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For legal aid and human rights

Rehabilitation and its role in Minimizing Child Begging in Jordan

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Introduction

Child begging has been a widespread phenomenon in Jordan for several years. Historically, the act of begging originated out of sheer economic necessity that desperately pushed one into situations deemed shameful. Recently, however, begging has expanded to be seen as a type of profession and act to be exploited by actors for their own benefit. While once seen as humiliating, begging has now transformed into a financially-lucrative activity supervised by organized crime.

In Jordan, child begging arose due to several factors, most commonly increasing poverty and diminishing economic opportunities. Up until the late 1980s, poverty was a minor issue impacting around only 3% of the Jordanian population[1]. Slowly thereafter, poverty began to increase as a result of several economic crises in the 1980s and 1990s. More recently, these conditions were exacerbated by various political conflicts, such as the Syrian war, which created waves of migration and further strained the Jordanian government and its limited resources.

Jordan has also been witnessing rising rates of unemployment. Based on the latest statistics provided by the Department of Statistics, Jordan's unemployment rate jumped from 19.3% in 2020[2] to 22.8% in 2022[3]. These figures were worsened by the two-year COVID-19 pandemic and a shrinking economy, due to the expansion of the informal economy.

Over the past two decades, children's involvement in child labor and begging has been increasing. Between 2007 and 2016, the number of children affected by child labor almost doubled[4], and in 2016, 75,982 children aged 5-17 years old were reported to be affected by child labour, representing an estimated 1.7% - 2% of the total child population in Jordan[5]. More recently, in the first nine months of 2022, 8352 beggars were caught, including 3083 children[6].

While child begging is becoming an increasing phenomena in Jordan, there remains a lack of accurate statistics on its prevalence, as well as a severe lack of resources towards addressing its root causes and consequences. The last national survey on child labour in Jordan was carried out in 2016, and it has not been updated since then. The kingdom also does not have a standardized definition of either child begging or organized begging in the law.

1 https://books.openedition.org/ifpo/5036?lang=en
2 http://dosweb.dos.gov.jo/category/unemployment-rate/
3 http://dosweb.dos.gov.jo/unemployment_q12022/
4 https://www.tdh.ch/sites/default/files/situational_analysis_of_child_labour_in_jordan.pdf
5 Ibid
6 https://www.jordannews.jo/Section-109/News/Children-make-up-nearly-33-of-beggars-caught-in-Jordan-17970

A crucial aspect of minimizing child begging is providing a systemized program for beggars to facilitate their reintegration into society and prevent them from becoming repeat-offenders. According to the Ministry of Social Development, 70% of children return to begging after entering the care and rehabilitation centers in Dhleil and Madaba[7]. These rates show that the process of rehabilitation remains very weak in Jordan, under resourced, and unaccompanied with the necessary efforts on a national level in order to ensure viable alternatives are provided to begging children and their families.

This policy paper examines the importance of rehabilitation as a way of minimizing child begging in Jordan, using a methodology that integrated research-based findings, interviews with relevant stakeholders, including members of the rehabilitation centers in Dhleil and Madaba and the Anti-Vagrancy department of the Ministry of Social Development, as well as field visits to the rehabilitation centers in Dhleil and Madaba. It first looks at the impact of child begging on children on multiple levels, then moves on to introduce the process of rehabilitation and its importance in contributing to the well-being of victims of child begging. Second, it analyzes rehabilitation practices in the Jordanian law and compares them to the reality on the ground in the centers of rehabilitation. Lastly, it suggests steps to take moving forward with ensuring a holistic approach towards tackling and minimizing child begging in Jordan.

7 https://royanews.tv/news/285250

Begging and its Forms

According to the International Labor Organization (ILO), begging is defined as **"a range of activities whereby an individual asks a stranger for money on the basis of being poor or needing charitable donations for health or religious reasons. Beggars may also sell small items, such as dusters or flowers, in return for money that may have little to do with the value of the item for sale.[8]"**

Begging may happen in many forms depending on who is involved in the act and how the decision is made for the beggar to engage in the act. Literature on begging and human trafficking shows that begging may be either forced or disguised. Forced begging occurs when the child begs as a result of being subject to violence, threat, or psychological or physical coercion[9], usually by a third party such as a family member. Whereas disguised begging is a form of begging that is engaged in by choice rather than compulsion and involves the selling of items in exchange for money. Such acts could be included under Forced Labour, which is defined as **"work or service which is exacted from any person under the menace of any penalty and for which the said person has not offered himself voluntarily"**, according to Convention No. 29 on Forced Labor (1930)[10].

