo-DB/EN/Rueckkehrfoerderung/Laenderinformationen/Informationsblaetter/cfs_bosnien-herzegowina-dl_en.pdf?__blob=publicationFile

In addition, in Graph 4.26 it is reported that forty percent (40%) of participants have a family member with a chronic disease, ranging from asthma and chronic bronchitis to cancer, cardiovascular diseases and diabetes, mental disorders etc. All these diseases require long-term care, which can be expensive even for people with health insurance as appropriate treatments and medication are not necessarily covered.

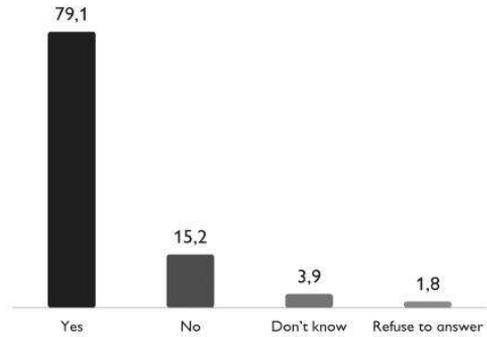
Out of those interviewed, a relatively high percentage, seventeen percent (Graph 4.28), had a child with some form of chronic disease or disability (of mainly physical or sensory nature). This includes children with some form of intellectual disabilities, chronic diseases like asthma, bronchitis, kidney problems and even cancer. When it comes to vaccination, only seventy-nine percent reported that they regularly inoculate their children. Fifteen percent of participants said they that did not vaccinate their children and four percent did not know if they had vaccinated their children or not (Graph 4.29). According to the Multiple Indicator Cluster Survey (MICS) of 2011-2012 in Bosnia and Herzegovina the immunisation coverage for children aged 18-29 months was 91.4%⁴³, however only four per cent of Roma children 18 to 29 months old received all the recommended vaccinations, compared to sixty-eight percent of non-Roma children⁴⁴. Health sector governmental agencies as well as NGOs operating in this field should invest more efforts to increase immunisation coverage in these communities.



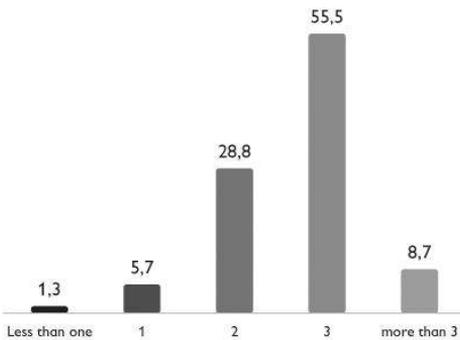
Graph 4.28 - Presence of childhood disability or chronic disease in the family

⁴³ MICS survey 2012 UNICEF Bosnia and Herzegovina, Child Health indicators Retrieved in July 2016 from http://www.unicef.org/bih/media_21363.html

⁴⁴ UNICEF Regional Office for CEE/CIS, 'Realizing the Rights of Roma Children and Women in Bosnia and Herzegovina, the former Yugoslav Republic of Macedonia, and Serbia: Summary analysis of key findings from MICS surveys in Roma settlements in the three countries' UNICEF Regional Office for CEE/CIS, issue 2, 2014.



Graph 4.29 - Immunisation rate



Graph 4.30 - Number of meals per day

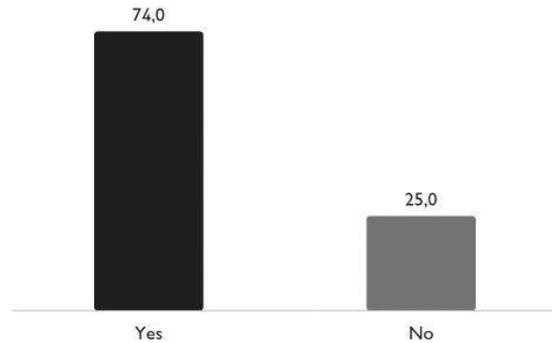
Graph 4.30 shows that more than half of participants on average eat 3 meals per day (55.5 %). Nevertheless, twenty-nine percent reported having only two meals a day, and, which is more concerning, around seven percent consumed 1 or less than 1 meal per day. This means that these families are experiencing food poverty, as defined by EU standards⁴⁵. Evidence shows that early childhood nutrition is very important and that poverty and food insecurity can have detrimental effects on children’s health and development⁴⁶. More effort is needed from authorities to ensure that social welfare assistance and benefits are sufficient to secure at the very least adequate nutrition for children in their

⁴⁵ EU (2011). The Measurement of Extreme Poverty in the European Union. Retrieved in July 2016 from ec.europa.eu/social/BlobServlet?docId=6462&langId=en

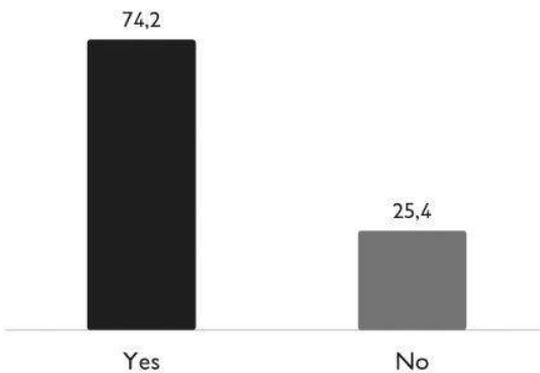
⁴⁶ Chilton, M., Chyatte, M. & Breaux, J. (2007). The negative effects of poverty & food insecurity on child development. *Indian Journal of Medical Research*, 126(4):262-72

early years, otherwise they can be at risk for exploitation, child labour, street involvement and so on.

In 1 in 4 households not all members have shoes (26%) or two sets of clothing (25%), but for the majority of participants these basic needs were fulfilled (Graphs 4.31 and 4.32).



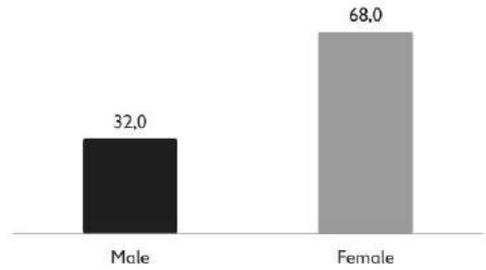
Graph 4.31 -
Percentage of families where all family members have at least two sets of clothing



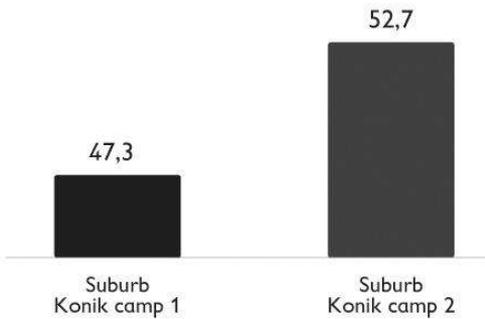
Graph 4.32 -
Percentage of families where all family members have at least one pair of shoes

C. Montenegro

The research in Montenegro was conducted in two different settlements in the city of Podgorica: suburb Konik camp 1 (47.3%) and suburb Konik camp 2 (52.7%). The total number of participants was N = 150, the majority of whom were female (68%) (Graph 4.33 and Graph 4.34).

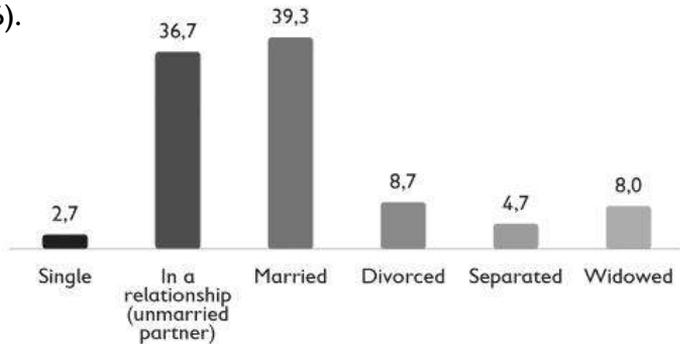


Graph 4.33 - Distribution of participants by gender

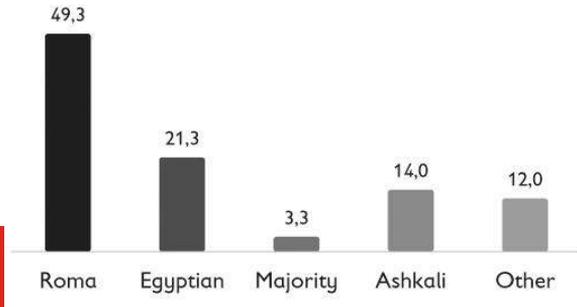


Graph 4.34 - Distribution of participants by settlement

Most of the participants were married (39.3%) or in a relationship (36.7%). A considerable percentage of them (21.4%) were single parents, as they were divorced, separated or widowed. Regarding their ethnicity half of them were from the Roma community, twenty-one percent were from the Egyptian community, fourteen percent Ashkali, and twelve percent stated “other” (Graphs 4.35 and 4.36).



Graph 4.35 - Distribution of participants by civil status



Graph 4.36 - Distribution of participants by ethnicity

The table below (4.3) shows that the average number of family members was $m_f = 5.9$, ranging from a minimum of 2 persons to a maximum of 13. The average number of the persons living under the same roof is slightly higher $m_h = 6.4$ ranging from 1 person to a maximum of 20 persons per household. Men and women were equally present in the family composition as well as in the household residents.

Table 4.3 - Family and current household number

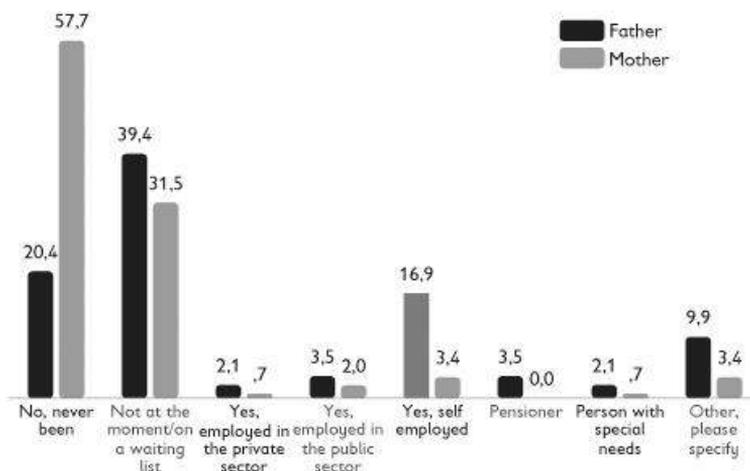
	<i>N</i>	<i>Minimum</i>	<i>Maximum</i>	<i>Mean</i>
What is the total number of your family members?	150	2.00	13.00	5.8667
What is the total number of people living in this household?	150	1.00	20.00	6.3933
Valid N (list wise)	149			

The mean age of the participants in the study was $m_a = 39.9$ years. Table 4.5 shows that the average completed years of education for the participants was $m_e = 3.3$ years and for their partners $m_p = 2.3$, ranging in both cases from no education at all (38.7%) to 12-13 years (2%). These numbers show that an average participant in this study has barely been to school.

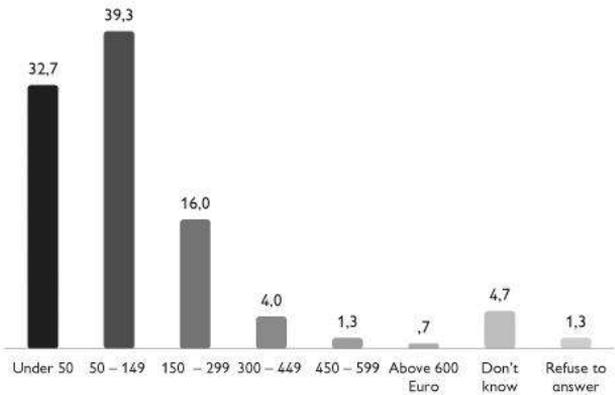
Table 4.4 - Participants' completed years of education, N = 150

	<i>N</i>	<i>Minimum</i>	<i>Maximum</i>	<i>Mean</i>
Participant's completed years of education (total) (in years)	150	0.00	12.00	3.3600
Participant's partner completed years of education (total)(in years)	150	0.00	13.00	2.3733
Valid N (list wise)	150			

Unemployment is very dominant among the mothers of this sample, with more than half of them never having been employed (57.7%) and a further thirty-one percent being on a waiting list at the Employment Bureau. This means that a total of ninety percent of the mothers were unemployed. Very few of them were employed in either the private or public sector or were self-employed. As regards fathers, twenty percent of them had never been employed, forty percent of them were not currently employed or were on a waiting list and a very small percentage reported being self-employed (16.9%) (Graph 4.37). Family monthly income, which largely depends on employment status, was very low for the majority of the participants. Thirty-three percent of the families lived on less than 50 euro per month. Forty percent of the families lived on 50 to 150 euro (Graph 4.38). These results indicate that these families and their children are under extreme financial difficulties, which can additionally put their children at risk and have negative effects on their physical and mental health.

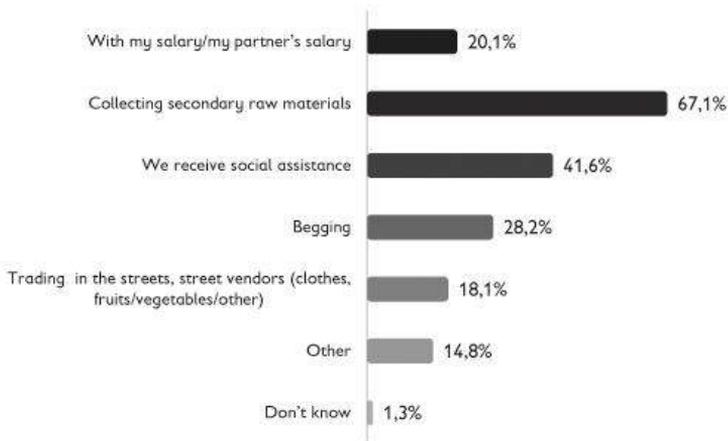


Graph 4.37 - Employment status of parents



Graph 4.38 - Level of family monthly income (in Euro)

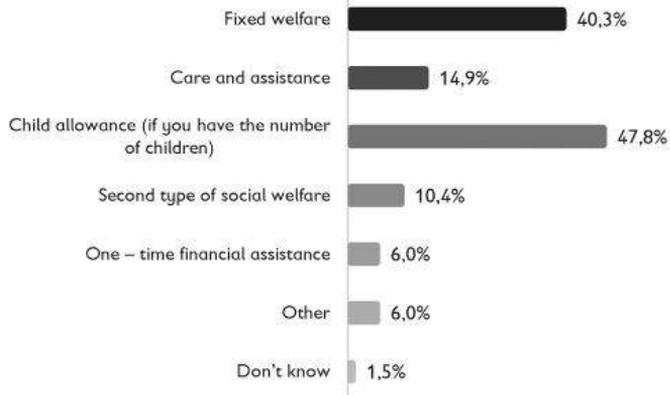
As in the other countries most of the participants and their families collected raw materials as a means to support their household (67.1%). Forty-one percent of them received a form of social welfare assistance whereas twenty-eight percent were begging for money. The others were either employed, so they had a regular salary, or were street vendors (18.1%) (Graph 4.39). Children of families with income instability are often more vulnerable compared to other children. Emotional distress is much higher for them compared to other children, and financial hardship caused by unemployment has been found to directly affect family relationships.⁴⁷



Graph 4.39 - How the family is financially supported

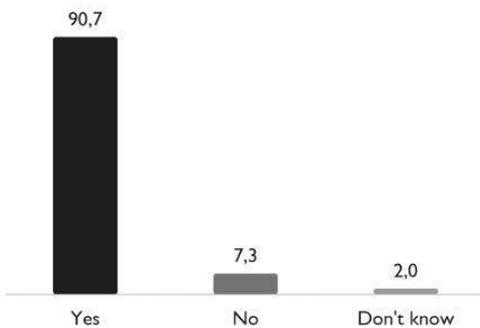
⁴⁷ Broman, C., Hamilton, V. & Hoffman, W. (1996). The impact of unemployment on families. University of Michigan. Retrieved in July 2016 from <http://quod.lib.umich.edu/m/mfr/4919087.0002.207/--impact-of-unemployment-on-families?rgn=main:view=fulltext>

The families that received social welfare benefits were asked to specify the form of assistance they received. Half of them received a child allowance (47.8%), forty percent of them received a fixed welfare assistance, followed by care and assistance (14.9%) and some received more than one type of social welfare assistance (10.4%) (Graph 4.40). Overall, it seems that participants were accessing some social welfare benefits. However, considering their monthly income was very low, it can be assumed that these benefits are insufficient to meet their own needs and their children's.



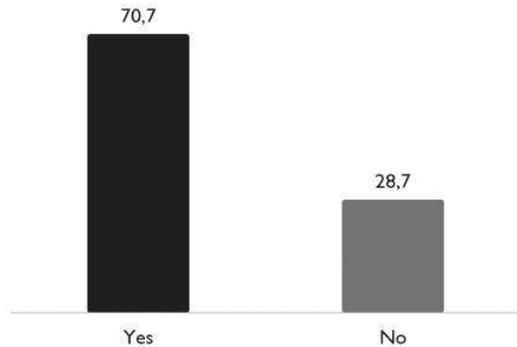
Graph 4.40 -Types of social welfare benefits

Basic health insurance was accessed by the majority of the participants (91%), as seen in Graph 4.40. The government has ensured access to local health centres. For those that did not have basic health insurance (7%) the most common reason was lack of documentation, including here children's documents. These children could be at risk of not receiving any kind of health care services when needed, so actions to address this issue should be taken to ensure that all children have access to free health care.

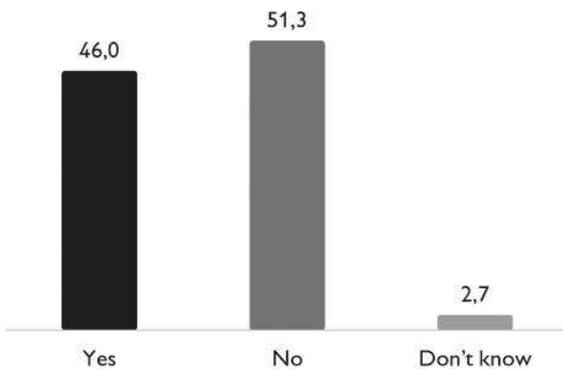


Graph 4.41 - Health insurance rate

A very large percentage of the whole sample in Montenegro responded that they had a family member that suffered from a chronic disease (71%). These diseases were very varied, including migraine, chronic bronchitis, but also diabetes, cardiovascular diseases, hypertension, kidney diseases and different forms of disabilities (Graph 4.42). When it comes to children, a very large percentage of them (46%), suffered from different types of diseases or disabilities, some of them being very serious medical conditions (4.43). Treatment of these conditions is very expensive and health insurance for them is of utmost importance and crucial for their lives. The most common conditions were cardiovascular diseases, kidney or liver disease, epilepsy, meningitis and intellectual/physical disabilities. On the other hand, children were regularly vaccinated in the vast majority of the families (95%), which is a much larger percentage than in other countries included in this research (Graph 4.45). This might be partly due to the fact that two years ago the local authorities established field clinics and field workers visited families.

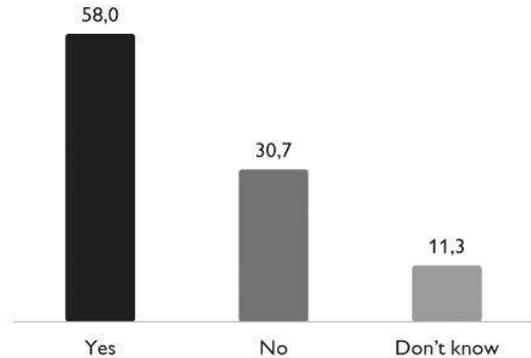


Graph 4.42 - Presence of chronic diseases in the family

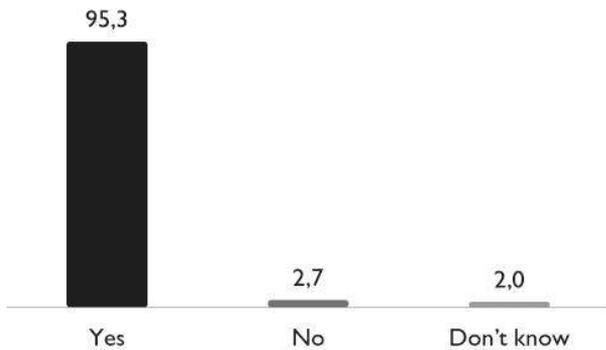


Graph 4.43 - Presence of childhood disease or disability

The above data on family income and prevalence of disease among the families can also explain the results in the following graph. More than half of the participants were in need of a medical examination or medication that they were not able to afford (58%) (Graph 4.44). Some of them were unable to remember the name of the medication, but they recalled that it was very expensive. Others reported that neither they nor their children received treated for a condition they had.

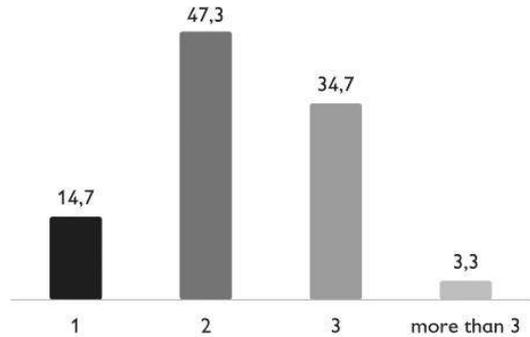


Graph 4.44 - Ability to pay for medical examinations or medications



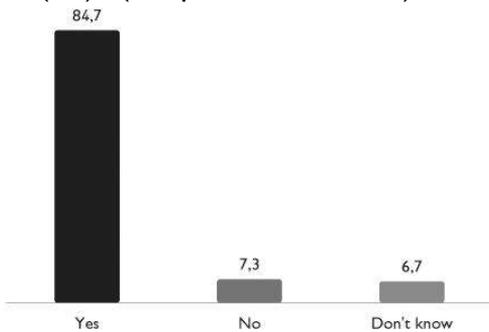
Graph 4.45 - Immunisation rate

The final questions of the first section referred to some of the indicators of poverty, namely the number of cooked or uncooked meals consumed during a day and the minimal number of sets of clothing and shoes. In terms of food, participants said that each family member had on average 2 meals per day (47.3%). A considerable percentage of them reported they had 3 meals a day (34.7%), but many of them did not have more than 1 meal per day (14.7%), putting them at risk of food poverty (Graph 4.46).

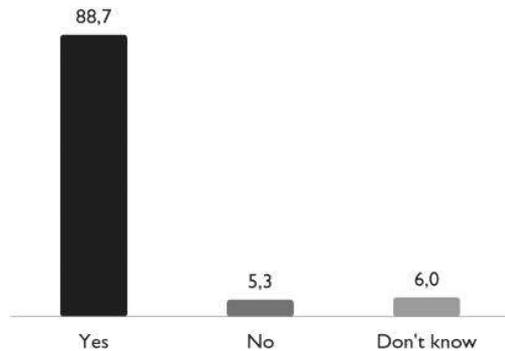


Graph 4.46 - Numbers of meals per day

Concerning clothing and shoes, a great percentage of the sample reported that their family members had at least two sets of clothing (86%) and at least one pair of shoes (89%). On the other hand, although in smaller percentages, there were families whose members could not afford two sets of clothing (7%) or any shoes (5%). (Graphs 4.47 and 4.48)



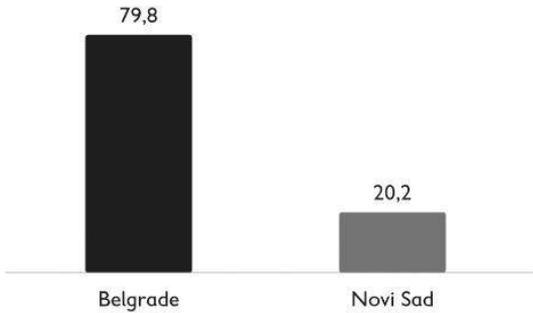
Graph 4.47 – Percentage of families with all members having at least two sets of clothing



Graph 4.48 - Percentage of families with all members having shoes

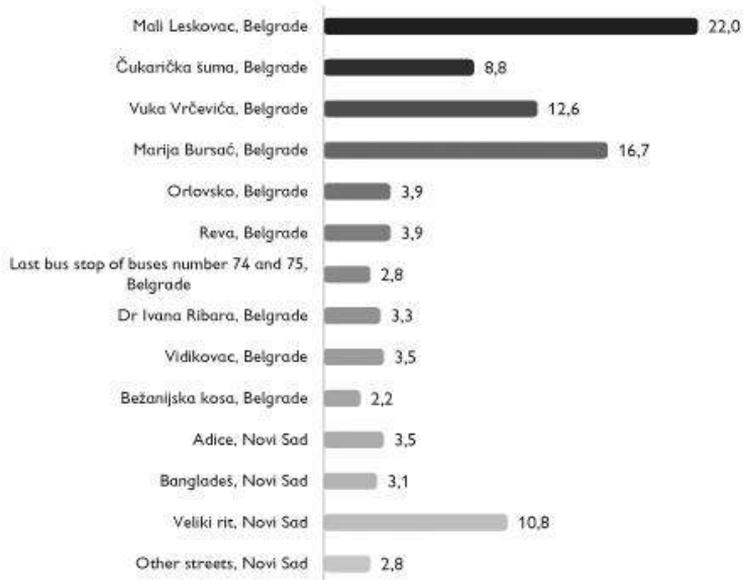
D. Serbia

Serbia had the largest sample in this study with a total number of N = 509 households, due to the very large number of informal settlements in Belgrade (in comparison with other locations). Eighty percent of the participants were located in Belgrade and the other twenty percent in Novi Sad (Graph 4.49).



Graph 4.49 - Distribution of participants by city

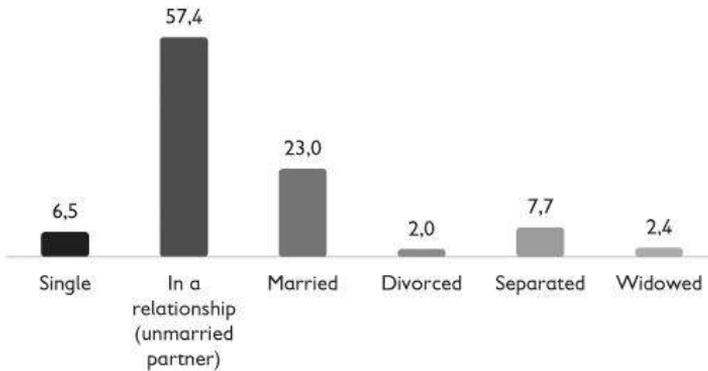
In Belgrade 10 different locations were selected, and 4 settlements in Novi Sad. Each of the settlements represented different percentages in the whole sample as seen in the graph below. In Belgrade the largest number of participants came from Mali Leskovac (22%) and in Novi Sad the largest number of participants came from Veliki Rit (10.8%) (Graph 4.50).



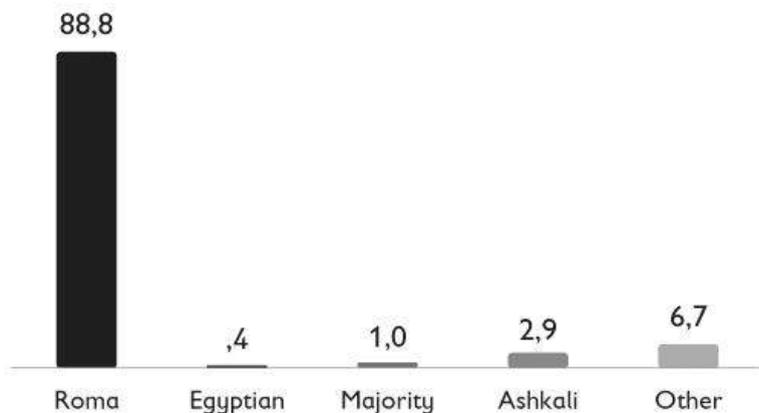
Graph 4.50 - Distribution of participants by settlement

Again the majority of the participants were women (72.3%), with men representing only twenty-eight percent of the sample. The mean age of the participants was $m_a = 32.2$ years.

