

CHILD FUNCTIONING MODULE

SECONDARY ANALYSIS
OF MICS6 DATA



 MICS

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CHILD FUNCTIONING MODULE – SECONDARY ANALYSIS OF MICCS6 DATA

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EXECUTIVE SUMMARY

In recent decades, the international community has begun to emphasize the importance of reliable statistical data and research findings on disability in order to make visible existing disparities between persons with disabilities and the general population in various spheres of life, to support the development of relevant and feasible policies and programs, and to document the progress that has been made at various levels of government with regard to the social inclusion of persons with disabilities. This recognition has led to an increasing number of countries collecting data on disability (Cappa et al., 2015), but at the same time has highlighted the lack of a common conceptual and methodological framework to guide the collection of data on disability.

To address these challenges, the Washington Group on Disability Statistics (WG) and UNICEF have developed a module on child functioning that can be used as a component of national population surveys or as a supplement to surveys on specific topics of interest. The International Classification of Functioning (ICF), which describes disability as the result of the interaction between individuals with impairments and attitudinal and environmental barriers that impede their full participation in society, was chosen as the conceptual framework for selecting relevant domains of functioning and developing items.

The module on child functioning was applied for the first time in Serbia in 2019 as part of the MICS6 study. Data from the national dataset show that 4 percent of children aged 2 to 17 years in Serbia have functional difficulties in at least one domain, while this percentage is even higher in Roma settlements, at 11 percent. As expected, the percentage of children with functional difficulties is higher at older ages. In the national sample, 2 percent of children aged 2 to 4 years and 5 percent of children aged 5 to 17 years have functional difficulties in at least one domain. A similar but even more striking pattern can be seen in the Roma settlements where 3 percent of children aged 2–4 years and 14 percent of children aged 5–17 years are assessed as having functional difficulty in at least one domain.

The secondary analysis of data gathered through the module on child functioning aimed at exploring contextual factors — family, household, school and system level factors — contributing to the disadvantaged position of children with functional difficulties. We used databases from the nationally representative sample and the sample of Roma households living in Roma settlements. The target group were primary caregivers of children 2 to 4 and 5 to 17 years old with functional difficulties, i.e., children assessed by their caregivers as having a lot of difficulties or being unable to perform the expected activities in at least one area of functioning. Based on the analysis, we identified subsegments with a significant disproportion between children with functional difficulties and their peers of typical development. Following the UNICEF Global guidance, the analysis comprised of four steps: 1. Theoretical selection of the variables; 2. Selection of the variables based on the sample size; 3. Selection of the variables based on the statistically significant differences; 4. We highlighted differences in the prevalence of children with functional difficulties, where 95% confidence intervals do not overlap. It is important noting that despite small size of samples, representative sampling strategy allows us to confidently generalize our findings from the MICS6 study to the population of children in Serbia.

The main findings of the secondary analysis in the sample of caregivers of children 2 to 4 years old describe that in both samples children who have functional difficulties are at higher risk of living in the family environment which is not stimulative for development of early literacy, with parents who do not use positive parenting strategies and in households where some of the members receive social assistance. Moreover, findings highlight that children with functional difficulties from Roma settlements are at higher risk of growing up in non-stimulative environment in comparison with their peers of typical development. These findings made visible a need for intersectorial early intervention services which promote whole family approach, but at the same time need to take into account intersectionality of identities of children and families from marginalized groups.

The secondary analysis on the sample of caregivers of children 5 to 17 years old give more nuanced portrait of the context in which children with difficulties are growing up. The analysis on both samples shows that children with difficulties in functioning are at the higher risk of being exposed to violent parenting strategies, being excluded from education, and living in the households at risk of poverty (i.e. receiving social assistance, not having basic sanitary conditions, not having TV, computer or internet), while their parents are less likely

to be aware of the role of Parents' Council and decisions they have taken, and to be informed on their child's progress by the school. Results indicate also some differences in findings regarding contextual factors from nationally representative sample and sample of Roma households in Roma settlements. The first pattern relates to the positive parenting strategies. Namely, in the nationally representative sample, findings suggest that children with difficulties are more prone to be exposed to positive parenting discipline than not. The opposite is true in the sample of Roma households from Roma settlements. The second pattern relates to the additional educational services received by children with functional difficulties. In the nationally representative sample, children with difficulties have more chance to attend free of charge or paid full-class service, while they are less prone to be involved in extra classes. In the case of children with difficulties from the sample of Roma households from Roma settlements, they have more chance to receive remedial classes. The third pattern relates to the resources at home for additional learning support. Children with difficulties from nationally representative sample have more chance to receive support for the homework by father, siblings and grandparents, than not to receive this kind of support. In the sample from Roma households from Roma settlements, it is recognized that main providers of support are siblings, i.e. children with difficulties have higher chance to receive support for homework from siblings, but lower chance to receive the same kind of support from their parents. And, fourth pattern relates to health insurance. Namely, in the national sample, the comparison was not possible, due to almost universal coverage of children by health assurance. However, in the sample from Roma households from Roma settlements we identified children who were not covered by health insurance, children with difficulties had higher chance to be in this group. The findings suggest that the interaction of multiple contextual factors increases the risk of social exclusion for children with difficulties as they grow up, underscoring the need for intersectorial and individualized support. This is also supported with the finding that children with functional difficulties are more represented in the households who receive support from the social care system.

In light of these findings, we could conclude that some universal rights, such as the right to education, the right to play, the right to participation, and the right to health care, are not currently as universal in Serbia. However, the secondary analysis provides strong guidance regarding policy, funding and programmes needed to support social inclusion of children with difficulties in functioning in Serbia.

INTRODUCTION

Data on disability: why, what and how

The United Nations Convention on the Rights of Persons with Disabilities adopted in 2006 holds States responsible to “...collect appropriate information, including statistical and research data, to enable them to formulate and implement policies...”, but also to disseminate “...these statistics and ensure their accessibility to persons with disabilities and others” (United Nations Convention on the Rights of Persons with Disabilities (CRPD), 2006). This recognition has led to an increasing number of countries collecting data on disability (Cappa et al., 2015), but at the same time has highlighted the lack of a common conceptual and methodological framework to guide disability data collection.

Data on disabilities could serve multiple purposes. The first is that data on disabilities should make **visible the existing disparities** between people with disabilities and the general population in various areas of life, including education and employment. Reliable data are recognized as central to a sense of self-efficacy among relevant stakeholders when advocating for policies and practices to improve the social inclusion of people with disabilities (Cappa et al., 2015). In addition, data has the potential to become an important empowerment tool by serving as an amplifier for the voices of marginalized communities, but also as a common language for marginalized communities and decision makers to communicate. The second purpose of data on disabilities is that it allows feeding forward — it **helps in shaping policies, funding and programs** that are relevant and feasible. Moreover, at the level of individual, data on disability is often used for eligibility purposes in different policy areas. For example, some forms of social assistance are assigned to an individual based on the assessment of his/her needs. The third purpose is that it serves to **document the progress** made at different levels of governance, starting from the microsystem, such as school, to macrosystems, such as national or international level.

How we will approach the collection of data on disability is shaped by the way we understand disability. As Hollenweger and Moretti (2012) describe, the dominant conceptualizations of disability are often problematic due to their contradictory goals, “...they concentrate on deficits, but try to promote social participation, and focus on dependence while trying to strengthen independence”. The described state of the art is mainly consequence of different perspectives on disability that were evolving throughout the time. Based on the review of scope and content of data collection instruments on child disability, Cappa and associates (2015), conclude that in the majority of analyzed countries medical model of disability is still the most dominant in the field of disability data collection. The medical model views disability as a problem of the person, directly caused by disease, trauma or other health condition (Abualghaib et al., 2019). Starting from the medical model of disability, data collection is focusing on diagnosis and etiology of impairments. However, the recent shifts from the medical to bio-psycho-social model, yielded novel approaches to data collection on disability. The biopsychosocial model is viewing disability as a result of the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full participation in society. This model is operationalized by the *International Classification of Functioning, Disability and Health Version for Children and Youth*, which allows relating impairment-specific information to participation in the different life domains. The model calls for methodology based on the certain premises. The first is that disability is dynamic concept due to the varying qualities of interaction between impairment and environment in different time periods. The second premise is that a priority needs to be assigned to assessment of the proximal environments of home, school and community (Simeonsson et al., 2003). And the third premise is that persons with disabilities are diverse and heterogeneous group.

Previously described purposes of data on disability, coupled with biopsychosocial conceptualization of disability influences what kind of data will be collected, how they will be collected and how they will be used. The literature emphasizes few important features of disability data collection approaches we are aiming for. The first one is standardized tools and procedures for collection of data on disability, which would result in internationally comparable data. This feature of the methodology would make visible position of persons with disabilities in different life domains, in national context, but also across different national contexts. Moreover, internationally comparable data would allow us to document progress in achieving goals and enacting values defined by international policy agenda. The

second feature of methodology is related to underlying inclusive values. Namely, experience has shown that tools used for identification of persons with disabilities could become tools for stigmatization. And third, the methodology should allow capturing both personal and contextual factors influencing participation of a person in different areas of life. Starting from these aims, Washington Disability Group has started developing Child Functioning Module in 2006, and in cooperation with UNICEF, it has been put into the practice.

MICS's approach to the collection of data on disability

Module on Child Functioning was introduced aiming to identify the subpopulation of children who are at greater risk than other children of the same age of experiencing limited participation in activities. Moreover, it provides cross-nationally comparable data.

The Module approach to disability measurement identifies basic activity or functional domains where respondents may experience difficulty functioning in their environments. Based on the collected data, children with difficulties in functioning are children (2 to 17 y.o.) who may experience a high degree of difficulty functioning in their environments, despite accommodations provided. Having in mind the MICS's research design, questions on child functioning are asked of parents or primary caregivers.

Context in Serbia

The MICS6 data (Statistical Office of the Republic of Serbia & UNICEF, 2020) from the national dataset shows that 4 percent of children aged 2–17 years in Serbia have functional difficulty in at least one domain, while in Roma settlements this percentage becomes higher — 11 percent. As expected, the percentage of children with functional difficulties is higher at the older age. In the national sample 2 percent of children aged 2–4 years and 5 percent of children aged 5–17 years have functional difficulty in at least one domain, similar but more striking pattern is recognized in the Roma settlements where 3 percent of children aged 2–4 years and 14 percent of children aged 5–17 years have functional difficulty in at least one domain.

METHOD

Aim

The main goal of the analysis was to identify contextual factors — family, household, school and system level factors — contributing to the disadvantaged position of children with functional difficulties.

Sample

The MICS6 surveys were carried out in 2019 on two separate samples — the Serbia MICS on a nationally representative sample and the Serbia Roma Settlements MICS on a sample of Roma households living in Roma settlements. The databases for both samples were used in data analysis. The target group were primary caregivers of children 2–4 and 5–17 years old with functional difficulties, i.e., children assessed by their caregivers as having a lot of difficulties or being unable to perform the expected activities in at least one area of functioning (Table 1). It is important noting that despite small size of samples, representative sample allows us to confidently generalize our findings from the MICS6 study to the population.

Table 1. Number of children with functional difficulties, by age, settlement, and domain of functioning.

	2–4 Years old				5–17 Years old			
	National		Roma Settlements		National		Roma Settlements	
	Count	Unw. Count	Count	Unw. Count	Count	Unw. Count	Count	Unw. Count
Seeing	1	1	4	4	3	3	24	10
Hearing	1	1	1	2	0	0	1	1
Walking	2	2	5	4	20	13	16	8
Communication	8	10	11	12	16	11	20	9
Learning	13	18	9	9	25	18	80	31
Controlling behaviour	1	1	2	3	14	10	44	16
Fine motor	1	1	1	1				
Playing	3	4	4	5				
Self-care					10	10	12	6
Remembering					22	16	76	30
Concentrating					8	6	14	7
Accepting change					35	17	10	5
Making friends					30	15	30	12
Anxiety					44	32	148	63
Depression					21	13	99	40
At least one domain	18	25	21	23	131	81	286	120
One domain	13	18	12	13	81	51	140	58
Two domains	2	4	6	6	23	9	87	39
Two + domains	3	3	3	4	27	21	59	23

Data analysis

The main challenge in the analysis was the number of children with functional difficulties in the sample (Table 1), which was insufficient for the direct comparison between children with and without functional difficulties. Therefore, a different approach was used. In the analysis, we identified subsegments with a significant disproportion between children with functional difficulties and their peers of typical development.

Following the UNICEF Global guidance, the analysis comprised of four steps.

Step 1. Theoretical selection of the variables. Based on the review of the literature related to children with functional difficulties, the relevant variables for the analysis were suggested and agreed upon by the UNICEF team and the authors (Annex 1). After the initial theoretical selection, we continued by narrowing down the list of the variables based on the empirical data.

Step 2. Selection of the variables based on the sample size. We have identified variables with enough cases in each category for comparison. We kept variables with a minimum of 25 unweighted cases in the lowest category (criteria proposed by the UNICEF team). It is important to note that due to the insufficient size of some subsamples, we were unable to conduct all statistical tests initially planned.

Step 3. Selection of the variables based on the statistically significant differences. In the next steps, we have selected variables where we found statistical differences ($p < 0.05$) in the prevalence of children with functional difficulties.

Step 4. We highlighted differences in the prevalence of children with functional difficulties, where 95% confidence intervals do not overlap.

Constraints of the Study

It is important to have in mind some features of the study's research design when approaching the findings. First of all, in the MICS study, identification of children with difficulties and the level of children's functional difficulties are assessed by their caregivers. Although this could be considered as a feature affecting the validity of the data, the results of the pilot study of the module on child functioning indicate that data gathered from the caregivers have high ecological validity.

Moreover, having in mind the methodological design it is important to note that the findings presented in the report provide a point-in-time snapshot and therefore conclusions on causal relations cannot be made.

Based on the UNICEF methodology, analysis is performed independently on the nationally representative sample and the sample of Roma households living in Roma settlements. Therefore, the position of children with functional difficulties is determined against two different samples. For example, position of children with functional difficulties in the Roma settlements is described against the sample of Roma households living in Roma settlements.

FINDINGS AND RECOMMENDATIONS

The children with functional difficulties are recognized as children who are at greater risk than other children of the same age of experiencing limited participation in activities. Since the purpose of the report is to provide recommendation for removing the barriers to participation of children with functional difficulties, the findings will be organized by the domains of participation.

The findings and recommendations will be provided separately for nationally representative sample and the sample of Roma households living in Roma settlements, as well as separately for two age groups — children age 2 to 4 and children age 5 to 17. We organized findings in different domains, however due to the small size of the certain subsamples, as well as certain differences in the survey items for two age groups, the domains and variables included in the analysis differ among different datasets (Table 2).

Table 2. Overview of the participation domains presented in the findings

Domains of participation	2 to 4 yaers		5 to 17 years	
	National Sample	Roma Settlements	National Sample	Roma Settlements
Early literacy activities at home	■			
Child's functioning		■		
Parental disciplinary practices	■			
Access to health			■	
Access to social welfare	■			
Access to education			■	
Additional learning support at home			■	
Collaboration between school and family			■	
Preconditions for emergency remote education			■	

FUNCTIONAL DIFFICULTIES IN THE EARLY YEARS

CHILDREN 2 TO 4 YEARS OLD

Functional difficulties in the early years in the nationally representative sample

We have been comparing prevalence of children with functional difficulties 2 to 4 years old in different domains of participation:

- ▲ Early literacy activities at home
- ▲ Parental disciplinary practices
- ▲ Access to social welfare

Early literacy activities at home

During early childhood, the family and the setting of early childhood education and care (ECEC) constitute primary learning environments for children, and the quality of the processes within these environments is associated with children’s outcomes for language development, particularly in the case of children with functional difficulties.

The findings show that the prevalence of difficulties in the communication domain is higher among children for whom no one regularly reads books, tells stories, or sings songs than among other children (Figure 1, Figure 2). Moreover, the prevalence of children who have functional difficulties in at least one domain is higher among children with whom no one implements early literacy activities at home than among other children (Figure 1, Figure 2).

Figure 1. Prevalence of children with functional difficulties among those being engaged and not being engaged in the early literacy activities at home



Figure 2. Prevalence of children with functional difficulties among those being engaged and not being engaged in the early literacy activities at home

Weighted percentages	Read books						Tell stories						Sang songs						Named/counted					
	Yes			No			Yes			No			Yes			No			Yes			No		
	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI
Seeing	0	0.1	0.5	.	0	.	0	0.1	0.4	.	0	.	0	0.1	0.5	.	0	.	0	0.1	0.5	.	0	.
Hearing	0	0.1	0.5	.	0	.	0	0.1	0.4	.	0	.	.	0	.	0.1	0.6	3.7	0	0.1	0.5	.	0	.
Walking	0	0.1	0.5	0.1	0.7	3.1	0	0.2	0.6	.	0	.	0	0.2	0.6	.	0	.	0	0.1	0.5	0.1	0.6	2.8
Fine motor	.	0	.	0.1	0.7	3.1	0	0.1	0.4	.	0	.	0	0.1	0.5	.	0	.	.	0	.	0.1	0.6	2.8
Communication	0.1	0.3	0.8	1.3	3.2	7.2	0.1	0.3	0.9	1.5	4.7	10.2	0.1	0.4	0.9	1.1	2.9	7.5	0.2	0.5	1.1	0.5	1.7	4.8
Learning	0.6	1.1	1.9	0.3	1.3	4.2	0.6	1.1	2	0.1	1.1	5.1	0.6	1.1	1.9	0.3	1.3	5.1	0.3	0.7	1.4	1.5	3.7	7.3
Playing	0	0.1	0.5	0.3	1.3	4.2	0	0.2	0.6	0.1	1.6	5.1	0	0.2	0.6	0.1	0.8	3.7	0	0.2	0.7	0.1	0.6	2.8
Controlling behaviour	0	0	0.3	.	0	.	0	0	0.2	.	0	.	0	0	0.2	.	0	.	.	0	.	0	0.3	1.5
At least one domain	0.7	1.4	2.2	1.3	3.2	7.2	0.8	1.3	2.2	1.5	4.7	10.2	0.7	1.3	2.1	1.6	4.1	8.6	0.5	1	1.8	2.3	5.1	8.9
One domain	0.5	1.1	1.8	0.6	1.9	5.3	0.5	1	1.7	0.9	3.1	8.6	0.4	0.9	1.6	1.1	3.3	7.5	0.3	0.6	1.3	1.9	4.5	8.1
Two domains	0	0.2	0.7	.	0	.	0	0.2	0.6	0	0.5	2.7	0	0.2	0.6	.	0	.	0	0.2	0.7	.	0	.
More than two	0	0.1	0.5	0.3	1.3	4.2	0	0.2	0.6	0.1	1.1	5.1	0	0.2	0.6	0.1	0.8	3.7	0	0.2	0.7	0.1	0.6	2.8

EC5. In the past 3 days, did you or any household member age 15 or over engage in any of the following activities with (name):

[A] Read books or looked at picture books with (name)?

[B] Told stories to (name)?

[C] Sang songs to or with (name), including lullabies?

[F] Named, counted, or drew things for or with (name)?

Confidence intervals > .95 level do not overlap

The findings suggest that children with difficulties, particularly in the communication domain, have a higher chance to be raised in the households in which early literacy activities (i.e. reading books, telling stories, or singing songs) are not present.

Therefore, families of children with functional difficulties should be supported to:

- recognize importance of early literacy activities at home for child's development,
- recognize importance of joint activities in the family context for development of wide range of child's socio-emotional skills,
- embed early literacy activities at home into child's daily routines.

Parental disciplinary practices

There is a higher proportion of children with difficulties in the domain of learning among children who have not experienced violent discipline methods (Figure 3, Figure 4).

Figure 3. Prevalence of children with functional difficulties among those being exposed and not being exposed to the violent methods of discipline

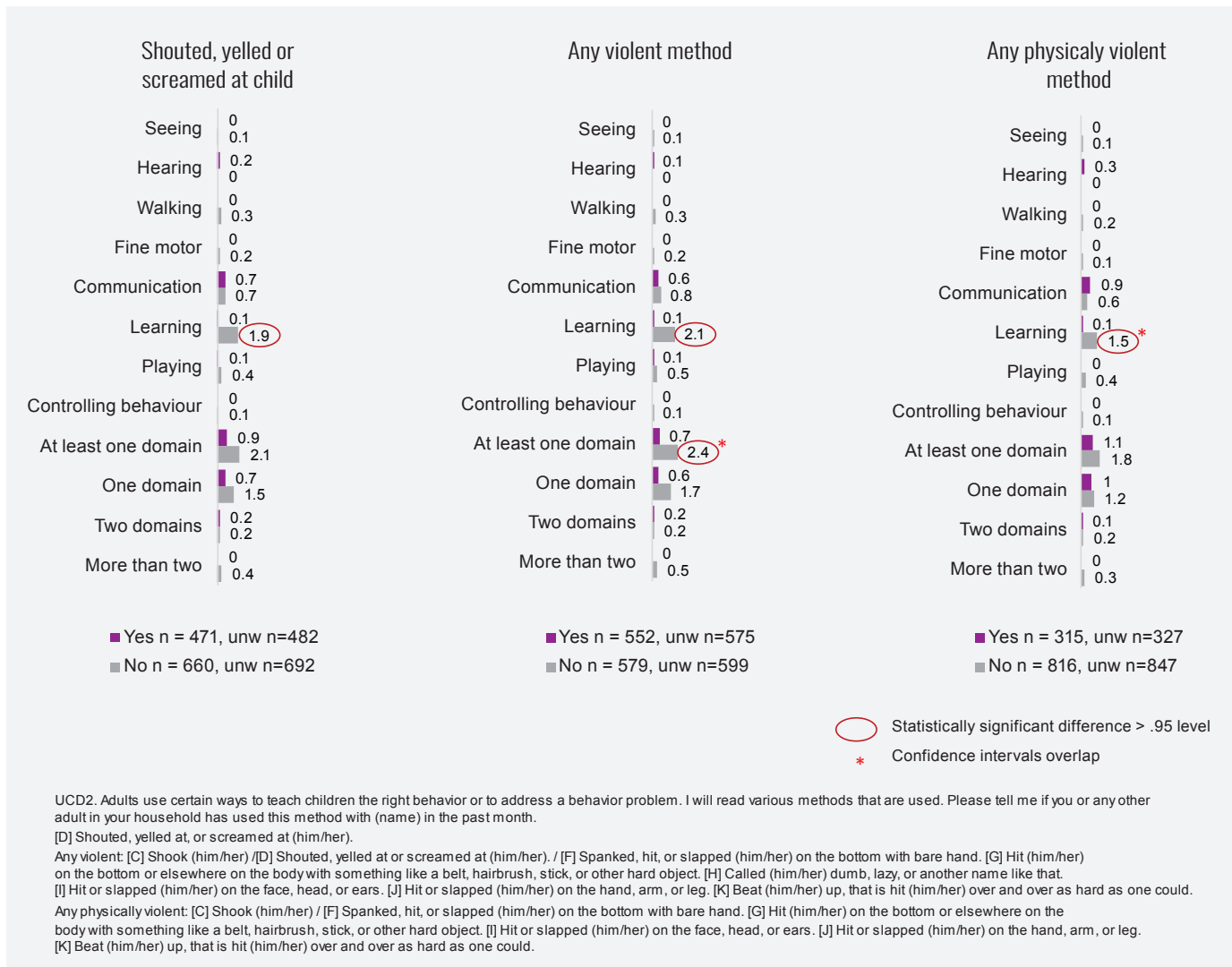


Figure 4. Prevalence of children with functional difficulties among those being exposed and not being exposed to the violent methods of discipline

	Shouted, yelled or screamed at child						Any violent method						Any physically violent method					
	YES			NO			YES			NO			YES			NO		
	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI
Seeing	.	0	.	0	0.1	0.7	.	0	.	0	0.1	0.8	.	0	.	0	0.1	0.6
Hearing	0	0.2	1	.	0	.	0	0.1	0.8	.	0	.	0	0.3	1.5	.	0	.
Walking	.	0	.	0.1	0.3	1	.	0	.	0.1	0.3	1.1	.	0	.	0.1	0.2	0.8
Fine motor	.	0	.	0	0.2	0.7	.	0	.	0	0.2	0.8	.	0	.	0	0.1	0.6
Communication	0.2	0.7	1.7	0.3	0.7	1.7	0.2	0.6	1.4	0.3	0.8	1.9	0.3	0.9	2.5	0.2	0.6	1.3
Learning	0	0.1	0.5	1	1.9	3.1	0	0.1	0.5	1.1	2.1	3.5	0	0.1	0.8	0.8	1.5	2.5
Playing	0	0.1	0.5	0.1	0.4	1.2	0	0.1	0.5	0.1	0.5	1.4	.	0	.	0.1	0.4	1
Controlling behaviour	.	0	.	0	0.1	0.4	.	0	.	0	0.1	0.4	.	0	.	0	0.1	0.3
At least one domain	0.3	0.9	2	1.2	2.1	3.4	0.2	0.7	1.7	1.4	2.4	3.9	0.4	1.1	3	1.1	1.8	2.9
One domain	0.2	0.7	1.7	0.8	1.5	2.7	0.2	0.6	1.4	0.9	1.7	3	0.3	1	2.5	0.6	1.2	2.2
Two domains	0	0.2	1	0	0.2	0.7	0	0.2	0.8	0	0.2	0.8	0	0.1	0.8	0.1	0.2	0.8
More than two	.	0	.	0.1	0.4	1.2	.	0	.	0.1	0.5	1.4	.	0	.	0.1	0.3	1

 Confidence intervals > .95 level do not overlap

UCD2. Adults use certain ways to teach children the right behavior or to address a behavior problem. I will read various methods that are used. Please tell me if you or any other adult in your household has used this method with (name) in the past month.

[D] Shouted, yelled at, or screamed at (him/her).

Any violent: [C] Shook (him/her) / [D] Shouted, yelled at or screamed at (him/her). / [F] Spanked, hit, or slapped (him/her) on the bottom with bare hand. [G] Hit (him/her) on the bottom or elsewhere on the body with something like a belt, hairbrush, stick, or other hard object. [H] Called (him/her) dumb, lazy, or another name like that. [I] Hit or slapped (him/her) on the face, head, or ears. [J] Hit or slapped (him/her) on the hand, arm, or leg. [K] Beat (him/her) up, that is hit (him/her) over and over as hard as one could.

Any physically violent: [C] Shook (him/her) / [F] Spanked, hit, or slapped (him/her) on the bottom with bare hand. [G] Hit (him/her) on the bottom or elsewhere on the body with something like a belt, hairbrush, stick, or other hard object. [I] Hit or slapped (him/her) on the face, head, or ears. [J] Hit or slapped (him/her) on the hand, arm, or leg. [K] Beat (him/her) up, that is hit (him/her) over and over as hard as one could.

Among children whose parents do not use strategies of taking away privilege, giving a child something else to do or explaining why certain behaviors are wrong, there is a higher prevalence of children who have difficulties in one or at least one domain of functioning, predominantly in the domain of communication, learning and playing (Figure 5, Figure 6).

Figure 5. Prevalence of children with functional difficulties among those being exposed and not being exposed to the positive parenting strategies

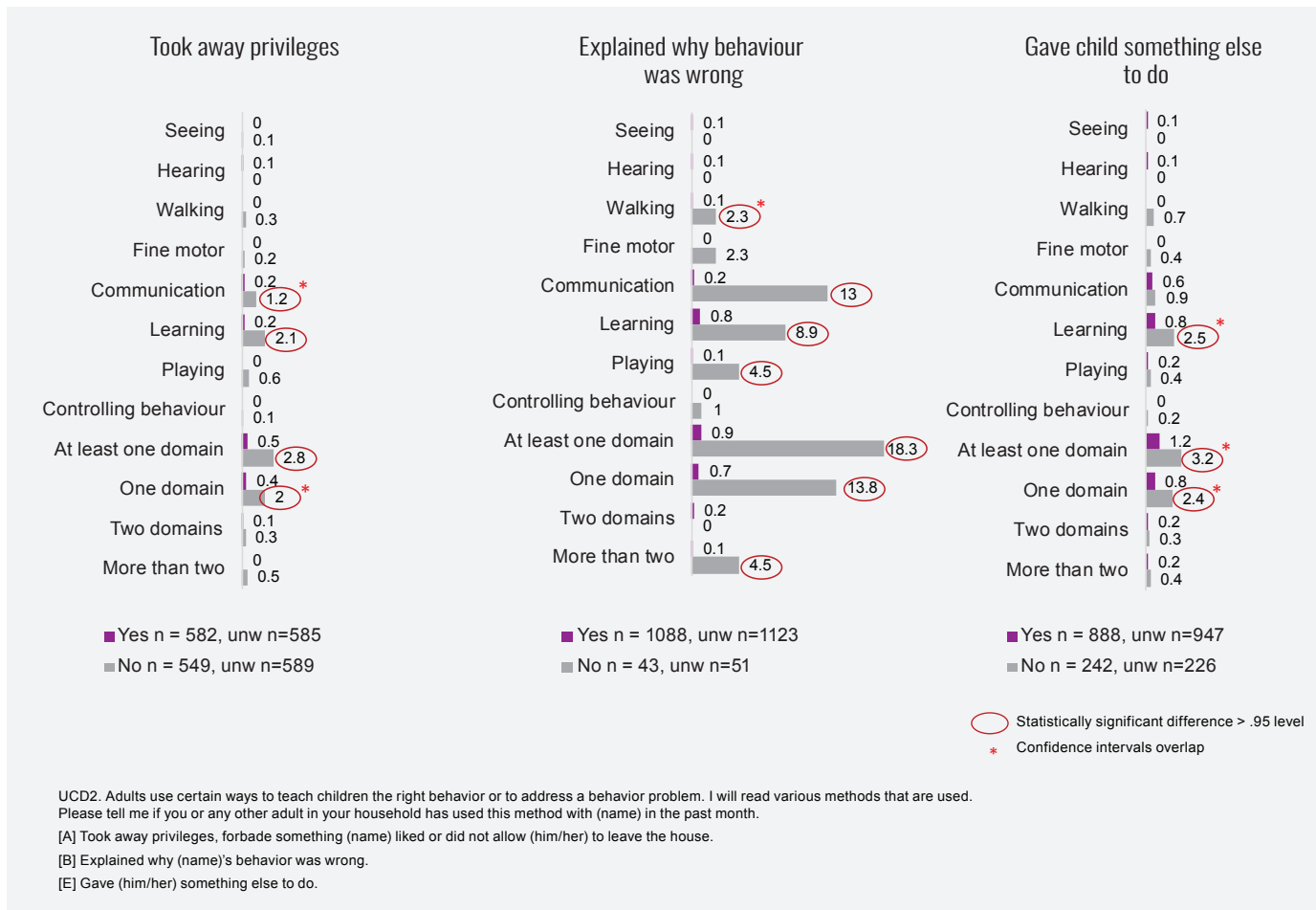


Figure 6. Prevalence of children with functional difficulties among those being exposed and not being exposed to the positive parenting strategies

	Took away privileges						Explained why behaviour was wrong						Gave child something else to do					
	YES			NO			YES			NO			YES			NO		
	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI
Seeing	.	0	.	0	0.1	0.8	0	0.1	0.4	.	0	.	0	0.1	0.5	.	0	.
Hearing	0	0.1	0.8	.	0	.	0	0.1	0.4	.	0	.	0	0.1	0.5	.	0	.
Walking	.	0	.	0.1	0.3	1.2	0	0.1	0.4	0.3	2.3	10.4	.	0	.	0.2	0.7	2.6
Fine motor	.	0	.	0	0.2	0.8	.	0	.	0.3	2.3	10.4	.	0	.	0	0.4	1.9
Communication	0	0.2	0.8	0.6	1.2	2.5	0	0.2	0.6	6	13	26.5	0.3	0.6	1.4	0.2	0.9	2.6
Learning	0	0.2	0.8	1.1	2.1	3.4	0.4	0.8	1.5	3.2	8.9	20.6	0.4	0.8	1.5	1	2.5	5
Playing	.	0	.	0.2	0.6	1.5	0	0.1	0.4	1	4.5	14.1	0	0.2	0.7	0	0.4	1.9
Controlling behaviour	.	0	.	0	0.1	0.5	.	0	.	0	1	5.6	.	0	.	0	0.2	1
At least one domain	0.1	0.5	1.4	1.6	2.8	4.4	0.5	0.9	1.6	9.2	18.3	32.1	0.6	1.2	2	1.6	3.2	6.1
One domain	0.1	0.4	1.1	1.1	2	3.4	0.3	0.7	1.3	6	13.8	26.5	0.4	0.8	1.5	1	2.4	5
Two domains	0	0.1	0.4	0.1	0.3	1.2	0	0.2	0.6	.	0	.	0	0.2	0.5	0	0.3	1.9
More than two	.	0	.	0.2	0.5	1.5	0	0.1	0.4	1	4.5	14.1	0	0.2	0.7	0	0.4	1.9

UCD2. Adults use certain ways to teach children the right behavior or to address a behavior problem. I will read various methods that are used. Please tell me if you or any other adult in your household has used this method with (name) in the past month.