Typically, in Jordan, children are pushed into forced begging by their parents, guardians, or family members. These children are subjected to various degrees of abuse and violence that remain unreported. Some of these children admitted they were pushed into begging due to the family's economic precarious situation, or because their parents believe that sending their children to the streets is more financially rewarding than sending them to school. However, some children were able to continue going to schools, while engaging in begging as a side-activity to secure additional income for their families.

Begging, whether forced or voluntary, impacts children and their physical, psychological, and social development. These aspects will be outlined in the next section below.

8 International Labour Organization. A Rapid Assessment of Bonded Labour in Domestic Work and Begging in Pakistan, ILO, Geneva. 2004.

9 https://www.antislavery.org/wp-content/uploads/2017/01/beggingforchange09.pdf

10 Ibid

Consequences of Begging on the Child

Impact of Begging on Health

Begging has a severe impact on the physical health of children. As child beggars spend long hours in the streets, they are exposed to extremely harsh weather conditions, such as prolonged exposure to the sun. This makes them vulnerable to the development of skin cancer and skin burns, in addition to the likelihood of fainting or having heat strokes. During opposite weather conditions, such as extreme rain and snow, child beggars are likely to develop hypothermia, colds, and joint diseases.

Additionally, time spent on the streets exposes children to dangerous situations and the possibility of being exposed to traffic accidents, street violence, and harassment, including sexual harassment. Due to the conditions under which child beggars are in, personal hygiene is not often practiced, which increases the chances of children developing infections, diseases, and other physiological illnesses.

Furthermore, these children lack access to social protection schemes, which provide access to affordable health services and medicines. Collectively, these risks place children in a vicious cycle whereby they are exposed to numerous types of risks and unable to protect themselves as they continue returning to the streets to secure their needs.

Impact of Begging on Psycho-Social Wellbeing

Begging also has an impact on children's development of a healthy social and psychological life. As begging carries a negative stigma, children are often discriminated against, bullied, and looked down upon when discovered to be begging by their peers. In Jordan, members of society view beggars as destitute and desperate, often preferring not to deal with them or dealing with them with disrespect and verbal violence. This causes social exclusion both on the level of school (if the child attends school) and on the level of society, amongst a child's interaction with other members in society.

Additionally, child begging deprives children from leisure, play, study, and recreation, which are fundamental for the healthy psychological development of children[11]. Going into adulthood without passing through the psychological stages of puberty and being exposed to the adult life without any preparation increases the likelihood of being exposed to drug addiction, smoking, smuggling and prostitution.[12]

There is very little published work on the psychosocial impacts of child labour. However, one study conducted by the WHO in 1987 found that working children are highly exposed to psychological problems such as regressive behavior, premature ageing, depression, inferior status of self-esteem, fatalistic attitude, high emotion with low creativity, and excessive use of coffee, cigarettes, and alcohol.[13]

11 Shah, "Specific health problems of working children: Alternative approaches for health care," 119.

12 Banerjee, "Child labour in India,"33.

13 WHO, 1987

What is rehabilitation?

Definition of rehabilitation

In 1969, rehabilitation was defined by the World Health Organization as "combined and coordinated use of medical, social, educational, and vocational measures for training and re-training the individual to the highest possible level of functional ability"[14]. Soon after in 1981, the definition was amended to give less explicit focus on the social aspect, rather defining rehabilitation as a variety of 'measures' that aim towards individual 'social integration'[15].

While more recent definitions focus on the medical aspect of rehabilitation, particularly in relation to disability, a growing body of literature now looks at disability as inclusive of physical, social, and mental disability, thus incorporating a broader and comprehensive understanding of it. Social rehabilitation in specific, however, is a practice used for individuals who risk facing, or already face, social exclusion, either as a result of specific traumatic experiences, social deviance, persistent unemployment, imprisonment, or other factors affecting mental well-being.

Social rehabilitation attempts a holistic approach at redeeming the life of an individual before they were exposed to particular challenges. It considers several aspects, including the individual themselves, their past, their family environment, as well as the wider community, with the goal of encouraging change, growth, and recovery.[16]

14 https://apps.who.int/iris/bitstream/handle/10665/40738/WHO_TRS_419.pdf?sequence=1&isAllowed=y
15 https://apps.who.int/iris/bitstream/handle/10665/40896/WHO_TRS_668.pdf?sequence=1&isAllowed=y
16 https://link.springer.com/article/10.1007/s40737-020-00189-2

What counts as rehabilitation?

According to a study conducted by the **Journal of Psychosocial Rehabilitation and Mental Health,** rehabilitation is split into four categories: health, education, income, social, and empowerment[17]. The first four approaches are directly linked to the individual and their capacity to become socially reintegrated without falling back into old patterns and habits, and include "medical, educational, professional, and social rehabilitation"[18]. The final element, empowerment, ties all the practices together and helps the individual sustain their own improvement.