The majority of participants in the study were in a non-marriage relationship and living with their partner (57.4%) whilst others were married (23%). A small percentage of them were separated (7.7%), divorced (2%) or widowed (2.4%) (Graph 4.51). As regards participants' ethnicity, the vast majority of the participants were from the Roma community (88.8%) with a small number from another ethnicity (6.7%) e.g. Romanian or Croatian Roma, Bulgarian etc. (Graph 4.52)



Graph 4.51 - Distribution of participants by civil status



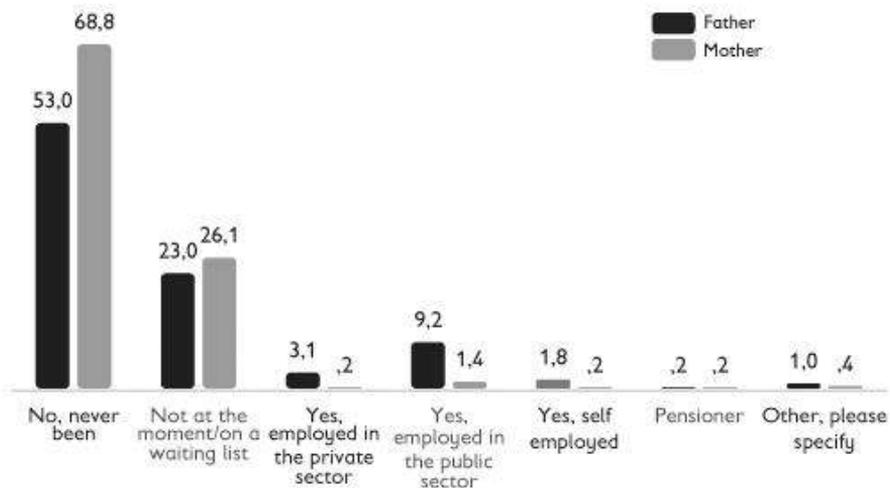
Graph 4.52 - Distribution of participants' ethnicity

Evidently, the level of education was low among respondents in Serbia, as it was the case in other countries. The mean completed years of education for the participants was $m = 3.9$ years and for their partners $m = 3.4$ years, resulting in a slightly higher mean level than the other countries.

Table 4.5 - Parents' completed years of education

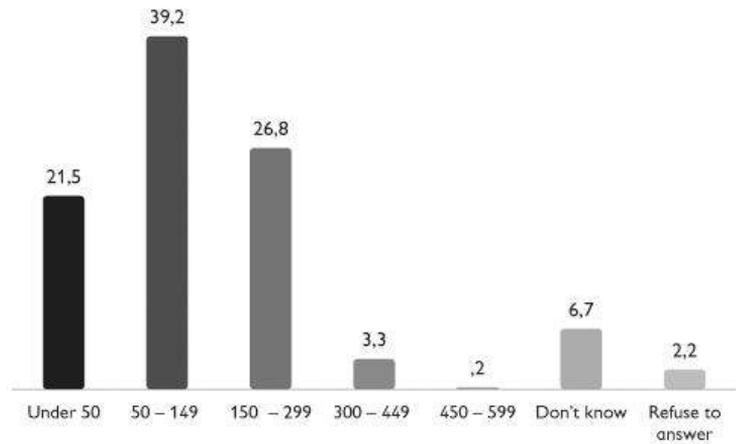
	<i>N</i>	<i>Minimum</i>	<i>Maximum</i>	<i>Mean</i>
Participant's completed years of education (total)	509	0.00	14.00	3.9882
Participant's partner completed years of education (total)	509	0.00	12.00	3.4204
Valid N (list wise)	509			

The unemployment level of this sample was very high compared to other countries. From the participants' families more than 1 in 2 fathers (53%) and more than 2 in 3 mothers (68.8%) had never been employed. Others reported that they were not currently employed or that they were on a waiting list at the Employment Bureau. In this second group mothers (26.1%) featured more than fathers (23%) (Graph 4.53).



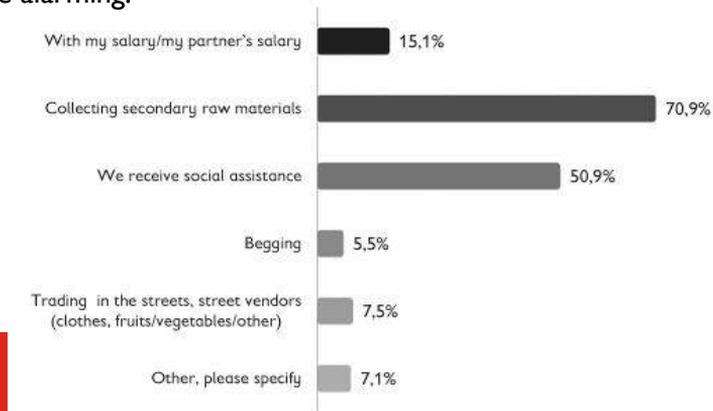
Graph 4.53 - Employment status of parents

Families in the study reported an extremely low monthly income, with more than 1 in 5 of them living on less than 50 euro. Another considerable number of households lived on 50-150 euro per month. Very few of them had a monthly income above 450 euro (Graph 4.54). The main activity of the participants to support their household was collecting raw materials (70.9%) followed by social welfare assistance (50.9%), a regular salary in the family (15.1%) and other activities such as trading in the street (7.5%) or begging for money (5.5%) (Graph 4.55). Other ways to financially support their families, as explained by participants, included getting help from grandparents and other relatives, occasional work in construction or other informal work.



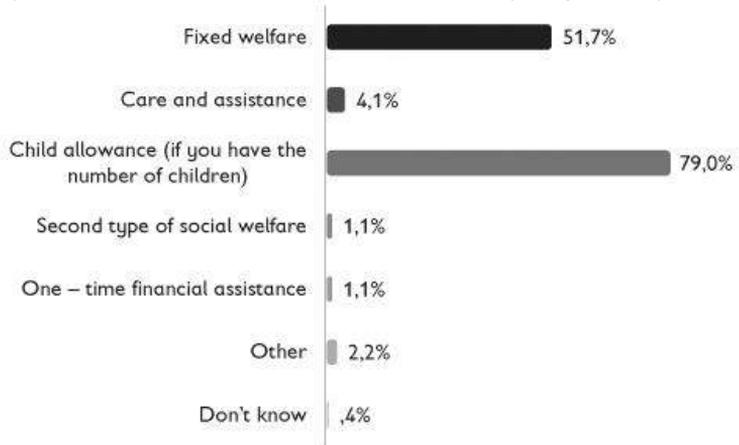
Graph 4.54 - Level of family monthly income (in Euro)

Taking into account the average number of family members $m = 5.5$, or the average number of people living under the same roof $m = 6.5$, these results become even more alarming.



Graph 4.55 - How the family is financially supported

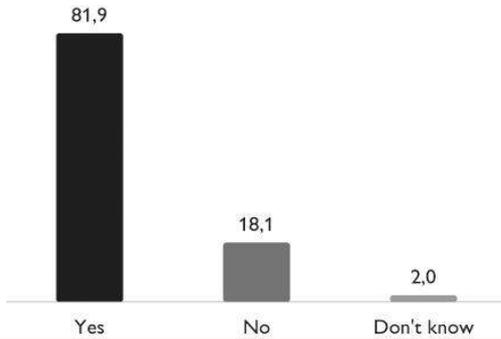
Access to social welfare benefits varied amongst families. Seventy-nine percent of them received a child allowance. More than half of them received a fixed social welfare benefit as a cash transfer (51.7%). A few others received care and assistance (4.1%) or some other form of social benefit (Graph 4.56).



Graph 4.56 - Types of social welfare benefits

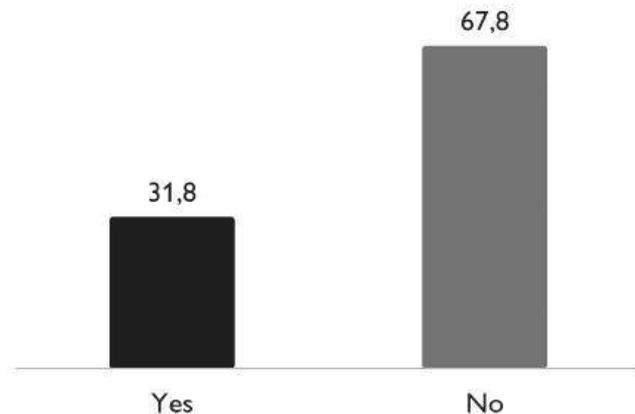
Access to health care services is imperative, particularly for children. Thus, the fact that the majority of the participants in this sample indeed had basic health insurance was positive (80%). If one of the parents is employed then the whole family has the right to health insurance. However, this only applies if an individual is employed on a permanent contract. People who are not employed have the right to access health insurance through the National Employment Service (centres for social work connect families with the National Employment Service). These two options are only available for people who are legally visible. Of course children have the right to free health care with or without health insurance.

Having said that, a considerable number of participants did not have basic health insurance (18%), so for them access to quality health care services is hindered (Graph 4.57). Among the reasons they provided for not having health insurance, the lack of necessary documents dominates along with the lack of an address in the relevant city. Another reasons mentioned was nationality of another state and lack of time and money to resolve the problems they have with documents. It is worth noticing that sometimes children were the ones that did not have health insurance, due to problems with the nationality of the father or because the parents had separated, as was explained by the respondents. This issue should be addressed, and additionally more effort should be invested to properly inform parents.

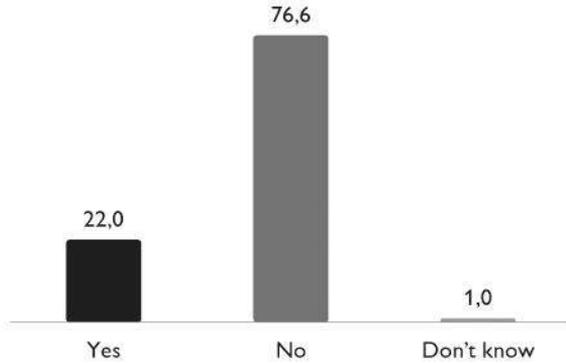


Graph 4.57 - Rate of health insurance

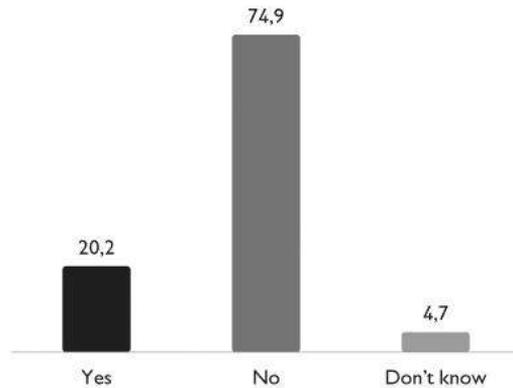
Health services are important for all people, but they are crucial for those living with a chronic disease. In this sample thirty-two percent of the participants reported that they had a family member suffering from some form of chronic disease. Furthermore, in twenty-two percent of the families a child suffered from some form of chronic disease or disability (Graphs 4.58 and 4.59). The medical conditions of adult family members ranged from asthma and chronic bronchitis to more serious conditions like cardiovascular diseases, hypertension, sensory disabilities (blindness), cancer and others. In relation to children, some of them also suffered from serious conditions such as cardiovascular diseases (heart murmur, congenital heart disease etc.), kidney dysfunction, cancer, juvenile diabetes and different forms of disabilities like physical disability (being in a wheelchair), Down syndrome or intellectual disabilities.



Graph 4.58 - Presence of chronic diseases in the family

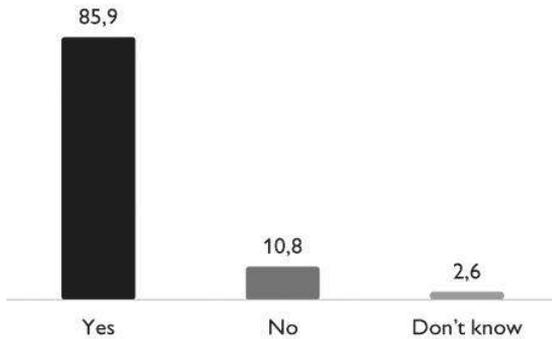


Graph 4.59 - Presence of childhood disability or chronic disease



Graph 4.60 - Ability to pay for medical examinations or medications

Treatment of chronic medical conditions and care for children or adult family members with disabilities requires access to health care services and also the financial means to pay for medications and medical examinations. As seen in the graph (4.60) the majority of the participants report that they are not in need for either medical examination, or medication that cannot afford it (75%). However, twenty percent of them state the opposite. When asked about the types of medications or medical examinations needed, their responses vary a lot. For instance, some participants needed simple things like asthma inhalers or even eyeglasses that they could not afford, but others needed chemotherapy, surgery, CT scans and so on. It is imperative to ensure access to all these medications and examinations for vulnerable groups, children in particular.

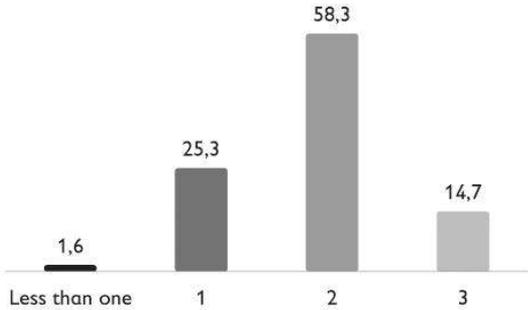


Graph 4.61 - Immunisation rate

Immunisation of children was performed regularly by the majority of participants (86%), yet it was under the ninety percent target for immunisation coverage. Eleven percent of parents reported that they do not have their children regularly vaccinated (Graph 4.61). In line with the above recommendations, it is essential to reach the vulnerable groups also, in order to increase the immunisation coverage.

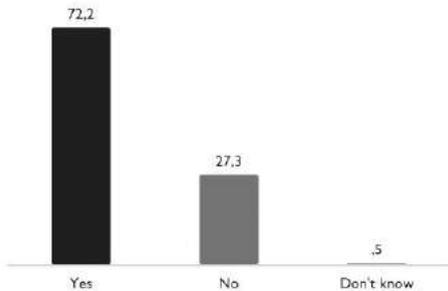
In terms of nutrition more than half of the families report that they consume two meals during a day (58.3%), but twenty-five percent manage to have only one meal per day. A small percentage of them have even less than one (1.6%) (Graph 4.62). Food poverty has an impact on children's health and future development. It is related to a series of difficulties, including educational, physical and intellectual wellbeing. It reduces a child's motor skills, activity level and motivation to explore the environment. Movement and exploration are important for cognitive development, and more active children elicit more stimulation and attention from their caregivers, which promotes social and emotional development⁴⁸. Therefore, social inclusion policies need to address these issues, by increasing the social welfare assistance in cash, by providing food assistance as a first step to social inclusion (including here mobile kitchens) and by interventions that aim to empower the family, such as more effective active employment schemes for parents.

⁴⁸ American Psychological Association (n.d.). Effects of poverty, hunger and homelessness on children and youth. Retrieved in July 2016 from <http://www.apa.org/pi/families/poverty.aspx>.

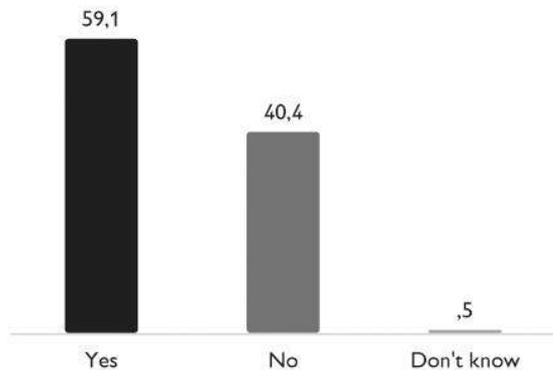


Graph 4.62 - Number of meals per day

Regarding the fulfilment of two other basic needs, the needs for clothing and shoes, it is worrying that in more than in 1 in 4 families, family members did not have two sets of clothing. Additionally, in forty percent of cases, family members did not even have shoes. In line with the above recommendations, more effective welfare policies are needed to reduce poverty. Non-profit organisations working in this field can cooperate with governmental agencies to target the poorest families (Graph 4.63 and Graph 4.64).



Graph 4.63 – Percentage of families where all family members have at least two sets of clothing



Graph 4.64 - Percentage of families where all members have shoes

4.2. SITUATION OF CHILDREN IN THE FAMILIES

The second section of the questionnaire aimed to portray the characteristics of all children in the family, in terms of age, gender, living arrangements, civil registration, level of awareness of hazards faced by street involved children, school or preschool attendance rates and influencing factors and, finally, street involvement per se.

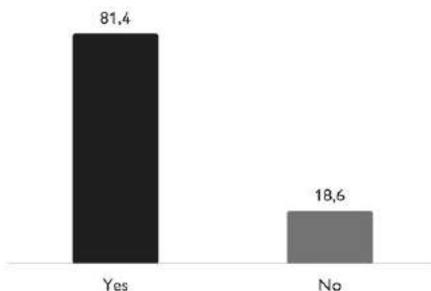
A. Albania

The number of children in each family that participated in the research varied from 1 to 9. It should be noted that in some cases respondents were not parents in the family but grandparents or adult children. The average number of children per participating family was 2.9, whereas the average number of children living in the household was 2.8. Boys and girls also were equally present in families, and their average age was $m_a = 7.2$ (Table 4.6).

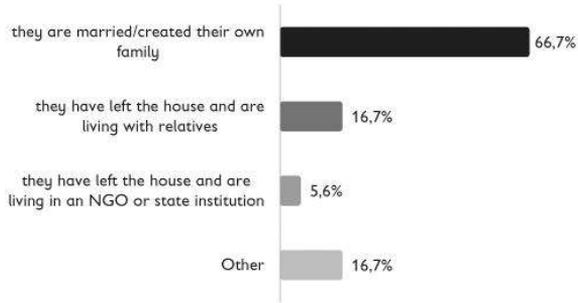
Table 4.6 - Descriptive Statistics

	<i>N</i>	<i>Minimum</i>	<i>Maximum</i>	<i>Mean</i>	<i>Std. Deviation</i>
How many children (under 18 years) do you have?	99	0.00	9.00	2.8586	1.51866
How many children (under 18 years) live in this household?	99	1.00	9.00	2.7879	1.54043

The majority of participants reported that their children lived with them (81%) (Graph 4.65). If not, the most commonly given reasons were that their children were married (66.7%), lived with relatives (16.7%) or resided in an institution (5.6%) (Graph 4.66).

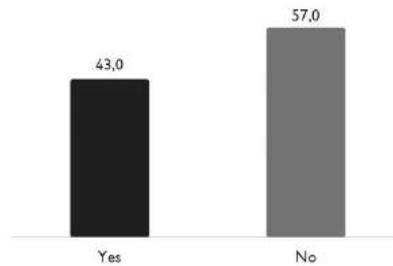


Graph 4.65 - Percentage of children living with parents

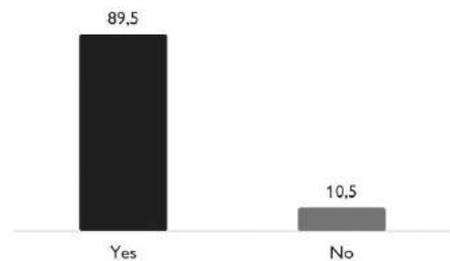


Graph 4.66 - Reasons for not living with parents

The questionnaire included a straightforward question on whether children were living and/or working on the street. As seen from Graph 4.67, forty-three percent of children were said to be in some way connected with the street. An overwhelming percentage of participants were well-informed about the possible hazards faced by street involved children (Graph 4.68). They were aware of the major concerns for street involved children, affecting their physical and mental health, such as risk of trafficking, violence, involvement in criminal offences and early use of alcohol or drugs. Those parents that said that their children were street involved explained that this was the only way for them to ensure an income.

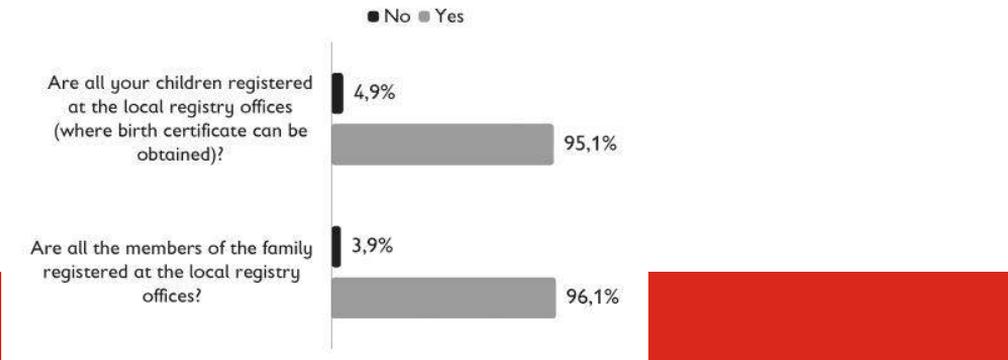


Graph 4.67 – Percentage of street involved children



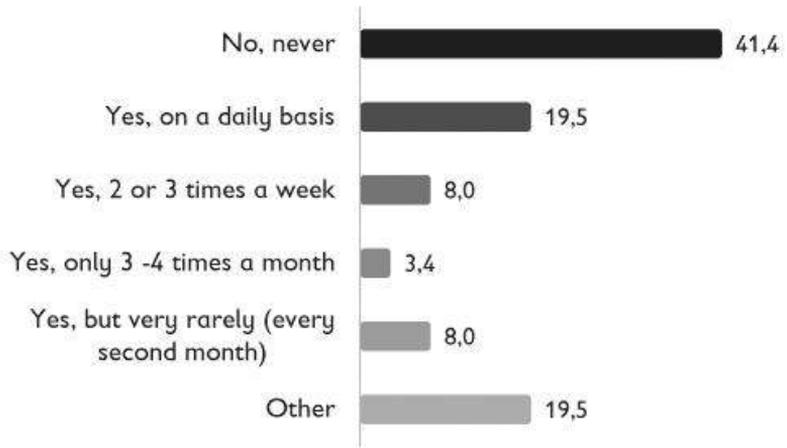
Graph 4.68 - Level of informedness on street involvement hazards

The majority of the families had registered their children and themselves at the local registry offices in order to be able to obtain personal ID documents (above 95%). Among the reasons for not registering their children, lack of documents was the most frequently cited reason (Graph 4.69).



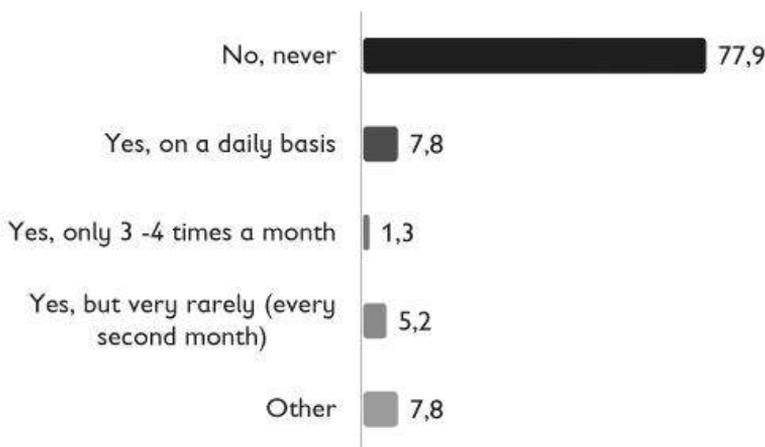
Graph 4.69 - Civil registration

School and preschool attendance rates were very low for all the families in the Albanian sample: forty-one percent of the parents reported that their children have never been in school, whereas seventy-eight percent of them stated that their children have never been in preschool. Only a small percentage of them said that their children attend school (20%) or preschool (8%) on a daily basis (Graph 4.70 and 4.71). Many families mentioned financial difficulties as the main reason why their children have to work and help the family financially. Others explain that their children have attended classes as some point, but they dropped out due to violence and discrimination that they faced at school. Living a long distance from either school or kindergarten was another commonly reported reason. Many others make clear that their children do not like school and do not want to attend, in many cases because their grades are not good. However, the value of school and education does not relate only to the grades per se, but also to socialisation, emotional and cognitive development and integration. Finally, a number of respondents expressed an attitude that girls should not be allowed to continue with their education after entering adolescence. Overall, child-centred social welfare and educational policies should address these challenges, in order to avoid street involvement and harmful labour.



Graph 4.70 - School attendance rate

Notwithstanding the above, some parents in fact try to overcome these obstacles and send their children to school on a regular basis. They say they are motivated by a wish to ensure that their children have a better future and a better life, to ensure that they are competent in what they are doing, but also by seeing the education of their children as their parental duty.



Graph 4.71 - Preschool attendance rate

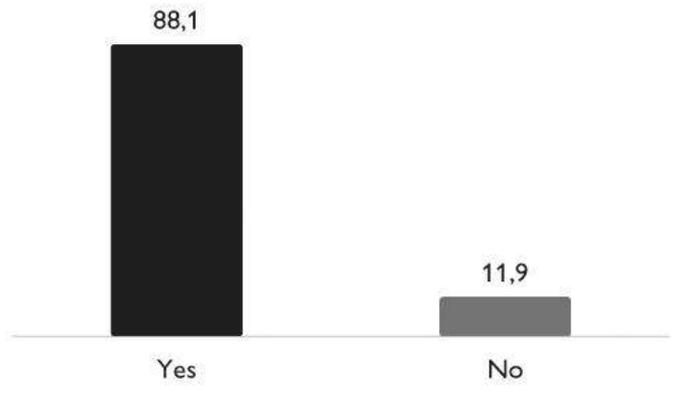
B. Bosnia and Herzegovina

As indicated in table 4.7 the mean number of children in each participating family was 2.8, whereas the mean number of children living under the same roof was a little less at 2.6. It is worth noticing that the maximum number of children reported as living under the same roof with their parents was 9. There were no significant differences between the mean number of boys (1.8) and girls (2.0). Ages of children varied from as little as few months old (3-6 months old) to adult offspring (their ages were up to 34 years old). The mean children's age was $m = 7.7$ years.

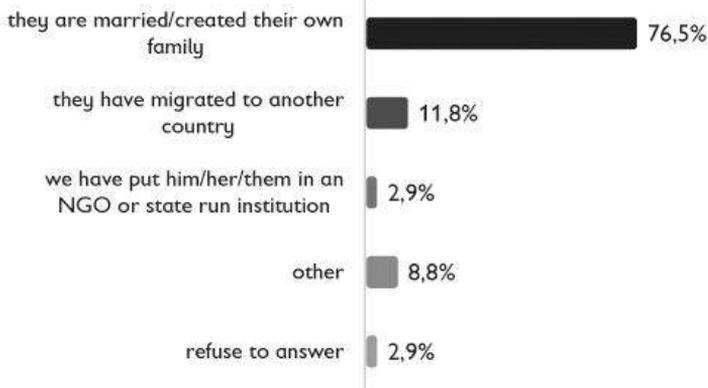
Table 4.7 - Descriptive Statistics

	<i>N</i>	<i>Minimum</i>	<i>Maximum</i>	<i>Mean</i>
How many children (under 18 years) do you have?	256	1.00	9.00	2.7813
How many children (under 18 years) live in this household?	264	1.00	9.00	2.6477

The majority of the children lived with their parents (88.1%). Those who answered that their children are not living with them (12%) (Graph 4.72) were asked to give the reasons for the separation. The most common explanation was that their children were married (76.5%). In some cases, children had migrated to another country (11.8%) or were placed in an NGO or government run institution (2.9%) (Graph 4.73).

