

ABOUT CHILDREN WHO
LIVE AND/OR WORK ON
THE STREETS OF NOVI SAD



EUROPEAN UNION DELEGATION IN THE REPUBLIC OF SERBIA
AS A PART OF THE PROJECT SUPPORT TO CIVIL SOCIETY FUNDED BY EU

I exist, too



ABOUT CHILDREN WHO LIVE AND/OR WORK ON THE STREETS OF NOVI SAD



LEADING ORGANISATION:

Ecumenical Humanitarian Organisation, Novi Sad

PROJECT PARTNER:

Department of Psychology, Faculty of Philosophy, Novi Sad

PROJECT ASSOCIATE:

The Fund for the Development of the Non-profit Sector of AP Vojvodina



EUROPEAN UNION DELEGATION IN THE REPUBLIC OF SERBIA
AS A PART OF THE PROJECT SUPPORT TO CIVIL SOCIETY FUNDED BY EU

Creation of the publication About the Children who Live and/or Work on the Streets of Novi Sad is supported by European Union. The content of this publication is the sole responsibility of Ecumenical Humanitarian Organization, and it does not necessarily represent the viewpoints of European Union.



Printing the publication About the Children who Live and/or Work on the Streets of Novi Sad is realised with the help of funds from Decentralised Cooperation Programme of the Italian Ministry of Foreign Affairs 'Support to the Politics for Children and the Youth of Serbia' in cooperation with Emilia Romagna Region and Autonomous Region of Friuli Venezia Giulia

AUTHOR OF THE RESEARCH REPORT:

Doc. dr Vladimir Mihić

PUBLICATION EDITORS:

Emeritus Professor Nevenka Rončević, a paediatrician
Daliborka Batrnek Antičić, a psychologist

GRAPHIC DESIGN:

Stanislava Stojanović

PHOTOGRAPHY:

Sonja Ardan

ISBN 978-86-85043-48-2

INTRODUCTION

The research in front of you is a part of the project **Enhancing Social Cohesion by Developing Non-discriminative Policy for Street Children** which is financed by European Union as a part of the programme Support to Civil Society.

The idea for this project stemmed from the staff who works in the **Drop-in Centre for children who live and/or work on the streets**. The drop-in Centre was opened in February 2010, and has exceeded all expectations during the first two years by compiling a list of 385 users and 263 more children and young people with

whom we work on the field. Apart from providing for existential needs (food, clothes, hygiene, first aid etc.) special attention is given to linking children to the systems of health and social protection, as well as the children's inclusion in the educational system. Having recognised daily living issues, social exclusion and prominent discrimination against children who live and/or work on the streets, Ecumenical Humanitarian Organisation initiated the project **Enhancing Social Cohesion by Developing Non-discriminative Policy for Street Children**.

The aim of this project is to encourage social cohesion and overcome discrimination in the society by making the children who live and/or work on the streets more visible as well as to develop non-discriminatory public policy for children who live and/or work on the streets.

Field research about the children who live and/or work on the streets, realised as a part of the project's first phase, includes not only research but also the following components:

- **Raising awareness among the local community** by public campaign
- **Developing network and strengthening multi-sector local response to the problem**
- **Writing and submitting non-discriminatory public policy**

Partners in the project realisation are: Ecumenical Humanitarian Organisation, Department of Psychology at the Faculty of Philosophy in Novi Sad and The Fund for the Development of the Non-profit Sector of AP Vojvodina.

Ecumenical Humanitarian Organisation (EHO) from Novi Sad is a non-factional, non-governmental and non-profit citizen's association which is actively involved in the development of cohesive civil society in Serbia. EHO's work and activities are entirely project-based, and the funds for projects are received through applications to calls for funding by domestic and foreign donors. The projects which are conducted by EHO, deal with various aspects of support and strengthening of especially vulnerable groups of society (e.g. the elderly, people with disability, people living with HIV infection, Roma people).

Faculty of Philosophy in Novi Sad was founded by a special law which was passed by the parliament of the People's Republic of Serbia in 1954. Department of Psychology was founded in 1982 with a primary aim to establish education for highly educated employees in educational and health systems, in social protection and industry. The basic concept is founded on the studies of general programme, with the emphasis on fundamental and basic applied psychological disciplines in the final years of studies, with the intention to provide students with in-depth methodological knowledge as well as to through interdisciplinary studies familiarise students better with biological and social determinants of psychological phenomena. Social psychology, as a separate programme within studies of psychology, primarily focuses on the relation between an individual and a group, the relations within a group and intergroup relations. Special attention in this area is given to the issues of prejudice and stereotypes about one's own group and other groups.

The Fund for the Development of the Non-profit Sector was established by Autonomous Province of Vojvodina with the aim to provide support to the civil initiatives in Vojvodina in order to form civil society based on the rule of law, social solidarity, respect for differences and peaceful resolution of conflicts in society.

WHAT IS THE DROP-IN CENTRE?

Drop-in Centre in Novi Sad is a service of social protection intended for children who live and/or work on the streets. This service is acknowledged in the Law on Social Protection (published in Sluzbeni Glasnik RS, No 24/2011, on April 4th 2011) as one of the day services in community. Day services in community are provided by Local Self-Government and they include activities which support users to spend time within family and immediate surrounding.

The main principles on which Drop-in Centre functions are:

1. **Voluntaryism**, which means that an intervention will not be conducted without a child's consent. The principle of voluntaryism is reflected in the following: a child can choose the time when he/she is going to come and leave the Drop-in Centre, they can choose for themselves the type of service they want to use, whether or not they will participate in a workshop etc. Of course, in order to function with a great number of children, the Drop-in Centre has **established codes of conduct** which are obligatory for everyone (no violence, time for breakfast and lunch is set, the use of computers etc.). All rules are explained to a child upon his/her first arrival.
2. **Participation**, which means that all major decisions related to a child are made with his/her consent and in agreement with a child.
3. **Confidentiality**, which means absolute secrecy and a ban on exposing to the public any information related to a child, their personal data as well as data on their psychological and physical condition.
4. **Privacy**, which means that all personal data are the property of the child, and that those can be shared with individuals who are not involved in the project only with the consent of the child or a parent, if the child is younger than 15.
5. **Truthfulness**, which means that each member of the staff will always tell a child true information.
6. **Specificity**, which means that all undertaken interventions will be adjusted to the specific needs of the user.
7. **The principle of non-judging**, which means that during communication with a child we will not express value-related judgements about their behaviour or character.

Within the Drop-in Centre children are able to: **have a shower, de-lice, get food and second-hand clothes and shoes, have counselling with a psychologist, a pedagogue, a social worker and a legal advisor, achieve literacy, get support and motivation to start school etc.** One of the most important activities which is being realised in the Drop-in Centre is **connecting children with the systems of social and health care.** Apart from aforementioned services in the Drop-in Centre what is also organised is the **education on the following topics: health, personal hygiene, reproductive health, HIV infection and other sexually transmitted infections, tobacco and other psychoactive substance damage etc.**

The Drop-in Centre is open **every day from 9 a.m. to 10 p.m., including weekends and holidays,** and since it was established it has provided 365 children with different types of services. Just in 2011 17,922 meals were provided, 10,469 items of second-hand clothing and shoes were distributed, and 2,241 showers and 498 de-licings were realised. In order to give first-aid, but also to connect children with the institutions of the system, there were: 411 social interventions, 956 medical interventions and counselling sessions and 129 psychological interventions. Besides these, there were 783 educational workshops. Along with the work with children, the staff of the Drop-in Centre was also engaged in motivational work with their parents, and as a result of that 276 contacts with parents were made.

Annually, **on average 22 children visit Drop-in Centre every day** (during summer months the number of visits is cut in half compared to the winter months). In 2011 there was not a single day when the



Drop-in Centre was empty, and the biggest number of visits was made on 30th December 2011 when 117 children came to the Drop-in Centre.

Activities by the Drop-in Centre are also supported by the field-work activities which started being realised in November 2009. The field workers go to the places where children gather and spend time, the so-called hot spots, they talk to children, give them advice and direct them to the institutions where they can get help.

More on the Drop-in Centre for the children who live and/or work on the streets of Novi Sad can be found on

www.decaulice.rs

RESEARCH ORGANISATION

The research presented in this publication was conducted during October 2011 on the territory of Novi Sad. Children who come to the Drop-in Centre for the children who live and/or work on the streets participated in this research. Those who also took part in it are their parents, i.e. one parent in each family who provided us with the information about themselves, their spouses or unwed partners and children.

At the beginning of the research an expert team was formed, with the task to create protocols for gathering information on field. The expert team was lead by doctor of psychology Vladimir Mihić, and members of the team were the staff of the Drop-in Centre and Dr Nevenka Rončević, a paediatrician who takes care of the children in the Drop-in Centre once a week.

The basic data in the research was collected through interviewing parents and children. Two types of protocols were used in the interviews: one version of the protocol was used for parents, and the second, more elaborate one, was used for children. The protocols contained similar topics, but the way of posing a question was different, adjusted as much as it was possible to a specific interviewee. 81 children and 29 parents were interviewed.





The protocol for parents included the following topics: general data, living conditions, health status, presence of discrimination experience, child labour and problems parents face. The protocol for children included the following topics: general data, presence of abuse or discrimination experience, inclusion in the schooling system, as well as the social and health care systems, work on the streets and problems children face.

During the preparatory phase of the research, field workers who volunteer in the Drop-in Centre and who are as a part of their regular activities in contact with parents, informed the parents about the research to be conducted, explained to them the aim of the research as well as the methods of collecting data and motivated them to participate in the research. For all the children in the research group their parents provided us with the informed and written consent to participate in the research.

The interviews were conducted by field workers, volunteers of the Drop-in Centre, with the help of the students at their final years of bachelor or master studies of Psychology at the University of Novi Sad. Data were collected based on the children's and parents'

answers. In the part of the interview which was related to the living conditions, data were collected based on the observations of houses where the interviews were conducted. In the majority of cases interviews with parents were conducted by field workers, and the children were interviewed by field workers and students depending on the number of children and the place of the interview. The children were mainly interviewed in their homes, and a small number of interviews were conducted in the Drop-in Centre.

Prior to going to families, all the interviewers went through the training in which the aim of the research was explained in detail, as well as the methodology of work. They were given explanations how to apply the protocols and the most important specific factors about the interviewees were provided.

Due to the discrepancy in data collected through the interviews and related to certain topics, focus groups were established with the aim to gather additional qualitative data, as well as to check certain contradictory data which were acquired in the interviews, probably due to the tendency to give socially desirable answers.

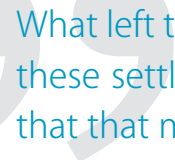


Five focus groups were established. They were led by the psychologists who work as caretakers in the Drop-in Centre. The children were divided according to their age and place of living. There were the following groups: a mixed group with the age range between 7 and 10, a male group with the age range between 11 and 15 from Bangladeš, a male group with the age range between 11 and 15 from Veliki Rit, a female group with the age range between 11 and 15 and a male group with the age range between 16 and 19. All focus groups had the same questions on the following topics: living conditions, food regiment, school and health care. The focus groups were set up on the premises of the Drop-in Centre and only those children who were included in the interviews attended. A total number of 25 children participated in the focus groups.

Apart from the interviews and focus groups, the data were also collected from the children's dossiers. For each child who is a user of services provided in the Drop-in Centre, a dossier was made, and it includes not only the basic information about a child and his/her family but also the information about each intervention done with a child.

It is especially important to mention that the data obtained in this research are representative of the population of children who come to the Drop-in Centre, and not of all children who live and/or work on the streets of Novi Sad and Serbia. If and to what extent the children who live and/or work on the streets and come to the Drop-in Centre are different to those who live and/or work on the streets and do not come to the Drop-in Centre, then the results of this research can be different when compared to the results of the research which would be conducted on the entire population of children who live and/or work on streets. If that is the case, then our assumption is that the situation is even more alarming in the rest of the population, because the children who come to the Drop-in Centre, besides working on the streets and having other duties manage to find the time to spend in the Drop-in Centre and for them the Drop-in Centre is one of the sources for socialisation and inclusion in society.