At its core, social rehabilitation works on building the following elements:

1. Empowerment

Empowerment is defined as the "process in which individuals address their own problems and work to solve them", encouraging the individual to build a sustained capacity to deal with adversity and challenging life circumstances.[19]

2. Participation

Participation includes social, emotional, and intellectual participation. In social participation, the individual is made to feel included as part of a larger group, where decisions are taken into consideration. Emotional participation attempts to make the individual feel valued. Lastly, intellectual participation is the "sense of being seen, heard, and understood in society"[20].

3. Inclusion

Inclusion refers to the individual's ability to contribute to society through their involvement and membership in a community. This could be through employment and work inclusion, or any other constructive role in a community or group.

A comprehensive social rehabilitation program will effectively include educational, medical, vocational, and psycho-social activities that work towards the well-being of the victim and contribute to their capacity to become socially and economically satisfied.

17 Ibid
18 Ibid
19 Ibid
20 Ibid

Approaches and Stages to Rehabilitation

Approaches for rehabilitation varies based on the methods and paradigms utilised to determine specific relationships between the social worker and the child. One important distinction is that of the victim-based approach versus the competency-based approach.

In the **victim-based approach**, the child is viewed as weak, helpless, and mostly incapable of partaking in the processes of his/her own rehabilitation. The child is physically present, but their needs may not always be taken seriously, and thus he/she is not properly heard. They are also, consequently, seen as incomplete and passive, only seeking help, without putting forward their own thoughts or contributions.

In the **competency-based approach**, rather, the child is seen as a survivor, partner, and autonomous person with potential and unrecognized rights. Their needs are prioritized, and their strengths are actively worked upon. Most importantly, the child is viewed as an active agent of change, capable of sharing and contributing to their well-being and development.[21]

The difference between the two approaches plays a role in the extent to which the child is given autonomy and agency over their lives, as well as a sense of empowerment to make the necessary changes for their well-being. One of the most important aspects of child rehabilitation is the extent to which the child is participatory in their own rehabilitation process[22].

Generally, most rehabilitation processes engage the following stages:

1. Establishing a rapport with the child: This stage focuses on creating an atmosphere of comfort and trust between the child and the case manager and allows the child to open up and become receptive to receiving the aid needed.
2. Assessing needs, resources, and capacity: This stage aims to determine observable and measurable changes required to meet the child's need. An assessment should be conducted based on the child's history, education, and challenges faced. Accordingly, the psycho-social, educational, and medical needs are determined.

21 https://documentation.lastradainternational.org/lsidocs/ILO_IPEC_%20Manual_%20Psycho_%20Social_%20Rehabilitation_final.pdf

22 https://documentation.lastradainternational.org/lsidocs/ILO_IPEC_%20Manual_%20Psycho_%20Social_%20Rehabilitation_final.pdf

3. Designing a plan of activities: This stage translates the needs assessment into a plan with actionable activities. It includes integrating the child into the education system through providing psychological and educational objectives that develop the child's cognitive, social, and emotional abilities.
4. Facilitating the change: This stage puts forward the actual plan based on the child's specific needs and within an estimated timeline. The implementation should continue to be re-evaluated and altered to suit the changing needs of the child, increasing the chances of its success.
5. Ensuring continuous assessment: This stage focuses on providing continuous assessment after the child has physically left the rehabilitation center and purview of the social worker. This may include home visits, phone calls, and monitoring school attendance.
6. Closing the case

The Child's Right to Rehabilitation

Convention on the Rights of the Child

On 24 May 1991, Jordan ratified the Convention on the Rights of the Child, an international agreement created by the United Nations in November 1989 and put it into effect in July 2022 following a deliberation by the Jordanian Parliament. The Convention outlines civil, political, economic, social, and cultural rights for children, which set standards and conditions for living a meaningful and dignified life. State parties that have ratified the Convention are legally-bound to it and have the responsibility of making its rights widely known to its citizens.

While the Convention contains a total of 54 articles, some of its most significant articles are: Article (2) which outlines non-discrimination to the application of the Convention towards children, regardless of their ethnicity, gender, religion, language, abilities or other characteristics; Article (3) which highlights the best interests of the child as a priority in decision-making; Article (6) which states every child's right to life and development; and Article (28) which states every child's right to education[23].

