

GOING HOME FROM RESIDENTIAL CARE: an exploratory study of the separation and reunification experiences of young people and their families in Moldova

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И наконец, я хочу выразить свою бесконечную признательность моим супервайзерам- Профессору Бес Нил и Профессору Джиллиан Скофилд, чьи помощь и напутствие в течение долгих четырех лет помогали и вдохновляли меня, поддерживая мои первые шаги в качестве молодого академика. Я также хочу выразить благодарность всем работникам моей школы в Университете Восточной Англии за их поддержку, теплоту и понимание, которые позволили мне стать частью этой большой семьи.

ABSTRACT

Abundant reunification research in Western contexts has accumulated a wealth of evidence on various groups of children in out-of-home care. Yet, such research takes a predominantly quantitative angle, looking at reunion odds rather than illuminating families' in-depth qualitative experiences. Research on children in out-of-home care in Moldova remains an even more under-researched area. The present study aims to fill this gap. Based on retrospective accounts of 20 mothers, 20 children and 5 focus groups with child care professionals, it connects families' separation and reunification experiences, creating a more holistic understanding of their journey. The study uses a rigorous Grounded Theory methodology to create theoretical models and frameworks deeply grounded in the data. Advanced participatory research methods were employed to engage children in the research process as co-constructors of knowledge.

The findings demonstrated how families adapted to life in separation, preserving their sense of family membership and continuity. Being predominantly migrant workers, mothers continued 'part-time' parenting within restricted time frames and having scarce resources. In spite of a limited physical presence in their children's lives, mothers kept their children psychologically present. Extended family played an important role in children's lives, helping them retain a sense of family identity and membership. Most mothers and children highly praised residential care as providing children with safety, comfort and education they could not enjoy in their families and communities.

Analysis of reunification processes revealed drastic differences between two groups of families — surviving and struggling — demonstrating how family continuity expressed by commitment to family membership, ongoing positive contact, willingness to reunite and determination to make reunion work cemented the stability of reunion. Where families lacked family continuity and coherence, they were struggling to adjust to life together.

Finally, the study scrutinised mothers' views on post-reunion support, revealing multiple gaps and barriers in accessing social services' support. Most importantly, it revealed a disparity in views between mothers and professionals on family support needs. While mothers were increasingly speaking about their vulnerability and the need for ongoing and consistent support, professionals focussed on the need to cultivate families' independence from the state. Multiple gaps in the work of the social assistance system were revealed, the most significant being a lack of community-based family services and systemic organisational deficits.

The thesis concludes by discussing the study findings in the context of deinstitutionalisation reforms and previous reunification research in Moldova. Implications for practice and policy are made, highlighting the need for family involvement and family-focused work at all stages of planning and decision-making, the importance of supporting family continuity and the urgent need to reconsider the role of residential care in the child care system of Moldova.

INTRODUCTION

Context and motivation for the study

The UN Convention on the Rights of the Child, 1989, stipulates that every child has the right to grow in a family, and that the state has a duty to support parents in raising their children. However, for many Moldovan families such rights were violated when, in the late 1990s, children were separated from their parents when the pressures of poverty and inadequate state support forced parents to migrate and leave their children either in the care of their extended families or in institutional care.

Poverty, migration and lack of state support continue to affect the lives of millions of Moldovan families since 1991, when the Republic of Moldova became an independent state following the collapse of the Soviet Union. The resulting drastic geo-political shifts in the region led to the collapse of the centralized economy and the major transition to a market economy. Affected by extreme poverty and absence of social support systems, many parents had to migrate to ensure the survival of their families (Every Child, 2013; Every Child and Oxford Policy Management, 2007). According to the 2006 estimate of the International Organization for Migration (IOM), out of the total population of roughly 3.5 million, 252,000 Moldovans left the country to work abroad and about 1.5 million live on remittances. 177,000 children under the age of 18 are left behind (UNICEF, 2008). In some villages in Moldova, as much as 60% of all families were affected by migration in 2006 (UNICEF Newsline, 2006). A need to migrate and work abroad to ensure the survival of their families forced parents to leave their children behind in the care of their extended family, community or state. Many such children went into residential care institutions where they remained for years.

My passion for the present study is fuelled both by academic interest and personal motivation. Experiences of families that went through separation due to poverty, migration and subsequent institutionalisation remain a seriously under-researched area in Moldova. My interest in the topic developed into a master's dissertation, in which I tracked the relationship between parental involvement and children's educational motivation. Following both my masters and my passion for researching the lives of families affected by poverty, migration and institutionalisation, I applied for a PhD in Social Work. Having started my PhD, I realised that my family has also been affected by the Soviet policy of the institutionalisation of children that had developmental 'deviations'. My elder cousin, although raised in a full family, as a child was placed into an auxiliary boarding school because of her developmental needs. This fact would probably have been buried safely in the annals of our family history, had I not started my PhD.

Why the study is needed?

There is abundant reunification research in Western contexts that looks into separation and reunification experiences and processes for various groups of looked-after children. However, it has a predominantly outcome-orientated quantitative focus looking into reunification rates and factors associated with its stability (Biehal, 2006; Thoburn et al, 2012, Wulzyn, 2004). Very few qualitative studies have explored families' in-depth reunification experiences, linking them to the separation context and processes (Bullock et al 1998; Farmer et al 2011). The value of such research is that it captures participants' experiences from the moment of separation to reunion, revealing their interconnected and complex nature. Bullock and colleagues' (1993; 1998) Dartington study is unique in highlighting patterns of separation and return, scrutinising families' and children's in-depth experiences, and identifying factors associated with return stability. A more recent research in the UK focussed on assessing the impact of implementing reunification practices: e.g. the evaluation report on implementing the Reunification Practice Framework by Farmer and Patsios (2016) commissioned by the Department of Education and the NSPCC.

The present study is very much inspired by the analytical rigour and depth of themes covered in Bullock and colleagues' research, and aims to capture the separation and reunification experiences of children returning home from residential care in Moldova. Reunification from residential care has been chosen as a focus of the study as it was a major out-of-care route – very few were placed in foster or other forms of family-based care.

Child welfare provisions and practices in the Republic of Moldova are very different from Western states. For instance, in the UK kinship, foster care or adoption are the predominant forms of out-of-home care, and residential care is used as last resort or for treatment purposes. In Moldova, the Soviet legacy of over-reliance on placing children in institutions as an exclusive child-protection measure coupled with the absence of developed community-based family services, the country's sweeping poverty and high migration rates led to residential care being largely and indiscriminately used by social services and communities as incubators for raising several generations of children. Institutions were used as a response to the crisis in the social protection system and country staggering rates of poverty and migration.

In the past two decades, however, child welfare policies in Moldova have undergone drastic changes. Following its accession to the UN Convention on the Rights of the Child in 1993, the Moldovan government made an obligation to observe its provisions. A decade later, the National Strategy on Child and Family Protection for 2003-2008 laid the foundations of the child protection system in Moldova. Reforms in the child care system began in 2006 when the National

Strategy for the Reform of Residential Institutional System 2006-2012 was launched (Evans, 2012). It led to the closure of many residential institutions and a wave of reunifications sweeping across the country. Such drastic reforms needed an evaluation of the impact and success of reunification practices. However, only one longitudinal study was undertaken, by Every Child in Moldova in 2011-2013, which tracked families' reunification experiences up to 22 months after the child's return (Smith, 2014). Although pioneering the field of reunification research in Moldova, the study had significant limitations. Firstly, reunification experiences were described rather broadly and in isolation from families' early context and there was no attempt to link the reunion processes and factors to families' previous experiences. Secondly, all 43 reunions were labelled as successful in the end; no failed or unsuccessful reunions were included and there was no analysis of the factors that contributed to or undermined reunion stability. Finally, although the study employed longitudinal design and provided rich data, it remains unclear what informed its theoretical and methodological approaches.

The present study aims to fill these gaps by providing an in-depth understanding of separation and reunification patterns and processes in their continuity. It uses a rigorous research methodology and participatory research methods to include children's perspectives, ensuring their views are minimally biased by the researcher. Finally, the study aims to understand children's experiences of being in institutions as well as parents' perceptions about the role of residential care in their lives. Perceptions about residential care in the West are changing as more appeals are made about reconsidering the role of residential care (Ainsworth and Hansen, 2005; Barton and Vacca, 2011). The deficits of other forms of out-of-home care in Moldova, such as foster care, and the persistent negative perception of residential care among practitioners and policy-makers, urge the re-assessment of its role and its potential to be used as an effective form of child care in Moldova.

Thesis aims

The aim of this study is to conduct detailed empirical research on the separation and reunification experiences of the key stakeholders in the process: children and their mothers. There has been no research undertaken in Moldova that attempted to portray such experiences as linked and complex processes. Furthermore, this study is the first to explore separation and reunification experiences in a theoretically and methodologically robust way. The study employs semi-structured interviews to capture mothers' and children's experiences. It also explores professionals' views on families' support needs after reunification using focus group methodology.

In accordance with article 12 of the UN Convention on the Rights of The Child, 1989, the study makes it a priority to include children's views

which have to be acknowledged and respected. To maximise the inclusion of children's voices in the research process, participatory research methods are used, allowing children to unravel their experiences through their own lens rather than have a meaning imposed by the researcher's agenda. The study focussed predominantly on mothers' accounts, as they were the primary caregivers when the family fell apart and their partners left them. Unless mentally or physically unable to take care of the child, it was usually the mother who would undertake major child care duties. Single or divorced mothers devoid of state, community or family support and struggling to provide for their families became a focus of the study.

The study has the following aims:

- To explore the context of children going into residential care.
- To scrutinize mothers' and children's experiences at separation and after reunification.
- To understand family support needs at reunification as seen by mothers and professionals.

These research aims are addressed through the following research questions:

- What was the context surrounding families' separation and children going to residential care? How did mothers and children make sense of and cope with separation?
- What are mothers' and children's experiences during separation?
- What are mothers' and children's experiences after re-unification?
- What are mothers' views on their support needs and how they were met at reunion?
- What are professionals' perceptions of family support needs following reunion?

How the literature search was carried out

While undertaking the literature search I used methodologically robust and theoretically underpinned empirical research published in peer-reviewed sources. Primary and secondary sources were predominantly used. However, certain topics required inclusion of grey literature. For instance, as there are no peer-reviewed studies on de-institutionalization and reunification practices in Moldova, I had to search UNICEF, Every Child and other NGO databases to find relevant information. There were several approaches employed in searching relevant literature:

- Social sciences databases: Social Care Online, Web of Science, SCOPUS, ERIC and other subject-related databases were used.
- Grey literature was accessed through <https://scholar.google.co.uk/> or organization-specific websites (e.g. UNICEF) when not available on subject-related databases.
- The cascade approach was used: literature from already accessed studies was accessed and checked against already accumulated literature accessed through databases.

Looking across different sources and various disciplines allowed for the breadth and depth of literature covered. I did not attempt to undertake an exhaustive search and review of literature on all forms of out-of-home care – such as kinship or foster – as it was not entirely relevant for the scope of the present study. However, as most reunification research in Western contexts considers reunification of looked-after children from various types of placements (e.g. foster, kinship and residential care), such studies were included as relevant and offering important insights into the processes of separation and reunification. Inclusion and comparison of institutional practices, separation and reunification patterns cross-culturally allowed for a better understanding of similarities and differences across cultures, and created a backdrop for the present study. Literature on children with psychiatric conditions or disabled children, young offenders, those in custody, and special schools was excluded as not relevant for the scope of this study. Inclusion and exclusion criteria for the literature search as well as search terms for each chapter are detailed in Appendix A.

Thesis outline

This thesis is organised into 13 chapters. Chapters 1 – 4 review literature relevant to separation, institutionalisation and reunification in various cultural and social contexts. Studies from different disciplines – psychology, sociology and social work – were overviewed, securing better understanding of multi-faceted processes and experiences scrutinised from a multidisciplinary angle.

Chapter 1 serves as a contextual backdrop for the present study and aims to examine the evolution and the present state of the child care system in Moldova. It details the changes in the ideology and structure of the system resulting from political and social-economic changes following the collapse of the Soviet Union and Moldova's pathway to independence. It connects the resulting poverty and migration to increased use of institutions in the late 1990s as an exclusive child protection measure when alternative community-based family services were non-existent. It is shown that placing children in institutions happened in the context of poverty and migration, and subsequent reunifications happened as a result of the state's de-institutionalisation policies. The critique of 2006-2012 de-institutionalisation reforms is

further presented. Finally, the only longitudinal reunification study in Moldova is overviewed and gaps are identified justifying a rationale for the present study to fill these gaps.

Chapter 2 overviews the effects of separation and growing in residential institutions on children's development and the variation of such effects depending on the quality of care. It is argued that the portrayal of residential care as necessarily harmful institutions comes primarily from research on extremely deprived groups, such as Romanian orphans, and does not reflect the wealth and breadth of residential care practices and their effects on various groups of children across the world. It further presents evidence of good quality practices worldwide arguing for the need to bring back residential care whose use was significantly reduced in the past due to child protection concerns. Overviewing research in different cultural contexts, the chapter examines what makes good practice in child and youth residential care at several levels and taken from the perspective of professionals and practitioners.

Chapter 3 focuses on families' and children's separation experiences and coping with resulting loss and ambiguity. Value of family and culture as coping resources is discussed in the context of separation experiences of migrant and ethnic minority children. Staying connected to one's roots and maintaining contact with families and communities is discussed as essential for the child's optimal identity and socio-emotional development. An overview of care experiences as seen by children is presented in order to understand what works best for them in a residential care environment.

In Chapter 4, I overviewed important indicators and predictors of the child's return to the family and factors associated with reunion stability or break-down. It was possible to identify a paucity of research that examines family separation and reunification experiences qualitatively and in their continuity. Most studies focus on reunification as an outcome without capturing complex patterns of separation and return and participants' in-depth experiences.

In Chapter 5, the study sample, design and methodology are discussed. I highlight challenges associated with ensuring the inclusion of children's perspectives into the research process and giving them a more equal position as well as the difficulties associated with interviewing vulnerable participants on sensitive topics. Participatory research methods are foregrounded as shifting the power balance between the researcher and the child, empowering the latter to share experiences minimally biased by external impositions.

Chapters 6 – 12 present findings on the separation and reunification experiences of 20 mothers and 20 children in Moldova. Families' coping with separation, mothers' parenting tactics and families' strategies to stay connected during separation were identified and reunion experiences were analysed in their connection with families' previous experiences. The diversity of such experiences was identified where

many risks were still present jeopardising the stability of reunion. Families' post-reunification support needs and the capacity of social assistance system to ensure such needs was presented as findings from 5 focus groups – four NGO groups and one State Assistance Department.

The Discussion and Conclusion Chapter overviews the study's findings and contribution to extant reunification research, identifies limitations of the study and directions for future research, offers recommendations for policy and practice, and draws final conclusions.

The Appendices section presents 5 appendices: literature search terms; participant recruitment materials; sample, recruitment strategy, methods and instruments; process of analysis presented as various stages of the analytical process; and reunion factors.

REVIEW OF LITERATURE

Chapter 1. Context of Child Residential Care and De-institutionalisation Reforms in Moldova and other Post-Socialist States

Introduction

This chapter creates a contextual backdrop to the present study shedding light on child care development in Moldova and other post-socialist states. Forming one of the 15 republics of the Soviet Union, the child care system in Moldova was part of a larger centralised system relying exclusively on residential care as the only form of out-of-home care at the time. Although many Eastern European states like Romania were not formally part of the Soviet Union, they had a very similar 'state as a parent' socialist model of child care (Ismayilova, 2014; Tobis, 2000). After the collapse of Soviet Union the child care in Moldova followed the de-institutionalisation¹ model in the region.

Given the similarity of child care systems and de-institutionalisation model in Eastern Europe and former Soviet Union states, the chapter draws on academic literature in these regions as the child care system in Moldova was largely influenced by geo-political and social shifts in these regions. Due to a surprising lack of peer-reviewed research on child care in Moldova, the chapter draws mainly on grey literature; reports of international organisations and NGOs published in English, Russian and Romanian. There was only one child reunification study in Moldova identified; such scarcity calls for urgent need to secure more research into out-of-home care and reunification using rigorous research methodologies. The chapter discusses child care reforms in the context of poverty, parental migration and 'left behind' children which precipitated children's institutionalisation. Although there is no research data confirming an association between migration and placing children in institutions, UNICEF unofficial data suggests that far more children were

¹ Terms 'institutionalisation' and 'de-institutionalisation' and their derivatives are used here in the context of post-socialist states to denote the state policies of placing children in residential institution or removing them from institutions. These terms are part of the language used in state and NGO reports in the area.

institutionalised after their parents left the country to ensure their families' survival (UNICEF, 2008).

I argue here that child care system in Moldova, although having made important steps towards a community-based family-like model, still bears the traces of the Soviet legacy of children's institutions: children continue to be institutionalised in the absence of viable alternative forms of care and public attitudes still favour institutionalisation as a primary form of intervention (Evans, 2012; Lumos, 2016; Tobis, 2000; United Nations, 2015). The National Strategy 2007-2012 on reforming the national system of residential institutions resulted in their partial closure. Efforts to reduce number of residential institutions and introduce other forms of out-of-home care, such as foster care and small scale family-type homes, were cited as overall successful (Partnerships for Every Child, 2013). Yet, the United Nations (2015) country report shows that in spite of the increase in the number of children kept or reintegrated into their families, the number of newcomers into care remains stable at 51% suggesting major shortcoming of the system that fails so far to prevent children from getting into institutions in the first place.

One study marks the reunification of Moldovan children as an overall success with minor problems that are usually overcome with time (Smith, 2004; Partnerships for Every Child, 2013). Yet, another study (Evans, 2012) flagged up multiple problems and more critical views of children and young people on the reunification process. Findings from other former Soviet Union states also suggest that residential care system has been reduced while at the same time the newly developed child care provisions do not cope with the countries' growing population of vulnerable children. As a result, children continue to come into institutions (Ismayilova, 2014).

1.1. Evolution of child residential care in post-socialist states

Child care system in former Soviet Union states followed its own unique path and was quite distinct from its Western counterparts. In communist countries the state assumed the major role and responsibility for the child.

The ‘nationalisation of the child’ became the state’s major child protection ideology (Kravchuk, 2009). Children were seen as in relationship with the state rather than family (Todorova, 2009).

The Soviet model of child care was founded on the principles of collective upbringing introduced by an influential Russian pedagogue Makarenko in 1920-30s. His work defined and shaped children’s institutions in the USSR and European socialist states for the next 50 years. One of the biggest aftermaths of World War II was a great number of orphans left in the care of the state. A Soviet leader Stalin in an attempt to re-build the nation, promoted a pro-natal policy which contributed to placing greater number of children in the state care. In 1960s the then leader Khrushchev created boarding schools. His political agenda was industrialisation and productivity, and free boarding schools meant to free women from child care. In 1963 one and half million children lived in boarding schools in the USSR: 1.8% of the total child population (Tobis, 2000). Goffman in Tobis (2000, p. 11) refers to residential institutions as total institutions, where lives of individuals are synchronised and unified and are controlled by a single authority. Yet, not all Soviet boarding schools were total institutions as described by Goffman – in some children used to stay only for the week and returned to families for the weekends.

Disabled children were over-represented in residential care. Children were sent to institutions even with minor physical/learning disability. There was a *‘tendency to seek medical solutions for social problems since there are no other alternatives’* (The Children’s Health Care Collaborative Study Group 1994, p.79 in Sellick, 1998).

Drastic changes to the existing order happened in early the 1980s. In the *perestroika*² time old Communist values were rejected, but no alternative was offered resulting in years of chaos in the child welfare system (Kravchuk, 2009). In the Soviet Union social support for families was strong providing free health care, education, system of benefits for

² Period between 1980-1991 when political reforms in the USSR were initiated by the then leader Gorbachev to create a more open expression of public will and opinion.

disabled, subsidized food, leisure, etc. However, the collapse of Soviet Union in 1991 and the following transition to market economy signified rapid deterioration of economies; countries in the region fell on average 32 positions down in the ranking on Human Development Index. The withdrawal of many systems of social support resulted in increased numbers of vulnerable people and children left without parental care. At least 820,000 of poor vulnerable and with disabilities children in 27 countries in Central, Eastern Europe and former Soviet Union lived in 5,500 institutions before 2000. Lack of alternative services pushed donors and governments to maintain reliance on residential care (Tobis, 2000). Thus, in 1990 there were more children entering care in Romania and Bulgaria than leaving it. Community-based family support services were not widely developed: e.g. foster care was used predominantly in the form of relative care and adoption was largely underdeveloped (Sellick, 1998; Tobis, 2000). Romania attempted to solve the 1990s crisis in child care by letting children into inter-country adoptions. Yet, the system quickly became abused by local adoption agencies and, following a wave of criticism and a pressure from the European Union authorities, a moratorium and a ban were introduced on inter-country adoption (Bainham, 2009).

1.2. Socio-economic situation in Moldova and Eastern European region after 1991

As the state-owned industries collapsed in 1990s and state withdrew its social support for the population, poverty rapidly spread across the region. In Moldova 70 % of people living below the line of poverty were formerly employed. Parents who used to rely on free child care system were left without any state support. Most affected were single mothers who, if not having support from an extended family or a stable job, were forced to leave children in the state care while they earned their living abroad (Ismayilova, 2014). The former socialist nations were affected by economic and social instability, population decrease, and low birth rates. Left to cope on their own, families headed for more affluent states in

pursuit of better opportunities; mass migration hit the region (Bodru-Lungu, 2004).

Thousands of parents left the country leaving their children behind. The migration rates in Moldova reached a staggering 1 million in a nation of roughly 4 million (Bodru-Lungu, 2004). Parental migration is often labelled by media or state authorities as having negative impact on family life and child development contributing to family dissolution and child's poor outcomes. Yet, the association between parental migration and negative effects on children's outcomes is not linear (Robila, 2014; Vanore et al. 2014). Thus, Vanore et al.'s (2014) study demonstrated that the gender of the child, gender of an absent parent and caregiving environment mediated the effects of migration on children's psychosocial health. The effects also differ by developmental domain: having a parent who migrated was likely to have a negative effect on a child's behavior rather than on their emotional well-being. Trying to explain such non-specific findings Robila (2014) suggests that the nature of extended families in Moldova helps children and parents cope with the stresses of separation. Thus, cultural patterns of Moldovan families are such that grandparents or other members of extended family – uncles, aunts, elder siblings or godparents - are usually closely involved in rearing children both prior and following parents' migration.

Migrants are seen as transgressing national boundaries and social and cultural loyalties by doing low-paid unproductive work abroad. They are also blamed for challenging fundamental family values and family/community cohesion (UNICEF, 2008). Migration targeted women primarily. The feminisation of poverty and migration means that mothers have to undertake a dual role of bread-winners and reproducers of the nations. At the same time, they are stigmatised for challenging patriarchal social orders. They are caught in the middle of two systems of values: traditional rural values that see a women as procreators of the nation, and socialist impositions that see both sexes as having to work equally hard to achieve prosperity (Bezzi, 2013; Keough, 2006).

One study has found that migrant mothers from Gagauzia (southern region in Moldova) are stigmatised as irresponsible careless mothers

seeking *dolce vita* in Turkey. Mothers, however, see themselves as selfless, sacrificing providers. Migration was the only way to pay for the day-by-day life of minimum comfort of their children. They are not only bettering the lives of their children, but also help to build life in their home villages and communities by sending remittances back home. Mothers construct new moral economies; by bringing modern life opportunities and economic activities from Turkey they create new social order and system of values (Keough, 2006). Yet, they are often labelled as abandoning their children. Bezzi (2013 p.62) argues that families only temporarily ignore children's emotional needs in order to secure safe future or even survival for them: '*Families who are pressed for household survival do not have the luxury to foreground a child's developmental needs*'. Moreover, children are not passive victims of parental abandonment- they are active social agents involved in constructing their childhoods.

The official statistics indicate that only 3% of 'left behind' children are placed in institutions. However, an unpublished assessment of boarding schools carried out by UNICEF Moldova and the Ministry of Education and Youth of the Republic of Moldova in January 2006 showed that far more children were sent to institutions after their parents' departure than official figures indicate. Out of 11,551 children, 785 (7%) were placed in institutions because parents had migrated abroad. These data suggest that there is a link between parental migration and children's institutionalisation (UNICEF, 2008).

While economic and social conditions deteriorated badly in the 1990-2000s, children's institutions were still able to provide a safety net to children – an attractive alternative for parents not being able to cover basic needs of their children. Families did not intend to abandon children entirely. They kept contact with them and took home for the weekend and holidays. They could not care for children on a regular basis and had to share the economic burden of raising their children with the state (Ismayilova, 2014).

1.3. De-institutionalisation reforms in Moldova and former socialist states

De-institutionalisation in Central and Eastern Europe happened a decade earlier than in former Soviet Union states and was a condition for the accession to the EU (Ismayilova, 2014). In Hungary large-scale institutions were replaced with small family-type placements and reintegration was sought wherever it was possible (Doczi, 2009). Child welfare in Romania experienced a shift from the state as a ‘father’ (Causescu regime), being entirely responsible for the care and upbringing of children, to a state as a families’ partner, whose main role is to support families and re-connect parents and children (Leon, 2011). In Bulgaria and Romania the residential care system was decentralised, with many institutions closed and community-based family services developed (Bainham, 2009; Todorova, 2009).

Transitional states of the former Soviet Union were pressurised by the international community to carry out a profound reform of the child care system and transform the existing system of residential care, which led to re-structuring on paper but in reality the actual situation changed a little. Many children were reintegrated; yet many continued to come into care as there were no other alternatives developed. There is an anecdotal evidence that some boarding schools were merged or names were changed with little structural changes made. Care staff resisted the reforms for fear of losing their jobs. There was low public willingness and resistance to fostering or adoption. Many fostered or adopted children were returned back to residential institutions – a phenomenon known as ‘back baby boom’ in Russia (Ismayilova, 2014). In Ukraine, children continued to go into residential care as foster care was not developed. Family programs that support families were underfinanced and agencies protecting children were largely uncoordinated (Zhylinkova, 2009).

After acquiring independence in 1991, the Republic of Moldova inherited a child welfare system that heavily relied on institutions as a means of protecting children in vulnerable situations. In 1995 the population of Moldova neared 3.8 million people; among them 1.4 million children under 18, and 17,000 children living in residential care. Institutionalizing

of children was largely a result of old Soviet policies that supported placing children in residential care, over-reliance of parents on the state and the persistent beliefs of practitioners and families that the state can provide better care than parents. Moreover, absence of any other alternative out-of-home provisions for children made institutions almost the only option available at the time (UNICEF Moldova, 2012). One point three percent of all Moldovan children were placed in institutions on average for 7-8 years. Every 1 out of 5 lost all contact with their family. Eight out of 10 children in care had one or both parents still living. Forty-eight percent of placements were in response to the requests of parents or other family to take the child into an institution as they had no resources to care for the child. There was resistance to foster care as a viable alternative and foster care as an option was not developed. The government was reluctant to close institutions as they employed over 5,800 people (EveryChild and Partnerships for Every Child Moldova, 2013; UNICEF Moldova, 2012).

Following its accession to the UN Convention on the rights of the child in 1993, changes in child care system of Moldova began. Intensifying for over a decade, they resulted in the development of the National Strategy on Child and Family Protection and Action Plan (UNICEF, 2009). Child care reforms speeded up in 2006 when Government of Moldova accepted the National Strategy for the Reform of the Residential Institutional System 2007-2012, which defined major directions in reorganisation of child residential care reducing number of children in institutions by 50 % and restructuring residential child homes into small scale family-type placements (Government of the Republic of Moldova, 2007a). The minimal standards of child care were established stating that child development must happen in a family-like environment, placing the child in institution should be only temporary and reintegration should be sought with birth or foster family as soon as possible (Government of the Republic of Moldova, 2007b). Decentralised funds were directed to the development of community-based family services, family-like homes, specialised professional patronage care (Government of Moldova, 2012).

The reforms were largely geared by various NGOs in Moldova which worked for years to raise public awareness and prepared the ground for reforms: CCF Moldova, Partnerships for Every Child, Keystone International Moldova, and Association Lumos. Reforms of 2007-2012 resulted in a significant decrease in the number of institutionalised children: from 11, 500 children in institutional care in 2007 to 4,800 in 2012. Yet, in 2013 there were still 5,500 children in residential care. According to a leading NGO Partnerships for Every Child's report, Ministry of Education initially demonstrated reluctance to change and reform (Every Child and Partnerships for Every Child Moldova, 2013). Moreover, between 2004-2008 expenditures on residential care system much exceeded the expenditures on alternative care (UNICEF, 2009).

In spite of years of de-institutionalisation work, public attitude to institutionalisation still considers residential care as an option for children in difficulty. In one telephone survey, when asked what child care arrangements they would make, if they had to work abroad, majority responded that they would ask their family to look after the child or take the child with them. Only 2% said they will send the child to residential care. However, when asked a cross-checked question about where children left without parental should go, 21% of respondents named residential institutions (Evans, 2012).

Until recently, the residential care system in Moldova preserved the organisational structure that was developed in the Soviet Union: institutions for young children, for children with severe disabilities, special schools and sanatorium types of schools (for children with tuberculosis), general boarding schools and auxiliary boarding schools³. The latter two

³ Boarding schools are for children who lost parents or are deprived of parental care; children have an opportunity to see their parents either when parents come to visit them or when they go to visit their parents for weekends or during holidays. Auxiliary schools are for children with learning difficulties or physical disabilities: children have simplified curriculum and also have an opportunity to see or visit their parents. Children are very often placed in auxiliary schools even though they do not have any cognitive or physical impairment – many of them come from very vulnerable backgrounds, and often have educational and behavioral problems at school. Thus, teachers and principals try to get rid of 'difficult' children by forcing the parents to send them to auxiliary schools (Smith, 2014).

types accommodated children left without parental care and were the most represented types of children's institutions in Moldova. Children in residential institutions do formal schooling and in most institutions children are educated on site – it is unusual for children to attend a community school. The educational process for children in general boarding schools (for orphans and children left without parental care) is similar to children in mainstream schools: they attend 9 grades required for formal schooling and study according to the General Curriculum approved by the Ministry of Education. Children's routines are organised according to the schedule and they rarely can deviate from that. Children help in cleaning their rooms and washing their clothes. They may be also involved in some housework activity, organising events and preparing and serving meals. Children sleep in their dormitories with other children in the same room. They can personalise their private space and keep personal possessions. When reaching certain age, children can leave the institution's building unaccompanied but need a formal permission from administration. Parents are encouraged to visit children and children are supported when visiting their communities. The director of the institution is the children's legal guardian and represents and protects their rights. Some but not all children have a care plan that should be revised every 6 months by a social worker. Most children do not have a 'life story book' that helps them develop their identity (Lumos, 2013).

Lumos (2013) conducted a nation-wide evaluation of 43 institutions assessing the quality of children's institutions across the country. In-depth analysis of 10 institutions across Moldova revealed that the quality of residential child homes varied. Yet, a number of good practices have been noticed: an effort to place siblings together and maintain contact between the child and their birth family. Physical conditions were overall satisfactory and children interacted freely and positively with staff and teachers not displaying stereotypical aggressive or withdrawn behaviour. However, a number of serious shortcomings were revealed: institutional capacity exceeds the number of children it accommodates, which decreases the cost-efficiency of residential care. Most buildings were deteriorated and some facilities were old not responding to children's

needs. In some homes very young children were placed with teenagers, which posed risk to children's safety (Lumos, 2013).

1.4 Critique of de-institutionalisation reform

The overarching goal of the National Strategy was to ensure a child's right to grow in the family. However, as noted by Evans (2012) children have other rights, such as rights for shelter, adequate food, health services, education, etc. Whether such needs are adequately met after children return to their families is a question under further scrutiny.

Moreover, many care leavers interviewed in focus groups in Evans's (2012) study pointed to absence of post-care adaptation services for care leavers- they struggled to accommodate to life outside care. Although care-leavers are a different group to children reunited with their families, there must be a certain overlap in the range of problems both groups experience in social adaptation. The care-leavers were sceptical about the de-institutionalisation reform. They said that for alternative care for children to develop (e.g. foster care) it might take many years for public attitudes to change. In their view, small-scale residential institutions with a small number of children and improved living conditions, where children go to a community school, is a good solution. Many interviewed children reported being overall happy in institutions even though they would make some changes to their life there (Evans, 2012).

1.5. Reunification of children and families in Moldova

Following drastic changes in the child care system of 2007-2013, de-institutionalized children in Moldova were placed in foster care, kinship care or family-type children's homes or were re-united with their biological parents (EveryChild and Partnerships for Every Child Moldova, 2013). There is a substantial gap in research on the outcomes of re-unification in Moldovan families. One study that offered an account of children's, parents' experiences and specialists' views on re-unification processes is the longitudinal study conducted by Every Child in Moldova (Smith,

2014), which followed the process of re-unification for 43 children aged 12-16 years for 22 months. Children stayed in residential care for 1-10 years and the majority did not see their parents for 4-7 years. Children and parents were interviewed at one, 6-9 months and 16-22 months about their re-unification experiences. Parental migration and poor grades at community school were identified as major reasons of placing children into residential care. However, the majority of families had a combination of factors: domestic abuse, poverty and parent working abroad.

Talking about their experiences before reunification parents and children expressed ambivalent feelings. They appreciated the material safety and comfort residential care gave to children and removed a financial burden from families; yet, both children and parents criticized it for harsh treatment of children. Return home evoked anxieties in parents and children. Children worried about fitting into local schools and communities – fear of being stigmatized was strong. Parents, too, were concerned about their ability to care for children on a daily basis. The study reported a change in families's moods 6-9 months after reintegration of the child into the family: children felt more settled and parents were glad to have extra helping hands in the household. Among the other problems parents mentioned were children's lack of skills: having lived most of their lives in institutions children, lacked basic skills and used to rely on adults in households routines.

Sixteen to twenty two months after the reintegration children and parents reported growing mutually supportive relationships. Parents noticed change in their children: they did not feel lonely or lost anymore. In spite of increased financial burden and poor living conditions, parents and children managed to have stable and loving homes. Teachers also reported children's reintegration into schools. Reintegration went easier and was more successful where there were good family relationships, parents and children had contact during separation and where parents were willing to take the child back. By contrast, in cases where the reintegration did not work successfully parents were reluctant or ambivalent about taking their children back home. They were used to

living without their children and feared changes in their lives associated with the returning child. Overall, after the initial period of adjustment, children integrated well into their families, schools and communities (Smith, 2014). Although exploring the poorly trodden path of reunification in Moldova and offering rich data, the study had a number of significant limitations. Firstly, it is not clear what research methodology the study used and how rigorously it was followed. There was no attempt to analyse the underlying processes and factors that contribute to reunion stability to jeopardise it. Rather, all reunions were described as 'successful' in the end. Lastly, reunification is intrinsically linked to separation processes. There was no attempt to reveal this continuity or identify patterns of separation and reunification.

Another study reveals a more nuanced and less optimistic picture. According to the evaluation of implementation of National Strategy of 2007-2012, not everything went well for children leaving residential care: some of them could not forgive their parents and lost contact with their families. The emotional distancing and loss of understanding made children and their families drift apart (Evans, 2012).

In Romania, where cultural and social contexts are similar to Moldova, forced unprepared reintegration resulted in large numbers of children returning to care. One Romanian study interviewed 44 young people aged 14-26 about their relationships with family and reunification. All were placed in residential institution at a very early age not seeing their parents for a long time. As a result, families had very reduced significance in their lives; some stopped contact with their families. Many did not trust their families and felt let down by them. There were three major reasons why reintegration did not work: age at reintegration, parental intentions and inadequate living conditions. The latter was a significant factor: compared to conditions in care, family homes often had deplorable conditions. Some young people reported feeling used by their families for work and money. In three cases children spent most of their lives in care and attempts to reintegrate them into family failed resulting in emergency removal from the family (Bejenaru and Tucker, 2017).

1.6. Child protection and welfare policies in Moldova today

At the dawn of de-institutionalisation NGOs working in partnership with the Ministry of Education, Ministry of Labour, Social Protection and Family, and Ministry of Health developed a methodology for reintegration of children into families, which was later accepted and applied nationwide. Their advocacy for de-institutionalisation resulted in changes in policies, decentralisation of funds directed now more to the establishment of community-based services for families, family-type alternatives for vulnerable children and shifts in public attitude to institutionalisation. The child protection work including support of deinstitutionalised children and families in need became a responsibility of regional Social Assistance and Family Protection Departments (Partnerships for Every Child, 2014). Today special child protection commissions are established whose role is to support children in risk situations by placing them either into the care of extended family or, in cases where it is not possible, into family-type care (Government of Moldova, 2016).

In 2016, there were about 4,000 children in 43 residential institutions in Moldova. More children were discharged than entered care. The major reason for institutionalisation was poverty. Children with special needs continued to be placed in institutions (Lumos, 2016).

A number of services are provided for families at the community level including: parenting classes, help with accessing health and other public services, monthly children's allowances, support in purchasing school supplies, after school clubs and youth clubs, counselling and psychological support, social housing and crisis shelters, etc. However, many of these services are not developed adequately and in places are missing. Local budgets allocated for such services are often insufficient (Lumos, 2013).

A number of evaluation studies and audits undertaken between 2007-2014 revealed systemic shortcomings of the system of social support for vulnerable families and children. Community-based services are

developed unequally throughout the Republic, which means that a large proportion of families are not covered. Moreover, there is a big need for alternative out-of-home care for children. Foster care is heavily under developed in Moldova: currently there are only 138 foster carers in Moldova. Reasons to that are both economic and cultural: low wage of foster careers, cultural mindsets that favours biological children, etc. Lack of foster care is seen as one of the major obstacles in de-institutionalisation. In places where family substitute services are not developed social workers continue to rely on residential care as a viable option for children (Evans, 2012; Lumos, 2013; Lumos, 2016).

The studies also revealed overload of the social assistance system. Social workers lack sufficient resources: human capacity, transport and fuel to reach families. Their high workload, low salaries and limited capacity to exert change result in high rate of turnover. They often act as 'Jack-of-all-trades' dealing with administration of pensions and benefits and work on prevention, reintegration and alternative child placements at the same time. All the above mentioned factors resulted in a very high turnover rates: 50-70 % in some regions (Evans, 2012; Lumos, 2013; Lumos, 2016).

Parents' and, in particular, children's involvement in case decisions is very limited. The audit of work cases in eight regions revealed that only one out of four parents were involved in decision making and the decision was communicated to the child only in 50 % of cases. Studies revealed that the main focus is on supporting and involving parents whereas children's voices are under-represented (Evans, 2012; Lumos, 2013).

Moreover, as one study showed, there is lack of awareness and limited access to social assistance among disadvantaged population groups as well as profound lack of trust in the ability of the system to help. Social care, health and educational institutions often discriminate against the most vulnerable rejecting them help they are entitled to (Every Child and Oxford Policy Management, 2007).

Physical needs of families dominate the social services discourse. The majority of home assessments focus on physical needs of family, often attending first to family's material and financial needs. Socio-emotional needs of a child and family are given a second priority. The system is also overloaded with a poverty focus: financial and material issues are managed at a micro level whereas other wider needs are put to the side. This impacts the possibility to exert change at a wider level (Evans, 2012; Lumos, 2013).

Social aid is often a monetary support for families in need. Whereas it is available to all families in need that apply for it, the scheme failed to reach a significant number of struggling families (Evans, 2012; Lumos, 2013). Ismayilova (2014) points out that financial support offered to vulnerable families includes monthly benefits or reunification allowances that help only in a short-term run. Some former Soviet Union states provide temporary reintegration allowances that eventually stop. If children return back to families that are still affected by poverty (the underlying reason why they came into care for the first time), the reunification could be at risk. Research suggests that one approach to address these concerns is implementation of economic empowerment programs that could strengthen family economic stability and build more effective approaches to managing their lives. Serraden's (1990 in Ismayilova, 2014) assets theory posits that, unlike income or benefits, assets in the form of ownership, education, etc. can offer better and long-lasting benefits for families. Evidence of effectiveness of such programs in the US, UK, Canada, Asia and Africa suggest that such programs can empower families to develop strategies to combat their economic vulnerability and become more independent in the long run (Ismayilova, 2014).