[A] Took away privileges, forbade something (name) liked or did not allow (him/her) to leave the house.

[B] Explained why (name)'s behavior was wrong.

[E] Gave (him/her) something else to do.

Confidence intervals > .95 level do not overlap

The analysis indicate that prevalence of children with functional difficulties does not differ among groups of children exposed and not exposed to the harsh parental treatment. Moreover, it indicates that prevalence of children with learning difficulties is higher among those who were not exposed to the harsh disciplinary practices.

At the same time, the analysis shows that parents of children with difficulties in one or at least one domain are less present among those who use positive discipline, such as taking a way a privilege or redirecting child's attention. This pattern is recognized among children with functional difficulties in the domain of communication, learning and playing.

Therefore, parents of children with functional difficulties should be:

- supported to express both warmth and responsiveness, as well as to encourage child's compliance with rules and directives,
- introduced to different positive disciplinary practices,
- and supported to respond in difficult situations using the effective practices of positive parenting beneficial both for child's and their wellbeing.

Access to social welfare

The prevalence of children with functional difficulties is higher among households that receive allowance for care and assistance of another person in comparison to the households which do not (Figure 7, Figure 8). This indicates that it is more probable for children with functional difficulties to live in the households in need, either in the need for material support, or in the need for additional resources related to the care about household members with disabilities or severe health conditions.

Figure 7. Prevalence of children with functional difficulties among those living and those not living in the households receiving or not receiving social assistance

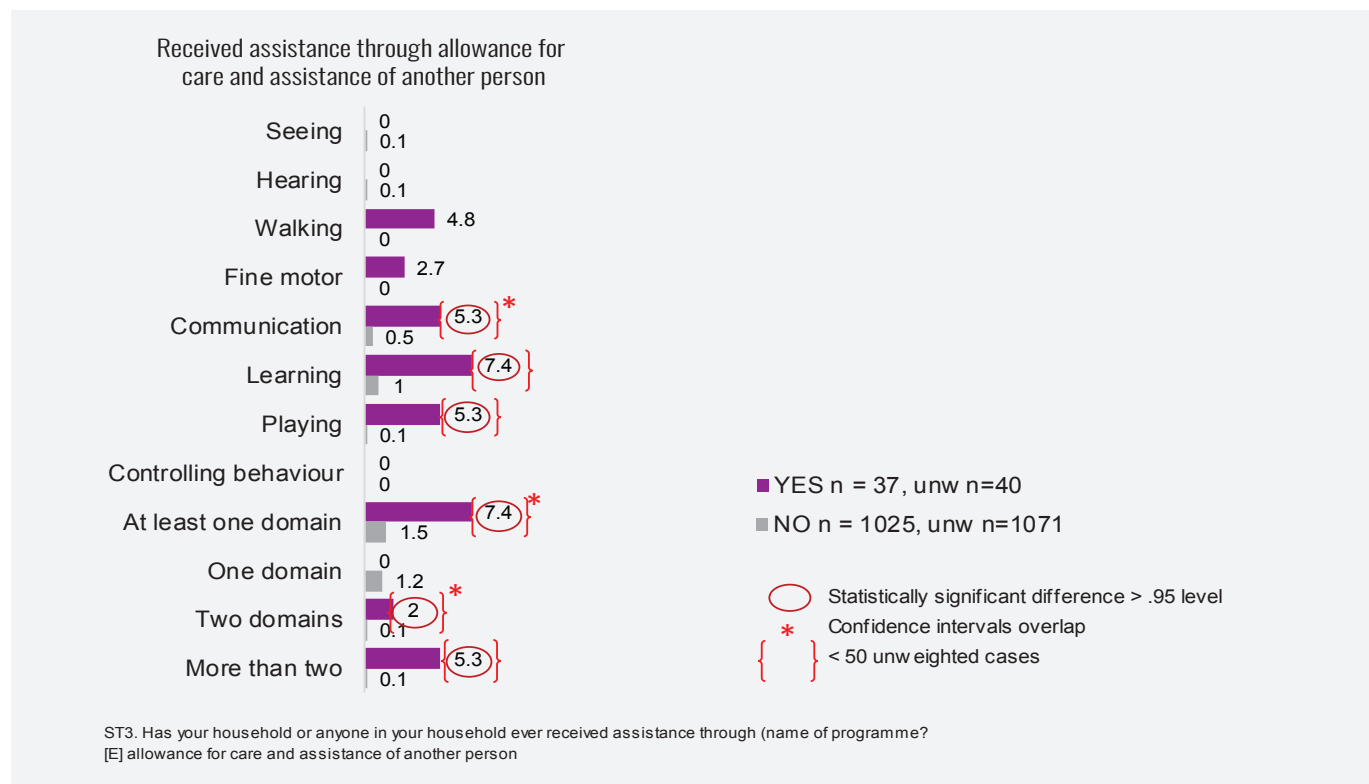


Figure 8. Prevalence of children with functional difficulties among those living and those not living in the households receiving or not receiving social assistance

Domain	Yes			No		
	LCI	%	UCI	LCI	%	UCI
Seeing	.	0.0	.	0.0	0.1	0.5
Hearing	.	0	.	0	0.1	0.5
Walking	1.1	4.8	16.2	.	0	.
Fine motor	0.3	2.7	11.9	.	0	.
Communication	1.1	5.3	16.2	0.2	0.5	1.1
Learning	2.3	7.4	20.1	0.5	1	1.7
Playing	1.1	5.3	16.2	0	0.1	0.5
Controlling behaviour	.	0	.	0	0	0.2
At least one domain	2.3	7.4	20.1	0.9	1.5	2.3
One domain	.	0	.	0.7	1.2	2.1
Two domains	0.3	2	11.9	0	0.1	0.5
More than two	1.1	5.3	16.2	0	0.1	0.5

ST3. Has your household or anyone in your household ever received assistance through (name of programme)?
 [E] allowance for care and assistance of another person

Confidence intervals > .95 level do not overlap

The analysis indicate that prevalence of children with functional difficulties is higher among those children living in the households in which some members receive social assistance.

Therefore, it is important that support services:

- recognize not just needs of an individual child, but also needs of the family/household system in which the child lives,
- provide intersectorial support for child's development and learning.

Functional difficulties in the early years in the sample of Roma households living in Roma settlements

In the sample of Roma households living in Roma settlements, we have been comparing prevalence of children with functional difficulties 2 to 4 years old in different domains of participation:

- ▲ Early literacy activities at home
- ▲ Child's functioning
- ▲ Parental disciplinary practices
- ▲ Access to social welfare

Early literacy activities at home

Play is essential to the social, emotional, cognitive, and physical well-being of children. It is a natural tool for children to develop creativity and resiliency as they learn to cooperate, overcome challenges, and negotiate with others. It provides time for parents to be fully engaged with their children and to bond with their children. The Convention on the Rights of the Child, adopted in 1989, expressly affirms this principle in Article 31: “the States Parties recognize the right of the child to rest and leisure, to engage in play”. The rights set forth in Article 31 apply universally to all communities of the world, respecting all cultural traditions.

However, the findings show that the prevalence of children who have functional difficulties in one or at least one domain is higher among children from Roma settlements with whom no one implements early literacy activities at home (Figure 9, Figure 10). Moreover, the prevalence of children with difficulties in different domains is higher among children from Roma settlements with whom no one plays regularly at home (Figure 9, Figure 10).

Figure 9. Prevalence of children with functional difficulties among those being engaged and not being engaged in the early literacy activities at home



Figure 10. Prevalence of children with functional difficulties among those being engaged and not being engaged in the early literacy activities at home

	Tell stories						Played with						Named/counted					
	YES		NO				YES		NO				YES		NO			
Seeing	. 0	. 0.5	1.3	3.4	0.1	0.4	1.3	0.4	3.7	15.5	0	0.4	1.6	0.2	0.7	2.2		
Hearing	. 0	. 0	0.4	1.7	0	0.2	0.7	. 0	.	.	.	0	. 0	0.3	1.3			
Walking	0	0.3	1.2	0.3	1.3	2.9	0.1	0.6	1.3	0.4	3.7	15.5	.	0	. 0.5	1.2	3	
Fine motor	. 0	. 0	0.4	1.7	0	0.2	0.7	. 0	.	.	.	0	. 0	0.3	1.3			
Communication	0.5	1.2	2.9	0.9	2.3	4.4	0.8	1.6	2.8	0.4	4.6	15.5	.	0	. 1.6	3.1	5.2	
Learning	0.2	0.9	2.1	0.9	2.2	4.4	0.5	1.1	2.2	1.5	8	21	.	0	. 1.2	2.6	4.6	
Playing	0.1	0.5	1.7	0.2	0.9	2.3	0.1	0.4	1.3	0.4	5	15.5	.	0	. 0.4	1.1	2.6	
Controlling behaviour	0	0.1	0.7	0.2	0.6	2.3	0	0.2	0.7	0.4	2.6	15.5	.	0	. 0.1	0.6	1.8	
At least one domain	0.8	1.9	3.6	2.9	5	8.2	1.7	2.8	4.2	5	13.9	30.5	0	0.4	1.6	3.5	5.5	8.2
One domain	0.4	1.1	2.5	1.4	2.8	5.4	0.7	1.5	2.6	1.5	8.9	21	0	0.4	1.6	1.6	3	5.2
Two domains	0.1	0.5	1.7	0.5	1.4	3.4	0.4	0.9	2	.	0	.	.	0	. 0.7	1.6	3.4	
More than two	0	0.3	1.2	0.2	0.9	2.3	0.1	0.3	1	0.4	5	15.5	.	0	. 0.2	1	2.2	

EC5. In the past 3 days, did you or any household member age 15 or over engage in any of the following activities with (name):
 [A] Read books or looked at picture books with (name)?
 [B] Told stories to (name)?
 [E] Played with (name)?
 [F] Named, counted, or drew things for or with (name)?

Confidence intervals > .95 level do not overlap

The analysis suggests that the right of children with functional difficulties from Roma settlements to have playtime could be impeded.

Therefore, additional efforts should be put in activities aimed at:

- raising awareness on lifelong benefits children gain from play; and
- supporting parental competencies for play.

Moreover, family members of children with functional difficulties should be supported to organize and implement early literacy activities at home. However, due to the potential language barriers in the Roma settlement households cultural mediators should be engaged.

Child's functioning

The results indicate that children who have functional difficulties in at least one domain are more prevalent among children from Roma settlements who are assessed by their caregivers as easily distracted and being sick (Figure 11, Figure 12). On the other hand, findings show that children who have functional difficulties are more prevalent among children from Roma settlements who can read age-appropriate material.

Figure 11. Prevalence of children with functional difficulties among those showing expected developmental outcomes

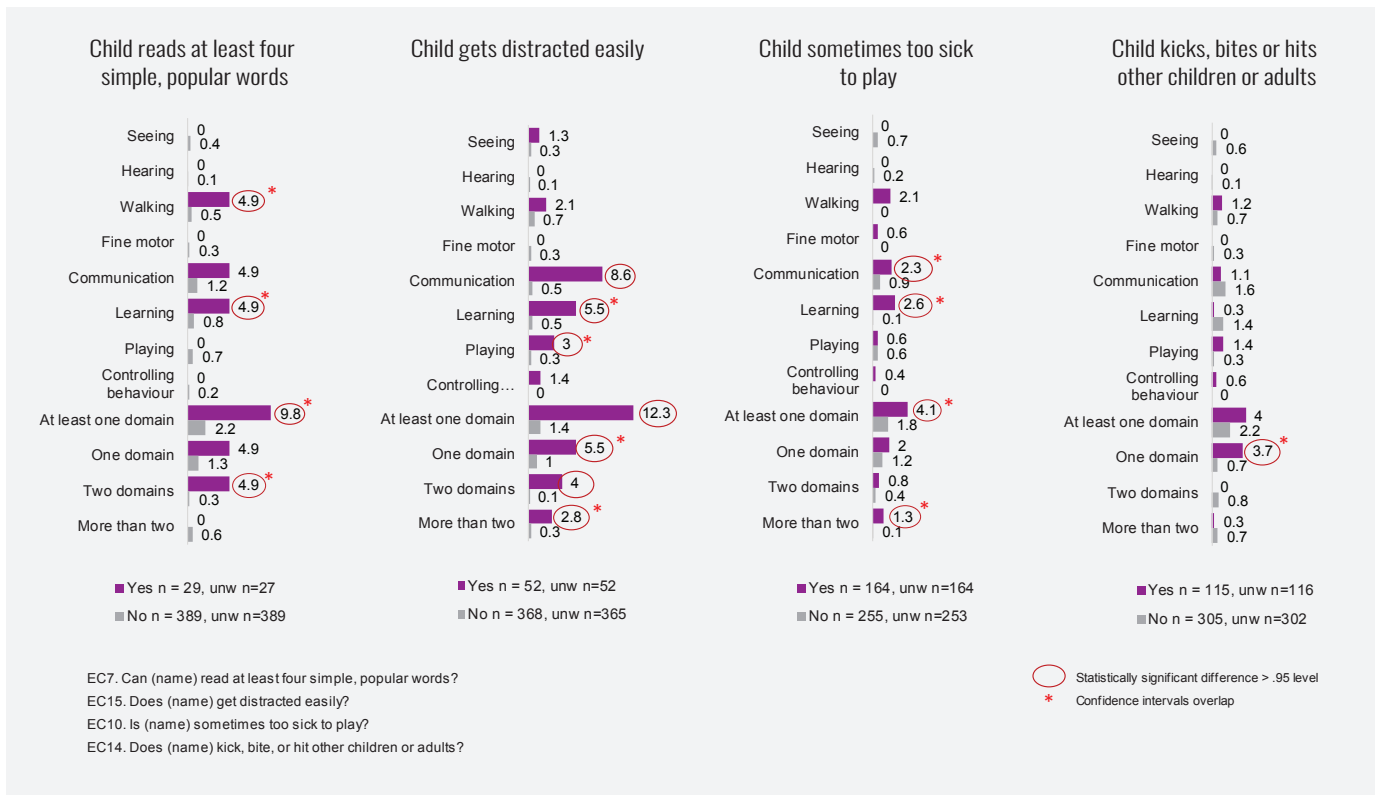


Figure 12. Prevalence of children with functional difficulties among those showing expected developmental outcomes

	Child reads at least four simple, popular words				Child gets distracted easily				Child sometimes too sick to play				Child kicks, bites or hits other children or adults			
	YES		NO		YES		NO		YES		NO		YES		NO	
Seeing	0	0.4	0.1	1.6	0.2	1.3	0.8	0.3	0	0.2	0.7	2.5	0	0.1	0.6	2.1
Hearing	0	0	0	0.1	0	0	0	0.1	0	0	0.2	1	0	0	0.1	0.8
Walking	0.4	4.9	15	0.5	0.2	2.1	8.6	0.1	0.5	2.1	4.8	0	0.1	1.2	4	0.7
Fine motor	0	0	0	0.3	0	0	0	0.3	0.1	0.6	2.8	0	0	0	0.3	1.5
Communication	0.4	4.9	15	0.5	2.7	8.6	17.3	0.1	0.8	2.3	5.7	0.2	0.1	1.1	4	1.6
Learning	0.4	4.9	15	0.2	1.7	5.5	14.6	0.1	0.8	2.6	5.7	0	0	0.3	2.2	1.4
Playing	0	0	0.2	0.7	0.8	3	11.8	0	0.1	0.6	2.8	0.2	0.4	1.4	5.5	0.3
Controlling behaviour	0	0	0	0.2	0.2	1.4	8.6	0	0.1	0.4	2.8	0	0.1	0.6	4	0
At least one domain	3	9.8	25.1	1.2	5	12.3	22.2	0.5	1.9	4.1	8.2	0.8	1.7	4	9.3	1
One domain	0.4	4.9	15	0.5	1.7	5.5	14.6	0.4	0.5	2	4.8	0.3	1.2	3.7	8.1	0.1
Two domains	0.4	4.9	15	0	0.8	4	11.8	0	0.1	0.8	2.8	0	0	0	0.1	0.8
More than two	0	0	0.1	0.6	0.2	2.8	8.6	0	0.3	0.3	1.3	0	0	0.3	2.2	0.1

EC7. Can (name) read at least four simple, popular words?
 EC15. Does (name) get distracted easily?
 EC10. Is (name) sometimes too sick to play?
 EC14. Does (name) kick, bite, or hit other children or adults?

■ Confidence intervals > .95 level do not overlap

The analysis suggests that children with functional difficulties from Roma settlements are at higher risk to be recognized as those who become distracted easily and feel sick often, than not.

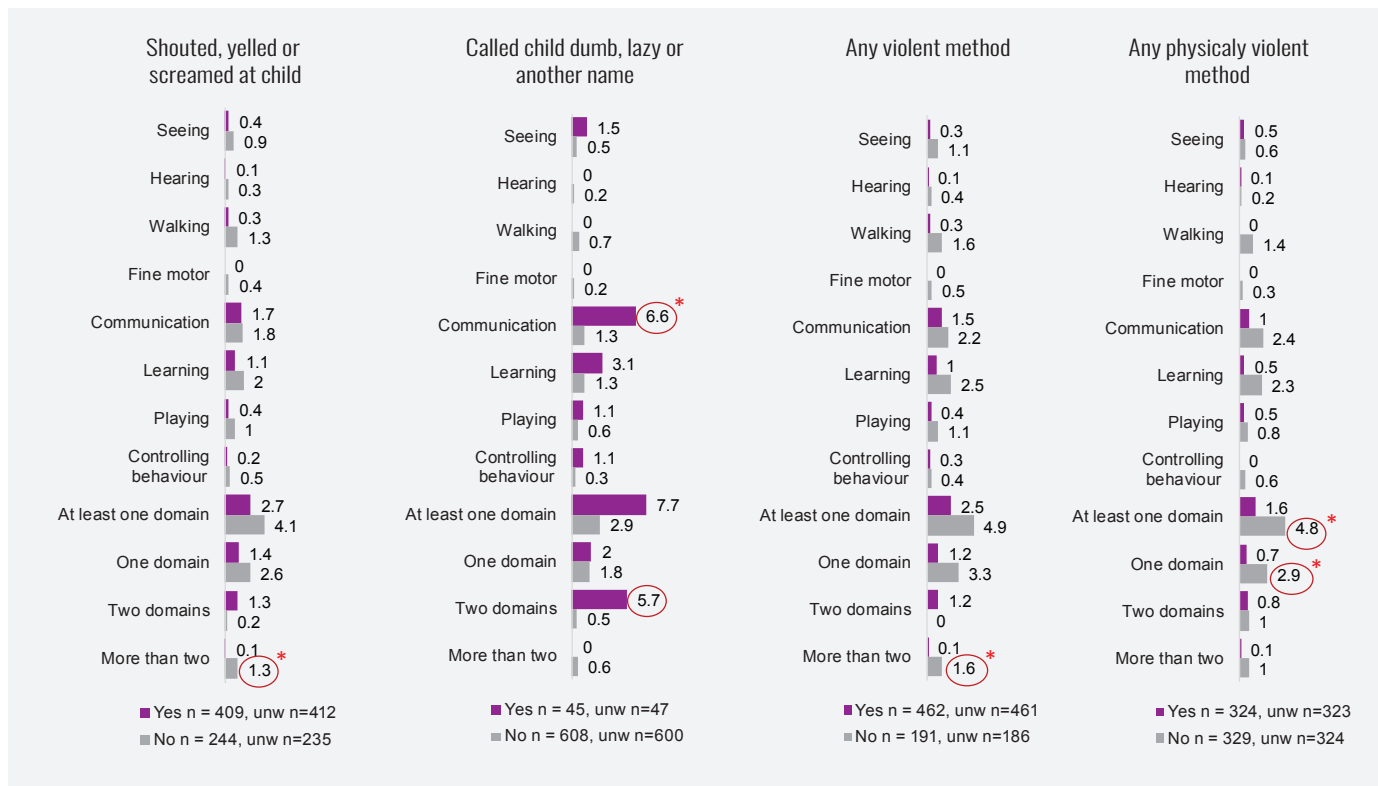
Therefore, additional efforts should be put in activities aimed at raising family capacities to:

- develop, adapt and support established routines;
- adapt everyday life situations to meet the needs of children with different patterns of sensory processing;
- embed activities that nurture joint attention in everyday activities.

Parental disciplinary practices

The analysis shows that there is a higher prevalence of children who have difficulties in two domains and children with difficulties in communication domain among children from Roma settlements who have experienced being called insulting names by their household members. On the other hand, children with functional difficulties in more than two domains are less prevalent among children from Roma settlements who are exposed to harsh verbal strategies, or any other violent methods (Figure 13, Figure 14). One explanation could be that parents are less prone to use harsh verbal strategies and other violent methods in the case of children for whom they are confident that they need additional support.

Figure 13. Prevalence of children with functional difficulties among those being exposed and not being exposed to the violent methods of discipline



UCD2. Adults use certain ways to teach children the right behavior or to address a behavior problem. I will read various methods that are used. Please tell me if you or any other adult in your household has used this method with (name) in the past month.
 [D] Shouted, yelled at or screamed at (him/her).
 [H] Called (him/her) dumb, lazy or another name like that.
 Any violent: [C] Shook (him/her) / [D] Shouted, yelled at or screamed at (him/her). / [F] Spanked, hit, or slapped (him/her) on the bottom with bare hand. [G] Hit (him/her) on the bottom or elsew here on the body with something like a belt, hairbrush, stick, or other hard object. [H] Called (him/her) dumb, lazy, or another name like that. [I] Hit or slapped (him/her) on the face, head, or ears. [J] Hit or slapped (him/her) on the hand, arm, or leg. [K] Beat (him/her) up, that is hit (him/her) over and over as hard as one could.
 Any physically violent: [C] Shook (him/her) / [F] Spanked, hit, or slapped (him/her) on the bottom with bare hand. [G] Hit (him/her) on the bottom or elsew here on the body with something like a belt, hairbrush, stick, or other hard object. [I] Hit or slapped (him/her) on the face, head, or ears. [J] Hit or slapped (him/her) on the hand, arm, or leg. [K] Beat (him/her) up, that is hit (him/her) over and over as hard as one could.

Statistically significant difference > .95 level
 * Confidence intervals overlap

Figure 14. Prevalence of children with functional difficulties among those being exposed and not being exposed to the violent methods of discipline

	Shouted, yelled or screamed at child					Called child dumb, lazy or another name					Any violent method					Any physically violent method								
	YES		NO			YES		NO			YES		NO			YES		NO						
Seeing	0	0.4	1.1	0.2	0.9	2.6	0.2	1.5	9.9	0.1	0.5	1.3	0	0.3	1	0.2	1.1	3.3	0	0.5	1.4	0.1	0.6	1.9
Hearing	0	0.1	0.6	0	0.3	1.9	.	0	.	0	0.2	0.8	0	0.1	0.5	0.1	0.4	2.4	0	0.1	0.8	0	0.2	1.4
Walking	0	0.3	1.1	0.3	1.3	3.2	.	0	.	0.3	0.7	1.8	0	0.3	1	0.4	1.6	4.1	.	0	.	0.6	1.4	3.3
Fine motor	.	0	.	0	0.4	1.9	.	0	.	0	0.2	0.8	.	0	.	0.1	0.5	2.4	.	0	.	0	0.3	1.4
Communication	0.8	1.7	3.3	0.6	1.8	3.9	1.9	6.6	16.7	0.6	1.3	2.5	0.7	1.5	3	0.7	2.2	4.9	0.3	1	2.5	1.2	2.4	4.5
Learning	0.3	1.1	2.3	0.8	2	4.4	0.2	3.1	9.9	0.6	1.3	2.5	0.3	1	2	1	2.5	5.6	0.1	0.5	2	1	2.3	4.1
Playing	0.1	0.4	1.6	0.3	1	3.2	0	1.1	5.4	0.2	0.6	1.6	0.1	0.4	1.4	0.2	1.1	3.3	0.1	0.5	2	0.3	0.8	2.4
Controlling behaviour	0	0.2	1.1	0	0.5	1.9	0	1.1	5.4	0.1	0.3	1.1	0	0.3	1	0.1	0.4	2.4	.	0	.	0.1	0.6	1.9
At least one domain	1.4	2.7	4.6	2.1	4.1	7.1	1.9	7.7	16.7	1.8	2.9	4.5	1.4	2.5	4.4	2.4	4.9	8.4	0.6	1.6	3.3	2.9	4.8	7.6
One domain	0.6	1.4	3	1	2.6	5	0.2	2	9.9	1	1.8	3.1	0.5	1.2	2.7	1.3	3.3	6.4	0.1	0.7	2	1.6	2.9	5.3
Two domains	0.5	1.3	2.7	0	0.2	1	1.9	5.7	16.7	0.1	0.5	1.3	0.5	1.2	2.7	.	0	.	0.1	0.8	2	0.3	1	2.4
More than two	0	0.1	0.6	0.3	1.3	3.2	.	0	.	0.1	0.6	1.3	0	0.1	0.5	0.4	1.6	4.1	0	0.1	0.8	0.3	1	2.4

UCD2. Adults use certain ways to teach children the right behavior or to address a behavior problem. I will read various methods that are used. Please tell me if you or any other adult in your household has used this method with (name) in the past month.

[D] Shouted, yelled at or screamed at (him/her).

[H] Called (him/her) dumb, lazy or another name like that.

Any violent: [C] Shook (him/her) / [D] Shouted, yelled at or screamed at (him/her). / [F] Spanked, hit, or slapped (him/her) on the bottom with bare hand. [G] Hit (him/her) on the bottom or else here on the body with something like a belt, hairbrush, stick, or other hard object. [H] Called (him/her) dumb, lazy, or another name like that. [I] Hit or slapped (him/her) on the face, head, or ears. [J] Hit or slapped (him/her) on the hand, arm, or leg. [K] Beat (him/her) up, that is hit (him/her) over and over as hard as one could.

Any physically violent: [C] Shook (him/her) / [F] Spanked, hit, or slapped (him/her) on the bottom with bare hand. [G] Hit (him/her) on the bottom or else here on the body with something like a belt, hairbrush, stick, or other hard object. [I] Hit or slapped (him/her) on the face, head, or ears. [J] Hit or slapped (him/her) on the hand, arm, or leg. [K] Beat (him/her) up, that is hit (him/her) over and over as hard as one could.

Confidence intervals > .95 level do not overlap

There is a higher prevalence of parents of children who have difficulties in at least one domain of functioning, predominantly in the domain of communication and learning, among households parents from Roma settlements who do not use positive parenting strategies (e.g. explain why certain behaviors are wrong, or do not use strategy of redirecting child's attention) (Figure 15, Figure 16).