23 https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child

Additionally, the Convention contains several Articles that specifically point out the need to protect children from any violence, abuse, neglect, exploitation, and torture, including Article (19) which states governments must protect children from violence or mistreatment from parents or caregivers; Article (32) which states governments must protection children from economic exploitation and dangerous work which may harm their health, development, or education; and Article (39) which states that special support must be provided to children who have suffered neglect, abuse, or exploitation, or who are victims of torture and war.[24]

Rehabilitation within Jordanian Law and Rehabilitation Policies/ The legal framework for begging in Jordan

Law of the Ministry of Social Affairs and Labor

Law No. 14 of 1956 of the Ministry of Social Affairs and Labor and its amendments was created to regulate the work of the Ministry of Social Development, which is responsible for combating homelessness, begging and prostitution and providing aid to families in need. Article (4.11) states that part of the responsibilities of the Ministry of Social Development is "combating vagrancy, begging, prostitution, and trafficking in women and children." Additionally, Article (4.13) adds to this responsibility the duty of "establishing, financing and managing any institution that achieves any of the objectives of the Ministry of Social Affairs, such as homes for people with disabilities, homes for the blind, homes for the elderly, homes for orphans, children's homes, girls' clubs, juvenile clubs, correctional schools, detention and arrest homes, shelters for beggars and vagabonds, social centers and so on.[25]"

In addition, it is within the responsibilities of the Ministry of Social Development to supervise juveniles, as stated in the text of Article (1.5): to "supervise the juveniles, monitor the behavior of the delinquent among them, take care of them and take care of the juveniles who are sentenced after their release, find work for them, and establish (dormitories) for them.[26]" Accordingly, the Ministry of Social Development has established two shelters for beggars in two locations, Madaba and Dhleil, where they are separated from adult beggars and beggars who are detained in other places.

24 https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child
25 http://www.mosd.gov.jo/UI/Arabic/ShowContent.aspx?ContentId=78
26 Ibid

These shelters are designated for the purpose of care and rehabilitation for these juveniles, as defined by Juvenile Law No. 32 of 2014 as "the house established or approved for the reform, education and rehabilitation of convicted juveniles in accordance with the provisions of this law.[27]" Therefore, it is understood that that the main objective of these shelters is to reform, educate and rehabilitate them with the aim of reintegrating them into society after the process ends.

Juvenile Law No. (32) of 2014

The Juvenile Law regulates the legal framework for procedures provided to juveniles, including their accommodation, rehabilitation, care, and trials. According to the law, juvenile rehabilitation facilities should aim at reforming, upbringing and rehabilitating convicted juveniles in accordance with the provisions of the law.

Article 4.e of the Juvenile Law stipulates that the juveniles' education should not be affected by any measures or procedures related to keeping them in such facilities, and all parties must take the necessary measures to ensure this, except in the event of a danger to the life of the juvenile in accordance with the instructions issued for this purpose. It is also the duty of the authorities to which the juvenile is deposited to provide the child with care, and to transfer them to the competent medical authorities to receive the treatment they need, whatever its type, and this includes diseases and addiction according to the text of Article 4.f.

As for Article 9.a. It stipulates that the juvenile must be released in the event of their arrest for a misdemeanor in return for a financial bail bond, a personal pledge bond, or a cash insurance that guarantees their attendance at the investigation or trial stages, unless the interest of the juvenile requires otherwise. It states in Article 9.b that the public prosecutor or the court has the right to release a juvenile arrested for a crime if the circumstances of the case or the juvenile's condition so require, in return for a legal or financial bail bond that includes their presence in the investigation and trial stages.

27 Ibid

Article 32.2 stipulates that the period the juvenile has spent in the home shall not be less than one-third of the sentenced period. The juvenile shall also be considered in need of protection and care if they do the following:

1- Acts related to prostitution, immorality, corruption, or gambling.
2- Any illegal acts, including serving or mingling with those they carry out or who are known to have bad conduct.
3- If they take advantage of any of these actions, including begging.
4- If they beg, even if they concealed that by any means.
5- If they are a street vendor or a waste searcher.
6- If it is an event other than the legislation in force.[28]

Accordingly, the care of the juvenile rests with the bodies that are responsible for their shelter and care, whether medically or academically. It is also not permissible to keep the juvenile in detention pending investigation unless this is in their interest, or to protect his/her life. Indeed, the law specifies the cases where the juvenile ought to be sent to the rehabilitation and care facilities, which include child labor in violation of the Labor Law, or child beggars. Unfortunately, the implementation varies in real life, as children laborers work in violation of the legislations and those who tamper or search wastebins are not actually sent to the shelter homes as they are neither considered beggars, nor workers

On the other hand, child beggars are regularly sentenced to remain in the rehabilitation homes in Al Dhleil and Madaba, but it is rare for a child to complete his/her sentence since they are usually released to their parents or caregivers, as permitted by law once they conclude one third of their sentenced period. Ultimately, these short sentences hinder the child's rehabilitation process, since they are returned to their exploitative environment, which creates a cycle of adjustment, incomplete rehabilitation, release and reset to the child.