Conclusions

The child care system in once socialist and now independent Moldova has changed from a highly centralized state-regulated structure before 1990 to community-based social services after. De-institutionalization reforms of 2007-2012 resulted in reforming or shutting down of most

residential institutions. However, alternative forms of out-of-home care, such as foster care, are still largely underdeveloped. The social protection system now suffers from many shortcomings mainly relating to the deficits of human and organizational resources. There is a continuing reliance on residential care and the public's favorable attitude towards placing children in residential institutions. Such tendencies are not unexpected given the young age of the reforms – only a decade has passed from their start. Some reforms touch upon much complex and more elusive societal phenomena, such as public opinions and attitudes, which require more time to change. Moreover, supporting families requires developing strategies that will capitalize on their independence skills rather than make them dependent on state welfare.

Furthermore, given a large scale character of de-institutionalization reforms, there is strikingly scarce research on family reintegration in Moldova. The only longitudinal study was undertaken by a leading Moldovan NGO, Partnerships for Every Child Moldova, and tracked families' and children's experiences and views after re-unification in a rather broad exploratory way. No research was undertaken on children's short-term or long-term outcomes. No attempt was made to compare outcomes for children in different types of care- foster, residential or adoption to understand what types of placements work best and for what groups of children. Moreover, more research needs to be secured that will look into various patterns of re-unification and factors of stability or break-down. In particular, there is lack of research evidence on the experiences and practices of families post-integration. For example, the typical length of families' follow-up and social support is up to one year, and there is lack of comprehensive data on families' experiences and needs after that period (Anonym., P4EC, 2013). To better understand reintegration processes, it is necessary to track continuity of family experiences – from the moment a decision was made to place the child into care, during separation, at and after reunion. More subtle processes and factors that underpinned separation and reunion need to be scrutinized. The above mentioned study portrays a rather positive picture. Denoting some initial difficulties, it focuses on children's and families'

overall final adjustment. Yet, it remains unclear how such adjustment was achieved and if it this process was different for all families.

Finally, future studies should explore and include in-depth experiences not only of successful reunions but also reunions that failed or are at the risk of breaking down and scrutinize the factors that contribute to success or failure. It is crucially important to disentangle the 'mechanisms' of reunion: internal family workings and practices that helped them reconnect and stay together. Very few studies exist today that have attempted to step into the families' internal territories untangling hidden intimacies of their lives. The present PhD study aims to fill the abovementioned gaps in research evidence on family reunifications in Moldova.

Reunification largely depends on how separation was managed and the nature of contact and relationship between the child and the family. The subsequent chapters will focus on the literature surrounding separation and coping with the associated loss and trauma. As many of these processes are similar across states and cultures, overviewing separation and reunification literature in various cultural contexts is crucial for understanding the experiences of children and their mothers in a Moldovan context.

Chapter 2. Overview of Residential Care Effects and Practices

Introduction

This chapter overviews the impact of residential care on child development as well as negative and positive aspects of residential care functioning. It challenges a conventional view of residential care as necessarily damaging for child development arguing that good quality residential care is able to support some children and young people.

The chapter starts with a brief overview of residential care development and different models in a variety of settings. It then discusses the importance of developing a secure attachment bond for child development and the effects of separation from the maternal figure. Research on the effects of being in residential care on children's development is overviewed in the second part of the chapter and concludes that not all residential placements compromise child development: good quality care can facilitate it. The chapter then discusses the need for maintaining residential care, whose use was significantly reduced in the past three decades in some states. It argues that it can serve well certain groups of children for whom other forms of out-of-home placements might not work. Evidence of good quality practices is further presented and a possibility for transferring such practices across different cultural settings is discussed. The concluding part looks at what makes good quality residential care as seen by professionals and practitioners. Children' views on what makes good quality residential care are explored in Chapter 3. Gaps and limitations in research evidence are identified as: narrow focus on mainly negative outcomes and lack of studies linking positive and negative outcomes with quality of provision.

Two types of studies were included in the chapter: outcome studies looking at developmental effects of being in institutions and studies overviewing quality dimensions of residential care. Including outcomes

studies was necessary to fully understand effects of residential care, whether detrimental or facilitating development in some types of residential care. The chapter does not intend to provide a comprehensive overview of existing models of residential care or practices across the nations. Neither does it aim to present a detailed analysis of research findings on outcomes of institutionalization. The aim was to attempt to understand what aspects of residential care facilitate or jeopardize child's development. Doing so was necessary in the context of the present study where significant part of children's lives was spent in children's residential institutions in Moldova.

2.1. Residential care: definition, types and development over time

Child residential care is an umbrella term for various types of aggregate or group care for children.

Historically, residential care in the UK has its roots in religious schools for poor children and workhouses, where children were educated and equipped with skills necessary to survive and not to become a burden to the society. Child care institutions of the 19th century in the UK were austere places with a harsh climate, scarce diets and rigid disciplines. They were established on the assumption that poverty is a failure and a poor family has a contaminating influence on children. Yet, between 1930-40s in response to concerns about children in care in the UK, a 'welfare' principle was introduced prioritising children's wellbeing. The evolution of residential care in Anglophone nations went from containment to protection and then to intervention and treatment (Smith, 2009). This period coincided with the development of attachment theory and evidence of the detrimental effects of separation from the maternal figure, or maternal deprivation (Ainsworth, 1989; Bowlby, 1952; Rutter, 1981).

There is a great variety of models of residential care across the world that are underpinned by distinctly unique cultural, economic, social or religious systems. Thus, the collapse of Ceausescu regime in Romania in 1990 and the transition to a capitalist economy sent families into chaos;

many had to give their children to the state care (Gavrilovici, 2009). Religious and cultural beliefs also determine what residential care in a given context will be like. For instance, Confucian ideology sees blood ties as sacred and primary; hence adoption and foster care are not popular in such countries as Korea. Development of residential care in Israel was shaped by religious schools and kibbutzim where children and youth lived and were educated together in large conglomerations (Courtney et al., 2009).

All these cultural and ideological differences underpin the existence of various models of residential care across the world. Hart et al. (2015) in their review of 172 studies of residential practices revealed a wide variety of provisions existing across nations serving several purposes: care and upbringing, temporary care, emergency care, preparation for long-term placement, assessment, treatment and a bridge to independence. They found at least 11 different models of residential care, and some of them include: reception/shelter facilities, family group care, therapeutic support units and children's homes, residential treatment shelters, secure units and supported accommodation for future care-leavers.

Some countries make a markedly more various use of residential placements: e.g. Denmark and Germany use more respite, part-time and shared care arrangements whereas in the UK its use is restricted to group homes, therapeutic or secure units and supported accommodation. In Anglophone countries kinship, foster care and adoption take the major part in children's placements and residential care is seen as a service of 'last resort'. By contrast, some Nordic and Eastern European states tend to rely on residential care for various groups of children at risk. In Brazil, Israel and South Korea residential care is used for wider groups and purposes (Ainsworth and Thoburn, 2014; Courtney and Iwaniec, 2009; Hart et al., 2015).

In the past four decades child welfare policies have undergone drastic changes in response to revelations of abuse, mostly historical, in the UK, US and Australia, which determined the development of residential care

worldwide (Ainsworth and Hansen, 2005; Smith, 2009). The most serious abuse scandals in the UK were around past regimes: Pindown regime in children's homes in Stratfordshire in England in the 1980s when children isolated and deprived of personal freedoms and rights; the use of sexually and physically abusive 'regression therapy' by Frank Beck in children's homes in Leicestershire (England) and the alleged sexual abuse in Bryn Estyn school in North Wales (Smith, 2009).

In response to increased concerns about the over-reliance on large scale long-term residential care in some countries, The Stockholm Declaration on Children and Residential Care (2003) and UN Guidance (2009) sent a clear message – placing children in institutions should be used as a last resort and for the shortest time possible. This resulted in deinstitutionalisation practices sweeping across the nations. Some countries interpreted the message as going from large-scale to small scale group provisions, e.g. Finland, Germany. Countries from Eastern Europe and Commonwealth of Independent States region chose to close down residential care leaving only specialised residential care. All these changes were precipitated by a wealth of studies evidencing detrimental effect of large-scale institutions on child's well-being and the development of attachment theory positing that breaking or failure to develop attachment bond is detrimental for child's development (Hart et al., 2015). The further sections overview theoretical underpinnings of attachment theory and outcome studies of institutionalized children to assess the impact of being placed in an institution on child development.

2.2. Attachment and separation

Attachment research suggests that separation from the maternal figure or absence of a strong attachment bond are detrimental for the child's development (Ainsworth, 1989; Bowlby, 1952; Rutter, 1981). Bowlby's fundamental theory of attachment maintains that the child's development depends on the quality of relationships formed in earlier life. Having a supportive care-giving while at the same time being able to independently explore the world, a child is likely to develop a model of the world as a

safe place and a view of self as competent and self-reliant. Conversely, if a caregiver neglects the child's emotional needs, the child's internal working model of self is likely to be one of unworthy, unconfident and incompetent. Such working models, although not necessarily immutable, are likely to remain stable across the life span and define a person's later emotional experiences and behaviors (Bowlby, 1973; 1982; Bretherton, 1992).

Bowlby defined maternal deprivation as the state in which the child is separated from, loses the attached figure or fails to form attachment to any person. In his monograph for the World Health Organisation Bowlby (1952) concludes that maternal deprivation particularly during the first two years of life leads to grave and lasting psycho-emotional disturbances and cognitive impairment. However, such effects could be mitigated by sensitive and supportive caregiving of a substitute mother figure (Bowlby, 1973).

Yet, Rutter (1981) argues that loss of a maternal figure and failure to form an attachment bond have different effects. Thus, a state when the child fails to form any attachment bond is called privation whereas deprivation is defined as loss or damage of an existing bond. Children suffering from privation struggle to form meaningful positive relationships and develop a wide range of psychopathology and developmental delays. Rutter argues that emotional disturbances following separation are a result of a more complex interplay of factors: e.g. interference with attachment behavior, the effects of the strange and frightening environment of the care, and lack of opportunity to form new attachments can affect the intensity of the child's response to separation and define her further socio-emotional development. Length of separation is another crucial factor: the longer the child is separated, the more distress and disturbance the child will show. Separation is likely to have a more adverse effect if it happens in an environment unfamiliar to the child. Hospital or institutionalised environments that stimulate the child's intellectual and social development, can reduce levels of distress and prevent child's developmental delays (Rutter, 1981).

2.3. Effects and outcomes of child institutional care

Earlier research on institutionalised children describe them as 'schizoid' (Goldfarb, 1943) or 'psychopathic' (Wolkind, 1974) and having a wide range of psychological and social pathologies. Later research converges on the overall negative effect of child residential institutions: children reared in such institutions show poor cognitive and socio-emotional functioning (Bowlby, 1973; Bucharest Early Intervention Project 2009; Chisholm, 1998; Marcovitch et al, 1997; Rutter, 1979, 1981, Rutter et al. 1998; Sloutsky, 1997; The Save the Children Fund, 2009; Vorria, 2003, 2006).

Children adopted from the Romanian orphanages after the collapse of the Ceausescu regime in 1990s attracted much research interest and a great number of studies appeared demonstrating complex yet persistent findings- children reared in large-scale institutions showed poor developmental trajectories that for some continued into later life. Children experienced severe global deprivation and privation in Romanian orphanages; malnutrition, abuse and neglect in the most austere forms were common. Most children got into orphanages in infancy because of extreme poverty and parents inability to provide adequate care (Rutter et al., 2009).

One of the most influential and comprehensive studies tracking developmental outcomes of Romanian children is the English and Romania Adoptees (ERA) Study that was undertaken by Rutter and colleagues (Beckett et al., 2006; Castle et al, 1999; Kreppner et al., 1999; O'Connor et al., 2000, 2003; O'Connor, Rutter and ERA team, 2000; Rutter et al., 2004; Rutter et al., 2009). The ERA longitudinal study included 165 Romanian children adopted at 42 months or below in the UK. The analysis focused on 98 children who were reared in institutions in Romania until at least 6 months old (as this group demonstrated most problems). Their outcomes were compared with 52 never institutionalized English adoptees, 21 never institutionalized Romanian children and 46

Romanian children who stayed in orphanages for no more than 6 months. Children were assessed at ages 4, 6, 11 and 15 on a wide range of developmental outcomes. Romanian children compared to English adoptees showed lower cognitive and language competencies and raised levels of emotional and behavioral problems and those who experienced longer deprivation had the lowest scores. Children showed 4 patterns of problems: disinhibited attachment, quasi-autism, inattention/hyperactivity and cognitive impairment. However, effects were not the same for all children: some children remained impaired in later life even after getting into adopted families, whereas others showed remarkable resilience and improved development even after experiencing severe prolonged deprivation for up to 3.5 years. Some difficulties persisted into later childhood and adolescence. Length of stay in deprived environment of orphanages was the strongest predictor of outcomes: those that left institutional care earlier than 6 months showed better outcomes and better recovery (Rutter et al, 2009). Studies of Romanian children adopted in Canada (Chrisholm et al., 1995, 1998; Fisher et al, 1997) evidence similar patterns: Romanian adoptees showed higher levels of attachment insecurity and atypical attachment patterns and scored higher on internalising behaviour compared to Canadian adoptees. Another large longitudinal study by Fox et al (2003) is the Bucharest Early Intervention Project (BEIP), an RCT study, which compared cognitive and language competencies at 8 years between institutionalised Romanian children and a group from the same residential home that was randomised to foster care. The findings indicated that those staying in the intervention group demonstrated stable gains in IQ scores compared to institutionalised group (Fox et al, 2003). In the same BEIP cohort, when compared to never institutionalised children from the community, children from residential institutions showed cognitive delays, lower competence and poor physical growth (Smyke et al., 2007).

Negative effects of institutional care persist even in less deprived residential care settings where the environment is not marked by severe deprivation but the climate is still intellectually and emotionally

unstimulating. Vorria et al (1998) assessed outcomes of 41 Greek children aged 9-11 that came into care at the age of 3. Children in group care showed significantly higher levels of emotional and behavioural problems than children from two-parent homes. Vorria et al (2003; 2006) studies showed that cognitive and socio-emotional deficits persisted into later age. At the age of four Greek children adopted from group care still had lower scores on cognitive development, were less secure, and were less able to understand emotions than family-reared children. Similarly, Sloutsky (1997) study of 70-88 month old children from poor quality orphanages in Moscow showed that children scored lower on cognitive development, empathy and showed more conformity than their non-institutionalised comparisons.

However, when the quality of care is good, children might show no deficits and in some areas even gains. In a series of related studies Tizard and Rees (1972; 1975) and Hodges and Tizard (1989) looked at cognitive and behavioural outcomes, attachment relationships, and language development of young children raised in high-quality English long-stay residential nurseries with low staff-child ratio and stimulating environment. No language impairment was found in children – in fact, in 'best' nurseries children benefited from stimulating environment. The rate of problem behavior at 4.5 years in residential group was not higher than in a comparison London group from middle class families. Children's IQ scores were within normal range. In Gavrin et al (1963) study children aged 2-7 from high quality residential care in the US showed steady increment in their intellectual development.

What do all these findings tell us cumulatively? Firstly, institutional care for children is typically considered as yielding worse outcomes than foster care or adoption. Against the same background of genetic risks and troubled family, institutional rearing causes more negative sequelae than fostering (Fox et al, 2003; Roy et al., 2000). Yet, not all types of residential care can cause developmental damage. When outcomes are measured in less deprived groups of institutionalised children in the UK or US good quality care, institutional rearing might have no negative or even positive

effect on some areas of development. Next, children adopted from extremely impoverished care (e.g. Romanian orphanages), where they experienced severe global deprivation, might show cognitive and socio-emotional deficits that last into middle childhood and adolescence. However, even in such cases there is a possibility for developmental recovery when children get into stable substitute parental care. Some areas (e.g. cognitive and language development) are more susceptible to recovery, whereas attachment behaviour and socio-emotional development are hard to catch up with (Chisholm, 1998; Marcovitch et al., 1997; Rutter et al., 1998; Rutter et al, 2009). Finally, the age of placement and length of stay in residential care are the strongest predictors for children's outcomes and ability for developmental catch up. Those children who were adopted earlier from care show better developmental trajectories compared to children who spent more time in institutional care (Chisholm, 1998; Chisholm et al, 1995; Rutter et al., 1998; Marcovitch et al.,1997; O'Connor et al 2000). The effects of duration of institutional care are mediated by a quality of care: prolonged stay in a poor quality care has the worst effect on child development. Inversely, the better the quality of care and the earlier the child is removed from it, the better their chances for developmental recovery.

2.4. Is there still a place for residential care?

The outcome of the 2nd international conference on children and residential care in Stockholm, Sweden in 2003 was Stockholm Declaration on Children and Residential Care, which urged governments around the world to reduce or even eliminate use of residential care. The resulting deinstitutionalization practices led to dramatic decrease of residential care with foster care or adoption stepping forward (Hart et al., 2015). However, Ainsworth and Hansen (2005) and Barton and Vacca (2011) argue that today an insistent appeal is coming from across the nations to bring back residential care, at least for the most 'troubled' and vulnerable children and youth. Ainsworth and Hansen (2005) talk about the crisis in Australian child welfare system where reduction of children residential homes led to placement of the most difficult children in

programs for homeless, or foster families that are unable to cope with such children because of their needs. '*The dream – no more residential care – has gone disastrously wrong*' (Ainsworth and Hansen, 2005, p. 197). There is a crisis in the child welfare system in the US -a result of foster care failing to respond to the needs of looked after children (Barton and Vacca, 2011).

Furthermore, positive effects of some evidence-based residential programs demonstrate that rather than to eliminate residential care, what needs to be eliminated are bad practices (Hart et al., 2015). Barton and Vacca (2011) compare the successful examples of residential care in the US and Germany: Milton Hershey School, Boys Town, SEEDS program in the US and Kinderhaus in Germany. All four models are different populations, organisation and philosophies yet all produce good outcomes: a high percentage of leavers demonstrate consistent social, academic and emotional improvement. Frampton (2011) advocates for recreating large-scale good quality residential institutions for children arguing that among other advantages is the ability to accommodate siblings. Eighty-five percent of siblings split in care and it is a double loss: not only do they lose their families but siblings in care as well. Finally, there are plenty of children's and parents' testimonials of residential care changing their lives (Lieberman, 2009) and helping children and young people to reconcile with their past and gain more self-esteem (Krueger and Hansen, 1987; Levinson and Minty, 1992).

Furthermore, Ainsworth and Thoburn (2011 p. 22) call to '*challenge the 'foster care and adoption good, residential care bad' thinking that can come from an overly narrow interpretation of the UN General Assembly (2009) and UNICEF Better Care Network (2010) de-institutionalisation policies.*' Bullock et al (2006) argue that a state can be a 'corporate parent' and propose the notion of 'residential adoption' where children placed in residential care receive ongoing support and nurture comparable to that of substitute family.

Among a variety of models of residential care provisions two stand out: a social pedagogy approach common in continental Europe and an ecological model from Israel. Social pedagogy is a model of provision that combines both social work and education, and can be more correctly termed as social education. It is predominantly a child-centred approach that promotes less hierarchical and more symmetrical relationships between children and adults; it teaches through practice, encourages a reflexive approach and prioritises listening and communicating (Berridge, 2013; Cameron and Moss, 2011).

Residential care in Israel is less stigmatised and takes many forms: elite boarding schools, maritime schools, etc. Introducing living quarters for parents and creating intervention programs, Israeli residential care prioritises connections between children and parents (Dolev et al, 2009; Grupper, 2005). Grupper (2005) describes an ecological youth village model as influenced by bio-ecological theory and striving to create an ecological environment for children: parents are involved and a sense of belonging to the community is facilitated by engaging youth in community volunteer work. Overall, children and youth develop sense of belonging first to a peer group, then to community and eventually to the society.

A comprehensive review of residential care practices in 10 countries by Courtney and Iwaniec (2009) revealed other successful residential care practices. In Sweden most homes accept and even assess parents and not only children (Sallnas, 2009). In Africa small care units are created in proximity to families and communities to encourage link between children and families (Stout, 2009). However, problems are also present: e.g. ensuring stability and provision of support after-care (Dolev et al., 2009; Maundeni, 2009); monitoring of quality and absence of national standards in the USA (Courtney, et al., 2009); decentralisation to local units in Romania make assessments difficult (Gavrilovici, 2009).

Transferring some elements or whole models of successful practices seems a logical step to improving quality of residential care provision. However, Ainsworth and Thoburn (2014) guard against such transfers:

without understanding broader context of social values, practices and services, such a transfer of even most successful practices is doomed. Berridge (2013) reports the failed attempt to implement social pedagogy in the UK residential care: half of the participating European pedagogues dropped out prematurely. Lack of clear understanding of what and how is transferred and lack of senior guidance were major problems. Ainsworth and Thoburn (2014) argue that social pedagogy is a philosophy rather than just a method or programme; hence, transferring just its technicalities will not work.

2.5. What makes good quality residential care?

With so many varied models of residential care practices it is difficult to identify the indicators of good quality and how they could be tracked and compared between different programs, models and interventions. Lee and McMillen (2008) argue that the research field struggles to identify the key unified factors that make residential care work or fail. Overview of studies in this section distilled several aspects of good quality care at several levels: management and staff, relationships with staff and children, environment of residential homes, family and friends, and supporting children's development.

Management and staff

Residential homes that are managed by highly qualified heads who have clear visions and purpose of running them are able to offer better quality care. Highly trained and dedicated staff is another resource for ensuring good quality care. Hart et al (2015) concluded that having a clear vision and plan as well as highly trained staff were the hallmarks of quality. Berridge et al (2012) in their study of 16 children's homes in England found that having better qualified heads was distinctive of good quality care. As part of OFSTED (2011) inspection study, 12 children's homes from across England were selected from 35 rated as outstanding. One area of excellence was leadership and management of homes, which had a vision and purpose, was firm and consistent and was followed by

managers and staff. All staff were highly qualified, loyal to home ethos, passionate and committed and supportive to each other and the team.

Staff who are allowed more autonomy and flexibility in their everyday work in care are more likely to ensure effective practices than staff that is restricted to rigidly prescribed roles and routines (Berridge, 2013; Smith, 2009). Berridge (2013) argues that carers in the English system have less autonomy in matters dealing with giving advice to children on parental contact, health issues, etc. than European carers. Smith (2009) argues that highly rigid residential care practices in UK are a response to abuse in care. The decision power is not with careers anymore; they are looked at with suspicion and have to effectuate what Smith (2009, p. 48) calls '*care with gloves on*'. As a result, quality of care and staff-children relationships are affected. Smith (2009, p.50) argues: '*At a practice level it has sanitised the very essence of care, making it increasingly difficult to offer children the kind of affection and control they need.*'

Quality of relationships with staff and peers

Children's relationships with staff and peers are a very important factor in how children feel and see themselves in care (Smith, 2009). Having close supportive relationships is more important for children and young people wellbeing than living in good quality homes with high staff ratio and safe comfortable environment. Sensitive, less hierarchical and less punitive approaches ensure close supportive relationships between staff and children. Inversely, where children do not trust staff in sharing their emotions and experiences, there is a great disconnect between them and careers (Berridge et al, 2012; Sinclair and Gibbs, 1998).

OFSTED (2011) inspection study found that relationships between staff and children in the best children's homes in England were marked by respect, support, investment and inclusion of young people in decisions around their daily lives. There was an increased level of one-to-one contact and focus on 'greater personalisation'. Anglin (2004) posits that staff need to respond to children's pain and pain-based behaviour, listen

with respect and build rapport to establish close relationships. Smith (2009, p. 121) argues for a more personalised child centred approach: '*Care is meaningful only when it is personal*', i.e. when a carer shifts from physical care to caring care responding attentively to child's need. Such relationships should have both structure and purpose. He calls for '*professionalism without professionalization*' (Smith, 2009, p. 136).

When peer groups in care are discussed, the focus is primarily on peer bullying and 'peer contagion' (Emond, 2003). Yet, adolescence literature emphasises that peers can be a great source of support and development for children in group care. Thus, Mota & Matos (2013) in their study of 109 Portuguese adolescents from 13 institutions conclude that peer groups are 'safe haven' for developing personal and social skills. The study found that peer groups may offer support and resources for development to compensate for family negligence and abandonment. Adolescents that have secure peer attachments have higher level of trust and are able to communicate their feelings and ideas, which allows them to enjoy positive relationships with others and can lead to a development of active coping skills. Emond (2003) in her ethnographic study of two residential homes in Scotland demonstrated that a residential group serves as an important, yet 'untapped' resource for young people. Groups are resourceful in shaping certain behaviours: encouraging those that are seen as benevolent and condemning ones that do not fit the group's morals or codes of behaviour.

Safe and home-like environment of institutional care

Living in a safe home-like environment that ensures normality of children's experiences is essential for children's wellbeing. Having a family-like environment means better physical conditions, good quality various food and feeling safe. Indeed, such often neglected aspect of children's everyday lives as having plenty of diverse food and steering away from monotonous diets could make a positive change in their feeling 'at home' in care (Hart et al, 2015). Smith (2009) emphasised the importance of having rhythm in residential care, which gives stability and

predictability to life, at the same time resonating rhythms of a typical family life (e.g. daily routines, celebrating holidays and birthdays together, etc.) Using various rituals (e.g. giving a 'high five') convey sense of closeness and familiarity for both staff and children. Yet, providing only everyday experiences for children fails to address their specific socio-emotional and mental needs that brought them to care. The balance should be somewhere between ordinary, 'normalised' experiences and therapeutic support (Smith, 2009). Shealy (1995) advocates a two-core therapeutic parenting model that offers both professional support and supportive parenting approach.

Feeling safe and secure holds a paramount importance for children's doing well emotionally and socially (Hart et al, 2015). Yet, there is large evidence of abuse in group care coming from variety of settings. Euser et al (2013) compared rates of physical abuse among 329 12-17 year olds in foster and residential care in Netherlands. Rates of abuse were higher both in residential and foster care compared to general population. Rates of abuse in residential care were higher than in foster care- a finding demonstrating that children in residential care are under increased risk for abuse. A systematic review by Gilbert et al (2008) evidences that a considerable number of children in out-of-home care in high-income countries and the Eastern European region are abused. The rate of abuse is more serious in residential care than in foster care. More than one third of children in residential care in Romania aged 7–18 years that participated in anonymous survey in 2000 reported severe physical abuse mostly coming from staff (Gilbert et al, 2008).

Linking to families and communities

Parents' positive involvement and contact with children in residential care have positive effects on children's social and emotional wellbeing. Ability to see parents is associated with children's emotional and social stability. Continued contact allows for attachment bonds to continue and helps promote stability in later life (Dolev et al, 2009; Grupper, 2005; Sallnas,

2009; Stout, 2009). Keeping links with families and communities is, however, one of the deficit areas of residential care work.

Hart et al (2015) evidence that increased visits by parents are associated with better child outcomes. OFSTED's (2011) report revealed that best residential homes supported young people in re-establishing contact with families, helped them develop new interests and friendships and keep links to the community. Research review by McWey (2001) concluded that frequent visitation was associated with more positive behaviour and was a predictor of successful reunions. However, such visits may arouse children's anxieties. Mosek (1993) in their study of children in foster care in Israel found that difficulties in social and overall adjustment were related to anxiety around parental visits and problems arising from such visits.

An important task of care is to help children to hold their stories and biographies together. Staying in touch with family means being connected to its traditions, rituals and stories. Knowing their roots helps children get a more realistic picture of their past and saves them from having misleading fantasies about their families (Gilligan, 2005). Gilligan (2005, p.107) calls for the carers to attend to the world outside care: '*Good care is about managing not only the inner world... But also how that world connects with the world outside.*' He argues that boundaries between inside and outside worlds need to be transparent, yet privacy and safety of children should be ensured. Contacts with outside world bring in fresh influences and expand children's social experiences.

Promoting children's optimal development

One of the important tasks for carers in children's homes is to promote children's intellectual and socio-emotional development. A right balance needs to be kept between supporting children's education, physical and social growth and promoting resilience and independent living skills that are essential in their life after care (OFSTED, 2011; Smith, 2009).

Because of the past disruptions in education due to movements between multiple placements, it is important to re-engage children in education. Residential staff in schools reviewed by OFSTED promoted young people's mental and physical health working in partnerships with community-based health services (OFSTED, 2011). Smith (2009) emphasised importance of play and activities for physical and social development and Gilligan (2005) argues that staff plays an important role in exerting impact: staff hobbies, interests and life outside care could inspire and motivate children.

Building children resilience is a necessary pre-requisite for their successful future. Gilligan (2005 p. 105) defines resilience as '*doing better than expected when bad things happen*'. He argues (p.105) that: '*Resilience is not a fixed trait possessed in a mysterious way by some fortunate young people, nor is it some kind of a mysterious 'magic bullet' that can be used to 'zap' the intractable problems...*' Resilience is not built by some high tech skill or experience of staff; it is best enhanced by supportive meaningful care and providing opportunities for children's emotional and social development. To borrow the concept from Vygotsky's work, the carers task is to 'provide emotional and practical scaffolding'. Gilligan (2005, p. 108) cautions against creating a '*sterile from risks environment*', which might reduce developing healthy mechanisms of coping with stresses and risks, much needed by young people when they exit care.

Finally, genuinely loving and liking children is that magic that will do the transforming work even with most difficult children: 'one persons' 'difficult' may be another person 'easy'. '*Difficult' does not necessarily reside in the person seen as such, it resides as much in the eye of the beholder.*' (Gilligan, 2005, p. 113). Sinclair and Gibbs (1998) contend that staff should act as parents, backing and supporting children in their moves to independent life as parents do.

Giving children a say in the decision-making

There is surprisingly little evidence of practices that involve children and young people in the decision-making around their life in residential homes or care planning (Hart et al, 2015). Involving children in decisions about their own life seems to be so natural. Yet, it is rarely done or at least there is very limited evidence of such practices. Sinclair and Gibbs (1998) argue that children in residential care should be allowed to make choices on their own. OFSTED (2011) study is one of the few studies showing that best children's homes in England enlarged the role and involvement of children by engaging them into recruitment of new staff and reviewing their care plans and decision-making process. Moreover, their feedback was listened to and used as part of continuing improvement.

Need for diverse and integrated residential care provisions

Sinclair and Gibbs (1998) argue that residential care provision should be more diverse. Their study of 48 residential homes included experiences of 176 children aged 12-16 and older in the UK. They identified five purposes of residential care: emergencies from communities where children get respite care in crisis situation and eventually return to families as soon as its possible; 'decompression chambers' which give children whose placements broke down and whose return to families is impossible time to recuperate and decide carefully on the next moves; treatment for those with behavioural or mental health needs; long-stay shelter for the seriously damaged children; and training facilities to prepare children for transition to independent living. Authors conclude that besides a greater diversity in residential care provision, residential homes need to be more specialised and integrated with local services.

Conclusions

Literature overviewed in this chapter revealed an important shift in the current thinking about residential care and its possibilities to exert a positive impact on children's life. There are several clear messages coming from extant research: residential care can be a state 'corporate

parent' adequately meeting children's needs if providing individualized good quality care.

Changes in child welfare ideologies at the end of the 20th century largely determined a view of residential care as necessarily detrimental and this was backed by findings from numerous studies that focused primarily on the negative outcomes and in worst types of care: e.g. Romanian orphanages. Yet, an overview of the research findings in this chapter demonstrates that good quality care can be as nurturing and stimulating as any other type of out-of-home placements. Several aspects of good quality care stand out in the reviewed studies: management with a clear visions and goal; staff who are highly trained, have more autonomy and are closer to children; children's voices are heard and respected; children feel at home and their development is supported and stimulated; and positive links with birth family are supported. Yet, there needs to be more extensive and robust research attempting to link aspects of care with children's outcomes. Only by understanding what aspects of care are associated with best outcomes, it is possible to ensure optimal child development.

Need to maintain residential care is increasingly voiced by researches and policy makers in the UK, US and Australia, who argue that specific needs of most vulnerable and troubled groups of children cannot be served in foster care or adoption as there is a great mismatch between children's needs and ability of these types of care to adequately support them. Evidence coming from successful residential care practices, e.g. social pedagogy in continental Europe and ecological model in Israel, gives much hope and encouragement that residential care can be restored in its status as capable of providing adequate child care. Yet, 'borrowing' practices cross-nationally needs to be done with caution. Such transfer needs to account for differences in ideologies and culture that are much harder to import than purely technical aspects. One dilemma with good quality care is difficulty of identifying what comprises good quality when practices from diverse cultural and social settings are compared. This chapter summed only some of the quality hallmarks of

residential care; yet, they are by no means exhaustive. There need more research done on what makes good practices and for what groups of children.

Finally, while assessing quality of residential care, it is important not to omit children's voices and views as their perspectives on the best residential care might differ from adults' perspectives. The next chapter then focuses on children's experiences and views while going into and being in care.

Chapter 3. Family Separation and Children Going into Care

Introduction

The present chapter covers children's and mothers' experiences as children go into out-of-home care. It aims to scrutinise the processes surrounding family separation and further life after separation: mothers and children coping with separation-related loss and ambiguity; importance of further contact with the birth family; and children's experiences in out-of-home care as essential to their optimal development.

The chapter begins with describing children's and mothers' experiences of coping with the loss and trauma of separation, when feelings of loss might be left unrecognised leading to trauma and unresolved grief. As psychodynamic processes inherent to separation are similar when children are separated from primary caregivers and go into various types of out-of-home placement, such as adoption, foster or residential care, the literature reviewed in the chapter covers separation in adoption and foster care contexts as offering useful insights relevant for residential care.

Finally, the chapter sheds light onto children's experiences and views of out-of-home care in a variety of cultural and structural contexts. Some studies included several types of out-of-home care, such as foster and residential care, and discussed findings in regard to both types. Yet, such findings are included because of the relevance of some themes in all types of care, such as the importance of sibling contact or being placed together, as literature on fostered children is relevant for children in residential care.

3.1. Managing loss and separation

Separation might be a stressful experience for both parents and children, in which they have to cope with the immediate stress of separation, grieve

and accept the loss of loved ones in the context of ambiguity of further contact. Mothers' identity is threatened as a result of their changing roles and parental status, as well as ambiguity around contact arrangements and child's return. Children, too, experience ambiguous loss of their birth family. The process of separation is by no means a monolithic process: it involves many stages and processes. Several theories and theoretical models are helpful in understanding such processes: attachment and loss (Bowlby, 1973), the concept of disenfranchised grief (Doka, 1989), Parkes' (2010) staged grief model, and the theory of ambiguous loss (Boss, 1999).

Children's experiences of loss and separation

Separation from the mother figure evokes intense emotional responses in children. In their earlier studies Bowlby and Robertson (Robertson in Bowlby, 1973) observed children in institutional settings and established the following sequence in the children's emotional responses to separation: protest at being separated from the mother figure, despair, searching and gradual detachment (Bowlby, 1973). In his later work, Bowlby (1980) noted the similarities between children's responses to separation from the mother and adults' grieving responses, with various emotions manifested, including sadness, anger, confusion, and acting out. He argues that grieving is a universal response to a loss involving a wide array of emotions and behaviours, with some types of loss being more complicated, thus making it more difficult to resolve feelings of loss.

Parkes' (2010) model of grief, usually applied in the context of bereavement, suggests several key stages of the mourning process (not necessarily in chronological order): sadness, depression, numbing, searching for the loved one, yearning, anger, disorganisation, despair and finally reorganisation of one's life. Going through all the stages of the mourning process helps an individual accept the loss and then reorganise their life without the one they lost. Lanyado (2003) argues that children in care mourn separation with their families. Yet, the mourning process takes more time for them as it is complicated by other losses and accompanying trauma they have to deal with. Children that experience

several removals and subsequent placements do not have a chance to process and recover from one loss before another comes in, and do not understand the reasons for moves or loss.

Bullock et al.'s (1998) Dartington child care study of 31 children returning to 24 families in England charted the parents' and children's affective experiences as well as coping strategies during separation. Children had to cope with the stresses associated with new transitions: loss of the family on the one hand and stress and anxiety arising from adjusting to their new placements on the other. They felt rejected and worried that their home would be 'gone'. In addition, children struggled to understand why they had to leave their parents, which aggravated their disorientation and anxiety (Bullock et al., 1998).

Children separated from their birth families and going into care experience ambiguous loss; not knowing whether they are still part of their family and where family boundaries lie now. '*Is it a family in anything but name?*' (Bullock et al., 1998). Boss (1999) coined the terms of ambiguous loss and resulting family boundary ambiguity to explain the situations where physical and psychological presences of a family member are not congruent; such as when a family member is psychologically present but physically absent (divorced or absent parent) or physically present but psychologically unavailable (mentally or fatally ill parent). Boundary ambiguity is described as '*not knowing who is in or out of the family and who is performing what roles and tasks within the family system*' (Boss and Greenberg, 1984, p.2). Mitchel and Kuczynski (2009) studied transition into foster care of twenty children aged 8-15 in Canada and found that ambiguity is not a monolithic construct: children experience at least five types of ambiguity: structural ambiguity – not knowing what foster care is; placement reason ambiguity – not clear about the reasons for the placement; placement context ambiguity – not sure about the context of the home they were transiting to; relationship ambiguity – having concerns about people they will be living with. Finally, children experience ambiguous loss of family boundaries – not knowing whether their families are still psychologically or physically present in their lives, and temporal ambiguity – not knowing how long their placement will

last. All those ambiguities were a result of getting insufficient, vague and conflicting cues from their environment and from adults, which increased children's distress and affected their emotional wellbeing.

Indeed, circumstances of being removed from families and lack of meaningful information about removal and further placement can add to children's feelings of confusion and ambiguity. Johnson et al.'s (1995) and Folman's (1998) studies of children placed into foster care in the US revealed that children were removed in an atmosphere of fear and bewilderment and were given misleading or no information on the reasons for removal, which added to their confusion. Caseworkers showed insensitivity to children's feelings of loss and confusion. Folman (1998) argues that knowing what is happening to them, receiving adequate support and being helped to manage fear/anxiety are three factors that help children cope in a crisis situation. Being informed helps children stay in control and exert coping strategies.

Mothers' experiences of coping with separation and loss

Bullock et al.'s (1998) study revealed that parents have to cope with feelings of loss while at the same time being pre-occupied with problems at home and changes in family or work circumstances. Overwhelmed by the stress of the separation and preceding and accompanying problems, parents might withdraw themselves from participating in children's lives (Bullock et al., 1998). Thoburn (2009, p. 40) states that parents' distress about separation with the child is aggravated by the 'public proof of failure' as parents. Mothers of children who go into care have to deal with two major emotional tasks: grieving the loss of the child – a process that might be complicated by the ambiguity of the mother's role and the child's continuing psychological presence in mother's life; and reworking their identities that are threatened by the mother's public image of a 'failed' mother (Fravel et al., 2000; Kielty, 2008; Memarania and Nolte, 2015; Neil, 2006; Schofield et al. 2011).

Mothers whose children go into care or adoption experience 'disenfranchised grief' (Doka, 1989) – a grief for the lost loved one that is

not acknowledged and validated because the relationship is not recognised as legal or important, the griever is not seen as entitled to grieve or because the loss is not seen as important or legitimate (Doka, 1989). Status of separation (temporary vs permanent) and the mother's legal status as a parent (adoption vs foster care) might complicate or facilitate feelings of ambiguity and accommodating to the loss. Thus, in adoption the clearly-defined status of birth mothers⁴ as not legal parents of the child and regulated contact between adoptive and birth family might reduce birth parents' feelings of ambiguity and threatened identity (Neil, 2006). Mothers of children in foster or residential care might experience more ambiguity around their roles, further contact and reunion, which will complicate the process of grieving and eventual acceptance of loss (Fravel et al., 2000; Schofield et al. 2011).

Schofield et al (2011) in their study of 68 birth parents from England, Sweden and Norway whose children grew up in foster care argue that the degree of ambiguity is high as mothers' legal status as parents continues, but in practice they cannot carry out parenting. Feeling themselves to be 'failed' parents and being stuck in the 'waiting mode' between giving up on their child and trying to get them back leaves them with unresolved grief and threatened identity.