Figure 15. Prevalence of children with functional difficulties among those being exposed and not being exposed to the positive parenting strategies

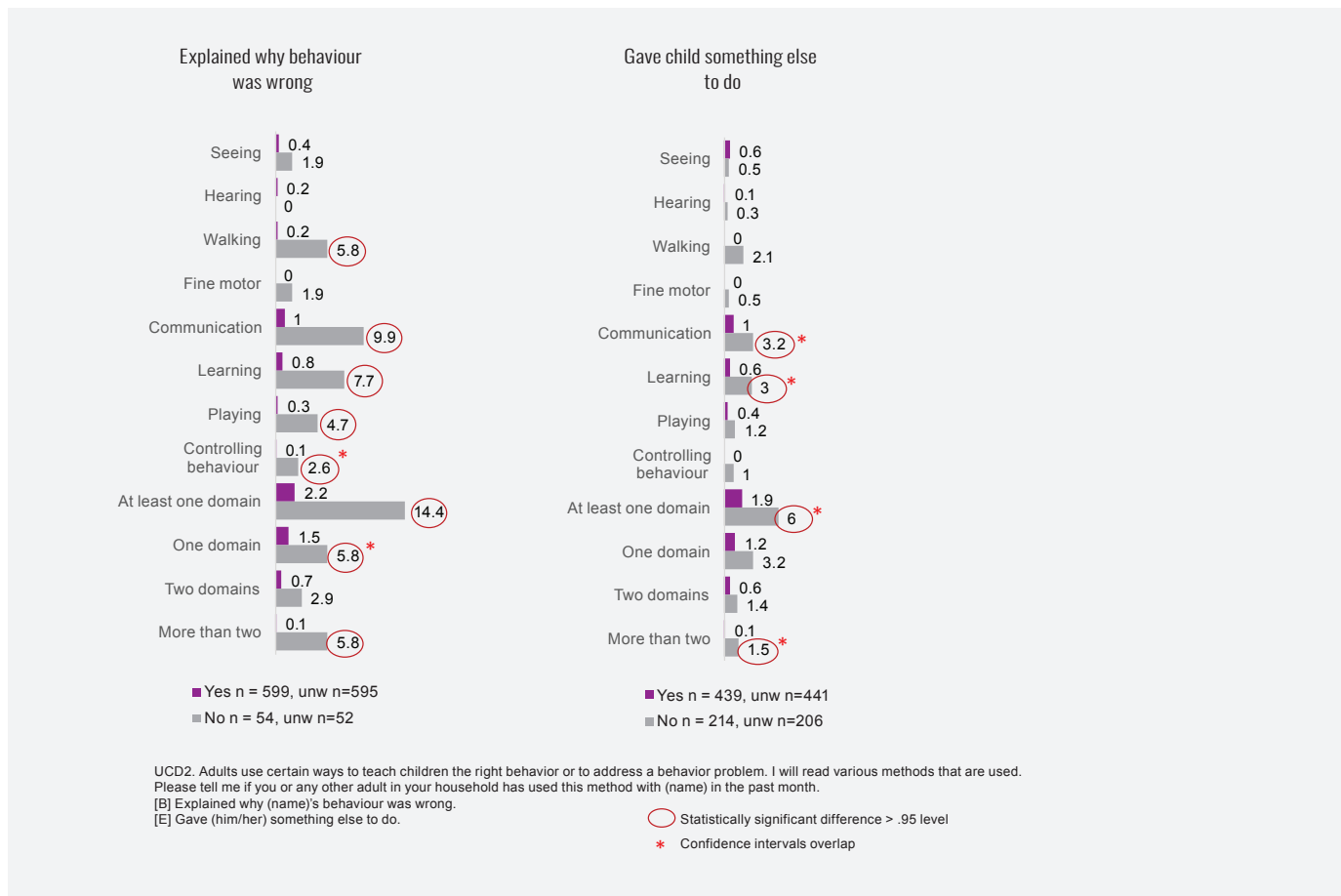


Figure 16. Prevalence of children with functional difficulties among those being exposed and not being exposed to the positive parenting strategies

	Explained why behaviour was wrong						Gave child something else to do					
	YES			NO			YES			NO		
Seeing	0.1	0.4	1.3	0.2	1.9	8.3	0.2	0.6	1.8	0.1	0.5	2.2
Hearing	0	0.2	0.8	.	0	.	0	0.1	0.6	0.1	0.3	2.2
Walking	0	0.2	0.8	1.6	5.8	14.1	.	0	.	0.9	2.1	5
Fine motor	.	0	.	0.2	1.9	8.3	.	0	.	0.1	0.5	2.2
Communication	0.4	1	2.1	3.6	9.9	19.1	0.3	1	2.2	1.5	3.2	6.3
Learning	0.3	0.8	1.8	2.6	7.7	16.7	0.2	0.6	1.8	1.2	3	5.7
Playing	0.1	0.3	1.1	1.6	4.7	14.1	0.1	0.4	1.5	0.4	1.2	3.7
Controlling behaviour	0	0.1	0.8	0.2	2.6	8.3	.	0	.	0.2	1	3
At least one domain	1.2	2.2	3.6	7.3	14.4	26	0.9	1.9	3.4	3.4	6	9.9
One domain	0.7	1.5	2.7	1.6	5.8	14.1	0.4	1.2	2.5	1.5	3.2	6.3
Two domains	0.2	0.7	1.6	0.8	2.9	11.4	0.2	0.6	1.8	0.4	1.4	3.7
More than two	0	0.1	0.4	1.6	5.8	14.1	0	0.1	0.6	0.4	1.5	3.7

UCD2. Adults use certain ways to teach children the right behavior or to address a behavior problem. I will read various methods that are used. Please tell me if you or any other adult in your household has used this method with (name) in the past month.

[B] Explained why (name)'s behaviour was wrong.

[E] Gave (him/her) something else to do.

Confidence intervals > .95 level do not overlap

The analysis shows that parents of children with difficulties in at least one domain are less present among those parents from Roma settlements who use positive discipline, such as explaining why certain behavior is wrong or redirecting child's attention.

Therefore, parents of children with functional difficulties should be:

- supported to express both warmth and responsiveness, as well as to encourage child's compliance with rules and directives,
- introduced to different positive disciplinary practices,
- and supported to respond in difficult situations using the effective practices beneficial both for child's and their wellbeing.

Access to social welfare

Among Roma households that receive allowance for care and assistance of another person, the prevalence of households with children with functional difficulties in more than two domains is higher, suggesting that this group of children is at higher risk of poverty in comparison with already marginalized children in Roma settlements (Figure 17, Figure 18). This finding highlights importance of taking into account intersectionality of different marginalized identities.

Figure 17. Prevalence of children with functional difficulties among those living and those not living in the households receiving or not receiving social assistance

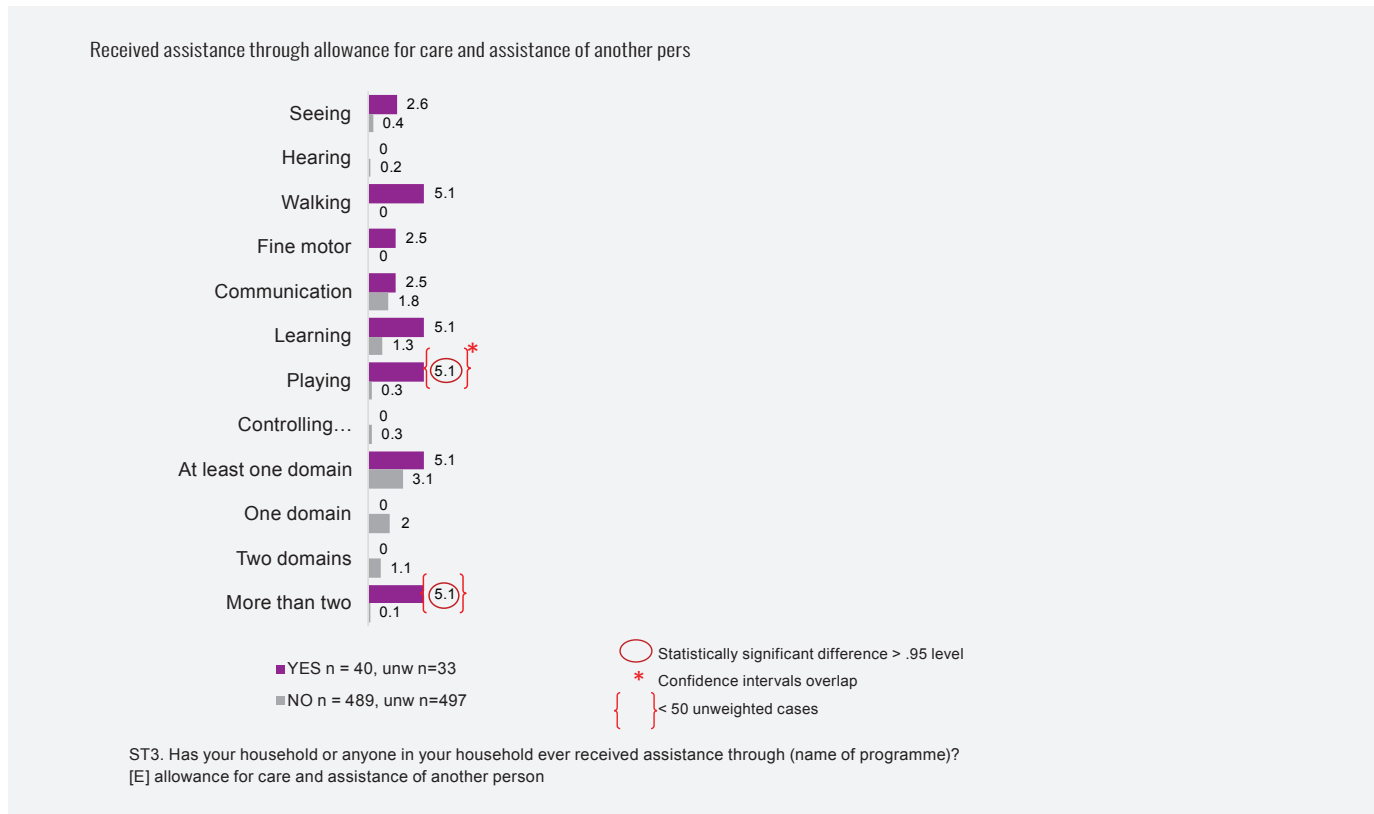


Figure 18. Prevalence of children with functional difficulties among those living and those not living in the households receiving or not receiving social assistance

	Received assistance through allowance for care and assistance of another person					
	YES			NO		
	LCI	%	UCI	LCI	%	UCI
Seeing	0.3	2.6	11.1	0.1	0.4	1.3
Hearing	.	0	.	0	0.2	1
Walking	1.1	5.1	15.1	.	0	.
Fine motor	0.3	2.5	11.1	.	0	.
Communication	0.3	2.5	11.1	0.9	1.8	3.3
Learning	1.1	5.1	15.1	0.5	1.3	2.5
Playing	1.1	5.1	15.1	0.1	0.3	1.3
Controlling behaviour	.	0	.	0.1	0.3	1.3
At least one domain	1.1	5.1	15.1	1.8	3.1	4.9
One domain	.	0	.	1.1	2	3.6
Two domains	.	0	.	0.4	1.1	2.2
More than two	1.1	5.1	15.1	0	0.1	0.5

ST3. Has your household or anyone in your household ever received assistance through (name of programme)?

[E] allowance for care and assistance of another person

Confidence intervals > .95 level do not overlap

The analysis indicate that prevalence of children with functional difficulties who need intensive support is higher among Roma households that receive allowance for care and assistance of another person. This indicates the risk of perceiving marginalized groups or Roma children as homogenous group. Therefore, activities aiming at raising awareness on diverse life trajectories within marginalized communities are needed, particularly among social and health workers, and educational practitioners.

FUNCTIONAL DIFFICULTIES AMONG CHILDREN AGED 5 TO 17

Functional difficulties among children aged 5 to 17 in the nationally representative sample

We have been comparing prevalence of children with functional difficulties 5 to 17 years old in different domains of participation:

- ▲ Parental disciplinary practices
- ▲ Access to social welfare
- ▲ Access to education
- ▲ Additional learning support at home
- ▲ Collaboration between school and family
- ▲ Preconditions for emergency remote education

Parental disciplinary practices

The results indicate that among children who have experienced shocking or being called insulting names, there is a higher prevalence of some groups of children with difficulties, e.g. children who have difficulties in making friends or are recognized as showing signs of depression in comparison to their prevalence among children who have not experienced violent methods (Figure 19, Figure 20).

Figure 19. Prevalence of children with functional difficulties among those being exposed and those not being exposed to certain violent strategies of discipline

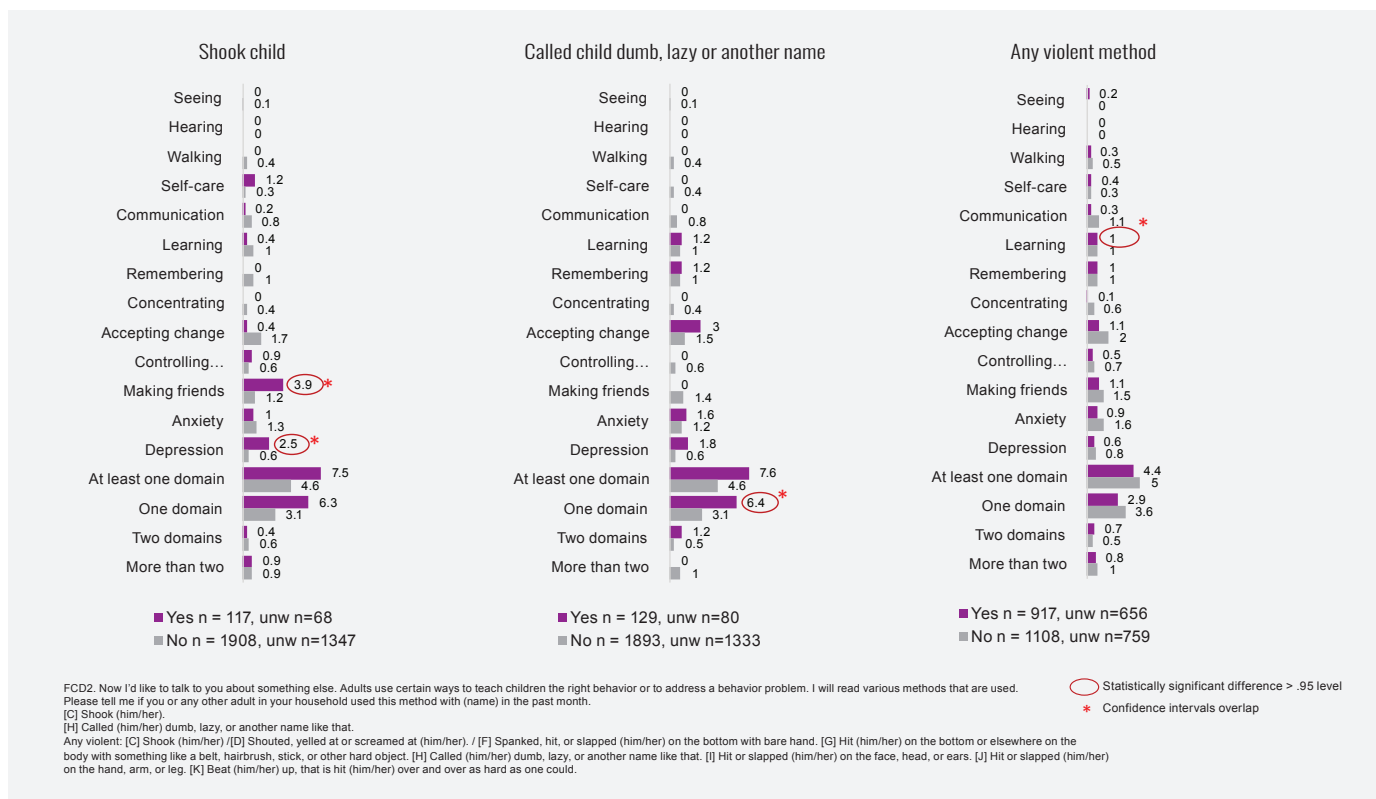


Figure 20. Prevalence of children with functional difficulties among those being exposed and those not being exposed to the certain violent methods of discipline

	Shook child						Shouted, yelled or screamed at child						Any violent method					
	YES			NO			YES			NO			YES			NO		
	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI
Seeing	.	0	.	0	0.1	0.4	0	0.3	0.8	0	0	0.2	0	0.2	0.7	0	0	0.2
Hearing	.	0	.	0	0.1	0.4	0.1	0.3	1	0.2	0.4	0.9	0.1	0.3	0.9	0.2	0.5	1
Walking	.	0	.	0.2	0.4	0.8	0.1	0.3	1	0.2	0.4	0.9	0.1	0.3	0.9	0.2	0.5	1
Self-care	0.1	1.2	3.9	0.1	0.3	0.6	0.2	0.5	1.1	0.1	0.3	0.7	0.1	0.4	1	0.1	0.3	0.7
Communication	0	0.2	2.1	0.5	0.8	1.3	0.1	0.4	1	0.6	1	1.7	0.1	0.3	0.9	0.6	1.1	1.8
Learning	0.1	0.4	3.9	0.6	1	1.5	0.5	1.1	2	0.5	0.9	1.6	0.5	1	1.8	0.5	1	1.7
Remembering	.	0	.	0.7	1	1.6	0.5	1.1	2	0.5	0.9	1.6	0.5	1	1.8	0.5	1	1.7
Concentrating	.	0	.	0.2	0.4	0.8	0	0.2	0.6	0.2	0.5	1	0	0.1	0.5	0.2	0.6	1.1
Accepting change	0	0.4	2.1	1.2	1.7	2.3	0.6	1.2	2.1	1.3	1.9	2.8	0.6	1.1	1.9	1.3	2	2.9
Controlling behaviour	0.1	0.9	3.9	0.3	0.6	1	0.2	0.6	1.3	0.3	0.6	1.3	0.2	0.5	1.2	0.3	0.7	1.4
Making friends	1.6	3.9	9.1	0.7	1.2	1.7	0.6	1.2	2.1	0.8	1.4	2.1	0.6	1.1	1.9	0.9	1.5	2.3
Anxiety	0.1	1	3.9	0.8	1.3	1.8	0.4	0.9	1.6	0.9	1.5	2.3	0.4	0.9	1.6	0.9	1.6	2.4
Depression	0.7	2.5	6.7	0.3	0.6	1	0.1	0.4	1	0.5	0.9	1.6	0.2	0.6	1.2	0.4	0.8	1.5
At least one domain	3.9	7.5	13.6	3.7	4.6	5.6	3.3	4.6	6.1	3.7	4.9	6.2	3.2	4.4	5.8	3.9	5	6.5
One domain	2.7	6.3	11.4	2.4	3.1	3.9	1.9	2.9	4.2	2.6	3.5	4.7	2	2.9	4.2	2.6	3.6	4.8
Two domains	0	0.4	2.1	0.3	0.6	1	0.3	0.8	1.5	0.2	0.4	0.9	0.3	0.7	1.3	0.2	0.5	1
More than two	0.1	0.9	3.9	0.5	0.9	1.4	0.4	0.9	1.6	0.5	0.9	1.6	0.3	0.8	1.5	0.5	1	1.7

FCD2. Now I'd like to talk to you about something else. Adults use certain ways to teach children the right behavior or to address a behavior problem. I will read various methods that are used. Please tell me if you or any other adult in your household used this method with (name) in the past month.
 [C] Shook (him/her).
 [H] Called (him/her) dumb, lazy, or another name like that.
 Any violent: [C] Shook (him/her) / [D] Shouted, yelled at or screamed at (him/her). / [F] Spanked, hit, or slapped (him/her) on the bottom with bare hand. [G] Hit (him/her) on the bottom or elsewhere on the body with something like a belt, hairbrush, stick, or other hard object. [H] Called (him/her) dumb, lazy, or another name like that. [I] Hit or slapped (him/her) on the face, head, or ears. [J] Hit or slapped (him/her) on the hand, arm, or leg. [K] Beat (him/her) up, that is hit (him/her) over and over as hard as one could.

Confidence intervals > .95 level do not overlap

It is important noting that in the households in which mothers support corporal punishment as a method of discipline, prevalence of children with difficulties in almost every domain is higher in comparison to their prevalence in households not supporting corporal punishment (Figure 21, Figure 22).

Figure 21. Prevalence of children with difficulties in households in which mother is supporting and in those in which mother is not supporting physical punishment

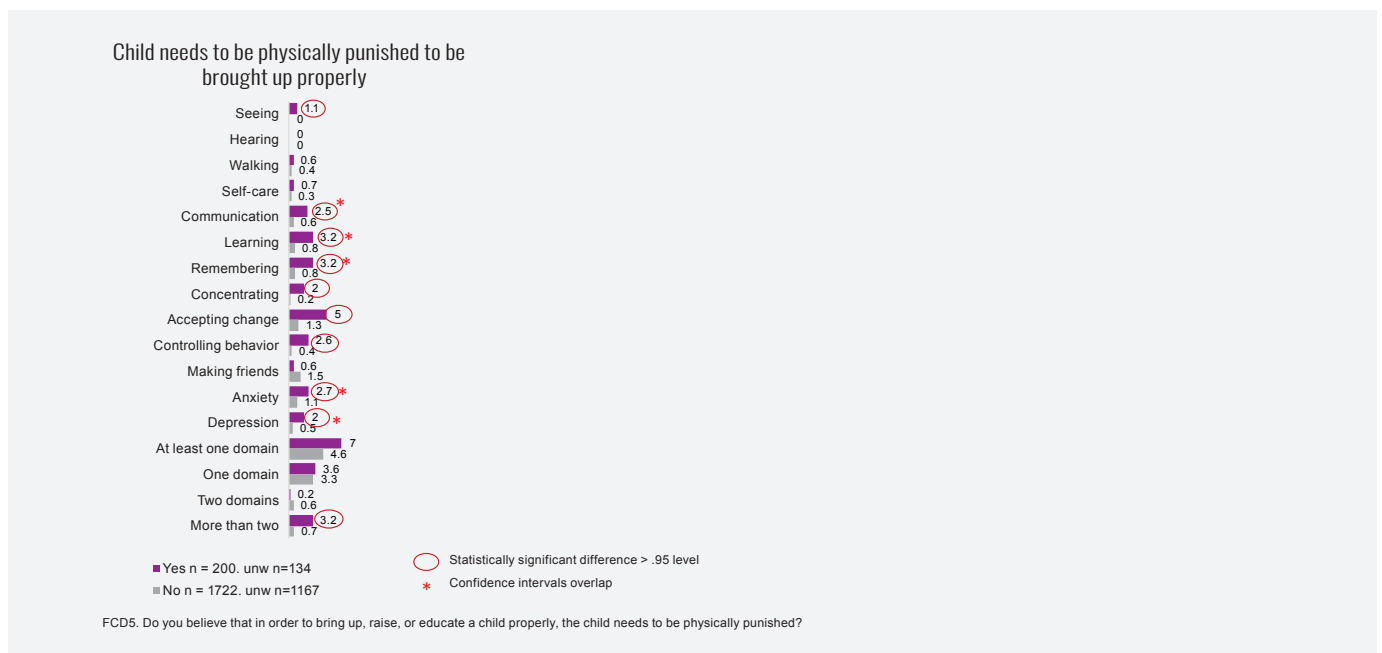
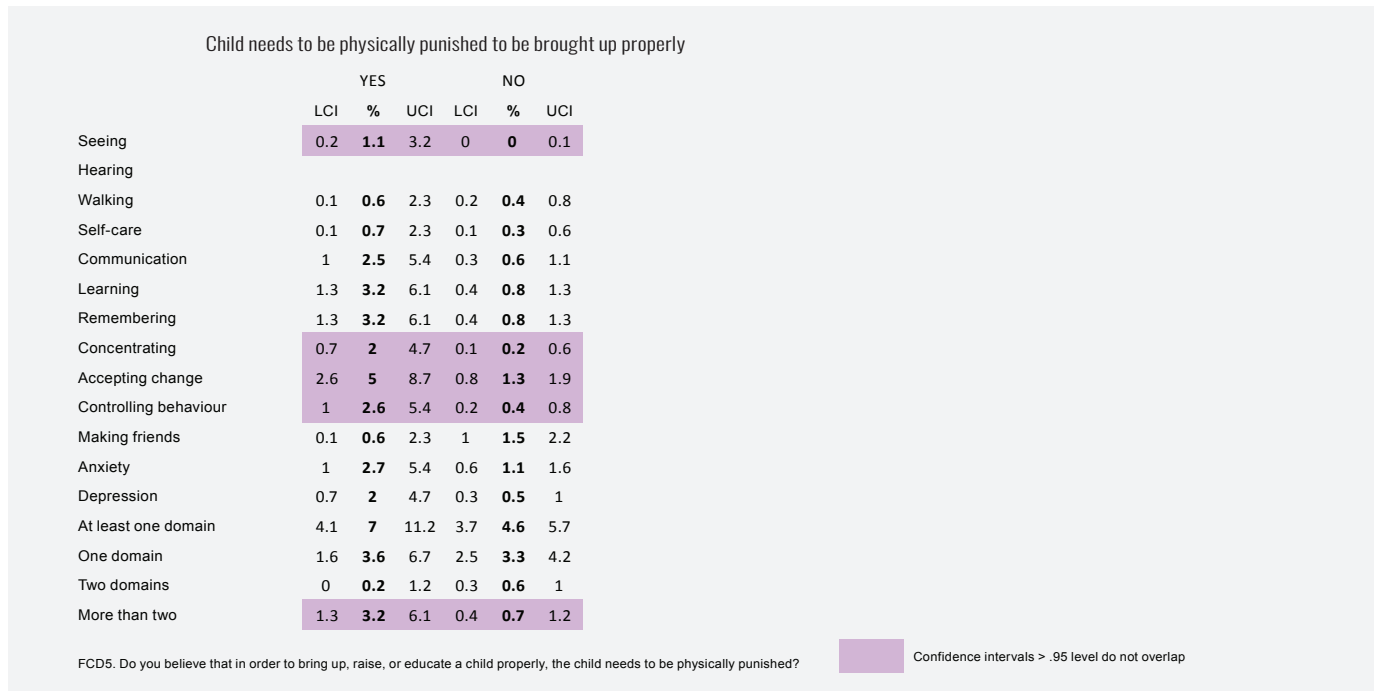


Figure 22. Prevalence of children with difficulties in households in which mothers is supporting and in those in which mother is not supporting physical punishment



The prevalence of children who have difficulties in at least one domain, particularly in the domains of change acceptance and depression, is higher among children whose parents use strategy of taking away privilege and explaining why behavior was wrong (Figure 23, Figure 24).

Figure 23. Prevalence of children who have difficulties in the households where positive parenting strategies are used and those households in which these are not used

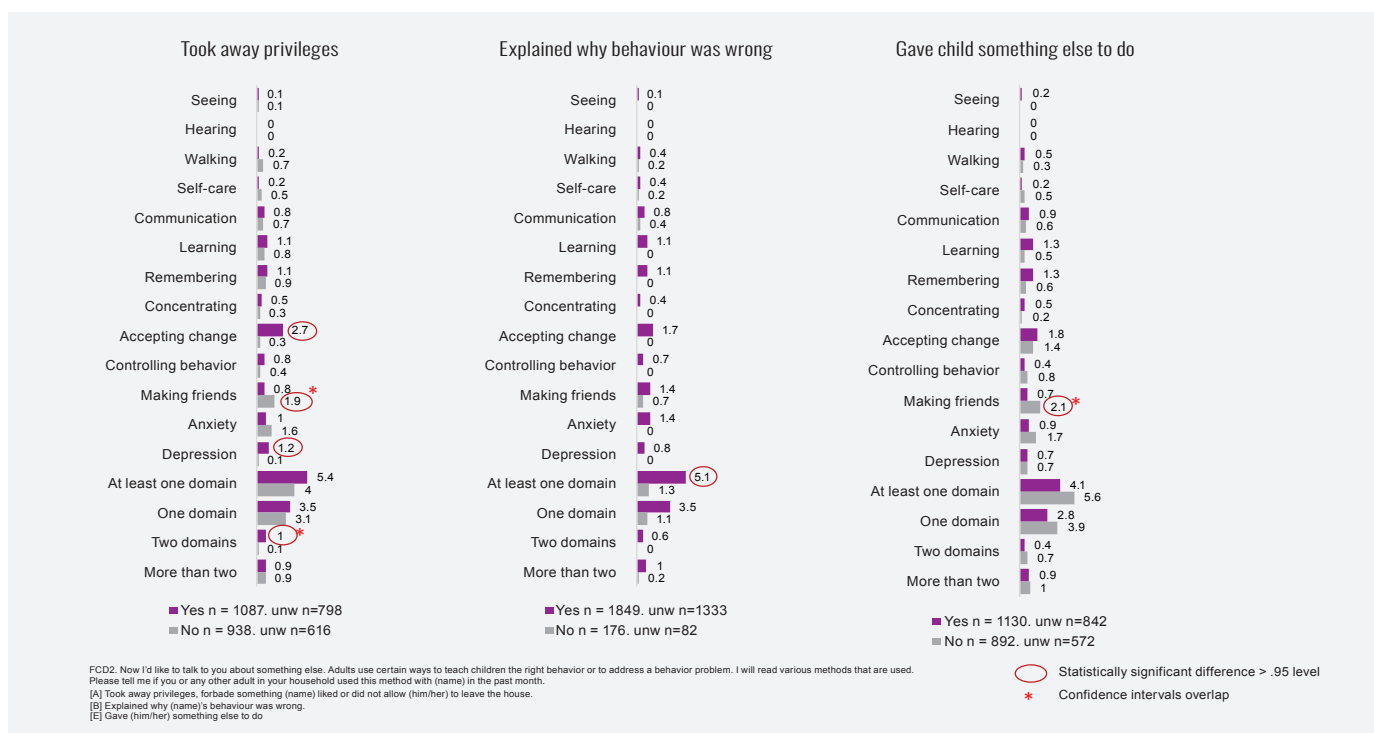


Figure 24. Prevalence of children who have difficulties in the households where positive parenting strategies are used and those households in which these are not used

	Took away privileges						Explained why behaviour was wrong						Gave child something else to do					
	YES			NO			YES			NO			YES			NO		
	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI
Seeing	0	0.1	0.4	0	0.1	0.5	0	0.1	0.4	.	0	.	0	0.2	0.6	0	0	0.3
Hearing																		
Walking	0	0.2	0.6	0.3	0.7	1.3	0.2	0.4	0.8	0	0.2	1.4	0.2	0.5	1	0.1	0.3	0.9
Self-care	0	0.2	0.6	0.2	0.5	1.2	0.2	0.4	0.7	0	0.2	1.4	0.1	0.2	0.7	0.2	0.5	1.1
Communication	0.4	0.8	1.5	0.3	0.7	1.5	0.5	0.8	1.3	0.1	0.4	2.6	0.5	0.9	1.6	0.3	0.6	1.4
Learning	0.6	1.1	1.9	0.4	0.8	1.6	0.7	1.1	1.6	.	0	.	0.8	1.3	2.1	0.2	0.5	1.2
Remembering	0.6	1.1	1.9	0.4	0.9	1.6	0.7	1.1	1.6	.	0	.	0.8	1.3	2.1	0.2	0.6	1.2
Concentrating	0.2	0.5	1	0	0.3	0.7	0.2	0.4	0.8	.	0	.	0.2	0.5	1.1	0	0.2	0.7
Accepting change	1.8	2.7	3.8	0.1	0.3	0.9	1.2	1.7	2.4	.	0	.	1.1	1.8	2.7	0.7	1.4	2.3
Controlling behaviour	0.4	0.8	1.5	0.1	0.4	1	0.4	0.7	1.1	.	0	.	0.2	0.4	1	0.4	0.8	1.7
Making friends	0.4	0.8	1.5	1.2	1.9	3	0.9	1.4	2	0.1	0.7	2.6	0.3	0.7	1.3	1.3	2.1	3.2
Anxiety	0.5	1	1.7	0.9	1.6	2.6	0.9	1.4	2	.	0	.	0.5	0.9	1.6	1.1	1.7	2.8
Depression	0.7	1.2	2	0	0.1	0.5	0.4	0.8	1.2	.	0	.	0.3	0.7	1.3	0.3	0.7	1.4
At least one domain	4.1	5.4	6.8	2.9	4	5.5	4.2	5.1	6.2	0.2	1.3	3.6	3	4.1	5.3	4.2	5.6	7.3
One domain	2.5	3.5	4.7	2.1	3.1	4.3	2.7	3.5	4.4	0.2	1.1	3.6	1.9	2.8	3.8	2.8	3.9	5.4
Two domains	0.5	1	1.6	0	0.1	0.5	0.3	0.6	1	.	0	.	0.2	0.4	1	0.4	0.7	1.5
More than two	0.5	0.9	1.6	0.4	0.9	1.6	0.6	1	1.5	0	0.2	1.4	0.5	0.9	1.6	0.5	1	1.8

FCD2. Now I'd like to talk to you about something else. Adults use certain ways to teach children the right behavior or to address a behavior problem. I will read various methods that are used. Please tell me if you or any other adult in your household used this method with (name) in the past month.