RESEARCH RESULTS



What left the biggest impression on me were the general hygienic condition of these settlements and the numerous members of a family. It is difficult to see that that many people live in such a small space, sometimes up to ten of them live in one room in a house without windows. Even though this is not the case with all families, one of them was pretty well-off because some members of the family work abroad, I believe that it should not be allowed that small children, even adults, live in such conditions, especially during winter when humidity is high and it gets very cold. Most of the settlement is covered with garbage, there is a lot of iron and metal which is dangerous for small children when they are playing or running around...Also, it was lovely to see how some families were holding tightly together despite going through difficulties and to see that they are trying to keep their living space clean, even though they have limited funds for buying hygienic supplies.

Brigita Malagurski, a student of psychology, talking about what had left the greatest impression on her while collecting data on field.

The research included 29 families. 16 of those live in Veliki Rit¹ (55%), 9 of the families in Bangladeš² (31%), 3 families in Novo Naselje³ (10%) and one family is settled in Đurđevo⁴ (4%). From 29 families, 10 are incomplete, i.e. children live with one parent.

81 children who live and/or work on the street participated in the research. Boys comprised 70% of the research group, while 30 % were girls (25 girls). The average age of a child is 12.3 years old, and the biggest number of children, about two thirds, was between 10 and 15 years old. The youngest child was 6, while the oldest adolescent was 19 years old.

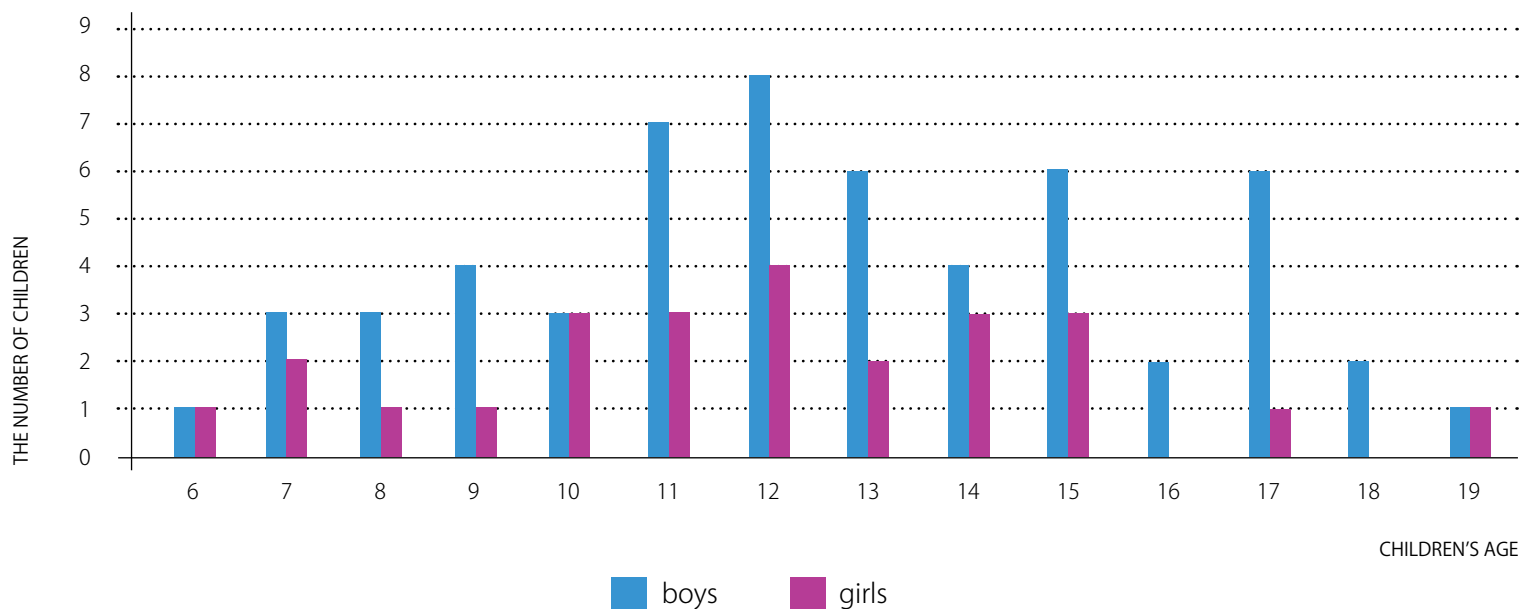


Chart No. 1 - Distribution of children according to their age and gender

¹ Unhygienic settlement at the outskirts of Novi Sad

² Unhygienic settlement 8km away from Novi Sad

³ Part of Novi Sad

⁴ A village, 24km away from Novi Sad



LIVING CONDITIONS OF FAMILIES

The number of household members varies between 3 and 15 members. A total number of 15 families have a household with seven or eight members.

The number of children who live in a household varies between 1 and 11. Seven families (24%) have five children living with them, while 5 families (17%) have six children.

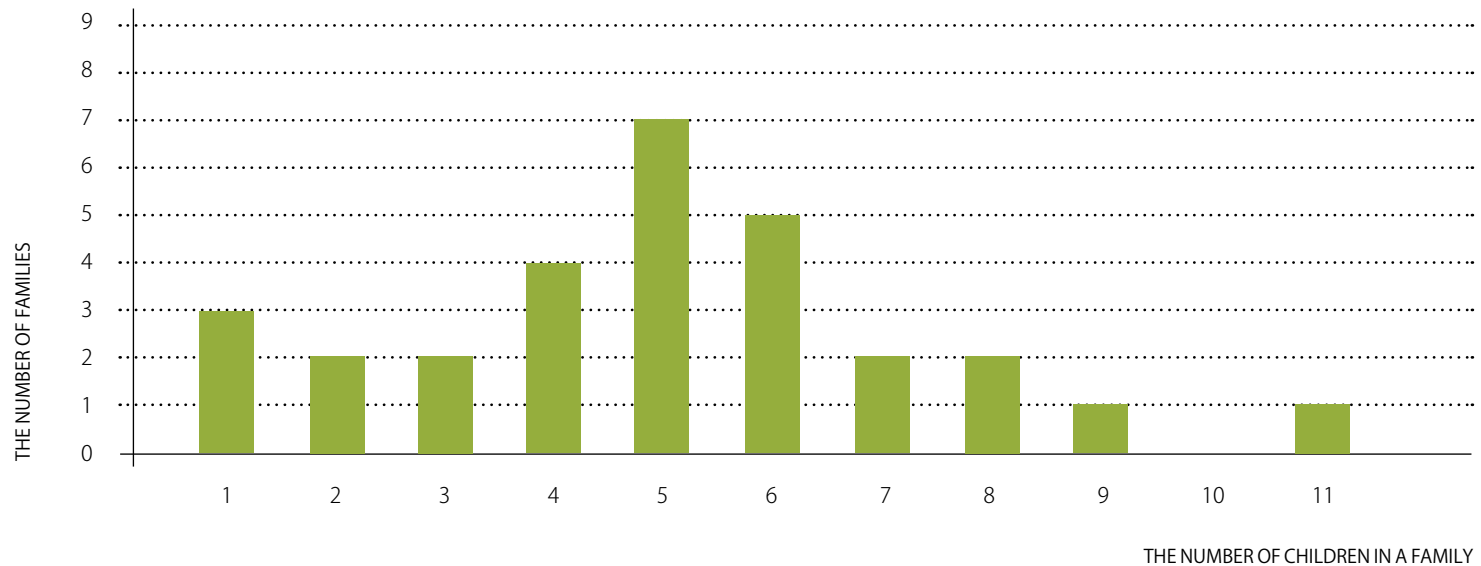


Chart No. 2 - The number of children in a family



We gave all with one man the money, how much comes we pay, and he was supposed to Electrical distributor take that all, but he never took it and then we all got cut off.

Focus group, a boy, age range between 15 and 19

20 houses (68.9%) are the property of families living in them. The houses are located in unhygienic settlements and they are illegally built. 9 families rent the houses they live in, in the same settlements. 26 houses are built from solid material (old bricks etc.), and 3 houses (10.3%) are made from aluminium and cardboard. 22 families (75.9%) have a leaking roof, and dampness was present in 24 houses (82.8%). According to the data acquired from parents 28 houses (96.6%) have windows and doors. However, researchers on field noticed that the windows are most often nylon-covered holes on different parts of a house.

Out of 29 interviewed families 26 (89.7%) live in the settlements where legal electrical supply is available. 23 families (79.3%) have electricity in the houses, but it is mainly used illegally. During interviews with focus groups we came to different information about the source of electrical supply (connected to a neighbour's meter and are paying to them, connected directly to an electrical post etc.). Because these are illegal connections to the electrical system it often is the case that the houses are without electricity ('got cut off'). When there is no electricity the houses are lit by candles, an improvised lantern (fabric and grease in a jar), a car battery or by torches.

We, when we didn't have electricity for 5-6 days, my little brother's toe got bitten by a mouse.

Focus group, a girl, age range between 11 and 15

26 families (89.7%) heat their house by a wood stove in winter, whereas 3 families do not heat their houses at all. Rooms are only being heated while the one who keeps the fire burning is awake. Wood is mainly bought from a family's financial support (the so-called welfare benefits) and from one-off benefits that some families receive. We learned from focus groups that during that time when wood supply runs out, family members collect dry branches, find boards, old shoes, fabric, plastic, tyres etc. in dustbins, decompose old closets or sheds, or they borrow some money to buy wood.

I sometimes, when there is no wood and it really cold, and no one is at home, I take some things I don't need and burn them.

Focus group, a boy, age range between 11 and 15

We use an electric heater when we are ill, we warm up our feet and hands, sometimes we dry our clothes...and one room we heat with a wood stove.

Focus group, a girl, age range between 11 and 15

When plastic is clean, it burns and it doesn't smell, but if it's bad then everything becomes black and smelly...We also smell the same and worse...

Focus group, an adolescent, age range between 15 and 19

My mum sleeps with the baby because of the warmth; because she's afraid the baby will freeze or get sick.

Focus group, a girl, age range between 11 and 15

My brother...That guard who stands there in front...He asks the man who guards: Excuse me, please, can we cut wood? And that man says: If you pay to me, you can. If you don't, you can't...And my brother gives him 500 dinars and we go and cut some wood and then sell it to people... So...Also we burn it...

Focus group, a girl, age range between 11 and 15

Stove heats all three rooms at once because we don't have doors between.

Focus group, a boy, age range between 11 and 15





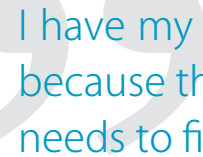
21 families (72.4%) use running water in the house.

In 12 families (41.4%) there is a bathroom or a toilet in the house. 17 families (58.6%) have an outside toilet. In those houses where there is no bathroom, the household members bathe in troughs or plastic basins.

Parents from 12 families (41.4%) stated during the interviews that children have their own room. However, the children in focus groups said that they share their room with a large number of brothers and sisters, and some 'children's' rooms were non-functional (they are not heated during winter, they don't have windows etc.) Out of 25 interviewed children who participated in focus groups, only 1 girl has her room, which she uses exclusively. 3 children formally have their rooms, but they don't spend time in there because they are cold and unfurnished, and 1 child expressed fear of being alone. All other children share their rooms, some of them with sisters, some with brothers and some with the parents too.

Cigarettes are not smoked only in the rooms where 2 girls sleep, occasionally it is smoked in the rooms of 3 girls, and in the rooms of all other children (19 of them) it is smoked in the rooms where they sleep.

Two of the children who took part in the focus groups sleep alone in their own beds, while 23 children share their beds with brothers and sisters, some with parents, and in some cases the bed is 'reserved' for older members of the family, while the younger ones sleep on sponges. All children have separate sleeping outfits. Sometimes they wear it underneath their clothes when it's cold during the day, and in the evening they just take off their day clothes.



I have my room, but no one sleeps there because the window is broken, and mum needs to fix it.

Focus group, a girl, age range between 7 and 10



6 families (20.7%) use electrical cooker, 7 families (24.1%) use the washing machine, 20 families (68.9%) use the refrigerator and 23 families (79.3%) use a TV.

One family has a landline telephone, while 26 families (89.7%) own a mobile phone. Despite their possession of mobile phones, the attempts by the staff members of the Drop-in Centre to establish communication with the parents over the telephone are usually unsuccessful because the mobile phones are switched off or unavailable.