Fravel et al (2000) studied the experiences of 163 birth mothers from the US whose children went into adoption and found that in open⁵ adoptions birth mothers experienced a higher degree of the child's presence and found it more positive than in mediated⁶ or confidential⁷ adoptions. Thus, the child's continuing psychological presence might be perceived as positive or negative by birth mothers, which might ease or complicate the process of managing loss.

⁴ The term 'birth mothers' is used here applied in the context of adoption or other out-of-home placements where mothers lost the legal rights for the child.

⁵ 'Open', or fully-disclosed adoptions include ongoing direct contact between the child, adoptive and birth family (Fravel et al., 2000).

⁶ Mediated adoptions involve exchange of non-identifying information between adoptive and birth families usually through the third party: e.g. adoption agency (Fravel et al., 2000).

⁷ Confidential adoptions imply no post-adoption contact between adoptive and birth families (Fravel et al., 2000).

Mothers of adopted children approach the separation and loss of the child in different ways: while some accept it and reorganise their feelings, self-concept and experiences, others deny the removal, being resistant and negative about it. Neil (2006) explored the views of 72 birth parents and grandparents on adoption and found three different patterns of coping: positive acceptance, resignation, and anger/resistance. The positive acceptance group came to terms with the adoption and saw positives in their child's life. The resignation group saw themselves as worthless and failed parents having nothing to offer to the child; they felt guilty and found it difficult to have contact with the child. The resistant group resisted the fact of adoption and saw themselves as the real parents of the children, feeling angry towards professionals, adoptive parents, and so on (Neil, 2006).

Losing the child and an ability to carry out parenting in a legal, physical or affective way brings out conflicting emotions and threatens a mother's identity. Schofield et al (2011) argue that mothers of fostered children have inconsistent and conflicting view of themselves as society sees them as outsiders and 'failed' mothers whereas they see themselves as loving and caring. Having such conflicting self-cognitions they reach the state of cognitive dissonance, which causes high stress, lowers their self-esteem and threatens the coherency of their identity. Memarania and Nolte's (2015) recorded the experiences of seven English mothers whose children were removed as a result of violence and substance abuse. The study found that in seeing themselves as 'part time mums' and having 'in-between' status not validated in the society, the mothers worked to renegotiate their identity.

Stigma and public condemnation are present in the context of non-resident motherhood. A study of 20 non-resident mothers demonstrated that mothers separated with children voluntarily or involuntarily in the absence of abuse, neglect or other serious risks were still labelled and stigmatised as 'bad mothers' (Kiely, 2008a and 2008b).

Separating from the child is a debilitating experience for mothers. Feeling emotionally and physically 'crushed' by the child's removal, mothers may display self-destructive behaviour and physical and mental decline

(‘Crushed’ by having my child taken into care, 2013). Many feel isolated from their family and friends and have high levels of anxiety, sadness and paranoia that are aggravated by the child’s removal (Neil et al, 2010). Yet, many mothers – particularly in highly vulnerable contexts involving abuse, violence and neglect – shared they were not understood by professionals, let alone supported and guided in the process of coping with the child’s loss (Memarania and Nolte, 2015; Riggs and Willsmore, 2012; Schofield et al., 2011). Neil et al’s (2010) study charted experiences of adoption and support of 73 birth parents in the UK. The findings showed that most birth relatives experienced adoption as an alienating and even hostile experience where they had very little say, with very little support offered around the loss of the child.

Staying close to family and culture as coping resources

Links to family and culture are an important resource for a child’s adjustment in out-of-home care. Having contact with their families helps ethnic minority children make sense of their roots. Not having this opportunity, children feel isolated and struggle emotionally and mentally (Social Care Institute for Excellence, 2004). Castle et al. (2011) reviewed 11 studies on ethnic identity and positive outcomes for ethnic minority children in care. The findings indicated that promoting links to children’s original culture helped children’s psychological wellbeing, sense of self and coherent identity.

Robinson (2000) compared the racial identity and self-esteem of 40 African Caribbean adolescents aged 13-16 in residential care in the West Midlands (UK) and 40 African Caribbean adolescents living in families. Both groups showed positive racial attitudes and high self-esteem. One interesting finding was that children in care who had a positive racial identity lived close to their communities and families, and their carers were of the same racial background as the children themselves. These findings echo Moss’ (2009) study on identity and self-esteem of 20 indigenous Australian children aged 4-18 in foster care. Indigenous children, often defined as ‘the stolen generation’, are historically overrepresented in Australian care system, with many experiencing inter-

generational cycle of institutionalisation. More than a third of children were disconnected from their extended families and were likely to display risk-taking behaviours, depressive symptoms, and identity confusion. However, a small number of children that lived with their relative carer and were linked to their extended family, had better psychological adjustment. Although representing different ethnic and cultural groups and using different methods that make any comparisons difficult, the findings from both studies suggest that children's closeness and maintaining links to the family and culture play a crucial role in healthy identity formation, sense of belonging and contribute to better psychological adjustment in care.

Refugee and migrant families' studies offer important coping mechanisms for children whose families stay behind in other countries. Rousseau et al.'s (2004) longitudinal study documented pre and post separation experiences of 12 Congolese refugee families re-united in Montréal. To manage life in separation, Congolese families and children can use cultural 'anchors' – traditions and past memories to stay rooted in their culture. Sudanese boys in Luster et al.'s (2008) study stayed in refugee camps where they were supported by older members of the clan and their peers. Emotional support that young refugees got from their compatriots created a sense of belonging and helped to cope with separation (Luster et al., 2008). Suarez-Orozo et al. (2002) in their cross-cultural study of 385 adolescents from immigrant families from China, Central America, the Dominican Republic, Haiti and Mexico found that when a parent leaves for another country, such a loss, though undoubtedly painful, is mitigated by the presence of other significant figures in the child's life that fulfill their emotional needs. Suarez-Orozo et al.(2002, p.627,) argue that '*In extended families, the 'emotional eggs' may be more widely dispersed among several 'emotional baskets'.*

3.2. Importance of knowing one's roots and staying connected to family

Why knowing about one's family is important

Not knowing one's origins complicates children's identity formation and impacts on their emotional wellbeing (Biehal and Wade, 1996; Owusa-Bempah et al., 1997). Winter and Cohen (2005) in a case study where a person grew up in foster care argue that not knowing their origins resulted in a person feeling incomplete and rootless, reporting a 'lost sense of herself'. The journey of self-discovery is limited and hampered by the lack of any meaningful past. Brodzinsky (2011) argues that knowing about one's roots or searching for 'missing pieces' is very important in the formation of adolescent identity. Owusa-Bempah et al. (1997; 2010) argue that knowing one's genealogical roots, or possessing socio-genealogical knowledge is important for the development of one's psychological integrity.

What contact is beneficial for and needed by children

The 1989 Children Act in the UK stipulated that contact between parents and children is important and can support the child's healthy development (Youdan, 1995). Neil and Howe (2004) posit that contact between child and family provides means for connecting and exchanging valuable information that helps children stay connected to their roots. The more parents and children share, the better they understand each other's intentions and feelings and the fewer misinterpretations or unresolved feelings they have.

For some children in out-of-home care having positive relationships and contact with their families is seen as important even when a return home is not planned. It is important for children to know they have a 'safe base' to return to in crisis situations (Biehal and Wade, 1996). Children's memories and feelings about families constitute an 'emotive territory' in their relationships with family and continue to have impact even in the physical absence of their families (Holland and Crowley, 2013).

It is often argued that contact with birth family is in the child's best interests. However, the principle of contact alone is not enough. Consideration should be given to other factors: child's pre-placement

history, child's age and developmental stage, and child-parents relationships (Sen and Broadhurst, 2011). When the child was removed from the family because of abuse, further contact can be harmful. Atwool (2013) reviewed research on children in care in the UK and New Zealand and found that unsupervised and unlimited contact with abusive or chaotic families could expose children to re-traumatising and distress and even abuse. Farmer et al (2011) in their study of 180 children aged 0-14 in foster and residential care in England found that some children experienced emotional or physical abuse during contact. Neil and Howe (2004) suggest that to ensure both a child's safety and the development of identity, a controlled contact can be provided or other means of resolving child's identity search should be found when contact is not possible.

Neil and Howe (2004, p 224) argue that contact should not be seen as a panacea: '*Contact is therefore not a 'good' in itself. It has to be viewed as a potential resource, a protective factor, a means to a developmental end, an experience that promotes placement stability and a sense of security.*'

Several factors can make contact a useful resource. First, in structurally and psychologically open placements carers are open to contact with and more honest and open about the child's birth family, which facilitates the child's understanding of their origins and sense of belonging and completeness (Neil and Howe, 2004). Some placements might be more predisposed to having a more open and unconstrained contact than other. Thirty birth parents from Gleeson and Seryar's (2010) study had more trusting and loving relationships with their children's kin carers, which was achieved by co-parenting children and the fact that carers were kin both to the parents and children.

Brodzinsky's (1990) model of stress and coping in adoption posits that to reduce a child's stress and loss in adoption and promote their wellbeing, information about a birth family and child's origins should be communicated in a positive way and adjusted to the child's developmental ability to comprehend it.

Second, children's agency and voice in deciding how much contact and with which family members have to be acknowledged and respected. Kiraly and Humphreys (2013) interviewed 21 children and young people aged 10-25 in kinship care in Australia about family contact. The study showed that children found contact with their mothers distressing. Moreover, unwanted and forced contact held them back by not allowing them to move on their in lives and emotionally. OFSTED (2009) captured the views of 370 children in children's homes and foster care in England that resembled the earlier message – children wanted more choice with whom to have contact and how much.

Finally, professional support and encouragement for contact was a key factor in parents' and children's satisfaction about contact in Larkins et al's study (2015). Fifty-six children and 19 birth parents from 11 local authorities in England listed factors associated with their satisfaction with contact: involvement in decision making, speed of social workers' response to contact needs; resolution of practical problems (such as money for travelling, arranging contact); being provided with information and support (in cases when contact was reduced or restricted), and encouraging children to continue contact with families.

The amount of contact with birth family may range across various placement types. Thus, OFSTED (2009) found that children in residential care were more likely than children in foster care to have contact with both their family and friends, but are more likely to be separated from their siblings. Sen and Broadhurst's (2011) review found that children in residential care have more contact with birth family because of structured weekend visits. However, such contact is not focussed on developing individual relationships. Furthermore, Youdan (1995) argues that there is a tendency to prioritise group interests over individual needs and parents are often cut off and uninvolved because of poor residential care practices and planning.

Importance of sibling contact

Much research evidences children's desire to be placed or have contact with their siblings (Biehal and Wade, 1996; Cossar and Neil, 2013; Holland and Crowley, 2013; OFSTED, 2009; Sen and Broadhurst, 2011). Yet, Sen and Broadhurst's (2011) review demonstrated that two-thirds of children in care are separated from their siblings when placed in care in the UK. An OFSTED study (2009) showed that children in residential care are more likely to be separated from their siblings than children in foster care. Yet, a significant majority of children in the study believed siblings should be placed together. Lundström and Sallnäs' (2012) study of 240 young people aged 13–18 in out-of-home care in Sweden revealed an unfulfilled desire for sibling contact.

Siblings continue to play important roles in children's lives and in some cases even beyond their birth parents. Sen and Broadhurst's (2011) review of research emphasises siblings' protective role and ensuring a sense of family belonging and continuity. Biehal and Wade's (1996) study of 74 young care-leavers showed that in cases where parental contact was not helpful, young people found emotional support in extended families or their siblings. Siblings' bonds are particularly important for developing a sense of identity and belonging if parenting is ineffective. Holland and Crowley (2013) interviewed sixteen 17-25 year olds in foster and residential care about their siblings: older siblings found emotional comfort and stability by providing parental role for younger ones. Contact with siblings carries an important function as it ensures family continuity and allows siblings to 'do family' (Morgan, 1996) in separation. Cossar and Neil (2013) explored views on post-adoption contact of 51 adoptive parents, 39 birth relatives and older siblings and found that contact created an opportunity for adopted siblings and their older siblings in birth families to exchange information about family, kept family connections 'live', and provided 'reality checks' for children to keep realistic views about their families. In such information flows and exchanges family representations were checked and created: '*Contact carries an implicit message about which relationships are valued and who counts as a family member.*' (Cossar and Neil, 2013, p.71).

However, in cases when siblings spent too much time apart or relationships between them were not favourable, children tended to see contact or reunion with siblings as less desirable and likely. The longer siblings spent in care apart from each other, the less likely it is that reunion will work; siblings grow apart from each other and become strangers (OFSTED, 2009).

3.3. Children's experiences in residential care

Children's views on residential care

An overview of studies exploring children's and young people's views on out-of-home care reveal their overall satisfaction with care in spite of presence of negative effects (Dunn et al, 2010; Majoram and Fouche, 2006, McDowell, 2013; Stepanova and Hackett, 2013; Törrönen, 2006; Shaw, 2003; Ward, et al., 2005).

Dunn et al (2010) interviewed 180 children aged 9-11 in foster, kinship and group care in the US and found that over one third appreciated living in a better environment and enjoying more opportunities. Living in care helped both children and families function better. Törrönen (2006) found that residential care experiences can be positive for Finnish children if they have positive relationships with peers and staff and a sense of belonging to care and community. Life in residential care means improved material circumstances, more stability and permanence (Majoram and Fouche, 2006); better awareness and security about structure, provision and care plans (Shaw, 2003). For two-thirds of children in the UK out-of-home care in Ward et al's (2005) study, staying in care improved their life chances and gave them a chance to work on their problems. Aspects of care most appreciated by young people are related to ordinary aspects of regular life: having someone to talk to and listen to them and doing ordinary family things, such as eating a meal together or going to the cinema. Being looked after, although not ideal, was considered better than living in chaotic violent families.

Among the downsides of out-of-home care, children mention missing their family and adapting to new environment, feeling isolated and lonely,

not having friends, and having many moves (Dunn et al., 2010). Chapman et al's (2004) study of 727 children in out-of-home care in US found that children in group care reported seeing their birth family less, not being close to their current caregivers and not wanting to live in their current placement permanently. Most wanted to be with their birth families. Children in Shaw's (2003) study saw group care as more 'risky', with smoking, drug use and violence involved. Not having enough financial or physical freedom were among children's biggest grievances.

Parents' views on residential care

Review of research on parents' perceptions of residential care reveals polarity of opinions. Many parents appreciate the opportunities it offers for a break from family troubles and working on children's problems. Ninety-nine parents interviewed in Sinclair and Gibbs's (1998) study shared that residential care provides 'breathing space' for families and children to recover from stress and conflicts. As a result, children calmed down and became closer to parents. Parents in Farmer et al's (2011) study appreciated care workers in their 'corrective' work on children's behaviour.

Yet, on the negative side, parents mention negative peer influence, lax discipline (Sinclair and Gibbs, 1998), children's worsened behaviour and lack of safety (Farmer et al, 2011). Parents at times might feel restricted in their contact with children or voicing their concerns. Some mothers in Farmer et al's (2011) study said they were not allowed to be emotional in contact, such as telling children they want them back. Mothers found supervised contact uncomfortable or intimidating. Parents in Fisher et al's (1986) study were concerned about their children and wanted but never raised concerns about quality of care. They felt they were 'failed' parents and believed they did not have a moral right to criticise those who care for their children.

Why being placed with siblings is important for children in care

Research evidences many benefits of siblings being placed together: better academic outcomes (Hegar and Rothental, 2011), fewer placement disruptions (Staff and Fein, 1992), stability and permanence (Waid (2014). Siblings are an important source of protection in highly abusive residential care environments in Romania (Bejenaru & Tucker, 2014).

Findings from studies on siblings in foster care hold much relevance for children in residential care. For instance, Staff and Fein's (1992) study of 262 children aged 0-13 in intact⁸ siblings' placements in US foster care found that placing children together reduces the likelihood of placement disruption and siblings' separation in case of placement break-down. Hegar and Rothental (2011) examined the outcomes of 1,701 children in foster care and found that siblings placed together perform better academically and show less internalising and externalising behaviour than siblings placed separately. Waid's (2014) review of international research showed that siblings' co-placement promotes stability and permanence. Siblings placed together are more likely to be reunified successfully. However, Waid (2014) argues that placing siblings together alone does not guarantee the success of a placement as outcomes are mediated by child characteristics, siblings relationships, carer's characteristics: for example negative siblings' relationships could lead to poor adjustment and conduct problems.

Leichtentritt's (2013) study of twelve 7-14-year-old children placed with their siblings in houseparent residential units in Israel revealed polarity, split and opposition in their relationships. Children expressed both positive feelings (warmth, trust and affection) and negative feelings (rivalry, conflict) about living together with siblings both in residential and home contexts. For example, while seeking comfort from their siblings as their only family in care, children also found it very discomforting as siblings reminded them of family problems. Participants also made an

⁸ Siblings go into the same out-of-home placement where they stay together.

effort to stay together in care while at the same time wanting some space from their siblings.

Children's relationships with residential care staff

Children have mixed views about their relationships with carers: some see them as supportive and caring and others as careless, uninvolved or even abusive. Carers' inappropriate or excessive use of restraints, talking badly about parents and bullying children are commonly reported by children (Hart et al, 2015; Stevens and Boyce, 2006; Whiteford, 2005). Phew (2007) equates not being loved in a 'loveless' institution to abuse and neglect. Stepanova & Hackett (2014) interviewed 45 residential care leavers aged 16-19 and older in Russia who reported low staff moral and lack of communication and understanding on the side of carers. When asked if they wanted to have closer family-like relationships with carers, many disapproved of this idea.

Some children feel apprehensive about getting close to staff because of frequent shifts and short-term tenures (Chapman et al, 2004; Majoram and Fouche, 2006). High staff turnover also discourages children from establishing close relationships with carers (Watson, 2004). Törrönen's (2006) study of children in residential care in Finland showed that children's contact and interactions with adults are seen as periodic as staff's shifts change. Children's behaviours, perceptions and daily experiences change and adapt to the presence of their carers, whether 'desired' or 'not liked ones'.

Yet, many children report having close, supportive long-lasting relationships with their carers. Whiteford (2005) argues that young people gain security in having permanent 'familiar' faces around them. Having an adult in care that knew them as a little child contributes to continuity in their lives. Such people become part of their past experiences, biographies and stories. Young people in Berridge et al's (2012) study saw staff as accessible, reliable and dependable. Gallagher and Green (2012) in their study of eight therapeutic children's homes interviewed sixteen 16-20 year olds. For many young people close relationships with

staff had long-term positive impact on their behaviour and social life and a life-transforming effect.

Kendrick (2013) posits that children often articulate relations in residential care in kinship terms, defining staff as 'like a sister' or a 'brother'. Young people in Schofield et al's study (2014) share that their carers were like family to them, offering love and support. Conceptualising non-kin relationships in kin terms reflects modern rhetoric of 'chosen' versus 'given' families (Weston, 1991). Indeed, families are not only those of a purely procreational nature – in many cultures they are also created by acts of sharing material and affectionate resources (Carsten, 2000; 2004; Weismantel, 1995). Family-like ties can be formed as a result of family 'doings' and practices that make a family (Finch, 2005; Morgan, 2011), such as shared biography and time or liking the person (Mason & Tipper, 2008) and having close face-to-face contact (Davies, 2012).

Need for having home-like environment

Research reveals children's need for living in 'home-like' environments while in residential care (Berridge et al, 2012; Hart et al., 2015; Kendrick, 2013). This entails such aspects as living in a home-like environment with little control, respecting children's privacy and ensuring safety.

For children in residential care in New Zealand, normalisation of life entailed such usually taken for granted things as riding a bike or climbing a tree, or seeing their friends over the weekend. However, restrictions imposed on them contributed to them feeling isolated and being 'different' (Majoram and Fouche, 2006). For children in Kendrick's (2013) study making residential care environment a more 'homely' place meant sharing meal times. In line with that, young people in Hart et al's (2015) study underscored the importance of plentiful diverse food that gives children a more home-like feeling. However, ensuring home-like quality of meals is not sufficient. Dorrer et al's (2010) ethnographic study of three residential homes in Scotland explored how food practices were used as a means of creating a 'homely' environment for 21 children aged 9-18. In spite of staff's efforts, children still did not see residential care as their

homes. Mealtimes with carers were seen by children as intruding into their personal space and making them feel under surveillance. Children argued that food itself was not enough to make them feel at home – they wanted more control over negotiating their personal space and choices they make. Children emphasised that having family-like relationships is more important for them than having home-like meals.

Children also want more agency in deciding what constitutes home in care for them and resist attempts to impose it on them. Fisher (1986) in a study of 350 children aged eight and older in out-of-home care found that children felt pressure to 'mimic family life' – that is, to see their carers as substitute parents and demonstrate belonging to one big family, which evoked their anger and protest. Removing excessive control and ensuring privacy could contribute to creating a more homely atmosphere. (Hart et al, 2015; Stevens and Boyce, 2006). More autonomy and control over their life choices is also seen by children as a sign of living in a less institutionalised way (Majoram and Fouche, 2006).

Finally, children need to feel safe in care. Other children, staff or their own families can be a source for children's fears and anxieties (Stevens and Boyce, 2006).

Peer groups: risks and support

Peers represent risks and support for children in care at the same time. When asked about peer relations, children in group care typically express concerns about their safety because of peer bullying and violence. (Berridge et al., 2012; Hart et al, 2015; Whiteford, 2005). At the same time, such conflicts are an inalienable part of life in care: such conflicts were found by children as similar to siblings' conflicts (Berridge et al, 2012)

Violence can be present in many aspects of life for children in group care. Barter (2003) interviewed 71 children aged 8-17 from 14 English children's homes and found that two-thirds of children were either victims or perpetrators of violence. Most homes had 'top dog' networks in which some children had power and manipulated others.

Rates of peer bullying are steadily high in residential care across different contexts: Sinclair and Gibbs' (1998) influential study involving more than 1,000 12-16 year-olds from 48 children's homes in England found that under half of children experienced bullying and harassment. Children in Australian residential care experienced the same amount of bullying at school and residential care (McDowell, 2013). Most of the 90 young people from residential and foster care in Scotland interviewed for Watson's (2004) study were concerned about bullying; children were bullied both inside and outside of care. Bejenaru & Tucker (2014) interviewed 34 young people aged 14-26 in public and state care in Romania. Peers, although seen in some cases as 'brothers and sisters', were also a source of fears of abuse and violence. Younger children are an easy prey for abuse from older peers if they don't have a 'protector'. Staff saw peer abuse as a form of 'life education' for children.

Nevertheless, peer groups could exert a powerful positive influence on the life of children in care. Emond's (2003) study offers comprehensive evidence of how peer groups support and encourage the development of certain personal and social competencies. Children protect each other from internal and external threats and offer emotional support. Peer groups are used as efficient resources in molding or stopping some unwanted behaviors: group respect or condemnation are clear indicators of whether a young person's behaviour is stepping over the boundaries. Törrönen (2006) argues that in the absence of kinship networks peer networks carry particular importance to children. Children share joint activities that carry special significance for them and support each other like 'siblings'.

Life and relationships outside care

Children share that their life and relationships outside care are permeated with stigma, prejudice and social isolation. Thus, children in Gallagher and Green's (2012) study reported they were not accepted in schools and seen as a 'danger' by teachers, children and other parents. They felt different and experienced a lack of sensitivity towards them: for example, topics of family life were discussed in classes but no consideration was

given to children's feelings. Young people in Whiteford's (2005) study shared that they were bullied in communities and schools.

In regard to friendships, children often lack the space and freedom to form friendships outside schools because of the staff being overprotective in restricting children's possibilities of having friendships outside care (Gallagher and Green, 2012; Majoram and Fuche, 2006; Watson, 2004)

These findings pose an imminent question – what should be a distance between residential care and the community for children to feel integrated while at the same time keeping enough distance not to be bullied or stigmatised? Hart et al (2015) argue that a small isolated residential home can lead to isolation and boredom whereas being close to a local community may lead to children being stigmatised or bullied.

Being involved, informed and listened to

The studies reviewed in this section demonstrate that in many cases children feel they have no say in decision-making, are unaware of what they are entitled to and how and to whom they could disclose their concerns and queries.

Southwell and Fraser (2010) undertook a national study that explored the in-care experiences of 169 6-18 year-olds in Australia. About one-third reported they are not listened by their caseworkers and have no say in what happens to them. McDowell (2013) explored views of more than 1,000 8-17 year-olds in out-of-home care in Australia. Half knew why they are in care but indigenous participants had very little information and those in residential care were the least heard voices. Forty-seven 8-18 year olds in out-of-home care in Australia revealed lack of voices and power in key aspects of their life: decision making, having contact with people important to them or having control in child-adult relations (Mason, 2008).

In England the findings concur with those in Australian research. Shaw (2003) reported views of 2,000 children in the UK public care. One in

three children did not know how to make an official complaint and was not involved in the decision-making. Children aged eight and over in Fisher's (1986) study reported feeling unaware and uninformed about the important moves and changes. They felt powerless and saw their placements as arbitrary. Young people in care in England in Leeson's (2007) study shared feeling powerless and not being involved.

These findings point to a clear need for all children to be active agents in their own lives. An inclination to see children in care as victims and hence in need of protection creates barriers and prevents them from expressing their voices. Moreover, adults often act as experts, knowing the best and making decisions for children. When key decisions are made children may be treated as a homogeneous group with the underlying assumption that what is good for one is good for others. Yet, the ability to make decisions on their own are essential in developing their self-competence, self-esteem and identity, raising their chances for creating necessary competences for future independent life (Leeson, 2007).

Moving out of care

When moving out of care young people often feel more prepared in practical terms but not psychologically. In some cases they have to move earlier than they are ready for. They have concerns about family and personal life, education and jobs.

Young people in Berridge et al's (2012) and Gallagher and Green's (2012) studies reported they felt lonely in preparation for independent life: while there was a large focus on practical skills, emotional aspects of it were overlooked. The majority of young care leavers in Shaw (2003) reported feeling lonely and unsupported while moving out of care. McDowell (2013) reports that only one-third of the older group knew about a care-leaving plan and half of these were involved in its preparation.

Schofield et al (2014) explored experiences of 20 young care-leavers in England and found that many felt vulnerable and experienced difficulties in many aspects of life: practical matters, family reconnections, personals

relationships, and finding and settling in a constructive activity. It was not uncommon for young people to feel that they had moved out earlier than they felt ready. In line with that, Sinclair and Gibbs (1998) argue that moves from care should be well-timed and not happen before children feel ready for it.

Conclusions

Separation can be a stressful experience for children and families. Children and parents experience grief and loss that need to be acknowledged and supported. Yet, research reviewed demonstrated that children are often removed in an atmosphere of bewilderment, being offered little or patchy information, which makes them feel tangled in unresolved grief and trauma. Mothers might experience 'disenfranchised grief' when the grieving over the loss of the child is not recognised. Their public image as 'failed mothers' renders them as not entitled to any grief upon losing their child. Both mothers and children experience ambiguous loss and further family boundary ambiguity.

The child's further positive contact with or knowing about their family very much defines the child's chances for normalised development and positive life. Research evidences that contact with birth family can be beneficial for the child's healthy psychological development, sense of identity and socio-genealogical connectedness. Yet, contact is not a panacea and priority should be given to the child's feeling safe and benefiting from contact. Of particular importance is contact with siblings: in contexts where contact with birth parents is not possible because of past abuse or maltreatment, siblings offer a sense of family connectedness and continuity.

How children's needs are met in out-of-home care is crucial for the child's further development. Residential care can provide safety, stability and permanence that children did not get in their families or while moving around other placements. More importantly, children want to be in control and have more agency in decision-making. Their perspectives on what works for them are not always congruent with adults' views. When key

decisions about their lives are made, it is crucial to include children's voices.

Finally, whether young people go back into their families or start an independent life, leaving care is not easy for them as it means perturbations, loss of stability and the known. The next chapter will look at experiences of children leaving care and reuniting with birth families.

Chapter 4. Reunification: Predictors, Outcomes, Processes and Experiences

Introduction

The chapter overviews research evidence on reunification rates and factors, and reunion experiences of children and parents. It argues that reunification with the birth family is often sought as ensuring permanence for the child. Yet, reunification is a complex and risky enterprise and even more so for the most vulnerable groups, such as maltreated and abused children. The chapter identifies methodological difficulties of synthesising findings from studies that use different cohorts, methods and follow-up periods.

The chapter begins with defining the notion of 'reunification', which has changed and expanded over time. It then looks at predictors of return, comparing child, family and service-related factors that facilitate or impede the child's return home. Reunification risks for maltreated and abused children are discussed, as this is a group that shows rates of re-abuse and continuing neglect after return. Qualitative evidence summarizes the findings of the few studies on parents' and children's experiences of reunification, depicting the complex nature of the reunification process. Factors associated with reunification breakdown and re-entry to care are further discussed. Finally, the chapter ends with the discussion on effects of participation in reunification treatment programs on reunification rates and stability.

4.1. Reunification: definition and policy context

The term 'reunification'⁹ is defined by Farmer and Patsios (2016, p.17) as '*...when a child who has been accommodated or has been in care –*

⁹ Terms 'reunification', 'reunion' and 'reintegration' will be used interchangeably meaning the process of the child moving back to the family.

that is any looked after child - returns home to the parent s/he had previously lived with or when a child who had been living with one parent 'returns' from care or accommodation to the other'. Wulczyn (2004, p.98) argues that reunification is '...a process involving the reintegration of the child into a family environment that may have changed significantly from the environment the child left'. Wedge et al. (2013) argue that reintegration should be seen as a process, not a one-time event.

Historically, reunification was viewed as dichotomous to other forms of permanent placements: the child is either reunified or placed into out-of-home care. Yet, a contemporary view of reunification is on a continuum, which varies from full physical return to partial return with some visitation and maintaining parental contact. Such a perspective presents reunification as a dynamic process rather than a static event, acknowledging that it is not possible for every child to return and not every parent is fully capable of caring for the child (Carnochan et al., 2013; Maluccio et al., 1996)

The Children's Act 1948 in the UK first put emphasis on the importance of reuniting children with their families. Beginning from the 1950s, the number of children in care increased. At the same time concerns about the impact of drifting in care on children's development were raised. In response to these concerns permanency planning was introduced, focussing on providing permanent placements for children including reunifications with their birth families where it was possible. However, research findings from the next decades showed that children still drifted in care for prolonged periods of time and for those that eventually returned home there was no proper planning and support, which resulted in substantial numbers re-entering care (Biehal, 2006; Hyde-Dryden et al, 2015).

4.2. What predicts children's return home?

The proportion of children returning to parents varies. Yet, the overall proportion of children going home is higher in the US and Australia than

in the UK. In the UK around 50% of children go home within two years (Bullock et al 1998; Delfabbro et al., 2013; Thoburn, 2009; Thoburn et al., 2012). The timing of return also differs but the general trend for a higher number of children is to go home within six months; the probability of return decreases with more time in care (Biehal, 2006; Thoburn et al., 2012). Courtney (1994) explored the timing of reunion for 8,000 children in US foster care and found that half went home within six months and 70% within a year. Goerge (1990) followed a sample of 1,200 children in care and found a decline in reunification probability after the first few weeks of placement with the greatest decline for abused and neglected children.

The likelihood of the child's return home depends on a variety of child-related, family-related and service-related factors.

Child-related factors

Very young children, with learning/physical disabilities, history of multiple placements, having behavioural problems or involved in criminal activities, belonging to a certain ethnic group, maltreated or neglected (Biehal, 2006; Thoburn et al., 2012; Wulzyn, 2004), or gay/lesbian/transgender children (Carnochan et al., 2013) have lower chances of return. Courtney et al (1997) conducted a longitudinal study tracking the reunification of 21,484 children aged 12 or younger in care in California and found that children were less likely to return if they were African American, under the age of one, had health problems, and were removed because of neglect rather than sexual or physical abuse. Shaw (2010) examined reunification rates for 74,321 children in care in California and found that children have lower odds of reunification if they are: Black, or Hispanic, in kinship care, have a history of mental health/physical health problems, parental drug/alcohol abuse and come from a single-parent household.

Biehal's (2006) review of research evidences that children aged 4-12 are more likely to return than younger or older children. Esposito et al (2014) conducted a longitudinal study on 24,196 children aged 0-17 in out-of-home care in Canada and found that younger children had the lowest and

older children the highest likelihood of return. Younger children often exit care via adoption and older children are difficult to reunify because of their challenging behaviour.

Findings in regard to siblings' placements are inconclusive and need more research (Thoburn et al., 2012). Webster et al (2005) examined reunification for a sample of siblings placed together and found that siblings placed within one month were more likely to be reunified. However, Shaw (2010) found that being with siblings in care reduced the odds of reunification.

African-American children are reunited at slower rates than white children (Barth, 1997, Thoburn, 2009). Wells and Guo's (1999) study included 2,616 children in care in the US and found that young African-American children are reunified at a 60% slower rate than non-Blacks. However, Harris and Courtney (2003) found that race and ethnicity interact with other factors, such as a child's age and family structure influencing reunification odds. Their study examined such interaction for a cohort of 9,162 Caucasian, African-American and Hispanic children. African-American children from single households were reunified the slowest, and Hispanic children from two-parent homes the fastest.

Children with emotional/behavioural difficulties and conduct problems are less likely to return home (Biehal, 2006; Esposito et al, 2013). Sinclair et al (2008) examined the administrative data on 7,399 children from 13 councils in the UK and 95 case studies and found that children with behavioural or school problems or problems at school were hard to settle at home.

Children placed in kinship care are less likely to return than those in non-kinship care (Courtney, 1994; Goerge, 1990; Webster et al., 2005). Kaylor (2001) used administrative files on 75,339 children aged 0-13 and found that children in kinship care are reunified more slowly than those in non-kinship care. However, such findings are not uniform in all contexts. Lopez et al (2013) examined reunification rates for 305 children in foster care in Spain and found that children in kinship care are more

likely to return than those in non-kinship foster care – a finding contradicting UK/US studies and implicating some cultural and social mechanisms and differences in parental involvement and social services policies.

Wade et al.'s (2010) census study of 3,872 children showed that abused/maltreated children tend to stay in care longer and go home at slower rates. The strongest predictors of return were the absence of new and the removal of old risks. Murphy and Fairtlough (2015) examined a cohort of 43 maltreated children reunited in England. Reunions were successful if: children were younger, had short stable care episodes and consistent family contact before return. Farmer and Parker's *Trial and Tribulations* study (1991) of 321 children found that abused children returned faster than those who had been neglected. UK/US studies evidence that sexually or physically abused children are reunited sooner than those placed because of neglect. This is likely to be because children are returned as soon as the perpetrator of abuse is removed from the family (Davis et al., 1996; Courtney, 1994; Farmer and Parker, 1991).

Family-related factors

Family poverty, being a single parent, parental substance abuse and poor mental health, domestic violence, and parental neglect decrease reunification odds (Thoburn et al., 2012; Farmer, 2014; Farmer and Wijedasa, 2013, Biehal, 2006). However, risks increase significantly if there is a combination of risks rather than the presence of one albeit serious risk. Delfabbro et al (2013) examined factors predicting reunification for 468 children aged 0-13 in care in Australia and found that many families were affected by a multitude of problems, including a combination of poverty, substance abuse and physical abuse. Reunification was slower for families with several risk factors.

Parent-child contact and motivation to be reunited are seen as one of the strongest predictors of reunification stability. However, evidence on contact is not at all conclusive. Thus, Davies et al (1996) examined the relationships between parental visitation and reunification for 865

children aged 12 and under in the US and found that maternal visitation was the strongest predictor of reunification. Millham et al.'s (1986) *Lost in Care* study followed 450 children for two years and found that three-quarters of those who returned to their parents within six months had contact with their parents. Yet, Bullock et al's (1993) study showed that for 40 % of early returners reunion was unsuccessful. Thus, contact alone does not predict stability of reunion. Bullock et al. (1998) used multivariate analysis and found that variable 'contact' got its predictive power from other variables, including a child's retaining role and territory in the family, and elimination of the problems that led to separation. Biehal (2007) reviewed 270 studies and found that contact alone does not lead to reunification but rather masks other factors: positive child-parent relationship, parental motivation and children's desire to be reunited.

Several studies reported parental motivation to take a child back as a key factor in reunion (Malet et al., 2014; Peirce and Geremia, 1999). Thus, Sinclair et al (2008) found that key factors in reunification success were parental motivation and the quality of environment. *Captive Clients*, a qualitative study of 32 children home on trial, found that parental determination to take children home was a key factor in reunion (Thoburn, 1980). In the *Trials and Tribulations* study parent or child insistence on reunion was a catalyst for speedy return (Farmer and Parker, 1991). In Fisher et al.'s (1986) study, parents' motivation to take children home was based on concerns about too lax regimes in children's homes. However, Thoburn (2009) warns of false compliance of parents when they do all the 'right things' for the child to be returned home while in fact being ambivalent about it and not engaging with social services.

Staying connected and having positive relationships increases the chances for the reunion stability. Bullock et al (1998) in their influential *Going Home* study on the reunification of children from care tracked the stories of 875 children. Some of the key predictors of return were good quality of child-parent relationship, keeping family together and being involved. Where child separation was voluntary and family relationships were of a fairly good quality the odds of return reached 90%.

Service-related factors

Carnochan et al's (2013) research review showed that return is less likely for children that stayed longer in care. However, Schofield et al (2007) in a study of 3,385 children from 24 local authorities (LAs) in England found that children in care for longer time but never in permanent placements were still reunified with their families. Dickens et al (2007) analysed data from 24 LAs on 251 looked-after children and found that timing in care and discharge from care is determined by an LA's practices. In authorities with a low threshold of admission, children were more quickly admitted to care but also were discharged quickly. In authorities with a high threshold of admission, children have high levels of vulnerability and once getting into care tend to stay there longer.

Wedge et al (2013) posit that successful reunification requires rigorous decision-making and planning and extensive follow-up. Research, however, evidences that children's return home is poorly planned and happens often due to either parents' or children's insisting on return. The *In and Out of Care* (Fisher et al, 1986) study and *Trials and Tribulations* study (Farmer and Parker, 1991) return happened because of the pressure from the family or placement break-down rather than planned social services' work. Very few children returned because of the change in the family or their behaviour. Sinclair et al.'s study (2005) also found that return was often poorly planned and happened because of a placement breakdown.

Thoburn et al. (2012) argue that factors that predict unsuccessful return are the same as those that led to the child's placement into care. What is striking is that when the decision is made to reunite the child such factors might be still present or re-surface at reunion. Hyde-Dryden et al (2015) argue that reunifications should happen when there is evidence of qualitative change. Reunifications are more enduring when they are carefully planned and monitored, happen gradually and include views of parents and children.

4.3. How do parents and children experience reunification?

There are very few studies that scrutinise reunification experiences and one of the most influential is Bullock et al.'s (1998) Dartington child care study, which tracked the experiences of 24 families and 31 children. Bullock et al (1998) describe a return of a child as a stressful event for parents, carrying disruptions in their family life, financial burdens and extra responsibilities. Children, too, have to deal with the anxiety of coping with new life and adjusting to a changed family while at the same time parting with old careers and life.

Children's experiences

Farmer et al's., (2011) study included 180 children aged 0-14 returning home from foster or residential care in six local authorities in England. Thirty four parents and 19 children were interviewed about their reunification experiences. Children were worried about re-occurring problems in the family, their rocky relationships with parents or their new partners and parental mental health or substance abuse.

Children report about feeling a stranger and the difficulty of finding their place in the family after their return (Farmer et al., 2011). Winnicott, 1984 in Bullock et al. (1998, p. 2) noted: '*When the children come home they are not necessarily going to fall into and fit nicely into the holes that they made when they went away, for the simple reason that the hole has disappeared.*'

Returning children will need to gain back their territory that was 'usurped' by siblings and new family members in their absence (Bullock et al., 1998). For children in Sinclair et al's (2005) study return home involved adjustments – children had to get used to a new situation, new school and friends, new house and new family members.

Family life is based on a variety of roles that are interconnected in a complex way: instrumental (learning new skills), organizational (orchestrating a wide variety of household jobs and tasks) and expressive (supporting and counseling). Such roles and routines are long-

established and their management goes unnoticed. However, the returning child is a stranger and might not be aware of how the roles are managed - hence, conflicts and clashes are inevitable (Bullock et al., 1998).