28 http://www.mosd.gov.jo/UI/Arabic/ShowContent.aspx?ContentId=77

Juvenile Aid System No. 48 of 1959[29]

This system defines the basis for providing aid to juveniles, and states in Article 4 that the total amount of aid provided to juveniles should not exceed 3 dinars per month (an amount that was not amended since the drafting of the law). As for Article 5, it defines the basis for providing aid to juveniles, stating that aid is disbursed to juveniles if the juvenile has been convicted by the juvenile court, or if they are officially present in one of the Ministry's institutes. The aid is conditional based on the child's behavior, as reported by their case manager, or the director of the institute where they are located.[30]

According to Article 6, "the Minister may, by virtue of a written decision, allow the purchase of tools for the juvenile whose value does not exceed fifteen dinars if they prove that they are of good morals and behavior and that they will use these tools to work and earn a living in an honorable manner, or that they need these tools to continue his education or complete his education or professional training."[31]

Since the law was issued in 1959, the amounts of aid mentioned above have not been amended; and are thus insufficient to assist any juvenile in any meaningful way that would contribute to their rehabilitation. Therefore, it is necessary to update this system and raise the amount of aid provided in a way that is appropriate based on realistic assessments.

The system is also incomplete since it does not contain, in any part, the need to conduct a case study on children beneficiaries. Therefore, the system does not provide a holistic approach and consideration of the child's situation and needs.

29 As published on page 1019 of the Official Gazette on November 16, 1959, issued under Article 4 of the Law of the Ministry of Social Affairs and Labor and its amendments No. 14 of 1956

30 http://www.mosd.gov.jo/UI/Arabic/ShowContent.aspx?ContentId=105

31 Ibid

Aftercare in the Law

Juvenile Aftercare Regulation No. 67 of 2016

According to the system, aftercare is defined as the services provided to reintegrate children released from the shelter, which help them return to their normal social environment and provide them with social and economic security. Aftercare plans, or programs, are usually prepared by the social worker.[32]

According to Article 3, the aftercare of the juvenile aims to complete the implementation of the rehabilitation programs provided to the juvenile inside the center, affirm their humane self, and develop their sense of responsibility. Additionally, aftercare supports the child in facing difficulties that may hinder their adaptation and integration into society, by following up on their education, guarding them from returning to delinquency, and strengthening their positive behavior towards family and society.[33]

It should be noted that according to the law, it is assumed there be a designated committee called the **Steering Committee for the Aftercare of Juveniles**, headed by the Assistant Secretary-General of the Ministry for Care and Development Affairs (currently the Ministry of Social Development), membered by one of the Ministry's employees upon the recommendation of the Minister, and inclusive of a representative of the Ministry of Interior, the Ministry of Justice, the Ministry of Education, the Ministry of Health, the Ministry of Labor, the Ministry of Awqaf Islamic Affairs and Holy Places, the Supreme Youth Council, the Juvenile Police Department, the Family Protection Department, and the Vocational Training Corporation.[34]

The committee has many tasks and powers, including setting the general policy for the aftercare program for juveniles, preparing for its implementation, contributing to building evaluation methodologies and tools for post-rehabilitation evaluation, as well as reviewing the applications of the aftercare program and evaluating its impact.

It is among the duties of the social worker that the post-care program be sent to the director of the shelter for approval and to take the necessary measures to implement it, provided that they are committed to observing the care, education and rehabilitation programs provided to the juvenile inside the shelter. Before their release, the juvenile must be prepared, within a period of time estimated by the social worker and which varies according to their condition,

32 Social worker: the employee specialized in following up with social, educational, and medical events inside the shelter.
33 http://www.mosd.gov.jo/UI/Arabic/Default.aspx
34 http://www.mosd.gov.jo/UI/Arabic/Default.aspx

to integrate into the natural social environment. Additionally, the shelter should determine the duration of the aftercare program according to the specific case and condition, preparing and implementing the aftercare program based on the individual needs and circumstances of the juvenile, including the type of offense committed, its recurrence, the reason for placement, and the juvenile's gender. Crucially, it should consider the involvement of the relevant official or non-official institutions, as well as persons with experience and competence.