EDUCATIONAL AND EMPLOYMENT STATUS OF THE PARENTS

The collected data show that 65% of fathers and 28% of mothers were at some point during their childhood included in the educational system. However, even though they began elementary schooling, only a small percent of parents finished that process successfully. Only 35% of fathers and 4% of mothers have finished primary school, while others 'finished' 4 years of primary school (a half), which nevertheless indicates that they have basic literacy.

70% of fathers did not finish primary school, while the situation with the mothers is incomparably worse, **96% of mothers didn't finish primary school**. Also, among the mothers who were interviewed no one graduated from high school, and among the fathers only 1 interviewee graduated from high school.

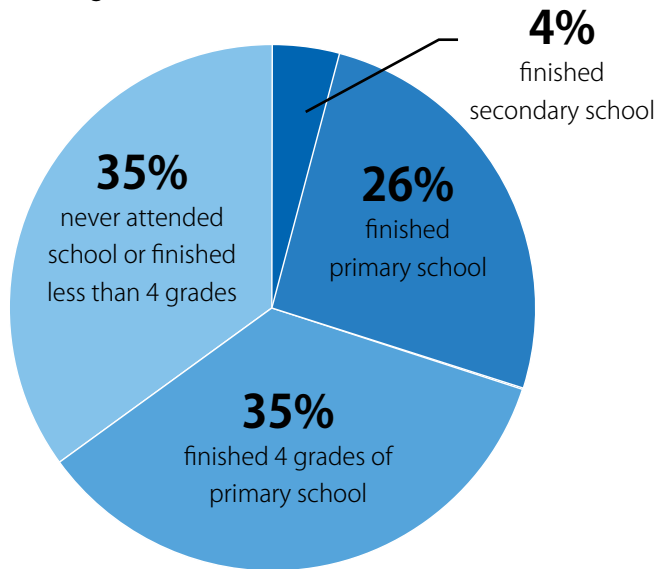


Chart No. 3 – Educational status of fathers

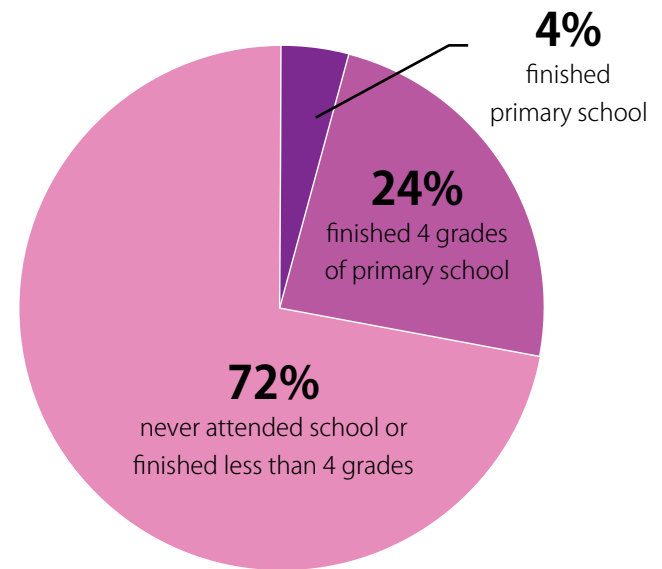


Chart No. 4 – Educational status of mothers

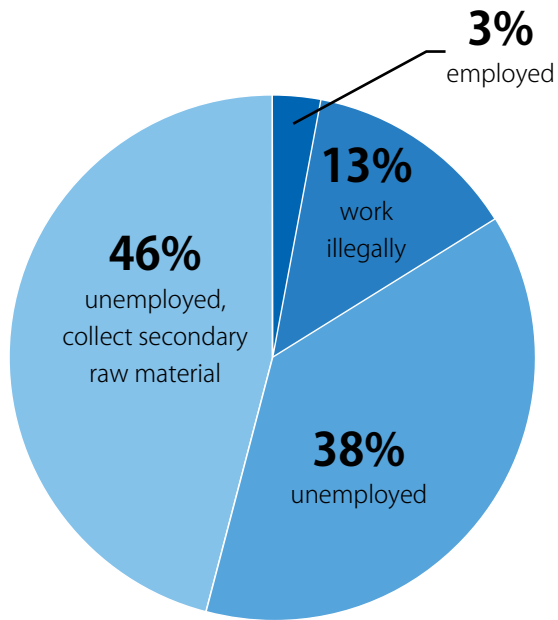


Chart No. 5 – Employment status of the fathers

People with low education find it very hard to get a job, especially a permanent full-time job. Without a regular job and regular income, these families don't have much opportunity to get out of extreme poverty in which they live. Low educational level is especially worrying bearing in mind the fact that those children see their parents as a very important source of information.

Data on employment of mothers and fathers illustrate a very low socioeconomic status of the interviewed families. Only 1 father has

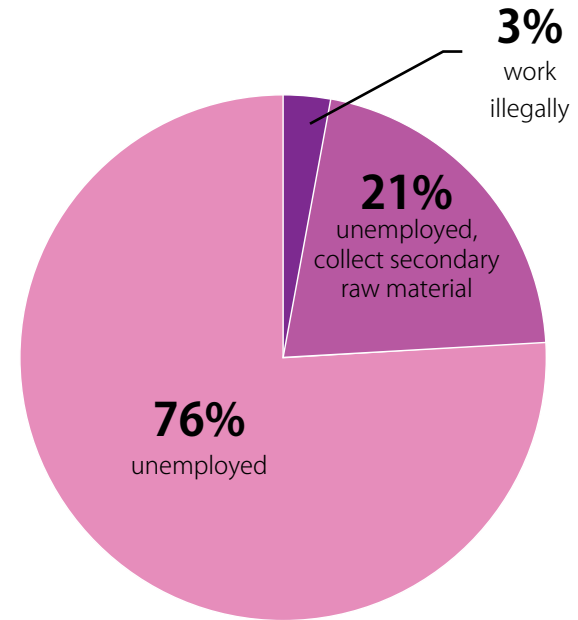


Chart No. 6 – Employment status of the mothers

regular employment, and if we add to this 4 fathers and 1 mother who all work illegally, we are given a clear indicator of economic situation in which families live.

Out of those who contribute to a household budget 33% of parents (mothers and fathers together) collect secondary raw material and sell it. What can be seen is that this is mainly a man's job and three-quarters of women are housewives exclusively.

POSSESSION OF PERSONAL DOCUMENTATION

One of the preconditions of being included in a society and using the resources the state provides is to own appropriate personal documentation. Our research shows that 89.7% of parents have the citizenship of the Republic of Serbia and the birth certificate.

In 19 families (65.5%) both parents have an identification card. In 8 families (27.6%) only 1 of the parents has it, while in 2 families (6.9%) none of the parents has an ID. Also in 19 families (65.5%) both parents have a health insurance number, while in 9 families one of the parents has it.

In 2 families (6.9%) none of the children have a health insurance number, and in 6 families (20.7%) according to parents, some of the children have a health insurance number, and some don't, while in 21 families (72.4%) all children have a health insurance number.

Even though 96.5% of the parents is unemployed (only 1 father has a permanent employment), **42.4% of parents are not registered at the Employment Bureau.**

27.6% of parents have a driving licence.



ECONOMIC STATUS OF FAMILIES

When talking about economic situation of the families, surely the main question is how the family members earn money and how much they earn. **Data received from the parents indicate that families, parents and children together, most frequently earn around 50 euros a month.** The range of monthly amounts that a family earns varies between 6 and 350 euros.

What is not surprising is the fact that most of the income families spend on food, and all other needs are less important and the money is spent on those only if something remains after purchasing food.

Now we go to dustbins, let me tell you something, now we find something here and that has to be washed nicely and then we first boil it and throw away that water, and then we cook and eat. We only do it when we don't have money. We go with a horse.

Focus group, a boy, age range between 7 and 10

Table No.1 - Descriptive indicators of the range of monthly income, expressed in euros:

	Minimum	Maximum	Average amount	Most frequent amount
How much per month do they earn?	6	350	98,64	50

However, even with most of the earned money spent on food, **only 3 families (10%) have enough money for food**, while the other 26 families (90%) have to manage in other ways. Those **26 families most often obtain food by taking it out of dustbins (55%)**, buy stale food (15%) or get it from other people (20%).

“When we have it I eat as much as I want, and when we don't have it then we share.”
Focus group, a boy, age range between 11 and 15

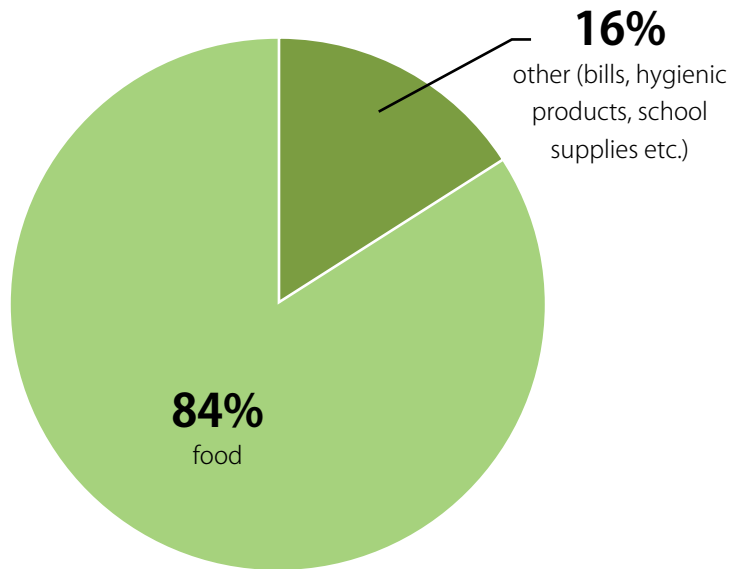


Chart No. 7 – Distribution of a household budget

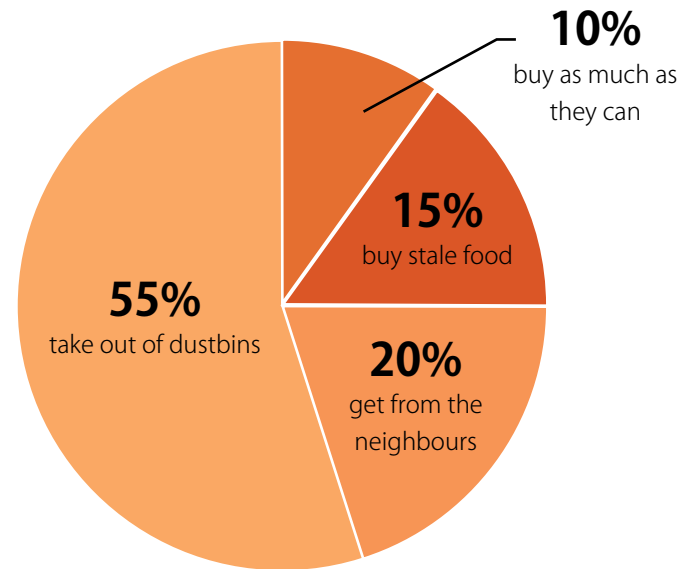


Chart No. 8 – The ways in which families obtain food

Well in the evening...when we have no food, we sit and keep quiet, and when it dawns we go and earn.

Focus group, a boy, age range between 11 and 15

In 20 families (68.9%) parents stated that they get clothes and shoes by taking it out of a dustbin, while the rest of the families buy second-hand clothes or receive second-hand clothes as gifts.

