

# ДОСЛІДЖЕННЯ СОЦІАЛЬНИХ ПРОБЛЕМ

УДК 364.273-053.2(477-25)

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## THE KYIV STREET CHILDREN RESEARCH

*This paper presents the experience of implementation of the project aimed to support street children. One of the project components was an assessment of the children who approached and were accepted by the services "Aspern" and "Vifezda". Paper provides and discusses the survey findings, describes three different profiles of "street children" that have emerged from this project and each may need a different kind of approach, in order to help them.*

### Introduction

Homeless children are a concern throughout the world and many governments recognize the need to develop policies to help rescue these children from poverty, abuse and exploitation. In reality, developing and delivering policy is difficult because homeless children are a diverse, impulsive, erratic and mobile population who do not, initially at least, respond positively to offers of help. In addition, it is difficult to plan welfare services for this group because their size is unknown, and there are few legal powers available to welfare staff to detain children and prevent them from returning to the streets, if they so wish.

According to official 2003 statistics provided by the Ukrainian Government, there are approximately 50,000 street children in Ukraine, and almost a quarter of these are in Kyiv (ADRA, 2003). There are many local, national and international agencies working in Ukraine to help support families and children but their work is often so diverse and dispersed, that it is difficult to obtain a reliable view of the overall service network. Few have the resources to report or disseminate their achievements but there is an increasing number of websites that highlight work in Ukraine (Hope Now, 2004; Flowers, 2004), and occasional sponsored projects have focused on street children (UNICEF, 1997).

The project described below was opportunistic because by spending time in Kyiv one is immediately aware of the street children problem, and

by teaching in the School of Social Work at the Kyiv-Mohyla Academy one becomes acquainted with workers in NGOs who are trying to deal with this problem.

### Background to the project

This project arose out of a two year association with the Kyiv-Mohyla Academy through its Innovations and Supervision Modular Course (I & S). This programme was funded by the UK Department for International Development, and was delivered by Hamlet Trust, a London based mental health NGO specialising in work undertaken in Eastern Europe, Russia and the former Soviet Republics.

My contribution, and that of my colleague David Pottage, to the teaching within this programme introduced us to a wide group of professional and non-professional workers employed in State Services and NGOs throughout Ukraine, and we were fortunate to be able to supervise some of these workers as they undertook project work as part of the programme requirements. From the outset, we were impressed not only at the variety of work being undertaken, but at the remarkable achievements of workers and volunteers, often with absolutely minimal resources.

In this way we were introduced to Vira Koshil and the service she was developing for street children at "Aspern", and to Alexander Roganov and his shelter "Vifezda" for street children. Both became partners with me in a bid to DFID through Health and Social Care Partnerships. The bid for

money to support a two-year project called "Kyiv Street Children Rehabilitation Project" was successful, and the project began in January 2001 and ended officially with the conference in December 2003. A brief extension from HSCP will enable some additional dissemination activity to take place in during 2004.

### **Project Outline and Methodology**

There are two limbs to the project. In the first limb, children who approached and were accepted by the services "Aspern" and "Vifezda" because of being homeless or because of other kinds of problem were, if agreeable, recruited into the project.

Wherever possible, the children were assessed a second time after a period of 6-9 months, when they would have had an opportunity to participate in the various activities and services offered by "Aspern" and "Vifezda".

The second limb of the study focused on the front-line workers in the two partner agencies. It is well known that children who have been living on the streets are often "damaged" by this experience, and are likely to be disturbed and difficult in their relations with workers in social agencies. For these reasons, levels of stress among workers are likely to be high and the second limb of the project attempted to help workers convert these difficult experiences into productive learning. This process began with the formation of a Staff Development and Support Group (SDSG) which was convened by the project's two staff development workers. NGO workers had to commit themselves to the groups which occurred weekly, and also to the programme of occasional training days during the year. The regular business of the SDSG was to increase the knowledge, skill and confidence of workers by helping them to learn from their day to day work. It was not intended to be a "therapy" group for workers and the primary focus was always upon taking forward learning. Assessment of progress within this group has been both quantitative and qualitative.

This project, while having an important research component, also demonstrated the importance of field research as a feature of service development. Similarly, the staff development element had the combined purpose of: incorporating learning as a feature of working; highlighting the knowledge and insights located in day to day working practices; providing one of the means for an inclusive relationship with the workforce based on consensus

rather than more traditional authoritarian models.