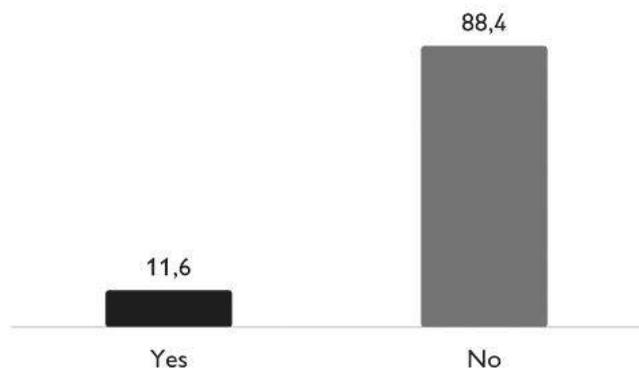


Graph 4.72 - Percentage of children living with parents

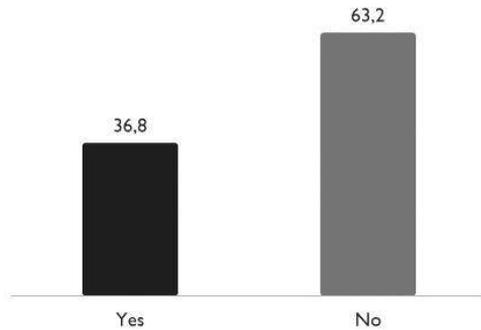


Graph 4.73 - Reasons for living outside the household

Other given reasons for choosing the option “other” were that a child lived with an ex-spouse or with grandparents. Although the number of institutionalised children was reportedly low, it is nevertheless worth mentioning that more should be done in order to prevent family separation and placing children in institutions, and to reduce factors that can influence children to become street involved. Empowering the families of these children, through service provision, social welfare assistance and benefits and sustainable employment are only some of the early interventions aiming at family empowerment and prevention of institutionalisation.



Graph 4.74 - Percentage of street involved children

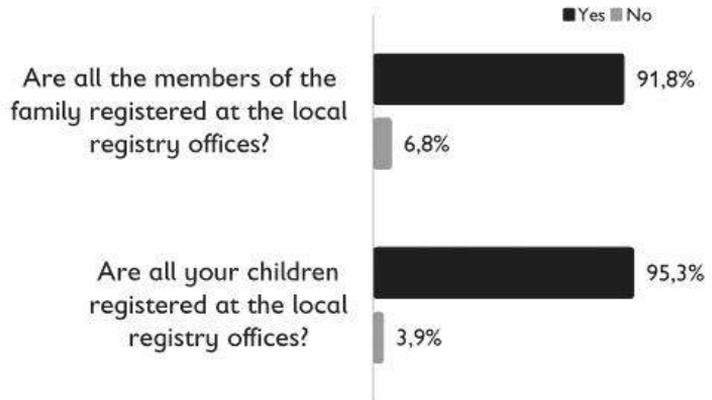


Graph 4.75 - Level of informedness on street involvement hazards

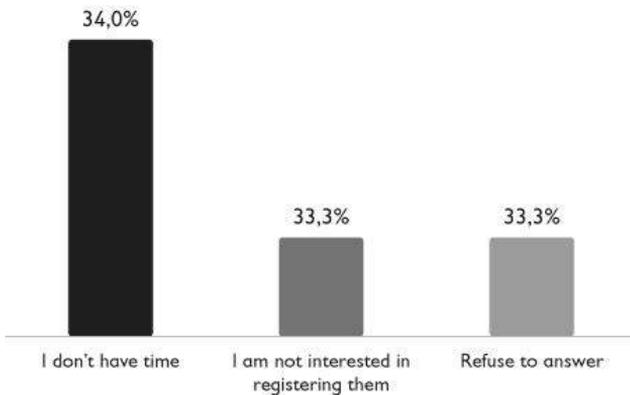
From the total number of N = 300 families, 1 in 10 of them reported that their children spend time on the street during day or night (11.6%) (Graph 4.74). On the other hand, feedback from local organisations working with street involved children indicates that respondents are probably under-reporting this, maybe out of fear. Many participants said that they did not have information about the hazards faced by street involved children face (63%) (Graph 4.75). Those who felt well-informed were asked about the type of information they had. They cited the following hazards for street involved children: violence committed both among children and against them by others, drugs or alcohol abuse and risk of trafficking or sexual exploitation. Some also mentioned that children were often afraid of police officers and social workers, which suggests a need for these professionals to use an approach when in contact with street involved and at risk children which would allow them to establish trust and rapport. Furthermore, awareness raising activities about the hazards of street involvement are needed inside these communities in order to reach the most vulnerable families and parents.

The vast majority of family members and children were reported as being registered at the local registry office (91.8%). The percentage of children registered was even higher (95.3%) (Graph 4.76). The most common explanation of the five percent of participants that did not register their children was that they did not have time (34%), or that they were not interested in doing so (33%) while the rest declined to answer (33%) (Graph 4.77). Compared to the total number of participants, the ones that did not register their children were few. Nevertheless, it is worth emphasising that lack of registration can impact a child's life in many ways. The consequences of lack of nationality are numerous and severe. Stateless children can grow up in

extreme poverty and are denied basic rights and services such as access to education and health care, or experience limited freedom of movement. They may be subject to arbitrary deportations and prolonged detentions and are vulnerable to social exclusion, trafficking and exploitation, including child labour. Despite its importance, children's right to a nationality rarely gets the urgent attention it needs.⁴⁹



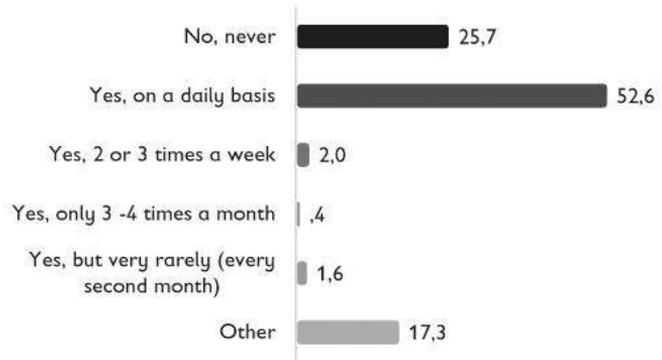
Graph 4.76 - Percentage of civil registration



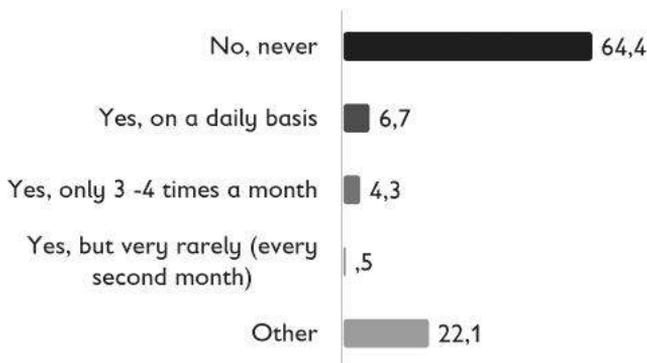
Graph 4.77 - Reasons for not registering children at local registry offices

⁴⁹ Open Society Justice Initiative (n.d.). Children's rights to a nationality. Retrieved in July 2016 from <http://www2.ohchr.org/english/issues/women/docs/OtherEntities/OSJIChildrenNationalityFactsheet.pdf>

Both of the following graphs indicate the attendance rate of school-aged and preschool-aged children (Graph 4.78 and Graph 4.79). As can be seen from the data, more than half of school-aged children attend school on a daily basis (52.6%). Nonetheless, it is important to emphasise that a large percentage of children, twenty-six percent, do not attend school. Three percent of the families said that their children attended school only occasionally.



Graph 4.78 - School attendance rate



Graph 4.79 - Preschool attendance rate

Other reasons for not attending school related to children dropping out early, as reported by their parents. As for preschool, despite the fact that preschool is obligatory in the year before the commencement of primary school, small children tend to stay with their mothers or grandmothers. The most commonly cited factor influencing parents' decision not to send their children to school is lack of financial means and lack of transportation of children in cases of long distance from school or kindergarten. However, in other cases, prejudice and

discrimination against Roma children in schools was given as a reason. Few participants mentioned that they did not consider education important for their children or that their children do not like school and do not want to attend. The next question tried to explore the motives of parents who send their children to school on a regular basis. Better future, better life and better opportunities for employment were the dominating reasons given. Taking into account the importance of education for all children, it is crucial for educational and social welfare policies to remove barriers that hinder access and attendance.

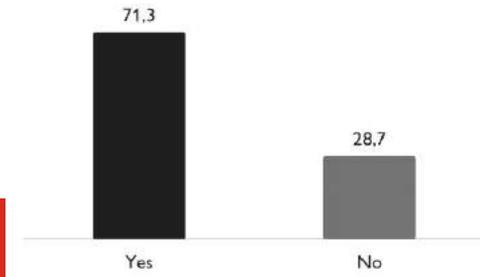
C. Montenegro

The average number of children for each family was above 2 (2.6). The average number of children living under the same roof was slightly higher (2.8). In Montenegro there were families with no children at all and others with up to 8 children.

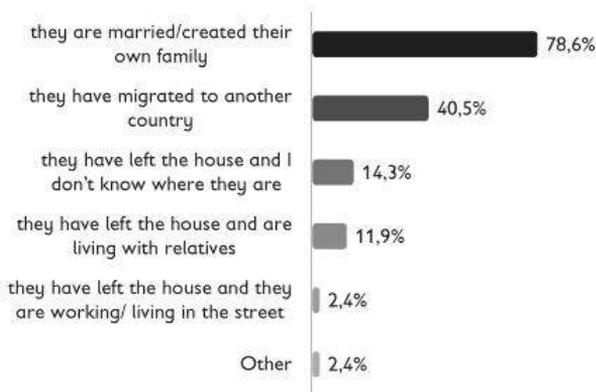
Table 4.8 - Number of children

	<i>N</i>	<i>Minimum</i>	<i>Maximum</i>	<i>Mean</i>
How many children (under 18 years) do you have?	142	0.00	8.00	2.6268
How many children (under 18 years) live in this household?	146	1.00	9.00	2.8562
Valid N (list wise)	141			

In the majority of cases children lived with their parents (71%), but others have left the family home for different reasons (29%) (Graph 4.80). The most common reason for not living with parents was that children were themselves married and had their own family. Among the other commonly mentioned reasons, migration to another country dominated (40.5%). Surprisingly, some children had left home and their parents did not know where they were (14.3%). A small percentage of them were said to have had left home and were working or living on the street (2.4%) (Graph 4.81).

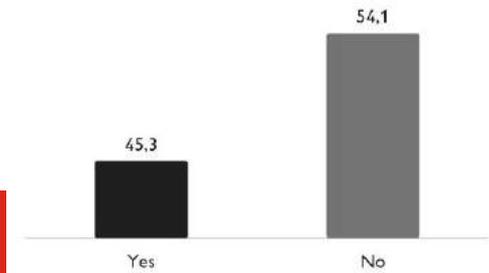


Graph 4.80 - Percentage of children living with parents

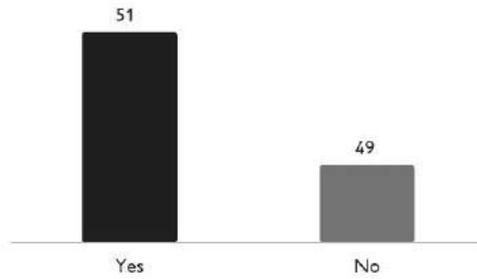


Graph 4.81 - Reasons for not living with parents

As was the case with Albania, children in almost half of the families included in the study in Montenegro were street involved in some way (45.3%) (Graph 4.82). Only half of the participants said they felt well-informed about related hazards (51%) (Graph 4.83) Respondents widely believed that the most common hazard is for street involved children to be punished by police and put in prison. Other hazards, according to the participants, were risks from car accidents, kidnapping, trafficking and abuse.

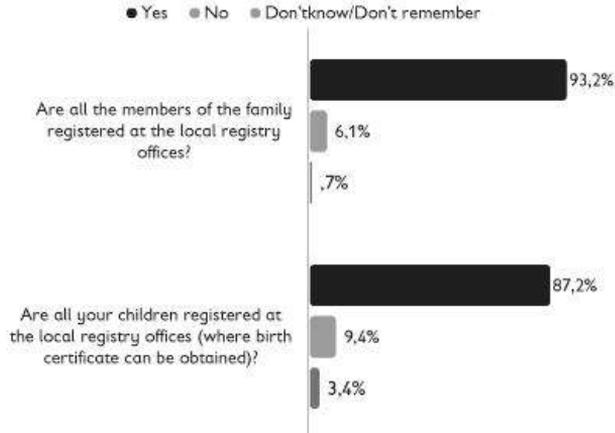


Graph 4.82 - Percentage of street involvement

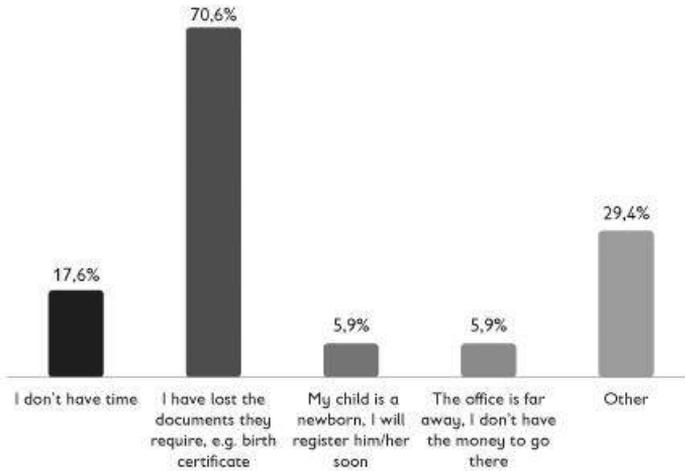


Graph 4.83 - Level of informedness on hazards of street involvement

The total number of family members registered with the local registry office was at a satisfactory level (93.2%), however this percentage was somewhat lower when it comes to children (87.2%) (Graph 4.84). Taking into consideration the importance of obtaining personal documents in order to be entitled to social and legal protection, access to services, freedom of movement, etc. it is urgent for these families to ensure their children are registered. Participants explained that the reason for not registering their children was that they had lost their own documents (55%), or they were too far away from the local registry office or had no time to do it (14%) (Graph 4.85).

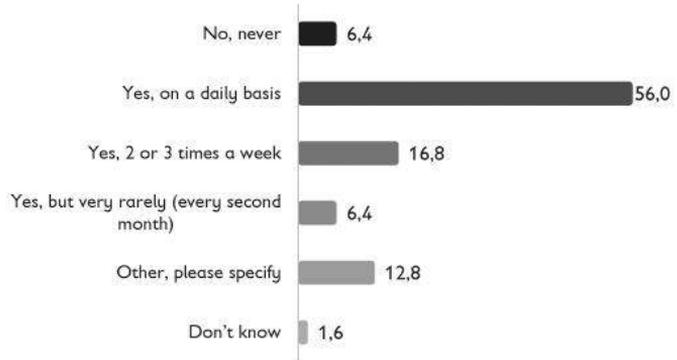


Graph 4.84 - Civil registration

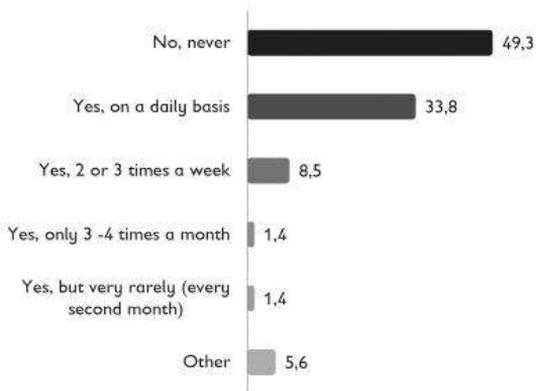


Graph 4.85 - Reasons for not registering children

The situation of school attendance of children of this sample from Montenegro is better than for the other countries. An elementary school is located nearby and since last year a small school has been open in the settlement. Fifty-six percent of children were reported as attending school on a daily basis. Still, there was a significant number of children not attending school at all (6.4%), or attending only a few days a week (16.8%) or month (6.4%). Overall, almost thirty percent of the children did not regularly attend school (Graph 4.86). Furthermore, enrolment in preschool education, which is not obligatory, is even lower with half of the children of preschool age never attending. Others were said to go to preschool but not regularly, while 1 in 3 children attended preschool on a daily basis (Graph 4.87). Among the reasons for children not to attend school, financial and transportation obstacles dominate. As for preschool, many parents stated that their children are either too young or too old, or that they did not like it and cried if they were made to go. Parents whose children regularly go to school said were motivated by the expectation for their children to have a better life, to learn how to write and read, increase their options for finding a good job and have more independence. Others also mentioned that their children were safe and socialising at school. Early care and education is important to many outcomes in a child's life. More programmes and interventions are needed to facilitate access to quality child care and education institutions.



Graph 4.86 - School attendance rate



Graph 4.87 - Preschool attendance rate

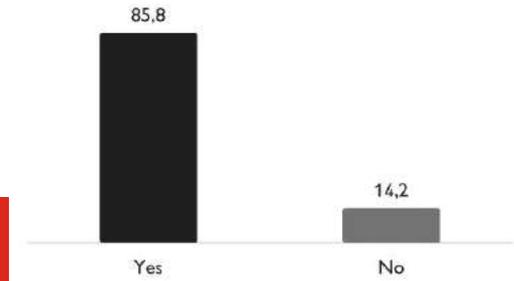
D. Serbia

As presented in Table 4.8, the mean number of the children per family is more than 3 (3.4), while the mean number of children residing under the same roof is somewhat higher (3.7). The largest number of children living in the same household was max = 17 children, and the largest number of children in one family is max = 10 children. There were no differences between boys and girls. The mean age of the children was $m_a = 6.07$ years. As seen in previous sections, the monthly income of the families was mostly low (under 150 euro). Considering the number of children many of these families have, it could be argued that the means at their disposal were entirely insufficient to fulfil their basic needs.

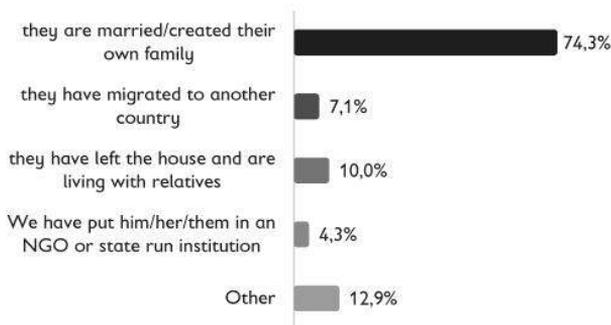
Table 4.9 - Number of children in the family and in the household

	<i>N</i>	<i>Minimum</i>	<i>Maximum</i>	<i>Mean</i>
How many children (under 18 years) do you have?	508	0.00	10.00	3.4331
How many children (under 18 years) live in this household?	508	1.00	17.00	3.7008
Valid N (list wise)	508			

The graph 4.88 shows that the majority of children live with their families (86%). Of the respondents that stated that their children did not live with them (14%), most reported that they were married (74.3%). In a smaller number of cases, children lived with other relatives (10%), an ex-spouse in the case of divorced parents or alone in the case of adult children (12.9%) (Graph 4.89). Some children were placed in a state or NGO run institution. It was positive that none of the children not living with their families were reported to be working or living on the street.

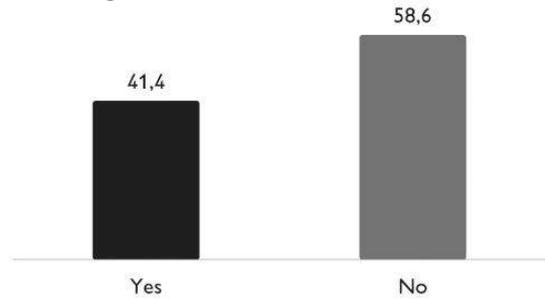


Graph 4.88 - Percentage of children living with parents

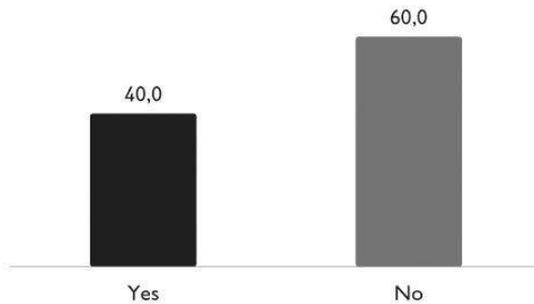


Graph 4.89 – Reasons for not living with parents

Forty-one percent of families said that their children were street involved (Graph 4.90). As regards to the information parents had about hazards of street involvement, forty percent of them stated that they were well-informed on this issue (Graph 4.91). Asked about the types of those hazards, respondents mentioned the risk of trafficking, physical and verbal abuse by adults, dangers from road traffic and drugs or alcohol abuse.



Graph 4.90 - Percentage of street involved children

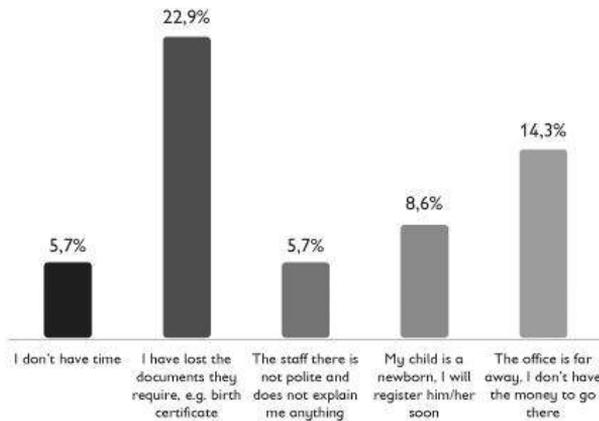


Graph 4.91 - Level of informedness on hazards of street involvement

As for civil registration, the majority of family members were said to be registered (90%) at the local registry offices, with that percentage being slightly higher for children (91.1%) (Graph 4.92). Reasons given by parents for not registering their children were lack of documents (40%), transportation and financial means (25%), having a new-born child that has not yet been registered (15%) or lack of time to carry out the necessary procedures (10%). Few parents mention that the behaviour of the staff at the registry office was impolite or that they did not properly explain the procedure (10%) (Graph 4.93).



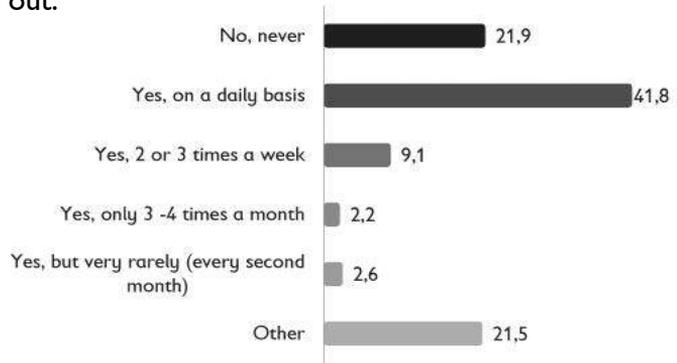
Graph 4.92 - Civil registration



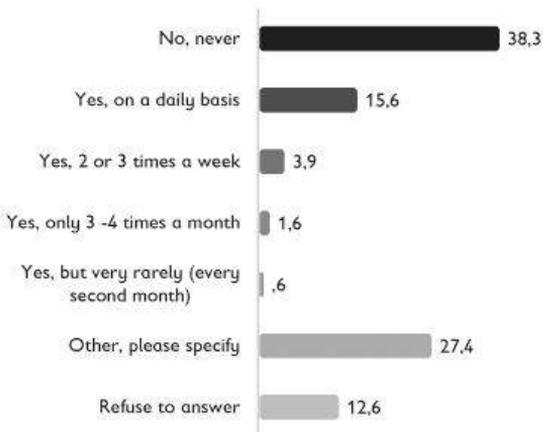
Graph 4.93 - Reasons for not registering children

Children from poor families and those who live and/or work on the street encounter difficulties in accessing education. In Serbia, 1 in 5 children had never attended school while others did not attend regularly (Graph 4.94). Some children went to school for 2 to 3 days a week (9.1%), a few days in a month or every second month (4.8%). Preschool attendance rate was even lower, with a reported thirty-eight percent of children who had never attended preschool. Very few attend such institutions on a daily basis (15.6%) (Graph 4.95). Both in the case of preschool and school, parents who decided to answer “other” did so explaining that they did not have children of the appropriate age. Referring to reasons that prevent them from sending children to school, parents talked about lack of documents for enrolling children, and financial difficulties because of which they could not afford to buy school materials or pay for transportation for their children. Others said that their children were bullied at school by other children and that they were discriminated against. As far as

preschool education or kindergarten goes, parents often mentioned that they did not have clean clothes to give their children and that was why they did not send them at all, or that conditions in those institutions were inappropriate for children, thus it was better for them to stay home with their mother or grandparents. Parents who said that their children regularly attended school said that education enabled children to learn to read and write, to have better chances for employment and generally a better future. Access to preschool and basic education should not be jeopardised by exclusion criteria such as documentation or clothing. It appears that in order to attend preschool it is required for children to have a second set of clothing with them, but for these poor families this is not possible, so this should not be a sine qua non criterion for enrolling and accepting children at preschool. Nor should enrolment of children at school or preschool be prevented due to the lack of documents. A child should be allowed to be enrolled while simultaneously his legal registration can be carried out.



Graph 4.94 -
School attendance rate



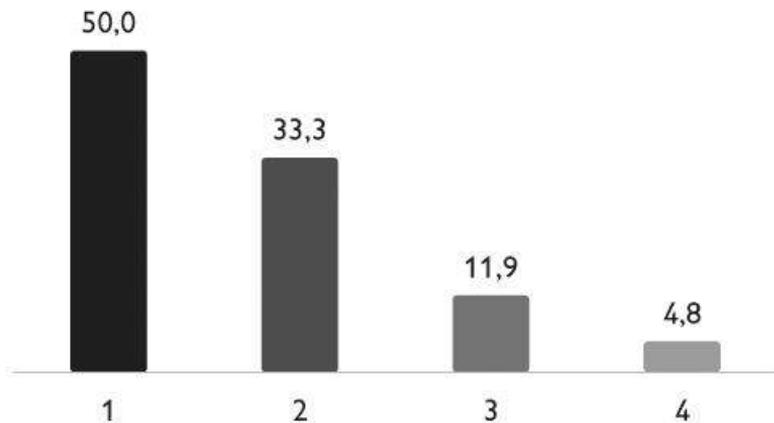
Graph 4.95 -
Preschool attendance rate

4.3. NATURE AND CONSEQUENCES OF STREET INVOLVEMENT

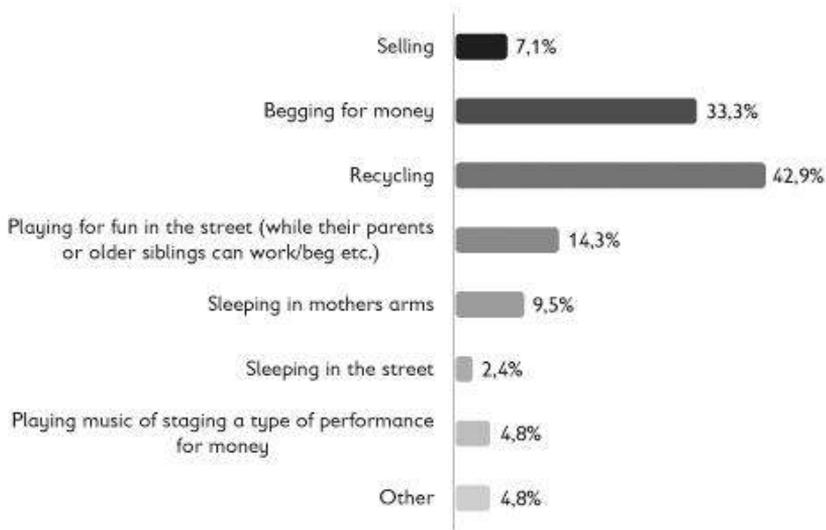
This section refers only to those households that stated that their children were street involved. The information gathered through this section relates to the age, gender, nature of street involvement (type of activities, hours and reasons for doing so) and potential consequences.