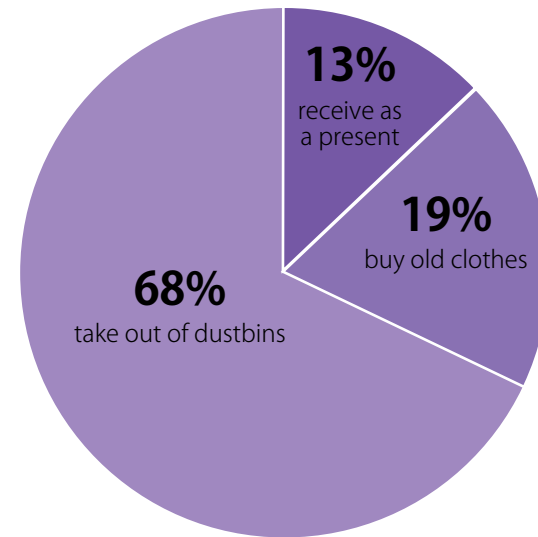


Chart No. 9 – The ways in which families get clothes

WORKING ON THE STREETS

As it can be seen from the aforementioned data, money which they earn during a month is not sufficient for the needs of most families. Families don't have enough means for food, clothes and shoes, and the most frequent way of acquiring those things, according to them is taking it out of a dustbins, which implies that this is the most frequent tactics they resort to in order to survive. One of the ways in which families earn money is also additional work by their children.



Prior to the presentation of the collected data, we should point out the fact that in 4 families parents stated that their children do not work on the street. Having in mind that the selection was based on database of the children who regularly come to the Drop-in Centre for children who live and/or work on the streets, it can only be assumed that the parents in these 4 families most likely misconstrued the question whether their children worked on the street, or they were afraid of the repercussions after admitting that their children spend time working on the streets rather than going to school. In order to be included into the database of the Drop-in Centre, a child not only has to come to the Drop-in Centre, but

he/she also has to describe to the staff in detail what exactly they do on the street and where. Only after the field workers check that information on site, is the child included in the database.

Chart No. 10 shows the distribution of the number of children who work on the streets, in relation with the number of families. In some families all children who live in the same house work on the streets. These data received from parents are in compliance with the ones received from children in focus groups, who also indicate the fact that **in most families more than one child works, and the older children 'introduce' the younger children to the 'business'**.

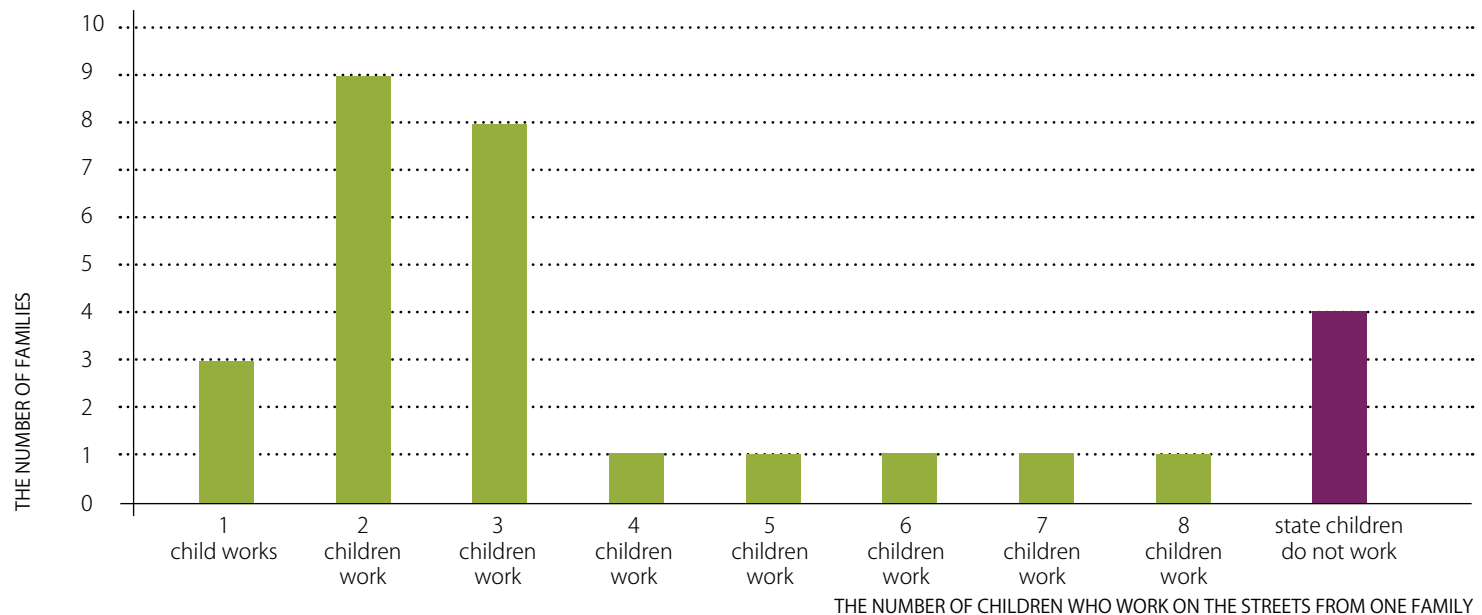


Chart No. 10 – The number of families in which children work on the streets and the number of children who work

Because of the situation described before, the following data in this chapter relate to the 25 families in which the parents confirmed that their children work on the streets.

The answer to the question on how the children contribute to a household budget, either by money or bringing food, clothes and

Table No. 2 – The ways in which children earn money (food/clothes/shoes)?

	The number of families
Collecting and/or selling secondary raw material	20
'Parking'	15
Searching for food in dustbins	12
Begging	10
Selling at a market ⁵	6
Washing car windows at crossroads	2
Stealing in shops, buses etc.	1

shoes, the parents most frequently stated that it is by: bringing secondary raw material, begging but also the 'parking', i.e. finding free places to park on a car park.

When the frequency of all answers adds up, the parents from 25 families stated 66 times that the children perform some kind of street work. This data shows that **the children at the same time do different activities on the street in which they can earn money.**

The children provided us with the data that 71 (87.7%) of them work on the streets. 95% of them who said they worked on the streets, collect secondary raw material, and 5% beg. 10 children (12.3%) stated that they do not work on the streets. It is possible that the cause of that could be either that they feel ashamed to work on the streets and now they have to say it not only in front of the

I take the horse and go through dustbins...
When I find food, and if it's wrapped, I simply take it all and bring home. It gets washed, rinsed... all nice

Focus group, an adolescent, age range between 15 and 19

⁵ Selling at a market is only categorised as working on the street in cases when a child is younger than 15, because according to the current legal rule a person can be employed at the age of 15.

” Nikola, I have to admit that I beg and that is how I work for that dinar.

Focus group, a boy, age range between 7 and 10

volunteers of the Drop-in Centre, but also in front of strangers, or these are the children who do not work every day, so they do not see the occasional work on the street as actual work.

The data we received from children show that out of 71 child who said they worked on the streets, 38 (53.5%) of them work every day, 13 (18.3%) of them work several times a week, and 17 (24%) of them work once a week. 3 children stated that they worked several times a month, usually on Sundays at a flea market - Najlon pijaca.

According to the children, average daily profit, for their sometimes whole day work is 6.6 euros. The sum of 10 or more euros (1,000 dinars) a day is earned by about 10% of our interviewees, which means that more than 90% of children who work earn less than 1,000 dinars a day for the work which sometimes lasts up to 10-12 hours.

45 children (64.3%) said that the biggest part of their income is spent on food, 17 children (23.9%) spend it on sweets, while the least percentage is spent on clothes, shoes, cigarettes, coffee etc.

68 children give the money to their parents, while only 3 children spend everything they earn on their own needs.

” I also go to one lady... There is a small garden... I work... Pluck... and so.

Focus group, a boy, age range between 7 and 10

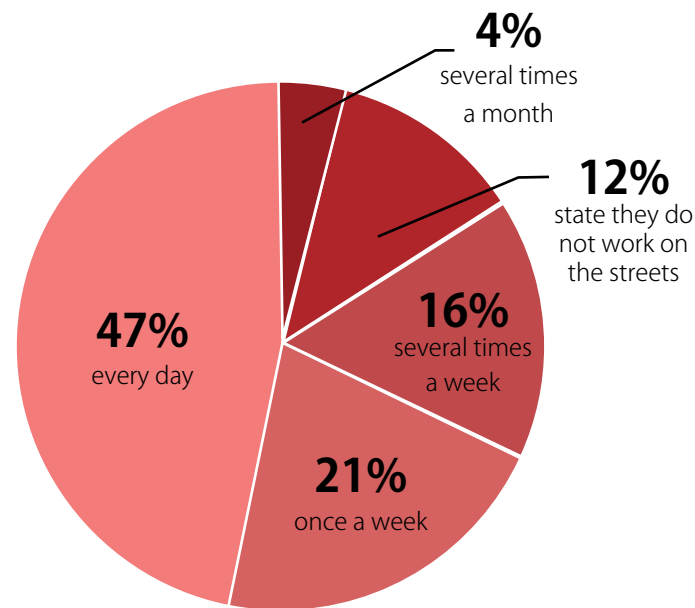


Chart No. 11 – Frequency of children’s work



Sometimes I leave the money for myself, and sometimes I give it to my parents... I don't have to give them everything really. I leave something for myself..

Focus group, a girl, age range between 7 and 10

Today at a car park I earned 200 dinars. I gave 150 to my mum, and 50 was left for me and she bought the cigarettes and I bought some sweets for me.

Focus group, a boy, age range between 11 and 15

When I want to give, my dad says: It's not necessary. I have some. Leave it for yourself for school, and when he doesn't have any, I give him.

Focus group, a boy, age range between 7 and 10

HEALTH CONDITION OF THE FAMILIES

The health problems that parents and children face were an important aspect of our research. Parents were asked about prevention of illnesses, occurrence of illnesses in children and themselves, as well as the treatment they received in health institutions.

Regarding the age when the mothers chosen for our research had their first child, the youngest was only 13, while the oldest from the group was 36. The average age of a mother who had the first child is 18.

65% of women had at least one child by the age of 17. This data causes concern and illustrates that underage marital and non-marital unions are still very frequent, and what is especially problematic are forced marriages.

The age when the last child is given birth to varies between 18 and 42. The average age of mothers when they had their youngest child is 31. While observing these data one should keep in mind that the mothers still have reproductive capacity, and that the given age represents current situation with likelihood that some mothers will give birth to more children.

Table No. 3 - Distribution of mothers' age when having the first child

Age when the first child was born	The number of mothers who had a child at that age	Percentage	Cumulative percentage
13	1	3,4	3,4
14	4	13,8	17,2
15	2	6,9	24,1
16	4	13,8	37,9
17	8	27,6	65,5
18	4	13,8	79,3
19	2	6,9	86,2
21	1	3,4	89,7
25	1	3,4	93,1
27	1	3,4	96,6
36	1	3,4	100,0

Suffering from a chronic illness is stated in the interview by 34.5% of parents, and 44.8% state that they suffer from 'nerves'.

86% of parents declare in the interview that they smoke. None of the parents declared that they use drugs.

Alcohol is consumed by 8% of parents. There isn't precise documentation in the Drop-in Centre about the number of parents who consume alcohol, or how often they consume it, but based on the everyday experience of working with children, it can be said with certainty that a high dose of alcohol is a frequent problem. It is our assumption that the percent of socially desirable answers to the question on alcohol consumption frequency was very high. Data from the children's dossiers in the Drop-in Centre and the data obtained in focus groups confirm that parents, most often fathers, frequently consume alcohol.

My old man... drinks..., but not always every day... My old man has two beers and eats bread. When he eats bread, he can't drink anymore... so he sleeps...

Focus group, a boy, age range between 7 and 10

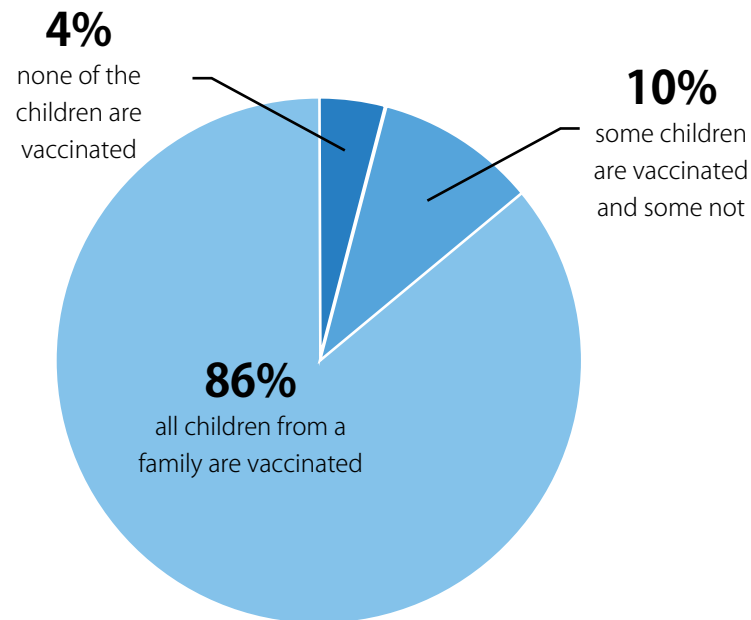


Chart No. 12 – The percent of families in which the children have been vaccinated

Najviše postavljениh pitanja u ovom delu intervjuja se odnosilo na zdravlje dece i to prvenstveno vezano za vakcinaciju i odlazak dece kod lekara i stomatologa.