### **The Research Instruments**

Three research instruments were used in order to assess the family background, and physical and emotional well-being of the children in the study.

*The Strengths and Difficulties Questionnaire (SDQ)*: the SDQ is a brief behavioural screening questionnaire that asks about children's and teenagers' symptoms and positive attributes, and was developed by Professor Robert Goodman in the UK (Goodman, 1999). The SDQ asks about 25 attributes, some positive and some negative, and there are versions that can be self-rated by the child, or rated by a parent or carer. The 25 items are divided between 5 sub-scales, each containing five items. These generate scores for conduct problems, hyperactivity-inattention, emotional symptoms, peer problems, and pro-social behaviour: all but the pro-social sub-scale are added together to produce a total "difficulties" score.

*The Recent Mood and Feelings Questionnaire (MFQ)*: the MFQ was developed by Angold and colleagues in the UK (Angold et al., 1995), and is a 32 item depression scale that is rated by the child. Symptoms are rated for the past two weeks and focus on the child's emotional state, level of interest and activity, sleep, appetite, self-image and suicidal thoughts.

*The Kyiv Street Safe Interview Schedule (KSSIS)*: the KSSIS is a semi-structured interview schedule for use with a child or parent and was developed for use within this study. It is based on interview schedules developed by me over several years of research in the UK, in other studies of children and adolescents who are having problems (Kerfoot et al., 1996). The following life domains are covered in the schedule: circumstances leading to child becoming homeless or running away; child's social life and activities; school record and educational progress; current problems and history of child's problems; current health problems and child's medical history; family structure and relationships; family circumstances, personal and social difficulties.

### **Street Children Survey**

The following is a summary of the findings taken from the data collected using the research instruments.

*Subjects*: A total of 97 children were recruited to the project during the period February 2002 to May 2003. Twenty-seven boys were recruited

from "Vifezda" at the State Shelter before the service moved out, and four more were recruited when the service re-opened as "My Family" in the new premises at Chotov. This gave an overall total of 31 boys. At "Aspern", 66 children were recruited to the study giving 41 boys and 25 girls. For the purposes of this summary, the data from "Aspern" and "Vifezda/My Family" has been combined.

*Data collection:* the gaps in the data collected in this study illustrate clearly the major difficulties in making and sustaining relationships with children who have been homeless on the city streets. As the findings show, these children have good reason to be suspicious of adults, to be restless and unable to settle, and unwilling to divulge information about themselves and their families until some trust and confidence has developed. Eleven of the children in this study refused to give information about their background and upbringing but did comply with the relative anonymity of completing the SDQ and MFQ scales. The KSSIS was, therefore, completed by only 86 of the subjects in this study. 86 children (62 boys and 24 girls) completed the KSSIS. The SDQ was completed on admission to the study by 92 children but at follow-up 6-9 months later only 24 children completed it. The SDQ was also completed by a member of agency staff on 81 children at admission, but on only 4 children at follow-up. Similarly, the MFQ was completed by 91 children on admission to the study but by only 24 children at follow-up.

This wide variation in response between admission and follow-up is explained partly by the mobility of the population under study. None of the children who came to these agencies had a "regular" pattern of attendance, because this was driven in part by their life circumstances, the season of the year, and by crisis. Some children might come to the agency each day, perhaps several times in a day, while for others several months might elapse between visits. There would be similar variation in the duration of the visits with some children staying for only an hour, while others would stay all day, every day. As might be expected, more children attend during the winter months when the cold weather would make life outside difficult and dangerous.

The age range of children recruited to the study was 6-17 years, with a mean age of 12.8 years. Two thirds of the children, 57 (66 %), were aged between 12-15 years. There were 72 boys and 25 girls in the sample. The majority of children, 71 (82 %), came from Kyiv city or Kyiv county, nine

were from other parts of Ukraine, e.g. Odessa, Donetsk, Chernobyl, four were from Russia, one was from Armenia, and one from Romania.