A. Albania

The total number of participating households in Albania was $N = 103$, of them $n = 42$ reported having one or more children involved in work and/or life on the street. As graph 4.96 shows, half of these families have one child on the street, 1 in 3 of them have two children on the street, more than 1 in 10 have three children and around five percent of them have four children on the street. A total of 58 children were said to be street involved. The average age of these children was $m = 8.8$ years old, and there were slightly more boys than girls ($m_b = 1.55$ to $m_g = 1.31$). The most common form of street involvement is collecting raw materials for recycling (42.9%), followed by begging for money (33.3%), then playing in the street while older siblings or parents worked (14.3%) (Graph 4.97). A few of them were selling something (7.1%) while others slept either in their mother's arms or in the street.

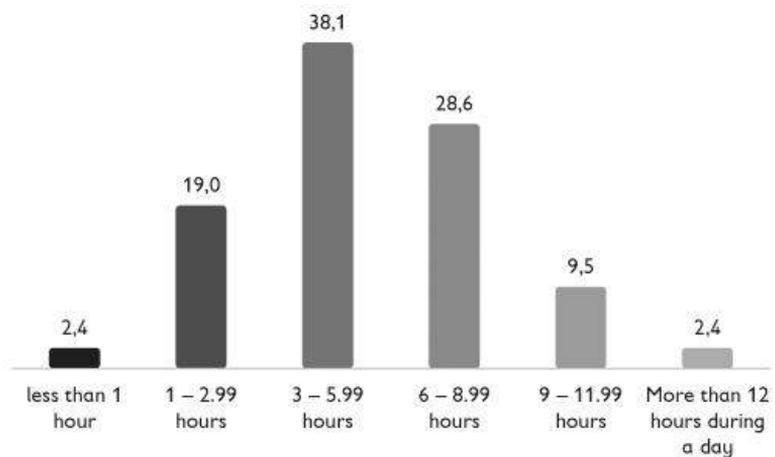


Graph 4.96 - Number of street involved children per family

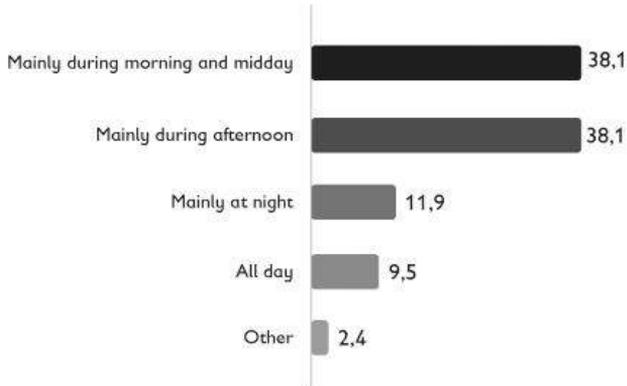


Graph 4.97 - Forms of street involvement

The total time spent on the street is worrisome, as the majority of children (66.7 %) (Graph 4.98) stayed there anywhere from 3 to 9 hours per day, either during morning and midday or during the afternoon (38.1% each). Two even more alarming results are the percentages of children that stay in the streets mainly at night (12%) and of those that are there all day (9.5%) (Graph 4.99).

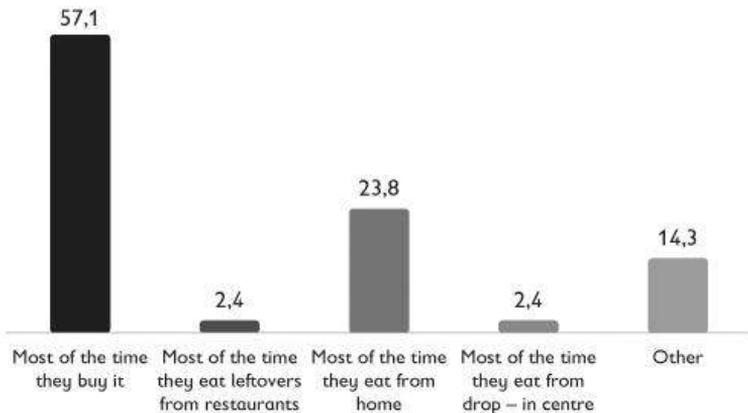


Graph 4.98 - Length of time spent on the street



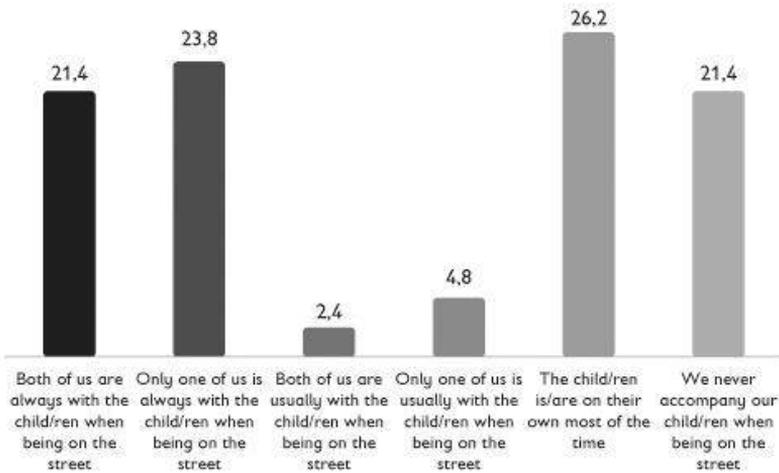
Graph 4.99 - Time of the day or night spent on the street

Referring to children’s options to get food when on the street, more than half of the children were said to buy their food (57.1%), while others eat at home (23.8%). A considerable percentage of respondents answered “other”, elaborating that children get food from passers-by, or that they consumed “clean” food found in communal rubbish bins (Graph 4.100).



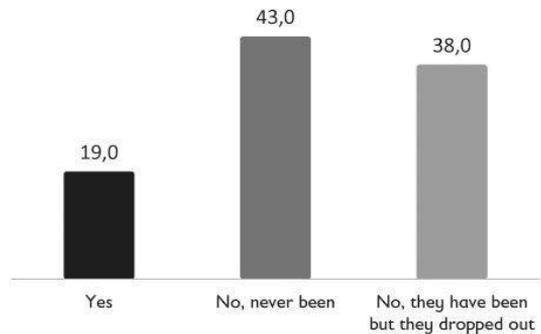
Graph 4.100 - Street involved children’s nutrition

The graph below sheds light on another worrisome fact, and that is that half of children in the sample were alone while on the street (47.6%) and their parents never accompanied them. Furthermore, other data show that parents believed that their children moved around in the neighbourhood most of the time (31%), or that they did not know where their children went (23.4%) (Graph 4.101).



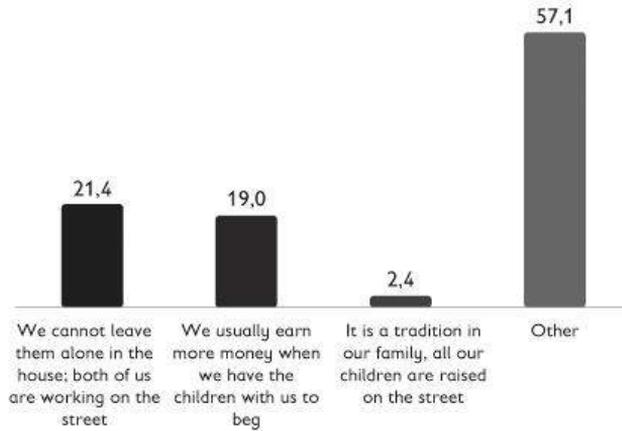
Graph 4.101 - Percentage of (un)accompanied children

The data shown in Graph 4.102 refers only to street involved children. Few were registered with school or preschool (19%) institutions, while the majority had either never enrolled (43%) or had dropped out (38%).



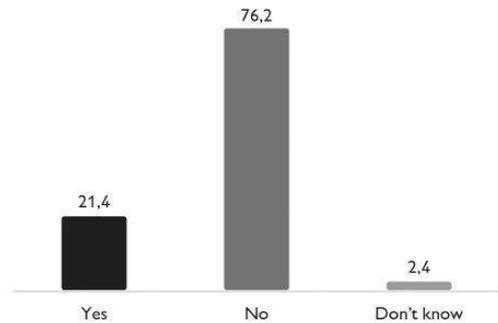
Graph 4.102 - Preschool/school enrolment

According to the participants, their children get involved with the street mainly for financial reasons (mentioned by the fifty-seven percent who selected the “other” option). Many of them said that this was the only way for them to survive: they do not work themselves and are unable to ensure other means for living. Others spoke of their children helping them in collecting raw materials. Respondents said that they take their children onto the street because they did not want to leave them alone, where both parents were working on the street (21.4%). On the other hand, some of them reported that they earned more money when their children were with them (19%) (Graph 4.103).

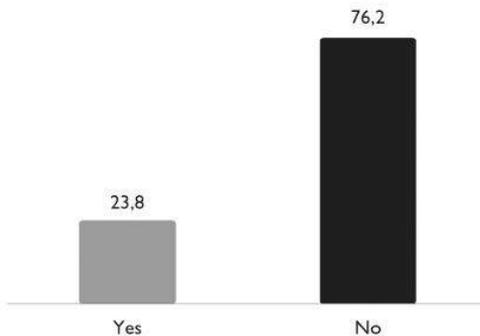


Graph 4.103 - Reason for street involvement

Street involvement has many negative effects on children’s life and development, including the risk of trafficking, as well as considerable physical and/or mental problems. A considerable percentage of the participants reported that their children were at risk of trafficking (22%) (Graph 4.104) and that they did have physical or mental health problems due to their street involvement (24%) (Graph 4.105).



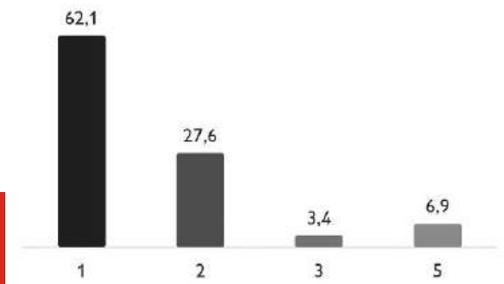
Graph 4.104 – Percentage of street involved children at risk of trafficking



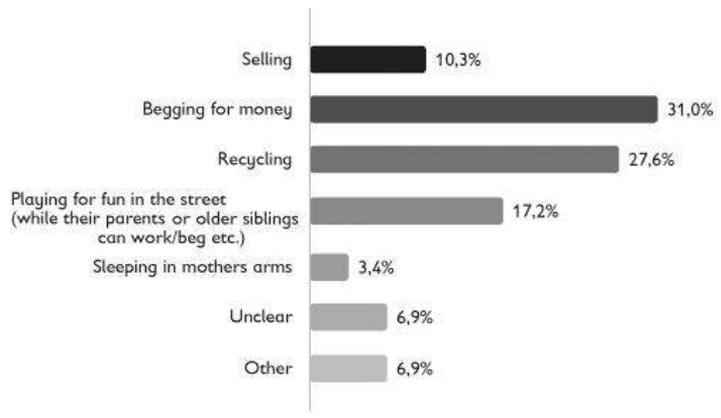
Graph 4.105 – Percentage of children suffering from physical or mental health problems due to street involvement

B. Bosnia and Herzegovina

Out of 300 households which took part in the study in Bosnia and Herzegovina, only 32 reported having street involved children. Most commonly, respondents stated that had 1 child (62.1%) or 2 children (27.6%) living and/or working on the street. Graph 4.106 also shows is that there were cases of families that had up to 5 children on the street (6.9%). The mean age of those children was $m = 11.3$ years; nevertheless children as young as 1 were involved in street work. There were no differences between boys and girls.



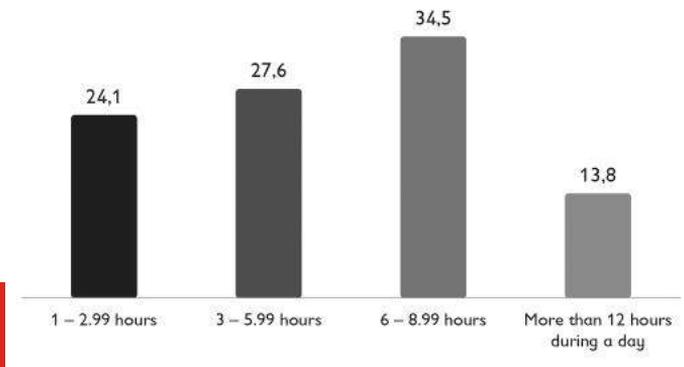
Graph 4.106 - Number of street involved children per family



Graph 4.107 - Forms of street involvement

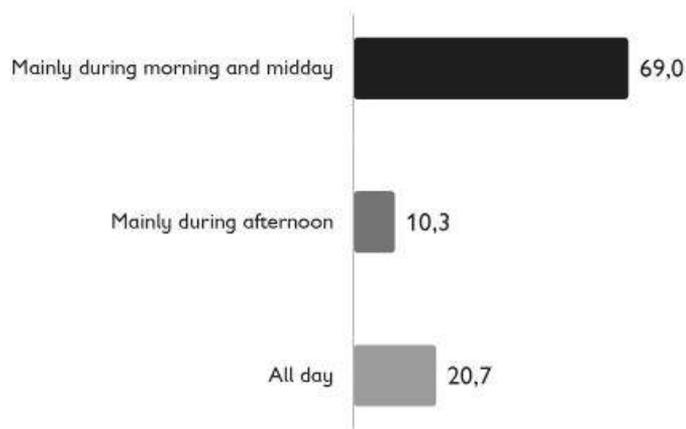
When on the street, the majority of children begged for money (31%) or collected materials for recycling (27.6%). Others played (17.2%) while their parents and/or other siblings were working or begging, sold things (10.3%) collected iron (6.9%) or slept in their mother's arms (3.4%) (Graph 4.107). In some cases, it was unclear what the child did on the street (6.9%).

As many as thirty-five percent of the street involved children spend long periods of time on the street, ranging from 6 to 9 hours per day, and a further fourteen percent were said to stay even longer, over 12 hours per day. More than 1 in 4 children spent 3 to 6 hours a day working on the street. A smaller percentage reported being there for about 1 to 3 hours (Graph 4.108).



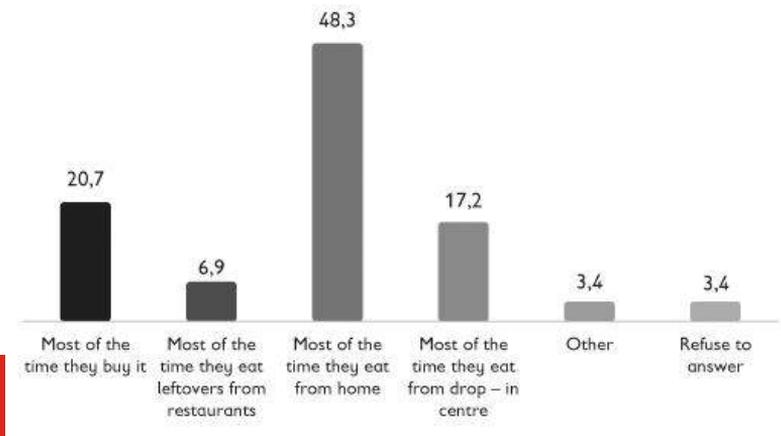
Graph 4.108 - Length of time spent on the street

Graph 4.109 contains concerning results about the time of the day that children are on the street. As seen in the graph, 2 in 3 children stay on the street during morning and midday, whereas 1 in 5 children spend the whole day on the street (20.7%). Most of them move around within the neighbourhood (78%) and some to other cities, so this adds to the potential risks they might face.



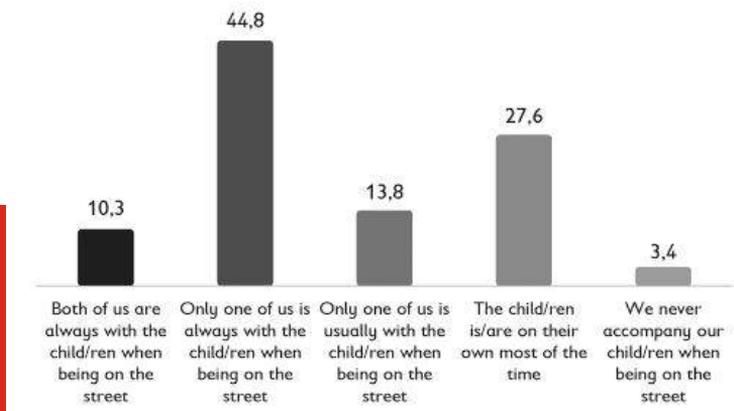
Graph 4.109 - Time of the day or night spent on the street

Street involved children often do not have access to a healthy and sufficient diet. Sometimes they do not have the means to obtain even basic food as they are unable to produce or buy it. These children do not benefit from a balanced diet: they eat what they can find. In addition to malnutrition, growth problems are also common with these children. Regarding food, most parents of this sample reported that children ate at home (48.3%). Graph (4.110) shows, among other things, that many children even when they were able, bought food inappropriate for their nutritional needs; some ate at drop-in centres (17.2%) and others from restaurant leftovers (6.9%).



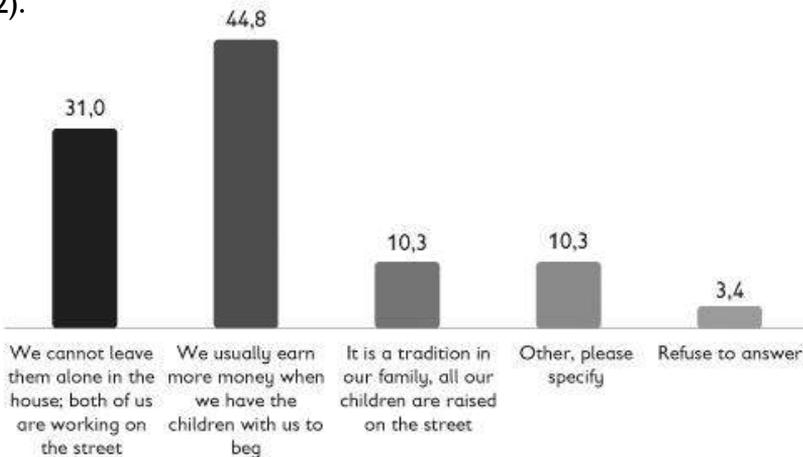
Graph 4.110 - Street involved children's nutrition

The following graph shows that many children not only stayed on the street but they also faced all the risks and hazards on their own. More than 1 in 4 children were alone on the street most of the time or all the time (31%). Other children were accompanied by one or two parents most of the time (68.9%) (Graph 4.111)



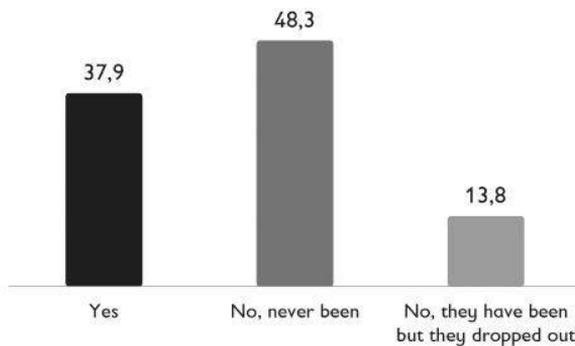
Graph 4.111- Percentage of (un)accompanied children

Asked about the reasons why parents would have their children on the street, the most frequently given answer was that they earned more money when their children were with them (44.8%). Another reason for taking children onto the street was not having anywhere to leave them, as both parents worked on the street (31%), whereas some respondents said that it was tradition to raise children on the street (10.3%). Those choosing the “other” option mentioned that they earned money when their children were with them (10.3%) (Graph 4.112).



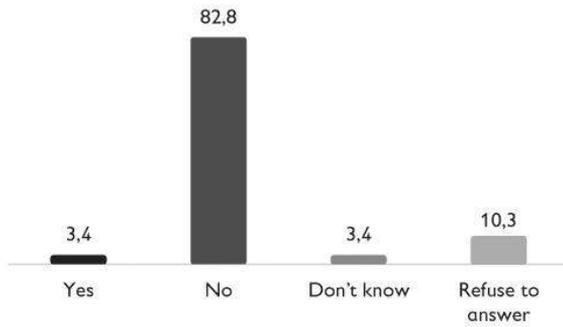
Graph 4.112 - Reasons for street involvement

The attendance rate for both preschool and school age street involved children is generally low in any country, these included. The vast majority of these children never attended school or preschool (48%) and a significant number of others dropped out (14%). Importantly, thirty-eight percent of parents reported that their children regularly attended school (Graph 4.113). Work that is harmful for children is generally assumed to impair their educational and intellectual development as work leaves them with little time and energy for school.

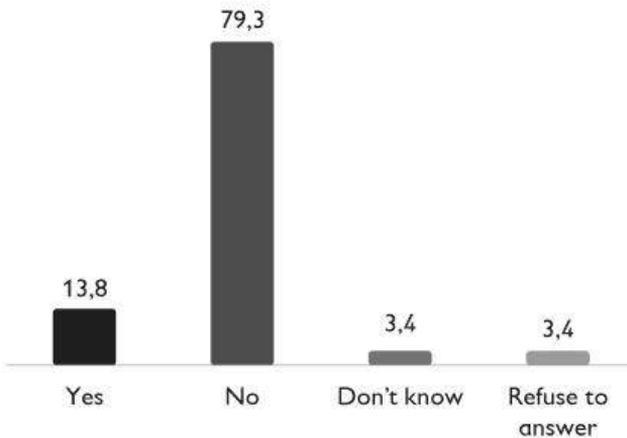


Graph 4.113 – Percentage of preschool/school enrolment

The risks of trafficking and mental, cognitive, emotional and/or physical problems are often some of the consequences of street involvement. Most of the participants of the study stated they believe that their children had never been at risk of trafficking (83%) and that they did not have any mental or physical problem due to street involvement (79%). A minority of participants reported that their children were at risk of trafficking (3%) and/or that they did have mental or physical problems due to street involvement (14%) (Graph 4.114 and Graph 4.115).



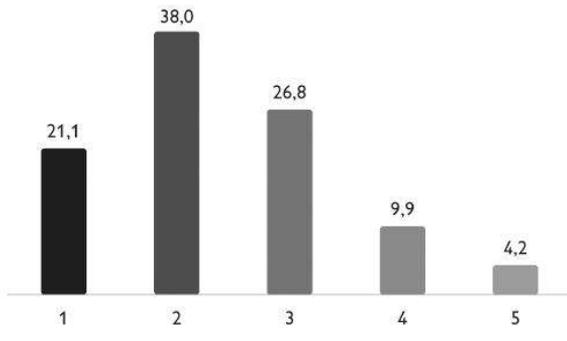
Graph 4.114 - Percentage children at risk of trafficking



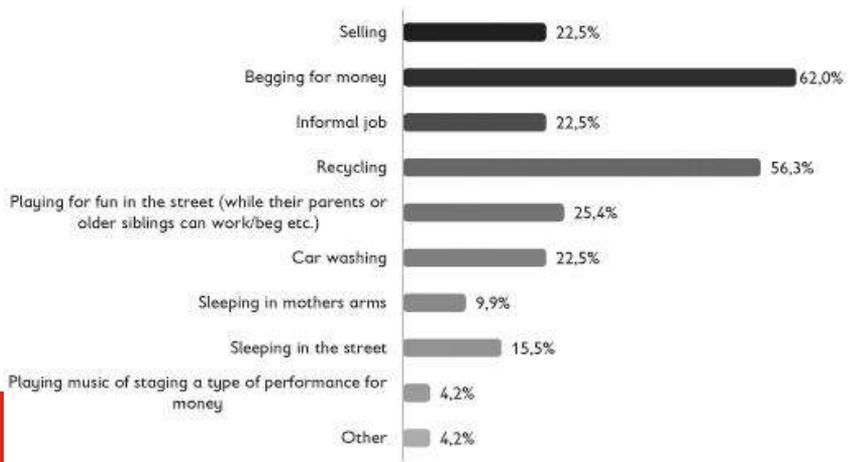
Graph 4.115 - Percentage of children suffering from physical or mental health problems due to street involvement

C. Montenegro

The total number of households in the sample from Montenegro was $N = 150$ households. Out of this number, $n = 71$ households reported that their children were living and/or working on the street (Graph 4.116). The average age of street involved children was $m_a = 9.4$ years. Some families had one child (21.1%), others two children (38%) or three to five (40.9%), amounting to 167 street involved children. Boys featured a little more than girls by average ($m_b = 1.3$ boys to $m_g = 1.1$ girls). The majority of the children on the street beg for money (62%) or collect raw materials (56.3%). 1 in 5 children was engaged in selling various items (22.5%), car washing (22.5%) or doing some other type of informal jobs (22.5%). Other children spent time on the street playing (25.4%), sleeping (15.5%) or in their mothers' arms (9.9%) (Graph 4.117).

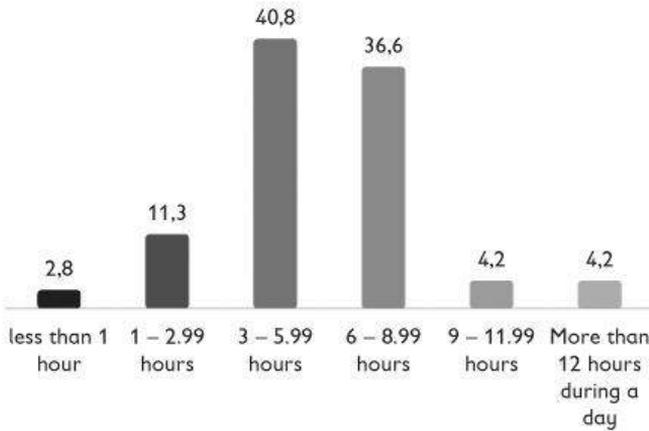


Graph 4.116 - Number of street involved children per family

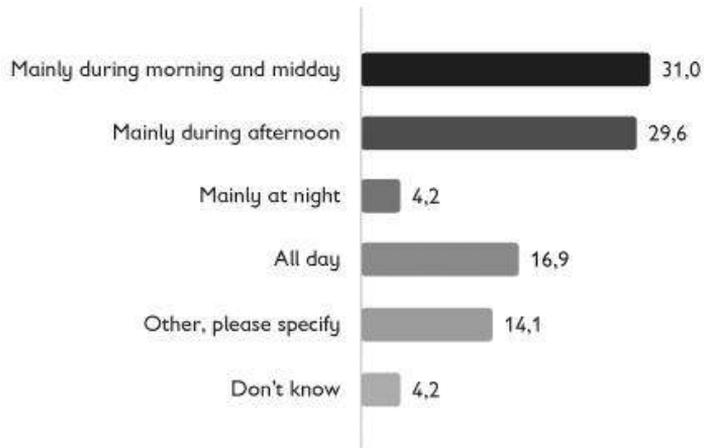


Graph 4.117 - Forms of street involvement

According to the respondents, children spend many hours on the street, with the majority spending more than 3 hours per day. Seventy-four percent of the children regularly stay on the street for more than 3 hours and even up to 9 hours. Almost ten percent of them were reported to be on the street for more than 9 or in some cases even more than 12 hours during a day (Graph 4.118). They were usually on the street during the morning or midday (31%) or during the afternoon (29.6%). However, a considerable percentage of children spend the entire day on the street (16.9%), with four percent of children spending time on the street mainly at night (4.2%) (Graph 4.119).