Podatak dobijen za vakcinaciju pokazuje da su u 86% porodica sva deca redovno vakcinisana, dok u 10% porodica ima dece koja nisu vakcinisana ili makar nisu primila sve potrebne vakcine. Ovi podaci potvrđuju da se akcije vakcinisanja dece u nehygijenskim naseljima redovno sprovode.

In 25 families (86%) all children have once or on more occasions been taken to a doctor, while in 4 families (14%) there are children who have never in their lives visited a doctor. The reasons to take a child to a doctor were necessity due to a more serious health problem such as surgery, an arm or leg being broken, a burn etc. and not because of regular control.

The aforementioned data obtained from parents were checked by asking children to answer the same questions. What is encouraging is the fact that children answered the same as parents and that almost all children (90%) have been to a doctor at least once in their lives.

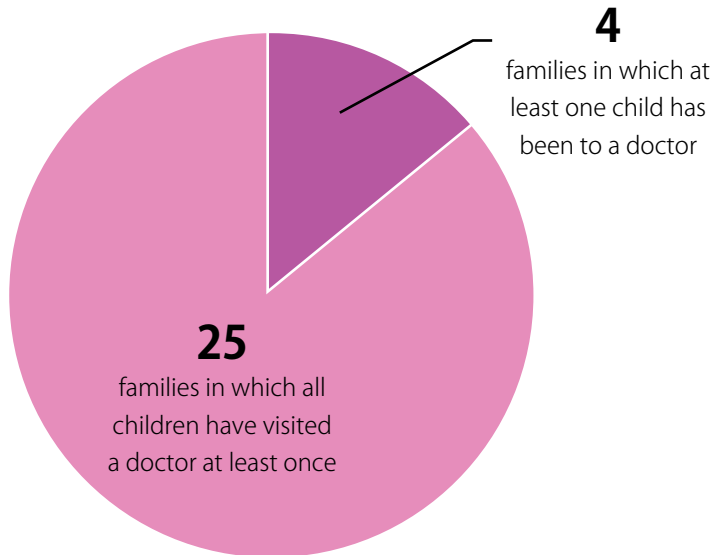


Chart No. 13 – Visits to a doctor

In the focus groups, the children named fear from a doctor as one of the main reasons of not visiting one. Other reasons why they don't visit a doctor are: problem with transportation, there is no one to take them, when they estimate that the injury or cut is not serious enough etc.

It can be perceived that a small number of children used dental care. This is illustrated by the fact that numerous, recurring teeth and gum problems are frequent events in the Drop-in Centre.

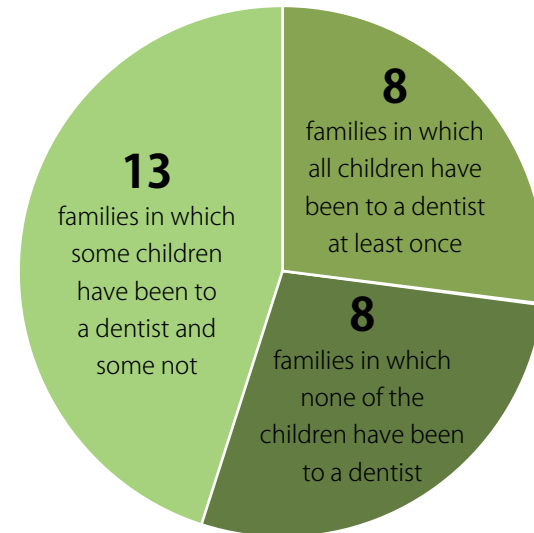


Chart No. 14 – Visits to a dentist



Data on hospitalisation during the previous year are obtained from parents and is taken as an indicator of more serious health problems. Records show that 19% of children, within previous year, were treated in hospital, most often on surgical ward because of minor surgeries (appendicitis) or due to injury or suicide problems.

59 children (72.2%) named their parents as the most frequent source of their knowledge about health and health risks, while 69 children (85.2%) stated that it is their parents they first turn to if they have a health problem. 12 children (14.8%) see the Drop-in Centre as the primary source of their knowledge about health, while for 9 children (11.1%) the Drop-in Centre would be the first place where they would report about a health problem they are facing.

OBSTACLES IN RECEIVING HEALTH CARE

The second part of the interview in which parents provided answers related to the treatment they receive in health institutions. 26 of the interviewees (90%) responded that they and their children have never been refused to be medically treated, while 10% of the interviewees, i.e. 3 families, stated that they have been refused to receive medical treatment, but they could not give a clear reason for that.

Parents from 21 families (72%) state that a nurse and a doctor treated them and their children fairly, whereas parents from 8 families (28%) state that they or their children have had an unpleasant experience with the medical staff. That unpleasant experience was mostly due to the comments by the medical staff about a patient's appearance (characterising parents or children as untidy, dirty etc.).

Out of 71 children who have visited a doctor at least once in their lives, 62 of them stated that they have not had an unpleasant experience with a member of medical staff. 9 children (11.7%) stated that they have had an unpleasant experience with a doctor and/or a nurse. To be more precise, 8 children experienced problems because they did not have a health insurance number or they reported their problems too late and 1 child was insulted because of his/her ethnic origin.

Two thirds of the interviewees responded that they have never called an ambulance which did not come. However, it is likely that some of the interviewees from this group had never called an ambulance. One third of the interviewees (34%) responded that such situation had occurred. Most of them state that the reason for that is that children from the neighbourhood often call an ambulance and make false alarm, so the ambulance does not come after each call.

MOST FREQUENT HEALTH PROBLEMS OF CHILDREN

Most frequent health problems of children with which families had to face are listed in the Table No. 4.

By difficulties in studying parents often meant that their children are bad students, not that they have some real difficulties in learning.

In every interviewed family at least one child had one of the listed problems.

During the previous year 956 health interventions were conducted in the Drop-in centre (health interventions mean: healing wounds and animal bites, escorts to health institutions and counselling with a paediatrician and a medical nurse). Most of these interventions were realised based on the initiative by the Drop-in Centre staff. A motivational work with children preceded many interventions in order to make a child accept the intervention.

Table No. 4 - Existing health problems of children

	Frequency of answers	The percentage of families in which at least one child has the mentioned health problem
Lice and mange	14	48.3
Teeth problems	13	44.8
Difficulties in studying	10	34.5
Injury	9	31.0
Malnutrition	9	31.0
Pulmonary disease (asthma, bronchitis)	8	27.6
Frequent diarrhoea	7	24.1
A burn	7	24.1
Behaviour disorder	7	24.1
Problems with 'the nerves'	7	24.1
Difficulties with hearing, sight etc.	6	20.7

MAINTAINING HYGIENE

I, when I need a bath if I go somewhere or whatever, and if there is no electricity at my place so the boiler doesn't work or I don't have any wood to heat the water then I come to the Drop-in Centre, I have a shower and I take those things I need.

Focus group, a boy, age range between 11 and 15

Maintaining personal hygiene and the hygiene of the living space is one of the preconditions for preserving health. Data related to the personal hygiene and maintaining the hygiene of the living space show that the interviewed families have a relatively great awareness about the importance of the hygiene for their personal health and the health of their children.

Children replied that they regularly wash their hands (95% say that they wash their hands several times a day, in the morning, before each meal and after coming home from school). Teeth are brushed at least once a day by 60.8% of children, and 7 of them (8.9%) responded that they never brush their teeth. Besides that 63.3% of children have their own toothbrush, while the others use someone else's toothbrush or just use their fingers and water.



I have a bar of soap I myself use and which I hide because I don't want anyone to see it because I would like to spend it alone.

Focus group, a boy, age range between 11 and 15

However, it should be pointed out that the researchers noticed that there are a great number of socially desirable answers both in the group of parents and the children.

To the questions directed to parents about the ways they maintain the hygiene of their homes, household items and clothes the following answers were received: 25 families (86.2%) maintain the hygiene of the rooms using a broom, 21 families (72.4%) use washing powder, 15 families (51.7%) use detergent for dishes, while 6 families (20.7%) stated that they use some other products for maintaining hygiene. 2 families said that they do not use any products to maintain the hygiene of the house, household items or clothes.

Table No. 5 - Usage of various personal-hygiene products (expressed in percents)

Hand soap	89,7%
Shampoo	79,3%
Toothpaste	65,5%
Body soap	62,1%
Toothbrush	62,1%

NUTRITION

For me personally, what made the strongest impression was the fact that children feed with food from dustbins, as well as the fact that when they don't do that they have very scarce nutrition. Also some of the statements related to the personal hygiene were shocking. Most children do not brush their teeth at all... It is also shocking that some boys who are not more than 10, 11 years old sometimes drink beer.

Anastasija Grujić, a student of Psychology, talks about what had left the biggest impression on her during collecting data on the field.



When there is nothing to eat at the house I go to school and wait until the second class and there I have a snack, then I wait three more classes and then...

Focus group, a boy, age range between 11 and 15

Let me tell you, I don't eat at home so often, I eat here more. I eat at home in the mornings...

Focus group, a girl, age range between 11 and 15

Parents stated that the biggest part of the earned money is spent on food. However, **only 3 families (10%) have enough funds for food**, while the other 26 families (90%) have to manage in other ways.

On the other hand, children stated that they eat regularly; on average three times a day and that day have different meals during the day. Also, they declared that most frequently they eat at home, less frequently in the Drop-in Centre (81.5% of children eat in the Drop-in Centre, while 18.5% of them say they never eat there), and some children have at least one meal in school (33.4%) or on streets (11.1%).

During the interviews 41 children (50.7%) stated that most frequently they eat cooked meals (potatoes, beans, macaroni etc.) while a smaller percent of children said they most often eat at a baker's or sandwiches (17.3%) or fruit and vegetables (20%). Every seventh child said that they never eat milk, meat, fruit and vegetables. Children stated that the key factor in the choice of groceries is the financial situation. In the focus groups children stated that they usually eat three times a day. Most often it is beans, stew, sarma (cabbage and meat), soup and Ijong (traditional Muslim dish). When they do not have enough food, they borrow some money and buy food or they take some out of the dustbins.

When we don't have food, we don't... What can you do... We endure... We borrow.

Focus group, an adolescent, age range between 11 and 15



Most often I eat, and it is my favourite food, plain bread, for me at home it doesn't have to not be anything to eat but there is, but my favourite food is fresh bread which is warm. I heat it and eat at least half a loaf...

Focus group, a boy, age range between 11 and 15

HEALTH RISKS

To the question if they take some medicines without consulting a doctor 38 children (47%) responded that they do take some painkillers self-initiatively, and 25 children (30%) responded that they take some medication for lowering their temperature. Detailed data are represented in chart No. 15.