### **Findings from the Kyiv street safe interview schedule**

#### *Circumstances leading to homelessness or running away*

Fifty-six children (65 %) had been living on the streets at the time of referral and 30 (35 %) were still living at home although spending most of the day on the streets. The reasons children gave for coming to "Aspern" or "Vifezda" varied from those asking for accommodation and help to get them off the streets, 37 (43 %), those wanting to escape from a difficult home, 27 (31 %), those brought against their will, 14 (16 %), and those who came because they already had a sibling accommodated in the agency, 7 (8 %). One child gave no reason for coming to the agency. 31 children (36 %) referred themselves to the agency and 30 (35 %) were referred by the police. Eleven (13 %) were referred by a friend, 5 (6 %) by the State Services, and 3 (3 %) by a stranger. Two children were referred by their own family.

The reasons for referral were given as vagrancy, 28 (32 %), seeking temporary refuge from difficult home circumstances, 28 (32 %), homeless and wanting to be off the streets, 17 (20 %), wanting to socialise with other children, 8 (9 %), needing food and clothes, 4 (5 %), and one child was referred because of ill health. The children described a number of problems currently affecting them and these included the following: parental alcoholism and violence, 34 (39 %); children rejecting their parents' lifestyle and behaviour, 15 (17 %); general difficulties at home e.g. poverty, parental illness, overcrowding, 13 (15 %); child rejected by the family, 10 (12 %); violence from other family members, 4 (5 %), and two children complained of violence from other children. Six children (7 %) said that there were no problems but that they wanted to join activities with other children.

There was no evidence of current involvement of either State or NGO agencies with the problems these families were experiencing, nor of the children having access to sources of help. For a very small number, 10 (12 %), a pattern had developed of strangers' such as shop workers, befriending some children and giving them food or money or, as in 4 cases, taking the child to stay in their own apartment. For two boys, such an arrangement had

trapped them in a continuing cycle of serious sexual abuse. Over half of the children in this study, 50 (58 %), complained of current or recent feelings of hopelessness about their situation and a similar number, 52 (60 %), complained of persistent feelings of sadness. For 18 children (21 %) this was not their first visit to "Aspern" or "Vifezda" some having attended 4 or 5 times, but for 64 (74 %) this was their first contact with the service.

#### *Child's social life and activities*

Few children spoke of enjoying any kind of social activities prior to coming to the agency, other than walking the streets. Once connected with the agency friendships began to develop and the pattern that emerged was one of many superficial friendships between the children but with few examples of close or enduring friendships. Having a best friend of the same sex was true for 46 (53 %) of the subjects but only 22 (25 %) had a best friend of the opposite sex. Gang membership was a more common feature of the organization of their relationships and 62 (72 %) of the children were members of either same sex, or mixed sex gangs.

Within "Aspern" and "Vifezda" some of the children were able to develop interests and pursue them. Sport was popular with 17 (20 %), particularly football, but more structured interests such as drawing, painting, and music were popular with 23 (27 %) of the children. Anti-social behaviours, such as substance misuse, were quite a marked feature of these children's lives. Only 17 children (20 %) had not had any experience of substance misuse and for those who had, alcohol, drugs and solvents (glue-sniffing) were the substances of choice, either singly or in combination. For those abusing only alcohol the figure was 21 (24 %) and for those using only solvents it was 13 (15 %). For those abusing alcohol and solvents the figure was 10 (12 %), for alcohol and drugs it was 3 (3 %), while for the trio of alcohol, drugs and solvents the figure was 8 (9 %) for those abusing these substances. Smoking cigarettes was a common experience for many of the children, particularly the older ones but many did not regard this as an addictive behaviour and dismissed its harmful effects as negligible.

The children had various way of generating income, partly to support these habits, and only 14 (16 %) claimed to have no source of income. The most common source of income was from work, 26 (30 %), or from a combination of work and begging, 20 (23 %). The most common form of

work was in helping parents to sell products on the market, or in helping other traders to load and unload products. Other children obtained money by collecting bottles or disused pieces of metal, all of this being classified as "work". Twelve children (14 %) received small, intermittent amounts of spending money from parents or other relatives while seven children (8 %) derived their main income from crime. This involved taking money from drunken men in the street, or stealing as a "pickpocket", but also more organised activity such as demanding "protection" money from other beggars.

#### *School record and educational progress*

Only 30 of the children (35 %) were currently attending school and the majority of these were attending irregularly with more than 10 days unauthorised absence in the previous school term. In consequence, little information was obtainable about their educational progress since their learning in school was disrupted by frequent absences, and difficult conditions at home prevented children from studying or completing homework. Twenty children (23 %) said that they had been the victim of bullying while in school.