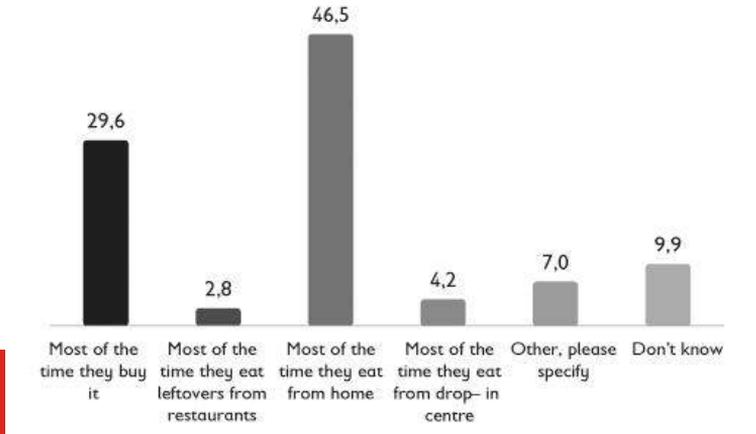


Graph 4.118 - Length of time spent on the street



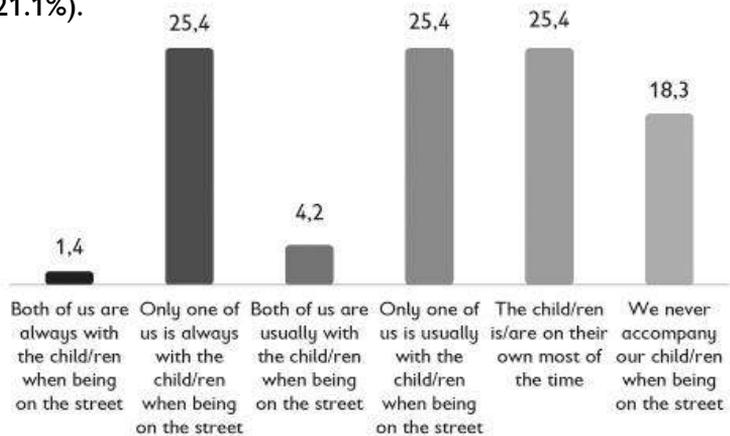
Graph 4.119 - Time of the day or night staying on the street

Street involved children from this sample from Montenegro usually ate at home before going on the street (46.5%) whilst others bought their food (29.6%). Although few in number, it is worth emphasising that some children ate from restaurant leftovers. Additionally, some others get food from public kitchens (7%). Some participants reported that they did not know where their children get food during the time they spend on the street (9.9%) (Graph 4.120).

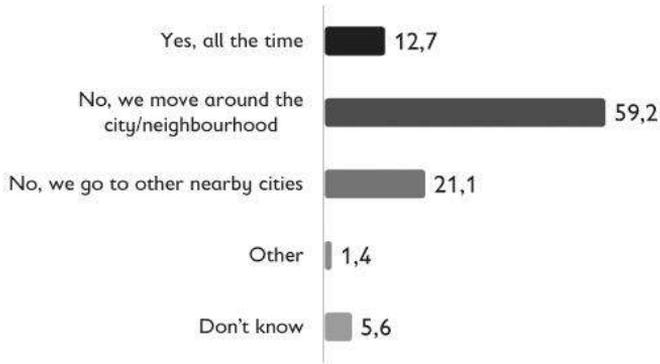


Graph 4.120 - Street involved children's nutrition

Forty-four percent of parents rarely or never accompany their children, meaning that the children stay on the street on their own. The other part of the sample stated that they accompanied them, either one or both parents (55%) (Graph 4.121). These results become even more alarming when combined with the results of the following graph (4.122), in which it is shown that children usually move around in the city or neighbourhood (59.2%) and even to other cities (21.1%).

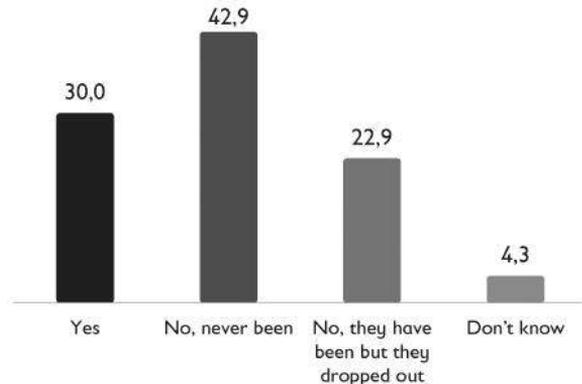


Graph 4.121- Percentage of (un)accompanied children



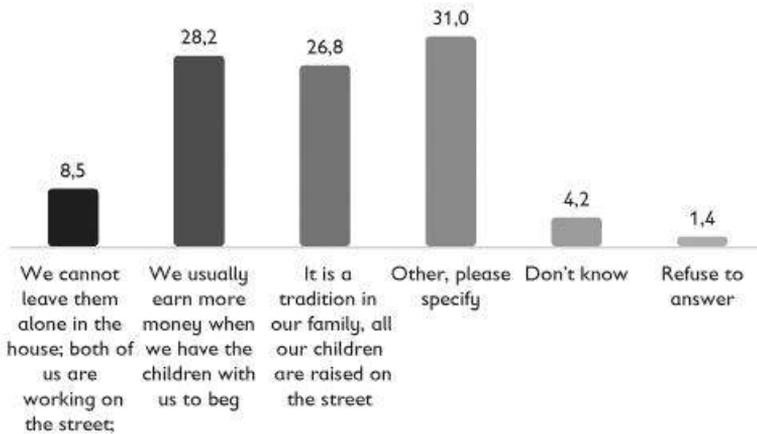
Graph 4.122 - Places of street involvement

School and preschool attendance becomes very difficult for a child that spends most of his/her time on the street. Forty-three percent of the sample reported that their children had never been enrolled or never attended school and/or preschool. Another twenty-three percent of the sample said that their children had attended at some point in time but had dropped out. Only thirty percent of them send their children regularly to school or preschool (Graph 4.123).



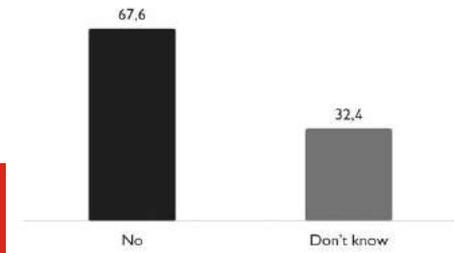
Graph 4.123 - Preschool/school enrolment

When participants were asked about the reasons why they allow children to be street involved, 1 in 4 of them stated that they usually earned more money when they have the children with them while begging (28.2%). Others said that it was a tradition in their family to raise children on the street (26.8%) or that they could not leave them alone in the house because both of parents were working on the street (8.5%) (Graph 4.124). Finally, a considerable part of the sample said “other” in which they refer to children spending time on the street without permission from their family.

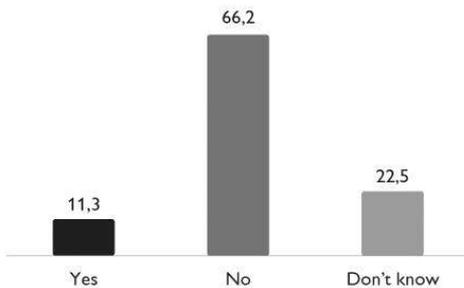


Graph 4.124 - Reasons for street involvement

Street involvement causes numerous negative effects in children's lives. Asked about these risks, participants stated that their children never faced the risk of trafficking (68%) or that they did not know if they have faced it (32%) (Graph 4.125). Few participants reported that their children had physical or mental health problems due to their street involvement (11%). (Graph 4.126).



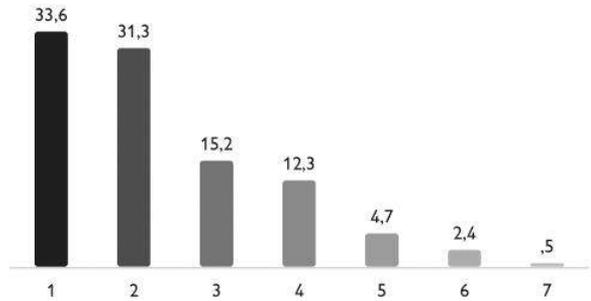
Graph 4.125 - Percentage of street involved children at risk of trafficking



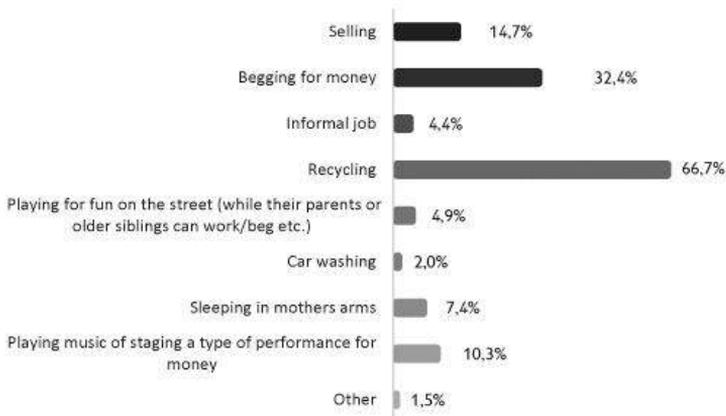
Graph 4.126 – Percentage of street involved children suffering from physical or mental health problems due to street involvement

D. Serbia

The total number of the households that participated in the study was $N = 509$, located in Belgrade and Novi Sad. Out of this number, $n = 211$ households reported that their children had been street involved. As seen in Graph 4.127 the majority of the families have 1 (33.6%) or 2 (31.3%) children on the street. In some cases, families have even more children in a street situation, up to 7. A simple calculation on the basis of this sample shows that $n_c = 629$ children from the two cities in Serbia were street involved. The mean age of the children was $m = 7.9$ years old; nonetheless even babies as young as 3 months old babies were also found to be street involved. Boys were more frequently in such situations than girls, with a mean number of boys $m_b = 1.5$ boys to girls $m_g = 1$ girls. A large percentage of these children were engaged in collecting raw materials for recycling (66.7%), followed by begging for money (32.4%), selling (14.7%) or playing music/staging performances to earn money (10.3%) (Graph 4.128).

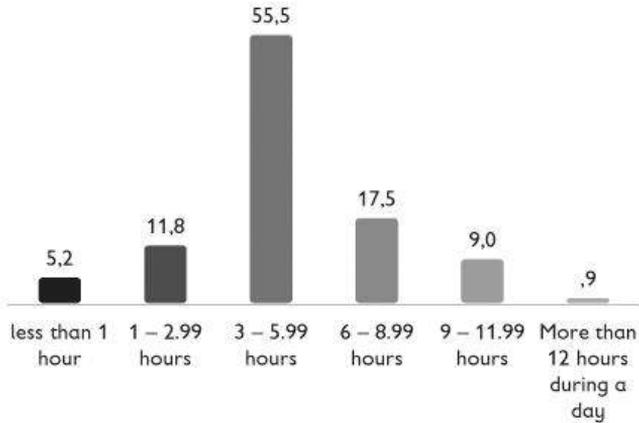


Graph 4.127 - Number of street involved children per family

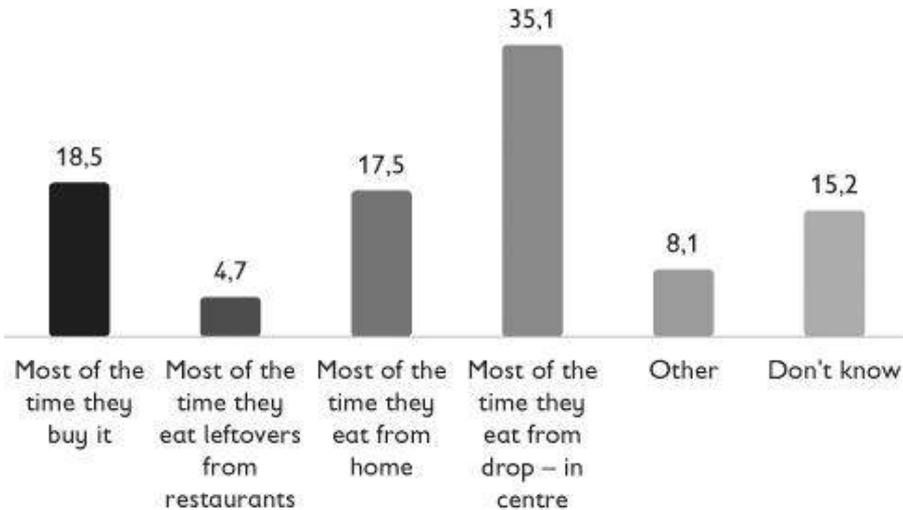


*Graph 4.128 –
Forms of
street
involvement*

Children coming from the families of this sample stayed on the street for many hours. Many of them spend 3 to 6 hours during a day on the street (55.5%), others even more, e.g. 6 to 9 hours (17.5%) or even 9 to 12 hours (9%). A small percentage of them stayed on the street for less than 3 hours (17%) (Graph 4.129). These children tend to get food at from drop-in centres (35.1%) or they bought it (18.5%). Fifteen percent of the participants reported that they did not know where their children got food (Graph 4.130).

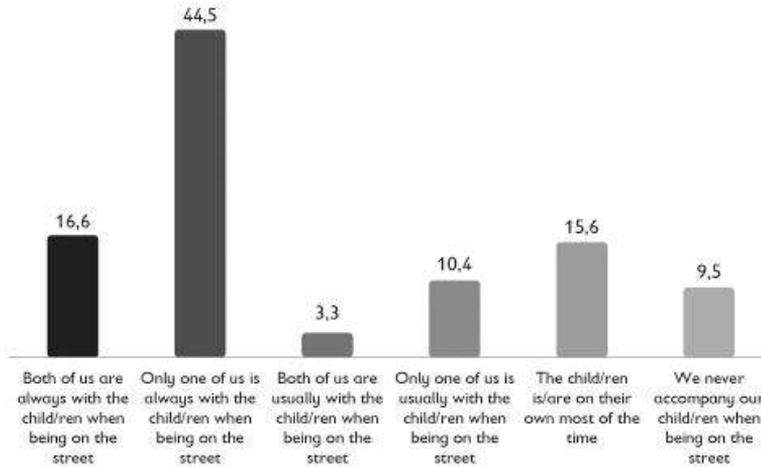


Graph 4.129 - Length of time spent on the street

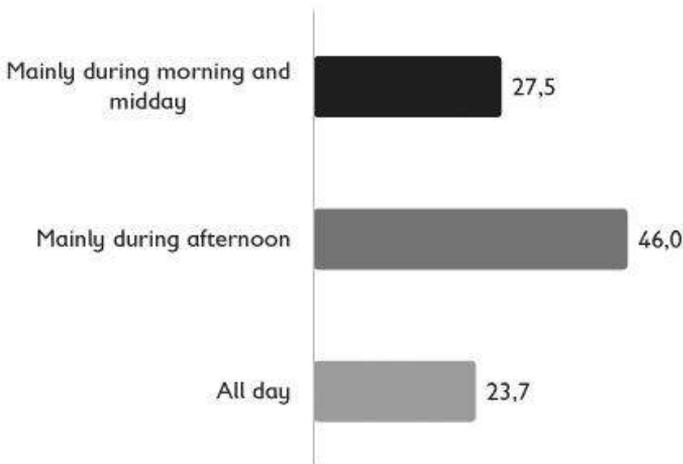


Graph 4.130 - Street involved children's nutrition

It was reported that children spend time on the street mainly during the afternoon (46%), or morning and midday (27.5%). In twenty-four percent of the families, children were said to spend the entire day on the street (23.7%) (Graph 4.131). The pattern here was that parents usually accompany their children when on the street, either both parents (16.6%) or one of them (44.5%). Yet, a significant part of the sample (25.1%) stated that children were alone most of the time. Furthermore, it was reported that the vast majority of them (85%) move around in the city or neighbourhood all the time (Graph 4.132).

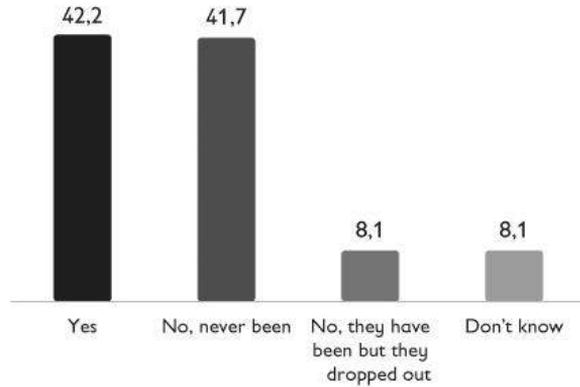


Graph 4.131 - Percentage of (un)accompanied children



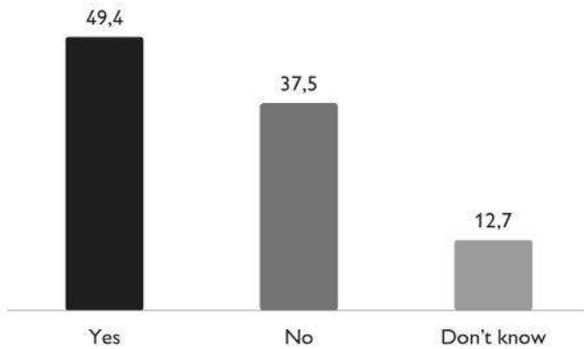
Graph 4.132 - Time of the day or night staying on the street

The data shown in the following graph (graph 4.133) is in line with the findings from another question, regarding education, in Section II. Forty-two percent of the families report that their street involved children have never been to school or preschool, and another eight percent dropped out early. The same percentage of the sample reported the opposite, that they attend school or preschool on a regular basis.

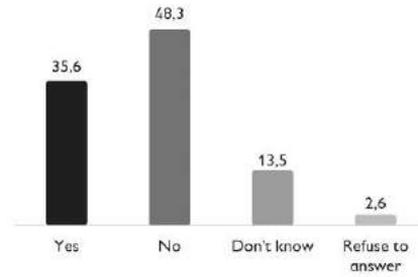


Graph 4.133 - Preschool/school enrolment

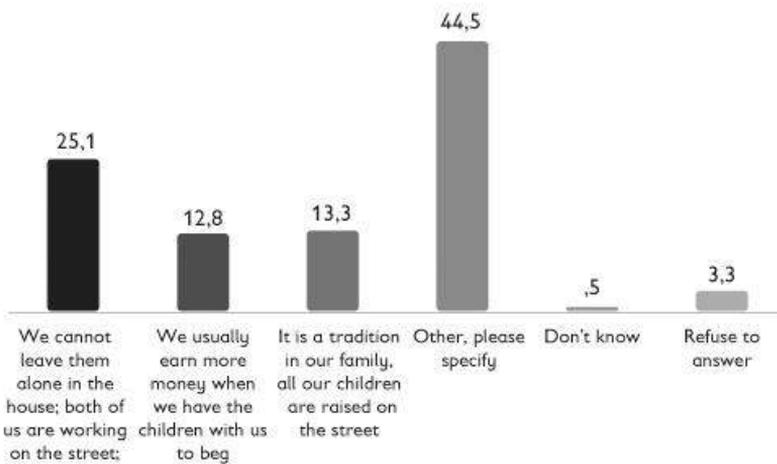
Half of the participants reported that their street involved children have been at risk of trafficking, an alarming percentage taking into account that it refers to 116 families and their children. Furthermore, more than 1 in 3 parents also said that their children have developed physical or mental health problems due to their street connection (36%) (Graph 4.134 and 4.135).



Graph 4.134 - Percentage of street involved children at risk of trafficking



Graph 4.135 - Percentage of children suffering from physical or mental health problems due to street involvement



Graph 4.136 - Reasons for street involvement

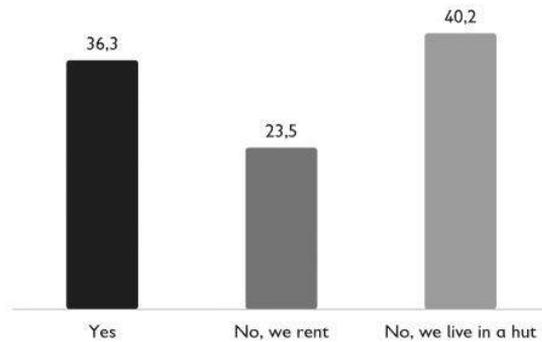
The most frequent reason why parents let their children work or live on the street came under the “other” alternative in the following graph (4.136), where parents mentioned that they took children with them to the street so that they support their family in its activities, regardless of what those were (44.5%) or to earn money for themselves. Twenty-five percent of them said that they could not leave the children home alone as both of the parents are working on the street. Participants also reported that they earned more money when they have their children with them (12.8%). Finally, some stated that it was a tradition in their community to raise children on the street (13.3%). Prevention and response activities for street involved and at risk children should include activities ensuring access to early childhood care and education services e.g. nurseries or preschools close to their houses, full day schools with meals subsidised by the state for vulnerable children, drop in centres, and other similar services.

4.4. PHYSICAL SETTINGS

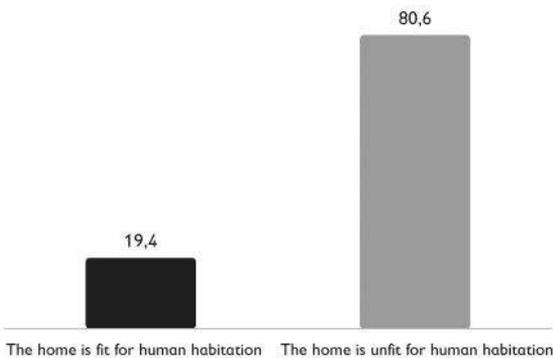
The following section refers to the physical conditions of households and their access to basic necessities such as electricity, water and heating, durable goods and so on.

A. Albania

Most of the participants stated that they lived in huts (40%), but others had their own home (36%). Others reported that they lived in rented accommodation (24%) (Graph 4.137), paying an average rent of 80 euro per month. The vast majority of participants stated that their current home was not fit for human habitation (81%) (Graph 4.138). It is worth mentioning that none of these families received any type of subsidy, e.g. for electricity, water, winter heating etc. The average size of the home was 39 m² with $m = 1.4$ rooms per house.

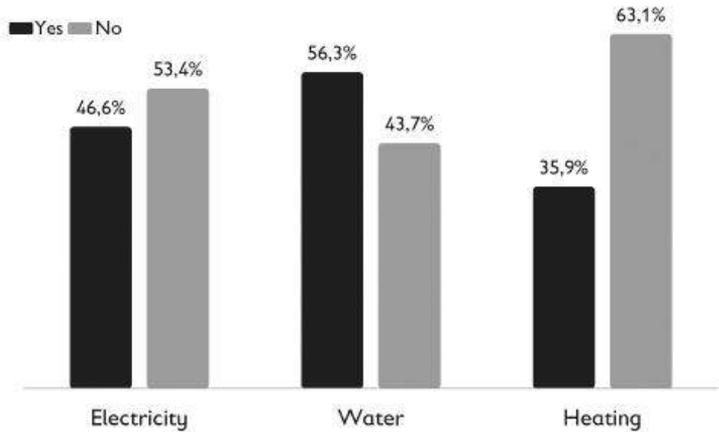


Graph 4.137 - Ownership of the home



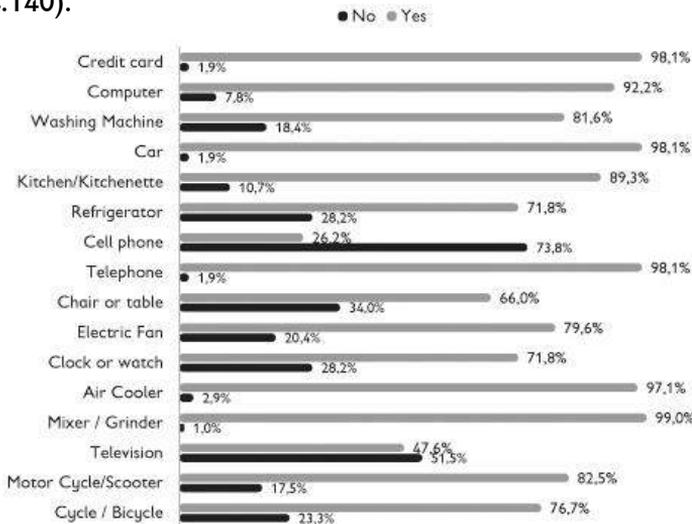
*Graph 4.138 –
Home is fit (unfit)
for human
habitation*

The results regarding household necessities are quite worrisome, as they present the level of poverty for the participants and their children. Under half of the families in this research had electricity (46.6%) and even fewer had winter heating (35.9%). A slightly larger percentage of the sample had water supply (56.3%) (Graph 4.139).



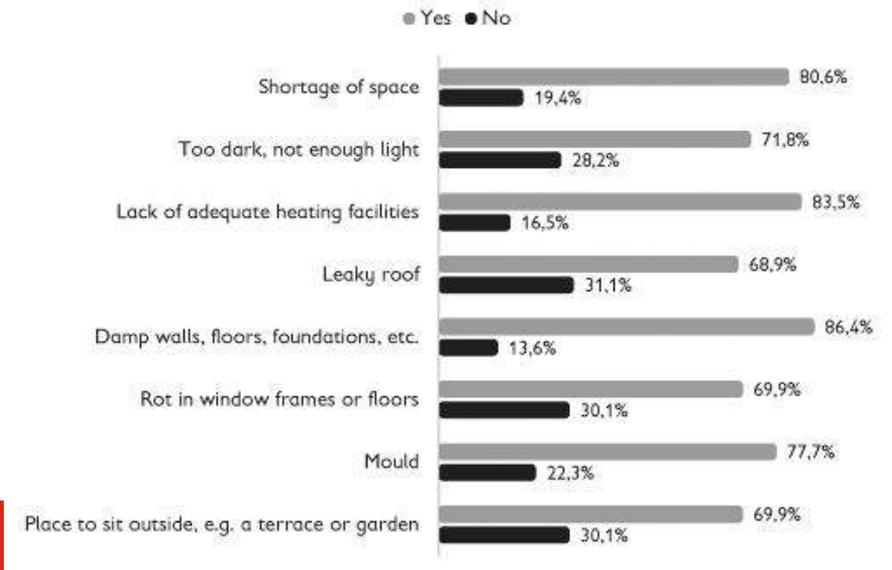
Graph 4.139 - Household necessities

When it comes to durable goods the situation described by the numbers in the following graph should sound an alarm. The majority of the households (more than 2 in 3 households) in the study did not have any basic goods, e.g. refrigerator, washing machine, kitchen, chairs or tables or electric fan (Graph 4.140).



Graph 4.140 – Durable goods of households

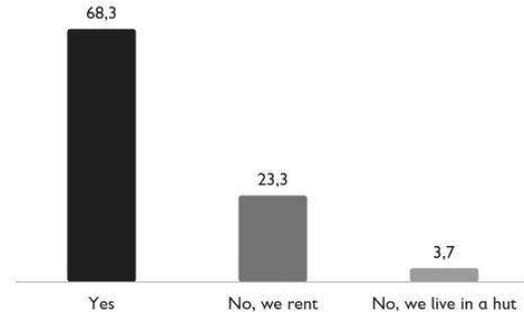
Regarding the physical conditions of the homes, more than 2 in 3 families (sometimes even more) stated that they suffered shortage of space (80.6%), damp walls, floors or foundations (86.4%), rot in window frames or floors (69.9%), a leaky roof (68.9%), mould (77.7%), that their house does not have enough light and it is too dark (71.8%) and no place to sit outside such as a terrace or garden (69.9%) (Graph 4.141).