As for the implementation of the aftercare program, it falls under the jurisdiction of the competent probation officer to prepare the natural environment for the juvenile to receive them before their release. This is carefully studied through a field visit and preparation of a report that includes the address of the juvenile's residence, the potential risk factors in their social environment, and any other observations. Additionally, the officer should coordinate with the relevant authorities concerned with the implementation of the aftercare program, conduct field visits to ensure the juvenile's commitment to implementing the program, and prepare periodic reports on the results of the aftercare program in changing the juvenile's behavior. During the last stage, a final evaluation should be conducted of the extent to which the juvenile benefited from the aftercare program.

Instructions for implementing the aftercare system for the year 2021

These instructions were issued in 2021 with the aim of activating the procedures of the case management methodology to achieve the best interests of the juvenile by reintegrating, reforming, and rehabilitating the juvenile in society. They also ensure that the juvenile joins the services according to the aftercare plan in order to evaluate the impact of the program from the moment they leave the shelters and enter the home.

Aftercare includes the procedures, services and programs provided by governmental and non-governmental institutions and associations approved in accordance with the provisions of these instructions for released juveniles to help them quickly integrate into society. It applies to juveniles released from juvenile care homes, juvenile education homes, and juvenile rehabilitation homes, including the rehabilitation centers for beggars in Al Dhleil and Madaba.

According to Article 6, the Aftercare Department must be informed of the home to which the juvenile is deposited, the name of the juvenile to be released, as well as provided with a detailed report about the release before a sufficient period of the date of release, provided that this period is not less than two months in the event that the juvenile spent more than a year in the shelter. The shelter should also inform the Aftercare Department of the juvenile's transfer in cases of transfer from one home to another, along with the reasons for the transfer.

As for Article 10, it specifies some of the principles that must be taken into account, including using methods compatible with the age of the juvenile, ensuring confidentiality and privacy when dealing with juveniles, and obtaining the informed consent of the juvenile and their family regarding the decisions taken to ensure compliance with the implementation of the program. The case management must occur through a multidisciplinary work team that ensures the provision of all services, identifies a person responsible for managing the case, coordinates with the concerned authorities, and ensures access to the services specified in the program.

Importantly, this system sets the basis for dealing with juveniles, saving all their data, stipulating the assistance that must be provided to the juvenile and their family, in addition to creating a computerized database for the Directorate to preserve, document and archive data.

The Reality of Rehabilitation on the Ground

Despite the existence of a multitude of rehabilitation laws and a detailed aftercare system, the process of rehabilitation in Jordan remains extremely weak. There are two care and rehabilitation centers in Jordan, one in Madaba for boys and one in Dhleil for girls, both of which fall under the umbrella of the Ministry of Social Development's Anti-Vagrancy Unit. The centers were established in 2008 with the aim of minimizing child begging and providing a program for the rehabilitation of child beggars.

Following interviews with relevant stakeholders at the Rehabilitation Centers, Tamkeen inquired about the processes that the child goes through when being rehabilitated. The cycle was explained as follows:

1. Child beggar is apprehended: the child beggar is first captured by the Ministry of Social Development's inspectors, who conduct field visits to the popular begging spots. The majority of the campaigns take place late at night when beggars are most likely to be on the streets[35]

35 Based on interviews with the Heads of Rehabilitation Centers.

2. Child beggar is taken to government hospital: after they are caught, the beggar is taken to the government hospital for a medical check-up. According to the heads of the centers, the doctors usually provide positive reports stating that nothing is wrong, and then let the child go.
3. Child beggar is dropped off at the center: the child beggar is then dropped off at the rehabilitation center. Usually, this occurs after 12AM.
4. Case is opened for the beggar: upon arrival to the rehabilitation center, a medical file is opened for the child based on the report provided by the government hospital doctor. The child is checked for any overt medical problems, which are added to the file. According to social specialists at the center, 60-65% of arriving children are repeat beggars, whose case files already exist[36]
5. Child beggar is provided with necessities: the basic needs of the child are immediately taken care of by the center's monitoring staff, as they are provided with clothing, a shower, food, and a haircut if needed.
6. Child beggar is engaged in rehabilitation activities: once the child settles down, the social worker integrates the child within the center's schedule of activities, which includes educational and non-educational activities. Educational activities include awareness sessions, games, drawing, and puzzle/mind games, whereas non-educational activities include sports, gardening, recycling, sculpting and the creation of crafts with beads (for girls). The awareness sessions are usually conducted around the topics of religion, history, cleanliness, dangerous behaviors, and responsibility.
7. Child beggar is released after a certain amount of time is completed: depending on the child's case, they are released back to their parents or caregiver. The center would release the child accordingly based on the Standardized Operations Procedures that both centres adopted in 2021. The average period that children spend at the shelter is between several days to 1 month.