Return also means children's grieving separation with their past life: *“Return involves separation; for the child there is a divorce with substitute carers and for the host family there is a break with a previous way of life”* (Bullock et al., 1998, p. 116).

Thoburn (2009) notes that children often show difficult behaviour to test parents' love or express distress from losing previous carers or friendships. They will grieve separation with them going through several stages of grief (Parkes, 2010) before settling down in their new life. Malet et al. (2014) in their cross-sectional study *Care Pathways and Outcomes* (Northern Ireland) interviewed 10 children and young people aged 10-21 and nine parents. Children shared that return home catalysed their worst behaviours.

Parents' experiences

Parents balance out a variety of tasks: publicly displaying their love for the returning child, reconciling feelings of guilt and making other family members and the child happy. Changes in the child evoke mixed feeling in parents as they have to accommodate to the new appearance, behavior and character of their child. Return of the child is likened to '*birth of a new baby*' (Bullock et al., 1998, p. 115). Parents in Sinclair et al's (2005) study had to get used to having the child in the home and managing the child's mood swings. Many reported that return led to difficulties at work, family tension and shortage of room. Children in Malet et al's (2014) study were returning to busy households, which put parents under more stress. Adolescents' risky behaviours made parents feel they were not coping, making their relationship an emotional roller coaster.

After the first chaotic days are behind them, children and parents experience a honeymoon: both parties display their best behaviours towards each other. However, it is not long before tensions and hidden feelings re-surface. As Bullock et al. (1998 p.121) note: '*...for a while the*

*family pot simmers gently, occasionally it spits hot water, but it eventually boils over into a row'. Family rows often stir old wounds: children's bitter feelings over their parents abandoning them, and parents' overwhelming feelings of guilt for abandoning their child. However, the real roots for tensions and conflicts is the closing gap between the reality and illusions built up prior to return. Eventually, families manage to achieve a new *modus vivendi* – a stage when things start working out for the family. However, this is possible only after families re-negotiate roles, re-establish territories and emotions resulting from the past are expressed and dealt with (Bullock et al., 1998).*

Determination, self-belief, family help and support helped 12 mothers in Marcenko and Striepe's (1997) ethnographic study make their child's return possible. Among many factors, the main 'ingredient' of these reunifications was the mother's desire and possibility to change supported by family and services.

Many parents felt socially and economically deprived; yet, they were rarely adequately supported by social services. Parents in Sinclair et al's (2005) study wanted but rarely received help they needed. Some parents preferred to keep their head down and were ambivalent about seeking help. Some parents felt 'fobbed off' and others felt demeaned and judged. Malet et al (2010) followed 374 children aged under five in care in Northern Ireland. Nine parents were interviewed about their experiences. Some felt they were not adequately supported and needed more practical support. Due to the fear of not 'slipping up' again many parents didn't actively seek support and many were socially isolated having no support from families or friends. Parents in Malet et al's (2014) study mentioned a high turnover of social workers, who were disengaged and unhelpful, and young people were not listened to. Some parents said they felt they were monitored and their every action was viewed with suspicion. A small-scale US study found that parents often feel the need to prove themselves and saw local authorities' involvement as controlling and intrusive. Lone fathers who were carers for children were treated as a priori illegitimate unless otherwise proven (Broadhurst and Pendleton, 2007). Parents in Farmer et al's study (2011) felt that social workers were

'digging the dirt' on them and they were controlled without encouragement.

4.4. Outcomes of reunification: how do children fare at home?

Reunification involves many risks that may impact the child's psychological functioning. For some reunited children such outcomes are worse than for those staying in care. Reunification poses the highest risks for abused and maltreated children (Thoburn, 2009; Thoburn et al., 2012; Biehal, 2006; Lau et al, 2003).

Research findings evidence that reunified children may demonstrate poor psychological and behavioural outcomes. Taussig et al's (2001) six-year follow-up study compared behavioural and emotional outcomes of 63 reunited children and 86 (aged 7-12) who remained in care in the US. Compared to the non-reunified group, reunified children showed more self-destructive or internalising behaviour, were more likely to drop out of school, and had lower competence. The findings suggest that stressors that led to the child's initial removal remained or reunification itself being a stress for child and family triggered more problems at reunion. Sinclair et al's study (2005) following 596 children in foster care for three years demonstrated that reunited children did worse compared to those adopted or in foster care. They had poor school achievement and showed a high rate of difficult social behaviour (truancy, self-harm, alcohol/drugs misuse, aggression, sex problems and early pregnancy) and had poor mental health. However, Lau et al's (2003) study showed a different effect of reunification on children's outcomes. They explored the effect of reunification on the child's isolation and internalising scores for reunited 218 children. Reunification was negatively associated with social isolation – children felt less isolated and more supported by adults. Reunification had no direct effect on internalising scores. Yet, it was associated with increased family dysfunction and stressful life events (including family violence, conflict and divorce).

A review of research studies in the UK evidence that many children returning home experience poor parenting, neglect and re-abuse (Thoburn, 2009; Thoburn et al., 2012; Biehal, 2006). Thus, Sinclair et al's study (2005) found that for 11% there was strong evidence of re-abuse and for 31% some evidence of abuse. Farmer and Parker (1991) and Thoburn's (1980) studies also found that a proportion of children was abused or re-abused.

Reuniting abused or neglected children carries great risks of re-abuse (Biehal, 2007; 2006; Thoburn et al., 2012; Thoburn, 2009). Research findings demonstrate that maltreated children often return to households where parental problems were not solved. As a result they might experience further abuse and neglect, reunification breakdown and re-entry into care (Biehal et al., 2015; Lutman and Farmer, 2013; Terling, 1999; Wade et al., 2010). Biehal et al. (2015) compared reunification outcomes for 149 maltreated children in seven English authorities. Wellbeing outcomes were better for maltreated children in care (n=81) compared to those reunified with families (n=68). Even in stable reunions children's outcomes were worse than for those in care. In spite of offering important findings, due to the small size of the survey sample, it is hard to compare the findings to the larger census sample.

These findings cumulatively suggest that for maltreated children decisions about reunification should be taken with great caution and evidence of sustained positive change is needed. Going home slowly allows more time for the positive change to happen and more careful planning and support to be done (Biehal et al., 2015, Thoburn, 2009; Thoburn et al, 2012).

4.5. Risks and rates of return breakdown and re-entry to care

A certain proportion of children returning home will re-enter care at some point in time. Wulczyn (2004) found that a significant number of US children re-enter care within 10 years. An overview of UK/US studies shows re-entry rate of 13-15 % within 1-1.5 year (Thoburn et al., 2012). Farmer et al's (2011) study in the UK shows that 64% of children

experience one or more failed returns and 35% two or more over the time they were followed. Two-thirds of children with disrupted returns were reunited again and these reunions failed. Sinclair et al.'s (2007) study of over 7,000 children in care in England found that 37% of those that returned re-entered care within two years. Sinclair et al (2005) found that of 102 children placed with their birth families, three years later for 40% the placements broke down. Wulczyn (1991) analysed caseload dynamics and re-entry to foster care in US cohorts and found that out of 19, 622 children (22 %) returned to foster care.

Rates of re-abuse and subsequent re-entry to care are very high for abused/maltreated children. In Farmer's (2014) study, by the end of a two-year period, out of 180 children just under half were re-abused after return and 47% of placements ended. Yet, after concerns were raised, 62% still remained at home. Moreover, at a five-year follow up, two-thirds of returned children experienced breakdown and rates of abuse and neglect were high (Lutman and Farmer, 2013). The findings suggest that leaving children in damaging environments is harmful for their well-being. Terling's (1999) study used a Child Protection database on 1,515 children looking at re-entry rates and factors associated with re-entry for maltreated and abused children. The findings indicated that 37% re-entered within three and a half years. There were a number of confirmed cases where children were repeatedly sexually/or physically abused. In Biehal et al's (2015) study, about two-thirds re-entered care by the end of the follow-up period because of further maltreatment or inadequate parenting.

Child-related factors

Re-entry rates are higher for disabled children, with behavioural problems or health problems, or learning disabilities (Biehal, 2006, 2007; Courtney et al., 1997; Thoburn, 2009).

In Farmer et al's (2011) study return failures were associated with the child's older age and was particularly difficult for the adolescent group that was supported the least. Thoburn (2009) in her review found that

young maltreated children and older children are under risk of re-entry. Biehal (2006) found that primary schoolchildren are more likely to re-enter than other age groups. Wulczyn (1991) found that children aged 10-14 are more likely to return to care. In spite of seemingly controversial findings in regard to age, research overall converges on the evidence that very young children and adolescents are at higher risk for re-entry. For adolescents this risk is complicated by behavioural problems.

Having a history with multiple placements is a risk for re-entry (Thoburn, 2009). Wells and Guo's (1999) study demonstrated that children who had many moves in care, stayed in non-relative care or the last placement was group home were more likely to re-enter care. Farmer and Wijedasa (2013) found that children that did not have a history of oscillating in care were ten times more likely to have stable returns.

Belonging to an ethnic minority increases the risk of re-entry (Thoburn, 2009). Biehal's (2006) review found that Black children are more likely to re-enter than white children. Courtney et al's (1997) study found that African-American children were more likely to re-enter than White children.

Family-related factors

Wulczyn (2004) evidences that parents' substance abuse, problematic parenting skills, being a single parent and having financial and housing problems contribute to a return breakdown. Thoburn (2009) and Biehal (2006) in their comprehensive reviews found a constellation of factors: parental mental illness and substance abuse, being a single parent and having housing problems, being socially isolated and having no support from family – all create a harmful environment for the child loaded with multiple risks. Festinger (1996) explored reunification stability for 210 children returning home from foster care in New York city. About 20% re-entered care within two years. The findings showed that parents' poor parenting skills and social isolation were the major factors contributing to reunification break-down. Biehal (2006) argues that it is the number and severity of parental problems that puts families under pressure and

eventually leads to return breakdown. Jones (1998) in a case-control study exploring family and social correlates of reunification for 445 children aged 0-12 found that poverty and economic deprivation, coupled with a child's problems and family dependence on state support, formed an extremely frail social profile of such families. Families' multiple problems undermined the chances for successful reunification.

Service-related factors

Thoburn (2009) and Biehal (2006) argue that short stays in care or multiple movements increase risks for re-entry. Children who are removed too soon from care are under risk of re-entry because of insufficient time for solving family problems. Wulczyn (1991) showed that those in placements of fewer than 90 days had the highest rates of re-entry. Davis et al's (1997) study looked at length of stay in foster care for 445 children aged 0-12 reunited within 12 months of being in care. The majority of children stayed in care for one month or less and about one-third were referred or re-entered care within one month after reunification. The findings suggest that a brief stay in care for crisis-ridden families might not be enough for a successful remedy of the situation.

Poor assessment and poor implementation of social work plans put families and children under risk – evidence of inadequate practices, including abusers being allowed more contact with children, children returning where there has been no change or SWs having an overly positive view of the family change where, in fact, there was little or none (Biehal, 2006; Thoburn, 2009).

Thoburn (2009) argues that the most likely reason for the return breakdown is the presence of old or accumulations of new problems and risks. Reunification research consistently demonstrates that many children return to families with serious multiple problems. Festinger (1996) argues that many of the families live on the margins of society and experience a multitude of problems, very often having no or weak support. Thus, for some families return breakdown is inevitable:

'No matter what creative approaches are tried, there will always be some children who, after returning home, re-enter care. We must recognize that there are parents who are very unlikely to be reached.' (p. 399)

Additionally, it is very hard to judge what level of re-entry is high or low as no accepted standard exists. Re-entry to care should not be seen as a failure and reunification is not necessarily a successful outcome. It might be that for some families reunification does not work. In these cases permanency could be ensured in out-of-home placements (Festinger, 1996).

4.6. Effects of reunification programs on reunification rates and stability

Research from the US and Australia evidences that reunification rates and stability could be improved by targeted reunification treatment programs. However, most of such programs were mostly designed and evaluated in the US and Australia; no studies on intensive reunification programmes were found in the UK.

Fernandez and Lee (2011) and Fernandez and Lee's (2013) longitudinal studies explored rates of reunification of families participating in Barnardo's Temporary Family Care programs in Australia. As a result, 53% of children were reunified. Rzepnicki et al (1997) evaluated the outcomes of the Family Reunification Program for 886 families and 1,772 children in the US. Reunification rates were compared between families in the program and the matched comparison groups placed in care. For program children, the probability for return was 20% higher than for the comparison group. However, the program did not improve the recidivism rates. Wylzyn and Zeidman (1997) assessed the effect of another US-based program, HomeBuilders, that randomised families to experimental and control conditions. HomeBuilders children were discharged at higher rates than projected (expected) or if they had not participated in the program.

Participation in reunification programs increases the stability of return and reduces re-entry rates. Fraser et al (1996) and Walton et al (1993) assessed effects of 90-day experimental reunification program in the US. One hundred and twenty families were randomised to experimental or control (reunification as usual) condition: 93% of the experimental group returned home compared to 28% on the control group. The experimental group returned much faster than the control group and more children in the experimental group stayed at home than in the control group by the end of the study period. However, Pine et al's (2009) five-year longitudinal study compared rates of reunification for 135 families with 254 children participating in the US-based reunification program matched with comparison group (121 families, 221 children) that received standard reunification services, and found that children in both groups were nearly likely to be reunified. Yet, children in the program group went home faster, experienced fewer moves in care and were less likely to be re-referred to child welfare authorities. Pierce and Geremia (1998) assessed the effects of Family Reunification Services (FRS) for 169 families and 312 children followed for 16 months. Sixty-three percent of children in FRS group did not re-enter care.

Yet, not for all families' participation in reunification treatment programs results in speedy reunification. Brook and McDonald (2007) examined the effect of parental participation in a comprehensive substance abuse program in the US. Program children (n=60) were reunited at slower rates and were more likely to re-enter care than matched 79 children. Such findings indicate that recovery from alcohol and drugs abuse is a long process and families having multiple problems might need more time to recover – a quick response to intervention is unlikely.

Berrick et al's (2011) study employed quasi-experimental design to explore the impact of participation in an innovative Parent Partner support program on reunification outcomes. The experimental group (n=221) families were matched with a comparison group (n=54). Participation in the program increased the odds of reunification four times. Berrick et al (2011) argue that the value of the program is in the use of parents' first-

hand experience and elimination of social distance between service-provider and users. Social distance between social workers and parents makes parents feel patronized and guided. Parents in their role of partners and mentors provide first-hand genuine support and serve as positive role models for socially isolated parents.

Overall, participation in brief and intensive reunification program increases the likelihood of return and its stability. However, for some families with serious problems longer and more intensive services are needed. No studies compared participating and non-participating families on factors contributing to return failure. However, evidence from the studies viewed suggests the same set of factors: poor parental skills and parental stress, children's previous placement history and personal characteristics.

Conclusions

Research findings on reunification offer at least several important conclusions. First, although there are many factors that define whether a return home will be a success or will break down, it is a multitude or a combination of risk factors that undermine reunion stability. Second, not all children will return home and among those that will, a certain proportion will re-enter care at some point of time. However, reunion breakdown should not necessarily be seen as a failure and reunion as a panacea. Thus, for many maltreated or abused children the outcomes are better when they stay in care. As not all children can return to their families, it is possible that a broader conceptualisation of reunion is needed, for example, it being a spectrum rather than a single event of the child returning home. Finally, research findings evidence that return home is likely to be successful if it is carefully planned, effectuated and monitored. Where there is evidence of old risks removed and a positive dynamics of changes, such return will be more enduring. Yet, research consistently indicates that there is no sufficient provision of follow-up services for those families that were reunified (Biehal, 2006).

A number of important considerations need to be made in regard to comparing the studies' findings. As argued by Biehal (2006), trying to synthesise findings from different studies is almost meaningless as studies use different designs, samples, ages, reasons for placement, time in care, and so on. For example, comparing outcomes for maltreated children with other groups is a meaningless exercise. Comparing findings of different age groups may be confusing and misleading as age is one of the important factors in reunion. Children's different ages also reflect the reason of their entry into care: very young children get into care mostly because of abuse/neglect, and an older group because of behavioural difficulties.

From the literature overviewed several research gaps were identified. First, few US or UK studies explored psychological, behavioural or developmental outcomes for reunited children and compared them to children in care. Secondly, more research on children's views on reunion is needed, clarifying in what contexts return is desirable and safe for children.

METHODOLOGY

Chapter 5. Study Methodology

The present chapter discusses the study's research aims and questions, design, sampling strategy and methods. It delineates the study's epistemological and ontological underpinnings justifying the use of Grounded Theory methodology. The importance of reflexivity and subjectivity is highlighted, and the researcher's reflections about the research process are presented throughout the chapter. The study's challenges are discussed in relation to conducting interviews with vulnerable families and a variety of methodological techniques are scrutinized that were employed in order to maximize children' inclusion in the research process and facilitate their engagement in the process.

5.1. Research aims and questions

The present research aims to explore the separation and reunification experiences of families where children were placed in institutions mainly due to poverty and parents' migration and were reunited some years later.

The study used interviews with children and their parents. For parent interviews predominantly mothers were chosen as they were the primary caregivers when the family fell apart and their partners left them. Unless mentally or physically unable to take care of the child, it was usually the mother who would undertake major child care duties. Single or divorced mothers devoid of state, community or family support and struggling to provide for their families have become a focus of the study.

As the study is exploratory, the aims and research questions were set broadly and as follows:

- To explore the context of children going into residential care
- To scrutinize mothers' and children's experiences at separation and after reunification

- To understand family support needs at reunification as seen by mothers and professionals

These research aims are addressed through the following research questions:

- What was the context surrounding families' separation and children going to residential care? How did mothers and children make sense of and cope with separation?
- What are mothers' and children's experiences during separation?
- What are mothers' and children's experiences after re-unification?
- What are mothers' views on their support needs and how they were met at reunion?
- What are professionals' perceptions of family support needs following reunion?

The study uses a psycho-social approach based on Bronfenbrenner's (1979) bio-ecological model to explore children's and mothers' experiences at various levels of the ecological system: family, friends, community and residential school. The bio ecological model holds high relevance to the present study as it allows the understanding of the bidirectional influences between various ecological systems and the child, and impact of these processes on the child's development in a lifetime perspective. Indeed, children in this study come in touch with multiple contexts – their own families, the environment of care, their communities, local schools, etc. All those contexts shape and mould child's experiences in a complex way. The study will also be informed by other theoretical perspectives: attachment theory (Bowlby, 1973, 1982) to inform the understanding of children's experiences influenced by separation from their parents, and Boundary Ambiguity Theory (Boss, 1999) that explains perceptions of family inclusion in situations when

people are physically absent from family but psychologically present and vice versa.

5.2. The qualitative research paradigm

As the study is exploratory and aims to capture and interpret human experiences, meanings and perceptions, a qualitative methodology was chosen. My aim was not to quantify families' experiences but rather to show the diversity of their experiences and offer insights into their worlds. In researching the real world one of the core assumptions of qualitative research is that there is no one reality existing that can be studied in an objective way. The researcher and the participants are engaged in the process of constructing multiple realities which are fluid and changing as the person and their experiences change through time (Braun and Clarke, 2013). The study required an inductive theory-generating approach which does not reduce people's experiences to numbers, and which values reflexivity and subjectivity of the researcher. A qualitative research paradigm is most suitable for this purpose as it does recognize that knowledge can be constructed from smaller samples and in the context where the researcher does not abstract themselves from the process but instead participates in constructing meanings and experiences. It also '*locates knowledge as contextual and always partial*' (Braun and Clarke, 2013, p.33).

5.3. Ontological and epistemological positions

In setting up and thinking about the conceptual framework of the study, it was necessary to position the methodology in relation to ontology and epistemology, i.e. define my stance on the nature of reality and nature of knowledge.

The ontological position of this study is best defined as relativist and constructionist, which implies that the reality is never fixed and unalterable but instead is constructed and re-constructed continuously and is fluid and changing in time. Such a position implies that the world

around us is not pre-determined and external from us: it is a result of the meanings constructed by social actors (Bryman, 2016).

Epistemology determines what knowledge is and what is possible to know and could be relativist or realist depending on how we see the process of learning about the world. Braun and Clarke (2013) offer a useful metaphor that explains the dichotomy of epistemologies of realism and relativism: in the former the researcher is an archeologist discovering the reality, in the latter – a sculptor who participates in the production of reality. I position myself within the relativist camp, as a researcher who is involved in co-constructing of the world and its meanings.

Akin to relativist epistemology is *constructivism* that argues there is no single reality and no single truth the researcher discovers. Rather than one unified knowledge, there exist multiple knowledges bred from various ideologies and perspectives. Indeed, I became acutely aware of how the type of knowledge I produce in my study might be a reflection of my background, my cultural and personal baggage, my biases and conceptualizations. In other words, I was not discovering one reality Moldovan families lived in – I was constructing one possible interpretation of what their lives were like. My construction of knowledge is also seated in my theoretical and otherwise positions, in the context of participants' lives and hence is also largely *contextualist* (Braun and Clarke, 2013).

My task as a researcher in this study was to not to quantify or find causal mechanisms of the social actors' actions and experiences but to attempt to understand their experiences and perceptions, or rather, their interpretations of their experiences. Such theoretical approach is also defined as *interpretivism*. It argues that people are in a continuous process of interpreting of events and phenomena around them. Hence, the world is already interpreted before the researcher even comes into the field (Blaikie, 1993). Bryman (2016) points out that in a research that adopts an interpretative stance, double or even triple interpretations happen. The researcher aims to reveal participants' interpretations of the world around them and their experiences in it. Yet, these interpretations

are seen through and interpreted by a researcher that tries to place them into a certain theoretical frame. Finally, the researcher's interpretation of the participants' interpretations has to be interpreted and understood in terms of existing theories, traditions and literature of the discipline.

5.4. Subjectivity and reflexivity

Subjectivity and reflexivity are two indispensable components of qualitative research that deserve some attention here. A common concern about bias in quantitative studies is not an issue in qualitative research – by its nature qualitative research is a subjective process. Instead of being a problem, subjectivity should be seen as a tool that helps to understand the researcher's input into the constructed knowledge. Reflexivity brings the researcher into the process of constant reflection about data production both functionally (how chosen methods, instruments, etc. influence data), and personally (how our visions and biographies mould our data) (Braun and Clarke, 2013). As a researcher, I choose what themes in my participants' accounts will become most prominent and will be spoken out; choices I make based on their accounts reflect my subjective stance in relation to their experiences and narratives. To help me with the process of reflection, I kept a methodological journal, where I wrote methodological notes and analytical insights. However, the journal served another important purpose of a 'safety valve' (Farrimond, p.153, 2013). I used it to record my emotional experiences and responses to interviews, which were often emotionally distressing.

In this chapter I will be including my reflections on the implementation of the method I have chosen, data collection challenges and their implications for methodology as well as personal reflections on how my personal experiences and professional characteristics impacted my interactions with participants and what implications it had on my data. As Braun and Clarke (2013, p. 37) aptly note: '*Personal reflexivity is about bringing the researcher into the research, making us as part of the research process...*'

A small example will suffice for now: while interviewing my participants I had to be aware of my position in relation to my participants and how it influenced our perceptions of each other and my perception of their stories. The mothers and I are women. We belong to the same working class group. I am a recipient of two educational systems – Moldovan and English, whereas they are mostly uneducated. I have no children – they have at least one. I was raised as a ‘city girl’ – they mostly came from poor villages. All these and many more differences and similarities between us played in our interactions allowing them to see me differently from what I wanted them to see me. Inversely, I saw them as struggling and needing help and eventually giving up as they were presented to me before I met them. I expected them to portray themselves as vulnerable and having awful and gruesome lives because this is how this group is commonly represented in media and NGO discourse. However, stepping in their houses and talking to families I realized that mothers, although disclosing all the suffering they had to go through, presented themselves as ‘doing OK’ and trying to ‘keep their chin up’.

5.5. Insider, outsider or someone in between?

I was aware that my role as an outsider or insider may influence my relationship dynamic with participants and alter our interactions and ultimately penetrate into my interpretations of their experiences. I was concerned with defining my position to them: was I a complete outsider or a partial insider to them? I share the same country of birth with them; yet, we belong to different cultural and social groups. I did not share their experiences of having a child and having to place it into care. Yet, I have all my life worked with children including those from vulnerable backgrounds. Where then was that demarcating line between these two distinctive positions and what were the implications of each?

Corbin and Buckle (2009) argue that both positions have their advantages and drawbacks. The insider’s status grants an easier membership and a higher level of trust and openness for the ‘members

of the club' than that of an outsider's. Sharing the same language and culture reduces risk of miscommunication, misinterpreting or not understanding the key cultural concepts. Yet, it is not without problems. Seeing the researcher as native, participants might curtail or even leave out important experiences assuming the insider researcher knows them anyway. Moreover, it might be that the interview and subsequent analysis will be driven by the researcher's insider's knowledge precluding them from looking at the data with a fresh unbiased eye. It is argued, however, that the insider-outsider dichotomy is too restrictive and 'you are in or you are out' rarely happens. Corbin and Buckle (2009) argue that a likely position of the researcher will be somewhere in between. Moreover, the very nature of qualitative research and the level of engagement and involvement with participants' experiences imply that the researcher's personhood will be affected by his analytic immersing into the participants' worlds. I saw my membership position as somewhere in between two: I was a peripheral insider and an involved outsider at the same time.

5.6. Constructivist Grounded Theory

Grounded theory (GT) was developed by sociologists Barney G. Glaser and Anselm L. Strauss who advocated developing theories from research grounded in the data rather than testing hypotheses and looking for causal explanations. Glaser and Strauss argued against quantifying human experiences using the logic of scientific objectivity and seeing a researcher as a passive, neutral observant merely recording the facts of human behavior (Charmaz, 2014).

GT marries two approaches – the logic and rigor of quantitative research and the focus on the human agency in creating meanings and actions inherent to qualitative approach. The core steps in the GT process are simultaneous data collection and analysis, constructing analytic codes from the data rather than testing pre-conceived categories, using the constant comparative method, memo-writing, theory development across the analytic process, theoretical sampling and theoretical saturation.

Strauss and Glaser argue for conducting a literature review after completing the analysis as it precludes the researcher from imposing extant theories and concepts onto their data. In a certain way, a researcher is seen as *tabula rasa* when entering into the world of their data. Yet, in practice it is an unlikely expectation as any researcher is inevitably a product of at least some theoretical influences dominant in the field (Braun and Clarke, 2013). GT strengthened the power and credibility of qualitative research as a systematic and data grounded method that facilitates theory creation from data analysis. Figure 1 models the core stages of GT development.

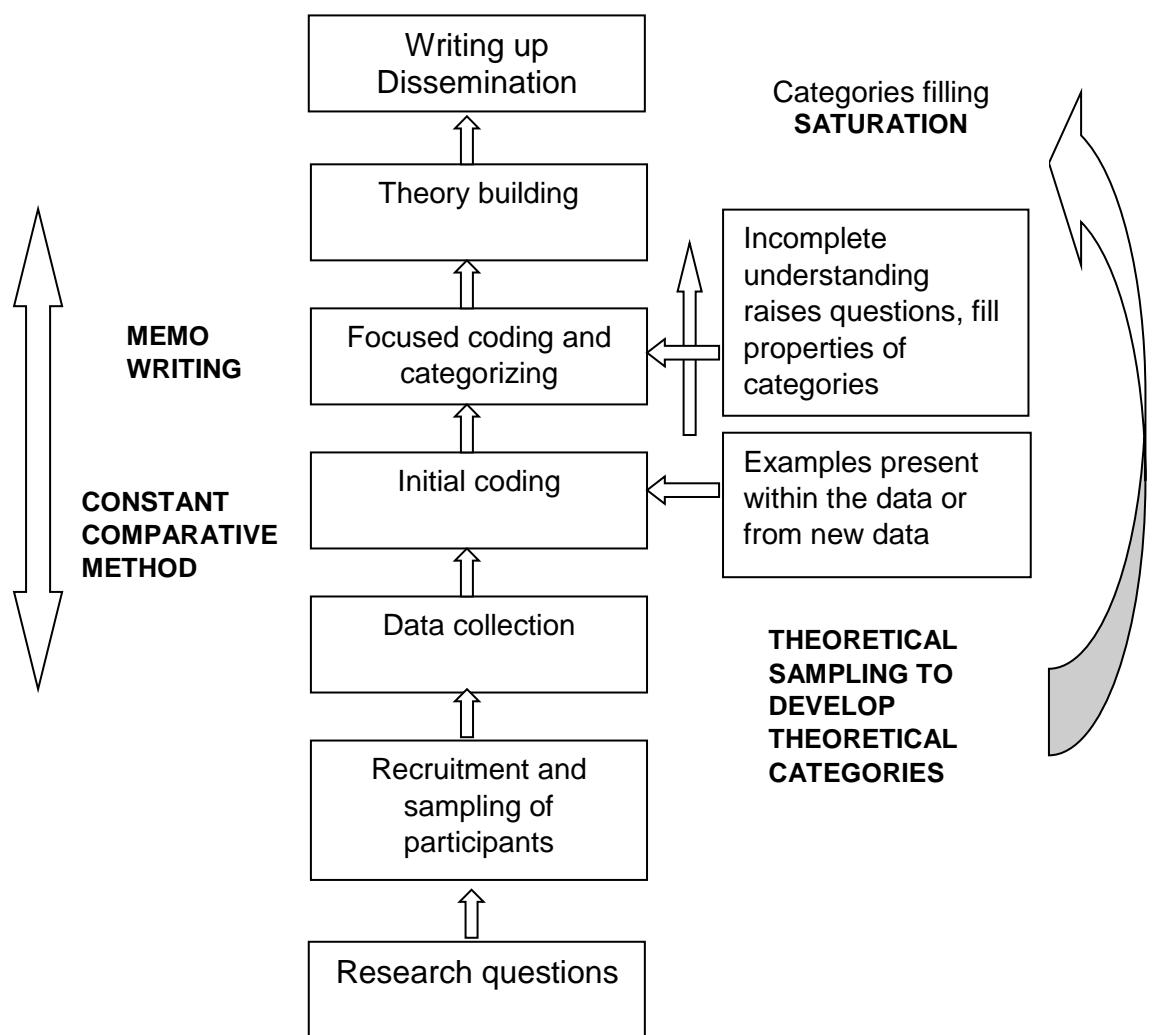


Figure 1. A model of grounded theory development (from Charmaz, 2014)

A constructive GT presupposes an inductive and open-ended process. It advocates that social reality is multiple, subjective and constructed by

social actors. If this is so, then both a researcher and participants are co-constructing a reality by bringing in their views, perspectives and positions. The logic of relativism is embedded in the constructive dimension of GT: '*research facts are not given; they are constructed*' (Charmaz, 2014, p.13). Kathy Charmaz had a defining influence in the development of constructionist GT, which, unlike the earlier, more positivist versions of GT, acknowledges the subjectivity of the research process and the researcher's involvement in the process of meaning construction. Charmaz (2014) describes GT as a flexible yet rigorous methodology that is 'transportable' across the disciplines.

Charmaz (2014, p.17) defines the process of scientific discovery as '*unfolding temporal sequences that might have identifiable markers with clear beginnings and endings and benchmarks in between. The temporal sequences are linked in a process and lead to a change. Thus, single events become linked as part of a larger whole.*'

The constructivist, interactionist and relativist underpinnings of GT best match my ontological and epistemological stances. I perceive myself, as a researcher, and my participants as actively engaged in co-constructing meanings and perspectives. Inherent to this process, the researcher's subjectivity is an inalienable part of the research endeavor and should be dwelled on and acknowledged.

Some reflections on methodological fidelity and challenges

Charmaz (2014) defined the four core theoretical concerns of GT: theoretical plausibility, direction, centrality and adequacy. A researcher needs to follow certain strategies (e.g. open and focused coding, theoretical sampling, etc.) while pursuing 'classic' GT methodology. However, Charmaz (2014) states many researchers claim they use some but not all GT strategies. Thus, very few researchers do theoretical sampling and advance the data to theory development. Braun and Clarke (2013) argue that doing a full GT is a laborious and time-consuming process feasible in big projects having less time and finance constraints.

In reality, most researchers complete the earliest stages of GT, which involves initial coding and concept development. This is termed as 'GT-lite' (Braun and Clarke, 2013).

GT was initially chosen to be as a core methodology for the present study. However, it was not feasible to follow all the principles of classic GT: e.g. undertaking simultaneous data collection and analysis, fully following theoretical sampling or developing a theory. Rather, the study used some of the key principles of GT to inform its methodological approach: e.g. developing new analytic categories through systematic data analysis, using constant comparative methods and building conceptual categories based on areas of interest identified in earlier data, using open and focussed coding and memo-writing.

By its nature, GT implies that early tentative themes and categories emerge at the first readings of your data. Hence, the best thing for the researcher is to engage in the process of analysis as early as possible. Data for this project was collected in two highly intensive periods (wave 1 and wave 2) with a year break between them and took 3 months each. The interviews were scheduled with 2-3 day span between them and in some cases – one day. Because of the highly intense data collection, transcribing and coding the data was delayed until all data in each period was collected. Therefore, it was not possible to distill my first tentative categories until after some time I returned from my first fieldwork. Yet, processing most of the data from wave 1 allowed me to identify zones of my theoretical interest (theoretical direction). These zones became a central point in my further interviews in wave 2, which again had all to be collected in one go, leaving no space or time for simultaneous analysis. Hence, data collection and analysis were more sequential rather than simultaneous. Nevertheless, subsequent data collection was based on earlier tentative categories developed from analysis of wave 1 data as well as my reflections about the interview process and what 'worked' and 'didn't work' in the interviews.

Although I attempted some theoretical sampling to ensure theoretical centrality and adequacy of my data, reaching a point of theoretical saturation seemed to be more problematic. Data from wave 2 theoretically justified adequacy of themes I chose as central in wave 1 data. Yet, some unexplored themes came up but were not further developed because of the time and financial restraints. Thus, the point of theoretical saturation was imposed by me rather than by my data reaching the point of saturation. Dey (1999 in Charmaz, 2014, p. 215) critiques the notion of 'saturation' for being imprecise as it relies on the researcher's 'conjecture' that categories are saturated. Instead, he proposes using categories 'suggested' by data.

5.7. Data collection

Sample recruitment and data collection

This qualitative study recruited 24 birth families who experienced re-integration with their children. Overall, 48 interviews (24 with mothers and 24 with children) were collected from families residing in cities and villages in more than 24 localities in Moldova. I have collaborated with 5 leading NGOs in Moldova that supported me in recruiting my participants and some of the NGO professionals later participated in focus groups.

All families were from predominantly rural areas, were socially vulnerable and experienced separation as a result of placing the child into residential institutions because of poverty, abuse or parental migration. Many mothers were migrant workers who left the country at least once while the child was in care. The study included predominantly mothers with two exceptions: in one family the main caregivers were a father and his new partner, and in the other a grandmother raised children. A more detailed generic portrait of families and family demographics can be found in Appendix C. Children in the study were between 13-16 years old and stayed in residential care for 3-6 years on average. Most children were placed in residential institutions at the age of 5-7. For the purposes of the study the minimum period of 1 year was set for children's re-integration

period at home. This time was deemed to be sufficient for the child to 'settle down' and go through the initial turbulent period of adjusting back to life home. Children with special learning needs, in adoption or foster care were not included. Data were collected over two fieldwork periods- summer 2014 and summer 2015, which I will further refer to as wave 1 and wave 2 respectively. Each fieldwork period lasted between 2.5 and 3 months and lent itself to many challenges both in liaising with the gatekeepers and families as well as logistic and methodological barriers. The data collection process is detailed in Appendix C. Prior to interviews, mothers and children were given detailed information about the study, had an opportunity to ask questions and signed a consent form (see Appendix B for participant information materials).

Design of the study

Based on previous research (Gabb, 2008, Jones and Hackett, 2013, Mason and Tripper, 2008; Melton et al, 2014; Rigg and Pryor, 2007), the study used participatory research methods combining data from the children's photos, road and concentric circles maps. Photos and maps were further used to produce an open children-led conversation. In-depth intensive interviews with parents and semi-structured interviews with children were conducted to collect rich and multi-faceted data on parents' and children's experiences. Wherever possible, interviews were conducted in families' homes. In some cases, to respond to families' wishes the interviews were conducted in our car, families' yard or in a local cafeteria during the parent's lunch break. All interviews were audio-recorded. In wave 1 data collection the interviews were conducted on several occasions to build rapport between the researcher, parents and children, and to collect rich data. During the first visit to families, only parents were interviewed. Children were given a week or two to take photos of all people they consider their family or like family. After 1-2 weeks I returned to interview children and their photos served as a starting point for a discussion about their family experiences. Photo-elicitation was not intended to be used as a major data collection method but rather as a helping tool to break ice and facilitate a more open talk

with the child. Yet, it turned out to be extremely expensive and logistically challenging given the costs of buying photo equipment and making two trips to very isolated families' homes. Thus, it was subsequently eliminated from wave 2 and children's drawings or old photos were used instead.

In the course of liaising with local NGOs and as an imminent result of having multiple informal conversations with NGO professionals and social workers, there appeared a natural yet necessary extension to the initial research plan – to conduct focus groups (FGs) with professionals working with de-institutionalized children and their families. The aim of FGs was to explore the processes of institutionalization and re-integration, past and present policies around child care in Moldova and social support system from a professional perspective. FGs would also provide a third 'lens' through which the life and experiences of families could be interpreted.

Using interpreters/translators

As Romanian is not my native language (I am a Russian speaker), I used the help of two interpreters in my interviews with parents and children but not in focus groups. Using interpreters allowed for more flexibility and better pace of interviews as I would not be able to conduct them with the same level of fluency. However, my knowledge of Romanian was sufficient to keep track of the discussions and orchestrate them, making sure the interpreters were on track. Having an interpreter assisting in interviews impacted the dynamics and power relations in our interviews and had an effect on the data co-constructed in the process. As noted by Desai and Potter (2006, p. 172) '*Translation is more than a technical exercise; it is also a social relationship involving power, status and the imperfect mediation of cultures.*'

I used to rely on the interpreter's assistance more in wave 1 of data collection when my Romanian was insufficient to enable fluent exchange between me and my participants. Yet, with time I became more confident

and by the end of summer 2014 (wave 1) I could interview children by myself using the interpreter to back me up in situations when I needed a clarification or help in translating specific terms. In wave 2 the use of the interpreter was reduced to cases when the participants could not understand me or I needed to follow them up with further questions. In both waves the interpreters translated mainly my questions to participants – I did not need any translation for what the participants said. Frequently, the interviews were a mix of Romanian and Russian languages. The interpreters were present but not involved in focus group interviews.

I introduced the interpreters to the study aims, methodology, particulars of interviewing process and research ethics. I instructed them to translate me very accurately, sequentially and word-by-word. I saw them as my employees rather than co-researchers. One thing that I omitted initially was discussing the interpreter's role and amount of input in the interviews. In wave 1 my interpreter was giving much more input than I needed, sometimes talking to participants' outside the interview agenda. This drove my interview in another direction and I felt I was losing control over the process, which made me feel uncomfortable and irritated. However, after a debriefing session, where I told her to support me in translation by carefully listening to me and translating me rather than trying to 'drive' the interview her way, she went to the background and our interview duet worked more efficiently.

Both interpreters were also transcribing the data. And again, my resistance to see them as co-researchers engaged in meaning construction led to my rejection to their comments and corrections in the data. One interpreter, for example, commented that the participant 'was confused about emotional and physical closeness' while filling the concentric circles map, which impacted the relevancy of her input. I recall my growing resentment about that comment.

In hindsight, I realized that prompt negotiating roles, input, etc. and thorough training of interpreters can make a huge difference in the process.

Piloting

Children's research methods were piloted using a small sample of four UK-based children aged 10-14. All children were from white British middle-class families and were based in Oxford or Norwich. Although methods were piloted in a different cultural and social context, piloting allowed sharpening methodological techniques and better understanding of what interviewing style works best for children. These interviews pointed to the need for various interviewing style to suit children's characteristics (developmental stage, background, temperament, etc.): younger children needed more prompts and the length and density of the talk differed from older children. Parents' interviews were not piloted but were developed in the course of the project: e.g. necessary cultural, social and linguistic adjustments in the interview guide were made after the first 3 interviews in Moldova.