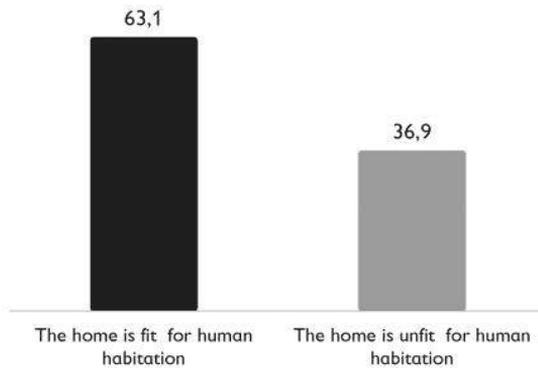
Graph 4.141 - Physical conditions of homes

B. Bosnia and Herzegovina

More than 2 in 3 participants of the study in B-H lived in their own home. Only four percent of them lived in huts and the rest were renting (24%). The average monthly rent was $m = 67$ euro. The vast majority of them (90.3%) did not receive any benefit or reduced payment for the house and only a few of the participants received a subsidy for electricity, water and winter heating (9%). Sixty-eight percent of parents perceived their home as fit for human habitation, . (Graph 4.143 and Graph 4.144)

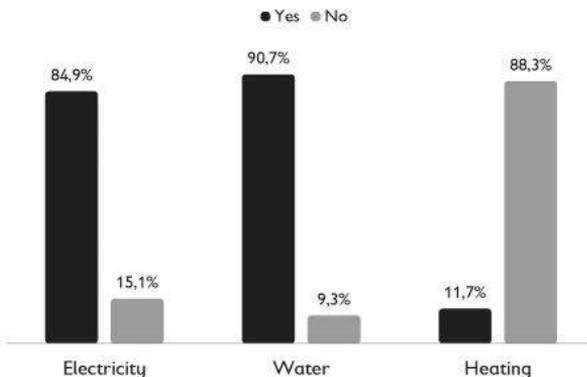


Graph 4.142 - Home ownership



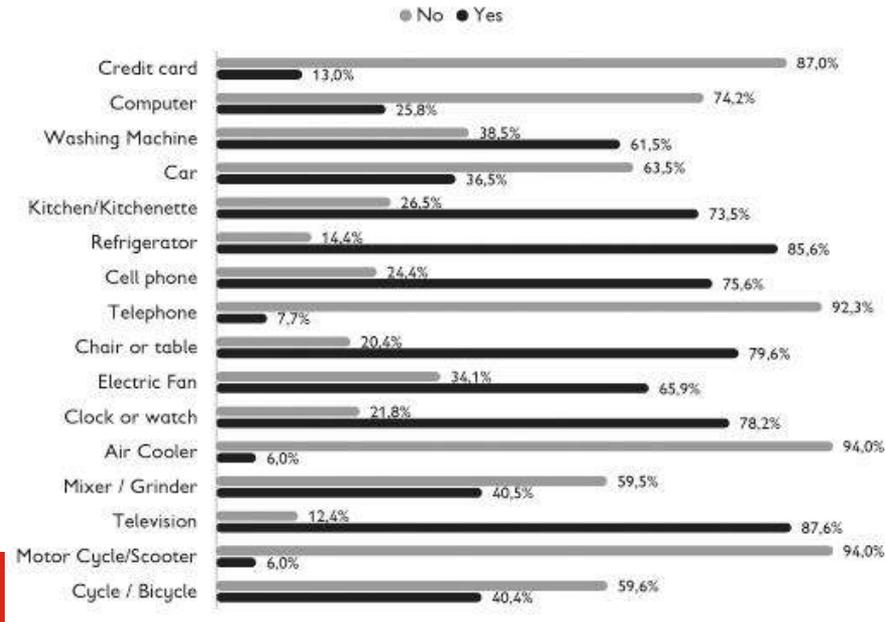
Graph 4.143 - Home is fit (unfit) for human habitation

According to graph 4.144 the majority of the houses had electricity and water (84.9% and 90.7% respectively), but most of them did not have winter heating (88.3%). A minority of participants reported that they do not have electricity (15.1%) or water (9.3%) in their home, which are basic necessities for a home and for families that live there.



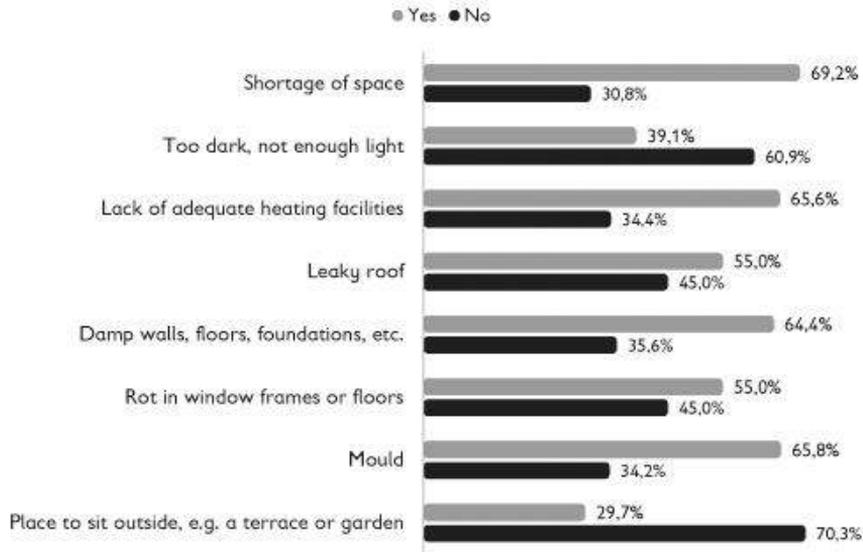
Graph 4.144 – Household necessities

When it comes to durable goods present in the households, it is interesting to note that they create a picture about the conditions of these households but cannot be used as a poverty indicator. The majority of households did not have a telephone, air cooler, computer or credit cards. On the other hand, many families owned a television, basic furniture like table and chairs, refrigerator and cell phone (Graph 4.145). The mean size of the house was 60.7m², but houses as small as 10m² were reported. On average homes had 3 rooms.



Graph 4.145 - Durable goods of households

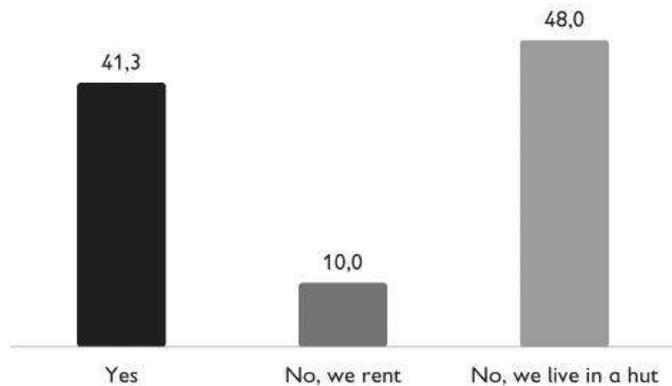
In terms of the physical conditions of the households around 1 in 3 participants said that they had insufficient space (30.8%), lacked adequate heating facilities (34.4%), had damp walls or floors (35.6%) and mould (34.2%). Almost 1 in 2 households had a leaky roof (45%), even more were too dark (60.9%) or had no place to sit outside (70.3%) (Graph 4.146).



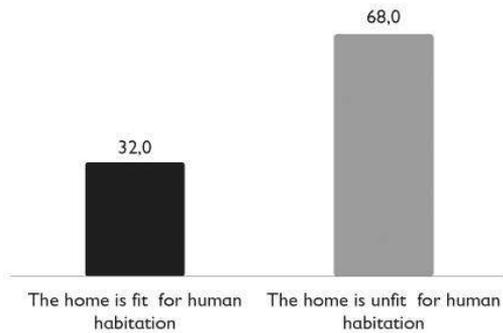
Graph 4.146 - Physical conditions of households

C. Montenegro

Half of the families in this sample lived in huts (48%). A large proportion of the rest lived in their own home (42%) while others rented (10%) (Graph 4.147). The average rent was 56 euro per month. Two thirds of participants felt that their current home was not fit for human habitation (68%)(Graph 4.148). The average size of homes was $m_s = 35.2m^2$, with a range from a minimum of $7m^2$ to a maximum of $80m^2$. On average homes had 2 rooms.

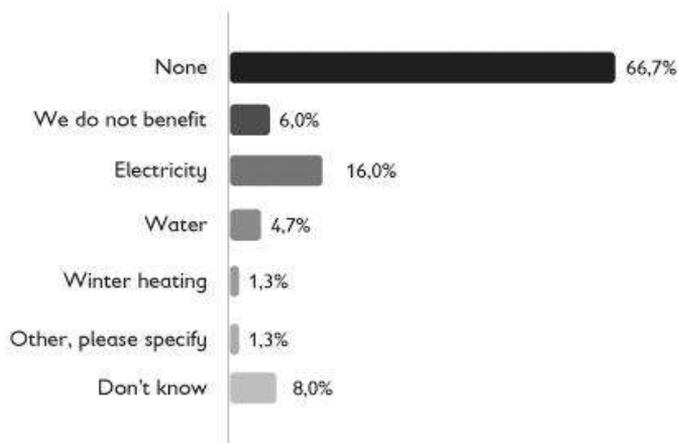


Graph 4.147 - Ownership of the home



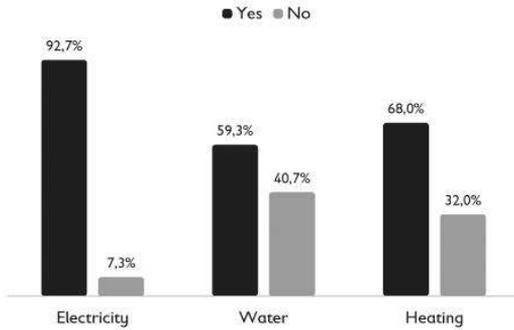
Graph 4.148 - Home is fit (unfit) for human habitation

Referring to possible reduced payments for basic necessities, 2 in 3 participants reported that they did not receive any such subsidies. However, few others stated that indeed they benefited from reduced payment for electricity (16%), water (4.7%) or winter heating (1.3%) (Graph 4.149). Considering there is a scheme for reduced payments in Montenegro, the participants' answers suggest a need for clarification regarding the basis on which some families benefit from it and others do not. Furthermore, special emphasis should be given to the inclusion of families with children, particularly small children, to social welfare schemes.



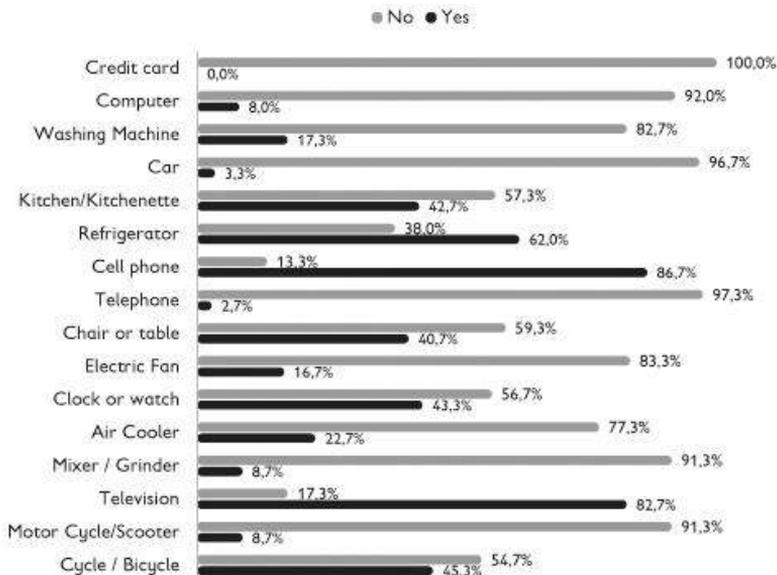
Graph 4.149 - Percentages and forms of reduced payments

When it comes to the households' basic necessities, electricity was the only one provided to almost every household (92.7%). Water supply was absent in forty-one percent of the families, and thirty-two percent of them lacked winter heating (Graph 4.150).



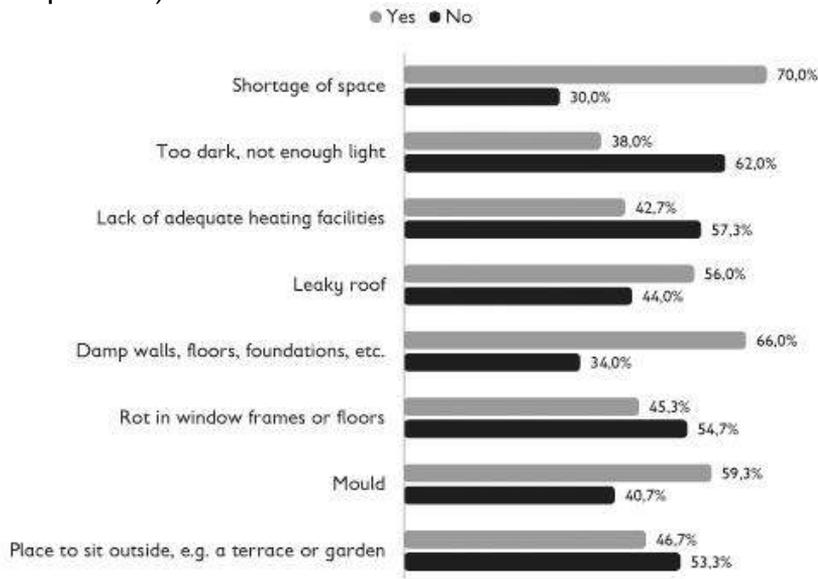
Graph 4.150 - Household basic necessities

As in the other countries, the question about durable goods gives a clear picture of the household goods at the moment the research was conducted. Therefore, as seen from the red bars in the graph, many households did not have a washing machine (82.7%), a kitchenette (57.3%), car (96.7%), computer (92%) or telephone (97.3%) but they do own mobile phones, an electric fan (83.3%) and other needed goods (Graph 4.151).



Graph 4.151 - Durable goods of households

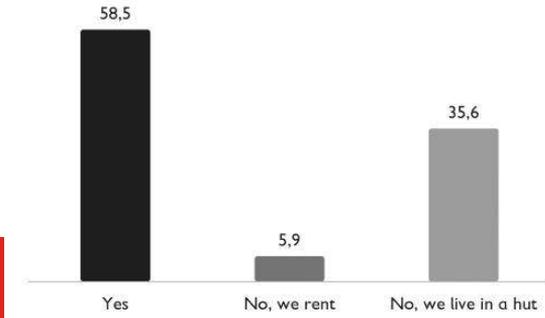
Finally, the last question in this section, that gives a snapshot of the physical conditions of the homes, revealed that in many houses of the sample physical conditions were not appropriate. For example, many houses had shortage of space (70%), damp walls, floors, foundations etc. (66%), mould (59.3%), a leaky roof (56%) and other problems like darkness, rot in window frames etc. As already mentioned in sections referring to other countries, all these problems can affect the health of the persons living there and particularly children (Graph 4.152).



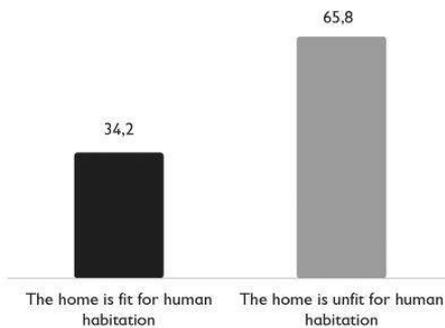
Graph 4.152 - Physical conditions of households

D. Serbia

More than half of the families in the Serbian sample were living in their own home (58%), a substantial percentage of them lived in huts (36%) and some of them rented (6%) (Graph 4.153). The average size of homes was $m = 33.7$ m², with an average of 2 rooms per home. The vast majority of the participants did not benefit from reduced payments for basic facilities, e.g. electricity, water or winter heating (92.1%). A very small percentage of the families (under 3% of them) received these types of benefits. Furthermore, a great percentage of the sample perceived that their home was not fit for human habitation (66%) (Graph 4.154).

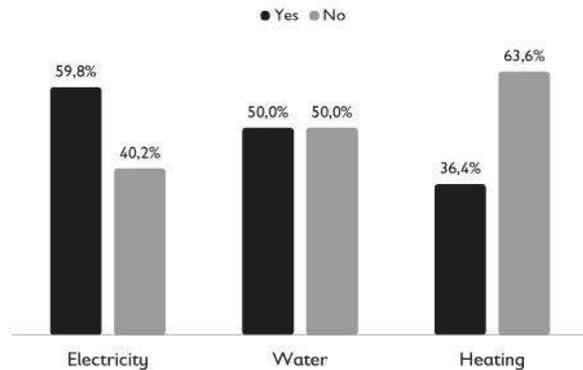


Graph 4.153 - Home ownership



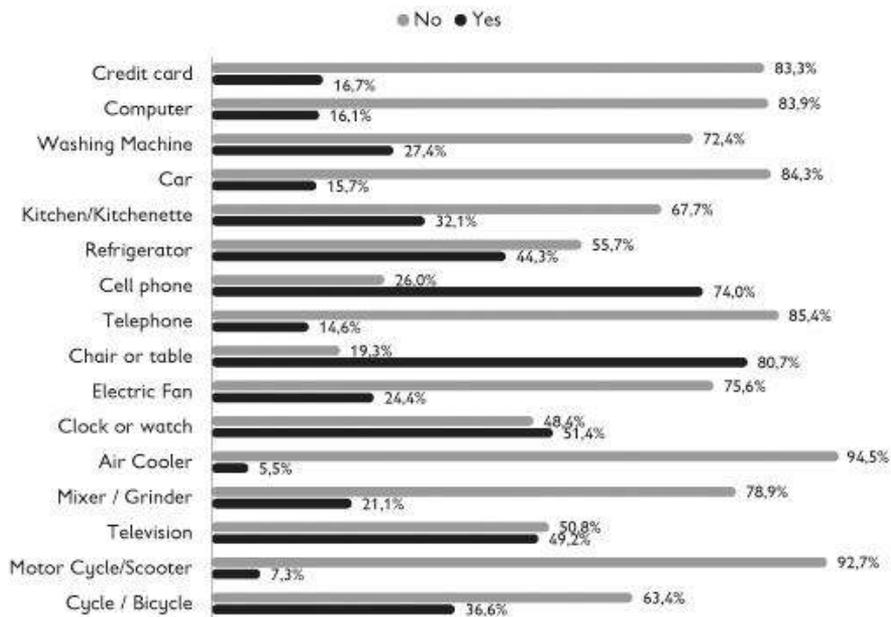
Graph 4.154 - Home is fit (unfit) for human habitation

It is likely that one of the reasons why families did not benefit from reduced payments for electricity or water was the simple fact that many of them had no access to either electricity or water. As seen in the following graph (4.155) forty percent of the participants did not have electricity in their homes, fifty percent of them did not have water and sixty-four percent, did not have heating.



Graph 4.155 - Household basic necessities

Material deprivation provides an estimate of people whose living conditions are affected by not being able to afford certain items. The goods listed in the following question are considered standards for material deprivation and its severity, according to the EU-SILC methodology⁵⁰. Many studies offer evidence of a correlation between parent’s employment, educational level, poverty and material deprivation⁵¹ and others argue about its impact to children e.g. poor health, inadequate conditions for studying etc. The following graph describes the tendencies of the households that participated in the study and gives a snapshot of the situation. As seen there, a sizeable percentage of the households could not afford many of the goods listed, such as computer, washing machine, kitchen, car or motor cycle (Graph 4.156).

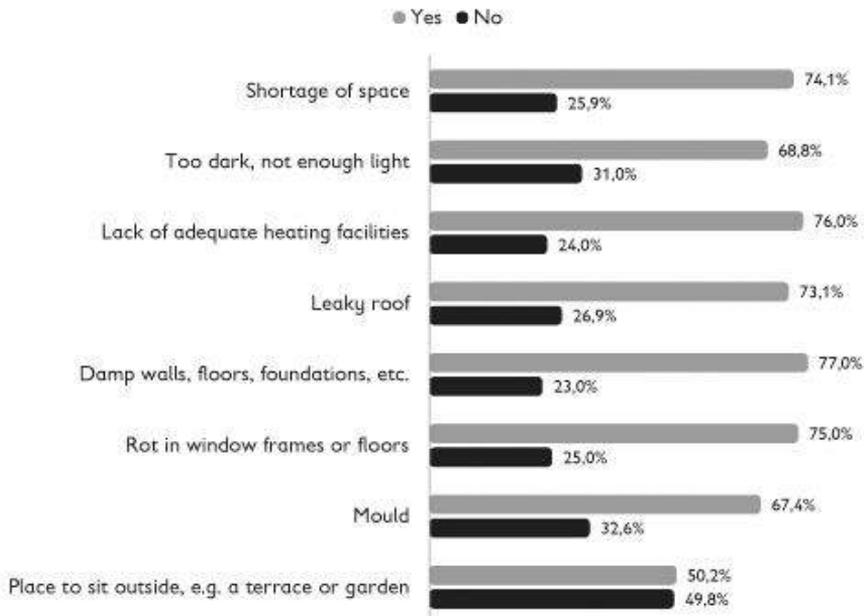


Graph 4.156 - Durable goods of households

⁵⁰ EU statistics on income and living conditions (EU-SILC) methodology - economic strain linked to dwelling. Retrieved in July 2016 from [http://ec.europa.eu/eurostat/statistics-explained/index.php/EU_statistics_on_income_and_living_conditions_\(EU-SILC\)_methodology_-_economic_strain_linked_to_dwelling](http://ec.europa.eu/eurostat/statistics-explained/index.php/EU_statistics_on_income_and_living_conditions_(EU-SILC)_methodology_-_economic_strain_linked_to_dwelling)

⁵¹ See for example Serafino, P. & Tonkin, R. (2014). *Intergenerational transmission of disadvantage in the UK & EU*. Office of National Statistics. Retrieved in July 2016 from http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/dcp171766_378097.pdf

Finally, concerning the physical infrastructure of the housing units, 2 in 3 had many problems. The most commonly reported were damp walls, floors or foundations (77%), rot in windows/frames or floors (75%), lack of adequate heating facilities (76%), shortage of space (74.1%) and leaky roof (73.1%) (Graph 4.157).



Graph 4.157 - Physical conditions of households

GAPS AND NEEDS IN THE PROVISION OF SERVICES FOR STREET INVOLVED AND AT RISK CHILDREN

The following section presents the findings of the focus group discussions, conducted with the most relevant stakeholders at national and local level in each country. Discussion focused on the situation of the provision of services for street involved children and children at risk and their families, in the study locations. (A list of the participants for each country can be found in the Appendix).

A. Albania

The attitudes of the participants who took part in the focus group varied in relation to the causes of the phenomenon of street involved children: while many consider it to be strongly related to the insufficient response of relevant institutions to the issue, others argue that it is mostly an issue of culture or mentality.

There have been recent cases in Roma communities in which even when they are employed they still exploit children in the street.

(Public social services worker)

The idea of the culture of begging is encouraged by the general opinion of society regarding the Roma community. In the past several years, unemployment has also been higher so they can't find stable jobs to support their families.

(NGO representative)

The participants report that in recent years several good practices have been developed, especially by NGOs, in the following areas: identification of cases and their referral to Child Protection (CP) Units at municipal level, which are responsible for case management; development of technical round tables with a multidisciplinary focus and; direct contact with children. These practices, combined with enabling access to community centres located close to settlements, have resulted in increased awareness of families and children about the services to which they are entitled.

Family awareness has been a success during these years, which aimed at family strengthening, and counselling for handling difficult situations.

(NGO representative)

Registration of several cases of children has been achieved through coordination of all actors involved in the case management of children. NGOs have offered financial support in order to cover the administrative costs of this process. In addition, advocacy and lobbying activities by representatives of both public institutions and CSOs have resulted in an increased level of awareness on the part of the government and general society, and subsequently in the expansion of interventions. Another example of good practice is mediation through community representatives, in order for children and families to build trust and be more accepting of representatives of relevant public and non-governmental services.

Focus group participants emphasised the need for these good practices to become a general model of working with street involved children and their families. At the current time the CP units, who should coordinate case management, lack the necessary infrastructure, human and financial resources to fully manage cases. They lack budgets for emergency interventions and there is insufficient inter-sectorial cooperation when dealing with particular cases and generally in working on the issue. Also, there are currently only two emergency services that respond to the immediate needs of street involved children.

An intervention to help families and children in street situations initiated by MoSWY did not succeed completely because it remained at identification level. No structured interventions have been taken to strengthen families.

(Public community centre worker)

Multidisciplinary groups for case management do not achieve the expected results because after the technical table meetings, participants don't follow up. All the responsibility after that goes to the CPU and the possibilities for effective management are low so we use NGO resources.

(Public social services worker)

Despite the fact that a 2015 inter-ministerial order on case management of child protection cases through a multidisciplinary and inter-sectorial approach defined all roles and responsibilities of relevant public and non-public actors, implementation is still insufficient. Participants report many cases in which workers of public institutions are not informed about the most recent legislative changes, and display indifference when it comes to cooperation and identification of cases.

All the services do exist but there are specific persons working in different institutions that neglect their duties and don't offer effective services. For example, provision of free school books for minorities was a good intervention, but the implementation was weak and it was difficult for children to wait for a long time to receive their schools books, after their school year had started.

(Public social services worker)

There is institutional irresponsibility in reporting. Sometimes, police workers don't refer cases of street involved children, even if they encounter them every day.

(NGO worker)

They add that the situation is further complicated by frequent staff changes in public institutions, often related to the practice of recruitment procedures being politically based.

Rating performances of staff involved in the child protection system and political positioning of persons working in positions for the protection of children.

(NGO worker)

The participants suggest that procedures need to be developed to ensure the updating of information of all relevant actors in relation to protocols on child protection and specifically on street involved children, including evaluation of staff performance against agreed standards of adequate response to case

needs. Respondents added that monitoring structures for child protection workers in public institutions need to be better developed, especially in view of the recent territorial reform which gave additional responsibilities to units of local self-governance such as the Directorates of Social Care and Social Inclusion in municipalities. They also suggest that although several important legal and policy documents were produced by relevant institutions in the last year, and the fact that the issue of street involved children has their attention, there is a need for stronger involvement of experienced operative workers who also need to be supported by long-term action plans resulting in concrete preventive measures. Other challenges related to the quality of case management include the lack of an efficiently planned distribution of services, overlapping of the same and/or similar services in the same area, and lack of support for families whose members do not have personal documents, or information that would enable them to use certain services. Participants further stressed a need for capacity building especially for staff of state institutions, and development of the supervision component of case management.

Workers who work directly with children can experience the phenomenon of burnout. No supervision service is provided for these workers.
(NGO worker)

Another identified challenge in addressing the needs of all children is the lack of administrative facilities in case of the children whose families are not legally resident in the area they live in.

We are making every effort to secure employment for children's parents, but administrative obstacles prevent this intervention, because they are not residents of Tirana
(Central government representative)

In relation to education services, the participants pointed out the need for increased attention to street involved children, many of whom are illiterate. Educational institutions need to acknowledge their part of the responsibility, increase their capacities in order to register all children both in preschool and school education, and also to improve their attitudes towards street involved children, with the aim of avoiding exclusion and school drop outs.

The education system is exclusive, for example last year the school enrolled two 9-year-old boys. Their parents were working on recycling cans and plastic bottles. The educational staff, mostly teachers, were totally indifferent when it came to the wellbeing of these children in the classroom. They were labelling children. Educational workers always say that children are the responsibility of the CPU, not schools. This is not right.

(NGO worker)

In relation to health services, the participants pointed out a need for health workers to be better informed about the benefits to which children are entitled.

The state provides free medicine for children 0-1 years old, but this is not implemented due to lack of information from the field professionals.

(NGO worker)

The participants suggested an increased focus on interventions that use a family strengthening approach, through increasing financial aid and employment alternatives, which promote family empowerment and help to prevent involvement of children in a street situation.

The government needs to improve the delivery platform of economic assistance for families in need by taking into account the minimum cost of living in the country.

(Public social services worker)

Awareness raising interventions were identified as needed in order to draw the attention of institutions and society to features of the issue of street involved children. This would help to reduce the enabling of child begging (i.e. giving money to children who are begging actually serves to keep them on the streets) and also prevent marginalisation.

Citizens are not well informed about street involved children, people still give money to children on the street and do not realise that it does not help children.

(Central government representative)

Participants also discussed the existence of discrimination and social exclusion of children and their families by public institutions themselves, as they lack comprehensive policies and tend to set up settlements far from the locations of service delivery. Public institutions also tend to show indifference in case management.

The state has built communities in areas where there are no services or amenities that would enable families to secure minimal living conditions.

This methodology of work has created a ghetto lifestyle in the area.

(NGO worker)

Case referrals are affected by the community origin of the children. Institutions are less likely to intervene in the cases of children who come from marginalised communities.

(Community centre worker)

They also suggest that preventive measures can be strengthened through building and strengthening the capacities of child protection workers in prevention, and by increasing the awareness of educational staff at the national level to promote social inclusion of children. Last, but not least, the participants expressed a need for the establishment of an integrated database for case management, in order to increase the level of inter-sectorial cooperation, and registration of cases, which would also allow access for NGOs. They underlined a need for further studies at national level focusing on the issue of street involved children.