36 Based on interviews with social specialists at Rehabilitation Centers.

The Cycle of Rehabilitation undergone by child laborers and beggars in Jordan

Problems with the Approach Used

Despite steadily increasing efforts by the Ministry of Social Development, systemized rehabilitation and aftercare for child beggars remains lacking. As outlined above, the current processes that exist at the rehabilitation shelters in Madaba and Dhleil, while provide comfort and a safe space for the temporary sheltering of child beggars, do not methodically address the root causes of begging nor provide the necessary services for the child's proper reintegration into society. This is due to the several factors below:

Children not receiving comprehensive services

The problem with the current process can be detected at first glance through the steps being followed once the child is apprehended. Instead of being provided with a comprehensive medical checkup, the child is usually examined by a doctor in a governmental hospital, who provides the child with a healthy report without properly assessing their condition. Only in the case of an emergency or overt medical problem is the child transferred and taken to the appropriate hospital. Most often, the rehabilitation centers must conduct a second medical check-up upon the child's arrival to ensure that no medical conditions exist[37]. While this is a safety measure, it is important to note that the shelters do not have the specialized medical staff to be conducting this check-up.

More importantly, while social specialists are available at both rehabilitation centers, they do not usually conduct a comprehensive needs assessment for arriving children. Instead, they await to see the length of period the child will be staying in the center and plan their course of action accordingly. Due to a severe lack of staff at the rehabilitation centers, these workers are usually unable to provide all the necessary services for children, including psycho-social support and consistent educational programs delivered with a specific curriculum and outcome.

Both the needs assessment and the comprehensive action plan are crucial to identify important and relevant information about the child, their history, and later the planned outcomes for their rehabilitation. While the importance of these tools are recognized by shelter staff (which was discussed in interviews with them), as illustrated in their SOPs, they are unable to carry it out in most cases. Consequently, the child's social, psychological, and educational needs are not addressed, and this increases the likelihood of their return to begging. It is also important to note that Child beggars are amongst the most vulnerable social class in Jordan. They

37 Based on interviews with social specialists at Rehabilitation Centers.

usually suffer from alienation, anxiety, depression, shame, stigmatization, and discrimination[38]. These mounting psychological challenges, when left unaddressed, lead to increasing feelings of disempowerment and hopelessness, making it more difficult to reintegrate the child back into society.

According to Article (39) of the Convention on the Rights of the Child, of which Jordan is signatory state: **"States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts."** It is therefore the legal responsibility of the Ministry of Social Development to provide the psychological and social services that help the child be reintegrated into society after the damage caused by their prolonged periods of begging in the streets.

Currently, the rehabilitation program focuses on economic security and sustainable skills training. Girls in the Dhleil center learn handcrafts, such as bead work and knitting, while boys in the Madaba center learn hairdressing. These vocational trainings have in some cases resulted in secured jobs for children between the ages of 16 and 18, and thus provided a sustainable income for the children to no longer rely on begging for an income. However, in most cases, children do not remain at the center long enough to complete these trainings and gain the skills needed. Additionally, while securing an income is an important step in encouraging children away from begging, it is by itself not sufficient without the psycho-social support that would address the long-term confidence and empowerment for its sustenance.

Children not staying at the shelters for sufficient time

One of the main challenges faced by the rehabilitation centers is the lack of sufficient time spent by the children. The length of the child's duration at the rehabilitation centers is determined by the judge who receives the child's case and varies based on the severity of the case. As per the Penal Code, Article (389), children "shall be punished for a period not to exceed three months" and alternatively, the court may refer them to the rehabilitation centers for "a period not less than a year and not more than three years"[39]. However, due to a loophole in Article 32.2 of the Juvenile Law, which stipulates that the period the juvenile spends in the shelter **shall not be less than one-third of the sentenced period**, children are allowed to leave the shelter after the passing of 1/3 of the duration period, which

38 https://www.amity.edu/gwalior/jccc/pdf/jccc-12-19-11.pdf

39 http://www.ahtnc.org.jo/sites/default/files/penal_code.pdf

is treated as a child protection concern rather than a penal concern. The Juvenile Law also explicitly states in Article 33(b) that any child under 18 who engages in begging is in need of protection and care. As for Article 37 of the Juvenile Law, it states that particular measures can be taken to protect and care for the child, including: ordering a parent or guardian to take care of him/her; placing the child in the rehabilitation center for no more than 2 years; or placing the child under the supervision of a competent social worker for a period of 1 to 5 years. Based on these measures, the child should spend at least 1 year in rehabilitation, or 3 months if applying the one-third loophole exception to the duration. Still, however, the majority of child beggars do not actually spend that entire duration as stated by the law.