5.8. Methods

Interviews with children

Childhood research increasingly emphasises that children and childhood need to be studied on their own right (Cashmore, 2014; Gabb, 2008; McSherry et al., 2013; Pachard, 2008; Ramussen, 2014). For this reason, participatory research methods for studying children's lives have been identified as empowering them and shifting the power balance between the researcher and the child. Participating in research allows children to share their experiences as seen through the lens of their own understanding (Gabb, 2008). Involving children in data construction empowers them to talk about relationships and realities important to them rather than imposing any preconceived categories and definitions. In this

way, the focus moves from the research 'on' children to research 'with' children (McSherry et al., 2013).

Ramussen (p.462, 2014) argues that in research on children the latter should be regarded as social actors 'on equal footing' with adults. Giving a more equitable role in the research process is very important for vulnerable groups, such as institutionalised children, as it gives them an opportunity to step out of their powerless position of protected and hence excluded from participation by the gatekeepers (Farrimond, 2013). At the same time Ramussen (2014) warns against putting children in the role they did not ask for and have no awareness of. Intrinsic imbalances in research motivations and knowledge produced make children collaborators rather than co-researchers in producing scientific knowledge. Pachard (2008) argues that with some vulnerable marginalised groups achieving power equity is not realistic as the unequal and altered position of such groups in a society cannot be overcome by research methodology alone. Cashmore (2014) argues that vulnerable children's lack of control and voice in key decisions about their lives transfers to the research process: guarded by multiple gatekeepers concerned about their protection, children are rarely asked if they want to take part in a research. Ramussen (2014, p. 464) argues, unravelling children's views and meanings does not happen 'unadulterated'; it is the adult researcher's ear that listens to children's stories and the researcher's mind that interprets their uncovered experiences and feelings. Hence, a researcher by default is in the position of more interpretative power.

Three instruments were used to elicit a more child-led and child-focused talk: photo-elicitation, concentric circles and road maps.

Photo-elicitation

Photo-elicitation as a research method has a number of advantages. It stimulates memory, emotional responses and evokes greater motivational power for the participant. Interviews based on photos are

less repetitive, more comprehensive and more anchored in the content of the photo (Harper, 2002).

I found photo-elicitation a useful ice-melting tool that motivates the child to first talk about their closest relationships and provides a soft and natural move to a more traumatizing talk about separation. Photo-elicitation is a useful method for children that are unwilling or unable to speak in the interview as photos help them to communicate through photography. '*Children who are quiet or have no voice can be heard with their visual voice*' (Ramussen, 2014, p.446). Moreover, by giving a child an opportunity to take a role in the research process, we change the power balance and give the child a voice in the project (Ramussen, 2014). Although photo-elicitation does not necessarily secure power equity, it gives more power to participants than other, more traditional, positivist methodologies (Packard, 2008)

The world and meanings that children disclosed to me through photos were by no means a true or real picture of their experiences but rather my interpretations of their perceptions. As Ramussen (2014, p.464) notes, '*Children's photos can form a bridge between the adult and the world of the child. But one must not mistake the bridge and the country that is difficult to access beyond the bridge.*' In some cases children would take photos of things that looked random and irrelevant to the scope of my project – at least that was my thinking at the time. What I did not realize was that every photo reflected children's interest in the event, object or action and had a motive not understood by me at the time. Mizen (2005, p. 125) argues that '*photographs alone tell us very little*' and without knowing the motivation for taking it and meaning attributed, they are hardly '*intelligible*'. Children had the power of disclosing the meanings and contexts behind the photos – they were my interpreters and decoders. Rasmussen (2014, p.451) argues that '*taking photographs is also creating meaning*' as every photo carries a certain meaning spurred by moment mood, inspiration or interest. Children are '*agents capable of rational and active engagement with the world around them, rather than the (passive) bearers of forces of psychosocial development*' (Mizen,

2005, p. 125). Hence, the research focus is on what children have to tell us about their photos rather than on what the photo can tell us about children.

Concentric circles map

The aim of the concentric circles map (CCM) is to identify the child's closest family and family like relations and understand their role and connection to the children's separation and reunion experiences. The children were given a concentric circles map (see Figure 2 below) where each circle represents several levels of closeness with the innermost circle being very close and outmost the least close. The center of the circle has the child's name. The child was then asked to write the names of people who they consider to be their family or like family on different circles depending on the degree of closeness to each of them. This method is based on previous research of Mason and Tipper (2007). For an example of a participant map see Appendix C.

Using CCM allowed also children to reveal people and relationships that did not appear in the photo-elicitation project because either people were not present or children did not want to take photos of them. Also, children included their relations in residential care as like kin to them – their teachers, friends and neighbors frequently appeared on the map.

CCM proved very useful in identifying relationships that faded away as a result of family discord, separation, divorce, etc. In some cases close kin were appeared as very distant or were totally excluded from CCM. In this sense, this method is unique in capturing relations that evaporated and people that were 'de-kined' as a result of family perturbations.

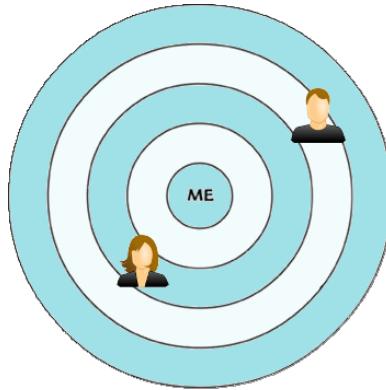


Figure 2. Concentric circles map

Road map

Figure 3 was used as a major tool in interviews with children to elicit talk about their experiences prior to/during separation and following the re-integration and all important family or like family relations at each of the periods.

The children were asked to construct a 'road of their life' by choosing a house and placing it along the road. Each house represented a different place but also a stage in a child's life: e.g. being at home with parents, going to the residential home, etc. (see Appendix C for an example of a road map). Children were encouraged to tell about their life and experiences at each place. Next, children were asked to write the names of people who they considered as family or like family at each period and were encouraged to talk about them. The road map was a very useful instrument that produced long and detail accounts of children's experiences and was given most attention in wave 2 interviews. It had two essential compliments to it: a happy-sad face scale (for an example please see Appendix C) to evaluate children's experiences at each place on the map and a 5-point scale for assessing their relationship with the primary kin career (mainly mothers).

In spite of the child's active role in constructing the map, not all children were open to talk about their experiences. In some cases a lot of prompts were given often resulting in scarce or meek answers. This was the case

particularly with younger children. The reasons for such reservation might be various: child's' young age, awareness of their parent's presence, or children's natural shyness, or long time that passed since reunion. Whatever the reason of children's restricted responsiveness was, it required some change in the method. In wave 2 a teddy bear toy was introduced and used to shift the focus from the child onto the toy – children told their story on behalf of the toy. Indeed, children felt a lot more open to talk about sensitive or traumatizing things and issues when the story unraveled on teddy's behalf rather than their own.



Figure 3. Road map template

Interviews with parents

Children and their families are part of mutually influencing micro- and mesosystems (Bronfenbrenner, 1979). To understand children's lives we need to study them in the context of adult-child relations. Hence, considering parents' views was necessary to get a more holistic understanding of families as system experiences. In the first stage of the interview mothers were asked to fill in the family questionnaire (see Appendix C). The primary purpose of the questionnaire was to give the researcher more information about family composition and dynamics in the context of separation/re-union. Also, while filling a questionnaire families had an opportunity to ask questions and express concerns about the study; family data in questionnaires was used as a smooth transition

to more detailed interview questions. Then, parents were interviewed in regard to three periods: before separation, during separation and after re-union. Initially, the interviews were more structured and had a lot of probes. Yet, with time, my interviewing style changed to yield more participant-led data.

5.9. Methodological considerations in interviews with children and parents

Interviews with parents

I designed my initial interview schedule to cover all possible areas of my interest. It was a very carefully designed and well-thought through interview guide, which I followed methodically and the result was minimalistic answers of my participants. They were not opening their minds to me but just passively following my lead. However, further reflections and readings lead to changing my interview style to a more participant-led open conversation. This required flexible yet focused, more open-ended, less interviewer-led and more participant-focused climate of interview. Charmaz (2014) suggests that *intensive interviewing* is the best for such contexts. Intensive interviewing is a conversation where participants are offered time and space to talk about their experiences. However, Charmaz warns that most of the talk about intensive interviewing is based on North American tradition where participants, if given a possibility to lead the talk, will lead. This may not be necessarily the case in other cultural contexts – its applicability should be congruent with one's cultural, social, etc. conditions. For instance, mothers in this project were predominantly not highly educated (if at all) and not used to share their insights because of their alienated and stigmatized position in the society and because they were rarely given an opportunity to reflect on their experiences. And that influenced both the density and 'richness' of their narratives and their willingness and readiness 'to do' the talk. These mothers, when given an opportunity to talk, would not know where to begin and needed a lot of prompts and leading. Yet, letting go of my control over the interview and allowing them

to speak (first very unsurely and later more confidently and freely) helped them to unravel their stories. Such in-depth and open-ended exploration serves well the theoretical tenets of GT- it '*is shaped yet emergent and paced yet unrestricted*' (Charmaz, 2014, p. 85). An example of changes in my interviewing style is provided in Appendix C.

Interviews with children

One of the challenges in my interviews with children was their unresponsiveness. I created an open-ended interview schedule and followed it very methodically; yet, the answers in many cases and particularly with younger children and those that were labeled as having special needs were confined to one-two word phrases, and very often just 'yes-no' answers. Leaving space for children to produce free talk did not work here. This may be accounted for by their background, age, years of staying in institutions or effect of culture – children in Moldova are not expected or encouraged to voice their opinion or demonstrate critical thinking and it is even more so for children from vulnerable backgrounds. I had to also factor in my intrusion into the privacy of their homes and the presence of a social worker in some of the interviews. Those made me re-consider the suitability and effectiveness of the conventional open-ended style of interviewing and look for ways to adjust it to my participants' needs and idiosyncrasies.

Booth and Booth (1996) in their research on young adults with learning difficulties living with their parents posit that interviewing this group is highly challenging – the researcher has to do most of the pedaling and the data is often disjointed and lean. Yet, they argue such research should by no means be discarded as '*those who most need their stories heard maybe least able to tell them*'. (Booth and Booth, 1996, p. 59). The researcher should not be dispirited by the seemingly lean data as '*silence can be as telling as talk*' (Booth and Booth, 1996, p. 57). Although their subjects' inarticulateness and unresponsiveness were of developmental character, many of the methodological challenges they talk about could be applied to other groups. Children in my project have cognitive

capacities to tell their stories; yet, they still responded in silence or 'yes/no' manner. I have also noticed their acquiescence – tendency to respond affirmatively to questions, even if in places, as I felt it, they thought differently or contradicted themselves. And again I tend to ascribe this to the culture of institutions where children are taught to unquestionably comply and obey with authority figures.

Booth and Booth (1996) suggest useful strategies to overcome participants' unresponsiveness and piece together the patched participant's story. Some of these techniques I have used in my interviews: e.g. elimination of alternatives and creative guesswork – trying different storylines until the child chooses the one acceptable for them. Here lies a danger that they might adopt an option that suits better their self-image, making them look better, or may bring some benefits. Yet, I trusted my participants in that they will rule out the option by a mere 'no' rather than give a false or misleading answer. The key strategy here was to adopt what Booth and Booth (1996) define as 'progressive adaptation of questions' – finding an ideal strategy that triggers a participant's response. And this required a meticulous work on listening to the child's pauses and silences, re-formulating the question or even approaching it from a different angle. An example of how I applied some of these techniques is detailed in Appendix C.

5.10. Data analysis

Managing verbal, written and visual data

The data amounted to 48 interviews; yet, not all of them were subjected to further analysis. Interviews from four families were excluded from the analysis due to various methodological and technical incongruities. The remaining 40 interviews were translated in orthographic verbatim style from Romanian/Russian into English. As I am not a native Romanian speaker I had to use the help of two interpreters/translators in two data collection waves who assisted me both in interviews and transcribing. To ensure rigor of the study and increase validity the findings it would be

better to first produce transcripts in Romanian/Russian with subsequent translation into English and possibly ensure conceptual equivalence by doing back-translation. However, given time and finance constraints, the decision was made to transcribe interviews directly into English. I transcribed all interviews in Russian and the interpreters transcribed and translated all Romanian interviews. I checked for the accuracy and meaning equivalence of interviews. All participants were anonymized – their real names were either replaced by the first letter in their name or a pseudonym.

There is surprisingly limited literature on translation issues and challenges in cross-cultural qualitative research. Published cross-cultural studies often curtail or omit methodological discussion of transcribing/translating issues and implications of inclusion of interpreters/translators as co-constructors of data (Choi et al., 2012; Nikander, 2008). Seen from a positivist position, translators pose inherent risks of introducing bias into the data and for this reason are often 'shadowed' in cross-cultural research. Yet, Berman and Tyyska (2011) argue that interpreters/translators are cultural experts that serve as mediators between the researcher and participants and are inherently active constructors of knowledge. Often belonging to the same culture, they provide firsthand knowledge about the subtleties of the culture and community.

The key in cross-cultural research is to ensure translation that '*arrives at the same meaning and maintains relevance in the cultures of both the original language (non-English) and the study language*' – termed as conceptual equivalence (Choi et al., 2012, p.656). Nikander (2008) states that translating means not only adopting a certain transcription technique but it requires theoretical and ideological choices about level of detail and ways in which translations will be physically present in the text. He argues that the writer should always provide as much original text as possible. In my project no original text appeared in the final transcripts. However, in the light of chosen analytical frame which is more content-based rather

than form-based, this did not impact the methodological rigor or reliability of data.

In the transcribing process a lot of original ‘messiness’ of the data was tidied up and the final transcript should be seen as a refined interpretative representation of participants’ accounts rather than typed-up raw data. Braun and Clarke (2013) argue that ‘tidying up’ the original text removes what we strive to see in research – how people express themselves. Yet, I recorded some paralinguistic features of participants’ talk: laughter, crying, long pauses, confusion, etc. Although these were not essential in GT analysis, they helped me better understand the context of the words spoken. The transcripts generally are a result of double interpretations of the actual interview: one that was captured by recording and another – via transcribing (Braun and Clarke, 2013, Nikander, 2008). The third interpretative rendering of the data was carried through translation.

I admit that there might be some errors resulting from me mishearing participants’ words – in such cases I used ‘the best guess’. However, when the chunk of data was significant to the overall meaning I asked the translator to verify the accuracy of my translation/interpretation. To increase the reliability of transcribed data, the scripts were cross-checked by me and translators. It was necessary to do so as one of the translators tended to leave out data she considered unimportant. However, having 40 interviews to be checked seemed an overwhelming task. Only some interviews and only some parts were subjected to such scrutiny.

Overall, about 200 photos were produced by 11 children; the smallest number of photos was 4, the biggest – 59. The visual content of photos was not analyzed; yet, the photo-elicited talk was transcribed and analyzed. All photos were stored on a password-protected computer and no digital or paper copies were made.

The content of concentric circles maps was not analysed due to time constraints. However, the maps were used as a spring board for discussing children’s family and family-like relationships at various

stages of their life and formed an inalienable part of their stories: e.g. when children were talking about their friends and teachers in residential care as their 'second family'.

The process of data analysis

The analytic work began with initial line-by-line coding of wave 1 interviews and allowed me to understand my data. I went through each transcript creating codes and naming each line or incident of data that were showing actions and progression of events. Each transcript produced, on average, one hundred codes. GT methodology takes the data apart by producing fragments of data ('bones') which later will be assembled in a skeleton. Line-by-line coding, however, might not work equally well for different kinds of data. Whereas it works the best with detailed data about fundamental problems or insights, it might be less effective when the data are simple behavioristic descriptions or factual accounts of events. Glaser (1992 in Charmaz, 2014, p.124) argues that it produces over-conceptualized and too fragmented data. Indeed, given the length and number of transcripts, applying line-by-line coding would be too time-consuming. Where the data was rendering not a psychological insight but rather a detailed mundane description or account, I applied incident-by-incident coding comparing incident of data with another incident of data. Initial codes formed what Charmaz (2014) calls 'the bones of your analysis' and helped me identify the major themes emerging from the data. Later these early codes were grouped into clusters and then higher order categories. 11 categories were produced and connections between categories were established (see Appendix D: initial codes). Early memos served as means of exploring nascent thoughts and insights into the data.

The most useful, theoretically interesting and recurrent codes were pursued in subsequent data – the process termed focused coding. These focused codes and themes developed from them were treated as theoretically plausible and were tested against the data in later interviews. However, focused coding is not necessarily a linear process.

Coding in GT is a constant comparison of data with data; earlier themes are searched for and compared with themes in later data. Similarly, analytically powerful codes and themes in later interviews were searched for in earlier interviews. Focused codes were grouped into tentative categories that formed the backbone of my early analytic frame (Appendix D: Focused codes). The theoretical direction of the data was identified and pursued in subsequent interviews.

As links between codes and categories became more complex, I used clustering and diagrams to help identify the relationship between them. Once the relationships between the categories were established, more detailed memos were written providing analytic insight into the emerging findings. The revealed relationships and links between codes laid a foundation for my theoretical models (see Appendix D: a model developed from codes).

5.11. Focus Groups Methodology

Rationale for using focus groups

The decision to use focus groups (FGs) was theoretically and practically driven. Firstly, it allowed finding out the commonalities and differences of views on the social support system as viewed by different stakeholders- non-governmental and state social assistance bodies. Secondly, interviewing groups of professionals allowed researching collective identity – simply exploring individual professionals' views would not do that. Thirdly, due to time constraints and busy schedules of most professionals, FG design was the most practical. Finally, FG data would provide the triangulation of findings, adding to parents' perceptions of their support needs and the ability of the social assistance system to meet them.

Recruiting, sample composition and conducting focus groups

The five FGs in the study were with three leading NGOs that worked in de-institutionalization area, one non-governmental charity organization specializing in helping people in crisis situations including children, families and the elderly, and a regional Social Assistance Department (SAD). All members in all groups were female professionals having various backgrounds: child protection specialists, psychologists and social workers. The purposive sampling was used in recruiting organizations and convenience sampling for recruiting participants in each group (the size and make-up of the groups was defined internally rather than by me). Six major NGOs were approached and four agreed to participate. The FGs included 3-5 participants. The interviews lasted on average 1.5 hours. Barbour (2007) argued that allowing participants to speak in their mother tongues produces much richer data. Participants were invited to speak the language most comfortable for them – Romanian or Russian. All FG members were introduced to the purpose of the studies and signed an informed consent form. The major ethical concern was confidentiality. In spite of anonymizing the groups' and participants' names, the small pool of NGOs in Moldova and specificity of their activity (each NGO has a niche) could make some of the groups and their members (e.g. heads) identifiable.

In three FGs the heads of organizations were present. The intra-organizational hierarchy had an impact on the group dynamics: in some groups the heads were dominant steering the discussion and influencing other members' contributions while some of the members were silent. Such hierarchy is culturally-embedded: the head of the organization is seen as a higher authority whose opinion must be prioritized and not to be contradicted.

A semi-structured interview schedule was used in all FGs. The groups were questioned broadly around all major themes raised in the mothers' interviews. However, due to time and space limitations, only FG data on the reunion period was analyzed with the focus on family support needs and deficits of Social Assistance system. As argued by Hennink (2014, p.130) data reduction is a necessary tool in FG research because of

overwhelming masses of data it produces. Hence, it needs to report most '*salient and meaningful findings*'. No piloting was possible as the pool of NGOs in Moldova is very narrow. However, after the first FG interview the interview guide was adjusted to focus on areas of more interest and some irrelevant questions that did not arouse much interest in participants were removed. Some areas of interest were given more attention even if they were not initially in the interview guide. Krueger (1998, p.18) defines it as being '*situationally responsive*' arguing that some decisions can be changed and refined *en route*.

Transcribing and analyzing data

Names of organizations as well as names of individual participants were anonymized. All transcripts were transcribed verbatim with pauses, laughter, changes in the voice tone, etc. recorded. As Harding (2013) noted, more can be gained from considering the respondent's non-verbal data. Occasional interpreting of non-verbal elements enhanced understanding of the speakers' views.

One of the common pitfalls in FG analysis is to analyze it the same way as individual interviews, focusing on the content rather than group interaction (Barbour, 2007; Hennink, 2014; Liamputpong, 2011). Krueger (1998, p.20), however, noted that FGs produce unique data '*derived from a group process in a focused manner... participants influence each other, opinions change, and new insights emerge.*' Hence, a distinctive method of analysis is required for focus groups.

There are three levels of FG data analysis: individual, group and group interaction. The study did not aim to explore the individual level of contributions. Rather, the analysis took the mid-path between content and group interaction analysis and focused on themes emerging in the group data incorporating some interpretations of group interactions. In other words, it took into account not only 'what' is said but also 'how' it is said, with the 'how' shedding light on 'what' was said. Such dual approach allows exploring FG data to the full (Harding, 2013). Also, as noted by

Barbour (2007, p. 130), analyzing group interaction data is a great analytic advantage as '*the whole can be infinitely greater than the sum of the parts*'. Finally, paying attention not only to the content but to the process of interaction allows exploring formation of collective identity (Liamputong, 2011). It was not possible to use Grounded Theory for FG data collection and analysis as some of its underlying assumptions – theoretical sampling and saturation – could not be fulfilled due to simultaneous data collection, a small exhaustive pool of FGs (5) and time constraints. Thematic analysis (Braun and Clarke, 2013) was used to analyze group data.

All transcripts were read and coded carefully; codes summarized individual or group exchanges. It was then identified how many participants and in which FG were 'attached' to each code. All codes were placed into bigger categories, or themes. Careful consideration of all codes grouped under one category resulted in creating smaller, more focused and detailed sub-categories and themes and links/relationships between categories were developed. The theoretical importance of each theme was determined by the density of code 'clusters' that had most participants and groups attached to them. The next step was to identify commonalities and differences between the groups. A framework analysis was used: a matrix or a 'frame' was created to identify patterns in the data. The matrix contains themes and subthemes summarizing groups' contributions to a particular theme along with the anonymized names of participants that contributed to the theme discussion. Such matrix proved to be useful as it identified not only areas of overlap, but also 'gaps' where some FGs or individual participants made no contributions at all. Barbour (2007) argues that such gaps are as important as theme clusters in the matrix and advocates the 'analytic potential of silences'. Thus, the SAD group did not comment on any deficits of SA system – a finding that was interpreted as organizational loyalty or a desire not to reveal any of drawbacks of the system, to which the group belongs. Krueger (1998) argues that 'one of the traps of analysis is not seeing big ideas', or ideas cutting across interviews. Zooming out from individual responses and group exchanges and looking

for greater themes not immediately apparent was attempted. Also, FGs offer a unique opportunity to present dominant views along with deviant perspectives not shared by majority. Hence, deviating individual or group perspectives were considered (Hennink, 2014). Differences in group composition and hierarchies, participants' professional background and group dynamics were considered as they are inalienable elements of the context in which data was created (Barbour, 2007). Finally, the role and influence of a moderator in the process of co-constructing the data had to be considered (Liamputpong, 2011).

Challenges in focus group analysis

The major challenge of the analysis process was to combine group and group interaction levels of analysis. Also, due to a small number of participants and hierarchy-dominated discourse, it was hard to determine the degree of group consensus or disagreement on points discussed. In three NGO focus groups some members were silent and did not contribute at all; others contributed to some issues whereas remained detached while discussion progressed on others. Indeed, those could be 'silences of familiarity' or 'silences of estrangement' (Barbour, 2007, p. 141). The easiest way to interpret the silences will be to assume consensus. One of the reasons for apparent consensus could be a specific intra-organizational culture where group members predominantly agree with views expressed by their heads and simply withheld their views if they were deviant from their senior colleague. If there was a disagreement, its vector was always pointing from the NGO heads to the employees and never in the reverse direction. It could be also that level of agreement was high as all members represented 'communities of interest' – coming from the same organization they tended to share the same views (Harding, 2013). However, Barbour (2007) argues that FGs tend to overemphasize consensus. To avoid this difficulty analysis focused on individual voices that could '*interrogate apparent consensus*' and a closer look was paid to subtle signs and language of disagreement (Barbour, 2007, p.143).

Next, as FG data is co-constructed between all participants and the researcher, there is an inherent danger of misinterpreting comments taken out of the context. To prevent this, a thorough reading of the transcript excerpts was done to ensure that the interpretations of contributions are in line with the context in which they were made. This enhanced the validity of findings (Harding, 2013).

Finally, all interviews were transcribed and translated into Romanian. Where the researcher had a difficulty translating or understanding, a translator's help was used to verify or translate some interview parts. One FG interview had to be re-done by the researcher from the scratch as the quality of transcription made by the translator was unsatisfactory.

5.12. Ethics

Obtaining informed voluntary consent

The study adheres to the ethics guidelines outlined by the British Psychological Society (British Psychological Society (2010), ESRC Framework for Research Ethics (2010) and The British Sociological Association (BSA) Visual Sociology Group's Statement of Ethical Practice (British Sociological Association, 2006). The ethics approval was obtained from the School of Social Work Ethics Committee for each of the subsequent data collection periods (summer 2014 and 2015).

Obtaining informed and voluntary consent is at the heart of ethical research (Alderson and Morrow, 2011). Participant information booklet and consent forms (see Appendix B) were presented in Romanian and read to and with mothers and children clarifying points which participants signalled as not clear to them. Mothers and children were given time to think about their choices and were provided with the opportunity to ask questions. An important observation was that mothers seemed to be confused and even scared by the request to sign consent forms as they thought they are legally-biding documents. Alderson and Morrow (2011) comment that obtaining consent in Western cultures is based on the

concept of individual as the owner of rights. However, in other cultural contexts emphasis on the individual exercising their rights might be meaningless or inappropriate and signing a written consent might be viewed with fear and suspicion. I assured mothers that consent form is not legally binding them and they have the right to change their mind and withdraw from the study at any point, should they want it.

Both parents and children were informed about their right to withdraw at any stage of the study without explaining the reason and by simply informing me. I asked the families to notify me of such a decision within the period of data collection (two weeks after the interviews happened). All the participants were informed that anonymity will be guaranteed to the best of the researcher's ability and all the data will be kept strictly confidential – no names or other identifier will be used.

Although parents of children under 18 have the right to sign consent form on behalf of their children, seeking children's consent was seen as essential. Respect for children's consent or refusal agrees with UNCRC rights – namely their right for freedom of thought and conscience and listening to children (articles 14 and 12 respectively) (Alderson and Morrow, 2011).

Obtaining informed consent had to take into consideration a double vulnerability of this group⁶, i.e. their institutionalised/marginalised status and childhood status. Farrimond (2013) argues that with vulnerable groups the researcher has to consider participants' capacity to consent, ability to comprehend and understand, and voluntariness. Children in the study were old enough and capable mentally and otherwise to have competence to make judgements and decisions about their participation. It was explained to children that their participation is entirely voluntary and they do not have to take part only because their parents gave consent for them to participate (I talked to each child independently to make sure there is no pressure from parents). Yet, there at least two factors that might have affected children's ability to make informed uninfluenced decision: cultural norms that prescribe Moldovan children to

obey adults even if it is against their will, and lack of decision-making power as these children are not used to or encouraged to share their opinion or decisions. In some cases I felt that, although children seemed to fully understand the scope of the study and their consent seemed to be free, their further reluctance and unenthusiastic participation suggested that they did so thinking it was the 'right' thing to do because adults around them wanted it. Furthermore, children's looked-after status in the past renders them as vulnerable and in need for protection by multiple caregivers and gatekeepers. In two cases children were not given a chance to express their choice since adults – their careers or the regional gatekeeper – refused for them. These children and their families were not interviewed.

Consent in focus groups was sought initially from the heads of organisation but later obtained from each of the participants. One ethical difficulty with ensuring voluntary consent in groups is that individual participants are caught in the 'web of consent' (Farrimond, 2013, p. 116), finding it hard to compromise their senior manager's decision or collective solidarity.

Assessing risks to the participants and the researcher

It was stipulated prior to entering the field that if the researcher suspects the child is at risk of abuse, neglect, etc., then a relevant organisation in Moldova will be notified. Family members were informed, before the interview in writing and verbally that what they say will be confidential unless they say something that makes the interviewer think that a child in the family or another child is in danger. In this case the researcher will pass on the information to the relevant authority after discussing it with the family member who disclosed the information. Children's booklets contained numbers of helplines and specialised centres and were told to contact them should they need help and assistance. In the course of data collection I encountered the family where the mother was drunk and beaten and children lived in an unliveable and even dangerous environment. In another case the mother disclosed that the father

physically abused the younger son. In both cases the information was passed onto NGO professionals, who assured me they would pass it further to relevant child protection authorities.

The nature of the research, which focuses around separation experiences, might have evoked some unpleasant distressing memories and feelings. It was decided that in such a case, the interview would stop and proceed only if and when participants felt they want to continue. The researcher and the interpreter showed due respect and understanding towards the families recognising their right to express their feelings and opinions even if they did not fall neatly within the interview schedule. One case stands out as very prominent: a grandmother broke down emotionally while talking about having to give her grandchildren to residential care. Respecting her feelings, I stopped the interview offering her a glass of water and checking if she was still happy to continue the interview. After a little pause, she offered to continue.

Being a female researcher and being in field with other young female interpreters, I had to ensure not only my own safety but also the safety of my young colleagues. Prior to field work, a Risk Assessment Form was completed outlining all possible risks and ways to avoid them. For example, given the isolated and often inaccessible locations of families I arranged private-hire taxis to families' homes avoiding travelling by unreliable and often dangerous inter-city buses. While being *in situ*, I always let the partnering organisation know where I am and updated them on the progress of my interviews.

I arranged a regular skype contact and debriefing sessions with my primary supervisor Professor Beth Neil updating her on my progress. As noted by Farrimond (2013) such de-briefing sessions are also a useful way of de-stressing and reflecting on the research experience.

Handling data securely and confidentially

All data collected in the field was stored securely either in a locked cabinet (recorders, cameras, maps) or on a password-protected computer (transcripts). After the data had been gathered, they were transcribed/recorded and entered onto a password-protected computer – I ensured that all personal identifiers in the records (interview scripts, questionnaires, etc.) were redacted and substituted with codes or pseudonyms. A list of codes matching names of children with their parents was securely stored. Original paper-based materials (concentric circle and road maps, family trees, drawings, etc.) were kept for audit and were stored in a securely locked cabinet. Although all the transcripts were thoroughly checked for all information that can potentially make the participants identifiable (names, places, etc.) it was difficult to remove all potential identifiers. For example, giving pseudonyms and removing city names was easier than removing some unique identifiers, e.g. the fact that the participants' had worked in Sri-Lanka (country name replaced) or is a mother of 11 children. Given the small size of their communities, this information alone might reveal the identity of the participant much easier than giving their real name.

The transcribing and translation process required exchanging interview recording and transcripts between me and the transcribers/translators, which was done by a secure online drive. The translators were requested to destroy all the files after completing the work and I followed them in this process.

Photos with inappropriate content

One participant took photos of her male relatives sunbathing in their underwear. One photo portrayed a naked baby's intimate parts. Although I have no doubts in the good intentions of my participant, such photos could have raised ethical concerns in the UK context. I asked her to delete the photos from the camera in the interview – I retained no copies of those photos.

Leaving the field responsibly

Lewis and Lindsay (2000, p.3) state that '*research with human participants is an intrusive process*'. They argue that it cannot be assumed that participants' lives are unaffected and unaltered after the research is over. This realisation calls for the researcher's obligation to respect the rights and dignity of the participants and treat data offered by them responsibly and competently. My collaboration with families lasted for a couple of weeks. In wave 1 we visited the families twice within 1-2 weeks. They opened the doors to their homes and lives very openly and willingly. We were never met with vigilance or coldness. When we had to interview both the child and the mother, we stayed in each family for 4-5 hours. Families saw us as their guests rather than outsiders. Many families also saw us as people that could change their life for the better – financially or otherwise. My position of authority and power (I came to them with a social worker), made them see me as someone who can help them. I clearly and from the beginning outlined the limits of what I as a researcher can or rather - *cannot* do – for them. Therefore, it was important not to inflate any hopes and give false promises. However, all families received monetary rewards (200 leis, which is equivalent roughly to 10 USD) for their participation and children got school supplies. Many families expressed a desire for more financial, educational, psychological support and I carefully passed them to social work and NGO professionals. When I returned to the field a year later, I was given updates on the news about some families.

Reporting and dissemination

Research findings were presented at two international conferences/symposiums and will be published in academic journals and disseminated to NGOs and governmental bodies in Moldova.

FINDINGS FROM DATA ANALYSIS

CONTEXT OF SEPARATION: MOTHERS' AND CHILDREN'S VIEWS

Chapter 6. Context of Separation: Mothers' Views

With tears in my eyes, I brought them there. Like puppies. Like puppies. I had no choice...

(Mother 8)

This chapter provides a backdrop to the context of separation of the mothers and children. It first relates mothers' vulnerability and struggling that led to the subsequent institutionalization of their children. It then unravels how they reached a point at which they had to make the decision to send their child to institutions, and how, in spite of losing their child, mothers made a commitment to maintain contact and not to lose their parental agency. Finally, it unveils their experiences of stigma and the condemnation mothers faced in their own families and communities as failed mothers abandoning their children. The chapter also sheds light on the context and procedure of institutionalisation, when mothers were encouraged to place their children in institutions – the only form of out-of-home care available at the time.

The two vignettes below present families' various situations, motivations and reasons for separation and children going to residential care.

Vignette 1. Young single mother with five children, deep poverty, chaotic lifestyle, semi-forced to send children to residential institution.

Nada is in her mid-30s. She was never married although had several partners with whom she had 5 children. Three of her elder children went to residential care. When Nada's mother died she had to stay at her stepfather's place with her children. They all lived in a small overcrowded place. Nada survived on occasional seasonal jobs that were not enough to provide for her children. At the time of separation Nada had alcohol problems and led a chaotic lifestyle. She also had no family support. None of her younger siblings helped her in times of need

and desperation. She saw herself as left alone to fight for her and her children's existence. The decision to send children to care was made under the influence of her relative and a neighbor. Nada's sister suggested that they both send their children to an institution. The neighbor's relative who worked there told her that her children are in an institution, where they are loved and respected. Nada's children were accepted to the residential auxiliary school in a nearby town even though they were not assessed as SN children. This school was considered a 'better' one and closer to where they lived. Placing children in the institution was planned as a temporary solution until Nada sorted out her life problems. Nada thinks that sending them there was not an act of abandonment. She admitted that residential care was not a good or better solution but it was the only possible solution for her at that time.

Vignette 2. Single mother with three children, left without support, one of the children stigmatized in a local school because of speech problems. Auxiliary residential school chosen as best suiting the child's needs. Mother was condemned for her decision.

Mara is in her early 40s. She has three children, two of whom went to an auxiliary residential school. The father of the girls had drinking problems, was abusive and sold things from the house. As a result, Mara had to 'kick him out'. The decision to send her daughter to an auxiliary school was made as her daughter had some speech problems and was lagging behind at school. She was not supported in her learning by the teacher or the school. Other children were mocking at her daughter; some bullying occurred when the girl's things were tossed around. In Mara's words, she wanted to send them to a school where they 'would be educated properly'. Hence, the reason for separation – and she emphasized that several times – was not poverty and not even turbulent family situation but lack of proper educational support for her daughter. She was in control and made this decision voluntary. As her daughter went to a residential school, her younger daughter got distressed at separating with her sibling and Mara decided to send her

to school to join her sister. The residential care solution was suggested to Mara by a woman during her doctor's visit. The woman told Mara that all her children went to residential care as they were struggling at school and it worked well for them. As Mara made a decision to send her girls to an auxiliary school, she encountered criticism by her husband's family that accused her for abandoning her children and sending them to an 'orphanage'. The implication of such accusations is that Mara was a bad mother and children were taken from her.

6.1. Model of separation process

The decision-making around placing their children in institutions was not a straightforward or homogeneous experience for families in the study. Although their reasons and pathways to institutionalisation were all individual and different, there was some commonality in how adversity and vulnerability reached a critical point and mothers under the pressure of circumstances or external authority had to place their children into institutions.

The model in Figure 4 depicts all stages of the separation process: from the early stages until the day when their child went to institutions (residential boarding schools): mothers' gradual loss of control as a result of an accident, abuse or extreme struggling; feeling powerless and unable to change anything; taking the decision to send the child to institution, which was either imposed on them or made by themselves under life stress; and gradually regaining control by planning separation and future re-union with the child. Although some stages of the process were uniform for most mothers, there was a greater diversity in how mothers perceived their own agency in making a final decision and how they rationalised it.

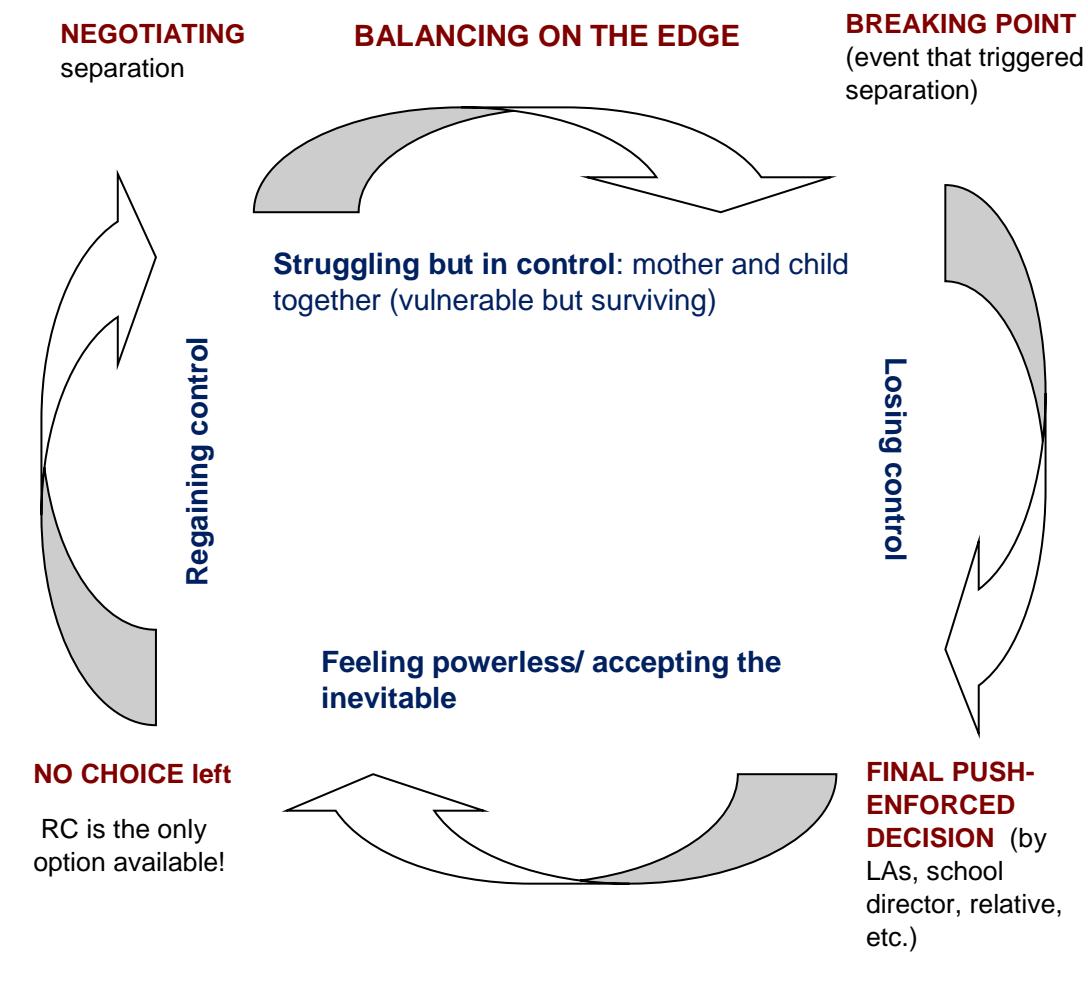


Figure 4. A model of separation process as experienced by mothers

Balancing on the edge but still in control

All mothers in this cohort presented themselves as continuously vulnerable and struggling. For years mothers were balancing on the edge trying to keep the family together. Their households were driven by social and financial instability, extreme poverty, partners' abuse, mental or physical ill-health. Many mothers had a complex web of extended family; yet, they felt they had very limited or no family support. They saw themselves as vulnerable, alienated and stigmatised. Not only the mothers but also their close family were struggling with adversity, which added to the feelings of desperation and hopelessness. Their partners were abusive, had alcohol problems and were unsupportive. Their households fell apart, mothers were evicted from their partner's houses,

had no place to live or any resources to raise their children. The burden of raising their children was too heavy to carry – they felt overwhelmed and fearful of not coping.