[A] Took away privileges, forbade something (name) liked or did not allow (him/her) to leave the house.

[B] Explained why (name)'s behaviour was wrong.

[E] Gave (him/her) something else to do.

Confidence intervals > .95 level do not overlap

The research shows that children with difficulties are at higher risk to be raised in households in which a mother supports corporal punishment.

At the same time, children with difficulties have more chance to be raised in the families in which parents use positive parenting strategies that not. This tendency is in contrast with the tendency noted among children with difficulties age 2 to 4. One possible explanation for this change in the tendency of using positive parenting strategies with younger and older children with difficulties could be that parental perspective on child's competencies changes with the child ages.

Therefore, the key recommendations are directed towards informing parents of children with difficulties on the potential effects of physical punishments on a child, particularly mothers, and nurturing capacities of parents to practice positive parenting, particularly in the case of younger children.

Access to social welfare

The prevalence of households with children with functional difficulties is higher among households that receive social assistance, either through child’s allowance or through allowance for care and assistance of another person (Figure 25, Figure 26).

Figure 25. Prevalence of children with difficulties in households receiving and not receiving social assistance

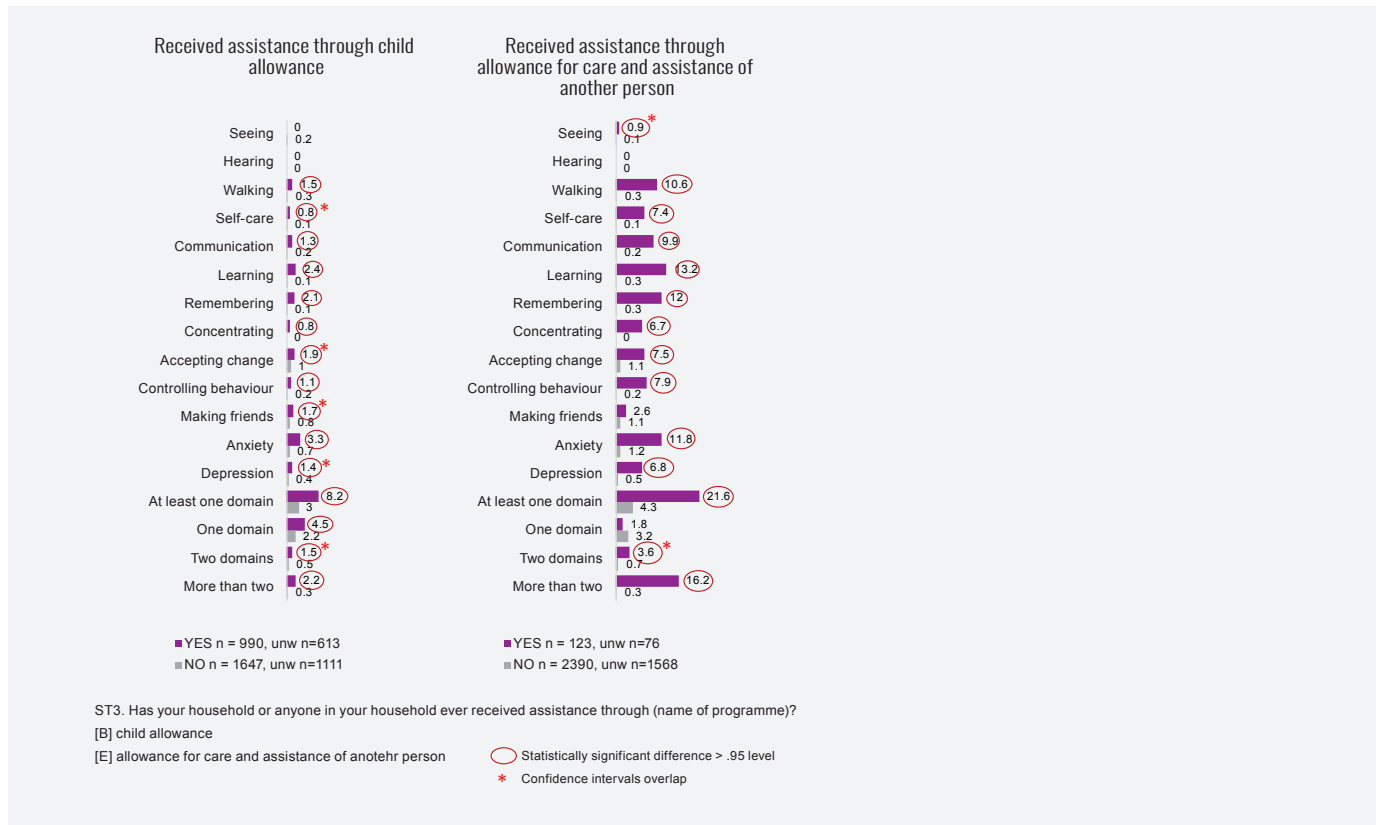


Figure 26. Prevalence of children with difficulties in households receiving and not receiving social assistance

	Received assistance through child allowance						Received assistance through allowance for care and assistance of another person					
	YES			NO			YES			NO		
	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI
Seeing	.	0	.	0.1	0.2	0.5	0.1	0.9	3.7	0	0.1	0.3
Hearing												
Walking	0.9	1.5	2.4	0.1	0.3	0.7	6.1	10.6	16.9	0.1	0.3	0.6
Self-care	0.4	0.8	1.5	0	0.1	0.4	3.7	7.4	12.9	0	0.1	0.2
Communication	0.7	1.3	2.2	0.1	0.2	0.5	5.4	9.9	15.9	0.1	0.2	0.4
Learning	1.6	2.4	3.5	0	0.1	0.4	7.9	13.2	19.8	0.2	0.3	0.6
Remembering	1.4	2.1	3.2	0	0.1	0.4	7.3	12	18.8	0.1	0.3	0.6
Concentrating	0.4	0.8	1.5	0	0	0.2	3.1	6.7	11.9	0	0	0.1
Accepting change	1.2	1.9	2.9	0.6	1	1.5	3.7	7.5	12.9	0.7	1.1	1.6
Controlling behaviour	0.6	1.1	1.9	0.1	0.2	0.5	4.3	7.9	13.9	0.1	0.2	0.4
Making friends	1	1.7	2.7	0.5	0.8	1.4	0.7	2.6	6.4	0.7	1.1	1.6
Anxiety	2.3	3.3	4.5	0.4	0.7	1.2	6.7	11.8	17.9	0.9	1.2	1.8
Depression	0.8	1.4	2.3	0.2	0.4	0.8	3.1	6.8	11.9	0.3	0.5	0.8
At least one domain	6.6	8.2	10	2.2	3	3.9	14.6	21.6	29	3.5	4.3	5.1
One domain	3.3	4.5	5.9	1.6	2.2	3	0.3	1.8	5.1	2.6	3.2	4
Two domains	0.9	1.5	2.4	0.2	0.5	0.9	1.1	3.6	7.5	0.5	0.7	1.2
More than two	1.4	2.2	3.3	0.1	0.3	0.7	10.6	16.2	23.5	0.1	0.3	0.6

ST3. Has your household or anyone in your household ever received assistance through (name of programme)?

[B] child allowance

[E] allowance for care and assistance of another person

Confidence intervals > .95 level do not overlap

Access to education

There is a higher prevalence of children with difficulties in communication domain among children who have never attended school or early childhood programme. Children with difficulties in different domains are at higher risk of not attending school or early childhood programme in previous school year (Figure 27, Figure 28).

Figure 27. Prevalence of children with difficulties among those attending and those not attending school or early childhood programme

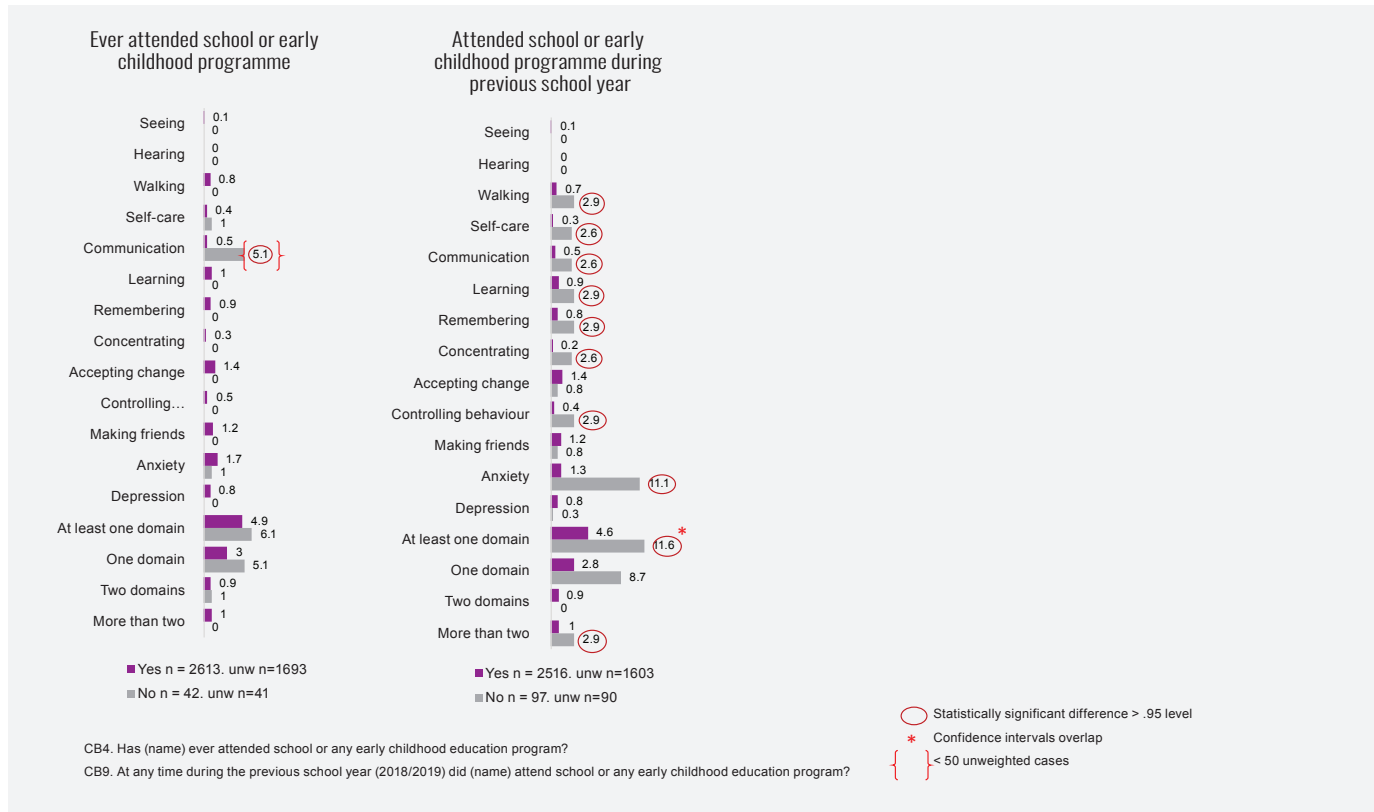


Figure 28. Prevalence of children with difficulties among those attending and those not attending school or early childhood programme

	Ever attended school or early childhood programme						Attended school or early childhood programme during previous school year					
	YES			NO			YES			NO		
	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI
Seeing	0	0.1	0.3	.	0	.	0	0.1	0.3	.	0	.
Hearing												
Walking	0.5	0.8	1.2	.	0	.	0.4	0.7	1.1	0.9	2.9	8
Self-care	0.2	0.4	0.7	0	1	5.8	0.2	0.3	0.6	0.9	2.6	8
Communication	0.3	0.5	0.9	1	5.1	14.4	0.2	0.5	0.8	0.9	2.6	8
Learning	0.6	1	1.4	.	0	.	0.6	0.9	1.3	0.9	2.9	8
Remembering	0.5	0.9	1.2	.	0	.	0.5	0.8	1.2	0.9	2.9	8
Concentrating	0.1	0.3	0.6	.	0	.	0.1	0.2	0.5	0.9	2.6	8
Accepting change	1	1.4	1.8	.	0	.	1	1.4	1.9	0.1	0.8	4.7
Controlling behaviour	0.3	0.5	0.9	.	0	.	0.2	0.4	0.8	0.9	2.9	8
Making friends	0.8	1.2	1.6	.	0	.	0.8	1.2	1.7	0.1	0.8	4.7
Anxiety	1.2	1.7	2.2	0	1	5.8	0.9	1.3	1.8	6.2	11.1	18.8
Depression	0.5	0.8	1.2	.	0	.	0.5	0.8	1.2	0	0.3	2.5
At least one domain	4.1	4.9	5.8	2.1	6.1	17.9	3.9	4.6	5.5	6.2	11.6	18.8
One domain	2.4	3	3.7	1	5.1	14.4	2.2	2.8	3.5	4	8.7	15
Two domains	0.6	0.9	1.3	0	1	5.8	0.6	0.9	1.3	.	0	.
More than two	0.7	1	1.5	.	0	.	0.6	1	1.4	0.9	2.9	8

CB4. Has (name) ever attended school or any early childhood education program?
 CB9. At any time during the previous school year (2018/2019) did (name) attend school or any early childhood education program?

Confidence intervals > .95 level do not overlap

Results indicate that children with anxiety, as well as children with difficulties in the domain of walking, self-care, learning, and remembering have a higher prevalence among children who attend free full day classes. However, results indicate that children with remembering and learning difficulties have a higher prevalence among children who do not attend free extra classes (Figure 29, Figure 30), suggesting that the potential of extra classes is not fully used.

Figure 29. Prevalence of children with difficulties among those using and those who do not use free educational services

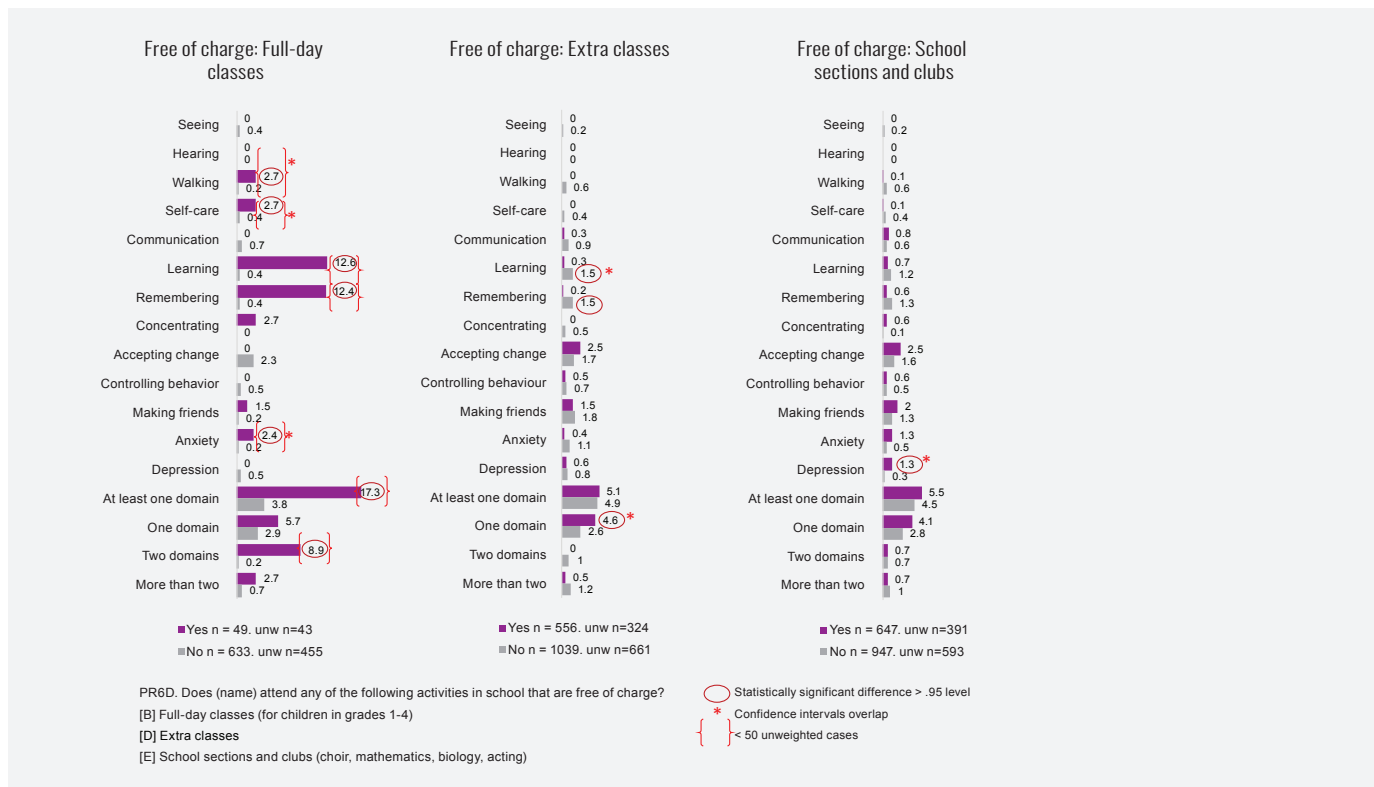


Figure 30. Prevalence of children with difficulties among those using and those who do not use free educational services

	Free of charge: Full-day classes						Free of charge: Extra classes						Free of charge: School sections and clubs					
	YES			NO			YES			NO			YES			NO		
	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI
Seeing	.	0	.	0.1	0.4	1	.	0	.	0	0.2	0.6	.	0	.	0	0.2	0.7
Hearing																		
Walking	0.2	2.7	9.1	0	0.2	0.7	.	0	.	0.2	0.6	1.2	0	0.1	0.4	0.2	0.6	1.2
Self-care	0.2	2.7	9.1	0.1	0.4	1	.	0	.	0.1	0.4	0.9	0	0.1	0.4	0.1	0.4	1
Communication	.	0	.	0.2	0.7	1.5	0	0.3	0.8	0.5	0.9	1.7	0.3	0.8	1.7	0.3	0.6	1.3
Learning	5.3	12.6	23.5	0.1	0.4	1.3	0.1	0.3	1.1	0.8	1.5	2.3	0.2	0.7	1.5	0.7	1.2	2.1
Remembering	5.3	12.4	23.5	0.1	0.4	1.3	0	0.2	0.8	0.9	1.5	2.4	0.2	0.6	1.5	0.7	1.3	2.1
Concentrating	0.2	2.7	9.1	.	0	.	.	0	.	0.2	0.5	1.1	0.2	0.6	1.5	0	0.1	0.5
Accepting change	.	0	.	1.3	2.3	3.6	1.5	2.5	4.1	1	1.7	2.5	1.5	2.5	3.9	0.9	1.6	2.5
Controlling behaviour	.	0	.	0.1	0.5	1.3	0.2	0.5	1.4	0.3	0.7	1.3	0.2	0.6	1.5	0.1	0.5	1
Making friends	0.2	1.5	9.1	0	0.2	0.7	0.7	1.5	2.7	1.1	1.8	2.7	1.1	2	3.3	0.8	1.3	2.3
Anxiety	0.2	2.4	9.1	0	0.2	0.7	0.1	0.4	1.1	0.6	1.1	1.8	0.7	1.3	2.5	0.2	0.5	1.2
Depression	.	0	.	0.1	0.5	1.3	0.2	0.6	1.7	0.4	0.8	1.4	0.6	1.3	2.3	0.1	0.3	0.8
At least one domain	8	17.3	28.5	2.5	3.8	5.5	3.4	5.1	7.1	3.7	4.9	6.3	4	5.5	7.5	3.4	4.5	6
One domain	1.8	5.7	15.4	1.8	2.9	4.4	3.2	4.6	6.7	1.8	2.6	3.8	2.8	4.1	5.9	1.8	2.8	3.9
Two domains	2.8	8.9	18.2	0	0.2	0.7	.	0	.	0.6	1	1.8	0.3	0.7	1.7	0.3	0.7	1.3
More than two	0.2	2.7	9.1	0.2	0.7	1.5	0.2	0.5	1.4	0.7	1.2	2.1	0.2	0.7	1.5	0.5	1	1.9

PR6D. Does (name) attend any of the following activities in school that are free of charge?
 [B] Full-day classes (for children in grades 1-4)
 [D] Extra classes
 [E] School sections and clubs (choir, mathematics, biology, acting)

Confidence intervals > .95 level do not overlap

However, results indicate that children with functional difficulties have a higher prevalence among children who attend paid full day classes, too (Figure 31, Figure 32).

Figure 31. Prevalence of children with difficulties among those using and those who do not use paid educational services

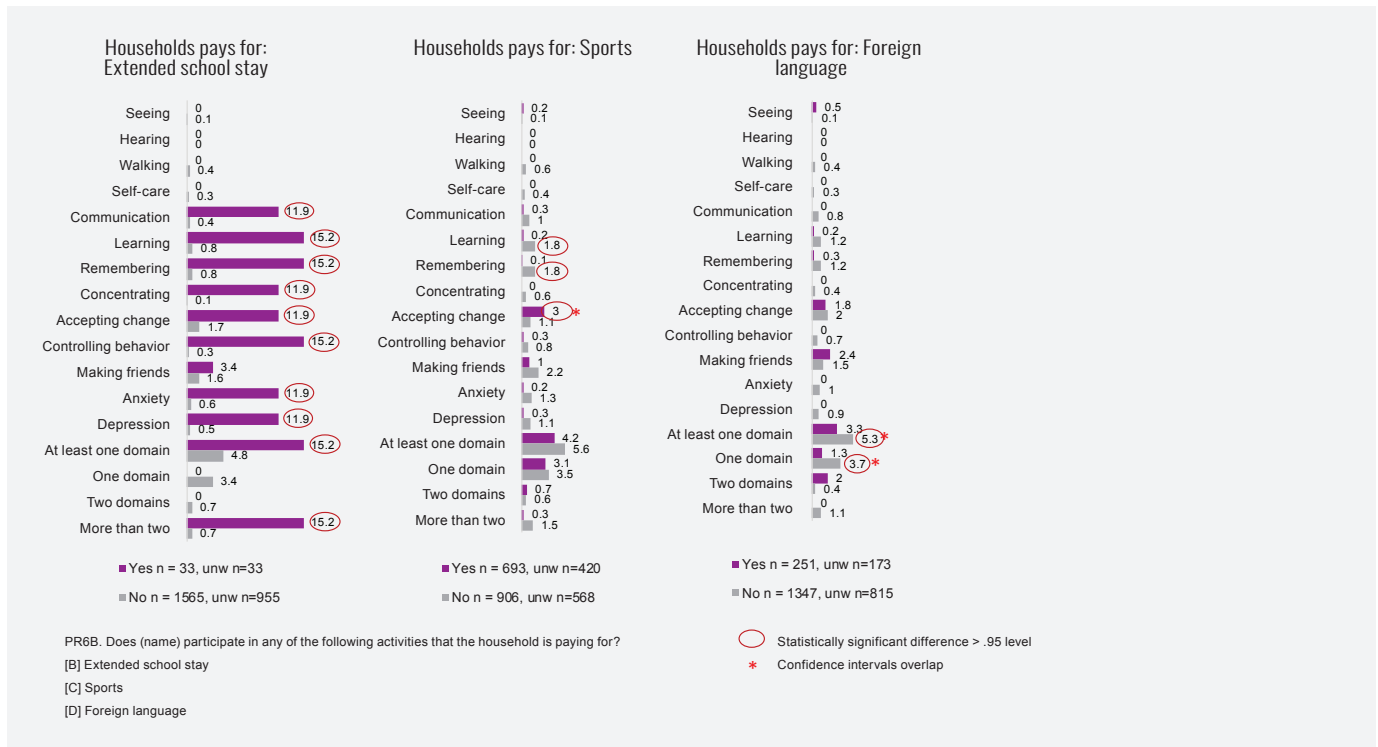


Figure 32. Prevalence of children with difficulties among those using and those who do not use paid educational services

	Households pays for: Extended school stay			Households pays for: Sports			Households pays for: Foreign language		
	YES	NO		YES	NO		YES	NO	
	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI
Seeing	. 0	. 0	0.1 0.4	0 0.2	0.7 0.1	0.5 0.5	0 0.5	1.8 0.1	0.1 0.3
Hearing									
Walking	. 0	. 0.2	0.4 0.8	0 0	0.4 0.3	0.6 1.4	. 0	. 0.2	0.4 0.9
Self-care	. 0	. 0.1	0.3 0.6	. 0	. 0.1	0.4 1	. 0	. 0.1	0.3 0.7
Communication	4.2	11.9	26.3 0.2	0.4 0.9	0.8 1	1.8 1.8	. 0	. 0.4	0.8 1.4
Learning	6	15.2	30.1 0.4	0.8 1.3	0 0.2	0.7 1.1	1.8 2.8	0 0.2	1 0.8 1.2 2
Remembering	6	15.2	30.1 0.4	0.8 1.3	0 0.1	0.7 1.1	1.8 2.8	0 0.3	1.8 0.7 1.2 1.9
Concentrating	4.2	11.9	26.3 0	0.1 0.3	. 0	. 0.2	0.6 1.2	. 0	. 0.1 0.4 0.8
Accepting change	4.2	11.9	26.3 1.2	1.7 2.5	1.9 3	4.5 0.6	1.1 1.9	0.8 1.8	4.3 1.4 2 2.9
Controlling behaviour	6	15.2	30.1 0.1	0.3 0.6	0.1 0.3	0.9 0.4	0.8 1.7	. 0	. 0.3 0.7 1.2
Making friends	0.3	3.4	13.3 1.1	1.6 2.3	0.1 0.5	1 2	1.4 2.2	3.3 1	2.4 4.9 0.9 1.5 2.2
Anxiety	4.2	11.9	26.3 0.3	0.6 1	0.1 0.2	0.9 0.7	1.3 2.2	. 0	. 0.5 1 1.6
Depression	4.2	11.9	26.3 0.2	0.5 1	0.1 0.3	0.9 0.6	1.1 1.9	. 0	. 0.5 0.9 1.5
At least one domain	6	15.2	30.1 3.8	4.8 5.9	2.9 4.2	5.9 4.3	5.6 7.3	1.5 3.3	5.9 4.2 5.3 6.6
One domain	. 0	. 2.6	3.4 4.4		2.1 3.1	4.7 2.4	3.5 4.8	0.3 1.3	3.2 2.8 3.7 4.8
Two domains	. 0	. 0.4	0.7 1.2		0.3 0.7	1.6 0.3	0.6 1.4	0.8 2	4.3 0.2 0.4 0.9
More than two	6	15.2	30.1 0.3	0.7 1.1	0.1 0.3	0.9 0.8	1.5 2.4	. 0	. 0.7 1.1 1.8

PR6B. Does (name) participate in any of the following activities that the household is paying for?
 [B] Extended school stay
 [C] Sports
 [D] Foreign language

■ Confidence intervals > .95 level do not overlap

According to international treaties signed by the Republic of Serbia all children have a right to quality education. Despite that, the findings indicate that children with functional difficulties have been experiencing postponed access to education more frequently comparing to their peers.

On the other hand, full-day classes, both paid and free of charge, are the service which is often used by children with anxiety, as well as walking, self-care, learning, and remembering difficulties. It remains unclear what are the reasons for this practice, i.e. what are the needs of children with difficulties and their families which have been met through these services.

Therefore, different measures aimed at ensuring equitable and age-appropriate access to education should be implemented (e.g. developing outreach mechanisms for inclusion of children with functional difficulties at early ages in preschool programmes, increasing capacities of preschool institutions to support child’s transition to primary education, developing welcoming school’s ethos, informing parents on their children rights regarding education).

Moreover, development and provision of free integrated and intersectorial services is needed as a support for a child and family.

Additional learning support at home

The results show that among children who receive help with their homework, children with anxiety have a higher prevalence in comparison to their prevalence among those who are not receiving help with homework. Moreover, the results indicate that children with difficulties are more prevalent among those who receive a help with homework from father, siblings or grandparents, than among those who do not receive this kind of support (Figure 33, Figure 34).