B. Bosnia and Herzegovina

The participants of the focus group noted that the issue of street involved children is related to various groups of children in need of protection, and not only Roma children. They viewed the problem as resulting from a lack of adequate services for vulnerable children and their families, and not necessarily from what is believed to be a Roma tradition of using children to beg for money. Many also emphasised the need to view the issue through these lenses, as a way to reduce stigmatisation of the Roma population and to promote social inclusion.

This is one segment of a much wider phenomenon, and it is human trafficking. Only in the context of this broader phenomenon can we observe what is happening in our environment in B-H. We cannot determine by nationality, or in any other way, the category of children who are on the street.

(Central government representative, Bihać)

Not all Roma are like that, you have Roma who are well educated and employed, you have Roma who are in the traditional business and have their home-based business with which they are engaged.

(Roma community representative, Bihać)

The participants stated that existing services for street involved children and their families are limited in human and financial resources and cannot respond to the needs of all children. CSWs claimed to be overloaded with cases, whereas NGOs mostly run drop in centres in the country, including in Bihać and Brčko which both work at full capacity.

The CSW doesn't have the capacity to respond adequately to this issue.

(Public social services representative, Brčko)

In our day care centre we are desperate for adequate working space, in order to support more children.

(NGO representative, Bihać)

In this situation, many children remain outside the system in Bihać.

Administrative procedural difficulties sometimes slow down the process of children's inclusion in social-pedagogical communities in the Bihać area, since it involves official referrals from the CSW.

However, the children that we know nothing about are the problem, they are not in the system.

(Local government representative, Bihać)

Our regulations state that children can come to NGOs only through a CSW. Generally, NGOs can identify and report children who are at risk or are having problems, but the ultimate responsibility lies with CSW. In that regard, non-governmental organisations do not have formal and legal power to solve children's problems.

(NGO representative, Bihać)

Participants also expressed a need to take into consideration both pros and cons of restrictive measures. On one hand, they said that sanctions foreseen for parents who allow their children to be street involved - such as reporting the family to the police, or cutting child allowance for parents who do not send their children to school - should be more consistently imposed.

Child allowance, which is received even though children are not attending school, worsens the situation.

(School management representative, Brčko)

On the other hand, several participants said that they themselves were sometimes reluctant to refer the child to the police, being aware that there is a lack of services that would provide concrete help to child and its family to prevent them from being on the street.

There are a lot of children that I meet daily, and I wonder what should I do to help that child, should I take his hand and take him to the police?

(NGO representative, Bihać)

They concluded that these limitations mean that mostly only short-term results can be achieved, since the services do not focus on the causes of the problem.

Police cannot achieve anything with penalties for parents whose children are begging on the streets. What is needed is to find a new way that will be positive, because repressive measurements are not showing results.

(Police representative, Brčko)

Day Care Centre services aren't enough, the children should be given a full-day protection. How long it takes depends on how much time a child needs to recover psychologically. We need to train them to live independently. And we don't have such an institution.

(NGO representative, Bihać)

They suggested that there is a need for services that would focus on addressing the causes of the issue and, therefore, prevention. Although provision of sanctions for parents and stronger involvement of the police is needed in critical cases, it was suggested that there should also be a combined approach which would include informative and educative measures for families and entire communities, in order to ensure their understanding of duties and obligations not only of parents but also of all citizens in relation to the street involvement of children. This should be achieved through a better cooperation of police, CSW, educational institutions, NGOs and community organisations. It was suggested that mass media could also be a useful way to achieve this.

Before imposing sanctions on parents, we need to educate them on what sanctions are.

(Public mental health services representative, Bihać)

Secondly, they identified the need for endorsing supportive measures that aim to strengthen families, thus addressing the deeper causes of the issue, such as lack of resources for the family, marginalisation and social exclusion. In order for such services to be developed, a new approach to service provision is needed which would include stronger inter-sectorial work, with the mutual cooperation of CSW, police, employment services, health and education sectors. Participants voiced varying opinions about who should be responsible for this coordination: the state or NGOs.

Now, the question is who will be in charge. Will it be an NGO which asks the governmental institutions to participate, or will you ask the governmental sector to finally do their part of the job?

(Central government representative, Brčko)

It should be insisted upon that all institutions get involved. Each of us from our domain can participate.

(NGO representative, Brčko)

A number of participants underlined the importance of local and central governments taking responsibility for the coordination of actions, in order to ensure sustainability. These participants proposed the need for evaluating the performance of staff members of public services, based on the adequacy of their response to the issue of street involved children.

Good models of practice from other countries in the region were mentioned as a way of building successful cooperation and an effective approach to addressing the issue.

I think that we don't have to reinvent the wheel here. Save the Children has been working for a long time in this area, in Serbia they achieved a lot, so we'll see how they do in our environment. Slovenians say they have drastically reduced begging a by asking citizens not to give money. I think that 50% of citizens Una Sana Canton have never heard that this is one of the best methods to prevent children's street involvement.

(Central government representative, Bihać)

Participants proposed that a better level of cooperation between local structures and leaders of targeted communities should be established, in order to have more in-depth information on specific problems of that community and to jointly find solutions.

Good practices can also be identified locally and these need to be further expanded, for example the employment services and NGOs which work on training and employment of Roma people, resulting in increased number of people socially integrated in the work force.

It is necessary to work on the employment of the young Roma population. Give them a chance to express themselves and also to be role models for their peers. It is necessary to develop supportive measures, not only punitive ones.

(Roma NGO representative, Brčko)

In relation to education services, participants stated that there were good practices for inclusion of children in school education and facilitation of this process. This needs to be expanded to pre-school education too, which is also a good method for preventing street involvement.

In education, especially in primary school, it is important that a child starts school, other formalities can be dealt with afterwards. However, all other forms of education (for example preschool education), are currently completely inaccessible for the children of marginalised families.

(Central government representative, Bihać)

In relation to health services, the participants stated that many children lack proper health care, from vaccination to medical exams. The conclusion was that it is necessary to ensure, through inter-sectorial cooperation, that street involved children have access to health care services.

We could establish cooperation with the drop-in centre on the issue of children's health, make an agreement that on one certain day kids come, get examined and provided with one aspect of health care, systematic at least if nothing else, to see what is their state of health.

(Public mental health services representative, Bihać)

The need for universal registration of children was emphasised as an urgent intervention. This would additionally enable the mapping of the situation of street involved children. Group participants concluded that data, especially at local level, was lacking, and that it would be useful to create an integrated database which would be crucial in planning for sustainable results and preventive measures.

C. Montenegro

The participants in the focus group discussed the situation of Roma, Egyptian and Ashkali street involved children in Montenegro. Although existing data show that the majority of street involved children belong to these ethnic groups, it is important to note that such a narrowed focus could make street involved children of other ethnic backgrounds invisible and also boost prejudice in society and amongst professionals against Roma, Egyptian and Ashkali populations.

This prejudice was in fact reflected in participants' conclusions on the causes of the issue of the street involvement of children. Many focused on how Roma live according to their settled matrix and, regardless of all efforts, their traditional way of life and work on the street prevails. Still, some participants linked the issue to the unsatisfactory response of the system in relation to resolving the status of large numbers of refugees and displaced persons, especially from Kosovo, and insufficient capacities to provide adequate care and protection.

The space and human capacities we have are insufficient to respond to the number of people in need.

(Local and government representative)

They stated that this lack of response perpetuates the existence of street involved children. Parents and children remain in the sphere of the informal economy, long term beneficiaries of social welfare, also more often in need of health protection with diagnosed serious chronic diseases, most often without basic education and job opportunities. This results in neglect of children, and absence of family strengthening approaches. Parents then become deprived of their parental rights or have their parental rights limited, and children may be placed in institutions of social protection. The participants reflected that the approach of the system towards street involved children needs to change from sanctions-focused to a supportive approach aiming to strengthen families and ensure social inclusion.

They are treated as violators of the law, not as victims of neglect and an inadequate protection system.

Sanctions do not work. It often happens that after a warning to these children and their parents (mother or father), they return again to the streets, in a different location.

The achievement of certain social protection rights will reduce the need for work on the street. By joining the community, they will change attitudes towards children.

Participants also identified successful interventions, such as the Reception Centre, National Kitchen, educational support, NGO backing of Roma assistants to support Roma in the school and community, establishment of several sports associations (sensitisation of the local community helped bring together Roma and non-Roma children in a Scouts association), health services and health awareness, and offering all these services to settlements where the Roma population lives. A combination of efforts has led to a significant number of Roma families resolving their status by obtaining the status of foreigners with permanent residence which then allowed them to exercise fundamental rights. A significant number of families received accommodation in newly built residential buildings, and were supported in intensive preparation and training on the subject of collective housing, maintenance of apartments and common areas, and so on.

In this regard, participants felt that the established procedures and responsibilities of the agencies and institutions when addressing cases of street involved children, including police, CSW, CSOs and reception centres, are useful and do their best to consider a child's best interest.

On the other hand, participants considered that the services were limited and unable respond to the needs of all children. These limitations are related to:

- Lack of funds for implementation and continuity of support (NGO support is short-term and donor-based)
- Lack of resources, infrastructure and technical capacities, physical and human. CSW are overloaded with cases, beyond their capacities
- Insufficient monitoring of border crossing and entry control of Roma people during the tourist season.
- Lack of secondary preventive strategies to influence long-term results, including combating barriers to inclusion in education and discrimination in general

Participants suggested that a comprehensive evidence-based assessment of the needs of street involved children, with the aim of developing high-quality and sustainable support through pooling resources of public and non-public institutions, would produce long-term satisfactory results. In this regard, comprehensive research, mapping of existing services and building a database of children's cases and circumstances were considered as very important in order to plan better interventions and to design effective preventive strategies.

D. Serbia

The participants in the two focus group discussions, conducted with representatives of public and non-public institutions working with street involved children in Novi Sad and Belgrade, identified several gaps and needs in the delivery of services to street involved and at risk children.

Firstly, the professionals stated that there was a lack of a common working definition of 'street involved children'. This adds to a lack of common understanding among various stakeholders which are responsible for providing services to children, such as social services (through CSW and NGOs), health, education and judiciary. They also noted a lack of in-depth analysis of the causes.

All organisations and institutions should have the same understanding of it. This is directly reflected in what are the causes.

(NGO representative, Belgrade)

This lack of professional discourse can lead the system of services to view the phenomenon as a 'Roma issue', and reinforce prejudices towards Roma families and children, whereas the focus group participants emphasised the need to consider it a child protection issue, which influences many non-Roma children in need (a position supported by data recently collected by several NGOs). Many participants saw the issue as a consequence of the lack of an adequate systematic response to the needs of all street involved children, while some linked it mostly to poverty and family upbringing.

From our experience we found the cause in the beneficiaries' answer – That is how my mother taught me. This is a pattern which repeats itself.

(Public social services representative, Novi Sad)

The participants reported that the lack of an adequate response from the system was related to a combination of factors. Many children are invisible to the system because have no identification papers, *'the systems waits for the child to come to it'*. It has been a year now since that children cannot access health services, because the new health provisions demand a health card. Still there are no identified efforts to resolve this problem.

Public services have limited resources, and there are only a few specific services, such as shelters and drop-in centres, available only in major cities. NGO services are donor-based, therefore short-term and non-sustainable, while CSW lack adequate numbers of social workers to be able to respond in a timely fashion to the high number of cases they handle. Despite being case 'coordinators' rather than service providers, the centres cannot effectively lead the coordination process, due to case overload.

My experience with CSW, with honourable exceptions, is that they do not have the capacity to deal with an individual child, due to case overload. Because of that there is a need to give them this power.

(NGO representative, Belgrade)

Some practices that have proven to be helpful in ensuring an outreach component, such as the establishment of health mediators, are not implemented.

There are children who have not been vaccinated, who do not have medical records at all; health mediators may exist on paper but in practice this service does not exist.

(NGO representative, Belgrade)

On the other hand, the participants, especially NGO representatives, stated that the system of services does not work through an inter-sectorial and multiagency approach. The various parts of the system work separately and collaboration is weak between public institutions themselves.

An essential problem is the absence of cooperation between different systems, primarily in the exchange of information and in recognising that, despite the fact it is about five services - we are working with one child and we cannot stretch a child in five directions at the same time.

(Public training institution, Belgrade)

Similarly, the same lack of collaboration is evident between the public sector and NGOs. Participants stated that although there are several good interventions by NGOs who work with street involved children in Novi Sad and Belgrade, they often work separately and find it challenging to access support from and cooperate with public institutions. Although there are cases of good cooperation, such as exchange of information on a child's situation, joint

conferences on case management, etc., these are individual cases and not part of an approach to services which would aim to create a synergy between actors and interventions, and use resources properly.

Until these two sectors recognise each other as partners, until they start to appreciate and recognise the strengths and the contributions of both, we will be in arrears.

(Public training institution, Belgrade)

The participants identified a need to strengthen relations between various sectors of public services, and also those between public and non-public ones, through a comprehensive mapping of services and development of inter-sectorial protocols, which would aim to deal with the issue through a multidisciplinary and inter-sectorial approach. Also these obligations need to be reflected in the job and position descriptions of all relevant actors.

There might be some protocol that specifies the obligation for a police officer, what he should do when he identifies a child. We do not have that in the job description, and it is considered a job for the CSW.

(Police representative, Belgrade)

The participants stated that the existing system is not well positioned to respond to the needs of street involved children, therefore they remain outside the system and are stigmatised as a result - 'the system sends the message - you are not worth it'. This reinforces further marginalisation and prejudices among professionals. These prejudices were even noted within good practice, that of Roma coordinators, who find it challenging to cooperate with local government.

They are expected to know the basics of residency, health care, welfare, education and government in to help a person from that community. At the same time, local governments are not treating them as experts. The system is far more discriminatory when it comes to some segments than we can see.

(Ombudsman representative, Novi Sad)

They concluded that the system needs to shift from being repressive, sanction-focused and bureaucratically overloaded, which punishes a family because it is poor, to supportive and partnership based services for the child and family

which aim to empower them and therefore take into consideration the best interest of the child.

Capacity building of professionals to follow these approaches and also the creation of regular supervision for case management workers is also considered very important. On the other hand, participants also identified the need for periodic monitoring of the quality of work of all related services, the use of sanctions in cases of misconduct by professionals and the reporting of such cases by other professionals.

It is a priority to educate sensible professionals who can work directly with children. Some things are not recognised, especially in the legal system.

(Public social services representative, Novi Sad)

When someone else from another part of the system sees that someone else has not done something right, they should stop things from going in the wrong direction. I am talking about that constructive cooperation, which does not mean “removal of stains” of some colleague. In my opinion, this is our problem.

(University representative, Belgrade)

More efforts to ensure registration of children, active identification of street involved children, especially by the education system which has a good opportunity in this aspect because of its contact with children since preschool, combined with the above mentioned suggestions for better collaboration between public and non-public actors, would make possible a full mapping of street involved children and an adequate database on cases. This information, combined with continued research, focused on the viewpoints of children and their families and on measuring the impact of existing interventions, would help in better understanding the causes of the phenomenon and designing evidence-based interventions for both preventing and addressing it.

Last but not least, the participants stressed that there was a need for proactive action by the government which needs to take active responsibility and find long-term solutions to the issue, through sustainable interventions, ensuring the implementation in practice of laws and policies on child protection, and through adequate budgeting.

CONCLUSIONS AND RECOMMENDATIONS

The research conducted in Albania, Bosnia and Herzegovina, Montenegro and Serbia revealed a series of interesting findings. These findings help define features of families, households, children at risk and street involved children, but they are cannot be extrapolated for the entire population of children at risk and their families. This section presents main findings, and gives specific recommendations for country level, with the aim of improving the situation of children at risk and street involved children, as well as their families.

CONCLUSIONS

A. Albania

In Albania the families that participated in the study had low educational levels, a very low family monthly income and high unemployment ratio. 1 out 10 families in the study were single parent families. Most of the families relied on income from the collection of raw materials and social assistance.

The physical conditions of the households were very bad, half of the houses did not have basic utilities like water or electricity, and even more did not have any durable goods. Living conditions were inappropriate: the majority of these housing units were huts with many construction problems such as leaky roofs, mould, damp floors and so on. Social housing opportunities are very limited.

Access to health care services was hindered by lack of health insurance which is the result of a lack of documentation, employment and information. On the other hand, chronic diseases and disabilities were very present among adults and children of the families.

The right to education, health and food for these children has not been fulfilled. Children attended school or preschool at a low rate, due to the financial difficulties of their families, reportedly unfriendly school environment, limited capacities for enrolment by educational institutions (especially at preschool level), lack of legal documents and in some cases, lack of interest on the part of the family and/or children. A substantial proportion of the families could not afford medical examinations and medicines for their children, or to send them to school, and they lacked the means to provide them more than 1 or 2 meals per day, clothing or shoes.

Half of the families of the study had children that were in a street situation. They said they were aware of the hazards of street involvement, but argued that their low economic status enforces them to have a street connection along with their children. For some families it was a tradition to be raised on the street.

Street involved children of the participating families were encountering difficulties in getting food, spending 6 or more hours a day on the street and had a low school attendance rate. The participating parents also reported that their children had been at risk of becoming victims of trafficking or that they had developed physical and mental health problems due to their street involvement.

The level of awareness of state institutions towards the issue is limited, as are social services available to street involved children and their families. Social assistance is very low and many families cannot benefit from it because of lack of documentation or difficulties in managing bureaucratic administrative procedures and related payments. There are only a few emergency services/drop-in centres with limited human and material capacities. Similarly, child protection units (state run) are understaffed and lack even emergency budgets. There is some overlapping of services in the same location, while other locations remain uncovered.

State run services are mostly focused on immediate response, rather than long-term and preventive strategies. Crucial services are provided by NGOs, therefore lacking sustainability. There are some good practices in case management and culture mediation, but overall there is limited inter-sectorial cooperation, limited use of a multidisciplinary and family strengthening approach, lack of an integrated database on case management, and lack of appropriate staff evaluation procedures and monitoring procedures, especially at local government level. There are no professional supervision structures, especially for state services and for frontline workers.

B. Bosnia and Herzegovina

Many of the families in Bosnia and Herzegovina included in this research lived in extreme poverty. Parents of the households that participated in the study had low levels of education, high unemployment rates, especially for mothers, and very low family monthly income.

Access to education and health care services was hindered by a series of factors, including lack of financial means of the families, lack of legal documents for school enrolment and a discriminative school environment. Additionally, the families' low level of income made it impossible to afford all medical examinations and medications needed for them and their children. Lack of legal documents, lack of civil registration and lack of information about health insurance were the main factors hindering access to health care services. On the other hand, their inclusion in social welfare schemes did not appear to address their needs as their income continued to be very low and unemployment high. Although the percentage of participants who have health insurance is significant, accessibility to health institutions and their use by the participants is something to be looked into.

Families questioned mostly had more than 2 children and some of them faced difficulties in ensuring that these children are properly fed as defined by EU standards for nutrition. Nevertheless, the majority of parents reported that their children are not involved in living or working on the street.

Half of the families in this study perceived their homes as being fit for human habitation. On the other hand, these families did not benefit from any reduced payments for electricity, water or winter heating with the result that many could not afford to access these utilities at all.

A sizeable proportion of street involved children did not attend either school or preschool, due to parents' lack of financial means and long distances to the schools/preschools. Children usually begged for money or collected raw materials for recycling for long periods during a day, affecting their mental, physical and social wellbeing. They did not have access to a healthy and sufficient diet.

More than 1 out of 4 children stayed on their own on the street most of the time or all the time. These numbers should cause alarm to all the governmental institutions responsible for the rights of the child, but also for non-profit organisations working in this field.

1 out of 5 street involved children spend all their day in the street, often unaccompanied and moving around the neighbourhood or city, thus adding to the potential risks they might face. A considerable percentage of them have been at risk of trafficking.

The issue of street involved children is often viewed as a Roma cultural issue, even by relevant institutions and also the public. Public social services for street involved children and children at risk and their families are non-existent. Lack of registration of children hinders the mapping of the situation and the possibility of responding to all cases. Drop-in centres run by NGOs cover the needs of a limited number of families and children in need, whereas CSWs are mainly overloaded and underpaid. Referral procedures do not ensure an immediate response to the child's needs. There is no integrated database on case management.

The approach used toward children and families and the attitude of various front line workers is often repressive rather than supportive of families, while at the same time necessary sanctions are not consistently implemented, thus lacking long-term results. The performance of relevant public services staff members is not evaluated based on the adequacy of their response to cases of street involved children. Overall, there is very limited inter-sectorial cooperation between public and non-public institutions at local and other levels, and also among representatives of local communities. Respondents pointed out a lack of leadership by institutions at higher levels, aimed at developing coordinated interventions based on family strengthening and prevention.

C. Montenegro

As was the case with other countries, parents in the families in Montenegro had low education levels, very high unemployment rates especially for mothers, and low family monthly income. Single parent families were more present here than elsewhere. Households were crowded, with as many as 20 persons living together in some cases. The most common economic activity of the parents was collection of raw materials, whilst others lived on social welfare assistance. A small number of parents had a regular monthly salary.

The typology of social welfare assistance was better than in the other countries. However, subsidies for electricity, water or winter heating were provided for very few of the families.

Households were mostly living in huts, unfit for human habitation, lacking water supply, heating or basic durable goods. Their physical conditions were poor, they had damp walls, floor, rot in the window frames, mould, leaky roofs and so on.

Many participants reported that a family member, adult or child, was suffering from a chronic disease or a disability. Although the majority had basic health insurance, half of the participants were in need of medication or a medical examination that they could not afford. This situation is due to the fact that mandatory health insurance does not cover all expenses. Many costs of treatments and hospitalisation have to be paid by patients.

Not all children of the families were registered, due to lack of legal documents or distance from the registry office. Half of the children in the sample were involved in a street situation. A substantial proportion of the children in these households did not attend school regularly, and even more never went to preschool.

Street involved children were engaged in begging for money, collecting materials for recycling, selling, playing music and other activities. Most of them spent 6 hours on the street per day, from morning to afternoon, but others go there at night. Parents did not accompany their children in many cases and are not always aware of the hazards of street involvement, for example the risk of trafficking or physical/mental health problems.

There is a lack of a comprehensive definition of street involved children and a lack of focus on the needs of all street involved children (including Roma, Egyptian and Ashkali). Existing social services related to street involved children, children at risk and their families are limited and sanction-focused. Drop-in centres have limited capacities. Social assistance is low and there is a lack of active employment schemes. Prejudice exists within the community and even amongst professionals and this creates barriers to social inclusion, especially related to education, although there are examples of good practice such as sports associations.

Overall there are limited models of good practice in inter-sectorial cooperation between public and non-public institutions, and a lack of family strengthening approaches. Existing approaches do not focus on prevention and have limited sustainability. In 2014/2015 there was a reform of the social protection system that included accreditation of services for children. An body was established to implement these changes, but the accreditation process has not started yet.

Limited funding and coordination of services, and the absence of an integrated case management database, hinders the planning of evidence-based preventive actions.

D. Serbia

In Serbia the participants and their partners had a low educational level, very high unemployment rates especially for mothers, and a low monthly income. Parents in the families were engaged in collecting raw materials which was their main source of income to support the household. More than half of the families received social welfare assistance. It was the only country in which there were cases of families receiving more than one form of social welfare assistance, e.g. child allowance. Active employment schemes are lacking, as was the case with other countries.

The accommodation of the families included in the study was often unfit for human habitation: they lacked basic utilities such as electricity, water or heating and a large percentage of them lacked basic durable goods and many had poor physical conditions.

Access to health insurance and free access to medications and medical examinations is imperative for children of vulnerable groups. Yet many families did not have health insurance due to lack of documentation, lack of a permanent address or due to not holding Serbian nationality. In addition, many families could not afford to feed family members more than one meal per day or to provide shoes or a second set of clothing.

A snapshot of the family composition has shown that the average family had more than 3 children, many of them living under the same roof: overall they were families with many children. Children had a low school attendance rate due to lack of documentation and a reportedly discriminatory environment in school.

Half of the families included in the study confirmed that they had children on the street who spend long hours collecting raw materials or begging for money. Those children often get food from a drop-in centre and do not attend school. Parents reported that half of the children had faced the risk of trafficking and a substantial percentage had developed physical and mental health problems due to their street involvement.

There is a lack of a common and comprehensive working definition and understanding about street involved children, which often results in a lack of action by system, as well as prejudice against children and families. Other missing factors include an inter - sectorial approach to addressing the issue,

and the use of case management, child participation and family strengthening approaches aimed at sustainable interventions which would be backed up by adequate budgeting and professional capacities, including public and non-public institutions. The distribution of responsibilities among the various actors is not clearly defined. On the other hand, good models of practice such as drop-in centres and Roma coordinators do exist and these models need to be replicated.

There is also no adequate database on cases, with health and education systems not investing efforts in proactive identification. The impact of existing interventions is not being measured which limits the understanding of the issue and hinders the development of evidence based interventions both in terms of prevention and response.

RECOMMENDATIONS

The recommendations, which aim to address the needs of children at risk and street involved children presented below, include both short-term and long-term recommendations. Besides the long-term policy implications, there are certain short-term interventions which are also necessary to address some of the urgent needs that came up in the research.

Overall, based on the conclusions of this research, it is necessary to emphasise that the protection of children on the street is an obligation of the state, therefore measures should be taken to protect children at risk and street involved children. Child protection professionals should work more with children's families to prevent street involvement and to protect children from exposure to more risks. Legal and strategic documents should be backed up with long-term programmes and interventions and proper budgeting, resulting in concrete preventive actions. Continuous data collection and research should be conducted on the issue at national and local level.

A. Albania

Child protection

- The number of sustainable drop-in centres, close to settlements in which children and families in need live, run either by the state or by accredited NGOs, should be increased. These centres should provide a wide range of services to street involved and at risk children, and their families, on a regular basis
- The infrastructure and financial resources of CPU should be improved, including emergency budgets, in order to improve case management
- Emergency services for street involved children should be strengthened and increased in number
- Responsibilities for monitoring child protection services should be clearly defined, especially at local government level
- The evaluation procedures for child protection staff in state institutions should cover their adequate response to case management needs
- The capacities of child protection staff, especially in state institutions, related to case management and addressing the issue of street involved children, should be increased
- Professional supervision structures should be developed, especially in state institutions, for frontline workers
- An integrated database on case management should be established, in order to increase inter-sectorial cooperation, registration of all cases and with access for relevant NGOs

Social protection

- The social protection system should address more effectively the needs of the poorest families by increasing the level of cash transfers and/or providing more reduced payments/free services for vulnerable families and their children
- Provision of appropriate housing could be regulated through social housing, in which poor families with children should be prioritised

Education

- Educational institutions should increase their capacities in order to enrol all children in preschool and school
- Access to education should be facilitated by informing families of the provision of free textbooks/didactic materials for children of vulnerable families and providing free transportation
- Educational institutions should take seriously their responsibility to prevent discriminatory practices and school drop outs, and to promote social inclusion

Health

- Health institutions should increase their information on the benefits children are entitled to

Coordination and procedures

- Administrative procedures for non-resident families should be facilitated in order for them to benefit from relevant services for families in need
- Overlapping of services of the same typology in the same location should be avoided
- The good practice of mediation through community representatives should be strengthened
- Good practice in case management should be strengthened through inter-sectorial cooperation
- The multidisciplinary and inter-sectorial approach should be strengthened through reinforcement of the implementation of the inter-ministerial order on case management in child protection, and sanctions for relevant actors should be applied in the case of negligence

Information and awareness-raising

- Families in need should be informed about existing relevant services and assisted in procedures to obtain documents and to access benefits to which they are entitled
- Awareness-raising activities should be developed in order to inform parents about the importance of education, immunisation, the risks of street involvement and their rights to health care and education

- Awareness-raising activities should be developed, in order to increase the attention of institutions and society towards the issue, to stop incentives to child begging, and prevent marginalisation

B. Bosnia and Herzegovina

Child protection

- The issue of street involved children should be addressed as a society-wide problem rather than as a Roma cultural issue
- Existing levels of financial and human resources within both the public sector and the NGO sector should be increased, in order to respond to the needs of all street involved children and their families
- The evaluation procedures for child protection staff in state institutions should cover their adequate response to case management needs and respect existing legislation
- The shift from a repressive approach to a supportive one towards children and families should be supported. This would increase children's and families' trust in and willingness to partner with service representatives and would lead to improved outcomes in individual cases and the potential to address the root causes of the issue
- Police officers, social workers and other professionals that are in contact with children in general and street involved children in particular should be adequately educated, trained and/or informed about the particularities of working with this group and ways of establishing rapport
- Sustainable drop-in centres for street involved children should be established, in order to provide every day care and other services for them and their families
- The removal of child allowance for parents who do not send their children to school should be implemented consistently
- An integrative system database on the situation of street involved children should be developed

Social protection

- Registration of children should be ensured, in order to ensure that all cases of street involved children are addressed and also to map the situation of street involved children

- Interventions that use a family strengthening approach should be further developed, based on good regional and local models of practice, in relation to successful implementation of sanctions and preventive actions such as promotion of sustainable employment, increased financial aid, inclusive education, etc.