This mother's situation is rather typical showcasing how she had to be the only family provider when her husband was unsupportive, had alcohol problems and eventually left her with two children. Not having or losing a partner in poor rural communities means increased instability and vulnerability – mothers had to undertake double burden and responsibility for their families:

If he didn't drink, he was ok. But if he drank – he knew that I worked- he expected me to bring him wine home every evening [...] It was difficult because I was the only person who worked and supported the children and had to pay for their school expenses and for my parents in law as well. Even during the winter, I worked at P [place], where we peeled the walnuts from their shells. I went there and I wasn't paid officially; there was no contract. So, all the problems started with the lack of money, because there were not enough resources. (Mother 11)

For many mothers the quickest way to improve their lives was to follow a route well-trodden by thousands of other migrant parents – to seek a job in other countries. In order to secure the future of their children the mothers had to leave their children in the care of other relatives; they joined the ranks of other migrant mothers working in Russia, Turkey, Italy and other European countries.

This mother was initially supported by her extended family in her decision to work abroad and stabilize her financial situation. However, her family could offer only temporary support. Once left without it, the mother had to accept her sister's suggestion of sending her children to an institution:

I suggested 'Let's try to do somehow to buy a house' and she [sister] said 'Go earn the money. And I will stay with them'. She stayed with them for 3 months, and didn't work anywhere... Then I came back home, and she

started complaining that her husband is kicking her out, because he is tired from so much noise, and... 'Let's do somehow to give them away'. But how to give them away? Am I going to get them back after that? (Mother 8)

It is these mothers who for various reasons did not have any other carer with whom they could leave the child and were the most vulnerable and susceptible to sending their child to boarding schools. In Moldovan society, where collectivist values dictate a life of communal support and family inter-dependence, the ability to have a backup in the family is a substantial advantage. Left without such state or family support and living in rural areas with minimum employment opportunities, young mothers often are doomed to a life of poverty and struggling.

Alone, vulnerable and fighting to overcome their circumstances for many years, these mothers portrayed themselves as showing resilience and courage in the face of adversity and poverty. In other words, they were struggling but managed to keep control of their lives. No matter how hard their life was, they managed to keep their family. Yet, there came a moment when they felt exhausted and not coping; This moment could be defined as a breaking point – an adverse event or accident or external influence that forced them to send the child to residential care.

Approaching a critical point

The decisive moment came when putting their child in an institution was suggested as a solution by social services, school director or teacher or LAs. There were three major reasons that mothers had to consider it: their extreme poverty and incapability to take care of their child; the child was not coping at school due to her special needs or teachers' labelling the child as 'not coping'; or there was an external adverse event and the child was removed from the family for protection reasons. If the child was struggling at school or not coping with the demands of the curriculum, then a mother was firmly recommended to send the child to an auxiliary boarding school for children with special needs. A small number of

mothers were not in control of the decision about sending their children to institutions: they were physically not present (being physically or mentally unwell) at the moment when it was made. In some cases, a mother herself turned for the help of LAs asking to take care of the child as she needed to go away for work. Mothers differed in their perception of control they had over the decision; some saw it as being imposed on them, leaving them with no choice, others, as their own decision. Three groups were identified and presented below.

Group 1: no agency in the decision-making

In a few cases the mothers were physically or mentally unwell and, as a result, had no or very little awareness or control of the situation, not knowing where their children were and what was awaiting them. Not knowing and not being told by authorities or close family about the decision and not being part of it was experienced as the most painful by this mother who was mentally ill – she feels abandoned and betrayed by her family:

I: When S.[son] and other children went to a boarding school, how was that decision taken? What did you feel then?

T: I was NOT making it – they all did it without me. And for me.

I: Who is 'they'?

T: My husband.

I: How did he manage to do it?

T: I don't knooow...and that was the most painful that he didn't tell me anything...went to another woman and gave the children to the state...In one moment they all, all abandoned me. (Mother 10)

Group 2: partial control and agency in the decision-making

These mothers saw themselves as unable to change the decision and having no choice as to accept it. The locus of control is not with them. They could not change the situation but at least they were aware of what was happening. For this mother, who agreed to institutionalising her child

because of extreme poverty, there was no choice and after resisting vehemently, she finally gave up:

It was really the village council people - they saw that I was struggling and they decided to offer temporary help - to send the children to the care for some time. [...] I nearly had a heart attack [...] because I did not want to send them there. [...] The mayor found out about our situation and suggested this. I said: 'No! no! no!' and for two weeks they insisted and I resisted. The called me to the council and told me: 'We are not taking them forever. Only for the time you need to stand firm on your feet. Until you have everything necessary'. And finally I gave in. (Mother 7)

Although being physically present in the decision-making, some mothers had limited understanding of why they had to send their children to a boarding school. This mother is nominally present at the decision-making moment but can hardly comprehend its necessity:

The director of the school talked to Mr. X... from T. ... about the school, he talked to him and then they told me to take her documents from the school and get her to the residential school. I started crying – why should I give my child there? I had a relative of mine and she said '..don't cry in vain, because my sister also has a child – they are in institutions'... (Mother 5)

Where mother struggled to accept the decision, rationalisations were readily offered by LAs or relatives. Sending the child to care was presented by LAs or relatives as doing good for both the mother and the child: the mother's life would be easier and the child would get the necessary provision they could not get in their own families:

They said the situation was difficult and that will make it easier for us. They told me they would dress them there, will put shoes on their feet. (Mother 5)

Group 3: increased agency and control in the decision-making

Mothers in this group were either struggling and approached LAs asking for help, or residential care was suggested to them by an external authority (e.g. school teacher or director) because their child was not coping at a local school. They nevertheless saw themselves as in control of this decision and found a way to rationalise the benefits of care for their children. This mother of five approached LAs asking to place their children into care as she needed to work abroad:

I told them that I would like to also work in Moscow, so that I can bring up my children... because otherwise, I wasn't able to handle it. I was doing random jobs day by day... my mother was ill, and I would be embarrassed to ask from my mother's pension. And the social worker sent me to the regional council, we filled out all the documents, I told them that I am in hardship, and cannot leave them in the streets, because they are children. Even a dog takes care of its puppies from the street... and I said I don't have a choice – my mother is sick, and I don't have a choice. If you can help me to give them to the care. And they said: 'Sure, no problem', and took them to the residential school. (Mother 9)

At least 7 children in the study went to auxiliary boarding schools as they were diagnosed – formally or informally – as children with special needs. In many cases mothers were advised to send their children there by school teachers who believed that children would not be able to cope academically in a local school:

He was shy. At home I was studying with him, but when he went at school he told that he didn't learn... then the teacher saw that he didn't learn and placed him in the back of the class with other boys. There he was just playing and wasn't doing anything. And she told me to give him at that school [auxiliary]... because it would be better for him.... At that auxiliary school he received a diploma; he attended painting classes, the teacher was looking after them. Here [local school], maybe the teacher didn't manage to do this or who knows? (Mother 19)

In many cases mothers were cheered by relatives, neighbours or community, who supported and encouraged their decision evidencing that their own friends, relatives, etc. also had their child in care and 'they are doing alright there'. Mothers were reassured by school authorities about the child's good life in care and that instilled them with the trust in institutions as a place where their children would receive an education – a much cherished dream for many mothers whose children were struggling in a local school. A decision made initially because of mothers' desperate situation and absence of alternatives, was gradually internalised by them as done for the best of their children. This mother accepts the responsibility for the decision and presents it as 'her own':

They told me in the community 'Why did you send your children to the institution' ... But I told them that I did a good thing that I gave them there, because the school there is different. But here [village school] they had trouble learning. So I didn't pay attention to what the people said, I took all the necessary documents and applied there, and sent them there... and would go to take them home on Saturday. I did all that by myself.
(Mother 13)

It was this group of mothers that mostly initiated or accepted residential care as a good option for their children. Unlike other mothers, who reported guilt and powerlessness over the forced and unwanted decision, these mothers believed they acted for the good of their own children, protecting them from stigma in a local school and ensuring better and more suitable education for them.

However, most mothers presented the decision to send their children to care as a forced measure. They felt powerlessness and lack of control over their lives; they had to accept a decision that neither they nor the children wanted. They were not only forced into the separation by difficult circumstances and lack of resources to overcome them but also actively encouraged by social services or local authorities to send their child to institutions – the only form of childcare that was available and known at the time.

Grieving separation and loss

Some mothers initially resisted the pressure from LAs but had to eventually give in to external pressure. Whether LAs or mothers themselves initiated the process, all mothers were grieving over the separation from their child. This mother's powerful metaphor of losing half of herself encapsulates the essence of the pain of losing the child. Being separated from her child is compared to losing a half of herself where the 'tearing off' is experienced as most tormenting:

It just that something was torn off from me...a half of me has torn off...I did not see him.. He was not at home... terrible...(Mother 3)

This mother likens separation with her child to a death of a dear person:

I felt sad because she was not with me. As though someone died, this is how I felt when I sent her there. (Mother 18)

Other mothers also felt they lost orientation in life: they felt lost, unsupported and abandoned. T. felt alone – a feeling that subsided once she started seeing her children in care:

I felt...I don't know... it was difficult...I thought that my children left me....And then I went to see them in care, until I got used. And then when I got used, it felt easier.(Mother 10)

The mothers' experiences were complicated by ambiguity around their future roles and contact with the child. Mothers feared never seeing their child again and that fear haunted them for all the period of the child's stay in care. They were afraid their children might go to adoption or foster care and they would never see them again.

This mother's fears and worries stemmed from not knowing what residential care is and what the legal implications of placing their children

into an institution are; yet, as she was able to visit the child in care and learn more about their life, she felt more reassured about keeping her parental agency and role:

No, I didn't think that she [sister] advised me wrong, but I was just afraid that I won't see them anymore. I didn't know what happens in care – I thought they would take them away, and wouldn't let me see them. Then when I went to see her, I asked – what and how [works]... (Mother 8)

There was a small group of mothers in the state of limbo who experienced the highest degree of ambiguity and uncertainty and for these mothers, separation from their children was even more distressing. They were devoid of the possibility to discuss and negotiate the decision or be a part of it. The future of both the mother, who was placed in hospital because of her poor mental health, and her children is ambiguous and fraught with uncertainty and danger:

T: I thought that I am left alone and my children may be also left alone because nobody wanted to help me, nobody wanted to come to see me in hospital and I had this great fear...

I: Fear of what?

T: ..That I am alone.

I: Your fear was about yourself or them?

T: About them... and about myself - how I will be living further... (Mother 10)

Accepting the inevitable: 'I had no choice!'

This stage in mothers' experiences signifies their acceptance of separation. Whatever was the reason for institutionalisation, they rationalised it as inevitable and one which they had to accept. As seen from the mother's narrative below, she rationalised the 'no other choice' decision as a better option – by giving her children into care she protected them:

Even if I had where to live, there was no one I could leave them with, because they were small – how could I leave them alone at home? I had no other choice than to give them to care, because there someone would look after them... (Mother 8)

When asked whether they believe residential care was the right decision, many mothers said that it was the only option in the circumstances. For this mother, the decision was a forced one as she was struggling to provide for the child:

I gave her against my will, because I had no choice... I sent her there from necessity, not from my good will. (Mother 18)

Yet, some mothers that gave their children to auxiliary school had a different stance on their decision. This mother believed that she had made the correct choice, which was meant to give her daughter better opportunities:

I think I did the right thing because of problems with her studies. Because of speech problems...she was lisping. (Mother 14)

Mothers in the study mostly saw themselves as presented with no other options and having no other possibilities. Limited in social or economic opportunities, devoid of family support and finding themselves in extreme situations, they could only rely on what was available to them or presented as an available and viable option – sending their child to institutions. Yet, some rationalised it as a better option for their children, ensuring protection, education or better conditions. Mothers might have lost their child to care but they did not lose their identity as a mother and still saw themselves as in charge of their child.

Regaining control: negotiating/planning separation

Separation was not seen as a definite and irreversible event either by mothers or by LAs. In many cases LAs or a parent themselves saw it as

a temporary solution – residential care was meant to be used as a temporary incubator for children until their mothers made their life more stable and secure. However, as the mothers' further stories show, their children remained in institutions until their closure. What was meant to be a temporary measure turned into a stable permanent arrangement. Three things were negotiated at this stage: that staying in care was only temporary, that the mother retained her parental rights and the terms and conditions of further contact and imminent reunion (see Figure 5) .

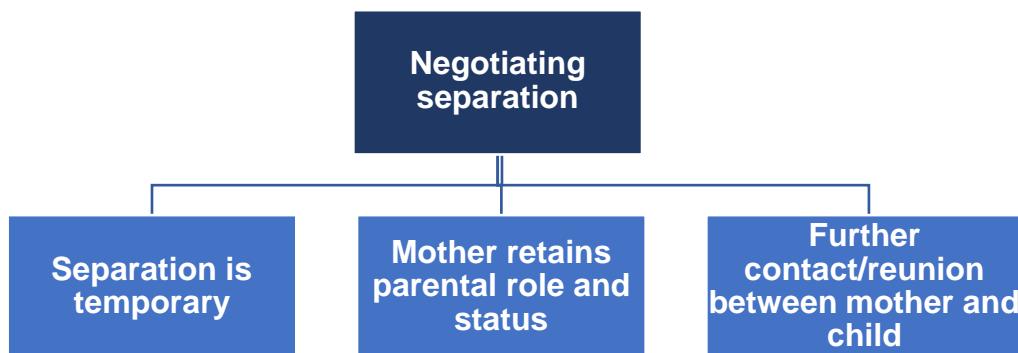


Figure 5. Mothers negotiating separation terms

Most mothers were determined to be re-united with their child as soon as circumstances permitted: the 'temporariness' of separation allowed them to stay in partial control of their own and the child's lives. This mother wanted to give herself time to become more stable before she could take her daughter back home:

I didn't want her to stay there forever. I only wanted... to give myself some time to recover, because I lived in deep poverty, and then I had some more free time I could make more money... I planned to take her home... it was a temporary measure. (Mother 18)

Knowing the child was not leaving them forever and being re-assured about that was an important part in mother's acceptance of separation. In order to be in control, mothers had to negotiate their rights for the child and ensure they would be able to get her back. Mother 3 negotiates that the child is still hers and protests vehemently against the hypothetical possibility of sending him to another family:

Int: Did you believe that he will come back?

M: Of course! I once got very angry: 'I won't give my child to anybody! You don't have the right! I am not a drunkard! I am not a whore! It is just that I have difficulties'... (Mother 3)

Mother 8 also gave her children to care only on condition that she would be able to see them and take them back:

She [sister] said 'Look, don't be afraid – you will be able to see them' and I felt easier, and thought: 'If I will be able to visit them and...get them back later, I agree to give them here. But if not, if the children will be all locked up, don't even think about that'. (Mother 8)

An important part of the separation process was negotiating the decision with the child. Mothers told their children that the separation would only be temporary. They also explained to their children the rationale for the decision, discussed the provisional plan of how contact between them and the children would be maintained, and committed to supporting and not leaving the child.

Mother 9 negotiated not only the terms of her children going to care but also their life during separation and how she would exercise her maternal duty. She explained to children what would happen during separation which helped both the mother's and the children's psychological adjustment:

I told them that your mother called the residential school, and you are going to study there, you are going to be fed, you are going to sleep there, play there... And they understood me... They were thinking: 'How would we do without their mother?' And I said it will be that way, because I have to go to.... Mother will send you things... 'But mom, are you going to come back? Are you going to take us back?' – 'Yes, mother is going to come and take you back'. (Mother 9)

She discussed the conditions and terms of seeing her children in future, telling them how and when they would see each other. The terms of contact were almost contractual – the children knew the regularity and timing of visits and their mother's absences. She was trying to normalise their experience, saying that at home is it exactly the same as in care and explained that missing her is a natural and expected feeling:

And I would tell them how I would take them back, that until I was there I would see them every week. But after mother goes to Moscow, she will see you less often. And they understood me; they waited for me every Saturday to see me. I would take them home every other Saturday, and during holidays, I would take them home, and they were very happy... I would tell them: 'Here is the same like in the care – mother doesn't leave for long, I will take you back, and we will be all together'. And they understood me, that I would come and take them back. But like every child, they will miss their mom. (Mother 9)

As can be seen from the excerpts above, the mother believed that her children understood her – why separation was necessary and accepted the decision. Negotiating, planning and discussing contact and reunion were crucial steps in helping both the mother and the child prepare for separation. The plan of temporary separation and imminent reunion was an anchor that kept them ashore in difficult times and signified their commitment to family membership and continuity.

Talking to the child and explaining the reasons for placing her into care was an important step in the child's further accommodation to life without parents by their side. Children were told why the mother had to leave them in care and that she was not abandoning them – she would still be their mother staying in contact and taking care of them. Some mothers in the project did not have the opportunity to discuss and explain the decision to their child due to the abrupt and sudden nature of separation. Interestingly enough, these were the mothers whose children struggled the most and could not adapt to life in care.

Mother C. had poor mental health and got to hospital when her mother, worried about her condition, called the ambulance. She had no contact with her children and found out they were placed in care some time after it happened. Her sons could not understand why they were in care, struggled to adapt to a new environment and one son attempted multiple run-aways:

T: First time V. ran away because he had some blisters ...he was crying and he had them on the head... he was crying : 'Why did I get into care?' and he ran away because he didn't want to be there...

Int: How many times such 'run-aways' happened? Once, twice?

T: No, ten times. (Mother 10)

Hence negotiating their parental rights and role, and contact with the child was mothers' strategy to regain control over their lives. They thought of separation as an inevitable but not irreversible event and were determined to take their children back when their situation was more stable.

6.2. Mothers' experiences of stigma

Half of the mothers in the sample reported being condemned and even stigmatised by their own families, friends and neighbours in the process of child moving to a residential school. Interestingly, most stigma came from the mothers' families. Their relatives condemned the mothers' decision and, in some cases, cut off communication with them. It is even more puzzling given the fact that in many cases, relatives, neighbours and acquaintances stepped in advising and encouraging mothers to send their children to institutions. Hence it seems that there was controversy around child institutionalisation. On the one hand, struggling mothers were encouraged to send their children to boarding schools; on the other hand, when they did so, they were condemned and criticised for 'abandoning' their children.

This mother describes how her husband's relative cut her out – they silently blocked any contact with her family. Only some years later a family funeral brought them together and gave an opportunity for the mother and her relative to restore communication:

M:...my husband's brother...all of a sudden he didn't call us for a long time. Some time ago, he lost his child - he died at the age of 29. Children and I went to the funeral, we took our funeral wreath and went there...And he saw us and asked me: 'Did you take them back home from care? Somebody told me that you left your children there'... I said: 'Very well, indeed!' [ironically].

I: And you didn't tell him before?

M: Well he just disappeared and I didn't know why.

I: You think because of that?

M: Yes, he later explained that it was because of that.

I: So, they stopped talking to you because of...?

M: Because my children were in care. (Mother 9)

L.'s mother condemned her decision even though L. herself as a child spent some years in care. Her mother's accusations are even more hurting as L. herself went through institutionalisation and could have expected her mother to understand her decision. In an attempt to defend herself, L. insists that she did not give up on her children and retained her parental rights. She clearly demarcates the line between the orphanage and boarding school: one signifying abandonment of children and the other being a temporary placement where a mother preserves her rights for the child:

When my mother lived at S, ... she told others: 'Oh, my daughter gave her children to the orphanage!'... But this is not exactly correct, because when you give them up completely, you have no right for them. You give up your rights as a parent. This is not an orphanage, it's a boarding school. You shouldn't mix those two up: boarding school and orphanage
(Mother 12)

Facing such criticism, mothers felt guilty and had to defend their decision. This mother felt very distressed as her family spread rumours that she abandoned her children. She vehemently defends herself – she did it for the child's best by giving her to a specialised school. Lack of understanding about the nature and implications of placing the child into boarding schools created prejudice and suspicion towards institutions and mothers, who were mostly seen as failed mothers by their families and communities:

I was so stressed at that time. I saw the school I gave them to, but my husband's relatives said that I left them at the orphanage... they spread rumours... I offered them to go and they could see where I gave my children! I gave them to a school not to an orphanage! Like you are saying that my children were taken from me! They were gossiping... And I was very distressed! (Mother 14)

Conclusions

Balancing for years on the edge of poverty and marginalisation, mothers approached a critical point in life when they could not take care of their children. Most mothers were single and had very limited, if any, extended family support. Even a minor life stress could put them on the brink. All mothers experienced a traumatising or a 'pushing' event that catalysed their decision to put the child in residential care. In the absence of other forms of community-based family services that could support them, they had to place their children into boarding schools. Many mothers were semi-forced into such a decision by LAs, schools, social services and even their families and communities. Placing the child in an institution was presented as a viable solution done for the best of the mother and the child. Interestingly, it was suggested to mothers by their communities or families, who at the same time condemned them for abandoning their children.

For some mothers, separation with their children was seen as imposed on them – they felt they had no choice. For others it was the best solution

in given circumstances, which they internalised as their own decision to benefit the child. Yet, no matter how much agency in the decision-making the mothers had, separation with their children was experienced as traumatic and distressing. For some mothers, managing separation was complicated by ambiguity of their roles and not knowing the implications of the child's going to residential care – many feared their child would be taken from them. However, when the immediate shock was over, mothers regained control by negotiating the separation as temporary, ascertaining their parental rights and planning contact or reunions with the child. The negotiation and planning reflected mothers' attempts to regain control over their lives and remain mothers to their children.

Chapter 7. Context of Transitioning into Institutions: Children's Views

7.1. Family context before separation

Children's narratives of this period are in many cases scarce or fragmented. When asked to talk about that time in their lives, some children would recall a particular day or instance of family experience: e.g. a trip to an attraction park with their family, going fishing together or spending time with their mother outdoors. Their memories of those days are of love and happiness they shared with their families. Many children in the study described the pre-separation period as 'happy' or 'very happy'. For this 16 year old boy it was the happiest time in his life, of which he can remember every detail:

It was good time. I said my first words there. I remember everything very well. I got my first present there... my first piano... (Child I)

For other children, the time they lived with their families was less cheerful and positive – eight children cited it as 'neither happy nor sad' time. However, some children even in the most precarious situations involving abuse or bad violence marked their life with families of that period as happy.

Three themes came out as describing children's typical experiences at that time: living in risky family environment; children left in the care of relatives as their mother was absent/unavailable to take care of the child; and children facing marginalisation/social isolation at school/ in their community.

The two vignettes below represent some of the children's experiences at the time when they were separated with their families and went to residential care:

Vignette 3. Mother not caring for children, deep poverty, the child feels ‘robbed of childhood’.

Kate is 16 now. She went to residential care at the age of 9. Her family lived in a deep poverty and her mother, having 3 children, was unable to take care of all of them. She had alcohol problems, chaotic relationships and the children were taken care of by their grandfather. There were some days when children had nothing to eat. Their mother’s new partner abused them, demanding that they call him a ‘daddy’. In Kate’s words, there was nothing merry in her childhood: ‘I did not have a childhood’. The circumstances of her and her siblings’ removal from home are vague: some neighbours got together and decided to send the children to residential care. One of the neighbours worked in a residential institution where they actively recruited children. The decision was taken without Kate’s mother as she was ‘not worth talking to’, in Kate’s words. The children were removed at night and very little explanation was offered: ‘They told us that we are going there and we will be well there.’ However, Kate believes that they were better off in care than at home where they were abused and beaten.

Vignette 4. Marginalisation at school, deep poverty, early ‘adultification’ of the child

Nata is 16 now. She went to residential care at the age of 8. As a child, she grew up in deep poverty. Her father abused alcohol and took things out of the house to sell and make profit. Eventually, Nata’s mother ‘kicked him out’ and their life became more peaceful and happy. Nata had to share household duties at a very early age- she learned to cook food, take care of poultry and help her mother around the house at the age of 5. She did not have toys as her mother could not afford buying them. Because of her problems, she lagged behind at school and was stigmatised by her classmates. Nata believes this could have happened because they were a poor family. Other children at school made fun of her and she was ‘pushed aside’. When she moved to a residential care,

she felt more comfortable as she was supported in her learning and was among children like herself.

Adverse/ risky family environment

In many cases children were raised in risky chaotic households. They were witnesses or victims of abuse or neglect, their families struggled in poverty and eventually disintegrated. Their lives lacked security and stability. Their mothers although being physically present in families, were preoccupied with their jobs and personal problems and often not available to take care of their children. As a result, children in some cases had to mature much earlier. They grew up learning to take care of themselves, their households and their younger siblings.

16 year old S. shares how she had to learn to do various house jobs to help her mother run the household when she was only 5. The family was shaken by conflicts and quarrels; her father's alcohol problems and neglect towards his family and children plunged their household into chaos. She was left with no other choice than to become an adult at only 5 and to start taking care of herself and her family:

We had a bad life. My father was a drunkard and he took things from home. The grains, the sugar, he would take everything to buy alcohol. He didn't take care of the house, and he didn't take care of us. I had to be an adult since I was 5. When I was 5, I started making food, my first food was... my first meal that I made were poached potatoes. When I was younger I also took care of the baby geese, and I fed them, and gave them water, and I also fetched water from the well since I was 5. We didn't have a deep well then, it was shallow. So my dad was always drunk, never sober, it was very sad, because we didn't even have a ball because we didn't have as much money as now. (Child 14)

This 16 year old girl speaks being robbed of a childhood: 'I didn't have a childhood'. Her mother's drinking and having a rough relationship with her partner, abuse and neglect in the family deprived her of the usual joys

of childhood. Her narrative is filled with bitterness and anger about her stolen childhood:

We lived here very bad... mother was drinking... and she was like not very much at home. We lived by ourselves, with granddad. He cooked for us, he did everything. Granddad with aunt. Mother started living with one ... guy ... we were beaten... he beat us because we had to say 'daddy' and I didn't want to... he got angry, he was drinking, was beating mother, all sort of things. Nothing really merry... at all. I didn't have a childhood. A normal one - there wasn't one. What else can I say? (Child 15)

Although such cases did not come up in every child's narrative, they represent the extreme end on a continuum of poverty that many of the vulnerable families in the study experienced.

Children left in the care of relatives: mother absent/unavailable

Many children in the study shared that their mothers, having stressful lives and limited resources, were not always readily available to provide everyday care for their children. In such cases elder siblings became parents for younger ones or extended family stepped in to help the mother.

In this narrative, 16 year old T. tells about her life at home where her mother had to leave them for the whole day; doing heavy farm jobs kept her working in the fields until dusk. Children learnt to be independent at a very early age. In the view of the child, their childhood life was 'complicated': they spent most days on their own. Yet, their mother demonstrated her love and care by ensuring her children had enough food for the day – an important sign of care when food and other resources are scarce:

O: I remember that when we were all little, my mom was leaving us home and was going to work, was coming home late at night, it was complicated.

I: Aha, but who was cooking for you?

O: Mother was cooking and leaving it in a cold place.

I: Aha, but when mom was at work, what were you doing?

O: But mom was always leaving us with food.

I: Ok, but when you were alone, what were you doing?

O: Playing outside.

I: With whom playing? ...with each other?

O: Yes. With my sister, brother. (Child 5)

In many cases when the mother was unavailable, elder siblings, relatives or even neighbors assumed parental duty. 16 year old H. emphasizes the role of her elder sister and neighbors who took care of her when her mother was preoccupied with her life: they supported the mother in providing the nurture and care she was struggling to ensure in full capacity:

My mom didn't have time for me and A. [elder sister] was the one who was feeding me... There was a woman where we stayed and she was our neighbour... and she was the one that stopped me from breastfeeding and not my mom. (Child 9)

A substantial number of children in the study were supported and raised by their extended families. Their mothers were preoccupied with their chaotic personal lives and struggled financially. In many cases mothers worked abroad in an attempt to ensure a better future for their children. This 14 year old girl shares how she missed her mother, who left her when she was a baby and returned when she turned six to give her to a boarding school. The child's grandparents raised her while her young mother was working abroad:

I was missing my mom... we were talking on the phone sometimes. She was sending money to my grandparents... they were buying me clothes... (Child 17)

Children facing marginalisation/social isolation in school/community

Some children also shared their experiences of being marginalised in their schools or communities. Children were stigmatised and isolated as 'different' because of poverty in their families or struggling academically. Poverty and educational disadvantage were seen as a failure by their communities from which they were excluded.

16 year old S. perceives poverty of her family as a likely reason for being marginalised at school when she was 8. She clearly felt the line that demarcated her from other, more prosperous schoolmates. She was ignored and bypassed in social situations and conversations:

N:...I can't say that I was poor, poor but I was in a more difficult financial situation, and they laughed at me...everyone came there... and everyone was asked in class, and I was saddened by the fact that everyone was asked, but not me. (Child 14)

This 13.5 year-old girl reflects on her experience of social exclusion as a 1st grade student: other children calling her names and cutting her off their attention and communication. She was denied entrance into the group as an 'ugly' child:

S:... the children did not like Ion [a teddy bear we used in the interview to play out her story].

I: Why?

(silence)

I: How do they show that to Ion? What do they tell him?

S: They tell him he is ugly.

I: Are these the children from the community or from the school?

S: From the school and community.

I: Does Ion want to play with the children?

S: Yes.

I: But do the children want to play with them?

S: No.

I: And this is why Ion is sad?

S: Yes.(Child 18)

7.2. Going to residential care

How was the decision explained to the child? Was a further plan for contact/reunion made?

As children were going to institutions, the decision had to be explained to them. In majority of cases it was mother or another person – a SW or a school teacher – who informed the child about their placement. Children also had to be informed about their future contact with and possibility of returning to their families. Many mothers reported discussing separation with the child and planning future contact or reunion. However, only a small number of children mentioned that their parent talked to them or further contact/reunion was discussed. In cases where the decision was communicated to the child by a SW or someone else, children reported no or very little explanation given to them; only one child reported being reassured and comforted. In some cases, children remembered that no explanation was offered to them at all.

Very little explanation is offered by his father to 15 year-old C., whose mother was urgently hospitalized because of her poor mental health. Due to the abrupt unprepared separation, the child was left in a state of limbo not knowing what was going to happen to him and his sibling or when and whether they would see their parents again:

I: Ok, but do you remember who told you that you were going into care?

A: My dad... He told me that I will bring you there, and you will stay there, and I will leave you.

I: But how did your dad explain it?

A: No, he said that, there, your mother left me, and I can't stay with you anymore, and I will take you to the residential place....

I: How did you feel then?

A: *Bad...(Child 10)*

In contrast to the greater number of mothers who said they discussed and explained separation with their children and made a plan for further visits and reunion, only a minority of children mentioned that their parents told them they would take them back or visit them.

The mother of this 14 year-old girl explained why she had to go to a boarding school and made a commitment to take her back. As can be seen from the child's narrative, she did not believe her mother. Only as the latter started visiting, did the child gradually regain faith in stability of their contact:

I: How did Lon [a toy we used to play out her story] find out that he is going there [care]?

D: Parent. His mother told him. He was told that there are some hard times and she cannot take care of him... I was thinking I will stay there long time, mom told me she will take me back but I didn't believe it. And when she came, she proved it to me...(Child 17)

In some cases, a third party stepped in informing the children about drastic changes in their lives. Yet, in these cases children were rarely provided with comprehensive information that could help them understand and accept the changing circumstances.

Following her father's assault on her mother and mother being hospitalised, 16 year-old E. was taken into care along with her siblings at the age of 10. Leaving home came as a shock to her – she felt extremely distressed and bewildered. When she asked for an explanation, she was told they were moving to a residential school. Again, as in other cases, the child was not given comprehensive information about the situation and full realisation of what happened came later. Ambiguity and not knowing only increased her distress and fear:

E: I was not thinking then. I was crying. I had tears. I was saying that how could I leave the house alone and just go. But then the SWs came... That day we went to school, and when we were back, the SWs were already there and they told us to dress up, take our things and we are leaving. But I asked them: 'May you tell us where we are going?' They said that we were going to an institution. But when I heard this, I started crying even harder...

I: But did you understand what happened in that moment when they came up and took you?

E: At that moment, I did not understand, but later I understood. After little time, I understood..(Child J)

In some cases, going to a boarding school was presented as a negative choice or even as a 'punishment' for children not doing well in schools. A teacher told 15-year-old M. that children like him, not coping educationally, would go to auxiliary school, which evoked fear in the child. He was presented with a rather gloomy prospect of not seeing his parents again:

I: Who told you that you are going to the auxiliary school?

A: The teacher from the village... She said that those who won't study well will go to residential are... I got frightened... Because she said that there we won't see our parents and no one would come to visit us.

(Child 19)

As can be concluded from children's narratives they were presented with patchy, inconsistent or even distorted information about institutions or further contact and links to their families. Only in some limited cases parents told the child they would visit or take her back eventually. When the news was communicated by authorities, talking about separation rarely went beyond the point of delivering sketchy explanations and brief reassurance. At the time when children needed clarity in explanation and understanding, they were left with patchy or distorted information, which only contributed to feelings of ambiguity and fear. Left to figure out the

implications of their placement into care, children had to find their own interpretations of their experiences.

How did children understand/rationalise the decision?

Going to 'just another school'

Children's understanding and rationalizing their transition into care was very fragmented and not consistent across the cohort. Many children said they did not understand what was happening to them or the implications of going into care were not clear to them – even in cases when they knew the reason for their placement (e.g. mother was unable to take care of them). They had vague or no knowledge about institutions with some children saying they thought they were just going to another school.

Because of her very young age (4 years) and limited ability to understand the meaning and implications of going into care, this 15 year old girl recollects how she first welcomed the news that was brought out by a SW, who presented a residential school as a place for 'playing with other children'. Her elder sister, however, had a more realistic and less cheerful understanding:

A SW woman said: 'You will go there where there are children and you will play with them.' And L. [elder sister] did not want to go but I said: 'Yes! Yes!' (laughs). She was bigger...If they told me that there will be many children to play, of course, I was like: 'Yes!' I was little... but L. did not want to.

I: So you did not quite understand it?

R: (nods in agreement) (Child 7)

These children were not aware what going to a residential school truly meant – they all believed they were going to just another school.

I didn't know about that residential care. I thought I was going to a different school. (Child 10)

This 16 year old girl was not told what going into care meant for her. Believing that it was just another school, she waited for her mother to take her home after classes as she did in her local school:

I didn't know until the last minute, because I was the youngest from the three of us. So, I wasn't even told. When we were left I thought it was just a school, and my mom is going to come in the evening and take me.
(Child 16)

However, with time children understood at least some of the real reasons why they got into institutions. Considerable number of children believed they went as their mother (or another parent) was unable to take care of them because of poverty or illness. Smaller number of children said they went into care because they were not coping at a local school and suffering isolation or stigma – most of these children were placed in auxiliary schools. Four children believed they went to institutions for the better: because of family abuse or conflict, social isolation or because they wanted to join and support their siblings already in care.

Thirteen year old M. believes that extreme poverty forced her family send her to a residential school:

I: Ok. Can you tell us why do you think Ion [a toy that replaced her in a story] had to go into care?

S: Because it was hard in the family.

I: But what was hard for the family?

S: They had no... nothing to wear or eat...(Child 18)

Residential care as protection from marginalisation in local schools

Some children reported going to residential care as they were not coping educationally in a local school. Struggling with the curriculum and suffering from stigma and isolation, they often were 'forgotten' by their classmates and teachers.

Sixteen-year-old N. shares her experience of struggling at a local school: local authorities not being able or not wanting to help, the only person supporting her in her studies being her mother. Coming from a rather vulnerable family, she did not fit among others as her family could not ensure the regular money donations that are usually made informally to contribute to school maintenance. The child saw going into an auxiliary school as a better option for her – she could get schooling more adjusted to her learning abilities:

I was in the 1st grade and... I didn't study as well as others... when the examination commission came to test the children, I could not even divide words into syllables. The commission came and then they left, but nothing has changed for me. I did my homework with mom and I could write with her, but I could not read at all... I went to the auxiliary school, and I started reading better, and talking, and writing... (Child 14)

Residential care as an escape from poverty and adversity

For some children, residential care was the only get away from their poor or chaotic homes. 16-year-old H., who was placed into care because of her mother's alcohol problems and abuse she experienced from her mother's partner, believes that a boarding school was beneficial for her. It was a place where, unlike her family home, she could enjoy safe and secure life:

It is better there than were we used to live before... here [at mother's place] we were beaten... he [mother's partner] beat us because we had to say 'daddy' and I didn't want to... (Child 15)

This 16-year-old felt happy when she was told about going to a boarding school – a place that seemed to be better than home. Yet, as she grew older and was able to understand better the real implications of staying in care – separation from family – her perception of residential care became less optimistic:

I was happy... Because it seemed to me that it would be better there than home, I would make more friends, I would play more. That's why I was happy. After that I grew up and I understood more, so I didn't like it there.
(Child 15)

As a possible result of being given no or limited and patchy information and not having a consistent plan or clear understanding what the future held for them, children did not know for how long they would be in to residential care or when they would return to their families. The majority of children in the study did not mention or possibly did not know how long their stay would be. Only a small number of children reported knowing whether they would stay in care temporarily or long-term.

Conclusions

Most children in the study perceived the time before separation with their families as a happy period. Yet, their narratives are also permeated with stories of poverty, struggling and marginalization in their own schools and communities. Because of their mothers being in most cases the only caregivers who struggled to provide care and sustenance for their big households, many children had to take over adult tasks and roles, working on the same scale as adults, running households and even taking care of their young siblings. All these lead to early 'adultification' of children.

Transitioning into care was by no means a clear or straightforward event for children. Most children were told about going into care by their parents or a third party: a SW, relatives or a school teacher. Only a few children mentioned that parents communicated the decision to them or a plan was made in regard to further visiting or the child's return home. This is in contrast to mothers' narratives: more mothers reported discussing and explaining to their children what would happen next and how contact would be maintained. If a SW or another authority informed the child

about transitioning into care, the explanations were patchy, scarce and at times misleading.

In an attempt to clear the ambiguity surrounding their transition to care, children created their own interpretations of their experiences. For many of them the meaning of care and the implications of being placed there remained obscure. Many children believed they were going to 'just another school'. Yet, with time, children were able to rationalize and explain why they got into institutions. Children cited poverty in their families, educational struggling and marginalization in their home communities and schools as major reasons for being placed into care. As a possible result of having limited or no information about their placement or future contact with their families, and not knowing whether they would ever come back, at the time children experienced ambiguity in regard to the length of their stay in institutions.

LIFE AND RELATIONSHIPS IN SEPARATION: MOTHERS' AND CHILDREN'S VIEWS

Chapter 8. Separation. Managing Parenting, Contact and Family Relationships: Mothers' Views

'I was thinking about them like any other mother...' (Mother 10)

This chapter relates how mothers managed their parenting and maintained contact with the child and other family during separation. It demonstrates that mothers had to rely on a variety of strategies and resources to carry out parenting that was restricted by time constraints or geographical distance resulting from their migrant jobs. Various aspects of physical and psychological care – affective care and love, daily provision and education – were shared between the mother, residential institution and extended family. Mothers had to ensure family cohesion by managing their relationship with the child and relationships between the child and new family members as family structure changed with time. When the residential schools were closing down, mothers were pressured to take their children back, and most of them reported not being ready for it, either financially or psychologically.

The vignette below helps understand mothers' experiences during separation when they often had to leave the country to make a living for themselves and their families while at the same time maintaining links to their children and families in Moldova.

Vignette 6. Divorced mother, a migrant worker in Russia, child going to care while mother works abroad. Mother using help of a community member to raise her child. Reunification happened in unideal circumstances for her but she agreed to take the child from care.