Figure 33. Prevalence of children with difficulties among children receiving and not receiving help with homework

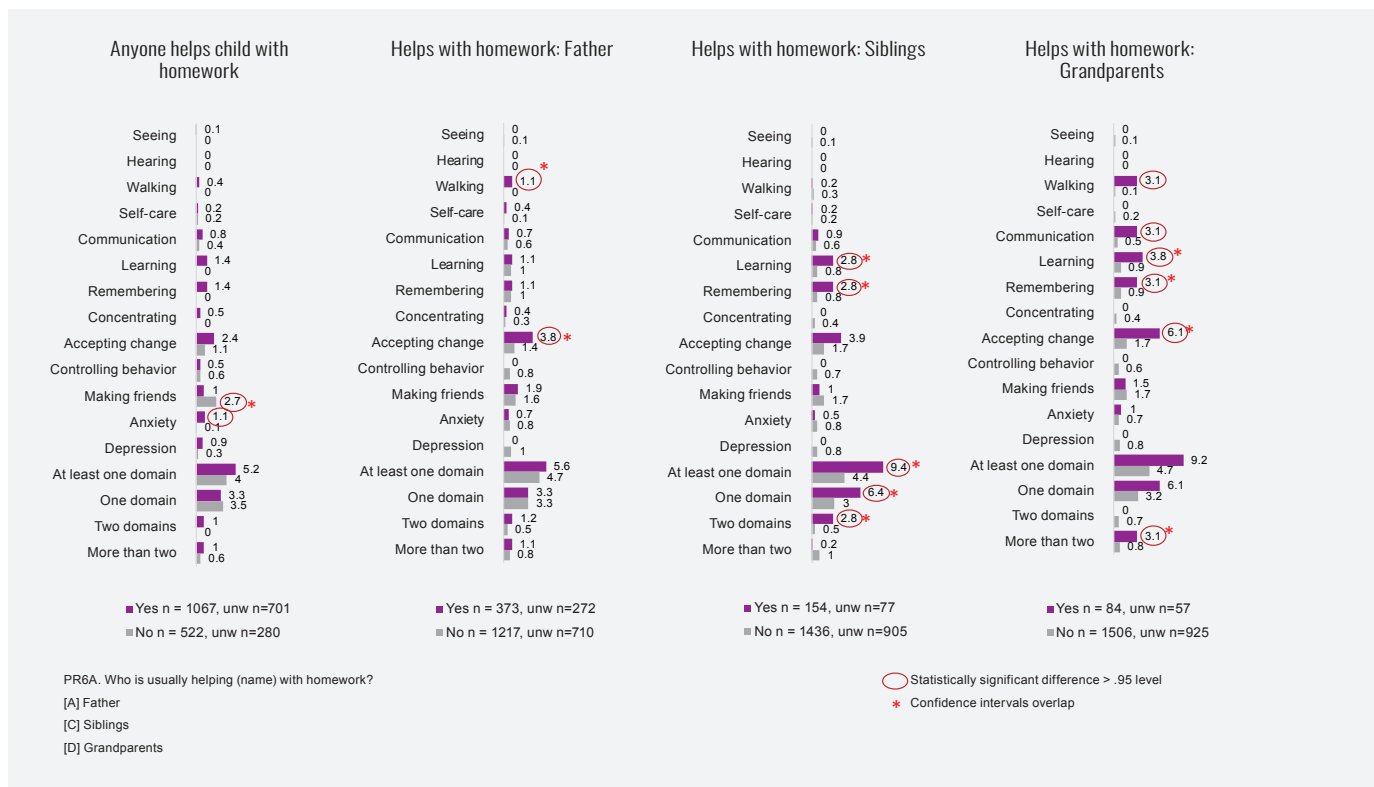


Figure 34. Prevalence of children with difficulties among children receiving and not receiving help with homework

	Anyone helps child with homework						Helps with homework: Father						Helps with homework: Siblings						Helps with homework: Grandparents					
	YES			NO			YES			NO			YES			NO			YES			NO		
	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI
Seeing	0	0.1	0.4	.	0	.	.	0	.	0	0.1	0.4	.	0	.	0	0.1	0.3	.	0	.	0	0.1	0.3
Hearing																								
Walking	0.2	0.4	1	.	0	.	0.4	1.1	2.5	0	0	0.4	0	0.2	1.6	0.1	0.3	0.7	1	3.1	9.2	0	0.1	0.4
Self-care	0	0.2	0.6	0	0.2	0.9	0	0.4	1.2	0	0.1	0.5	0	0.2	1.6	0.1	0.2	0.6	.	0	.	0.1	0.2	0.5
Communication	0.4	0.8	1.4	0.1	0.4	1.2	0.2	0.7	2.1	0.3	0.6	1.1	0.1	0.9	3	0.3	0.6	1	1	3.1	9.2	0.2	0.5	0.9
Learning	0.8	1.4	2.2	.	0	.	0.4	1.1	2.5	0.5	1	1.7	0.9	2.8	6.1	0.5	0.8	1.4	1	3.8	9.2	0.5	0.9	1.4
Remembering	0.8	1.4	2.2	.	0	.	0.4	1.1	2.5	0.5	1	1.7	0.9	2.8	6.1	0.5	0.8	1.4	1	3.1	9.2	0.5	0.9	1.4
Concentrating	0.2	0.5	1	.	0	.	0	0.4	1.2	0.1	0.3	0.8	.	0	.	0.1	0.4	0.8	.	0	.	0.1	0.4	0.7
Accepting change	1.6	2.4	3.5	0.5	1.1	2.4	2.2	3.8	6.1	0.8	1.4	2.2	1.6	3.9	7.9	1.2	1.7	2.5	2.3	6.1	12.6	1.2	1.7	2.5
Controlling behaviour	0.2	0.5	1	0.2	0.6	1.5	.	0	.	0.4	0.8	1.3	.	0	.	0.3	0.7	1.1	.	0	.	0.3	0.6	1.1
Making friends	0.5	1	1.8	1.5	2.7	4.3	0.8	1.9	3.6	1	1.6	2.4	0.3	1	4.1	1.2	1.7	2.5	0.1	1.5	5.4	1.1	1.7	2.4
Anxiety	0.6	1.1	1.9	0	0.1	0.5	0.2	0.7	2.1	0.4	0.8	1.3	0.1	0.5	3	0.4	0.8	1.3	0.1	1	5.4	0.4	0.7	1.3
Depression	0.5	0.9	1.7	0.1	0.3	1.2	.	0	.	0.5	1	1.7	.	0	.	0.5	0.8	1.4	.	0	.	0.4	0.8	1.3
At least one domain	4	5.2	6.7	2.6	4	6	3.6	5.6	8.3	3.6	4.7	6	5.3	9.4	14.4	3.5	4.4	5.6	4.6	9.2	17.2	3.7	4.7	5.8
One domain	2.3	3.3	4.5	2.1	3.5	5.3	1.8	3.3	5.4	2.5	3.3	4.5	3.4	6.4	11.2	2.2	3	4	2.3	6.1	12.6	2.4	3.2	4.2
Two domains	0.5	1	1.8	.	0	.	0.5	1.2	2.9	0.2	0.5	1	0.9	2.8	6.1	0.2	0.5	1	.	0	.	0.4	0.7	1.3
More than two	0.5	1	1.7	0.2	0.6	1.5	0.4	1.1	2.5	0.4	0.8	1.5	0	0.2	1.6	0.6	1	1.6	1	3.1	9.2	0.4	0.8	1.3

PR6A. Who is usually helping (name) with homework?
[A] Father
[C] Siblings
[D] Grandparents

Confidence intervals > .95 level do not overlap

The results indicate that children with difficulties in functioning have higher probability to receive additional learning support at home than not.

Few recommendations could be drawn from this finding:

- It takes a village to raise a child, or It takes a whole support system to raise a child. And this is even more obvious in the case of children with difficulties in functioning. Therefore, integrated and intersectorial support services for a child and his/her family are needed.
- Additional learning support services should be provided to those who do not have opportunity to receive this kind of support in their home context.

Collaboration between school and family

The findings show that household members of children with difficulties in two domains, particularly in the domains of learning and remembering, are less likely to be familiar with Parents' Council decisions.

The results indicate that household members of children with difficulties in walking, self-care and concentrating were less likely to receive information from school on the child's progress (Figure 35, Figure 36).

Figure 35. Prevalence of children with difficulties in the families with better and poorer quality of cooperation with school

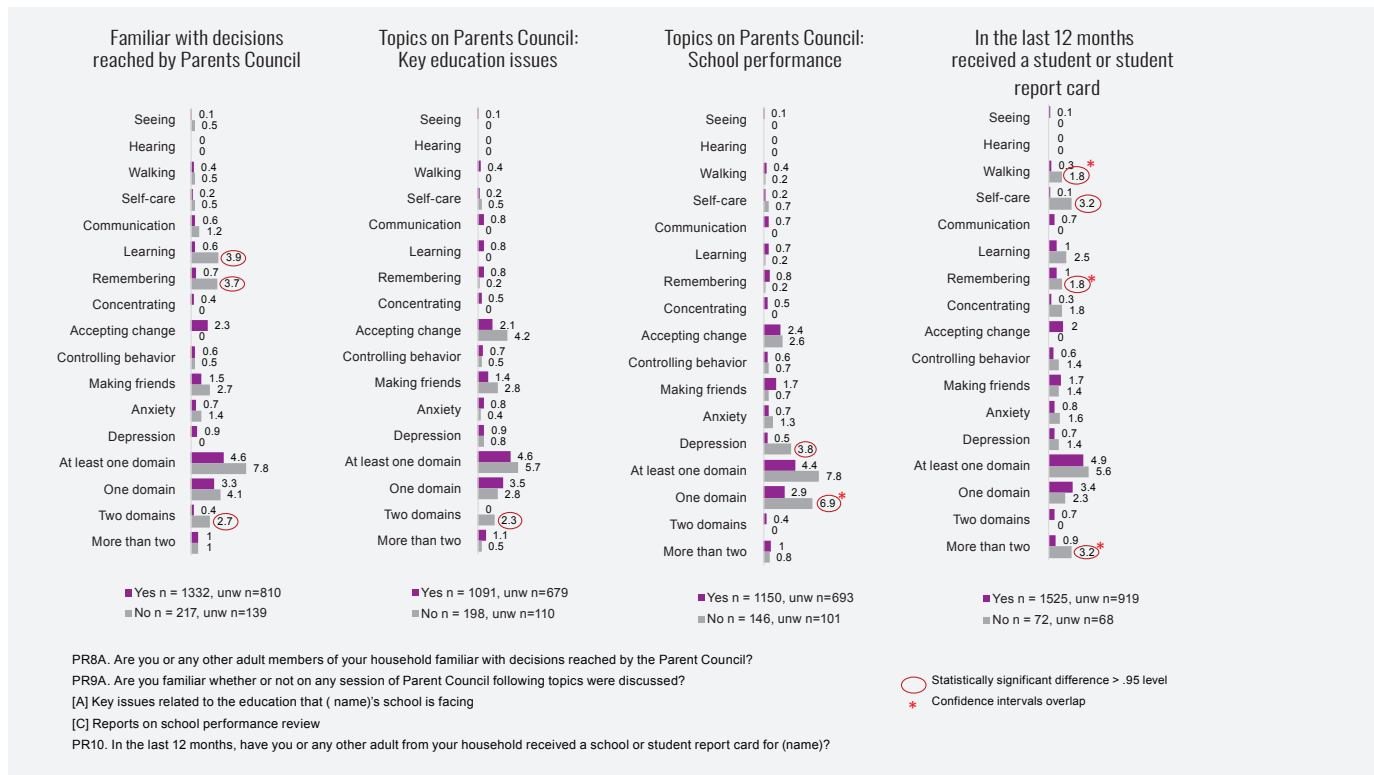


Figure 36. Prevalence of children with difficulties in the families with better and poorer quality of cooperation with school

	Familiar with decisions reached by Parents Council						Topics on Parents Council: Key education issues						Topics on Parents Council: School performance						In the last 12 months - received a student or student report card					
	YES			NO			YES			NO			YES			NO			YES			NO		
	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI
Seeing	0	0.1	0.4	0	0.5	2.1	0	0.1	0.4	0	0	0	0	0.1	0.4	0	0	0	0	0.1	0.4	0	0	0
Hearing																								
Walking	0.1	0.4	0.8	0	0.5	2.1	0.2	0.4	1	0	0	0.2	0.4	1	0	0.2	1.7	0.1	0.3	0.7	0.2	1.8	6.3	
Self-care	0.1	0.2	0.6	0	0.5	2.1	0	0.2	0.6	0.1	0.5	2.3	0	0.2	0.6	0.1	0.7	3.2	0	0.1	0.4	0.6	3.2	8.6
Communication	0.3	0.6	1.1	0.2	1.2	2.9	0.3	0.8	1.4	0	0	0	0.3	0.7	1.3	0	0	0.4	0.7	1.2	0	0	0	
Learning	0.3	0.6	1.2	2.1	3.7	7.4	0.4	0.8	1.5	0	0	0	0.3	0.7	1.3	0	0.2	1.7	0.6	1	1.6	0.6	2.5	8.6
Remembering	0.3	0.7	1.2	1.8	3.7	6.8	0.4	0.8	1.5	0	0.2	1.3	0.4	0.8	1.4	0	0.2	1.7	0.6	1	1.7	0.2	1.8	6.3
Concentrating	0.1	0.4	0.8	0	0	0	0.2	0.5	1	0	0	0	0.2	0.5	1	0	0	0.1	0.3	0.6	0.2	1.8	6.3	
Accepting change	1.6	2.3	3.2	0	0	0	1.4	2.1	3.1	1.9	4.2	7.5	1.6	2.4	3.3	0.9	2.6	6.4	1.4	2	2.8	0	0	
Controlling behaviour	0.3	0.6	1.1	0	0.5	2.1	0.3	0.7	1.3	0.1	0.5	2.3	0.3	0.6	1.2	0.1	0.7	3.2	0.2	0.6	1	0.2	1.4	6.3
Making friends	0.9	1.5	2.3	1.2	2.7	5.6	0.8	1.4	2.2	1.3	2.8	6.1	1	1.7	2.5	0.1	0.7	3.2	1.1	1.7	2.4	0.2	1.4	6.3
Anxiety	0.4	0.7	1.3	0.4	1.4	3.6	0.4	0.8	1.5	0.1	0.4	2.3	0.3	0.7	1.3	0.3	1.3	4.3	0.4	0.8	1.3	0.2	1.6	6.3
Depression	0.5	0.9	1.5	0	0	0	0.5	0.9	1.6	0.2	0.8	3.2	0.2	0.5	1.1	1.3	3.8	7.3	0.4	0.7	1.2	0.2	1.4	6.3
At least one domain	3.6	4.6	5.9	4.8	7.8	12	3.5	4.6	6	3	5.7	9.4	3.4	4.4	5.7	4.1	7.8	12.7	3.9	4.9	6.1	1.9	5.6	12.7
One domain	2.4	3.3	4.4	2.1	4.1	7.4	2.5	3.5	4.7	1.3	2.8	6.1	2.1	2.9	4.1	3.6	6.9	11.8	2.6	3.4	4.4	0.6	2.3	8.6
Two domains	0.1	0.4	0.8	1.2	2.7	5.6	0	0	0.2	1	2.3	5.4	0.2	0.4	1	0	0	0.4	0.7	1.2	0	0	0	
More than two	0.5	1	1.6	0.2	1	2.9	0.6	1.1	1.9	0.1	0.5	2.3	0.6	1	1.8	0.1	0.8	3.2	0.5	0.9	1.4	0.6	3.2	8.6

PR8A. Are you or any other adult members of your household familiar with decisions reached by the Parent Council?
 PR8A. Are you familiar whether or not on any session of Parent Council following topics were discussed?
 [A] Key issues related to the education that (name)'s school is facing
 [C] Reports on school performance review
 PR10. In the last 12 months, have you or any other adult from your household received a school or student report card for (name)?

■ Confidence intervals > .95 level do not overlap

Although, partnership between school and family is one of cornerstones of inclusive education, research show that household members of children with difficulties are less likely to be familiar with decisions of Parents' Council and to receive information from the school on the child's progress.

Since this is in line with previous research on parents' engagement, we would recommend that:

- implementation of the existing procedures for parental engagement is strengthened; and
- parents are offered to participate in school life in different ways and from different roles.

Preconditions for emergency remote education

There is a higher prevalence of children who have difficulties in at least one domain among children who live in a noisy household, cannot afford computer, or do not have shower unit or bathtub in their household (Figure 37, Figure 38).

Figure 37. Prevalence of children with difficulties in households differing in the conditions relevant for the pandemic

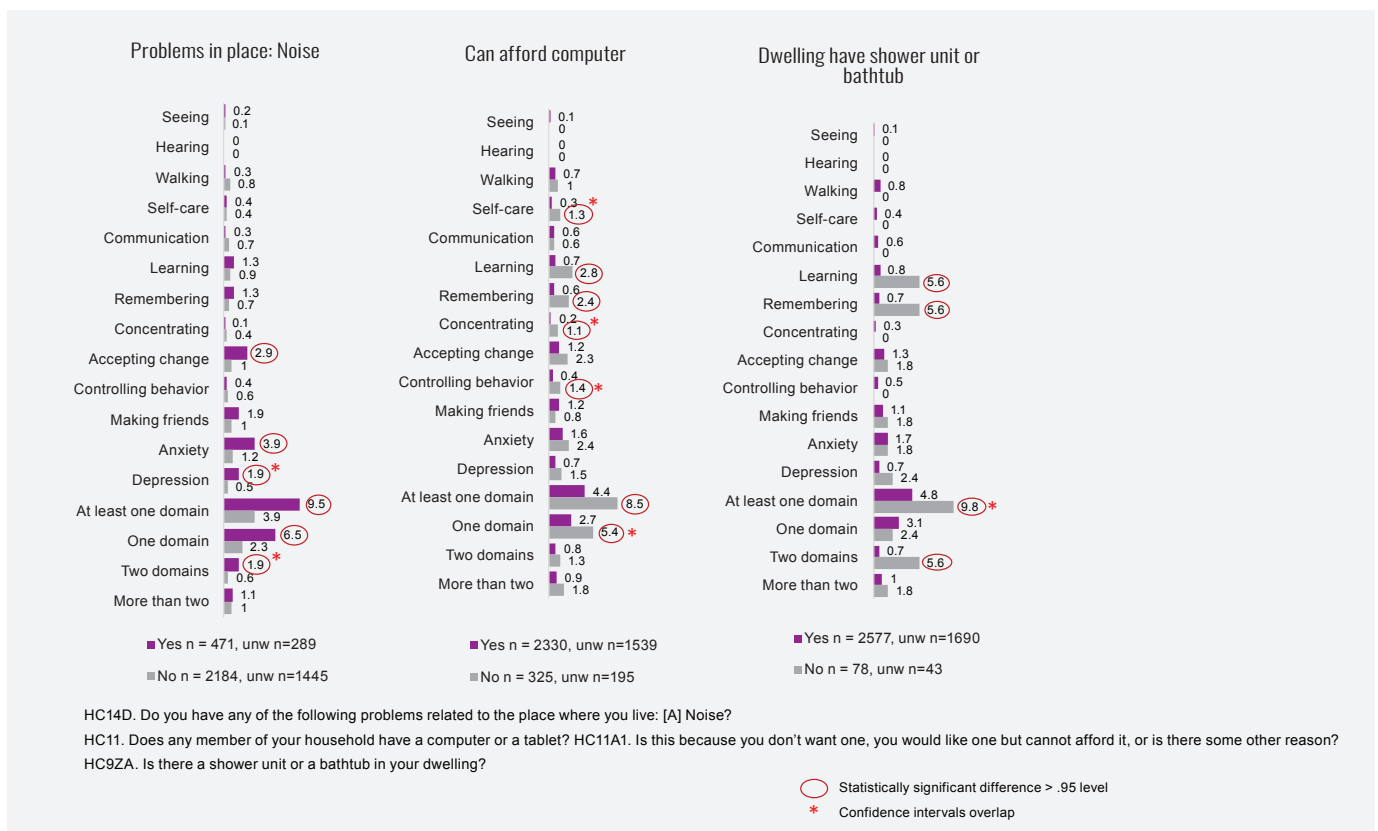


Figure 38. Prevalence of children with difficulties in households differing in the conditions relevant for the pandemic

	Problems in place: Noise						Can afford computer						Dwelling have shower unit or bathtub					
	YES			NO			YES			NO			YES			NO		
	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI
Seeing	0	0.2	1	0	0.1	0.3	0	0.1	0.3	.	0	.	0	0.1	0.3	.	0	.
Hearing																		
Walking	0	0.3	1	0.5	0.8	1.3	0.4	0.7	1.1	0.3	1	2.4	0.5	0.8	1.2	.	0	.
Self-care	0.1	0.4	1.4	0.2	0.4	0.8	0.1	0.3	0.5	0.4	1.3	2.9	0.2	0.4	0.7	.	0	.
Communication	0	0.3	1	0.4	0.7	1.1	0.3	0.6	1	0.1	0.6	2	0.4	0.6	1	.	0	.
Learning	0.5	1.3	2.6	0.5	0.9	1.3	0.4	0.7	1.1	1.4	2.8	5	0.5	0.8	1.2	1.8	5.6	11.7
Remembering	0.5	1.3	2.6	0.4	0.7	1.2	0.4	0.6	1	1.2	2.4	4.6	0.4	0.7	1.1	1.8	5.6	11.7
Concentrating	0	0.1	0.5	0.2	0.4	0.7	0.1	0.2	0.5	0.4	1.1	2.9	0.1	0.3	0.6	.	0	.
Accepting change	1.7	2.9	4.8	0.7	1	1.5	0.8	1.2	1.7	1.2	2.3	4.6	0.9	1.3	1.8	0.1	1.8	5.8
Controlling behaviour	0.1	0.4	1.4	0.3	0.6	0.9	0.2	0.4	0.7	0.6	1.4	3.3	0.3	0.5	0.9	.	0	.
Making friends	0.9	1.9	3.5	0.6	1	1.4	0.8	1.2	1.7	0.3	0.8	2.4	0.8	1.1	1.6	0.1	1.8	5.8
Anxiety	2.4	3.9	5.8	0.8	1.2	1.7	1.1	1.6	2.1	1.2	2.4	4.6	1.2	1.7	2.2	0.1	1.8	5.8
Depression	0.9	1.9	3.5	0.3	0.5	0.9	0.4	0.7	1.1	0.6	1.5	3.3	0.5	0.7	1.1	0.5	2.4	8
At least one domain	7.1	9.5	12.5	3.2	3.9	4.8	3.6	4.4	5.3	5.9	8.5	12	4	4.8	5.6	5	9.8	18.4
One domain	4.6	6.5	9.1	1.7	2.3	3	2.1	2.7	3.4	3.2	5.4	8.1	2.5	3.1	3.8	0.5	2.4	8
Two domains	0.9	1.9	3.5	0.4	0.6	1	0.5	0.8	1.2	0.4	1.3	2.9	0.5	0.7	1.1	1.8	5.6	11.7
More than two	0.4	1.1	2.3	0.7	1	1.5	0.6	0.9	1.3	0.8	1.8	3.8	0.6	1	1.4	0.1	1.8	5.8

HC14D. Do you have any of the following problems related to the place where you live: [A] Noise?
 HC11. Does any member of your household have a computer or a tablet? HC11A1. Is this because you don't want one, you would like one but cannot afford it, or is there some other reason?
 HC9ZA. Is there a shower unit or a bathtub in your dwelling?

Confidence intervals > .95 level do not overlap

The COVID-19 pandemic has resulted in a sudden shift towards homeschooling. New modes of learning required access to internet and devices needed for online learning at home, but also additional parental engagement.

The analysis showed that children with difficulties in functioning were at higher risk of not having access to online education, not having conducive learning environment at home, but also not having sanitary conditions to protect their's and health of others.

Therefore, in the post-pandemic period educational institution should put additional efforts to compensate for the learning loss of children with difficulties who had not have access to online education.

In the future emergencies, particular attention should be paid to the conditions in which children with difficulties and their families live. Instead of universal decisions and modes of education, we should carefully reconsider how to ensure that those who need additional support are not left without any support.

Functional difficulties among children aged 5 to 17 in the sample of Roma households living in Roma settlements

We have been comparing prevalence of children with functional difficulties 5 to 17 years old in different domains of participation:

- ▲ Parental disciplinary practices
- ▲ Access to social welfare
- ▲ Access to health
- ▲ Access to education
- ▲ Additional learning support at home
- ▲ Collaboration between school and family
- ▲ Preconditions for emergency remote education

Parental disciplinary practices

The results show that children with functional difficulties in two domains have a higher prevalence among children from Roma settlements who have been exposed to physical violent method, in comparison to their prevalence among children who have not experienced violent methods (Figure 39, Figure 40).

Figure 39. Prevalence of children with functional difficulties among those being exposed and those not being exposed to corporal punishment



Figure 40. Prevalence of children with functional difficulties among those being exposed and those not being exposed to corporal punishment

	Shook child						Hit or slapped child on the hand, arm or leg						Spanked, hit or slapped child on bottom with bare hand					
	YES			NO			YES			NO			YES			NO		
	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI
Seeing	.0	0	.0	0.9	1.4	2.1	0.9	2.7	6.3	0.6	1.1	1.7	0.2	0.6	1.7	0.9	1.5	2.3
Hearing	.0	0	.0	0	0.1	0.3	.0	0	.0	0.1	0.3	0	0.3	1	.0	.0	.0	
Walking	0.9	2.2	5	0.4	0.7	1.3	0.6	2.1	5.3	0.4	0.8	1.3	0.9	1.8	3.5	0.2	0.5	1.1
Self-care	0.2	0.7	2.9	0.3	0.6	1.1	.0	0	.0	0.4	0.7	1.2	0.1	0.3	1.4	0.3	0.7	1.3
Communication	1.2	2.6	5.6	0.5	0.8	1.4	.0	0	.0	0.7	1.2	1.8	0.3	0.9	2	0.6	1.1	1.9
Learning	2.1	4.2	7.4	3.2	4.1	5.3	2.6	5.6	9.9	3.1	4	5.1	1.1	2	3.7	3.9	5	6.4
Remembering	1.5	3.2	6.2	2.9	3.8	4.9	3	6.2	10.7	2.6	3.4	4.5	1.9	3.2	5.1	2.9	3.9	5.2
Concentrating	0.4	1.4	3.6	0.4	0.7	1.3	.0	0	.0	0.5	0.9	1.5	0.3	0.9	2	0.4	0.8	1.4
Accepting change	0	0.7	2.1	0.2	0.5	1	.0	0	.0	0.3	0.5	1	0	0.3	1	0.3	0.6	1.2
Controlling behaviour	.0	0	.0	1.5	2.2	3.1	0.9	2.7	6.3	1.2	1.8	2.6	0.8	1.7	3.2	1.3	2	2.9
Making friends	.0	0	.0	1.2	1.8	2.6	.0	0	.0	1.1	1.7	2.5	0.5	1.2	2.6	1	1.7	2.5
Anxiety	7.4	11.1	15.7	4.9	6	7.4	6	9.8	15.7	5.2	6.4	7.7	7.3	9.8	12.7	4.3	5.4	6.9
Depression	2.4	4.5	8	2.7	3.7	4.7	2.6	5.5	9.9	2.7	3.6	4.6	5	7	9.6	1.7	2.5	3.5
At least one domain	12.1	16.5	22	11.3	13	14.8	14.3	20.3	27.1	11.1	12.8	14.6	11.7	14.7	18.1	11	12.9	14.9
One domain	5.5	8.6	13.1	5.2	6.3	7.7	3.5	6.5	11.6	5.5	6.6	8	3	4.6	6.9	6	7.4	9
Two domains	2.1	4	7.4	3.1	4.1	5.2	6.5	11.1	16.5	2.5	3.3	4.3	5.1	7.3	9.8	1.9	2.7	3.8
More than two	2.1	4	7.4	1.8	2.6	3.5	0.9	2.7	6.3	2	2.8	3.7	1.6	2.8	4.5	1.9	2.8	3.9

FCD2. Now I'd like to talk to you about something else. Adults use certain ways to teach children the right behavior or to address a behavior problem. I will read various methods that are used. Please tell me if you or any other adult in your household used this method with (name) in the past month.

[C] Shook (him/her).

[I] Hit or slapped (him/her) on the face, head or ears.

[H] Called (him/her) dumb, lazy, or another name like that.

Confidence intervals > .95 level do not overlap

Similarly, some groups of children with difficulties (e.g. anxiety and depression) have a higher prevalence among children from Roma settlements who have been exposed to shouting or being called insulting names, in comparison to their prevalence among children who do not have this kind of experience (Figure 41, Figure 42).