Education

- Access to education should be facilitated by providing free transportation and free textbooks/didactic materials for children of vulnerable families as well as an inclusive, non-discriminatory environment at school

Health

- Access of street involved children to health care services should be ensured through inter-sectorial cooperation

Coordination and procedures

- More effective procedures should be developed to ensure quick referral of children to day care centres
- Inter-sectorial cooperation should be strengthened between public and non-public central and local institutions, and also representatives of local communities
- The sharing of responsibilities between public institutions and NGOs should be clarified, especially in terms of leadership in coordinating interventions, in order to ensure sustainability

Information and awareness raising

- Awareness raising activities should be developed, in order to inform parents about the importance of education, civil registration, immunisation, the risks of street involvement and rights to health care and education
- Awareness campaigns for the public should be developed, in order to change their attitudes towards street involved children, such as to avoid giving money to them as this can perpetuate their street involvement
- Coordinated informative interventions should be developed by all relevant actors, such as police, CSW, educational institutions, NGOs, and community organisations, to inform families of street involved children and community members about sanctions

C. Montenegro

Child protection

- A comprehensive definition of street involved children needs to be developed and used by all relevant actors
- Services to remove children from the street should be increased, e.g. drop-in centres in which children can spend a certain part of the day in a safe environment
- Approaches which focus on family empowerment and social inclusion should be developed, as opposed to sanction-focused ones
- Sustainability of interventions should be increased through government funding and pooling of human and financial resources, under the coordination of the responsible public institutions
- The situation of street involved children and related services should be mapped and a database of children's cases should be developed, in order to plan evidence-based preventive actions

Social protection

- Prevention programmes are needed in Montenegro. Although the social protection schemes included a wider typology of benefits than other countries, not all the families of this sample benefited from them, so clear criteria and information sessions could help to raise awareness of the most vulnerable families; cash assistance should be enough to fulfil children's basic needs
- Active employment schemes for parents aiming at their sustainable employment and family empowerment should be developed

Education

- Educational institutions should take responsibility for removing barriers to social inclusion

Health

- Access to health care services for families with children should be increased, particularly for children with disabilities, to prevent and treat paediatric diseases

Coordination and procedures

- Models of good practice in inter-sectorial cooperation should be promoted, throughout public and non-public institutions

Information and awareness raising

- Awareness raising within the child protection system and within the general public should be developed, in order for the focus to shift to recognising the issue of street involvement as a society-wide problem, and to focusing on the needs of all street-involved children, including Roma, Egyptian and Ashkali
- Community awareness should be raised, in order to promote social inclusion of street involved children and their families, based on good practices such as the establishment of sports associations (such as scouts)
- Awareness raising activities for parents should be developed, in order for parents to be better informed on the hazards of street involvement, the importance of civil registration, the benefits of education and their children's right to education and health care

D. Serbia

Child protection

- A common and comprehensive working definition of 'street involved children' and a common understanding of the issue among various sectors of the system of services should be developed
- Existing public and non-public services for street involved children should be mapped at national level
- A case management, child participatory and family strengthening approach, taking into consideration the best interest of the child, should be used in addressing the both individual cases and the issue as a whole
- The capacities of relevant professionals should be built in relation to using case management, child participatory and family strengthening approaches
- Good local models of practice developed by public institutions and NGOs should be promoted, such as drop-in centres and Roma coordinators, and replication of such models should be enabled

- Street involved children should be mapped at national level and an adequate database on cases should be created

Social protection

- Social inclusion and protection policies should address the needs of children at risk and street involved children, by increasing cash assistance, by providing free access to health care, education and other services and by widening the typology of benefits provided to the most vulnerable families, e.g. reduced payments for basic utilities
- Programmes for family strengthening through active employment schemes should be developed, in order to prevent children's street involvement
- Interventions providing food assistance as the first step to social inclusion (including here mobile kitchens) should be developed, in order to enhance access to sufficient nutrition

Education

- Access to good quality and inclusive education should be provided to all children. Changes in legislation are needed to ensure that lack of documentation is not an obstacle for children to attend school. It is important to ensure that discrimination is not a reason for non-enrolment or early drop out by developing, for instance, school based programmes that encourage the development of inclusive environments and that focus on nurturing supportive attitudes of teachers and other students
- Efforts should be made for active identification of street involved children and children at risk

Health

- The health mediator practice should be implemented in daily practice by the health system
- Efforts should be made to identify children who are currently unable to access health care

Coordination and procedures

- Inter-sectorial efforts should be developed, in order to make possible the registration of children without a legal status
- Inter-sectorial protocols on working with street involved children should be developed, with clear responsibilities for all relevant public and non-public actors, included in their job and position descriptions
- Measures should be undertaken to increase the civil registration of all children e.g. strengthening the cooperation between maternity units and other health care institutions where babies are delivered, in order to register all children born in a hospital or clinic

Information and awareness raising

- Awareness raising activities should be conducted for professionals and members of the public, in order to increase recognition that the issue of street involvement cannot be viewed in isolation but rather seen as system-related and to reduce prejudice and stigma towards children and families and to promote inclusion

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APPENDIX

Study Questionnaire

Letter of Informed Consent

Good morning/day/afternoon, my name is _____. I am working as an interviewer for _____ (name of the Local Partner Organisation), which regularly conducts research into child related topics. I would appreciate if you answered some questions for me. The questionnaire is anonymous and all obtained data will be presented only in group form, and used solely for the purposes of this project.

Your participation in this project is purely voluntary, and your decision whether or not to participate will not change your future relations with _____ (name of Local Partner Organisation) or Save the Children North West Balkans, which supports this study. If you do decide to participate you may choose not to answer any individual questions for any reason. If you decide to participate you are also free to completely withdraw your participation at any time without penalty.

If you have any questions about this research, you may contact _____ (Name of Local Partner Organisation) at _____ (Email).

Thank you!

Note to the interviewer: Please fill out the following information before conducting the interview:

Participant's Site (neighbourhood /street/other form of identification)

1. _____ *local partner organisations are requested to fill in this space; after finalising the questionnaire all the sites will be coded in 8 different alternatives)*

2. _____

3. *Participant's City/Village/ Settlement* _____

What area is it? Rural Urban Periurban Can't classify

101. Participant's gender: Male Female

102. Participant's age _____ (in years)

103. Participant's COMPLETED years of education (total) _____ (in years)

104. Participant's PARTNER'S COMPLETED years of education (total) _____ (in years)

105. Participant's civil status:

Single	<input type="checkbox"/> 1
In a relationship (unmarried partner)	<input type="checkbox"/> 2
Married	<input type="checkbox"/> 3
Divorced	<input type="checkbox"/> 4
Separated	<input type="checkbox"/> 5
Widowed	<input type="checkbox"/> 6
Other, please specify _____	<input type="checkbox"/> 7
Don't know	<input type="checkbox"/> 8
Refuse to answer	<input type="checkbox"/> 999

106. Participant's ethnicity

1. Roma
2. Egyptian
3. Majority _____ (according to the country)
4. Ashkali
5. Other, please specify _____
6. Don't know
999. Refuse to answer

PARENTS' EMPLOYMENT

107. FATHER		108. MOTHER	
No, never been	<input type="checkbox"/> 1	No, never been	<input type="checkbox"/> 1
Not at the moment/on a waiting list	<input type="checkbox"/> 2	Not at the moment/on a waiting list	<input type="checkbox"/> 2
Yes, employed in the private sector	<input type="checkbox"/> 3	Yes, employed in the private sector	<input type="checkbox"/> 3
Yes, employed in the public sector	<input type="checkbox"/> 4	Yes, employed in the public sector	<input type="checkbox"/> 4
Yes, self employed	<input type="checkbox"/> 5	Yes, self employed	<input type="checkbox"/> 5
Pensioner	<input type="checkbox"/> 6	Pensioner	<input type="checkbox"/> 6
Person with special needs	<input type="checkbox"/> 7	Person with special needs	<input type="checkbox"/> 7
Other, please specify _____	<input type="checkbox"/> 8	Other, please specify _____	<input type="checkbox"/> 8
Refuse to answer	<input type="checkbox"/> 999	Refuse to answer	<input type="checkbox"/> 999

109. What is your family monthly income?

Under 50 Euro	<input type="checkbox"/> 1
50 – 149 Euro	<input type="checkbox"/> 2
150 – 299 Euro	<input type="checkbox"/> 3
300 – 449 Euro	<input type="checkbox"/> 4
450 – 599 Euro	<input type="checkbox"/> 5
Above 600 Euro	<input type="checkbox"/> 6
Don't know	<input type="checkbox"/> 7
Refuse to answer	<input type="checkbox"/> 999

- 110.** What is the total number of your adult family members? _____
(total number)
- 111.** How many of them are women and how many are men?
A. Women _____
B. Men _____
- 112.** What is the total number of adults living in this household? _____ (total number)
- 113.** How many of them are women and how many are men?
A. Women _____
B. Men _____
- 114.** How do you support your household? (DO NOT READ THE ANSWER, CIRCLE ALL THAT APPLY)

A. With my salary/my partner's salary	(GO TO Q.116)	<input type="checkbox"/> 1
B. Collecting secondary raw materials		<input type="checkbox"/> 2
C. We receive social assistance	(GO TO Q. 115)	<input type="checkbox"/> 3
D. Begging	}	<input type="checkbox"/> 4
E. Trading in the streets, street vendors (clothes, fruits/vegetables/other)		<input type="checkbox"/> 5
F. Other, please specify _____	(GO TO Q.116)	<input type="checkbox"/> 6
G. Don't know		<input type="checkbox"/> 7
H. Refuse to answer		<input type="checkbox"/> 999

- 115.** (ONLY FOR THE ONES ANSWERING "C: We receive social assistance" in Q.114).

What form of social assistance do you receive? (CIRCLE ALL THAT APPLY)

A. Fixed welfare
B. Care and assistance
C. Child allowance (if you have the requisite number of children)
D. Second type of social welfare (if relevant)
E. One-time financial assistance
F. Other, please specify _____
G. Don't know
H. Refuse to answer

116. Do you have health insurance?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
Don't know	<input type="checkbox"/> 3
Refuse to answer	<input type="checkbox"/> 999

117. If not, what are the reasons?

118. Does a family member suffer from some form of chronic disease?

(NOTE TO THE INTERVIEWER: you can explain "chronic" as a disease from which a person suffers more than 3 months, it is persistent and it is not curable, e.g. cardiovascular diseases, arthritis, asthma, diabetes, cancer etc.)

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
Don't know	<input type="checkbox"/> 3
Refuse to answer	<input type="checkbox"/> 999

119. If the answer is "YES" please specify the type of the disease.

120. Does a child in your family suffer from some form of chronic disease or disability?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
Don't know	<input type="checkbox"/> 3
Refuse to answer	<input type="checkbox"/> 999

121. If the answer is "YES" please specify the type of the disease or disability.

122. Do your children receive all regular vaccinations?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
Don't know	<input type="checkbox"/> 3
Refuse to answer	<input type="checkbox"/> 999

123. Do you have a need for a medical examination or medication that you are not able to afford?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
Don't know	<input type="checkbox"/> 3
Refuse to answer	<input type="checkbox"/> 999

124. If yes, please specify what examination or medication.

125. On average, how many meals (both cooked and uncooked) do the members of the family have in a day?

- Less than 1 1 2 3 more than 3

SECTION 2. Characteristics of the children of the family

201. How many children under 18 years do you have?

_____ (total number of children)

202. How many children (under 18 years) live in this household?

_____ (total number)

203. What is the gender of your children?

A. _____ boys

B. _____ girls

204. What are the ages of your children?

A. (Child no. 1) _____

B. (Child no. 2) _____

C. (Child no. 3) _____

D. (Child no. 4) _____

E. (Child no. 5) _____

F. (Child no. 6) _____

G. (Child no. 7) _____

H. (Child no. 8) _____

I. (Child no. 9) _____

J. (Child no. 10) _____

205. Do all your children live with you?

YES (GO TO Q.209) NO

206. If “NO” to Question 205, what are the reasons that the other children don’t live with him/her?

(DO NOT READ THE ALTERNATIVES, CIRCLE ALL THAT APPLY)

A. they are married/created their own family

B. they have migrated to another country

C. they have left the house and I don’t know where they are

D. they have left the house and are living with relatives

E. they have left the house and are living in an NGO or state institution

F. We have put him/her/them in an NGO or state run institution

G. they have left the house and they are working/living on the street

H. Other, please specify _____

I. Don't know

J. Refuse to answer

207. Do you have any information on hazards and risks faced by street involved children?

Yes No

208. If yes, can you describe it to me?
(PLEASE WRITE THE PARTICIPANT'S ANSWER)

209. Are all the members of the family registered at the local registry office?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
Don't know/Don't remember	<input type="checkbox"/> 3

210. Are all your children registered at the local registry office (where birth certificate can be obtained)?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
Don't know/Don't remember	<input type="checkbox"/> 3

If "NO", please add the names of the unregistered persons to a separate list, along with the family's address with the consent of the participant.

- 211.** If not, what are the reasons for not registering your children at the local registry offices?
(DO NOT READ THE ALTERNATIVES, CIRCLE ALL THAT APPLY)

Alternative	Yes (1)	No (2)
A. I don't have time		
B. I don't know where it is		
C. I am not interested in registering them		
D. I have lost the documents they require, e.g. birth certificate		
E. The people who work there are not polite and does not explain anything to me		
F. My child is a new born, I will register him/her soon		
G. The office is far away, I don't have the money to go there		
H. Other, please specify _____		
I. Don't know		
J. Refuse to answer		

- 212.** Do all your school aged children attend school?

1. No, never
2. Yes, on a daily basis
3. Yes, 2 or 3 times a week
4. Yes, only 3-4 times a month
5. Yes, but very rarely (every second month)
6. Other, please specify _____
7. Don't know
999. Refuse to answer

- 213.** Do all your preschool/kindergarten-age children attend kindergarten or preschool institution?

1. No, never
2. Yes, on a daily basis

- 3. Yes, 2 or 3 times a week
- 4. Yes, only 3-4 times a month
- 5. Yes, but very rarely (every second month or more rarely)
- 6. Other, please specify _____
- 7. Don't know
- 999. Refuse to answer

214. If not, what are the reasons for not attending?
(PLEASE WRITE THE ANSWER)

215. If yes, what motivates you to send your children frequently to school?
(PLEASE WRITE THE ANSWER)

216. Do any of your children spend time on the streets during the day/night?

- YES (Go to Section 3) NO (Go to Section 4)

Section 3. Characteristics of the children living or working in the street

This section should be answered ONLY by those stating that one or more of their children is involved in working or living on the streets.

301. How many of your children are involved in working or living on the street?

_____ (number of children)

302. What are the ages of the children involved in working or living on the street?
(Please write down the age number in years)

A. _____

B. _____

C. _____

D. _____

E. _____

303. What are the genders of the child/ren involved in working or living on the street?

a. _____ boy(s)

b. _____ girl(s)

304. What does the child/children do on the street?
(CIRCLE ALL THAT APPLY)

A. Selling

B. Begging for money

C. Informal job

D. Recycling

E. Playing for fun on the street (while their parents or older siblings can work/beg etc.)

F. Car washing

G. Sleeping in mothers arms

H. Sleeping on the street

I. Playing music or staging some type of performance for money

J. Unclear

K. Other, please specify _____

L. Don't know

M. Refuse to answer

305. Where do they get food while being on the street?

1. Most of the time they buy it

2. Most of the time they eat leftovers from restaurants
3. Most of the time they eat food from home
4. Most of the time they eat at a drop-in centre
5. Other, please specify _____
6. Don't know
999. Refuse to answer

306. How many hours during a day do they spend on the street?

1. Less than 1 hour
2. 1-2.99 hours
3. 3-5.99 hours
4. 6-8.99 hours
5. 9-11.99 hours
6. More than 12 hours during a day

307. Are both of you (parents) usually with your child/ren on the street?

1. Both of us are always with the child/ren when they are on the street
2. Only one of us is always with the child/ren when they are on the street
3. Both of us are usually with the child/ren when they are on the street
4. Only one of us is usually with the child/ren when they are on the street
5. The child/ren is/are on their own most of the time when they are on the street
6. We never accompany our child/ren when they are on the street

308. What are the reasons for your children to be involved in working or living on the street?

1. We cannot leave them alone in the house: both of us are working on the street;
2. We usually earn more money when we have the children with us to beg;

3. It is a tradition in our family, all our children are raised on the street;
4. Other, please specify _____
5. Don't know
6. Refuse to answer

309. Is/are this (these) child(ren) enrolled in preschool/ school?

1. Yes
2. No, never been
3. No, they have been but they dropped out
4. Don't know
999. Refuse to answer

310. What time of the day they are usually in the street?

1. Mainly during morning and midday
2. Mainly during afternoon
3. Mainly at night
4. All day
5. Other, please specify _____
6. Don't know
999. Refuse to answer

311. Do you usually stay in the same place in the street?

1. Yes, all the time
2. No, we move around the city/neighbourhood
3. No, we go to other nearby cities
4. No, we go to other countries as well
5. Other, please specify _____
6. Don't know
999. Refuse to answer

312. Have any of your children involved in living or working on the street ever been at risk of trafficking?
(NOTE TO THE INTERVIEWER: explain child trafficking as a potential recruitment, transportation or harbouring of the child with the aim to exploit them, or use your own examples)

- 1. Yes
- 2. No
- 3. Don't know
- 999. Refuse to answer

313. Have any of your children developed physical or mental health problems DUE TO being involved in working or living on the street?

- 1. Yes
- 2. No
- 3. Don't know
- 999. Refuse to answer

SECTION 4. Household characteristics

401. Do you live in your own home?

Yes (go to 403)	<input type="checkbox"/> 1
No, we rent	<input type="checkbox"/> 2
No, we live in a hut	<input type="checkbox"/> 3
Don't know (go to 403)	<input type="checkbox"/> 4
Refuse to answer (go to 403)	<input type="checkbox"/> 999

402. How much is your monthly rent, if any?
_____ Euro (please convert from local currency)

403. What kind of benefits or reduced payments you enjoy?
(CIRCLE ALL THAT APPLY)

A. None
B. We do not benefit because _____
C. Electricity

D. Water
E. Winter heating
F. Other, please specify _____
G. Don't know
H. Refuse to answer

404. How would you describe your current home?

- a) The home is fit for human habitation
- b) The home is unfit for human habitation

405. Now, I would like to ask you about what things your household has. Does the household have...?

	Yes (1)	No (2)
A. Electricity		
B. Water		
C. Heating		
D. Refuse to answer		

406. Now, I would like to ask you about what things your household or you personally own. Do you own a.....

	Yes (1)	No (2)
A. Cycle /Bicycle		
B. Motor Cycle/Scooter		
C. Television		
D. Mixer /Grinder		
E. Air Cooler		
F. Clock or watch		
G. Electric Fan		
H. Chair or table		
I. Telephone		
J. Cell phone		
K. Refrigerator		
L. Kitchen/Kitchenette		

M. Car		
N. Washing Machine		
O. Computer		
P. Credit card		
Q. Refuse to answer		

407. Does everyone in the house have at least two sets of clothing?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
Don't know	<input type="checkbox"/> 3
Refuse to answer	<input type="checkbox"/> 999

408. Does everyone in the household have shoes?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
Don't know	<input type="checkbox"/> 3
Refuse to answer	<input type="checkbox"/> 999

409. What is the approximate size of your home? _____ m2.

410. How many rooms does your home have?

_____ (total number of rooms)

411. Do you have any of the following problems with your accommodation?

	Yes (1)	No (2)
A. Shortage of space		
B. Too dark, not enough light		
C. Lack of adequate heating facilities		
D. Leaky roof		
E. Damp walls, floors, foundations, etc.		
F. Rot in window frames or floors		
G. Mould		
H. Place to sit outside e.g. a terrace or garden		
I. Other, please specify _____		

Thank you!

Focus group discussion guidelines

Good morning/day/afternoon, my name is _____ . I am working as an interviewer for _____ (name of the Local Partner Organisation), which regularly conducts research on child related topics. In this context, your information on the services offered to these children would be very valuable. I would appreciate if you answered some questions for me and discuss them together. Please respond to the questions as sincerely and thoroughly as possible. The focus group discussion is anonymous and all obtained data will be kept confidential and will be used solely for the purposes of this project.

Your participation in this project is purely voluntary, and your decision whether or not to participate will not change your future relations with _____ (name of Local Partner Organisation) or Save the Children in Bosnia and Herzegovina, which supports this study. If you do decide to participate you may choose not to answer any individual questions for any reason. If you decide to participate you are also free to completely withdraw your participation at any time without penalty.

-
1. What are the causes of the phenomenon of children involved in living and working on the street in your country?
 - a. *Why do you think this is a cause of the phenomenon?*
 - b. *What do you base your response on?*
 - c. *Are there other causes discussed in the public/professional/political discourse that you don't agree with?*

 2. What are the consequences of this phenomenon in your country?
 - a. *What are the consequences in the present lives of these children?*
 - b. *What about their future?*
 - c. *What about the current and future effects in the wider society?*

3. What are the types of services for children involved in living and working in the street, in your country (Please be as comprehensive as possible)?
 - a. *What are the existing social services? (state, NGOs)*
 - b. *What are the existing educational services?*
 - c. *What are the existing health services?*
 - d. *What other relevant services exist?*
4. What is their impact? (Refer to all services mentioned above)
 - a. *How do you measure this impact?*
5. Can you mention positive interventions to assist children involved in living and working on the street?
 - a. *What makes them more positive than others?*
6. Can you mention any intervention that had no impact or worsened the situation of the child/children?
 - a. *Why do you think this happened?*
7. What are the obstacles that limit the services' impact on the situation of children involved in living and working on the street? (Refer to all responses of limited impact, given in question number 4.)
 - a. *What are the economic obstacles?*
 - b. *What are the institutional obstacles?*
 - c. *What are the social/cultural obstacles?*
 - d. *What other obstacles can you identify?*
8. What are the gaps in these existing services?
 - a. *Why? (Explain your response)*
 - b. *How can these gaps be reduced?*
 - c. *What types of interventions are needed?*
 - d. *What types of resources are needed?*
9. What would you say is a priority to improve children's access to services?
 - a. *Why is this a priority in your country?*

10. What do you think should be done to improve the situation of children involved in living and working on the street?
 - a. *What are the economic interventions?*
 - b. *What are the institutional interventions?*
 - c. *What are the social/cultural interventions?*
 - d. *What other interventions are needed?*

11. Where do you think efforts should be more urgently concentrated to improve the conditions of children involved in living and working on the street?
 - a. *Why is this area more urgent?*
 - b. *What makes it a top priority?*

12. What do you think should be done to prevent other children from getting involved in living and working on the street?
 - a. *What are the economic interventions?*
 - b. *What are the institutional interventions?*
 - c. *What are the social/cultural interventions?*
 - d. *What other interventions are needed?*

13. What kind of analysis and data collection is needed to inform the government to design an effective strategy for addressing the needs of children involved in living and working on the street?
 - a. *What are the challenges in this process?*
 - b. *Which areas need to be tackled in order to improve this data collection and analysis process?*

List of focus group participants

Albania

FGD 1

1. Representative, ARSIS – Social Organisation for the Support of Youth
2. Representative, ASHMDF (State Agency for Protection of Children Rights)
3. Child Protection worker, Child Protection Unit no. 9
4. Representative, SHKEJ – National Association for the Support of Youth
5. Police officer, Police Station no.4
6. Representative, FBSH – DN (Children of the World)
7. Representative, Health Centre no.3
8. Representative, Initiative for Social Change
9. Representative, Terre Des Hommes in Albania

FGD 2

1. Representative, ARSIS – Social Organisation for the Support of Youth
2. Representative, SHKEJ – National Association for the Support of Youth
3. Representative, QDFRr (Day Centre for Children in Street Situation)
4. Representative, Community Centre in Shkoza (Public)
5. Representative, Social Centre Tek URA
6. Representative, State Social Services
7. 3 Child Protection workers, Child Protection Unit no.4, no.8 and no.1
8. Representative, Regional Labour Office of Tirana
9. Representative, CRCA (Child Rights Centre Albania) (Alo 116111)

Bosnia and Herzegovina

Bihac

1. Representative, Association "Women from Una"
2. President of the Roma community
3. Senior Advisor for Social Policy, City of Bihac
4. Representative, Centre for Mental Health
5. Representative, Ministry of Education, Science, Culture and Sport of USC (Una Sana Canton)
6. 2 Police officers, Police Department - Community Police
7. Associate, Ministry of Health, Labour and Social Policy of USC

8. Teacher, Public Institution Socio-Pedagogical Life Communities
9. Psychologist, Public Institution Socio-Pedagogical Life Communities

Brčko

1. Representative, Centre for Social Welfare
2. Representative, Ministry of Health and Social Policy of Una-Sana Government
3. Representative, Ministry of Education of Una-Sana Government
4. Representative, Ministry of Internal Affairs of Una-Sana Canton
5. Representative, Ministry of Justice of Una-Sana Government
6. Representative, City Administration-Department for Youth
7. Representative, Association of Roma population "ROM"
8. Representative, Association of Roma population "ALFA"
9. 2 Teachers, of primary schools Gornje Prekounje-Ripač and Harmani
10. Representative, Centre for Mental Health
11. Representative, Public Institution Social-Pedagogical Life Communities

Montenegro

1. Deputy Minister for Social and Child Protection, Ministry of Labour and Social Welfare
2. Adviser for Social and Child Protection, Ministry of Labour and Social Welfare
3. Adviser for Social and Child Protection, Institute for Social and Child Protection
4. Head of Service for Children and Youth, Centre for Social Work
5. Chief of Cabinet of the Mayor, Municipality of Podgorica
6. Head of Department, Municipality of Podgorica - Secretariat for Social Welfare
7. Director, Centre for Children and Youth "Ljubovic"
8. Director, Administration for Refugees and Displaced Persons
9. Inspector, Police Department
10. General Secretary, Red Cross
11. Lawyer, NGO Legal Centre
12. Coordinator, NGO Roma Education Fund (REF)
13. President, NGO Roma Network "First"

Serbia

Belgrade

1. Director of NGO Atina, Citizens' Association for Combating Trafficking in Human Beings and All Forms of Gender-based Violence
2. Professor at the Faculty UNION - Family Law, Inheritance Law and Mediation
3. Coordinator of Department for Information, Promotion and Support, Republic Institute for Social Protection
4. Psychologist, State-run Shelter
5. Executive director, Centre for Youth Integration (CYI)
6. 2 Police Officers, Department of Juvenile Delinquency, Police Department City of Belgrade

Novi Sad

1. School Pedagogue, Grade School "Dositej Obradovic" Novi Sad
2. 2 Provincial Ombudsman Associates
3. Paediatrician, Health Institution Novi Sad
4. Associate, Provincial Institute for Welfare Protection
5. Chief of Child Protection Department, Welfare Centre Novi Sad
6. Social Worker, Welfare Centre Novi Sad
7. Chief of Financial Department, Welfare Centre Novi Sad
8. Teacher, Shelter/ Drop-in Centre
9. Police Officer, Ministry of Internal Affairs

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