Maria is in her late 30s. She has two sons, one of whom lives with her and previously went to residential care. Maria and her ex-husband used to be migrant workers in Russia. However, when their relationship fell apart, her husband took the younger child and returned to Moldova. Maria struggled to take care of the child on her own in a foreign country. She did not want to leave him in the care of his grandmother as she did not

think the granny, who was illiterate herself, was able to raise him 'properly'. She made a decision to send him to residential care where he could become an 'educated boy'. While in Russia, Maria constantly thought about her child: 'I thought all the time about him...how he was doing there'. She empathized that she had feelings and worried about her child, just like any mother would do. As she could not offer her child physical care, she relied on a woman from the community, who took care of her child in her absence. Maria developed trust and respect for the woman who was willing to offer care and support for her son.

8.1. Parenting and contact with the child

At various stages of separation mothers had to work on several tasks. Figure 6 presents parenting tasks that mothers had to carry on during the time of separation.

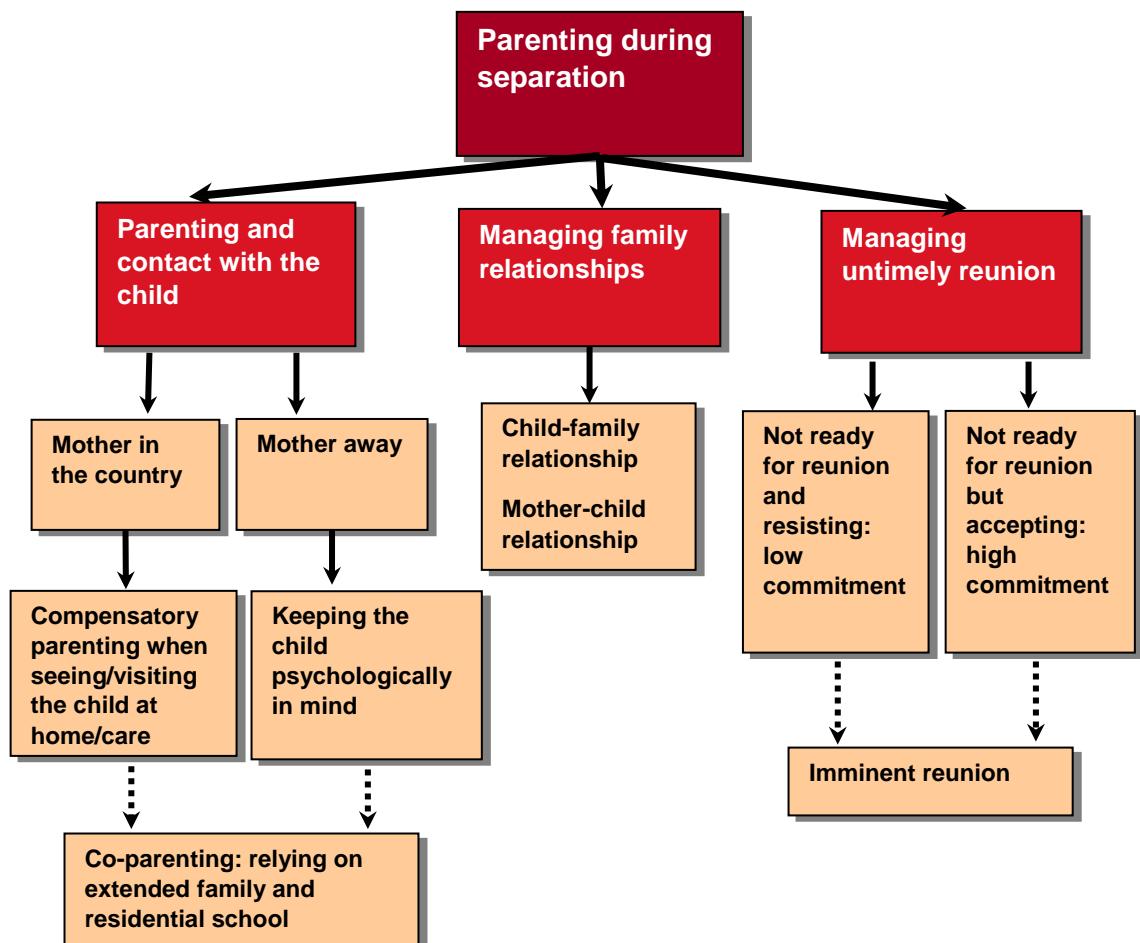


Figure 6. Parenting during separation

All mothers in the project experienced ruptured contact with their children. Due to their troubled lives and need to leave the country, the migrant mothers could only see their children intermittently. The nature and length of their contact depended on how close the institution was to their home, or whether it was financially or physically possible to see the child. Yet, mothers found a way to maintain contact with their children, which allowed the mothers to stay in touch and be aware of the children's lives while at the same time caring and providing for the children. They used the limited time they were together – either during mother's visits to the boarding school or when the child came home for weekends or holidays – to continue routines and exercise rituals of love and care: preparing family meals, celebrating holidays together, sharing bits and pieces of each other's lives and maintaining the children's connections to the community. Mothers used every possibility to exercise their parenting, even in its curtailed or part-time form. They faced time and distance constraints; yet, they continued home and family routines in those short periods of time they were able to see their children.

When mothers were not in the country, they could not continue the physical parenting - everyday caring and physical contact shrank to a minimum. Yet, the mothers found a way to still care and stay in touch with the child. While being away, mothers would call the child from abroad or use relatives to keep contact and check on the child in care. In absence of the possibility to carry out the physical aspects of parenting, however, mothers never stopped caring and loving the child. Keeping the child psychologically present in mothers' lives was a key in helping them to stay connected and keep the child as part of their changing families. Many mothers would also rely on extended family or community help in supporting and caring for the child. Thus, parenting and childrearing became a shared task between the mother, institution and extended family.

Model in Figure 7 explains how childrearing duties were distributed between the mother, care and extended family. Each party had its own

responsibilities. Thus, mothers provided love and care for the child when and as much as they had a possibility for. Mothers relied on institutions for good provision and education – things they thought they would not have been able to ensure, had their children stayed with them. Mothers' long absences from the country (1-5 years) meant there should have been someone else from the family, friends or community who would visit the child in care. Institutions and extended family served as safe buffers that continued child care when the mother was physically not available to do it and provided the child with the sense of family belonging and identity.

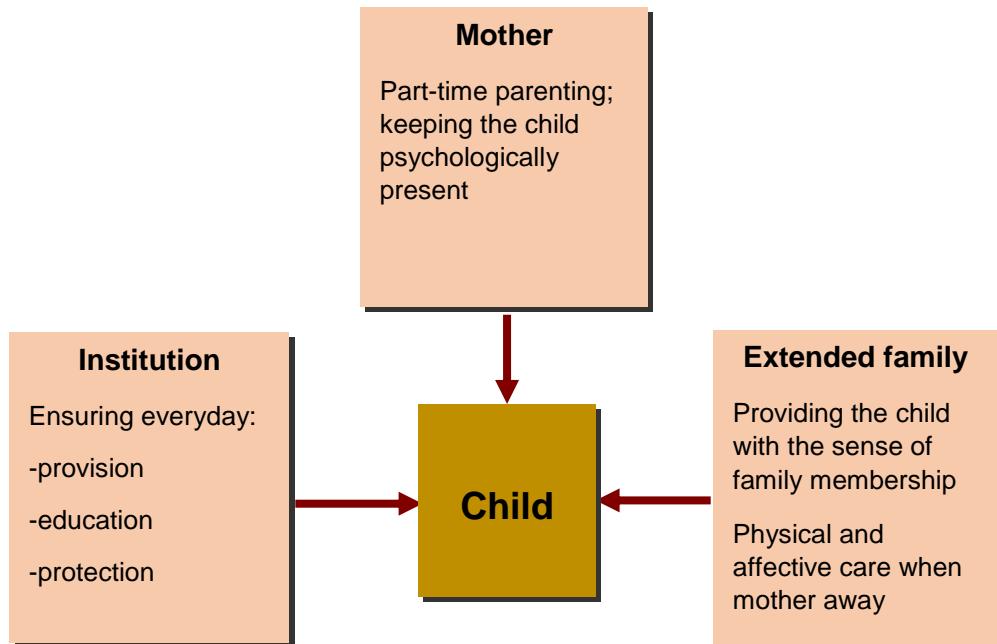


Figure 7. A model of co-parenting between mother, institution and extended family

Managing contact and relationship: mother in the country

Staying in the country, even for short periods, allowed mothers to visit the child in care. During such visits, mothers tried to provide maximum care and love for their child: bringing nice food and sweets, organizing trips around the city, grooming the child in the same way they would do at home. Also, mothers were participating in the institution's life by attending concerts, events and parents' meetings. This allowed them not only to see the 'inside' of life in care, but also to take part in it. Being able to visit

the child meant that mothers could continue to exercise their parenting role, albeit in a reduced form.

For this mother, grooming her daughters' hair is an important act of care – a ritual that connects them. This is an act that signifies a link between the past life at home and their present life apart from each other. Continuing home routines in care symbolizes mothers' attempts to normalize and resume old life in new circumstances and continue their mother's role:

Every evening I would come [to care] from work because I worked in the city. And I went every evening to braid their hair. They had long hair, and I went every evening to braid their hair so that it wouldn't get dirty...(Mother 1)

Mothers continued providing for their children in institutions. Many bought clothes and brought food from home – another important demonstration of affection in a culture where large food feasts are used to show care and a lot of effort and money are spent on preparing and laying an abundant table full of delicacies for loved ones.

For this grandmother, treating her grandchildren with some home-baked food is an act of care and love that carries a special meaning to her own grandchildren and other children in care. The food she brings is not just food that is meant to enrich children's scarce diets – it is a ritual of care where her own grandchildren get a very special part of it:

Once or twice a month... I baked something... I only had to call them that I am coming and the whole school knew that 'Granny is coming'...and I arrived and as soon as I left the car they were all there...around...I came in...put everything on the table and treat all of them...But of course for my own children I had a special bag...(Mother 6)

Taking the child from the institution for city walks and shopping was another compensatory experience mothers organised for their children. S. had to come to Moldova every three months because of immigration

rules. While visiting her children in care, S. arranged nice experiences for her children: buying them ice-cream, taking them to attraction parks and walking around the city. Deprived of opportunity to love and spoil her children every day, S. tried to condense her parental love in the limited time allocated for such visits making it a small family celebration.

Participating in life of the institution helped mothers and children stay connected and share some aspects of life together. This mother, like many others, attended school concerts and visited her daughter's room in the residential school. Her daughter would share with the mother news about her life and introduce her to her world:

I would bring her candy and biscuits; I went there when they had concerts all the time...on the holidays... She would tell how their rooms were, she would show me her bed, a nightstand, notebooks, pens... and she was doing drawing, she would show me... She told me that she had friends, the girls from her room. They got on well. (Mother 5)

Staying close to their child in care also allowed mothers to be partially in control. They collaborated with teachers and stayed updated about the latest news. For them, it felt they were involved in their child's life and could take care and protect them.

This father protected his child from older peers who were bullying him and communicated with teachers in regard to the child's well-being:

Well... I was always making sure nobody is being rude or bullying them there. If there were any conflicts with the bigger ones, I was telling that to the teachers... I was always asking the teachers to keep an eye on the situation, and if they didn't, I was telling them that I'll be the one doing that. (Father 20)

Whenever it was possible and if the mother was in the country, children would also come home to visit on a weekend or would stay at home for a holiday. Such visits were much-anticipated and almost festive events for

parents. It was time for nice meals, children mixing with their step-siblings and stepfathers, a reunion with friends from the community – all condensed in a few days of visiting their family. It was a rare time for parents when they felt again and for a short time like they are united together; their chance to feel one family – whole and unbroken, loving and caring for each other. During such visits, the children got a chance to reconnect to their communities. They went out to play with their friends and explore the places:

They were glad that they are going home. I already knew that on Friday afternoon they are home - I need to run there. Having the whole family together at the table - it is real happiness... [I made] placinte [Moldovan pies], cakes. I always called and asked them beforehand: 'What would you like to eat?' And they said: 'This and that'... Our neighbours' kids asked: 'When are they coming home?' They played together. I told them: 'On Friday afternoon' and they were like: 'Hurray!' - they were so glad. When the girls came home, I think 30-40 children came to our house.... They playing outside, yelling, crying until very late ... I was sitting next to them in the evening... talking... asked about their life in care. (Mother 7)

During children's visits home, mothers did their best to ensure the best conditions for their child; it was time for mothers to demonstrate maximum love and care for their children. Contributing to the household with their share of a job is an inalienable part of childhood in Moldova. Yet, parents tried to free children visiting from care from the burdens of housework – it was their way of 'caring' and 'spoiling' their children:

When they were just visiting they didn't have any chores, I was kind of spoiling them.... I was just taking care of them. (Father and stepmother 20)

This mother ensures that her son gets the best pieces of food when coming home to visit – a compensatory strategy for her to show love and care for her child and give him the same as other children staying at home:

A:...*I was trying to give him the best piece of everything. ... Every parent gives that to the child.*

I: But you had two more children.

A: *They were eating every week [at home], but S. did not ...*

I: So you wanted to spoil him a little bit.

A: Yes. (Mother 19)

Barriers in contact

Mothers reported experiencing several barriers in their contact with the child. Facing *institutional* barriers, they were restricted in their contact with the child by institutional rules – they could take the child home only with the permission of institution's authorities and only for certain periods of time. *Financial* constraints limited the mothers' ability to visit their children in care – they could take children home only if they had decent living conditions. They also experienced *geographical* barriers: the consistency and frequency of mothers' contact was a factor of whether they were in the country or away.

Institutions imposed certain restrictions on mothers' ability to see and take children home. They could take children only in regulated times – usually for the weekends and holidays. In order to do so, they needed to notify care staff and get their permission. In some cases, mothers had to prove that their living conditions were satisfactory in order to obtain permission to take their children home for a visit.

Mothers were encouraged not to visit or contact their children in order to help them 'adjust faster' and 'not to miss their families':

From the beginning children were crying, but later their teachers told me not to worry because they will get used to it like all other children. ... they told me that all children cried at first and advised me to come less often and take them home less often. (Mother 12)

Mothers were also limited in their contact by financial or housing problems. This mother could only take her daughters home if she could prove she had appropriate liveable conditions, a minimum of which were a warm house in winter and food, which she could not always ensure:

I took them, but there were times that they stayed there during the winter. Sometimes during the summer, because I was in Moscow... Even when I was at home, I didn't have any logs for heating, and I didn't have these things, so this is why I didn't take them because I didn't have conditions and I didn't have any food. This is why I didn't take them, because I knew that they would be fed in care... (Mother 12)

Mother away: thinking about the child, keeping the child psychologically present

These mothers saw themselves as 'just like any other mother' – thinking, caring and worrying about their children. Keeping their child in mind was how their parenting was exercised in a situation where they could not see their child for long periods of time or contact was intermittent:

I was always thinking about them, always trying to do the best for them... (Mother 11)

They were restricted in when and how they were going to see their child, how much time they could spend with them or things they could do together, but they kept thinking and caring about their child. In other words, they could not spend time next to their child but they could care, think and worry, just like any other mother, about their children. This was an important attribute of their parenting nobody could take from them:

I thought about him... because I was thinking like any other mum... (Mother 4)

This mother emphasises that she constantly thought and worried about her child, like any other mother would do:

...And I was in Russia and I was there thinking about him all the time. When I did not see him for a long time I thought: 'How is he there? What does he do?' I had feelings like any other mum... (Mother 2)

Constantly thinking about the child and their wellbeing, while at the same time trying to manage and control anxieties and fears, was one of the parenting 'jobs' mothers had to tackle. Through thinking 'just like any other mum,' they exercised their parenting that was lacking in conventional acts of care-seeing, living and sharing everyday moments with their children. Thinking and keeping the child continuously in mind compensated for a lack of physical aspects of caring and helped mothers keep the children psychologically present in their life.

Mother away: extended family/community take over

While being away from the country, mothers stayed connected to the children via regular phone or Skype contact with extended family. Many mothers also sent regular monetary remittances back home. While children continued to stay in care, they could come home or be visited by a member of the family, and in some cases, neighbours could take care of the child. Many mothers spoke very warmly of their close family and neighbours that visited children in care and took them home, offering physical comfort and moral support. Uncles, aunts, elder siblings and grandparents served as a bridge connecting the mother and the child. Extended family was an important means for family cohesion and continuity: they updated children on family news, involved the children in family routines and provided physical and affective care. Visiting their family homes also allowed children to maintain their niches in their families and communities.

C. left the care of the child to her elder son while she was away restoring her health after husband's death. Her elder son D. was an important intermediary between her and the child, helping the latter to stay connected to the family in the mother's absence:

It was D. [elder son] and his wife T. They were the closest to him at the time... I asked him about things at home, what was going on with G... He said that he was going to him [visiting the child in care]. They took him on Friday evenings and on Monday mornings brought him back... He had friends there – children from the neighbourhood – and played with children there. D. was taking care of him... (Mother 4)

In some cases, relatives mediated the relationship between the mother and the child. Thus, I.'s sister helped him understand his mum's circumstances and the decision she had to make, and helped him cope with feelings of frustration and bitterness about his mother leaving him:

His sister also came and told him: 'Wait a bit... don't you see your mother is struggling?'...(Mother 3)

Neighbors and members of the community also helped take care of the child. This mother describes her neighbors as members of her family, as they took care of her children while she was away. Regular contact with her family, ongoing support, feeling that she could rely on them when in need and their attitude made them like family to her. One of the neighbors who was described 'as a granny to us' provided emotional support to the children when they visited home:

They [neighbours] would ask them how they were doing in care...and they would tell them: 'This and that happened'.... They would ask them: 'Is it better there, or at home?' And they would say: 'It's better at home, where mother is'. (Mother 9)

B. points out in astonishment and gratitude an invaluable role a stranger from the community played in the life of her son. She appreciates how a 'stranger' took care of her son while she was away. Not related to their family in any way, a woman from the community offered her child support that is comparable to that which could be given by close kin:

I will tell you in all honesty, [the neighbour] was a stranger... but how she took care of him – I have no words! She bought him everything: sausages, cheese, eggs... she was waiting for him: 'A., what would you like?'...I met her and told her about A... that he goes into care. And she said: 'Let him come to mine at least sometimes.' She is from the same village that's why. She bought things for him. I sent money for him but she said: 'Don't spend the money. Save it. I'll buy him what he needs.' You see? She is a stranger to us but how close she became... I am speechless. (Mother 2)

Mother away: role of institutions

Institutions helped mothers ensure daily protection, provision and education, which they could not give their children on a consistent basis. Boarding schools served as safe buffers for mothers that could work away from the country to create a more stable future for their families, while at the same time handing some of the responsibilities to the state. Many mothers valued and praised the institution for keeping their children safe and nurtured. There were four main benefits most mothers highlighted in institutional care: protection, good provision, education and close supportive network of friends in care.

Benefit 1: protecting the child

In the mothers' view, institutions protected the children from the negative influence of family or community. This grandmother used the institution as a way to protect her grandson from parents' abuse and neglect:

He came crying and I asked him : 'What happened?' and he said: 'Granny, do something to us because dad beats us and drinks...I do not want to go there. Look how badly he beat me'. Then he lifted his T-shirt and I saw bruises...In short, he came and asked me: 'Granny, please take me from there... I can't leave there' (she starts crying here)... and I took all the documents and took him into care so that they are together [siblings in care]. (Grandmother 6).

This mother used an institution to protect her son from being uneducated and bad peer influence:

If he had stayed with the granny he would be uneducated... for sure. He does not listen to her very much... you know how it happens with grannies. He met some bad guys there. (Mother 2)

Benefit 2: better conditions and education

Moreover, all mothers appreciated institutions which gave their children good education and provided better living conditions and opportunities:

I went to have a look at the school...I compared how we lived at home and school and thought that it was much better at school...We had a hard life. (Mother 7)

For this mother, the institution is an opportunity to give a good education to her child and raise him as a 'good person':

I sent him to care as I knew there he would get education. And indeed, it was like that – I never heard a word from him... he never talked back to me... I knew he would become an educated boy there... and I hoped he would get good support there. He will become a normal [all-round] person there... that's what I thought. (Mother 2)

Benefit 3: 'brotherhood' of children

Many mothers valued institutions for giving their children supportive friends' networks they did not have in their schools or communities because of the marginalisation that many of the children experienced. Children were clustered together in the limited space of their boarding schools where they stayed most days and nights, spent time and shared spaced with each other for years, forming fraternity or community of like

family relations. The base of such fraternity rested on mutual understanding and support, standing up for each other and sharing:

They were like sisters and brothers there...because if one had a sweet - he would share it with all of them...They shared there ... it's crazy... if there was a piece of bread - they shared...They helped each other... comforted each other because they all got there ... 'My mum is bad' or 'my mum is doing reparations in the house and doesn't have money'... they complained to each other in this way and comforted each other... (Mother 3)

Benefit 4: auxiliary schools as the best place for children not coping in community schools

Mothers that sent their children to auxiliary schools highly valued them as it was their only opportunity to give their child an education in an inclusive environment. This mother firmly believes that her son was in much better care than at a local school where he could have been bullied and would not have coped:

I left them in care because I knew that they will get used to it, little by little. And it was better to send them into care than [to school] here in the village, because they would not be able to learn here... I thought that they would be better in care than here. They better be there, than be bullied in this school. (Mother 13)

This mother accepts that her child was not supposed to be at auxiliary school and happened to be there only because he was rejected by the teacher at a local school and this was a convenient option for providing a more individualised approach to her son:

Actually, he wasn't for that auxiliary institution, but we saw that at this school the teacher didn't pay attention to him, and at that auxiliary school the teacher would do this and he would learn. (Mother 19)

A few parents shared stories of their children being neglected or even abused in care. This father shared how his sons were beaten by care staff for running away without permission:

I remember when they told me how them and other guys went to the forest and collected mushrooms and after that they sold them. That's how they made some money. When they came back, the staff members started hitting them with legs. I don't remember exactly if it was because they didn't ask for permission to leave or because they weren't in time for an activity. (Father 20)

Other parents also revealed the stories of children experiencing emotional or physical abuse in care. Nevertheless, mothers almost unanimously tended to believe that staying in institutions overall benefited their children, providing them with opportunities they could not have enjoyed in their families or communities.

8.2. Managing relationships between mother, child and other family

Over the years of separation, family contours changed: mothers' ex-partners dropped out of the family and were seen as lost and unsupportive, and new members of the family appeared with whom the child needed to construct a new relationship. Mothers moved homes, left and came back to the country, started new families and had new children from new partners. All this required re-considering a status quo of family relationships and re-shaping family contours.

In spite of distance and difficulties in maintaining contact with the child, many mothers described their relationships with their children as close, where the children loved and missed their mothers. One mother described her relationship with children as 'the same' – they stayed close both prior to and during separation.

Grandmother M. believes that all of her grandchildren loved and missed her during separation. She sees herself as the closest person to them

both at the time of separation and before. She has replaced their mother taking care of them from their birth:

I was always with them... Whatever there was to tell – bad or good – they would come to me... Closer than me there was nobody... From their very birth I have been with them... I have been with them all the time... (Grandmother 6)

Yet, in some cases the relationship between the mother and the child were not as brightly coloured. Some mothers talked about their children becoming estranged from them – becoming emotionally distant and clamping up, not sharing with the mother. Separation created a rupture in their relationship, affecting their closeness and communication.

This mother felt that her daughters clammed up emotionally, thinking their mother abandoned them – a feeling that disappeared as the mother and children started seeing and talking to each other more:

They clammed up... They wouldn't talk to me... They would rather not say anything... But that year they were abandoned. They felt that I left them. And when I moved here, this feeling disappeared... (Mother 14)

Rare contact in the first four years of staying in care created emotional distance that felt like a rupture—girls stick to each other and leave their mother outside their world:

M:...For those 4 years when they were mostly in care and only in the last 2 years when they started coming home, I knew what was going on in their lives. But for those 4 years it was something like a rupture!... They were more whispering secrets to each other, not with me, but between themselves... It was clear that they stick more to each other. It didn't hurt me, no, but it was...

I: Strange..

M: It was obvious but I didn't ask them. (Mother 14)

In years of separation, mothers' ex-partners evaporated from the family, losing their parental authority and role. In some cases, when fathers were absent and did not maintain contact with the child for any number of reasons (incarceration, migration, divorce), they were not considered as important father figures anymore. Lack of care for the child and absence from their life made them outcasts in their own families.

Some mothers developed new partnerships or re-married, and children stepped into these new relationships, which mothers saw as friendly, close and supportive. This is how Mother G. described the first encounter between her new partner and her 7-year old daughter that later developed into a warm and loving relationship:

When they came for the first time, he looked at Rina – she was little... 7 years old and he took her from the bus into his hands and she looked at him and asked: 'Are you my daddy?' – 'Yes, I am.' And she said: 'Now I will have both mother and father'. (laughs) (Mother 7)

In some cases, stepfathers were seen as close figures in the child's life because, unlike their biological fathers, stepfathers invested their time and resources into relationships with the children – they visited them in care along with the mother, organised and shared nice experiences with children, and gave the children the attention and love they did not get from their birth fathers. They treated the children with extra love and caution, making an effort to give them the best:

There was no such feeling they had for their real father. This man took more care of them than their own biological father. (Mother 11)

Although not commonly mentioned in this study by mothers or children, strain and jealousy between siblings was a prominent theme in one case. In S's. family, despite accepting their mother's new partner and forming a friendly relationship with him, the children became jealous and bitter about their step-sister, L. She was born when they were in care and, as

they believed, was granted privileges and benefits that they were deprived of:

I: But how did they react that L. appeared in the family?

M: To be honest, they ... were offended by the fact that the daughter is next to me, but they are not... but I explained to them that I will do everything possible so that both you and her are near me. I explained to them and they understood me, I swear they understood... I told them: 'The same as I feed her, and give her candy – the same I bring to you'. They thought that she always eats sweets, and she doesn'tBut then, when they came home, they understood that they ate the same as she was.

I: But were they only offended because of food?

M: I don't know, maybe something else – maybe because she had a stroller, and toys, but they didn't have that. I don't know but it was very noticeable... Even now, they always think she had something they didn't. I don't know. (Mother 8)

There is implicitly more than just simple jealousy about unfair access to material resources of the family – it is about being with their mother, who the boys, unlike their step-sister, did not have next to them. Although cases of inter-sibling jealousy were mentioned by only one mother, it would be reasonable to assume that some tensions over territory, material and affective resources were present in families where children returned home to join their grown families with new stepsiblings.

8.3. Managing untimely reunion

Nevertheless, mothers and children were thinking about reunion during periods of separation. Yet, mothers were aware of the barriers that were imposed on them by their unstable situation: many did not have a place to live and were working hard to obtain one; others felt insecure and unstable as their partners were not supportive or had left them. Their households did not exist or were destroyed or moved as a result of family conflicts. It is very easy to imagine that mothers were afraid to disturb the

present status quo – a fragile balance that kept their life organised. However, in spite of mothers' hesitation, a moment came when they had to make a decision and take their children back. In a wave of de-institutionalisation that started after 2006 in Moldova, residential institutions for children started to close down.

When the process of de-institutionalization was launched, local authorities (Las) approached parents offering to take their children back home. Most parents in the study were given a choice: take their children home, let them go to another institution or put them up for adoption, or fostering. This made parents, who were afraid of never seeing their children again, consent to the child's return back home. However, parents reported not being psychologically or materially prepared for reunion. Some tried to negotiate more time to gain more stability. Most parents, however, having accepted the reunion, believed in their ability to cope and manage reunion. However, some mothers, who planned for their child to remain in care long-term, resisted reunion. These were mothers whose children went to auxiliary schools, where – as mothers believed – they felt better than they would in local schools. This group of mothers were disappointed about the closure of institutions and envisaged their children struggling in a community school. Many parents were encouraged by LAs to take their children home and promised help. Feeling reassured and, partially, not having another choice, parents came to terms with the untimely reunion.

This mother believed she took her children from care 'out of need': she was not prepared and did not particularly want it, but had to make it work, as otherwise her children would be sent further away. In the mother's view, LAs pressed hard on her, using her fear of losing the child as leverage with which to speed up the child's return home:

They said: 'Let's make you documents, so that we know that you don't resign your rights'. I said: 'I won't resign my rights to them, because I was afraid that they will stay there forever'...I had to take them out of need... they kept telling me: 'We are going to close, all mothers are taking

children ... if you want – take them, if you don't, we will send them away'...I was afraid that they will... That's how they told me: 'If they go further – you will not see them'... I got scared, and took them home.
(Mother 8)

The imminence of the decision is clearly pronounced in this mother's narrative:

They said that if those children without parents were taken to a different place but those who had parents had to be taken back home, whether wanted or unwanted. (Mother 9)

Taking the child home is 'mandatory' and 'whether wanted or unwanted', this decision had to be made. She accepts that it could have been an 'unwanted' option for parents, yet they had to comply and take their children home. For her, it was not something that could have been negotiated or discussed. Hence, she accepted this calmly and obediently. Not actively seeking reunion, she did not resist the imposed decision either – she meekly accepted it.

Mothers needed time to prepare themselves and their families for the imminent reunion. Although most of them were talking about financial and relationship stability, which would secure their situation and make them more confident about reunion, it is quite possible that they needed time to process and accept the implications of such a decision: its irreversibility and the fact that they now would have to carry on child care on their own.

Despite not being fully prepared, either financially or psychologically, some mothers assimilated to a new reality. It was not the right moment for them to have their children back; yet, they believed they would cope with very modest resources at their disposal.

This mother admits that the moment was not perfect for her; yet, she believed they would not 'starve' living on resources from their land. Little by little, their life was getting back to normal:

I: Ok, tell me, at that moment, were you morally, financially, psychologically ready for this?

M: To be honest, I wasn't very ready then but I wouldn't have let them starve. We had land – what I put in it- that's what we had at home. Then I started looking for a job; they understood me then, started going to school; they went to this school, and finished 9 grades. (Mother 8)

Most parents were talking earlier about their desire or thoughts of taking their children from institutions. However, they had some apprehension about making such a decision on their own. There were several causes that stopped them from doing so: lack of stability and fear, and institutional barriers.

This mother had a seemingly stable life: having a partner, a place to live and a small income, she had always wanted to take the child back. However, it was her fear of not coping with school and other expenses that stopped her from taking her daughters back:

I always wanted it but I was always afraid that... my salary was small and I have a disabled husband – it is not enough. I was afraid that I would not be able to support them ... with school and other stuff. (Mother 7)

‘The other staff’ the mother mentions refers to the child’s regular sustenance: school expenses, clothes, food, etc., which required substantial investments and which parents simply could not afford. Many mothers cited school expenses as an insurmountable burden and the biggest barrier that stopped them from taking the child back. In many cases the situation was complicated by the fact that not one but two or more siblings returned from care and this meant providing for several children – an additional, unmanageable burden for parents.

Some mothers mentioned resistance on the side of LAs or the institutions’ authorities regarding their desire or attempts to take the child back.

In view of T., she would have taken the child back home earlier, had it not been for her desperate situation: not having a place to live or bring the child to. Not having her own house could be an insurmountable barrier for the child's return – LAs would not let her do it:

I: If you had an opportunity to take the child early, would you do this?

M: Yes.

Tr: But why couldn't you take her earlier?

M: Because they wouldn't let me, because I didn't have a house of my own. (Mother 5)

In some mothers' views, their voice and parental agency here are secondary to the state: they are dependent on it. Mothers feel little depends on them: in spite of their desire to be with the children, the decision-making power is not with them but with the state.

However, not all mothers reported their desire to take their children back home earlier. Some shared that they would have left their child in care, had they had such a choice. This mother was planning for her child to stay at the auxiliary school until the end of high school to get a diploma. She believes her son was better adjusted and thrived in care; for her, moving him to a local school was pointless, if not harmful, as her son 'doesn't learn much':

I spoke with the teachers to see if I can extend their stay there, but it wasn't possible. At the end of the year, the teacher started to ask me questions, like: 'Why don't you like the children to be with you, don't you feel pity for them, because they stay with strangers?'. And of course I took him home, with such questions that I don't want my child, I took him home, but I also wanted it to be comfortable for him. Here he goes to the school, but he doesn't learn so much... They had just accustomed there [auxiliary school] and they learnt well, why should we take them back to school here?! (Mother 19)

Conclusions

During separation, mothers experienced many barriers in maintaining contact with their children. They were separated by distance, had scarce finances and were limited in how much parenting they could do in the time allocated for their visits in care or child's visits home. When mothers were in the country they attempted to provide maximum love and care, making up for the time they spent away from their children. Many of them, living between two countries and not being able to undertake full parenting, had to share different aspects of care with institutions and extended family. Mothers relied on institutions in providing protection, provision and education for their children – aspects of care they could not ensure on a consistent basis. At the same time, mothers continued to keep their children psychologically present in their lives – thinking and loving them, just like other mothers do. Extended families served as a bridge between mothers and children, maintaining family cohesion and continuity.

Family contours changed significantly during years of separation; some family members fell out and disappeared, while others came in. Mothers were the central hub that kept the family wheel spinning. They had to manage their relationships with the children, while at the same time ensuring good relationships between the child and new family members.

Just like mothers were coerced to place children into care many years ago, they were forced to take them back home in the wave of deinstitutionalisation, or accept their children going further in the care system. All mothers felt that they were not ready for reunion and needed more time to prepare for it. Yet, again, feeling powerless and without any choice, mothers agreed to untimely reunion. Some initially resisted and some accepted without resignation and objection. In the end, all mothers had to accept the imminent reunion and get ready to accept their child back into the family.

Chapter 9. Life in Residential Care and Contact with Family: Children's Views

This chapter investigates children's lives and experiences in separation. It unveils how children maintained links to their homes and communities while at the same time building up their life in care. The chapter first explores the processes of children adjusting to life in institutions. It then moves on to provide an insight into children's views on emotional, physical, social and educational aspects of life in care. Thereafter, the chapter continues with children' perceptions of relationships in care and their role in their lives. The analysis further explores how children maintained links to their homes and communities. Maintenance of contact between the child and family, through visits to the institutions by mothers or extended family when mothers were away, is discussed. Finally, the chapter concludes with children's accounts of their feelings and expectations about returning home.

The vignette below presents experiences of 16-year old A. while being in a boarding school.

Vignette 7. Finding his 'second family' in residential care; 'brotherhood of children'; family and community members taking over child care while the mother is away.

Alex is 16 now. He spent most of his childhood in residential care. His mother had to place him in a boarding school as she needed to leave Moldova to work in Russia to ensure her family's survival. Alex was initially distressed about going into care and got angry with his mother – he did not want to see her for some time. However, he soon adjusted and made a lot of friends. He described his residential school as a place where he had an interesting life. Although at first it was difficult to adjust to changes, he coped well. Teachers played an important role in the process of adjusting: 'They talked to me... they didn't reject me ... they were helping me'. Other children in care also played an important role in the process of adjustment – being 'in the same shoes' they offered A. the

support he needed: ‘...they were like me, in a tough situation’. Alex defined his residential school as his ‘second home’ and his best friend there as a ‘brother from a different mother’. For a few years Alex had very rarely contact with his mother, who could not come back from Russia to visit him. However, his father and younger brother visited him in care and Alex had contact with his mother by phone. A woman from the community and a priest supported and nurtured Alex, by offering him daily provisions as well as moral and spiritual guidance. After several years of separation and not seeing her child, Alex’s mother came back to Moldova, but he continued to stay in care. When Alex saw his mother after a few years of separation, he burst into tears. After his mother’s return, he went to her place every evening. Staying in the residential school became more like going to a regular school for him. This continued for another 2 years before his mother requested to bring him home.

9.1. Adjusting to life in institutions

The early days of children’s staying in institutions were daunting: they felt shocked and distressed as they were separating from their families, homes and communities. The majority of children were between 5-8 years old, the youngest child being 4 and the oldest 10-11, when they entered residential care. Their lives changed instantaneously for the long-term and in some cases such a change was sudden and incomprehensible for children. Some children struggled to adjust to a new reality and felt highly distressed, leading some of them to attempt escaping from care back to their families. Children were transiting to an unknown place where they were strangers, not yet having any anchors that could make them feel at home; they did not know any conventions or rules, had no friends and felt bewildered and unsure about their future.

A pathway from being a ‘stranger’ to becoming a ‘native’ required undergoing certain changes and processes that would eventually make children merge with their new surroundings. Such merging entailed several aspects: social, educational, psychological and physical. Becoming native in an alien environment entailed them grinding their way

into new social circles, adjusting to academic life and care routines, in order to feel like they belong to the place'. Yet, all these processes needed time. As days and months went by, children found new friends and embraced new school and social routines. Their friendship circles expanded, they got adjusted to the highly structured life of boarding schools and felt more confident and less distressed about leaving their families.

'I was a stranger'

Just like this 15 year old girl, who got placed into care at the age of 6, most children in the study felt distressed and lost; they were anxious they might never see their families again. Their fear of losing their families was coupled with the anxiety about a new environment where they felt estranged and isolated:

When I had just arrived there, I was feeling very sad and I didn't know anyone; then with time, I got attached to everyone and they got attached to me and we were getting along very well [I was] sad because I thought I would be far away from my family. (Child F)

Feeling distressed and shocked, children found it hard to adjust. Some of them attempted to run away home to their families. The now 16 year old M. went into care when he was 11. When he entered the system he was fearful of the abuse and maltreatment in care. Despite his desire to join his siblings there, he did not like the environment of his residential school and attempted to run away:

I tried to run away twice... because I did not like it there... They said that they beat children ... that it was a not a good place... they did not give you food... (Child E)

Some children reported they felt unwelcome outsiders. One 16 year old girl got into an auxiliary school for children with developmental delays where she did not feel like she belonged. She crudely defined other

children as 'ugly', clearly demarcating the line between the 'sick' children and herself as a 'normal' child:

But the first week, first month everything seemed strange...children were strange... they were children that were... sick... They were ugly. (Child P)

A pathway from being a stranger to becoming a 'native' required merging with their new social circles. As this 16 year old N. aptly puts it, she was a stranger until she made friends with other children:

I was a stranger. Until I got acquainted with everyone. (Child Q)

Becoming 'native'

With time children merged with their environment and this process began with establishing their friendship circles and getting involved in social and educational routines.

The majority of children in the study mentioned making friends as a main factor that facilitated their final adjustment to living in care. Children were almost unanimous in reporting that creating their friendships circles was a relatively easy process helping them accommodate to their new reality. Yet, the accounts of some children suggest that for them it was not such a straightforward process.

In spite of other children being friendly to her, 16 year old K., being nine at the time, struggled to make an entry into a new social world of residential care. Her older siblings served as guides and facilitators in this process:

The most difficult thing for me was the fact that I struggled to make friends... My brother and sister made friends with children all over the school from their first day. When I came to live there all the 6th graders from my brother and sister's class came and started asking 'Is this your sister? Oh, she is so cute'... I first befriended the kids from my siblings'

class before I made friends with kids my class, and then with everyone else. (Child O)

Proximity by similarity

Some children made friends with children from similar backgrounds to their own. Sharing similar family experiences or even coming from the same area brought children together and created what can be termed 'proximity by similarity'.

Sharing the same background of adversity as his friends in care, made 16 year old A. part of their group:

Because they were like me – kids in a difficult situation... (Child I)

16 year old S. shares how having a 'hard life' and coming from the same vulnerable background brought her closer to and helped her make friends with other kids in care. Having gone through similar traumatic experiences, they show each other empathy and support.

After one year I felt happy... Because I started first grade again, and I made a friend. She was from a family like ours – they also had 3 children in this school... (Child Q)

Coming from the same village and having similar family experiences was a proxy for children's closeness. Children served as intermediaries in introducing the newcomers to their friendship circles:

There was a girl there from the same village... she recognised us and we felt that there was somebody she could be close to ... she was from B., we knew her. She introduced me to another girl there who became my friend... She also had a hard life – N. and L. – they had hard life as well... and we began to share things between us... (Child P)

It is noteworthy that the principle of proximity by similarity was used when children transited from care back home: some of them made friends with children in their home communities who shared similar institutional backgrounds and experiences. Going through institutionalisation brought children close to each other after leaving care:

I... A friend from the institution lived here in the village... and he came to visit his granny and we met...