Figure 41. Prevalence of children with functional difficulties among those being exposed and those not being exposed to harsh verbal discipline

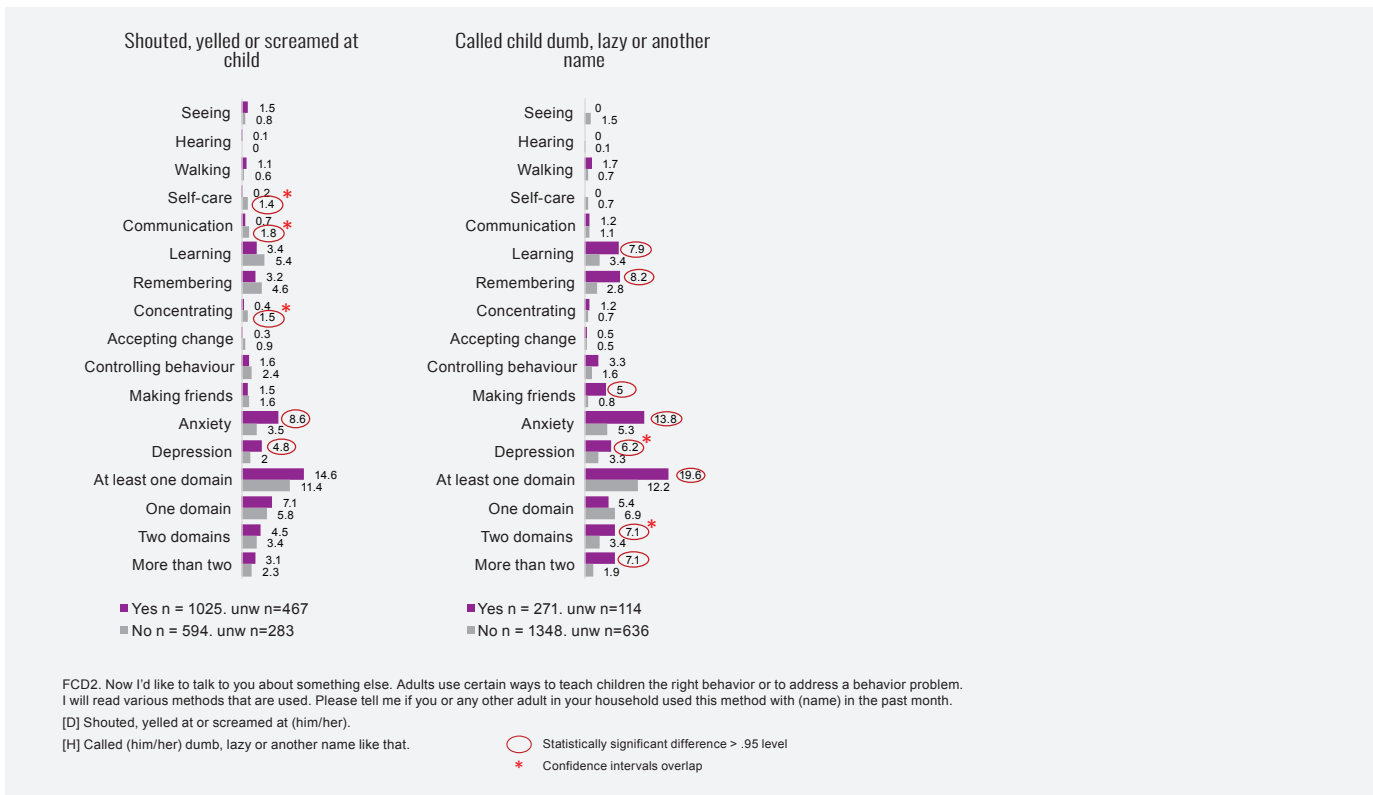


Figure 42. Prevalence of children with functional difficulties among those being exposed and those not being exposed to harsh verbal discipline

Domain	Shouted, yelled or screamed at child						Called child dumb, lazy or another name					
	YES			NO			YES			NO		
	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI
Seeing	0.9	1.5	2.3	0.3	0.8	1.8	.	0	.	0.9	1.5	2.2
Hearing	0	0.1	0.5	.	0	.	.	0	.	0	0.1	0.3
Walking	0.6	1.1	1.8	0.2	0.6	1.6	0.7	1.7	4	0.4	0.7	1.3
Self-care	0	0.2	0.6	0.6	1.4	2.5	.	0	.	0.4	0.7	1.3
Communication	0.3	0.7	1.3	1	1.8	3.2	0.3	1.2	2.9	0.6	1.1	1.7
Learning	2.4	3.4	4.7	3.8	5.4	7.4	5	7.9	11.4	2.5	3.4	4.5
Remembering	2.3	3.2	4.4	3.1	4.6	6.4	5.3	8.2	11.8	2	2.8	3.8
Concentrating	0.1	0.4	0.9	0.8	1.5	2.7	0.3	1.2	2.9	0.4	0.7	1.3
Accepting change	0.1	0.3	0.8	0.3	0.9	1.8	0	0.5	1.7	0.2	0.5	1
Controlling behaviour	1	1.6	2.6	1.4	2.4	3.8	1.7	3.3	6	1.1	1.6	2.4
Making friends	0.9	1.5	2.5	0.8	1.6	2.7	3	5	8.3	0.4	0.8	1.4
Anxiety	7	8.6	10.4	2.3	3.5	5.3	10	13.8	18.1	4.2	5.3	6.6
Depression	3.6	4.8	6.2	1.1	2	3.4	3.8	6.2	9.6	2.4	3.3	4.3
At least one domain	12.6	14.6	16.9	9.1	11.4	14.2	15.2	19.6	24.6	10.6	12.2	14.1
One domain	5.7	7.1	8.8	4.1	5.8	7.8	3.3	5.4	8.7	5.6	6.9	8.3
Two domains	3.3	4.5	5.9	2.1	3.4	5.1	4.4	7.1	10.5	2.5	3.4	4.5
More than two	2.1	3.1	4.2	1.4	2.3	3.8	4.4	7.1	10.5	1.3	1.9	2.8

FCD2. Now I'd like to talk to you about something else. Adults use certain ways to teach children the right behavior or to address a behavior problem. I will read various methods that are used. Please tell me if you or any other adult in your household used this method with (name) in the past month.
 [D] Shouted, yelled at or screamed at (him/her).
 [H] Called (him/her) dumb, lazy or another name like that.

■ Confidence intervals > .95 level do not overlap

In the Roma settlement households in which members of households practice violent methods of discipline, including physical violence, there is a higher prevalence of children with anxiety and depression. In the Roma settlement households in which a mother supports physical punishment as a method of discipline, prevalence of children with difficulties is higher in comparison to their prevalence in households in which a mother does not support physical punishment (Figure 43, Figure 44).

Figure 43. Prevalence of children with functional difficulties among those being exposed and those not being exposed to violent methods of discipline

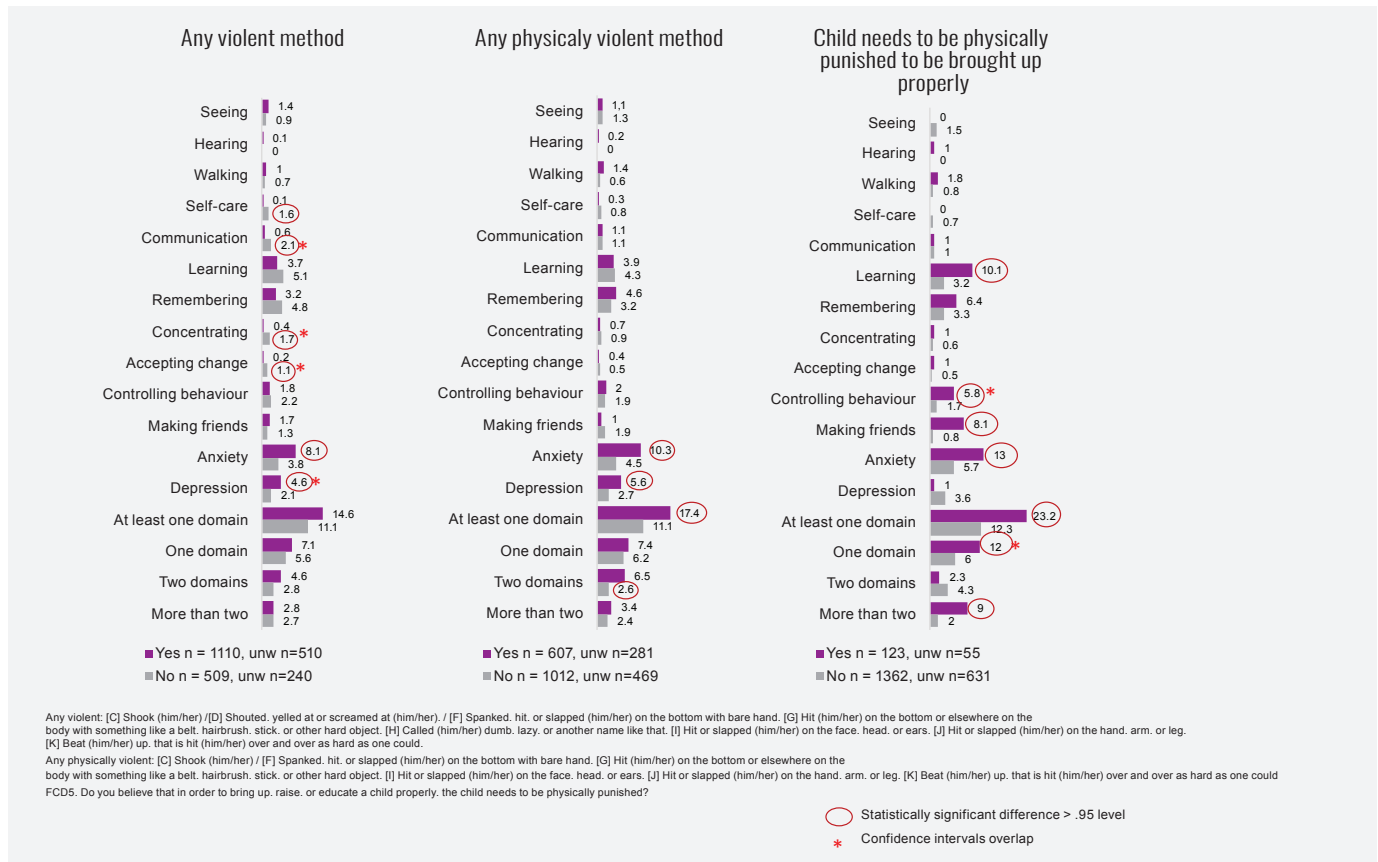


Figure 44. Prevalence of children with functional difficulties among those being exposed and those not being exposed to violent methods of discipline

	Any violent method						Any physically violent method						Child needs to be physically punished to be brought up properly					
	YES			NO			YES			NO			YES			NO		
	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI
Seeing	0.8	1.4	2.2	0.4	0.9	2.1	0.5	1.1	2.3	0.7	1.3	2.1	.	0	.	0.9	1.5	2.2
Hearing	0	0.1	0.4	.	0	.	0	0.2	0.8	.	0	.	0.1	1	3.7	.	0	.
Walking	0.5	1	1.7	0.3	0.7	1.9	0.7	1.4	2.7	0.2	0.6	1.2	0.3	1.8	5.1	0.4	0.8	1.4
Self-care	0	0.1	0.6	0.7	1.6	2.9	0.1	0.3	1.1	0.4	0.8	1.5	.	0	.	0.4	0.7	1.3
Communication	0.3	0.6	1.2	1.2	2.1	3.7	0.5	1.1	2.3	0.6	1.1	1.9	0.1	1	3.7	0.5	1	1.6
Learning	2.7	3.7	4.9	3.4	5.1	7.3	2.6	3.9	5.7	3.1	4.3	5.6	5.4	10.1	15.9	2.3	3.2	4.2
Remembering	2.2	3.2	4.3	3.1	4.8	6.8	3.2	4.6	6.5	2.2	3.2	4.4	3.1	6.4	11.9	2.5	3.3	4.4
Concentrating	0.1	0.4	0.9	0.9	1.7	3.2	0.2	0.7	1.6	0.4	0.9	1.6	0.1	1	3.7	0.3	0.6	1.2
Accepting change	0.1	0.2	0.7	0.4	1.1	2.1	0.1	0.4	1.3	0.2	0.5	1.1	0.1	1	3.7	0.2	0.5	1
Controlling behaviour	1.1	1.8	2.7	1.2	2.2	3.7	1.1	2	3.3	1.2	1.9	2.9	2.6	5.8	10.8	1.2	1.7	2.6
Making friends	1	1.7	2.5	0.5	1.3	2.4	0.4	1	2	1.2	1.9	2.9	4.3	8.1	13.9	0.4	0.8	1.4
Anxiety	6.6	8.1	9.8	2.3	3.8	5.6	8.1	10.3	13	3.4	4.5	6	7.9	13	19.8	4.6	5.7	7.1
Depression	3.5	4.6	5.9	1.2	2.1	3.7	4	5.6	7.6	1.8	2.7	3.8	0.1	1	3.7	2.6	3.6	4.6
At least one domain	12.6	14.6	16.8	8.5	11.1	13.9	14.4	17.4	20.5	9.2	11.1	13.1	16.7	23.2	31.6	10.6	12.3	14.1
One domain	5.7	7.1	8.7	3.9	5.6	8	5.5	7.4	9.7	4.8	6.2	7.7	7.3	12	18.8	4.8	6	7.4
Two domains	3.5	4.6	5.9	1.6	2.8	4.5	4.8	6.5	8.8	1.7	2.6	3.7	0.7	2.3	6.4	3.3	4.3	5.4
More than two	1.9	2.8	3.9	1.6	2.7	4.5	2.2	3.4	5.1	1.6	2.4	3.4	4.8	9	14.9	1.3	2	2.8

Any violent: [C] Shook (him/her) / [D] Shouted, yelled at or screamed at (him/her). / [F] Spanked, hit, or slapped (him/her) on the bottom with bare hand. [G] Hit (him/her) on the bottom or elsewhere on the body with something like a belt, hairbrush, stick, or other hard object. [H] Called (him/her) dumb, lazy, or another name like that. [I] Hit or slapped (him/her) on the face, head, or ears. [J] Hit or slapped (him/her) on the hand, arm, or leg. [K] Beat (him/her) up, that is hit (him/her) over and over as hard as one could.

Any physically violent: [C] Shook (him/her) / [F] Spanked, hit, or slapped (him/her) on the bottom with bare hand. [G] Hit (him/her) on the bottom or elsewhere on the body with something like a belt, hairbrush, stick, or other hard object. [I] Hit or slapped (him/her) on the face, head, or ears. [J] Hit or slapped (him/her) on the hand, arm, or leg. [K] Beat (him/her) up, that is hit (him/her) over and over as hard as one could

FCD5. Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished?

Confidence intervals > .95 level do not overlap

Children who have difficulties in least one domain of functioning are more prevalent among those Roma settlement households in which parents do not apply positive parenting strategies, i.e. explain why certain behaviour was wrong (Figure 45, Figure 46).

Figure 45. Prevalence of children who have difficulties in the households where positive parenting strategies are used and those households in which these are not used

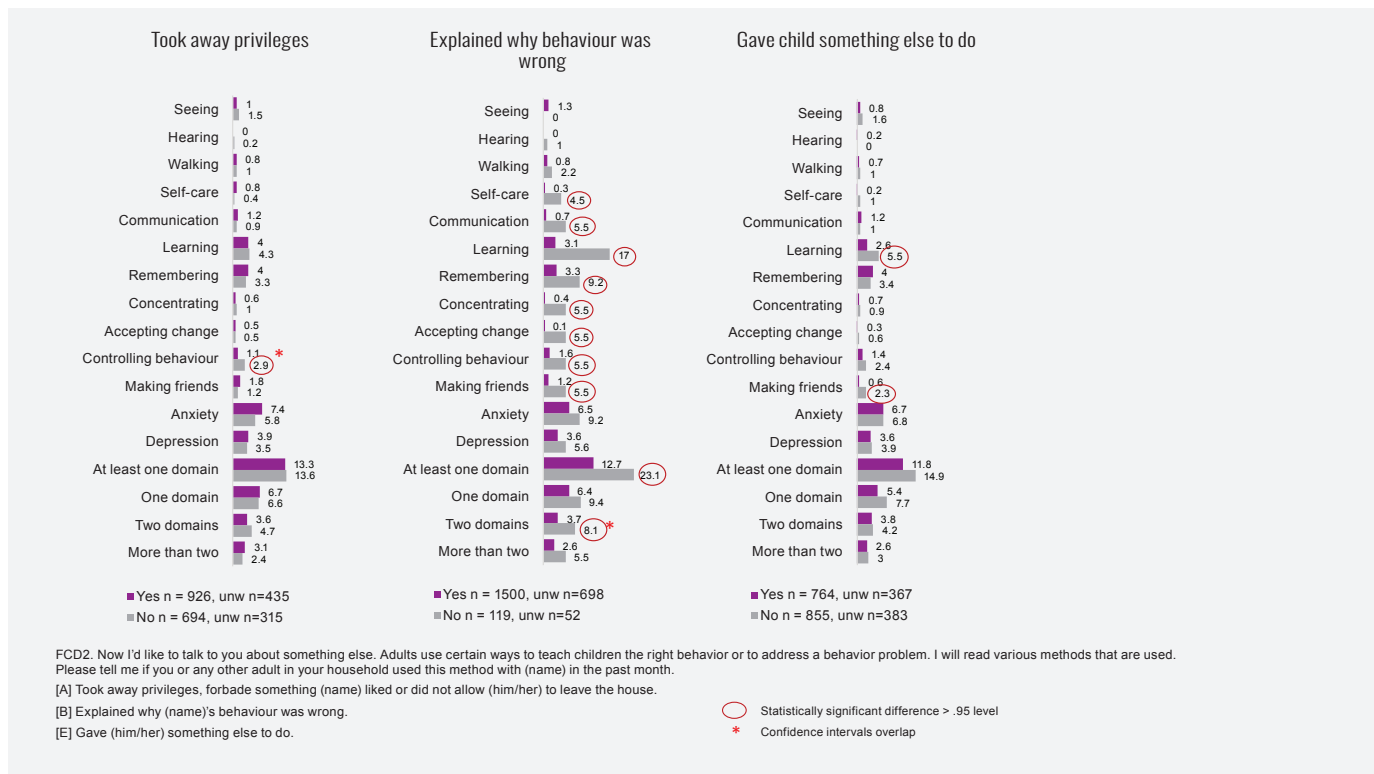


Figure 46. Prevalence of children who have difficulties in the households where positive parenting strategies are used and those households in which these are not used

	Took away privileges						Explained why behaviour was wrong						Gave child something else to do					
	YES			NO			YES			NO			YES			NO		
	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI
Seeing	0.5	1	1.8	0.8	1.5	2.7	0.8	1.3	2	0	0	3.9	0.3	0.8	1.6	0.9	1.6	2.7
Hearing	.	0	.	0	0.2	0.7	.	0	.	0.1	1	3.9	0	0.2	0.6	.	0	.
Walking	0.4	0.8	1.6	0.5	1	2	0.4	0.8	1.4	0.7	2.2	6.6	0.3	0.7	1.6	0.5	1	1.9
Self-care	0.3	0.8	1.5	0.1	0.4	1.1	0.1	0.3	0.6	1.6	4.5	9	0.1	0.2	0.8	0.4	1	1.8
Communication	0.6	1.2	2	0.4	0.9	1.8	0.4	0.7	1.3	2.7	5.5	11.2	0.6	1.2	2.1	0.4	1	1.8
Learning	2.9	4	5.4	3	4.3	6	2.3	3.1	4.1	10.9	17	24.3	1.7	2.6	3.9	4.1	5.5	7.2
Remembering	2.9	4	5.4	2.2	3.3	4.8	2.5	3.3	4.3	5	9.2	15.4	2.8	4	5.6	2.3	3.4	4.8
Concentrating	0.3	0.6	1.3	0.5	1	2	0.2	0.4	0.8	2.7	5.5	11.2	0.3	0.7	1.4	0.4	0.9	1.8
Accepting change	0.1	0.5	1	0.2	0.5	1.4	0	0.1	0.3	2.7	5.5	11.2	0.1	0.3	1	0.2	0.6	1.3
Controlling behaviour	0.6	1.1	2	1.8	2.9	4.3	1.1	1.6	2.3	2.7	5.5	11.2	0.7	1.4	2.3	1.6	2.4	3.7
Making friends	1	1.8	2.7	0.6	1.2	2.4	0.7	1.2	1.8	2.7	5.5	11.2	0.3	0.6	1.4	1.5	2.3	3.5
Anxiety	5.9	7.4	9.3	4.2	5.8	7.7	5.4	6.5	7.9	5	9.2	15.4	5.1	6.7	8.6	5.2	6.8	8.6
Depression	2.9	3.9	5.4	2.4	3.5	5.2	2.8	3.6	4.7	2.7	5.6	11.2	2.4	3.6	5	2.8	3.9	5.4
At least one domain	11.2	13.3	15.6	11.2	13.6	16.2	11.1	12.7	14.4	15.9	23.1	30.8	9.6	11.8	14.2	12.7	14.9	17.5
One domain	5.2	6.7	8.4	4.8	6.6	8.5	5.2	6.4	7.7	5	9.4	15.4	3.9	5.4	7.1	6.1	7.7	9.7
Two domains	2.5	3.6	4.9	3.2	4.7	6.4	2.9	3.7	4.8	4.4	8.1	14.4	2.6	3.8	5.3	3	4.2	5.7
More than two	2.2	3.1	4.4	1.4	2.4	3.6	1.8	2.6	3.4	2.7	5.5	11.2	1.7	2.6	3.9	1.9	3	4.2

FCSD2. Now I'd like to talk to you about something else. Adults use certain ways to teach children the right behavior or to address a behavior problem. I will read various methods that are used. Please tell me if you or any other adult in your household used this method with (name) in the past month.

[A] Took away privileges, forbade something (name) liked or did not allow (him/her) to leave the house.
 [B] Explained why (name)'s behaviour was wrong.
 [E] Gave (him/her) something else to do.

Confidence intervals > .95 level do not overlap

The analysis on sample of households in Roma settlements indicates that children with functional difficulties are represented more in households in which:

- violent methods of discipline have been used;
- a mother supports corporal punishment;
- household members are less prone to explain why certain behavior was wrong, i.e. to use positive discipline.

Therefore, the key recommendations are oriented towards:

- informing caregivers of children with difficulties from Roma settlements on the potential effects of corporal punishments on a child, and
- raising capacities of caregivers of children with difficulties from Roma settlements to practice positive discipline.

Access to health

Among Roma children who are not covered by health assurance, children who have difficulties in two domains, particularly remembering, learning and accepting change have a higher prevalence in comparison to their prevalence among those with health assurance (Figure 46, Figure 47).

Figure 47. Prevalence of children with difficulties among those covered and those not covered by health assurance

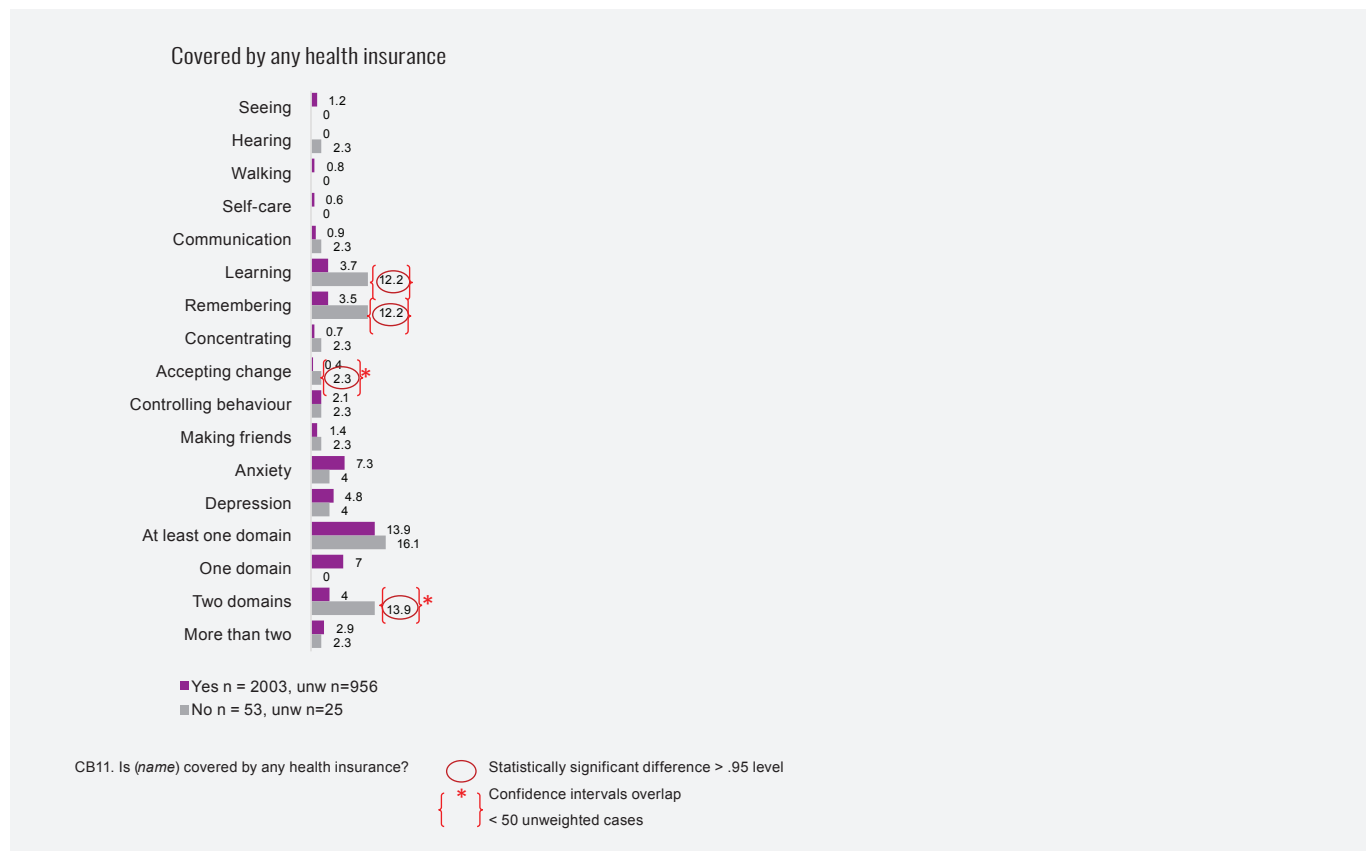


Figure 48. Prevalence of children with difficulties among those covered and those not covered by health assurance

	Covered by any health insurance					
	YES			NO		
	LCI	%	UCI	LCI	%	UCI
Seeing	0.8	1.2	1.7	.	0	.
Hearing	.	0	.	0.2	2.3	8.5
Walking	0.5	0.8	1.3	.	0	.
Self-care	0.3	0.6	1	.	0	.
Communication	0.6	0.9	1.4	0.2	2.3	8.5
Learning	2.9	3.7	4.6	4.9	12.2	21.9
Remembering	2.8	3.5	4.4	4.9	12.2	21.9
Concentrating	0.4	0.7	1.1	0.2	2.3	8.5
Accepting change	0.2	0.4	0.8	0.2	2.3	8.5
Controlling behaviour	1.5	2.1	2.8	0.2	2.3	8.5
Making friends	1	1.4	2	0.2	2.3	8.5
Anxiety	6.2	7.3	8.5	0.8	4	11.6
Depression	4	4.8	5.8	0.8	4	11.6
At least one domain	12.4	13.9	15.4	8.7	16.1	28.7
One domain	5.9	7	8.2	.	0	.
Two domains	3.2	4	4.9	6.1	13.9	24.2
More than two	2.2	2.9	3.7	0.2	2.3	8.5

CB11. Is (name) covered by any health insurance? Confidence intervals > .95 level do not overlap

The analysis shows that health as a fundamental human right is not ensured for all children in the Republic of Serbia. This is particularly important in the dawn of the pandemic which has threatened and still threatens health status of all citizens.

At the same time, functional difficulties are frequently coupled with health difficulties requiring timely and high quality medical care.

Therefore, in the post-pandemic period activities aimed at increasing coverage with health assurance among the most vulnerable groups should be undertaken, as well as campaigns aimed at raising awareness on importance of health. The health mediators could have a particularly important role in this endeavour.

Access to social welfare

Among Roma households that receive allowance for care and assistance of another person, prevalence of households with children with functional difficulties is higher. However, the prevalence of children with difficulties in two domains is higher among those households from Roma settlements who do not receive child's allowance (Figure 49, Figure 50).

Figure 49. Prevalence of children with difficulties in households receiving and not receiving social assistance

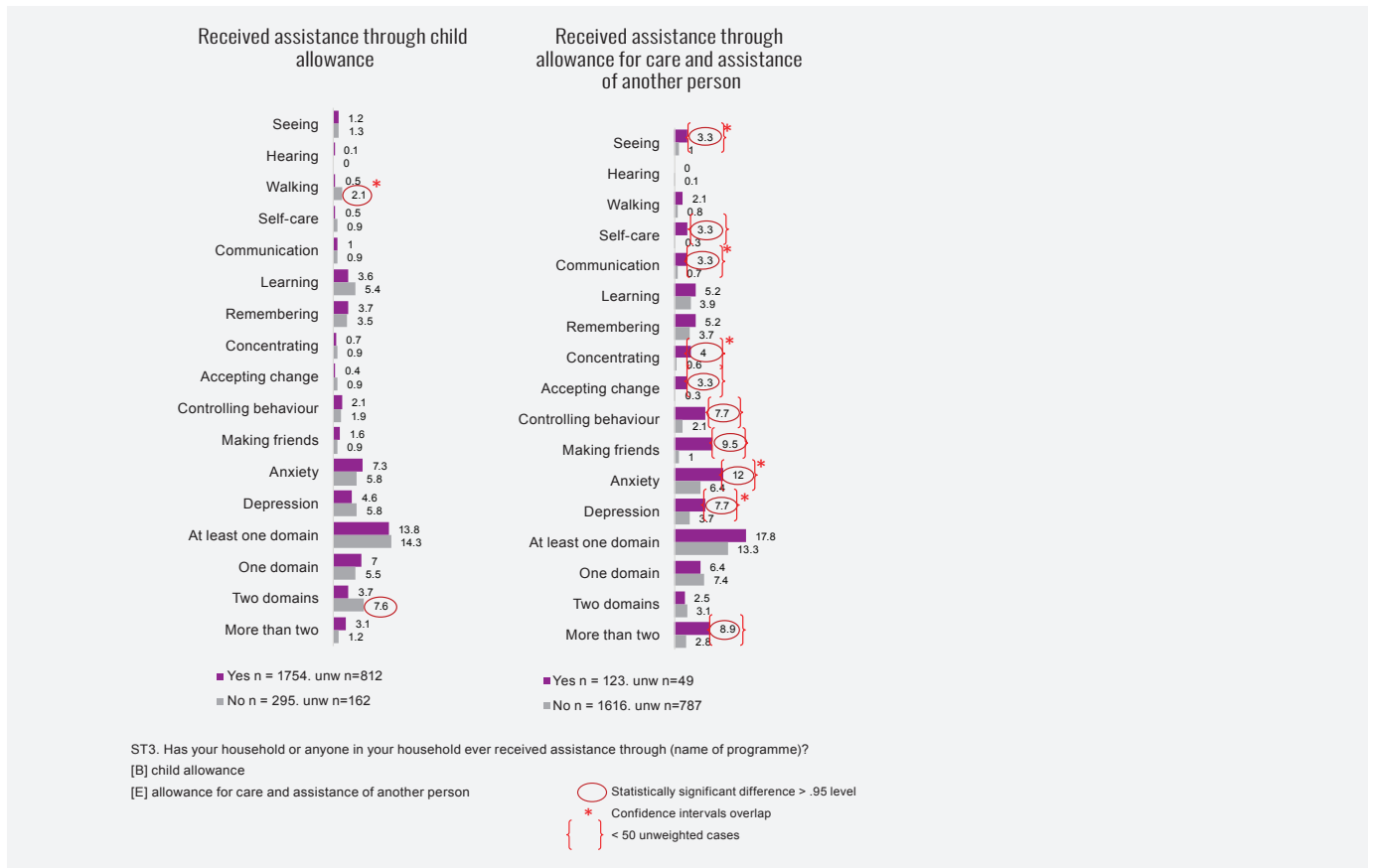


Figure 50. Prevalence of children with difficulties in households receiving and not receiving social assistance

	Received assistance through child allowance						Received assistance through allowance for care and assistance of another person					
	YES			NO			YES			NO		
	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI
Seeing	0.8	1.2	1.8	0.5	1.3	3.2	1.1	3.3	7.5	0.6	1	1.6
Hearing	0	0.1	0.3	.	0	.	.	0	.	0	0.1	0.3
Walking	0.3	0.5	0.9	0.9	2.1	4.1	0.7	2.1	6.4	0.5	0.8	1.3
Self-care	0.3	0.5	1	0.3	0.9	2.7	1.1	3.3	7.5	0.1	0.3	0.6
Communication	0.6	1	1.5	0.3	0.9	2.7	1.1	3.3	7.5	0.4	0.7	1.3
Learning	2.8	3.6	4.6	3.3	5.4	8.5	2.1	5.2	9.8	3	3.9	4.9
Remembering	2.9	3.7	4.7	1.8	3.5	5.9	2.1	5.2	9.8	2.8	3.7	4.6
Concentrating	0.4	0.7	1.2	0.3	0.9	2.7	1.6	4	8.7	0.3	0.6	1.1
Accepting change	0.2	0.4	0.8	0.3	0.9	2.7	1.1	3.3	7.5	0.1	0.3	0.7
Controlling behaviour	1.5	2.1	2.9	0.9	1.9	4.1	3.7	7.7	12.9	1.5	2.1	2.9
Making friends	1.1	1.6	2.3	0.3	0.9	2.7	5.4	9.5	15.9	0.6	1	1.6
Anxiety	6.2	7.3	8.6	3.5	5.8	8.9	7.3	12	18.8	5.3	6.4	7.7
Depression	3.7	4.6	5.7	3.5	5.8	8.9	3.7	7.7	12.9	2.9	3.7	4.7
At least one domain	12.2	13.8	15.4	10.6	14.3	18.6	11.9	17.8	25.4	11.7	13.3	15
One domain	5.8	7	8.2	3.3	5.5	8.5	3.1	6.4	11.9	6.2	7.4	8.8
Two domains	2.8	3.7	4.6	4.9	7.6	10.9	0.7	2.5	6.4	2.3	3.1	4
More than two	2.4	3.1	4	0.5	1.2	3.2	4.8	8.9	14.9	2.1	2.8	3.7

ST3. Has your household or anyone in your household ever received assistance through (name of programme)?
 [B] child allowance
 [E] allowance for care and assistance of another person

Legend:
 ■ Confidence intervals > .95 level do not overlap

Access to education

The prevalence of children with functional difficulties is higher among children from Roma settlements who have not attended and do not attend school or early childhood programme (Figure 51, Figure 52).