This does not give the rehabilitation shelters sufficient time with the child to implement an effective rehabilitation program, especially with the knowledge that the child will be leaving within 1/3 of their sentenced period. Even if the rehabilitation center were to conduct a needs assessment and activity plan, it would require a minimum of several months for its implementation, and for changes to occur in the child's behavior.

Children do not receive continuous monitoring

Another important aspect of child rehabilitation is ensuring that they are supported throughout their transformation. This entails monitoring their activity after they physically leave the center. According to the Juvenile Aftercare Regulation No. 67 of 2016, aftercare is defined by the services provided for children to encourage their reintegration into society after leaving the shelter. These services include educational and psycho-social services that encourage and empower the child in their return to society.

The same law outlines that the aftercare process lies within the responsibilities of a specific committee consisting of representatives from various governmental entities, including the Ministry of Social Development, Ministry of Interior, Ministry of Justice, Ministry of Education, Ministry of Health, Ministry of Labor, and others. The committee is responsible for putting together the aftercare program, communicating it to the relevant rehabilitation shelters, facilitating its implementation, and ensuring that the activities are being monitored effectively for post-rehabilitation evaluation. Currently, however, no such committee exists on the ground, and no aftercare rehabilitation services currently take place. Additionally, were they to take place, they would lie solely in the hands of the rehabilitation shelters, with no guidance or professional overview from any relevant governmental entities.

The problem with this is that the rehabilitation centers lack the necessary financial and administrative support for following up with child beggars after their rehabilitation, which includes coordination with all relevant entities for a holistic aftercare program, including educational services and psychological services. Furthermore, some aspects of aftercare monitoring require logistical support that is currently not available, such as transportation to child beggars' homes or schools to ensure attendance and a health home environment, in addition to a monitoring system that will facilitate these procedures and keep track of all their updates.

Currently, no aftercare rehabilitation processes are in place. Child beggars who have been sheltered at the rehabilitation centers can leave as soon as the social worker receives approval from the judge who had placed the sentence for the child's case, which as mentioned above, is also too short a period. This poses another challenge with implementing aftercare rehabilitation: since the child was not equipped with an efficient care program while in the center, equipping them with an aftercare program becomes more difficult as they are more resistant and have not been eased into the process. This means that the child may return to a family environment that reinstates them back into begging, as one of the main causes of child begging in Jordan is from family members. As per the International Labor Organization's psycho-social rehabilitation manual, "prevention of re-victimization and relapse is an essential feature of closing the case" [40].

40 https://documentation.lastradainternational.org/lsidocs/ILO_IPEC_%20Manual_%20Psycho_%20Social_%20Rehabilitation_final.pdf (page 67)

Conclusion

Rehabilitation is a central aspect of minimizing child begging in Jordan. Rehabilitation holistically addresses the factors that drive children to begging, including vocational, psychological, educational, and social aspects. According to Jordanian law, rehabilitation should be provided in dedicated shelters with relevant programs and monitoring of the child's wellbeing.

While the Ministry of Social Development carries the primary responsibility for providing rehabilitation, a comprehensive and holistic process requires multiple actors and relevant entities, as well as systematic coordination between them. Current Jordanian policies on rehabilitation are either outdated or not applied on the ground, and therefore require revisitation.

Furthermore, rehabilitation processes in the shelters are limited to minimal educational services, games for stress relief, and vocational skills training. While these activities provide space for children to emotionally release built in tension and gain awareness on the dangers of begging, they do not address the psychological and social patterns that impact children's wellbeing and proper integration into society.

Jordan must adopt a proper framework to ensure a comprehensive rehabilitation process for child beggars, enhance the quality of services provided, and provide strong cooperative channels for their referral to access needed services and support.

Recommendations

1. Reconsider the length of shelter rehabilitation sentences for child beggars so as to allow them to stay in the shelters for a period of time sufficient to undergo a proper rehabilitation program
2. Adopt an appropriate educational system for child beggars to become aware of the dangers of begging, importance of skilled work and education, and alternatives to begging for an income
3. Implement a proper aftercare system that includes the continuous monitoring and evaluation of child beggars during their rehabilitation into society
4. Adopt a holistic program and referral system between the Ministry of Social Development, Ministry of Labor, and Ministry of Education aimed at following the cycle of child beggars from their seizing until returning to school
5. Conduct awareness sessions for child beggar parents and/or caregivers around the importance of rehabilitation and the possibility of sustainable income from skilled hand work
6. Increase social protection given to families of child beggars to minimize their reliance on begging as a form of income and encourage the child to return to a normal life

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