#### *Current problems and previous difficulties*

Among the children 42 (49 %) admitted to having difficulty in relating to adults, and in accepting the authority of adults. This problem was common to all settings - home, school and social agencies - and was clearly causing anxiety and stress for the adults concerned. Associated difficulties such as causing trouble among other children, and threatening or intimidating weaker or younger children meant that 56 children (65 %) were regarded, overall, as having moderate to severe current problems.

Criminal activity was recorded for 47 children (55 %) but over two thirds of this was for minor misdemeanours such as being arrested for vagrancy or begging. The remaining third had mostly been prosecuted because of stealing but one youth had been to Court because of robbery. Not surprisingly, episodes of running away were common among these children, 59 (69 %), with just under a third having run away so often that they could not remember the number of times this had occurred. An equal number of children 25 (30 %) had never run away from home but were clearly staying out on the street most of the day in order to avoid going home.

With regard to sexual behaviour, 22 (25 %) children recorded sexual experiences, some of

a very serious nature. Eight of these children had been involved in intimate sexual behaviour without intercourse while 11 had at least one experience of full sexual intercourse. Three boys had experience of sexual intercourse with adult males and had for a period been trapped in sexually abusive relationships with men who had befriended them on the street. Eight girls had also suffered some form of sexual abuse (two had been raped) but usually from teenage boys rather than adult males. Not unexpectedly, there was considerable concern on the part of adults regarding the safety and well-being of these children with 25 (29 %) rated as "minor" concern but 21 (24 %) rated as "marked or severe" concern. There is particular concern about the potential exposure of these children to HIV/AIDS infection and the risk that this poses to other children and the staff who are trying to help them. Just over half the girls in the sample, 13 (52 %), had achieved the menarche.

Over half of the children 44 (51 %) had experience of being looked after in a statutory internat at some time, with two thirds of these having spent at least three periods there.

#### *Current health problems and medical history*

Only 19 children (22 %) reported having no current health problems while 29 (33 %) reported minor ailments such as colds, coughs, stomach pains or headaches. More persistent conditions such as bronchitis, skin diseases or accidental injuries were reported by 18 children (21 %), while serious and persistent illnesses such as heart problems, stomach ulcers, tuberculosis were reported by 19 (22 %) of children. Visits to hospital in the past year were a relatively common feature of these children's lives with 66 (77 %) recording between 1-5 hospital visits. Of those visiting hospital in the previous year, 29 (44 %) had done so on at least four occasions. A review of each child's medical history showed that 33 (38 %) had suffered serious illness in the past, often requiring hospital admission.

Psychological help had been sought in the past for 46 children (53 %), and half of these had been seen by a psychologist within the previous 12 months. Nine children (10 %) had harmed themselves deliberately in the past, mainly by taking an overdose of tablets, and all admitted to suicidal intent in connection with these episodes.

Overall, 58 % of the sample was showing symptoms of mood disturbance and two thirds of these were scoring for moderate to major disturbance.

These data are based on self-reports rather than clinical ratings but appear to confirm the findings from the ratings on the Mood and Feelings Questionnaire completed by children on admission. Here, 60 (66 %) of the 91 children completing the MFQ scored for current depression.

#### *Family structure and relationships*

The marital status of the parents of children in this study is shown in the following Table 1. This table shows that 28 children (32 %) had parents who were either separated or divorced but what is more surprising is the finding that almost the same number of children (29:34 %) had lost at least one parent by death, usually the father. Eleven children (13 %) were the only child in the family, having no siblings, but 45 (52 %) had 1-2 siblings, 11 (13 %) had 3-5 siblings, and 13 (15 %) and more than 5 siblings. Forty-three children (50 %) had other significant adults in their lives, usually a grandparent but occasionally an uncle, aunt, or family friend. Relationships for children within these families were often difficult and these are summarised in the Table 2.

**Table 1. The marital status of the parents of children in this study**

Marital status	Frequency	%
Unmarried parents	2	2
Extant marriage	25	29
Parents separated	12	14
Divorced - living alone	8	9
Divorced - cohabiting	1	1
Divorced - remarried	7	8
Father deceased	21	24
Mother deceased	5	6
Both parents deceased	3	3
Status unknown	2	2

**Table 2. Relationships for children within their families**

Relationship	Minor difficulties	Moderate difficulties	Severe difficulties
With parents	21 (24%)	5 (6 %)	28 (33 %)
With siblings	25 (29 %)	15 (17%)	12 (14%)
With other significant adult	7 (8 %)	2 (2 %)	7 (8 %)

The extent to which some of these children had been abandoned by their families was explored and 20 children (23 %) claimed not to know the whereabouts of their immediate family although the majority had contact with at least one relation. A small number of parents seem to have had a very erratic life style, moving around the city as their fortunes declined, staying with friends or other relatives until continued deterioration in their lifestyle forced them to move on.