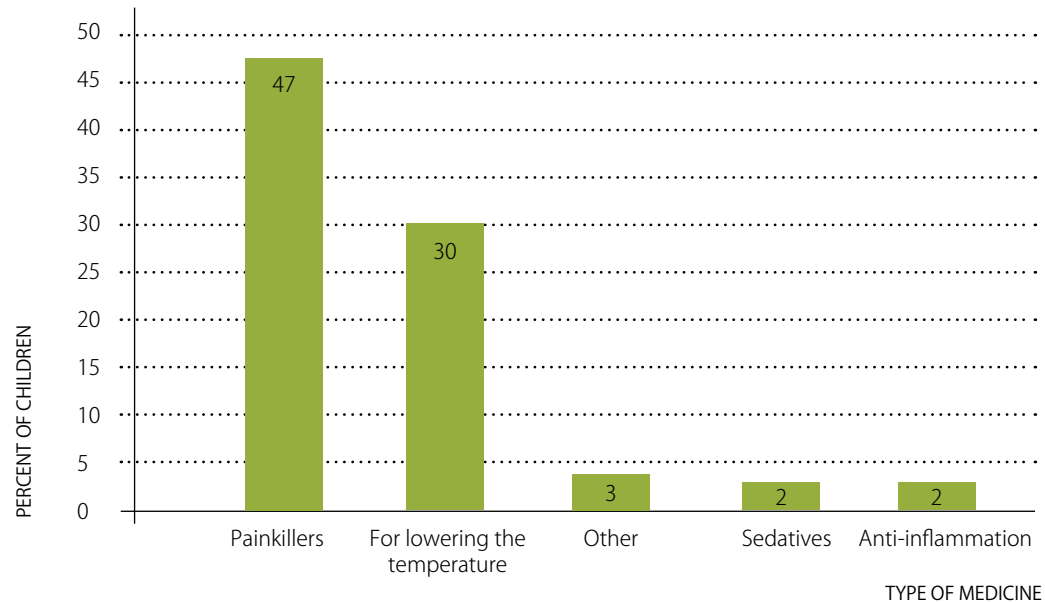


Chart No. 15 – The percent of children and the type of medicine which they self-initiatively take



22 children (27.2%) stated that they consume alcohol. In the analysis of the received data, the sample is divided into two age-related subgroups. In the first subgroup there are 69 children less than 15 years of age, and in the second subgroup there are 22 adolescents between the age of 15 and 19. In the first subgroup 8 children said that they drink alcohol, in other words 11.6% of children under 15 years of age consume alcohol (the youngest is six years old). In the second subgroup 14 adolescents said they drink alcohol, which means that 63% of adolescents consume alcohol.

Out of 29 adolescents between the age of 14 and 19, 18 of them (62%) stated that they smoke cigarettes. Among the children younger than 14 years 4 children stated that they smoke cigarettes.

Out of 11 adolescents between the age of 17 and 19, 8 of them (72.7%) declared that they use marijuana.

None of the children mentioned that they use glue, even though that is a frequent data in the dossiers of those children who use the services of the Drop-in Centre.

Researchers noticed a great number of socially desirable answers to the questions related to the use of psychoactive substances. These questions often caused children to laugh, feel ashamed etc. Besides that, based on the everyday experience in working in the Drop-in Centre it can be assumed that the use of cigarettes, alcohol and drugs is significantly more common among the children who live and work on the streets than it can be concluded from the aforementioned results.

Asked if they participate in violence or express aggressive behaviour towards themselves or others 2 children said that they frequently carry a weapon (a knife), while almost every second child participated in a fight (most often, according to them, because they wanted to defend themselves or defend a friend).

During the interviews 3 children declared that they have attempted to commit suicide.



SEXUAL BEHAVIOUR

25 children (30.9%) said that they have a boyfriend (4 girls) or a girlfriend (21 boys). 10 children (8 boys and 2 girls) said that they had had a sexual intercourse. For those children who had sexual intercourses the average age when they had their first sexual experience is 12, and four children had their first sexual contact at the age of 10 or less.

Further analysis of the data on sexual behaviour was not performed due to a very high frequency of socially desirable answers. It is illustrated by the fact that during the interviews only 2 girls from the focus group said that they had sexual intercourses. At the same time acquired data from the focus group showed that 3 girls were pregnant and had a child. One girl lives with her child and looks after him. Two girls did not want to provide us with the answer to the question on who lives with their children and who looks after them.



INCLUSION IN THE SYSTEM OF SOCIAL WELFARE

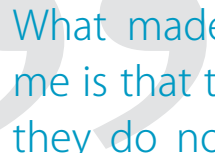
One of the basic indicators of social conditions in which these families live is the number of families that receive social benefit. Out of 29 families which participated in the research 18 of them (62%) receive social benefit.

9 parents who receive the funds knew the name of the social worker who is in charge of them, while in 11 families which receive the funds, only 2 parents knew the name of their social worker.

When it comes to the frequency of visits by a social worker 18 families (62%) said that the social worker never comes to visit them, and 11 families (38%) are visited by a social worker at least several times a year. Also, during the interviews 4 parents self-initiatively expressed their dissatisfaction with their social worker, and they have all even said for one social worker that 'it is better that he does not come' because he talks to them in an inappropriate way.

Asked if they had ever been in a juvenile detention centre, a foster family or a Safe House etc. children provided answers that 11 of them (14%) were moved from their families in order to be protected from violent parents or cousins living in the same household. 9 children were placed in a Safe House once or several times. Two children stated that they had spent several weeks in a juvenile detention centre because, according to them, they were begging in the street.





What made the biggest impression on me is that they do not have a bathroom, they do not go to a doctor's check-up regularly and they do not know the name of their social worker even though a mother I was personally interviewing claimed differently. They never brush their teeth. They bathe once a week and I wonder where they have that weekly bath in winter because they do not have any bathroom, which is something that should exist in a house.

Ilija Milovanović, a student of Psychology, talks about what had left the biggest impression on him during collecting data on the field.

One of the ways to remove children from streets is when the police take them to a Safe House because of begging in the streets. It is most often the reason why 34 interviewees (42%) had contact with the police. 33 of those children stated that during that contact with the police they had been insulted, threatened to be taken away from their parents or sent to an institution by police officers. However, despite the unpleasant situations children had experienced with the police, a great number of children living and/or working on the streets find the profession of a police officer as one of the most appealing options for their future career.

In that same set of questions we have asked the children if they had ever been forced to spend a night on the streets, in an abandoned building or a train carriage. Data on that show that 16 children spent at least one night (most frequently on their own) outside their homes. It should be pointed out that 5 of these children are younger than 15, and the youngest child, who spent at least one night on the streets, is eight years old. 4 of these children have been forced to spend a night on the streets at least a couple of times a month. Reasons for having to spend a night on the streets are according to them most frequently a situation of violence in their family, or a situation when they could not afford the bus fare to go home so they were forced to spend the night wherever they found themselves at that moment.

INCLUSION IN THE SCHOOLING SYSTEM

My mum lost the child's benefit because I didn't go to school, and my brother and my sister... and mum felt bad... and I felt bad and I cried.

Focus group, a girl, age range between 11 and 15

Out of 79 children of school age, 65 of them (82%) are enrolled in a school, and 14 children have never been enrolled in a school.

However, out of the total number of the enrolled children 32 (49%) attend primary school and 33 children (51%) attend school for primary and secondary education Milan Petrović which is intended for children who need special support in education, or school for primary education of adults Sveti Sava which is intended for children who started school late or have on several occasions repeated the same year of primary school.

Nevertheless, it should be pointed out that most children are just enrolled in schools, but in reality, they do not attend classes regularly. This is most often the case with regular schools, while the attendance of those children who go to school for primary education of adults or school for children who need special support in education is higher. Data on regularity of attending school are checked with the children and the schools, and what is considered regular attendance is when a child goes to school at least three days in a week. Out of 65 children enrolled in schools, 8 of them (12%) dropped out, 19 of them (29%) go to school less than 3 times a week, while 38 of them (59%) go to school regularly.

As the most common reason why the children do not go to school the parents named earning and helping the family, but they also said they were late with enrolment or that other children there use drugs, so the parents are afraid to let their children go to school.

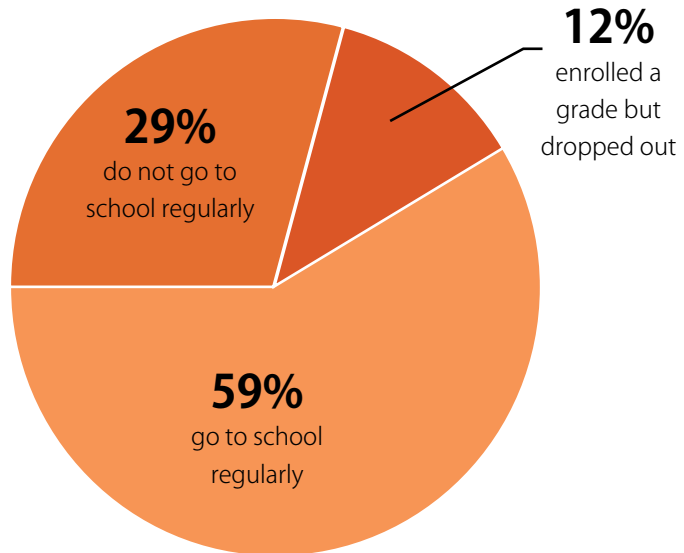


Chart No. 16 – Regularity of attending school



The reasons for not attending school which the children named are perhaps best illustrated in the statements children gave in the focus groups:

I don't go to school when I don't find my trainers.
...because I'm always late

My dad was very ill so I had to look after my brothers.

I slept at my brother's, and his children got chicken pox, so I had to look after them.

...when I fall asleep.

...when I forget.

I forget when Saturday, Sunday is.

...if I go to work and then I'm late.

...when you lose one trainer, when a dog takes it away and you are home alone.

...when a bus just passes you by and doesn't even look at you to stop.

Focus group, a girl, age range between 11 and 15

I'm bored.

I didn't go to school for three days because I had an oral test in Serbian language.

Focus group, a girl, age range between 11 and 15

Out of those children who attend a school, according to their parents, majority has not repeated a grade (58%), while 42% has repeated a grade (21% once and 21% more times). Irregularity in attending school, but also the progress to higher grades lead to an assumption that there is an unwritten rule in some schools that the institutions which are in charge of these children are not informed about the children's continuous non-attendance at school.

Due to the fact that younger children are not included in the preschool institutions, one of the 'duties' of older children, apart from earning money on streets is looking after younger family members. All children who took part in focus groups stated that they look after their younger brothers and sisters. Boys said that it is difficult to them because they don't know how to calm them down when they are crying etc. Girls said that they enjoy looking after the younger ones, that it is not difficult to them, but that they are afraid that something might happen to them while they are in charge of them.



INCLUSION IN THE SOCIETY

A pretty strong impression for me was the fact that many children have never been to a cinema, a circus or a swimming pool and that they do not even know about these terms.

Anastasija Grujić, a student of Psychology, talks about what had left the biggest impression on her during collecting data on the field

An important question, based on which, one can see the social status of these children, is which institutions and places, which other children visit almost every day or very often, they have visited at least once in their lives.

The chart shows the percent of children who have at least once visited a certain place or an event. Besides the swimming pool, none other place/event has been visited by more than 50% of the interviewed children. It is easy to notice that small number of children have been to a cinema, an excursion or a visit to a non-Roma friend. It should be pointed out that the fact that some of these children have been to the excursion to a ZOO Park which was organised by the Drop-in Centre influenced these results.