Figure 51. Prevalence of children with difficulties among those attending and those not attending school or early childhood programme



Figure 52. Prevalence of children with difficulties among those attending and those not attending school or early childhood programme

	Ever attended school or early childhood programme						Attended school or early childhood programme during current school year						Attended school or early childhood programme during previous school year					
	YES			NO			YES			NO			YES			NO		
	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI
Seeing	0.8	1.2	1.8	0.1	0.5	2.5	0.8	1.3	2	0.4	1.1	2.9	0.9	1.3	2	0.3	0.9	2.4
Hearing	0	0.1	0.2	.	0	.	0	0.1	0.3	.	0	.	0	0.1	0.3	.	0	.
Walking	0.4	0.6	1.1	0.7	2	5.1	0.4	0.8	1.3	.	0	.	0.4	0.8	1.4	.	0	.
Self-care	0.3	0.5	0.9	0.5	1.4	4.3	0.3	0.6	1.1	.	0	.	0.2	0.5	0.9	0.2	0.7	2
Communication	0.6	0.9	1.4	0.5	1.4	4.3	0.7	1.1	1.7	.	0	.	0.6	1	1.6	0.2	0.7	2
Learning	2.7	3.4	4.3	5.3	8.6	13.5	2.4	3.2	4.1	2.7	4.5	7.2	2.6	3.4	4.5	2.1	3.5	5.8
Remembering	2.9	3.7	4.6	1.7	3.9	7.4	2.4	3.2	4.2	3.6	5.8	8.7	2.7	3.5	4.5	2.7	4.4	6.7
Concentrating	0.4	0.6	1.1	0.5	1.4	4.3	0.4	0.8	1.3	.	0	.	0.3	0.6	1.1	0.2	0.7	2
Accepting change	0.2	0.4	0.7	0.5	1.4	4.3	0.2	0.4	0.9	.	0	.	0.1	0.3	0.6	0.2	0.7	2
Controlling behaviour	1.2	1.7	2.4	3.2	6.1	10.2	1.2	1.7	2.5	0.8	1.7	3.7	0.9	1.4	2.1	1.5	2.9	4.8
Making friends	0.8	1.2	1.7	2.5	4.7	8.8	0.8	1.2	1.9	0.3	0.9	2.4	0.4	0.8	1.4	1.1	2.4	4.2
Anxiety	5.7	6.7	7.9	7.5	11.7	16.7	4.7	5.8	7.1	8.2	11.1	15	4.7	5.8	7.1	7.5	10.3	13.5
Depression	3.7	4.5	5.6	4.5	7.4	12.2	2.5	3.3	4.3	7.7	10.5	14.4	2.6	3.5	4.5	6.2	8.6	11.8
At least one domain	11.9	13.4	14.9	14.4	19.6	25.9	10.4	11.9	13.6	16.1	20.2	24.7	10.3	11.9	13.6	15.3	19	23
One domain	5.6	6.7	7.9	4.9	8.4	12.8	5.1	6.2	7.5	6.1	8.9	12.3	4.8	5.9	7.2	7.1	9.8	13
Two domains	3.2	4	5	3.2	6.1	10.2	2.3	3	4	6.1	8.7	12.3	2.6	3.4	4.5	4.3	6.3	9.1
More than two	2	2.6	3.5	2.8	5.2	9.5	1.9	2.7	3.5	1.2	2.6	4.5	1.8	2.6	3.5	1.5	2.9	4.8

CB4. Has (name) ever attended school or any early childhood education programme?
 CB7. At any time during the current school year (2019/2020) did (name) attend school or any early childhood education programme?
 CB9. At any time during the previous school year (2018/2019) did (name) attend school or any early childhood education programme?

Confidence intervals > .95 level do not overlap

The finding that children with functional difficulties from national sample are represented more in the full day service, is not repeated on the sample of households from Roma settlements. However, results indicate that children with functional difficulties have a higher prevalence among children from Roma settlements who do attend remedial classes (Figure 53, Figure 54).

Figure 53. Prevalence of children with difficulties among those using and those who do not use free educational services



Figure 54. Prevalence of children with difficulties among those using and those who do not use free educational services

	Free of charge: Full-day classes						Free of charge: Tutoring classes						Free of charge: School sections and clubs					
	YES			NO			YES			NO			YES			NO		
	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI
Seeing	.0	0	2.1	1.1	2.1	3.7	1.6	2.9	4.8	0.1	0.4	1.1	0.9	2.4	4.9	0.6	1.1	2
Hearing	.0	0	0.2	0	0.2	0.9	0	0.3	1.1	.0	.0	.0	.0	0	.0	0	0.1	0.5
Walking	.0	0	0.8	0.3	0.8	1.8	1.4	2.6	4.5	.0	.0	.0	0.4	1.4	3.6	0.4	0.9	1.7
Self-care	.0	0	0.3	0.1	0.3	1.2	0.1	0.4	1.5	0.1	0.4	1.1	.0	0	.0	0.2	0.5	1.1
Communication	.0	0	1.8	0.9	1.8	3.2	0.3	1	2.3	0.5	1.1	2.1	.0	.0	0.7	1.3	2.3	
Learning	1.8	5.1	12	1.9	3.1	4.9	3.8	5.6	8.3	1.3	2.2	3.4	1.7	3.8	6.7	2.3	3.4	4.7
Remembering	1.8	5.1	12	2.8	4.2	6.3	3.8	5.7	8.3	1.5	2.4	3.8	0.4	1.5	3.6	3	4.1	5.6
Concentrating	.0	0	1.3	0.6	1.3	2.7	0.5	1.2	2.6	0.1	0.3	0.9	0	0.4	2.1	0.3	0.8	1.5
Accepting change	.0	0	0.2	0	0.2	0.9	0	0.3	1.1	0	0.2	0.7	.0	0	.0	0.1	0.3	0.9
Controlling behaviour	.0	0	1.1	0.5	1.1	2.4	1.8	3.1	5.1	0.1	0.4	0.9	0	0.4	2.1	1	1.6	2.7
Making friends	1.8	5.1	12	0.3	0.8	1.8	0.8	1.7	3.3	0.2	0.5	1.3	.0	0	.0	0.7	1.2	2.1
Anxiety	4.2	9.2	17.2	3.7	5.5	7.6	4.6	6.8	9.4	2.7	4	5.6	1.7	3.8	6.7	4	5.3	7
Depression	1.8	5.1	12	2.3	3.7	5.6	3.2	5	7.4	1.3	2.2	3.4	1.1	2.7	5.5	2.3	3.4	4.7
At least one domain	4.2	9.2	17.2	10.1	12.8	15.9	13.6	16.9	20.8	6.1	8	10.2	7.6	11.3	15.9	9.4	11.3	13.6
One domain	1.1	4.1	10.2	4.4	6.2	8.5	4.8	6.9	9.7	3.1	4.4	6.1	3	5.3	9	4	5.3	7
Two domains	.0	0	4.4	2.9	4.4	6.5	3.4	5.4	7.7	1.4	2.3	3.6	3	5.6	9	1.9	2.9	4.1
More than two	1.8	5.1	12	1.1	2.1	3.7	2.8	4.6	6.8	0.6	1.3	2.3	0	0.4	2.1	2.1	3.1	4.4

PR6D. Does (name) attend any of the following activities in school that are free of charge?
 [B] Full-day classes (for children in grades 1-4)
 [C] Remedial classes
 [E] School sections and clubs (choir, mathematics, biology, acting)

Legend: ■ Confidence intervals > .95 level do not overlap

Although research persistently indicate lower coverage of Roma children with compulsory education, this analysis adds to it by highlighting children with functional difficulties from Roma settlements as a particularly vulnerable group regarding access to education.

Results indicated that free remedial classes are educational services often used by children with functional difficulties from Roma settlements.

Therefore, different measures aimed at ensuring equitable access to education should be implemented (e.g. increasing capacity of preschool institutions, developing outreach mechanisms, informing parents on their children rights regarding education, developing welcoming school ethos).

Research on remedial classes suggested that the potential of this mechanism is not fully used by schools and teachers. Therefore, further transformation of remedial classes towards individualized support is needed.

Additional learning support at home

Children with difficulties in one domain have higher probability to have at least one book at home. While in the case of children with multiple difficulties, the opposite is true.

The results show that children with anxiety and learning difficulties have a higher prevalence among children from Roma settlements who receive help with their homework, in comparison to their prevalence among those who are not receiving help with homework (Figure 55, Figure 56).

Figure 55. Prevalence of children with difficulties among children living in more and less stimulative environment

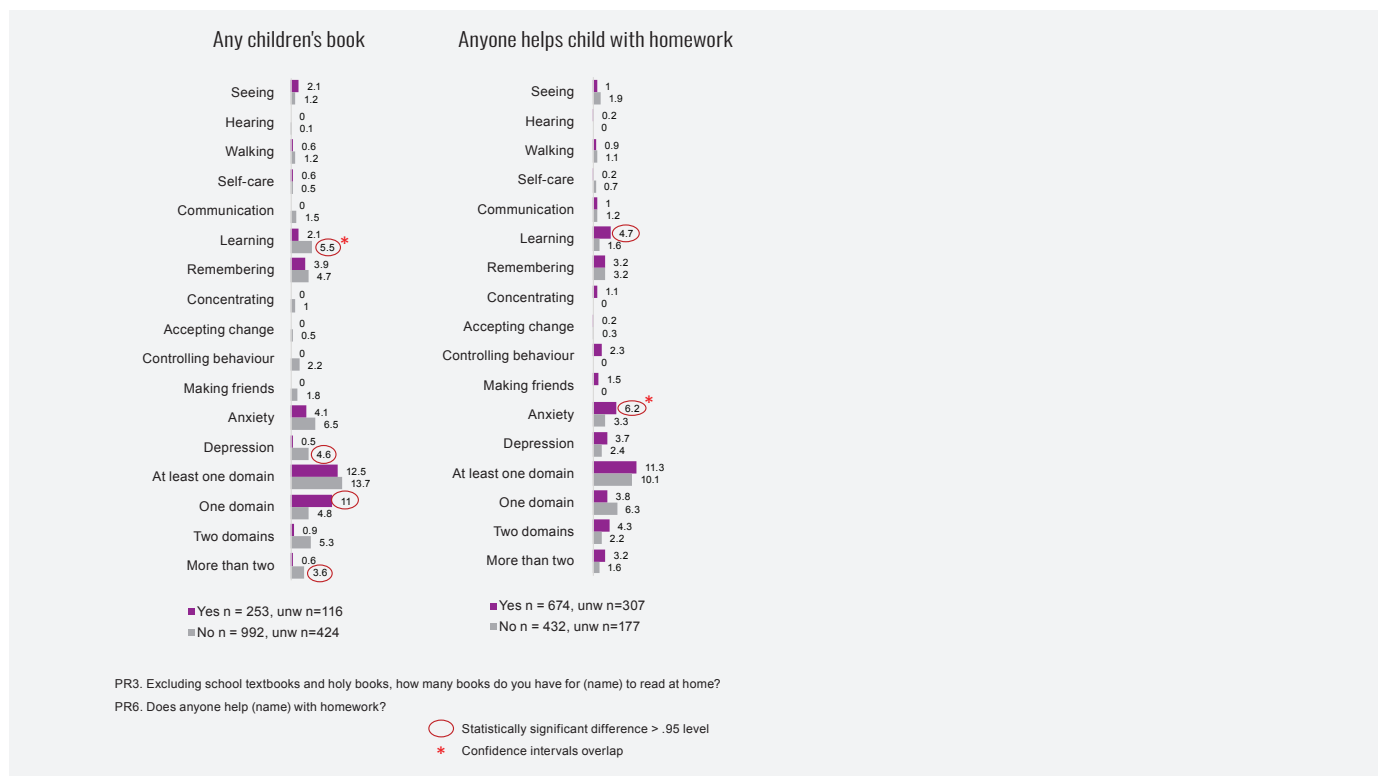
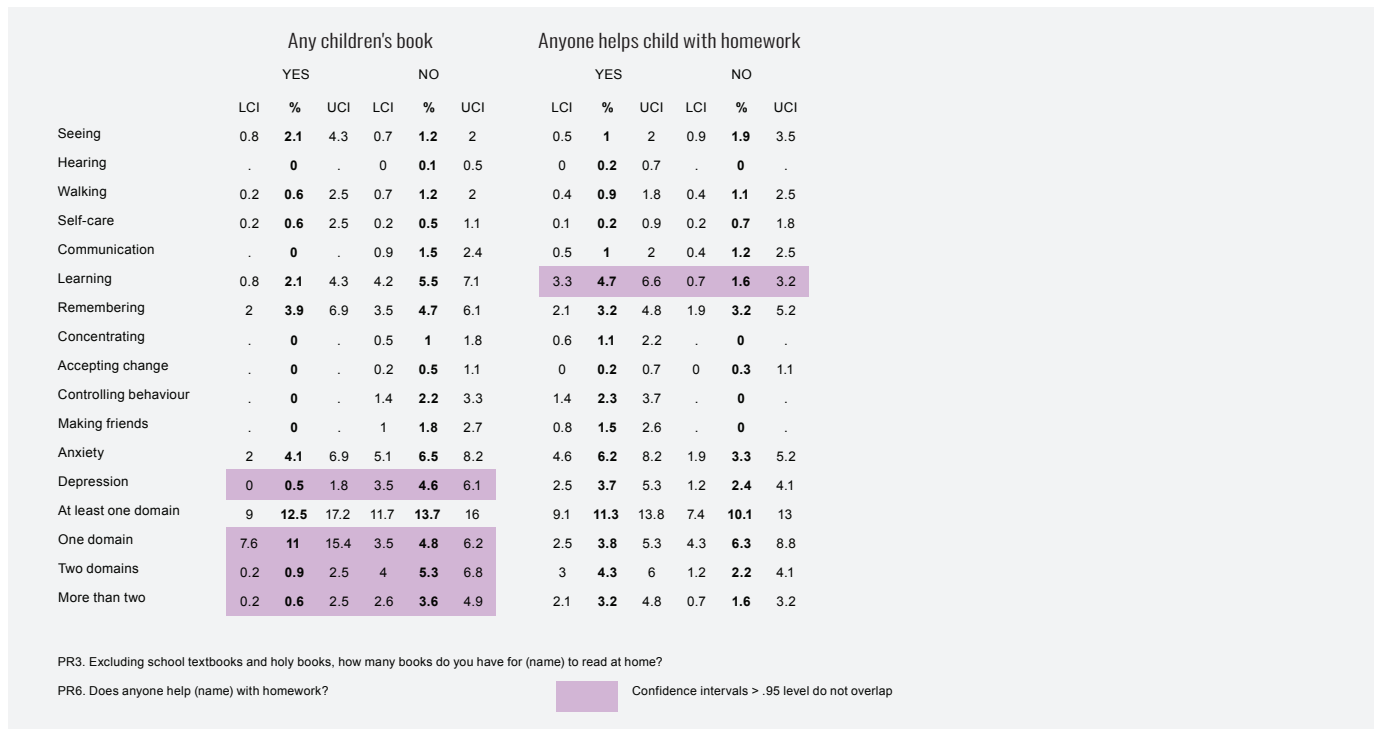


Figure 56. Prevalence of children with difficulties among children living in more and less stimulative environment



The results indicate that children with difficulties are more prevalent among those children from Roma settlements who do not receive a help with homework from their mother or father. On the other hand, children with difficulties are more prevalent among Roma children who receive support for homework from their siblings (Figure 57, Figure 58).

Figure 57. Prevalence of children with difficulties among children receiving and not receiving help with homework

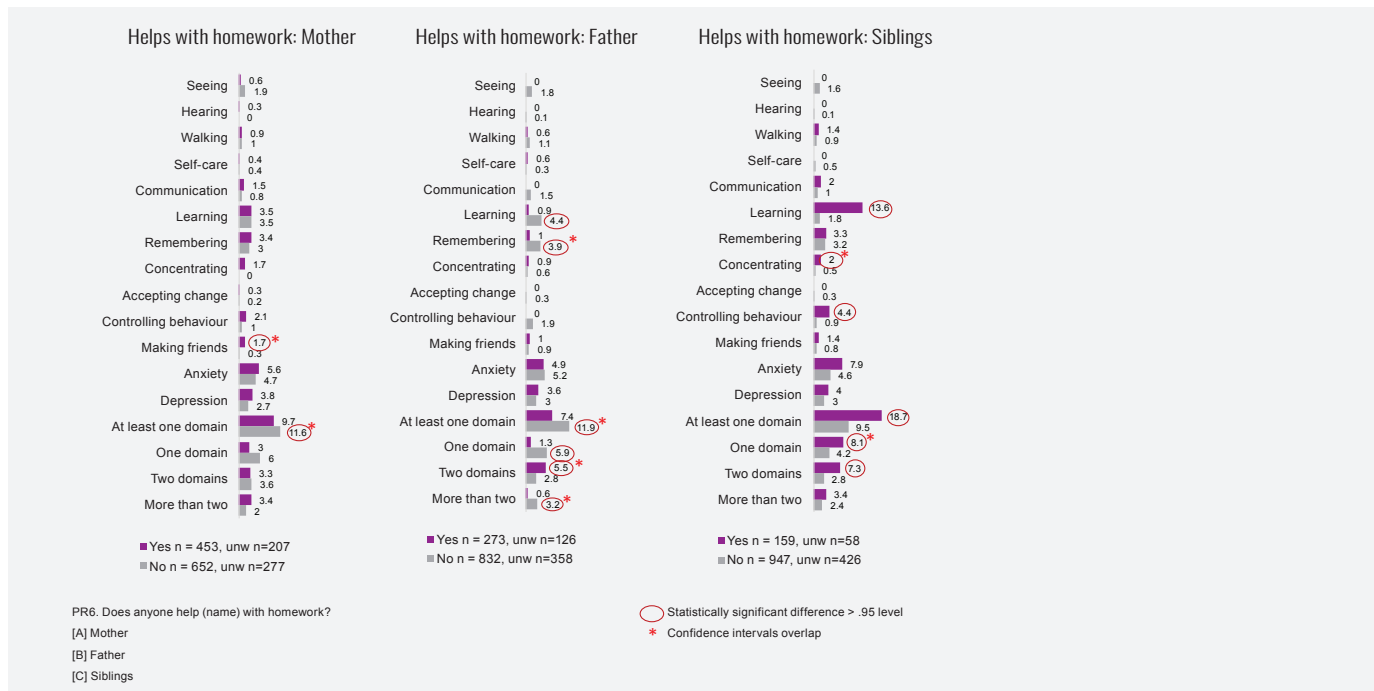


Figure 58. Prevalence of children with difficulties among children receiving and not receiving help with homework

	Helps with homework: Mother						Helps with homework: Father						Helps with homework: Siblings					
	YES			NO			YES			NO			YES			NO		
	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI
Seeing	0.2	0.6	1.8	1	1.9	3.1	.	0	.	1.1	1.8	2.9	.	0	.	0.9	1.6	2.5
Hearing	0	0.3	1	.	0	.	.	0	.	0	0.1	0.6	.	0	.	0	0.1	0.5
Walking	0.3	0.9	2.1	0.5	1	2.1	0.2	0.6	2.3	0.5	1.1	2	0.3	1.4	4	0.5	0.9	1.7
Self-care	0.1	0.4	1.4	0.1	0.4	1.2	0.2	0.6	2.3	0.1	0.3	1	.	0	.	0.1	0.5	1
Communication	0.7	1.5	3	0.3	0.8	1.7	.	0	.	0.8	1.5	2.4	0.5	2	4.9	0.5	1	1.7
Learning	2.1	3.5	5.5	2.3	3.5	5.2	0.2	0.9	2.3	3.1	4.4	5.9	9.1	13.6	19.8	1.1	1.8	2.8
Remembering	2.1	3.4	5.5	1.9	3	4.6	0.3	1	2.9	2.8	3.9	5.5	1.2	3.3	6.8	2.2	3.2	4.4
Concentrating	0.8	1.7	3.3	.	0	.	0.2	0.9	2.3	0.2	0.6	1.3	0.5	2	4.9	0.1	0.5	1
Accepting change	0	0.3	1	0	0.2	0.7	.	0	.	0.1	0.3	1	.	0	.	0.1	0.3	0.8
Controlling behaviour	1	2.1	3.6	0.4	1	1.9	.	0	.	1.1	1.9	3	2	4.4	8.4	0.5	0.9	1.7
Making friends	0.8	1.7	3.3	0.1	0.3	1	0.3	1	2.9	0.4	0.9	1.6	0.3	1.4	4	0.4	0.8	1.6
Anxiety	3.7	5.6	7.9	3.3	4.7	6.6	2.7	4.9	7.8	3.8	5.2	6.8	4.7	7.9	13.2	3.4	4.6	6.1
Depression	2.3	3.8	5.8	1.7	2.7	4.2	1.9	3.6	6.4	2	3	4.3	1.6	4	7.6	2.1	3	4.3
At least one domain	7.2	9.7	12.7	9.2	11.6	14.1	4.7	7.4	10.9	9.8	11.9	14.2	13.4	18.7	25.5	7.8	9.5	11.5
One domain	1.8	3	5	4.4	6	8	0.3	1.3	2.9	4.4	5.9	7.6	4.7	8.1	13.2	3.1	4.2	5.6
Two domains	1.9	3.3	5.3	2.4	3.6	5.3	3.2	5.5	8.7	1.8	2.8	4	4.2	7.3	12.4	1.9	2.8	4.1
More than two	2.1	3.4	5.5	1.1	2	3.3	0.2	0.6	2.3	2.2	3.2	4.6	1.2	3.4	6.8	1.6	2.4	3.6

PR6. Does anyone help (name) with homework?
[A] Mother
[B] Father
[C] Siblings

Confidence intervals > .95 level do not overlap

The results indicate that in Roma settlements siblings play important role in supporting learning of children with difficulties. Their higher prevalence among those who do not receive learning support from mothers or fathers, requires additional research. One reason could be low competencies of parents to support child's learning due to their low educational status.

However, it should be emphasized that additional learning support services should be provided to those who do not have opportunity to receive this kind of support in their home context.

Collaboration between school and family

The findings show that household members of children with functional difficulties are less likely to be familiar with existence of Parents' Council in the school their child attends (Figure 59, Figure 60).

Figure 59. Prevalence of children with difficulties in the families informed and those families not informed on work of the Parents' Council

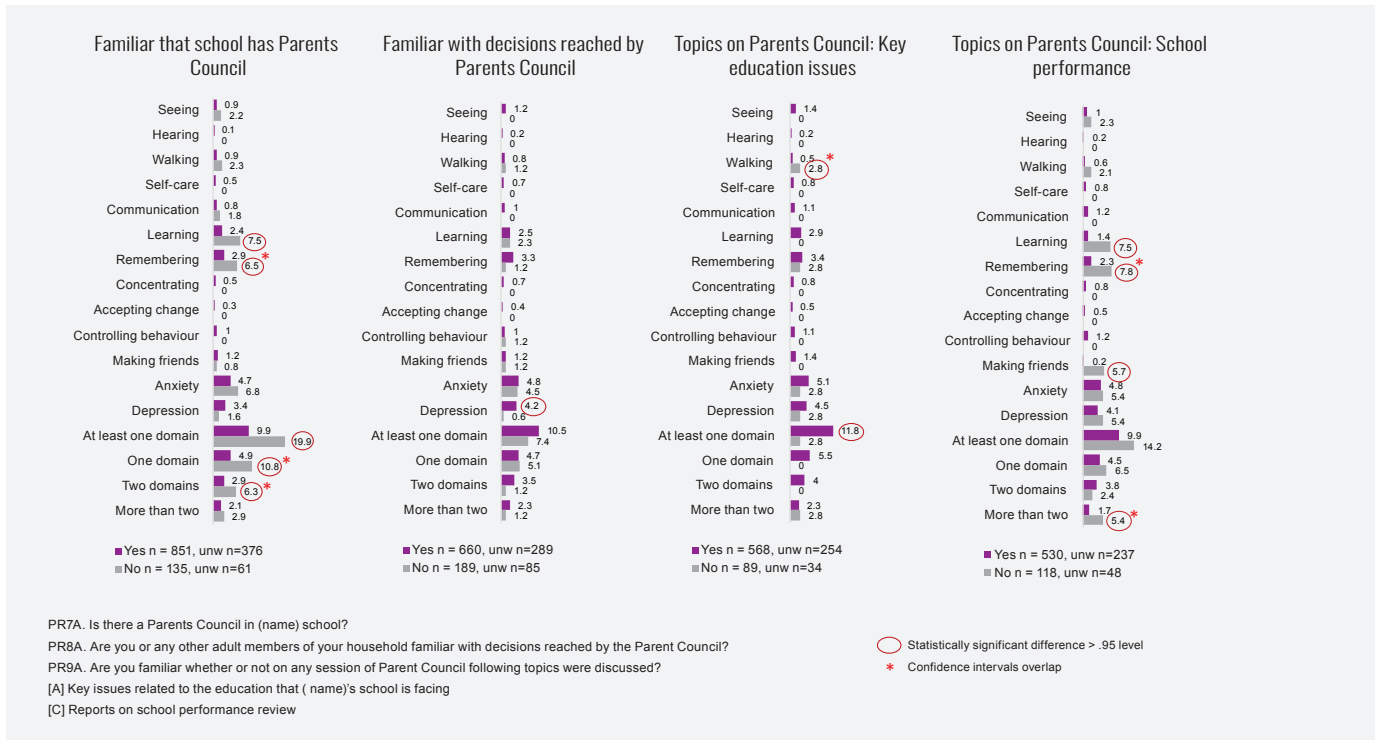


Figure 60. Prevalence of children with difficulties in the families informed and those families not informed on work of the Parents' Council

	Familiar that school has Parents Council						Familiar with decisions reached by Parents Council						Topics on Parents Council: Key education issues						Topics on Parents Council: School performance					
	YES			NO			YES			NO			YES			NO			YES			NO		
	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI
Seeing	0,4	0,9	1,8	0,6	2,2	5,8	0,6	1,2	2,3	.	0	.	0,7	1,4	2,6	.	0	.	0,4	1	2,1	0,7	2,3	6,6
Hearing	0	0,1	0,5	.	0	.	0	0,2	0,7	.	0	.	0	0,2	0,8	.	0	.	0	0,2	0,9	.	0	.
Walking	0,4	0,9	1,8	0,6	2,3	5,8	0,4	0,8	1,9	0,2	1,2	3,4	0,1	0,5	1,4	0,5	2,8	7	0,2	0,6	1,5	0,4	2,1	5,3
Self-care	0,2	0,5	1,1	.	0	.	0,2	0,7	1,4	.	0	.	0,2	0,8	1,7	.	0	.	0,3	0,8	1,8	.	0	.
Communication	0,4	0,8	1,6	0,3	1,8	4,7	0,5	1	2,1	.	0	.	0,6	1,1	2,4	.	0	.	0,6	1,2	2,6	.	0	.
Learning	1,6	2,4	3,7	3,9	7,5	12,7	1,4	2,5	3,8	0,7	2,3	5	1,7	2,9	4,4	.	0	.	0,6	1,4	2,6	3,8	7,5	13,5
Remembering	1,9	2,9	4,1	3,3	6,5	11,8	2,2	3,3	4,9	0,2	1,2	3,4	2,1	3,4	5,1	0,5	2,8	7	1,2	2,3	3,8	3,8	7,8	13,5
Concentrating	0,2	0,5	1,1	.	0	.	0,2	0,7	1,4	.	0	.	0,2	0,8	1,7	.	0	.	0,3	0,8	1,8	.	0	.
Accepting change	0,1	0,3	0,9	.	0	.	0,1	0,4	1,2	.	0	.	0,1	0,5	1,4	.	0	.	0,2	0,5	1,5	.	0	.
Controlling behaviour	0,5	1	1,9	.	0	.	0,4	1	1,9	0,2	1,2	3,4	0,4	1,1	2,2	.	0	.	0,5	1,2	2,3	.	0	.
Making friends	0,6	1,2	2,1	0,1	0,8	3,4	0,6	1,2	2,3	0,2	1,2	3,4	0,7	1,4	2,6	.	0	.	0	0,2	0,9	2,7	5,7	11,3
Anxiety	3,4	4,7	6,3	3,3	6,8	11,8	3,4	4,8	6,7	2	4,5	7,8	3,5	5,1	7,1	0,5	2,8	7	3,2	4,8	6,8	2,1	5,4	10,2
Depression	2,3	3,4	4,8	0,3	1,6	4,7	2,9	4,2	6	0,1	0,6	2,4	2,9	4,5	6,3	0,5	2,8	7	2,5	4,1	5,9	2,1	5,4	10,2
At least one domain	8	9,9	12	13,9	19,9	27,3	8,3	10,5	13	4,3	7,4	11,8	9,3	11,8	14,6	0,5	2,8	7	7,7	9,9	12,8	9	14,2	21,6
One domain	3,6	4,9	6,5	6,1	10,8	16,3	3,3	4,7	6,5	2,8	5,1	9,2	3,8	5,5	7,6	.	0	.	3	4,5	6,6	3,3	6,5	12,4
Two domains	2	2,9	4,2	2,8	6,3	10,9	2,3	3,5	5,1	0,2	1,2	3,4	2,7	4	5,9	.	0	.	2,4	3,8	5,7	0,7	2,4	6,6
More than two	1,3	2,1	3,3	1	2,9	6,9	1,3	2,3	3,6	0,2	1,2	3,4	1,3	2,3	3,8	0,5	2,8	7	0,8	1,7	3,1	2,1	5,4	10,2

PR7A. Is there a Parents Council in (name) school?
 PR8A. Are you or any other adult members of your household familiar with decisions reached by the Parent Council?
 PR9A. Are you familiar whether or not on any session of Parent Council following topics were discussed?
 [A] Key issues related to the education that (name)'s school is facing
 [C] Reports on school performance review

Confidence intervals > .95 level do not overlap

The results indicate that household members of children with difficulties in one or at least one domain were less likely to receive information from school on the child's progress, to attend school events, or to discuss child's progress with child' teacher (Figure 60, Figure 61, Figure 62).