*Family circumstances, personal  
and social difficulties*

The financial status of many of the families in this study was quite precarious and some were living in extreme and enduring poverty, with little hope of respite or relief. Their financial status is summarised in the *Table 3*. Some families were in receipt of State benefits and these related to child benefits mainly, but some women received widows' benefit and others benefits due to ill health or invalidity.

**Table 3. The financial status of the families**

Financial status	Frequency	%
Minor financial problems	7	8
Moderate financial problems	9	10
Severe and continuing financial problems	56	65
Family in receipt of State pension or benefits	41	48

Superficially, there seemed to be an association between poverty, unemployment and severe alcohol problems. Not all families had alcohol problems but for those that did, the problems were severe and unrelenting. Forty-nine families (57 %) were rated as having severe alcohol problems since the situations that the children described could not be categorised in any other way. In many families both the mother and father were drinking heavily, and tended to socialise with other adults who also had alcohol problems. Quite often heavy drinking would lead to arguments and violence, particularly between husbands and wives, but some of this violence also extended to the children. Drug problems were much less frequent in this sample of families with only 6 (7 %) reporting a problem in this area.

Few psychiatric problems were reported in families (7-8 %) but 12 families (14 %) reported

a history of suicide attempts that was mainly accounted for by mothers and siblings. Criminal behaviour was reported in 31 families (36 %) and this was accounted for mainly by fathers, although an additional 12 subjects (14 %) reported criminal behaviour in their extended family. Family medical history showed that 19 (22 %) families had ongoing medical problems and this was most frequently the mothers, while 8 (9 %) families were looking after someone with a disability and this again was usually the mother. Some families received regular help from social agencies, most commonly NGOs, and 23 families (27 %) were currently obtaining practical support, and sometimes financial support.

*SDQ ratings by children*

Scores from the Strengths and Difficulties Questionnaire were computed to give a "normal", "borderline" or "abnormal" score and these are shown in the following *Tables 4-5* for the self-rated SDQs and for the SDQs completed by the child's key worker in the agency.

**Table 4. Self-rated SDQ scores**

Score	Admission (n = 89)	Follow-up (n = 24)
Normal	26 (29 %)	10 (42 %)
Borderline	18 (20 %)	5 (21 %)
Abnormal	45 (51 %)	9 (37 %)

**Table 5. Staff rated SDQ scores**

Score	Admission (n = 84)	Follow-up (n = 5)
Normal	15 (18 %)	1
Borderline	12 (14 %)	1
Abnormal	57 (68 %)	3

Although the SDQs rated by staff place a great number of children in the "abnormal" category when compared to the self-rated SDQs, there is little difference in the overall figures when the "borderline" and "abnormal" categories are added together. They show that 70-80 % of the children included in this study score for behavioural difficulties at either borderline or abnormal levels, but mainly at the "abnormal" level.

Comparisons between original assessment scores and follow-up scores are difficult here because so few of the children were around to complete

a second SDQ or have one completed on them. However, the mean at the original SDQ self-assessment ( $n = 89$ ) was 18.8 (standard deviation 7.0) and at follow-up ( $n = 24$ ) was 17.7 (standard deviation 6.1). Interestingly, a substantial number of children achieved a higher problem score on their second assessment than on the first demonstrating perhaps that moving from the street to a sheltered environment can produce additional problems rather than reducing them. A sheltered environment would, for example, impose restrictions on behaviour, reduce personal freedom, and expose the individual to a peer group that may not be particularly welcoming to newcomers when compared to street life. Children who may have been used to being the "leader" on the street may have to contend with a new leadership hierarchy within the shelter, and perhaps suffer a reduction in their personal authority, power and self-esteem.

#### *The Mood and Feelings Questionnaire ratings*

The MFQ gives a maximum possible depression score of 64 and in previous UK studies we have placed the threshold at 26. Those scoring 26 and above would, therefore, be regarded as showing significant vulnerability towards depression. On admission to this study, 60 children scored for depression on the MFQ, the highest score achieved being 53. The mean depression score for those scoring 26 and above was 38.