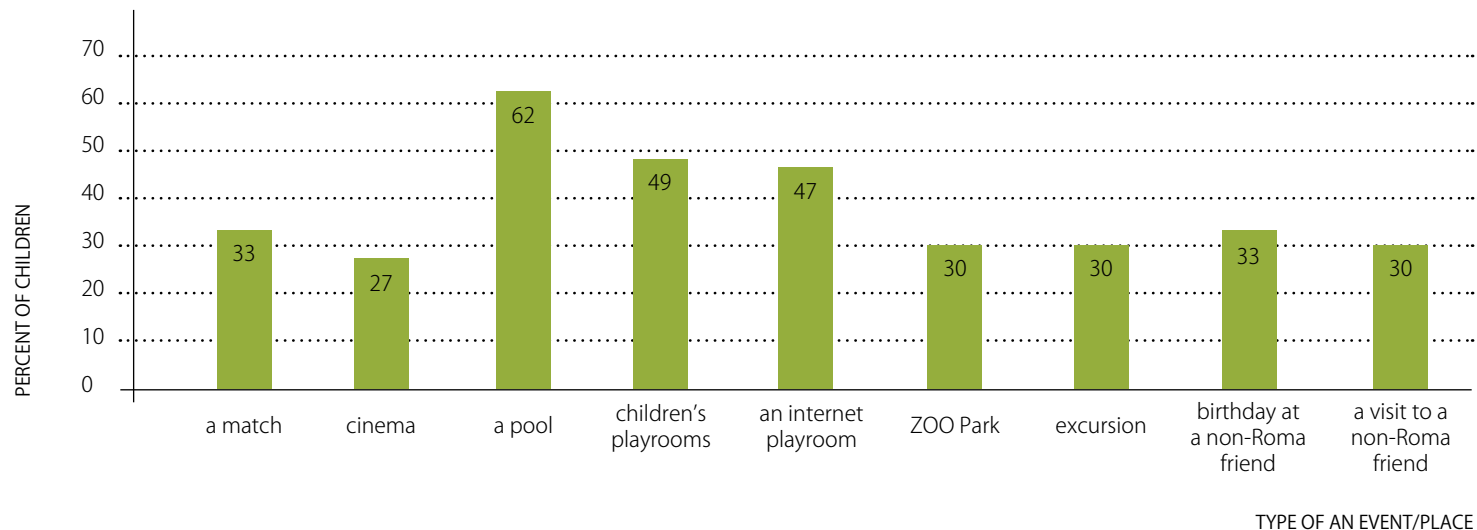


Chart No. 17 – The percent of children who have at least once visited a certain event/place

Also, what could be noticed during the interviews is that the children who have never been enrolled to a school also have a problem with the socialisation, because **16 of them have never been enrolled to a school and even 13 of these children have never been to any of the listed places or events**. Apart from having a role to educate and instruct children how to behave, education also has a function of children's socialisation, so this is an additional data which brings us back to the ever-present conclusion that it is necessary that children stay in school system the longest possible, because that will not only provide them with a better quality of life, but also with a greater acceptance by the rest of the society and greater integration into the social structure of the community where they live.

VIOLENCE AND DISCRIMINATION EXPERIENCE

Table No. 6 provides answers to the questions if the children have directly experienced some form of violence or discrimination, be that on the street or in town, or in school (for those children who attend school).

75 children (93%) have faced violence or discrimination while working on the streets. 6 from these children have not experienced any of the aforementioned types of violence or discrimination. This attitude by members of the general population towards the children who live and/or work on the streets is very worrying. It is inconceivable that 93% of the children we see on the streets, children from general population who do not live and/or work on the streets, could be treated in this way.

Table No. 6 - The percent of children who have experienced violence or discrimination

The type of violence and discrimination	The percent of children who experienced it
To be called offensive names	45,7
To be cursed	42
To be threatened	37
To be hurled at (bricks, bottles . . .)	28,4
To be hit or beaten	27,5
To be told he/she is dirty	27,2
To be told he/she smells badly	25,9
To be told he/she is stupid	23,5
To be refused to be served in a shop or to be let to come in a cafe	23,5
To be forbidden to enter somewhere (a bus, a shop etc.)	22,2
To be called a thief	18,5
To be told to 'go back where he/she came from'	14,8

Comparing the frequency of experiencing violence and discrimination while working on the streets to being in school, it can be seen that these events are significantly rarer in a school.

Out of the explored forms of violence and discrimination, the most common are verbal insults and physical violence. In the school environment fewer children experienced being hurled at by various items, while on the streets this percent is almost three times bigger, but 23.5% of children who attend school regularly experienced that other children avoid being around them and avoid them in other ways.

If we add to this that 18% of children are put to sit alone for longer periods (but not as a form of punishment), it can be concluded that the social status of the children who live and/or work on the streets is extremely low in schools, even when the children attend school regularly.

The children who live and/or work on the streets have a slightly higher status only in the school for primary education Sveti Sava, which is expected having in mind that the percent of students from extremely poor social strata is much higher in this school compared to either a regular school or the school intended for children who need special support in education.

Table No. 7 - The percent of children who have experienced violence or discrimination in school

The type of violence and discrimination	The percent of children who experienced it
To be called offensive names	45,7
To be cursed	42
To be hit or beaten	37
To be threatened	28,4
To be kept away from or avoided being in their company	27,5
To be told he/she is stupid	27,2
To be placed to sit alone by a teacher not knowing the reason for that	25,9
To be told he/she is dirty	23,5
To be told he/she smells badly	23,5
To be called a thief	22,2
To be hurled at (bricks, bottles . . .)	18,5
To be told to 'go back where he/she came from'	14,8

ON PRESENT AND FUTURE

At the end of the interviews, parents and children were asked what the most common problems are and which of these problems represent the greatest difficulty for them.

74% of the parents answered the question about the most difficult problems they face and the hardest problems to them, that the biggest problem is their economic situation, and much lower on the list is the problem of unresolved housing issue, which also indicates the low economic status of these families. The unresolved housing issue usually means very poor living conditions, i.e. the houses they live in do not have running water or electricity and frequently they have inadequate windows, doors and roof or these are not their own houses etc. For 7% of the parents the most difficult is the social situation (by that they mean that more families live in the same house, they are discriminated by society, there is violence in the family (not necessarily towards them) etc.). Detailed data can be seen in chart No. 18.

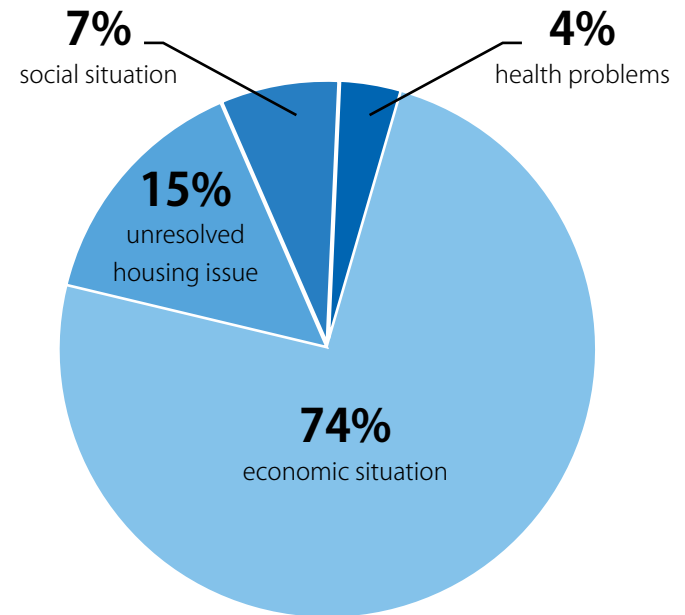


Chart No. 18 – The biggest problems parents face

Now I live on Rit. There is mud. I step in that mud. We get dirty. There is all sorts of people. They drink, fight and scream and that is why I would like to live on the city, to have lots of money, to have my own room, my sister her own room.

Focus group, age range between 7 and 10

...nothing to be expensive, not to be in such situation, nothing to be too far from me, not to have rubbish, not to go to dustbins, that there is no mud, to have shops, to have a school near the bus stop or in the area.

Focus group, age range between 11 and 15

I wish my History teacher wouldn't say 'Piss off...'

Focus group, a girl, age range between 11 and 15

Asked who could help them the most in resolving the problems, parents most often say it is the state or the centre for social welfare, but 30% of the parents believe that no one can help them find solutions to their problems.

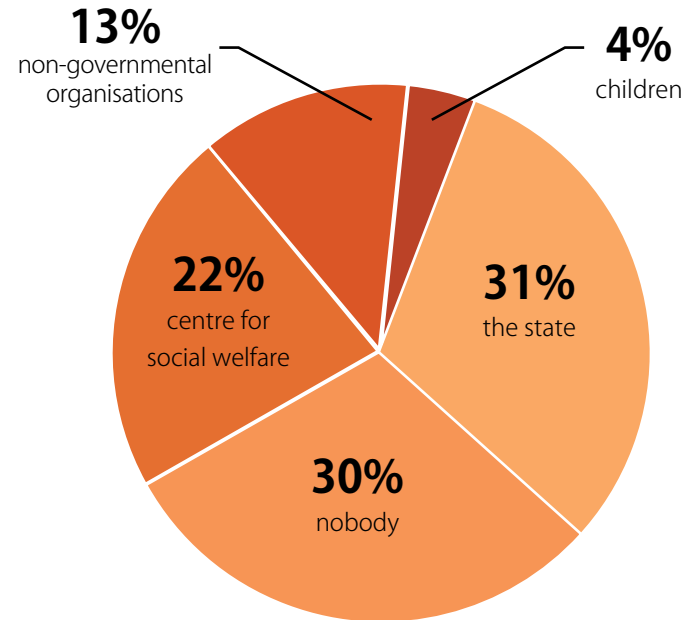


Chart No. 19 – Those the parents expect help from in solving their problems

Children answered similarly to the same questions. For 43 children (53%) the most difficult problem they face is poor economic situation. For 10 children (12%) it is the violence in the family, whether they are directly exposed to it or as observers of violence. The smallest percent say it is the social problems (lack of support by others), housing issue, discrimination, health problems etc. 6 children (7%) stated that they do not have any problems. Detailed data can be seen in chart No. 20.

“I would like to have my own room, to have my own house, not to have to pay to someone else... I would like us to be happy, to have a computer... to have money... so that I can buy myself a juice and later a juice for my grandmother.

Focus group, a girl, age range between 11 and 15

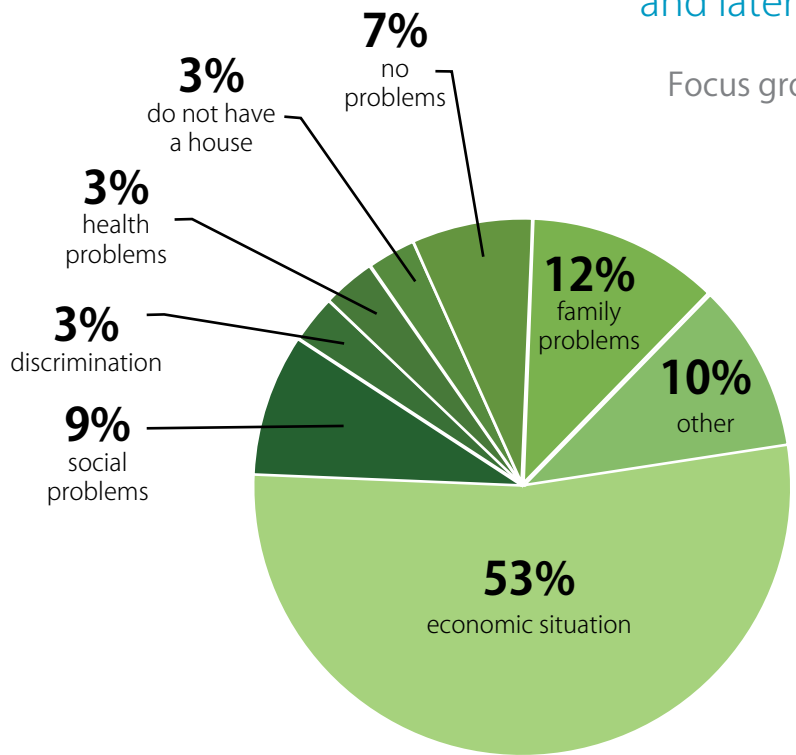


Chart No. 20 – The biggest problems children face

Asked where they see themselves in ten years time and what they would like to do for a living 77 (95%) children see themselves in much better conditions than those they live in now.

41 of them (50.6%) want to finish school and find a job or do a job which requires at least secondary education. Most often it is a police officer, a hairdresser, a decorator, a chef etc. It is interesting to see that being a police officer is equally desirable occupation for both boys and girls, which proves that there is a lesser gender difference when it comes to doing this job.

36 children (44.7%) see themselves in a similar situation or a slightly better one than they live in now. This means that they still see themselves living in the same settlement, but doing some permanent job (most often working for JKP Gradska cistoca - a government company for city maintenance) which would give them certain stability in life.

None of the children said that they have the usual children's dreams to become a doctor, a pilot or a well-known athlete. They settle for what any other child would consider a failure in life. For them even that is much more than they face every day. If we take into consideration that only six parents are employed, than it shouldn't be unusual that the dreams of these children are mostly about a permanent employment, even if it is in the domain of what other children would run from.