Figure 61. Prevalence of children with difficulties in the families participating and those families not participating in school activities



Figure 62. Prevalence of children with difficulties in the families participating and those families not participating in school activities

	In the last 12 months – received a student or student report card						In the last 12 months gone to school for – a school assembly, a school celebration or a sport event						In the last 12 months gone to school for – to discuss child's progress with child's teachers					
	YES			NO			YES			NO			YES			NO		
	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI
Seeing	0.6	1.2	2	0.9	3.1	8.2	0.3	0.9	1.8	1	1.8	3.3	0.5	1	1.8	1.3	3.5	7.1
Hearing	0	0.1	0.5	.	0	.	0	0.2	0.8	.	0	.	0	0.1	0.5	.	0	.
Walking	0.6	1.1	1.8	.	0	.	0.5	1.2	2.3	0.3	0.7	1.8	0.6	1.1	2	.	0	.
Self-care	0.1	0.4	0.9	.	0	.	0.1	0.3	1.1	0.2	0.5	1.5	0.1	0.5	1	.	0	.
Communication	0.6	1.2	2	.	0	.	0.5	1.1	2.3	0.4	1	2.1	0.7	1.2	2.1	.	0	.
Learning	2.8	3.8	5.1	.	0	.	2	3.1	4.8	2.4	3.8	5.7	1.9	2.8	4	4.4	7.9	13.1
Remembering	2.4	3.5	4.7	2	5.2	11.1	2.1	3.3	5	2.6	3.9	5.9	2.4	3.3	4.7	2.5	5.2	9.7
Concentrating	0.4	0.7	1.5	.	0	.	0.6	1.3	2.5	.	0	.	0.4	0.8	1.5	.	0	.
Accepting change	0.1	0.3	0.8	.	0	.	0	0.2	0.8	0	0.3	0.9	0.1	0.3	0.8	.	0	.
Controlling behaviour	0.9	1.5	2.5	.	0	.	0.3	0.8	1.8	1.1	2.1	3.6	0.6	1.1	2	1.3	3.2	7.1
Making friends	0.6	1.1	1.8	.	0	.	0.2	0.7	1.6	0.6	1.4	2.6	0.6	1.1	2	.	0	.
Anxiety	4.1	5.3	6.9	0.4	1.7	6.6	3.4	4.8	6.8	3.6	5.2	7.5	4	5.3	6.8	1.3	3.1	7.1
Depression	2.4	3.4	4.7	0.1	1.3	4.8	0.7	1.5	2.7	3.5	5.2	7.3	2.3	3.3	4.6	0.9	2.9	6.2
At least one domain	9.5	11.3	13.4	6.3	11.2	19.1	6.7	8.8	11.2	11.3	14.1	17.2	8.1	9.9	11.9	14.7	20.3	27.5
One domain	3.6	4.8	6.2	6.3	11.2	19.1	2.3	3.5	5.2	5.4	7.4	9.9	2.7	3.8	5.1	9.6	14.8	20.8
Two domains	2.7	3.7	5	.	0	.	1.6	2.7	4.2	2.7	4.3	6.1	2.1	3.1	4.3	2.5	5.5	9.7
More than two	1.9	2.8	4	.	0	.	1.6	2.6	4.2	1.4	2.5	4.1	2	2.9	4.2	.	0	.

PR11. In the last 12 months, have you or any adult from your household gone to (name)'s school for any of the following reasons:

[A] A school celebration or a sports event?
 [B] To discuss (name)'s progress with (his/her) teachers?
 [C] Parent teacher meeting?

■ Confidence intervals > .95 level do not overlap

Research shows that household members of children with difficulties from Roma settlements are less likely to be familiar with existence and role of Parents' Council, to receive information and to discuss child's progress with teachers, and to attend school events.

Therefore, recommendations would be the following:

- communication and advocacy strategies targeting both educational institutions and household members of children with difficulties from Roma settlements should be developed, with the aim to raise awareness on rights and responsibilities of all participants in the educational process;
- implementation of the existing procedures for parental engagement, particularly engagement of parents from vulnerable groups, should be strengthened; and
- parents should be offered to participate in school life in different ways and from different roles.

Preconditions for emergency remote education

Results indicate that children who have functional difficulties are not at higher risk of not having a TV, except in the case of children who have difficulties in social relations. Children with difficulties are more prevalent among children from Roma settlements who can afford computer. However, children who have difficulties in at least one domains are more prevalent among children from Roma settlements who do not have Internet at home or cannot afford mobile phone (Figure 63, Figure 64).

Figure 63. Prevalence of children with difficulties in households differing in technical and technological conditions

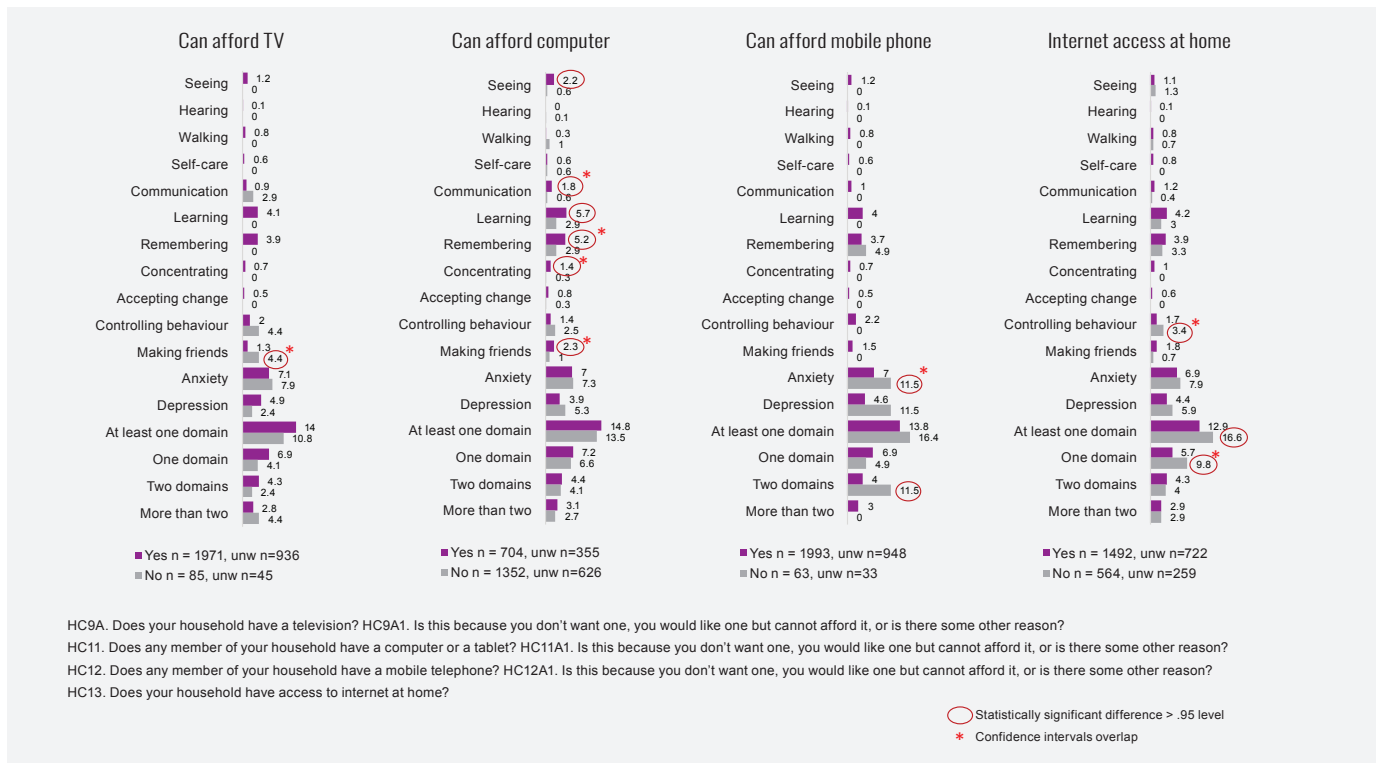


Figure 64. Prevalence of children with difficulties in households differing in technical and technological conditions

	Can afford TV						Can afford computer						Can afford mobile phone						Internet access at home					
	YES			NO			YES			NO			YES			NO			YES			NO		
	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI
Seeing	0.8	1.2	1.8	.	0	.	1.4	2.2	3.6	0.3	0.6	1.2	0.8	1.2	1.8	.	0	.	0.7	1.1	1.8	0.6	1.3	2.4
Hearing	0	0.1	0.2	.	0	.	.	0	.	0	0.1	0.3	0	0.1	0.2	.	0	.	0	0.1	0.3	.	0	.
Walking	0.5	0.8	1.3	.	0	.	0.1	0.3	0.9	0.5	1	1.6	0.5	0.8	1.3	.	0	.	0.4	0.8	1.3	0.2	0.7	1.7
Self-care	0.3	0.6	1	.	0	.	0.2	0.6	1.3	0.3	0.6	1.1	0.3	0.6	1	.	0	.	0.4	0.8	1.4	.	0	.
Communication	0.5	0.9	1.3	0.5	2.9	7.3	0.9	1.8	2.9	0.3	0.6	1.1	0.6	1	1.5	.	0	.	0.7	1.2	1.8	0.1	0.4	1.1
Learning	3.3	4.1	5	.	0	.	4.2	5.7	7.6	2.2	2.9	4	3.2	4	4.9	.	0	.	3.3	4.2	5.3	1.8	3	4.7
Remembering	3.1	3.9	4.8	.	0	.	3.8	5.2	7.1	2.2	2.9	4	2.9	3.7	4.6	1.4	4.9	12.2	3	3.9	5	2.1	3.3	5.1
Concentrating	0.4	0.7	1.2	.	0	.	0.7	1.4	2.5	0.1	0.3	0.8	0.4	0.7	1.1	.	0	.	0.5	1	1.5	.	0	.
Accepting change	0.3	0.5	0.9	.	0	.	0.4	0.8	1.7	0.1	0.3	0.7	0.3	0.5	0.9	.	0	.	0.3	0.6	1.2	.	0	.
Controlling behaviour	1.5	2	2.7	1.6	4.4	10.8	0.7	1.4	2.5	1.8	2.5	3.5	1.6	2.2	2.9	.	0	.	1.1	1.7	2.4	2.1	3.4	5.1
Making friends	0.9	1.3	1.9	1.6	4.4	10.8	1.4	2.3	3.6	0.6	1	1.7	1	1.5	2.1	.	0	.	1.2	1.8	2.5	0.2	0.7	1.7
Anxiety	6.1	7.1	8.4	3.8	7.9	15.5	5.4	7	9.2	6	7.3	8.7	6	7	8.2	5.1	11.5	20.6	5.7	6.9	8.3	6	7.9	10.4
Depression	4	4.9	5.9	0.5	2.4	7.3	2.6	3.9	5.4	4.2	5.3	6.5	3.7	4.6	5.5	5.1	11.5	20.6	3.5	4.4	5.6	4.1	5.9	8
At least one domain	12.6	14	15.6	5.4	10.8	18.4	12.3	14.8	17.5	11.7	13.5	15.4	12.4	13.8	15.4	8.5	16.4	26.3	11.2	12.9	14.6	13.8	16.6	19.9
One domain	5.9	6.9	8.1	1	4.1	9.1	5.5	7.2	9.3	5.4	6.6	8.1	5.8	6.9	8	1.4	4.9	12.2	4.6	5.7	7	7.5	9.8	12.4
Two domains	3.5	4.3	5.3	0.5	2.4	7.3	3.1	4.4	6.1	3.1	4.1	5.2	3.2	4	4.9	5.1	11.5	20.6	3.3	4.3	5.4	2.5	4	5.7
More than two	2.1	2.8	3.6	1.6	4.4	10.8	2	3.1	4.6	2	2.7	3.7	2.3	3	3.8	.	0	.	2.1	2.9	3.8	1.7	2.9	4.5

HC9A. Does your household have a television? HC9A1. Is this because you don't want one, you would like one but cannot afford it, or is there some other reason?
 HC11. Does any member of your household have a computer or a tablet? HC11A1. Is this because you don't want one, you would like one but cannot afford it, or is there some other reason?
 HC12. Does any member of your household have a mobile telephone? HC12A1. Is this because you don't want one, you would like one but cannot afford it, or is there some other reason?
 HC13. Does your household have access to internet at home

Confidence intervals > .95 level do not overlap

Among children from Roma settlements who live in noisy environment, or do not have shower unit or bathtub, or who share a toilet with people out of their households, there is a higher prevalence of children who have difficulties in one or at least one domain (Figure 65, Figure 66).

Figure 65. Prevalence of children with difficulties in households differing in the conditions relevant for the pandemic

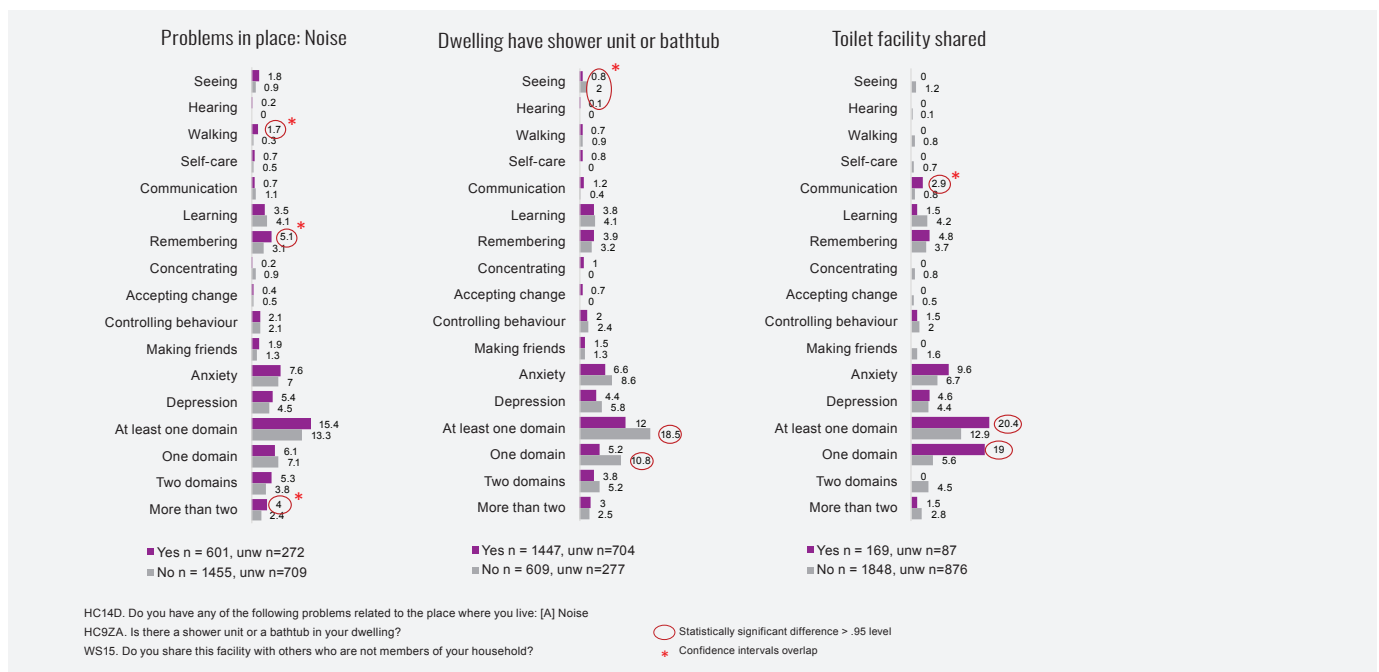


Figure 66. Prevalence of children with difficulties in households differing in the conditions relevant for the pandemic

	Problems in place: Noise						Dwelling have shower unit or bathtub						Toilet facility shared					
	YES			NO			YES			NO			YES			NO		
	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI	LCI	%	UCI
Seeing	1	1.8	3.1	0.6	0.9	1.6	0.5	0.8	1.4	1.1	2	3.3	.	0	.	0.8	1.2	1.8
Hearing	0	0.2	0.8	.	0	.	0	0.1	0.3	.	0	.	.	0	.	0	0.1	0.3
Walking	0.9	1.7	2.9	0.1	0.3	0.8	0.4	0.7	1.2	0.4	0.9	2	.	0	.	0.5	0.8	1.4
Self-care	0.2	0.7	1.6	0.3	0.5	1	0.5	0.8	1.4	.	0	.	.	0	.	0.4	0.7	1.1
Communication	0.2	0.7	1.6	0.7	1.1	1.7	0.7	1.2	1.8	0.1	0.4	1	1.1	2.9	6.4	0.5	0.8	1.3
Learning	2.2	3.5	5.2	3.1	4.1	5.2	2.9	3.8	4.9	2.7	4.1	5.9	0.2	1.5	3.7	3.4	4.2	5.2
Remembering	3.6	5.1	7.1	2.4	3.1	4.2	3	3.9	5	2	3.2	4.7	2.3	4.8	8.7	2.9	3.7	4.6
Concentrating	0	0.2	0.8	0.5	0.9	1.5	0.6	1	1.6	.	0	.	.	0	.	0.4	0.8	1.2
Accepting change	0.1	0.4	1.3	0.2	0.5	0.9	0.4	0.7	1.2	.	0	.	.	0	.	0.3	0.5	1
Controlling behaviour	1.1	2.1	3.4	1.5	2.1	3	1.4	2	2.8	1.4	2.4	3.9	0.2	1.5	3.7	1.4	2	2.7
Making friends	1	1.9	3.1	0.8	1.3	2	1	1.5	2.3	0.6	1.3	2.5	.	0	.	1.1	1.6	2.3
Anxiety	5.7	7.6	10	5.8	7	8.4	5.4	6.6	8	6.5	8.6	11	5.7	9.6	14.6	5.6	6.7	7.9
Depression	3.9	5.4	7.5	3.6	4.5	5.7	3.4	4.4	5.5	4.1	5.8	7.8	2.3	4.6	8.7	3.5	4.4	5.4
At least one domain	12.6	15.4	18.4	11.7	13.3	15.2	10.4	12	13.8	15.5	18.5	21.6	15.1	20.4	27.3	11.5	12.9	14.5
One domain	4.4	6.1	8.3	5.9	7.1	8.6	4.1	5.2	6.4	8.6	10.8	13.5	13.6	19	25.3	4.6	5.6	6.7
Two domains	3.7	5.3	7.3	2.9	3.8	4.9	2.9	3.8	4.9	3.6	5.2	7.1	.	0	.	3.7	4.5	5.6
More than two	2.6	4	5.8	1.7	2.4	3.3	2.2	3	4	1.4	2.5	3.9	0.2	1.5	3.7	2.1	2.8	3.6

HC14D. Do you have any of the following problems related to the place where you live: [A] Noise?
 HC9ZA. Is there a shower unit or a bathtub in your dwelling?
 WS15. Do you share this facility with others who are not members of your household?

Confidence intervals > .95 level do not overlap

The COVID-19 pandemic has resulted in a sudden shift towards homeschooling. Remote education required access to internet and devices needed for online learning, but also additional parental engagement in children's education.

The analysis showed that children with difficulties were at higher risk of not having access to online education, not having conducive learning environment at home, but also not having sanitary conditions to protect their's and health of others.

Therefore, in the post-pandemic period educational institution should put additional efforts to compensate for the learning loss of children with difficulties who had not access to online education.

In the future emergencies, particular attention should be paid to the conditions in which children with difficulties and their families live. Instead of universal decisions and modes of education, we should carefully reconsider how to ensure that those who need additional support are not left without any support.

REFERENCES

- Abualghaib, O., Groce, N., Simeu, N., Carew, M. T., & Mont, D. (2019). Making visible the invisible: Why disability-disaggregated data is vital to “leave no-one behind.” *Sustainability*, *11*(3091). <https://doi.org/10.3390/su11113091>
- Cappa, C., Petrowski, N., & Njelesani, J. (2015). Navigating the landscape of child disability measurement: A review of available data collection instruments. *Alter*, *9*(4), 317–330. <https://doi.org/10.1016/j.alter.2015.08.001>
- Hollenweger, J., & Moretti, M. (2012). Using the international classification of functioning, disability and health children and youth version in education systems: A new approach to eligibility. *American Journal of Physical Medicine and Rehabilitation*, *91*, 97–102. <https://doi.org/10.1097/PHM.0b013e31823d5501>
- Simeonsson, R. J., Leonardi, M., Lollar, D., Bjorck-Akesson, E., Hollenweger, J., & Martinuzzi, A. (2003). Applying the International Classification of Functioning, Disability and Health (ICF) to measure childhood disability. *Disability and Rehabilitation*, *25*(11–12), 602–610. <https://doi.org/10.1080/0963828031000137117>
- Statistical Office of the Republic of Serbia, & UNICEF. (2020). *Serbia Multiple Indicator Cluster Survey 2019 and Serbia — Roma settlements Multiple Indicator Cluster Survey 2019, Survey Findings Report*.
- United Nations Convention on the Rights of Persons with Disabilities (CRPD), (2006). https://www.un.org/disabilities/documents/convention/convention_accessible_pdf.pdf

ANNEX

The list of variables selected based on the theoretical arguments

QUESTIONNAIRE FOR CHILDREN UNDER FIVE 2019 SERBIA MICS

Educational outcomes

UB5. *Is the child attending ECE in the current school year?*

UB6. Has *(name)* ever attended any early childhood education programme, such as kindergarten?

UB7. At any time since September 2019, did *(he/she)* attend early childhood education programme, such as kindergarten?

UB8A. Does *(name)* currently attend an early childhood education programme, such as kindergarten?

UB8B. You have mentioned that *(name)* has attended an early childhood education programme this school year. Does *(he/she)* currently attend this programme?

UB8D. There are several possible reasons for a child not to attend a kindergarten. Now, I will read to you some of these reasons and would like to ask you to tell me if any of these was at least in part, a reason for *(name)* not to attend a kindergarten:

[A] *(Name)* will not learn anything important in kindergarten.

[B] Children in the kindergarten that *(name)* was supposed to attend do not receive enough individual attention because the groups are too large in relation to the number of staff.

[C] *(Name)* will receive inadequate treatment (ethnicity reasons, does not speak the language, etc.).

[D] *(Name)* is cared for at home.

[E] *(Name)* often gets sick in kindergarten.

[F] *(Name)* was not admitted to the facility because both parents are unemployed and do not qualify.

[G] The facility *(name)* was supposed to attend did not have space at the time *(name)* was supposed to enrol.

[H] There is no facility in the proximity of home.

[I] Kindergarten costs are too high.

[J] Other expenses relate to kindergarten, such as transportation, clothing, food are too high.

Health outcomes

UB9. Is *(name)* covered by any health insurance?

Family environment

EC1. How many children's books or picture books do you have for *(name)*?

EC5. In the past 3 days, did you or any household member age 15 or over engage in any of the following activities with *(name)*:

If 'Yes', ask:

Who engaged in this activity with *(name)*?

A foster/step mother or father living in the household who engaged with the child should be coded as mother or father.

Record all that apply.

'No one' cannot be recorded if any household member age 15 and above engaged in activity with child.

MOTHER FATHER OTHER NO ONE

[A] Read books or looked at picture books with *(name)*?

[B] Told stories to *(name)*?

[C] Sang songs to or with *(name)*, including lullabies?

[D] Took *(name)* outside the home?

[E] Played with *(name)*?

[F] Named, counted, or drew things for or with *(name)*?

EC5A. In the past 3 days, did you or any household member age 15 or over engage in any of the following activities for or with *(name)*:

If 'Yes', ask:

Who engaged in this activity for or with *(name)*?

A foster/step mother or father living in the household who engaged for or with the child should be coded as mother or father.

Record all that apply.

'No one' cannot be recorded if any household member age 15 and above engaged in activity for or with child.

MOTHER FATHER OTHER NO ONE

[A] Prepared food for or with *(name)*?

[B] Cleaned the room for or with *(name)*?

EC6 to EC15

UCD2. Adults use certain ways to teach children the right behaviour or to address a behaviour problem. I will read various methods that are used.

Please tell me if you or any other adult in your household has used this method with *(name)* in the past month.

[A] Took away privileges, forbade something *(name)* liked or did not allow (him/her) to leave the house.

[B] Explained why *(name)*'s behaviour was wrong.

[C] Shook (him/her).

[D] Shouted, yelled at or screamed at (him/her).

[E] Gave (him/her) something else to do.

[F] Spanked, hit or slapped (him/her) on the bottom with bare hand.

[G] Hit (him/her) on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object.

[H] Called (him/her) dumb, lazy or another name like that.

[I] Hit or slapped (him/her) on the face, head or ears.

[J] Hit or slapped (him/her) on the hand, arm, or leg.

[K] Beat (him/her) up, that is hit (him/her) over and over as hard as one could.

UCD5. Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished?

QUESTIONNAIRE FOR CHILDREN AGE 5–17

2019 SERBIA MICS

Educational outcomes

CB4. Has (*name*) ever attended school or any early childhood education programme?

CB7. At any time during the current school year (2019/2020) did (*name*) attend school or any early childhood education programme?

CB9. At any time during the previous school year (2018/2019) did (*name*) attend school or any early childhood education programme?

PR4. Did the child attend any school?

PR6D. Does (*name*) attend any of the following activities in school that are free of charge?

- [A] Extended school stay (for children in grades 1–4)
 - [B] Full-day classes (for children in grades 1–4)
 - [C] Remedial classes
 - [D] Extra classes
 - [E] School sections and clubs (choir, mathematics, biology, acting)
 - [F] Individual education plan
-

Health outcomes

CB11. Is (*name*) covered by any health insurance?

Family environment

FCD2. Now I'd like to talk to you about something else.

Adults use certain ways to teach children the right behaviour or to address a behaviour problem. I will read various methods that are used. Please tell me if you or any other adult in your household used this method with (*name*) in the past month.

- [A] Took away privileges, forbade something (*name*) liked or did not allow (him/her) to leave the house.
 - [B] Explained why (*name*)'s behaviour was wrong.
 - [C] Shook (him/her).
 - [D] Shouted, yelled at or screamed at (him/her).
 - [E] Gave (him/her) something else to do.
 - [F] Spanked, hit or slapped (him/her) on the bottom with bare hand.
 - [G] Hit (him/her) on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object.
 - [H] Called (him/her) dumb, lazy or another name like that.
 - [I] Hit or slapped (him/her) on the face, head or ears.
 - [J] Hit or slapped (him/her) on the hand, arm, or leg.
 - [K] Beat (him/her) up, that is hit him/her over and over as hard as one could.
-

FCD5. Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished?

PR3. Excluding school books and holy books, how many books do you have for child to read at home?

PR5. Does (*name*) ever have a homework?

PR6. Does anyone help (*name*) with homework?

PR6A. Who is usually helping (name) with homework?

PR6B. Does (name) participate in any of the following activities?

Private lessons

Extended school day

Sports

Foreign languages

Music classes

Other

Family-school cooperation

PR7A. Is there a Parents Council in (name) school?

PR8A. Are you or any other adult members of your household familiar with decisions reached by the Parent Council?

PR9A. Are you familiar whether or not on any session of Parent Council following topics were discussed?

[A] Key issues related to the education that (name)'s school is facing

[C] Reports on school performance review

PR10. In the last 12 months, have you or any other adult from your household received a school or student report card for (name)?

PR11. In the last 12 months, have you or any adult from your household gone to (name)'s school for any of the following reasons:

[A] A school celebration or a sports event?

[B] To discuss (name)'s progress with (his/her) teachers?

[C] Parent teacher meeting?

Since the COVID-19 pandemic, led to school closures and shift from school-based to home-based education, some MICS6 indicators can be useful as indicators of potential risk of exclusion during the COVID-19. Note that this analysis will include data on children 5 to 17 y.o.

HOUSEHOLD QUESTIONNAIRE

2019 SERBIA MICS

COVID-related risks

Learning related aspects of home environment

HC2A. How many rooms are available to this household? x **HH48** Household members

HC2A. How many rooms are available to this household? x **HH52** Children aged 5 to 17

HC7. Does your household have:

[D] A table with chairs?

HC14D. Do you have any of the following problems in the place you live:

A Noise

HC8. Does your household have electricity?

EU6. What does your household mainly use for space heating when needed?

NO SPACE HEATING IN HOUSEHOLD 97

EU9. What does your household mainly use to light the household at night?

NO LIGHTING IN HOUSEHOLD 97

HC9A. Does your household have a television?

If no, **HC9A1.** Is this because you don't want one, you would like one but cannot afford it, or is there some other reason?

HC11. Does any member of your household have a computer or a tablet?

If no, **HC11A1.** Is this because you don't want one, you would like one but cannot afford it, or is there some other reason?

HC11B. And specifically, does any member of your household have?

[A] A laptop?

[B] A desktop PC?

[C] A tablet?

HC12. Does any member of your household have a mobile telephone?

If no, **HC12A1.** Is this because you don't want one, you would like one but cannot afford it, or is there some other reason?

HC13. Does your household have access to internet at home?

Health related aspects of home environment

HC9ZA. Is there a shower unit or a bathtub in your dwelling?

WS2. What is the main source of water used by members of your household for other purposes such as cooking and handwashing?

WS15. Do you share this facility with others who are not members of your household?



**CHILD FUNCTIONING
MODULE**

SECONDARY ANALYSIS
OF MICS6 DATA