### **Conclusions**

The use of Behavioural and Emotional ratings scales, such as the SDQ or MFQ, is useful to agencies in making a preliminary identification of the domains in which vulnerable children need most help. It may help agencies that have limited resources to target these more effectively. The use of rating scales should only occur, however, as part of a comprehensive psycho-social assessment.

At least three different profiles of "street children" have emerged from this project and each may need a different kind of approach, in order to help them.

**Profile 1** includes children who sleep at the family home but who spend all their waking hours on the street or visiting a shelter such as "Aspern". These children do not usually have a history of running away from home, nor are they known to the police. Their home circumstances are frequently difficult due to divorce or separation, unemployment, alcohol problems and parental illness. These children are on the brink of becoming street chil-

dren but with support and preventative work with their families, they may be diverted from this. Around 30 % of street children fall into this category.

**Profile 2** includes those children who move between home and the street with great regularity, and who may vanish from home for weeks or months at a time. As with Profile 1 their home circumstances are very difficult with alcohol problems and violence being commonplace, together with poverty and continuing social decline. These children have a history of running away, and of supporting themselves through casual work or petty crime. They are vulnerable because the emotional distance between home life and life on the street increases over time, and rehabilitation and reintegration with the family may become increasingly difficult. These children may need to be placed with other relatives or with foster parents if their own parents are unable to look after them. Around 40 % of street children fall into this category.

**Profile 3** includes children who have become socialised to life on the streets and who have not lived in anything resembling a family situation for a very long time. Some of these children are orphans, or have been abandoned by their families, while others have lost touch with their families and do not know their whereabouts. The family background has usually been one of poverty, alcohol, violence and social decline with some parents having died at a relatively young age. These children are well-used to making a living on the street sometimes through work on the markets, but also through organised begging and petty crime. Work with these children may be difficult because they have learned to value the freedom, independence and earning-power that life on the streets has given them. Rehabilitation would need to recognize that some of these children may be so damaged that they would be unable to tolerate family life with other relatives or foster families. They may need the neutrality of a small children's home where they can begin to rediscover relationships with parent figures at their own pace. These children should be regarded as having very special needs and will demand a lot of time and support. Around 30 % of street children fall into this category.

A co-ordinated Child Care policy is needed in order to offer a comprehensive and integrated service to these children so that from the point of assessment a range of options would be available to meet the different needs identified. The NGOs fill important gaps in State provision and some kind

of working partnership, with sufficient resources to develop and maintain a strong rehabilitation ini-

tiative for children and families, may be the solution.

1. Adventist Development & Relief Agency International.- ADRA News Release, May, 2003.
2. *Flowers M.* (2004) [www.markflowersphotography.com/publications\\_projects/ukraine](http://www.markflowersphotography.com/publications_projects/ukraine)
3. Hope Now (2004) [www.hopenow.ork.uk](http://www.hopenow.ork.uk)
4. UNICEF (1997) Analytical Report on the project "The Street Children". UNICEF Mission in Ukraine.
5. *Goodman R.* Extended version of the Strengths and Difficulties Questionnaire as a guide to child psychiatric caseness and consequent burden // *J. Child Psychol. Psychiat.*- 1999.- V. 40.- № 5.- P. 791-799.
6. *Angola A., Costello E. J., Messer S. C., Pickles A., Winder F., Silver D.* The development of a short questionnaire for use in epidemiological studies of depression in children and adolescents // *Int J. Meth. Psychiatric Res.*- 1995.- V. 40.- № 5.- P. 237-249.
7. *Kerfoot M., Dyer E., Harrington V., Woodham A., Harrington R.* Correlates and short-term course of self-poisoning in adolescents // *Br. J. Psychiatry.*- 1996.- V. 163.-P. 38-42.

*Майкл Керфут*

## ДОСЛІДЖЕННЯ ДІТЕЙ ВУЛИЦІ В КИЄВІ

*У статті представлено досвід реалізації проекту із соціальної роботи з дітьми вулиці, зокрема дані опитування дітей, котрими опікувалися соціальні служби «Асперн» та «Віфезда». Описано методологію проведення дослідження, проаналізовано отримані результати, визначено три групи дітей вулиці, кожна з яких потребує окремого підходу в наданні соціальної допомоги.*