CONCLUSIONS

CHILDREN WHO LIVE AND WORK ON THE STREETS ENTER THE WORLD OF ADULTHOOD VERY EARLY AND START EARNING A LIVING FOR THEIR FAMILY WHICH PREVENTS THEIR NORMAL GROWTH AND DEVELOPMENT AND IT MAKES SOCIAL ADAPTATION MORE DIFFICULT.

Life in a unhygienic settlement, very poor living conditions, dysfunctional families, poor or inadequate diet, working long hours on the streets and crossroads, inhaling exhaust fumes, increased risk of injury and frequent violence have a bad influence on physical and psychological development and growth.

THERE ARE NO ALL-EMBRACING MEASURES OF SOCIAL SUPPORT FOR A FAMILY AS A WHOLE,

nor the approach which would apart from offering support to a child, include the interventions aiming to support the parents (non-financial, psycho-social, educational and informative). Providing support to children within the services of the Drop-in Centre and paying MOP (financial support to a family, better known as a social benefit) to parents are important measures and represent some help to the families, but they are not enough. It is also necessary to apply the measures intended for strengthening all family members, such as: employing a parent, working on increasing competence at the employment agency, enabling parents to develop and apply parental skills, systematically supporting children to attend school etc.



WORKING ON THE STREETS MAKES THE PROCESS OF SCHOOLING MORE DIFFICULT AND/OR IMPOSSIBLE.

As a consequence of exclusion from the school system the children are not able to develop relevant skills, they lack information and knowledge on themselves and the world around them and they are not as socialized as the children who attend school regularly. The main source of information for the children who live and/or work on the streets are their parents, however the parents are mostly unemployed, without primary education and they themselves are excluded from society. There is a significant difference in the level of social inclusion between the children who go to school and those who have never been enrolled to school.

THERE ARE NO SUPPORT MEASURES TO END TRANSFERRING THE MODEL OF WORKING ON THE STREETS FROM OLDER TO A YOUNGER GENERATION.

Parents are of low educational status and their chances for permanent employment are weak. Unemployment is accompanied by poor financial situation which requires all members of the family to start working very early. In such conditions parents do not recognise the importance of education, children are either not enrolled in a school or they do not attend school regularly. As they start working early in their lives, they also form unions with their partners very early. That brings us back to the beginning, future parents without primary education, and with no opportunity to be chosen for better jobs which would bring financial stability to their families. That is the model which is being transferred from one generation to the next.

THERE ARE NUMEROUS HEALTH RISKS TO WHICH THE CHILDREN WHO LIVE AND/OR WORK ON THE STREETS ARE EXPOSED. AT THE SAME TIME, HEALTH SERVICES IN THE LOCAL COMMUNITY ARE NOT ALWAYS AVAILABLE TO THEM. PARENTS DO NOT HAVE A REALISTIC PERCEPTION OF WHAT JUSTIFIABLE REASONS ARE IN ORDER TO SEEK HEALTH CARE.

The health risks to which children are exposed are: extremely poor hygienic conditions, consuming food from dustbins, frequent infections, working long hours without any protection etc. A significant percent of children and their parents do not have a health insurance number which is the main precondition for seeking health care. Parents do not have enough knowledge about when it is necessary to take a child to a doctor, which is especially visible with the diseases of teeth and mouth. Also the importance of prevention is not at all understood. Children who live and/or work on the streets go to the institutions of public health only in case of an emergency (surgical problems, injuries, burns, convulsions etc.).

VIOLENCE IS A DAILY OCCURRENCE IN THE LIVES OF CHILDREN WHO LIVE AND/OR WORK ON THE STREETS WHETHER THEY ARE WITNESSES, VICTIMS OR COMMITTING VIOLENCE.

Violence is present in families, school and most often while working on the streets. Such recurrent experiences of violence during childhood leave highly negative consequences on psychological development of the children who live and work on the streets.

WITHIN THE SEGMENTS OF THE RESEARCH RELATED TO THE USE OF PSYCHOACTIVE SUBSTANCES AND SEXUAL BEHAVIOUR A GREAT NUMBER OF SOCIALLY DESIRABLE ANSWERS WAS PERCEIVED.

The interviewees provided answers unwillingly; they laughed or did not want to answer at all. Small percent of children said that they smoked, used alcohol or drugs. That percent is much smaller than the one of the children same age who do not live and work on the streets, and in reality it is quite opposite. Especially unreliable and contradictory are the data related to sexual behaviour. For example: only 2 girls from the focus groups stated they had sexual intercourses, while at the same time we have the information that 3 of the girls gave birth. For that reason, the results should be considered with disbelief. Even though the topics of risky behaviour and sexual behaviour are very important, sadly, based on the collected data, it is not possible to provide reliable conclusions about these topics.

RECOMMENDATIONS

Considering that the parents of children who live and/or work on the streets do not have enough capacity to provide their children with adequate conditions for growth and development, the society should take certain steps towards strengthening the children involved in living and/or working on the streets as well as their families. Based on the results we recommend the following:

CREATING AND IMPLEMENTING ALL-EMBRACING MEASURES OF SOCIAL SUPPORT FOR A FAMILY AS A WHOLE,

and not just for individual members or for one aspect of a problem. In other words, it is necessary to develop an approach which would, besides offering help to children, include the interventions which will aim to support the parents and other members of a family. It is important that the support is not just financial, but also psychological, educational and informative.

ORGANISING ALL-EMBRACING MEASURES TO INCLUDE THE CHILDREN IN THE SCHOOLING SYSTEM

which would also enable following their progress. These measures have to include the interventions for strengthening and motivating the parents to enrol their children into schools. For the children who are enrolled, but do not go to school regularly it is necessary to provide further support in studying and attending school. For the children who attend school regularly it is necessary to develop additional support in studying.

PROVIDING RELEVANT AND EXACT SOURCES OF INFORMATION AND EDUCATION FOR THE CHILDREN WHO LIVE AND/OR WORK ON THE STREETS BUT DO NOT GO TO SCHOOL.

These activities could be conducted during the organised and systematic work on the field, during regular work in the Drop-in Centre etc. It is crucial to include the topics of reproductive health and the use of psychoactive substances in this education.



ALL HEALTH SERVICES WHICH EXIST IN THE LOCAL COMMUNITY SHOULD BE MADE MORE AVAILABLE TO THE POPULATION OF CHILDREN WHO LIVE AND/OR WORK ON THE STREETS.

In order to do that it is necessary to simplify the administrative procedures so that every child seeking health care, regardless of whether they are accompanied by their parents or not, or whether they have a health insurance number or not, can be examined and treated with adequate health care. Also it is necessary to develop healthcare field service, which would identify children with health problems and provide them with needed help.

DEVELOPING FIELD/DISTRICT NURSING IN ORDER TO EDUCATE THE PARENTS ON THE IMPORTANCE OF PRESERVING HEALTH, THE IMPORTANCE OF PREVENTATIVE CHECK-UPS AND TIMELY VISIT TO A DOCTOR.

A better and well-timed prevention would reduce the number of health problems the children who live and/or work on the streets face.

EDUCATING PROFESSIONALS FROM SOCIAL, HEALTH AND EDUCATIONAL SYSTEMS

about the existence and specific features of the population of children who live and/or work on the streets, as well as the ways to include the children in the institutions within these systems.

CREATING AND REALISING SYSTEMATIC MEASURES OF SENSITIZING GENERAL POPULATION

with the aim to raise awareness in the general population about the existence of children who live and/or work on the streets, about the reasons why they are forced to work on the streets, what type of problems they face etc. It is highly important that during this process general population is educated about possible constructive behaviour in different situations, e.g. when a child approaches them in the street asking for money etc.

CHANGING THE METHOD OF COLLECTING DATA ABOUT THE USE OF PSYCHOACTIVE SUBSTANCES AND SEXUAL BEHAVIOUR IN THE FUTURE RESEARCHES ON THE CHILDREN WHO LIVE AND/OR WORK ON THE STREETS.

It would be particularly important to collect valid data on sexual behaviour having in mind that the children and the young ones who live and/or work on the streets start having sexual intercourses very early; they have sexually transmitted diseases and become parents early.



MEMBERS OF THE EXPERT TEAM:

Prof. Dr Vladimir Mihić, research coordinator, Department of Psychology, Faculty of Philosophy, Novi Sad
Emeritus Professor Dr Nevenka Rončević, Medical Faculty, Novi Sad

DROP-IN CENTRE STAFF:

Daliborka Batrnec Antičić, a psychologist, coordinator of the programme for children who live and/or work on the streets, EHO, Novi Sad
Nela Hardi, coordinator of the project on prevention of HIV infection, EHO, Novi Sad
Marija Perinović, a psychologist, educator in the Drop-in Centre for children who live and/or work on the streets, EHO, Novi Sad
Svetlana Marković, a psychologist, educator in the Drop-in Centre for children who live and/or work on the streets, EHO, Novi Sad
Nikola Crnić, an undergraduate in Psychology, educator in the Drop-in Centre for children who live and/or work on the streets, EHO, Novi Sad
Anita Jakšić, an undergraduate in Pedagogy, supervisor in the Drop-in Centre for children who live and/or work on the streets, EHO, Novi Sad
Elizabeta Plavci, the Drop-in Centre for children who live and/or work on the streets, EHO, Novi Sad
Ribana Greku, the Drop-in Centre for children who live and/or work on the streets, EHO, Novi Sad

LEADERS OF THE FOCUS GROUPS:

Marija Perinović, a psychologist, educator in the Drop-in Centre for children who live and/or work on the streets, EHO, Novi Sad
Svetlana Marković, a psychologist, educator in the Drop-in Centre for children who live and/or work on the streets, EHO, Novi Sad
Nikola Crnić, an undergraduate in Psychology, educator in the Drop-in Centre for children who live and/or work on the streets, EHO, Novi Sad

FIELD RESEARCHERS:

Svetlana Andrić, a student of Pedagogy, a volunteer in the Drop-in Centre for children who live and/or work on the streets
Ivana Tapavica, a theologian, a volunteer in the Drop-in Centre for children who live and/or work on the streets
Milenka Obradović, a pedagogue, a volunteer in the Drop-in Centre for children who live and/or work on the streets
Mirjana Bobić, a student of Medicine, a volunteer in the Drop-in Centre for children who live and/or work on the streets
Robert Rudolf, a student of Information Technology, a volunteer in the Drop-in Centre for children who live and/or work on the streets
Tijana Vidović, a student of Law, a volunteer in the Drop-in Centre for children who live and/or work on the streets
Anastasija Grujić, a student of Psychology
Bojana Bogosanović, a student of Psychology
Brigita Malagurski, a student of Psychology
Goran Damnjanović, a student of Psychology
Ilija Milovanović, a student of Psychology
Irena Lovčević, a student of Psychology
Isidora Bakoš, a student of Psychology
Ivana Jovanović, a student of Psychology
Ana Kozomara, a student of Psychology
Marija Trajković, a student of Psychology
Nevena Berat, a student of Psychology
Nikola Žugić, a student of Psychology
Nina Vukelić, a student of Psychology
Tamara Lazić, a student of Psychology

TRANSLATION INTO ENGLISH LANGUAGE:

Anđelka Pongo



ABOUT CHILDREN WHO LIVE AND/OR WORK ON THE STREETS OF NOVI SAD

LEADING ORGANISATION:

Ecumenical Humanitarian Organisation, Novi Sad

PROJECT PARTNER:

Department of Psychology, Faculty of Philosophy, Novi Sad

PROJECT ASSOCIATE:

The Fund for the Development of the Non-profit Sector of AP Vojvodina



EUROPEAN UNION DELEGATION IN THE REPUBLIC OF SERBIA
AS A PART OF THE PROJECT SUPPORT TO CIVIL SOCIETY FUNDED BY EU

Creation of the publication About the Children who Live and/or Work on the Streets of Novi Sad is supported by European Union. The content of this publication is the sole responsibility of Ecumenical Humanitarian Organization, and it does not necessarily represent the viewpoints of European Union.



Printing the publication About the Children who Live and/or Work on the Streets of Novi Sad is realised with the help of funds from Decentralised Cooperation Programme of the Italian Ministry of Foreign Affairs 'Support to the Politics for Children and the Youth of Serbia' in cooperation with Emilia Romagna Region and Autonomous Region of Friuli Venezia Giulia