Int: Was he your close friend?

I: No... kinda... when I was in care I did not know him but then he told me he lived there ...

Int: Did this bring you together?

I: (nods)... (Child E)

Conforming to uniformity

Another important aspect of merging with their new environment entailed conforming to certain requirements and rules, which were uniform and rigid. Children were expected to live and act according to certain routines. Institutional environment was a highly structured and organised space: it had a set schedule for children's educational, social and even personal life. Children were expected to eat, sleep, wash, study or play at certain hours. Life in a residential community required compliance and uniformity. Not complying with the established rules and behaviours made them subject to punishment and disciplinary action:

From the beginning, I didn't like that school because there were rules that I couldn't break. And we were punished for breaking rules. (Child O)

This 16 year old girl shares how all her girlfriends that came to care had their hair cut for hygienic reasons. Yet, this seemingly ordinary act carries a symbolic function of making all children look the same – a uniformity of not only behaviour but physical appearance as well:

The first day they took us to the shower, we had a shower. Then we went to the doctor, he checked us and we were all healthy. And also I remember I had long hair when I came there and they cut it. Oh my lord, I looked like a monster! [laughing]...They cut my hair and L's and N's [her friends] as well. They had such funny looks! [laughs] They were just like me! (Child P)

What helped children adjust to life in residential care?

There were two major factors children reported to significantly facilitate their adjustment: acceptance and support by teachers and other children in institutions, and regaining faith in stability of contact with their families.

16 year old A. talks about the role of his teachers that supported him in his early days in care when he was 8yo. An important aspect of such support was that teachers 'didn't reject' him:

My teachers there ... they helped me to adjust, so that I feel better. They talked to me ...they didn't reject me ... they were helping me. (Child I)

16 year old E. emphasizes how she was accepted by her schoolmates as a unique person with her 'own characteristics' and idiosyncrasies:

When I arrived there at school, everyone was nice to me and later I could adapt to everything. Each person has their own characteristics. Everyone accepted me as I am. I was there and everyone was accepting me the way I am. (Child J)

Initially worrying that their parents left them in care and fearing never to see them again, children gained more trust in keeping contact with their families as parents started to see their children in boarding schools and children themselves came to visit their families and communities. In other words, gaining more security about their families and themselves still being part of the family helped children normalise their separation

experiences. They felt reassured by preserving family membership and achieving continuity.

16 year old E. felt very distressed as she moved into care. Yet, she adjusted with time as she resumed contact with her family:

I was sad. I started to cry because of the family. After that I got used to it because I was seeing my family every day and it was ok... (Child F)

9.2. Children's views on their life in residential care

The children reported enjoying their time in institutions. Most of them described residential schools as their second homes. That entailed many aspects of feeling like at home: feeling accepted by other people, being encouraged and supported so that no child is left behind. Many reported having better educational and social opportunities in care: going to summer camps, regular excursions and taking part in various socials. Most children reported having wide friendship circles, which were bigger than in their home communities. Children's life in care was based on the principles of community, unity and equality. However, a small number of children disclosed being emotionally or physically abused.

Education in residential schools was better adjusted to the educational needs of children and was based on a lighter curriculum. Many children comparing education in boarding schools and community schools expressed their favor of the former, which better suited children's needs and was more egalitarian than in community schools.

Residential care as second home for children

Many children defined residential schools as their 'second home' – a place that did not replace their own family and home, yet provided nurture and support in a family or home-like way.

16 year old S. emphasizes being cared for, protected and not excluded as important components of feeling at home in care. All children irrespective of their abilities felt included in school and peer experiences and activities. This excerpt encapsulates her understanding of a true family that loves every child, sticking together in difficult times and not leaving anyone behind:

It was like home because the teachers would not leave some children who were not like everyone else, they would not leave them behind, but tried to keep them in line with everyone else. There were different games, and the weakest children were included as well, and were not left behind just because they could not do it as well [...] when matters are serious one needs to understand that they need to stick with others for better or for worse, because this is how a family is. (Child Q)

Another 16-year old girl considers her residential school as the only home for her – she emphasises that it replaced her family home. She contrasts residential care where she ‘had everything’ and her family home where she ‘had nothing’:

Even if I was there now, I would never return home... We didn't want to return here... I had everything in the residential school and I have nothing at home... It turns out that that the school was like my home, my family - all I needed in life. I had everything there. (Child P)

A small number of children, however, reported having negative experiences. Children were emotionally or physically abused or were subjected to punishment for little misdeeds: e.g. running away without teachers’ permission or not learning a lesson.

The narrative of this 16 year old girl and her brother encapsulates negative aspects of life in institutions, being physically abused, malnourished and deprived of what belonged to them:

V: They would tell us – if we didn't know something, something or other – they would punish us, they beat us.

T (her brother): They beat us with sticks...

V: When we didn't know something...

V: But sometimes – because we are children from residential care – we were given presents in the winter and they would give everyone... to every child but some teachers would take the presents from us. They would take the presents from us, share one present with four children, and take the rest to their own children. (Child B)

A small number of children also experienced restrictions in their ability to move around or communicate with their families. Children were restricted from such things as making a phone call to their families or visiting their relatives in the city:

They did not let us talk on the phone before we went to sleep... they did not let us make phone calls... They did not allow us to go to the city to see relatives much... sometimes for the weekend but it depended on whether the individual teacher would permit it or not. (Child D)

Physical environment of institutions

Children appreciated better living conditions in boarding schools. Their warm and clean physical environment stood in sharp contrast to often poor, shabby and cold environment of their own homes. 16-year old I. compares plentiful and comfortable residential school to his own home where he lacked many basic commodities:

Int: ...you said you did not want to go home?

I: I would not have here what I had there [...] There are no such conditions here as we had there... (Child E)

Children attached a particular importance to availability, sufficiency and quality of food. It was an important, if not primary, benchmark of the quality of life in care. When food was not sufficient or of poor quality,

children made a big point out of this: having plenty of good food was and is an important marker of good life for them.

This 16 year old girl compares the availability of food she had in a boarding school to food in a community school, for which her family had to pay now:

I had to put money on the table, because I had to eat after classes, because I had to wait for the bus to come... But in that [residential] school I could eat, even if I came in the morning so that I was not late for classes, I could have breakfast before class, and in the evening. The food was good. (Child Q)

The narrative of another 16 year old girl and her brother yields a contrasting experience: she describes the scarcity of food, which was of poor quality. Lean tasteless food formed their everyday diet in care, and things usually taken for granted, such as sweets or sausages, were a rare delicacy for them:

V: As long as I stayed in care, they always fed us with porridge – in the morning, for lunch, in the evening – always porridge. I... we, the children from there – me and others – I, for example, was very thin when I was there. When I came home I put on weight.

T (her brother): They would give us boiling water, porridge, potatoes... some sort of stew instead of a soup...

T: They gave us meat once...

T: And it was in blood, it wasn't cooked through.

V:... Only during holidays they would prepare something better – fried meat, and fried potatoes; sausages, and sweets were very rare. (Child B)

Social environment and life of institutions

Many children reported having a busy and interesting life in care. They took part in concerts and performances, went to summer camps and had excursions to various landmarks of Moldova, which were free

opportunities for children. After returning to their home communities, children were cut off from or limited in such opportunities as their parents could not pay for them.

The majority of children spoke about having wider friendship circles; they shared many aspects of institutional life with their friends:

Many times I wished I could go back there [care]...Because we shared joys there ... had fun ... helped each other. (Child I)

Some children emphasised that their friendship circles were wider in care than in their home communities after their return:

I: It was better there than here... much better... everything...

Int: What was the main thing that was better?

I: More friends...(Child L)

Children's lives in institutions were based on the principles of community, unity and equality. Children worked and played together, shared educational and social spaces and routines, supported and helped each other.

16 year old N. emphasises the egalitarian atmosphere of boarding schools: every child is treated fairly, irrespective of their social background, and this was an experience opposite to what she had in her home school where she was marginalised as a 'poor' child:

T: When you were in residential care you were all equal?

N: Yes. Everyone was given attention and I had exemplary behaviour at school. My photo on the school stand among the best students, I was given diplomas because I studied well... We were like a family in our class. Everyone was equal there, we didn't have the division between the richer and the poorer. Everyone was the same, even when sitting at the table. (Child Q)

Besides being involved in social and educational routines, children reported they were doing some manual jobs such as: processing gathered harvest of corn, planting vegetables in institutions' small kitchen gardens, cleaning the territory, etc. Involving children in physical work entailed Soviet 'pedagogy of labor': children were contributing to their institution's communities by doing some socially beneficial work. 16 year old S. was involved in work that benefited his residential school:

When we were there, our teachers came and told me and another boy to go and take care of the corn with a special electric machine. It's expensive, like 3000 lei. It has a motor in it. So we went to collect the corn and I mauled it all in one day... We would clean up, we would go out and plant potatoes, and lots of other things... In the fall we would go on an excursion and we would go to get walnuts. We would bring the walnuts to school, take out the shell, and give the nuts to the teachers, and they would bring us money to school. (Child R)

Some children mentioned stable care routines: sleeping, eating, studying and playing at regular times. Regular unchanged routines gave children a feeling of stability and security. Many appreciated highly structured mode of institutional living, without which their life would be a 'chaos'.

Education in institutions

Many children spoke about the advantages of education in residential schools; it was more adjusted to individual student's needs and was based on a lighter curriculum with fewer subjects an easier program.

16 year old N., as a child having special learning needs, believes that educational system in a residential school suited her better: it had a lighter curriculum and was more oriented to her individual needs. She believes in the virtue of such schooling which is better paced and educates children 'according to what they can do':

...There [residential school] the material was given according to the individual capabilities...So that the child doesn't lag behind their class and doesn't get bad grades, they try to give them tasks according to their capabilities... (Child Q)

16 year old I. perceives such education as 'proper', equipping him with skills for which he is praised in his community school now. In this sense the education and upbringing he got in the past are serving him a good purpose in the present:

Because there [care] we were taught like it should be. Here [village] at school teachers praise me for being educated and polite. Not like others. And they say many times: 'Look at I. - he can do it and you cannot!'. (Child H)

15 year old E. appreciated a more structured and collective mode of education: children had a busy schedule and worked together under the teacher's supervision. Children's work was controlled, ensuring that every child is doing their job:

In the morning we had classes and in the afternoon there was a lunch and then meditation and then games and then we learned again...We were doing it altogether. Until we completed it, we could not leave the room. Each of us worked individually and then we went to the teacher to check it. (Child D)

Children worked in groups helping each other in 'weak' areas:

When one of us didn't know something in a class, we helped her. We weren't all strong in all disciplines, so we helped each other. (Child D)

Institution as a temporary shelter

Some children talked about institutions as a temporary shelter for them.

They believed or, rather, wanted to believe that they would eventually come back to their families.

16 year old N. speaks of a residential school as a temporary place where parents do not abandon their children but place them for educational purposes or because of their difficult life circumstances. An institution functions as a shelter that helps children and families in need. Placement in care is not seen as an irreversible event – she knew she would go back home:

It was an auxiliary school. There were children from poorer families, that did not have a good family situation, and who did not do well at school...I always knew that I would return home and I realized that the it is not a place where parents abandon their children and don't need them anymore, but where children can be returned to the family... (Child Q)

9.3. Role of relationships in residential care

The relationships in care were valued by many children because of the love and support they received from their peers and teachers or mentors. In some cases, such relationships, were considered as equal to or even more important than their birth family relations.

Institutions as one big family

While talking about residential school community and their relationships with friends and teachers, children predominantly employed the language of kinship. They identified their friends and teachers as their 'like-family'. Although stated inexplicitly in only a small number of narratives, it is clear that children perceived their care community as one big family that resembled the structure and hierarchies of their birth families. At times when their birth family was not with them and could not provide continuous care, their residential 'family' stepped in:

[Teachers and other children] are more of a family because if my mom was away, they would all gather to form something like a family. (Child J)

Children and teachers lived together for many years sharing routines day by day. They would gather together the same way a mother would do with her children: watching TV and doing homework side by side, and this resembled the routine and structure of life in their birth families. In Morgan's (1996) terms, they had many opportunities to 'do family' in their residential environment:

We lived here with five other children... I saw them every day ... for 6 years...every day... And there was also Mrs. L., another teacher... we watched TV there and did our homework...altogether.. (Child H)

The relationship hierarchy akin to their own families was present in the residential 'family' with older children helping their 'mothers' and supervising younger 'siblings' in care:

We were the ones that were always helping with school, we were the oldest there. We were helping the teachers. When the little kids were skipping classes, we were bringing them back. (Child D)

Residential care as a 'brotherhood'

The majority of children shared that their friends and classmates in care were like brothers and sisters to them and in some cases friends were reported to be even closer and more supportive to children than their own siblings. There were two major criteria that underpinned such kin-like relationships: mutual help, support and protection; and the feeling of 'togetherness' – sharing common experiences and routines, material and affective resources between children. Such experiences had to be developed and sustained over a long span of time to cement children's brotherhood ties.

Language of kinship was widely used by children to describe warmth and closeness of their relationships in care. 16-year old A. talks about his friend as a brother from a different mother and such a view on their kin-like friendship was mutual as we know because both friends were interviewed in the study. Lack of blood relation does not prevent A. from seeing his friend I. as his brother:

A brother. A brother from a different mother... I can trust him... He will help me when I am in difficulty. He helped me with many things. We feel good together...We used to be together all the time. (Child I)

In some minor cases friends in care were seen as more supportive than children's own siblings. Support, understanding and trust that friends developed over time, creating common biographies and taking part in each other's lives and spaces outside care made them think of such relationships as equal to, if not more important than, their own families:

My friend – I told her everything. She was a very good friend. She supported me more than my sister... I even visited her house once, my mom allowed me to go, and then she visited me. We went together everywhere, like we were at the summer camp together. We would go to excursions together, and she would lend me her things, and I would lend her my things, and we would always go together, and we would always hold on to each other like sisters. (Child Q)

There are friends who understand me really well... even more than a my family. I was in the same class with them and every day we were near each other and always willing to help each other. For me they are... like sisters... these girls are very trustful. I trust them and they trust me. (Child J)

Children gained a sense of security and protection while helping each other to go through difficult phases in their life:

They helped me to go through difficulties... In the institution it was difficult... they helped me when we had problems with other children.
(Child H)

They were defending each other in conflict situations involving older children or teachers. 16 year old E. uses the 'Three Musketeers' metaphor to describe the children's sense of unity and commitment to shield each other from life difficulties:

We were there one for all and all for one. (Child D)

Many children also describe the feeling of 'togetherness' – taking part in shared activities and sharing material (e.g. food and presents) and affective resources (e.g. secrets, feelings and thoughts). Doing things together contributed to their feeling of family-like closeness:

We were studying together... We spent a lot of time together... we shared joys there... had fun... helped each other... I miss those times.
(Child I)

Brotherhood of children also implied sharing and this entailed sharing everything they possessed: from food and presents to feelings and thoughts. Such sharing means equity where no priority was given even to their siblings:

They were like sisters to me. They would share with me, and I would share with them. We exchanged presents, if we liked each other's presents more and vice-versa. And we exchanged things with many kids from the school. There was no difference if someone was your sister or not; if you had something, you had to share it with everyone.
(Child Q)

Sharing secrets and life experiences was another important building block in creating sibling-like ties between children:

They told each other about their family situations, they would give each other advice on what to do, and how to behave even around the teachers. We were like sisters because we had no secrets, and everyone had a group where they could communicate. (Child Q)

Teachers as second mothers

About one third of children in the study reported considering their teachers in care as their second mothers. Yet, another two thirds, while recognising and appreciating their teachers' support and care, did not see them in a close, family-like way. Being a child's second mother implied support and protection, acceptance and good treatment, understanding and having an open communication with the child. Some children reported their teachers caring for them as if they were their own children. Spending time and providing care when their birth parents were not around created a family-like closeness between children and teachers. In some cases, teachers were seen as more supportive than children's own mothers.

The teachers were taking care of children beyond their prescribed roles and outside their duty times: e.g. on big holidays, when parents could not visit or take children home, they stepped in trying to organise family-like experiences for children so that they did not feel deprived of childhood experiences. Some even took children to their homes:

The teachers who stayed with us over the weekend would take us somewhere, would take us out for a walk, not on the school's grounds, but beyond them... The teachers would sometimes take the children to their homes and give them sweets. When there were several children staying over in the residential home during the vacation period... there were times when the parents had no opportunity to take the children back home. But at Christmas, if the parents had no opportunity, the children would go to B.[place]. There would be a table set for them, and they would be given gifts. And then they would give them excursions. It was like a home, not like a school. (Child Q)

Such family-like closeness is not surprising, given that children received more care and spent more time with their teachers rather than their own mothers. When asked why he considered his teachers his family, 15 year old M. replied: '*Because they were taking care after us more than our mothers and because we were staying there most of the time*'.

For 16 year old K. her teacher became and retained the importance as the major mother figure in her life. Support, understanding and attitude of her teacher were not different to the one she would give to her own children. K.'s mother, although retaining an official status as a mother, lost the importance of a mother figure in K's eyes due to her careless neglectful attitude:

I shared all my troubles I had at school with her [teacher in residential school]. Everything I needed she would always give me... she always bought things for me... like... she treated me as if I was her own daughter... She is even more important than ... more important than mother... She loved and loves me still... very much. And I love her as well. I even called her 'mother G'. (Child P)

Teachers acted as children's mentors supporting and guiding children in their future plans:

She [teacher] gave me lots of ideas about the future...Where to go after...to the university...(Child H)

Teachers fuelled and steered children's motivations and inspired the 'good' in them. 16 year old K. points out the parental qualities of her institutional teacher who understands, cares and loves her 'more than herself':

*She is like a mother, because only she knows how to protect children.
She is a mother who understands, forgets, forgives, and loves you more*

than herself. (Child J)

Role of siblings in care

Two thirds of children in the study went to boarding schools with their siblings. A majority of children saw their siblings as first point of reference for support and protection in care. The need to stay together and survive facilitated siblings' closeness:

When someone beat me... I would tell my brother S... He would take them to the director... We communicated all the time. We helped each other there... (Child A)

Siblings ensured support and nurture for each other to compensate for the lack of parental care. 16-year old E. mentions that she felt a responsibility for her elder sister as their mother was not able to take care of them:

We were united... I cared about her. Mom was not there and my sister was the only one next to me. (Child D)

Another 16-year old mentioned that she stayed connected to her sister in spite of having limited opportunity to communicate: sisters were separated for most of the day. Being different ages they went to different grades and classes and met only occasionally for brief exchanges of news:

We talked from time to time... in the last year they made arrangements so that siblings could stay together: for example, to let us sleep in the same bedroom even if we were in different classes... we felt closer... we could talk... give advice to each other... but when we were separated... we met during the day... maybe exchanged a word or two and that was it. (Child J)

A small number of the children mentioned that they were closer to their siblings in care than after returning home. K. mentions here how being in a more confined care environment made them much closer than at present, when siblings are out into a big world each having their own lives:

It was something... it was their support... My sister and brother were close, unlike now. My sister is in college, my brother is working. Back then we were all united... (Child O)

9.4. Contact and relationship with family during separation

Mothers visiting children in care

For children who had not seen their mothers for months or even years, their visiting children in care were very special and highly treasured moments in children's lives. 16-year old I. describes his very emotional encounter with his mother after several years of not seeing each other:

When she came for the first time when I was in grade 5... I cried... I was crying with happiness. I was in my room, I was called. I ran there, and when I saw her, I cried. (Child I)

For this 16 year old girl a visiting mother organises nice experiences and treats her child to best food. The mother spoils her daughter with out-of-season fruit – treating children to sweets and good food was one of the ways to compensate for care she could not give her child every day:

We would spend almost every day together. Our mom took us to D [place], we would go to a café and we would have a good time, we would talk and even at school she would visit us and bring candy ... I liked that she had the opportunity to come so that we could talk, to communicate. She would always come with sweets or something special. For example, she would come with strawberries and cherries during winter. (Child Q)

Some mothers and their family protected their children and helped solve problems children encountered in care with other children, teachers or even school. For example, E.'s mother shielded her daughter from the school's uniform yet unpleasant experience – cutting her hair short:

My class teacher wanted to have my hair cut. I was crying when my mom came and I told her that my teacher wanted to have my hair cut, and she went to the teacher and told her 'Do not touch her hair, because she doesn't want to cut the ends, let her hair be'... (Child O)

Rare moments of being together with their mothers were treasured by children. Inversely, not seeing their mother or separating from her were very distressful for children.

16 year old E. described here the pain of finding that her mother had left while E. was still asleep:

Every time when mother visited, she would put us to bed in the afternoon for a nap. Since I knew she would be gone [when I woke up], I started to cry. Then mum went to bed with me and when I woke up she had been already gone. And I cried. [she smiles while telling this to us] (Child D)

16 year old I. recollects as one of his greatest frustrations about his life in care when his mother promised to take him home for Easter holiday and could not fulfil her promise:

It was when Mum promised to come after me to take me home for a break [at Easter] and she didn't come. I was waiting for her every day... I was mad. (Child C)

Other family taking care of the child

When mothers could not be there for children, other family – elder siblings, grandparents, etc. – stepped in and served as a bridge between

the child and the mother. They nurtured the children, took them home, visited them in care and ensured that the link to home is not broken.

16 year old V. sought comfort and help from her elder sister who replaced their mother for the time the latter was away:

When I was in care, when we were getting yelled at, I was crying and I was always calling her [elder sister] to tell her what happened, as my mom was in Moscow. And she was visiting us a lot. Sister was buying us clothes. She was taking us to her house during vacations. For example, we had a camp there... and she was coming to visit us there and brought along the brothers... and when she had to leave we all were crying... (Child B)

Children visiting home: staying connected to family and community

Most children in the study went home regularly for the weekends or holidays. Such visits provided them with an opportunity to take part in family life and catch up with their friends from the community.

E. reconnected with her family and community during her visits home. Coming home was a rare chance for her to feel freedom she did not have in care:

At the weekends mother came to visit us and for holidays or on weekends we came home. I met with friends from the village and helped mother where she needed. I felt more freedom... She allowed us to go to play outside... or we could go to the shop or something, which we were not allowed to do in care. (Child D)

During such visits, children and parents caught up on each other's lives and children took part in family routines:

We would come home, change our clothes. My mom would ask us about how things were going and what things have changed at school and if

everything was all right... If the teachers treated us well, and whether anyone offended us. We also played with my sister and would visit our relatives and cousins. (Child Q)

Visits home played a key role in helping children maintain links to their families, homes and communities. The more regular such visits were, the more secure and rooted children felt in the family. Such visits made children feel like they had never fallen out of their families.

Although it was reported by only a few children, believing they would eventually return to their families was another important factor that helped children keep themselves psychologically present in their families' lives.

9.5. Going home: children's feelings and expectations

Many children shared that the news about the closure of the residential schools was brought to them by their teachers. These news aroused mixed feelings with children: happiness, fear and anxiety about further life in their families and homes. The majority of children reported wanting to return and being happy about the fact that their boarding school is closing down and they are coming back home. Many of them anticipated new and better lives together, where they would feel more freedom and would have an opportunity for better self-development. Yet, a significant number of children reported not being happy about such a drastic change in their life: they were worried about their ability to cope in new schools with a more advanced curriculum and the necessity of making new friends. They also felt anxious about changes in living conditions, which, in their view, were worse in their families' homes.

Anticipating a 'new life' and a 'better self'

Reunion with their families was a happy and much anticipated event for the majority of the children in the study. 16-year old I. anticipated living a life where he will have more freedom:

I knew that they would close the school and I would go home and would be free. Then I felt very happy that I was coming back to my family. (Child H)

For 16-year old E. it was an expected outcome of the many years of waiting to come back to her family:

I was happy because for many years we were waiting to come back home... and when they told us [we could return home] we were very happy. (Child D)

For 16 year old A. it was an opportunity to start life anew and develop a 'better self':

I thought that after school I would have a new life. I would be treating myself better... Treating my body better ... treating myself better [having a better attitude to myself] ... become more confident. (Child I)

Anxieties about social and educational adjustment

A substantial number of children shared that they either felt worried and anxious or in some cases even did not want to come back. Children had worries about adjustment in schools and communities and life in families. The idea of leaving a comfortable residential care 'bubble' made them feel anxious and scared.

Reunion with their families meant leaving their social circles behind and children were worried about making new friends in home communities and schools. Changes gave 16 year old E. with social anxiety – she is afraid of meeting new people:

I was sad and had many feelings because I had to make new friends, and I started being afraid of people. (Child O)

16-year old N. was worried about a more challenging curriculum of a village school:

I was sad, because I thought that the school was going to close, and everything would be different, the class material would be more difficult. I knew that in the village school the material is difficult. (Child Q)

She was also anxious about her family's financial possibilities to pay for school books and materials, as well as an absence of extensive teachers' support she received in care, where teachers and mentors supported children educationally. She had to deal with the school material on her own now:

N:... the family will need more money because they will have to buy books and notebooks..

I: Were you afraid that your mother would not manage?

N: No, I knew that she would cope. But I had to do the homework at home. In the residential school, if I needed, the teacher would help me. But here [village school] the teacher doesn't really help. (Child Q)

In one case, the child did not want to return because of a broken emotional bond between herself and mother. 16 year old K. did not have any hope for a better change in a life with a mother who had alcohol problems and chaotic personal life:

K: I went to the residential school and lived there and I didn't want to come back... because I was not getting on well with my mother... I didn't expect anything... Because I knew that if I came back home, everything would be just the same as it was...

I: So that was not good news for you?

K: By no means! (Child P)

16 year old I. is very definitive about his initial resistance to return: he expected negative changes in the quality of living, not having the same

living conditions as in care, fewer friends and educational and social opportunities:

It was better in the care than here, at home... much better... everything... More friends... I would not have here what I had there... There are no such conditions here as we had there... In care it was better... I knew that something would change here... We did not have all the things we used to have there... all the activities we had there. (Child E)

Conclusions

Children's early days in care were quite daunting: they felt distressed and scared about an unknown environment. The process of adjustment involved merging with institutional environment, expanding their social circles and immersing themselves into social and educational routines. Children listed two major factors that helped them adjust to their new life: support and acceptance of teachers and other children in residential schools, and regaining faith in stability of contact with their families. Becoming adjusted to life in care and feeling assured about not losing their families made children feel more stable and secure.

Children's views on life in care were predominantly positive: the majority described it as their second home where they felt emotionally comfortable and where their physical, social and educational needs were nurtured well. However, a small number of children reported emotional, physical abuse or rigid regimes of care. Support, care and shared experiences over a long period of time created family-like relationships between children and teachers. Many of the children spoke of their friends as their like brothers or sisters, and of teachers as their 'second mothers'. Although this theme was not given a priority in the study, siblings played an important role in children's life – a theme mentioned by a significant number of children in the study. Keeping close to each other, siblings cheered and helped each other. When their mothers were not around, siblings felt responsibility to care and shield each other.

Children maintained links to their homes and communities by visiting them on the weekends or holidays. Such visits helped children keep their places in their families and communities. Their extended families helped them to maintain contact with their mothers, preserve their family membership and retain a sense of belonging.

When the news was announced about the closure of the residential schools, it spurred mixed feelings in the children. Although a majority of them cheered the news and anticipated reunion with their families, a significant number also felt anxious about the change: children were worried about their ability to adjust to local schools and communities. Some children reported not wanting to return to their families.

REUNION: MOTHERS' AND CHILDREN'S VIEWS

Chapter 10. Reunion: Mothers' and Children's Experiences

Introduction

This chapter scrutinizes mothers' and children's views on life and their adjustments after reuniting. It first presents a discrepancy in reunion stability among 20 families, with some families being considered stable, while others can be seen struggling and are considered at risk of further break-down. It is then argued that assessing the stability of these reunions is not a straightforward process but rather one that must incorporate the views of all involved parties as well as a multitude of risk and facilitating factors. The stability of these reunions is contingent upon many factors at both – the time of reunion and long preceding it. Reunion experiences are then scrutinized for both the surviving group and the struggling group. Unraveling families' experiences separately for both groups, this chapter examines the factors that made their reunions stable or otherwise. Finally, adjustment processes after reunion are examined, with a particular focus on the variety of roles and tasks families employed to adapt to a new life together.

All families present in the study are formally recorded as successful reunions in social services' files. However, careful analysis of mothers' and children's narratives revealed a more complex picture: some mothers and children shared ambivalent or even negative feelings about reunion, some children were at risk of abuse or neglect, and some mothers felt unable to cope with the increased demands of childcare. Moreover, it was not uncommon for mothers and children to report conflicting feelings: e.g. the child did not feel they belong to the family whereas the mother described their reunion as stable and happy. To gain a more holistic understanding of these reunions, the narratives of both mothers and their children were analyzed alongside each other. However, such an approach was not without challenges: assessing the stability of a reunion is complicated when the situation involves a variety of perspectives and

a multitude of factors. It is therefore important to bear in mind that reunion is a process involving many participants, mainly parents, children, their extended family and social services, and that considering the views of all stakeholders in the process is crucial to achieving an holistic picture.

Careful analysis revealed that our group of 20 mother-child dyads is not homogenous in terms of reunion stability: some families are more stable and well-adjusted relative to others. To identify groups as either stable or struggling, a framework of reunion criteria was imposed on each of the cases. Two groups were identified: a more stable group (surviving) and a borderline (struggling) group, each having 10 parent-child dyads. The stability of reunion was defined based on both the mothers' and the children's accounts, and was measured against the following criteria: family financial and housing stability; removal of the initial risks that led to separation and absence of new risks; and whether the child was well-adjusted in the family, school and community. A mother-child dyad was classified as stable if it matched all or most of the criteria above, and if mother and child were congruent in feeling positive about reunion. If there were risks present, or the mother or child reported struggling, then the case was placed in a struggling group.

10.1. The surviving group

Vignette 8. Stable reunion, both mother and children adjusted well.

For Maria and her two daughters, the reunion went relatively easily. In fact, it began before the girls came back home 'officially'. For the past two years, while staying in a residential school, her daughters used to come home almost every evening and over the weekends. Maria never left Moldova, and this allowed her to maintain continuous contact with her daughters. When the residential school was closing down, Maria was encouraged to take her daughters home; she said there was no need as they were 'already at home'. Maria believes that they were not really separated, and that the girls were not abandoned: the boarding school was for schooling purposes only. The girls returned home mature and grown up, and they are children Maria 'doesn't know'. She accepts that there was a relationship rupture between them that was a result of a 4-year separation. The sisters would be 'whispering between themselves' – sticking together more and sharing secrets with each other rather than with their mother. However, with time the girls opened up and communicated with Maria more easily. When first returning to a

local school, the girls were teased because of their institutional background: they were called 'special', but they quickly dealt with the situation by challenging the offenders. Maria has encountered only minor problems since reunion – she now has to provide more food and clothes for the girls as they grow quickly. She prepares the girls for adult life by teaching them practical skills; e.g. how to cook as well as how to behave around boys and strangers. Her elder daughter shares a parenting role taking care of her younger siblings. She is a 'replacement' mother when Maria is not around. In spite of the increased financial burden, the whole family feels happy and adjusted in their new life together. The girls are loved by both Maria and by her new partner, who has replaced their biological father.

The majority of mothers in this group were single, struggling mothers when they were separated from their children. They were desperate for jobs and money, did not have a place to live and in some cases had abusive partners. Two out of the twenty mothers had terminally ill husbands and were unable to care for their children. At the time of their reunion, mothers' situations are significantly improved – their unsupportive or abusive partners have left the family and mothers are remarried, have a place of their own and are feeling more stable. At the moment of reunion there was no neglect, alcohol or substance abuse, home violence or parental mental health concerns present in any of the families. Mothers felt more stable and confident about their ability to take care of their children. For some of the single mothers, absence of a partner did not impact their determination or belief in their ability to make the reunion work. Most children were returned to homes and communities familiar to them as they had visited them before the reunion. Moreover, the environment to which they returned to was not only familiar but also positive – it had changed over the years to become more stable and safe. Other important factors were mothers' and children's positive self-image and determination to make reunion work. Finally, mothers and children were in agreement regarding the positive nature of the child's readjustment. Full list of reunion risk and success factors for this group is presented in Appendix E.

There were five factors that determined the stability of reunion for this group (see Figure 8):



Figure 8. Factors facilitating reunion stability

What reunion was like for mothers and their children?

Re-building family life

A mother shares that for her 15 year old son, integrating himself into the family involved accepting his mother's place as his home. Now, three years after his return, he has finally acquired a sense of belonging to a family, and he enjoys a permanency and ownership of a place that he had never experienced before:

He was little back then... He didn't know what family is ... how it should be...now he knows: this is my family... this is my mother... my house... back then he didn't know; he accepted the institution as his home. He began to live there and knew that there was his home. When he came here he said: 'I have two homes – here and there. When I finish school [institution], this will be my second home.' (Mother 3)

Children had to become attuned to new rhythms and routines: they found themselves having to communicate with more people around them, their physical home environments changed, and they had to adjust to new rhythms of old routines. Here a 15 year old girl speaks about her expanded social world and the necessity to live and communicate in it – yet that prospect does not scare her. This child faces changes with positivity. She enjoys the less structured and restricted life in her home:

I: What was the most challenging or difficult thing to get used to?

R: How to say... to accommodate to parents... to communicate with everybody around... when we were communicating more with schoolmates, children....

I: Was it difficult to get used to your home?

R: No... Suddenly, when we came, everything changed... trees have grown...

I: What about your daily routines – did they change?

R: Yes...

I: In which way?

R: Meal times. In the institution we ate 3 times a day and here at home you can eat whenever you want. If there is food – you can go and eat.
(child D)

Some children shared that they found it difficult in the beginning to communicate freely with their families and the people around them. Fitting back into their families in spite of having maintained a connection and having visited their homes during separation was not a straightforward process for them.

This 15 year old boy felt unsure about approaching and communicating with his family:

I: Ok ...When you came back home, what was the most difficult thing for you? What do you think?

V: I didn't know how to communicate with...

I: With people or with ...

V: With my family...

I: You didn't know how to approach each other or what?

V: Yes...

I: Were you shy?

V: Yes... (Child K)

With time, children felt more relaxed and confident in their relationships - they found more common ground, familiarized themselves with their families' lives and created a basis for everyday conversations. Thus, the

initial constraints and reservations in their communication gradually vanished and their communication became more open and unconstrained.

The 16 year old K.'s return home signified a qualitatively different stage in her relationship with her mother – she had a chance to learn more about her mother's life and gain a better understanding of their communication and relationship:

Since I came home, we knew more things about each other... For example, in these 4 years I had no idea that my mom worked with taxes. I knew that she was working, but didn't really know where. And then I started... [to learn things about her]... So now I understand that she has changed her job, and she will stay home for 2 weeks, and 2 weeks at work. So that we have time to communicate. (Child O)

Being able to make jokes denoted a new stage in their relationships – a demarcating line between the strict and constrained atmosphere of the time when she visited home and now, when she has become an integral part of family and household. Being able to make jokes is a privilege she did not have before:

I: Ok. ... what can you do now in your family that you could not do earlier?

E: Hmm... Jokes (laughs) Before it was harder... Because back then we weren't allowed to...(Child O)

Finding common language and establishing good supportive relationships with new members of the family, who appeared while children were still in care, were important steps in a child's adaptation to their home environment. The changed family structure required reconsidering the child's position and role in the household, and there were implications for family relationships and roles. Many mothers remarried and new children appeared in the family. Thus, children returning home had to build up their relationships with these new family members.

All mothers in this group reported good relationships between children and their stepfathers. In many cases the stepfather would initiate this relationship by committing to care for and love the child as their own child. Commitment, care and love cemented the relationship between children and their stepfathers. This 15 year old girl considers her stepfather to be her only real father: unlike her birth father, he takes all responsibility for her and her family:

I consider him my father, he educates me and takes care of me, and he can buy me all the things I need, unlike the biological father. He feeds me, dresses me... He works, he does good things for the family, with him we bought this shed, and two cows, and we had pigs and ducks around the household. (Child Q)

Many children in the group had siblings with whom they returned home from care, and about half reported having clashes with their siblings or feeling distant after returning. Strong bonds formed in care gradually vanished. Living in the confined space of institutions, siblings used to keep close to one another, offering each other comfort and support. Upon their return home, however, the siblings' lives went different routes. K. sadly reports becoming more distant with her siblings after returning home, as each of them has their own life now:

My sister and brother were close, unlike now. My sister is in college, my brother is working... Back then we were all untied, and our friends were there too, so there was not much time to be sad. I liked it there very much. (Child O)

Adjusting to life at home required new skills that children did not possess. They were not adapted to life at home: accustomed to life in care, where most of their routines were organized and managed for them, children were struggling with the heavy loads of household work after returning back home. Life in a rural environment in Moldova revolves around big households with large allotments, as well as small home farms. From a very early age, children are expected to work to contribute to the

household. Weeding the kitchen garden, feeding poultry and other animals and working on the community or neighbors' land for small payments all make up an integral part of children's lives in Moldovan villages. They are expected and encouraged to share the household jobs. For this mother, her children seemed 'as if [they had] fallen from the moon' – aliens in their own home who were not accustomed to the rhythm or structure of her everyday life. The mother had to invest time and energy educating her children about housework:

They were like... as if from a different planet... they didn't know how to do anything. There they studied and studied. But I was also making them work – you need to plough, you need to do things here and there. V.[daughter] said: 'I don't know anything, Mom, there we only studied.'
(Mother 9)

Used to the lack of physical work in care institutions, children struggled to acclimate to physically demanding lifestyles where they had to cook food, take care of cattle and babysit their younger siblings. Spring and summer were the hardest times for 15 year old N., as they meant more work around the household for her. In the absence of her parents, she and her sister were responsible for making the household run smoothly:

It was difficult because our parents would go with the cattle. They were employed as shepherds, they would look after the cattle all day long. And it was hard for me, because all the household was our responsibility... it was hard because when my mom was here, when I came from school I could still do something, not immediately, but slower... But when Mom left with the cattle, I had to do everything quickly. I would come from school, I had to cook food, to tend the garden, to clean the house, and I didn't really manage to do all of that. It was hard... in winter my parents were home... I didn't really do the work. But then when the spring and summer came, it became harder for me, because I had to come from the school, to change my clothes, and to...[work] (Child Q)

A clash between parents, expecting children to be helpful and obedient, and children, trying to shirk their household duties, can spur parental indignation and disappointment. This spontaneous exchange between a mother and her daughter reveals a generation gap and a disparity in their views on the child's responsibilities in the household:

Mother: Because when I was small, like V, I remember that my parents, also were very... wouldn't argue, wouldn't fight; and I also want to raise them like that, like my parents. But you know before we were... we were better behaved but now children have changed... Before, we would always listen to our parents, and go to the hills, and work. Now they are freer... You know – the times now...

Daughter (interrupting): Then the times were... her times. And now these are our times – they have changed. Before there were farms where children would work. When my grandma was working at a farm, my mom would go help her, and stay with her. But now – [it is] not [like that].
(Mother 9)

Child' social and academic adjustment

In the early stages of reunion, children experienced some social isolation. It took them time to create and expand their social circles – a challenge they overcome relatively easily due to some factors. A mother describes how her children who returned from care together felt estranged and lost in the early days of their return:

Well, they were stressed, they were... couldn't believe they are home, and will be with our mother. But at school the first time they were... their teacher told me – T. is sitting, and doesn't talk, and thinks, and looks... (Mother 9)

This child talks about feeling estranged and scared when he first came to his mother's house. His new surroundings are in striking contrast to the care environment, where he could rely on and seek the support of

friends and classmates. Left without their support and not having his usual reliable social circle, he feels lost and alienated:

Int: How did you adjust to your new ...life? Was it easy?

I: Not quite. There [care] it was different. Something else.

Int: What do you mean?...

I: I did not know anybody here – even neighbours on the same floor. But there, there were my schoolmates...we were working and could knock on the door and ask for a pencil... but here who would I ask? I didn't know anybody... (Child H)

In this mother's view, children quickly and easily found friends and established their social circles at school and in the community. They were accepted at school and adjusted well to new curriculum and a new schedule. The sisters in this family, in spite of going from an auxiliary school to a local school, are praised by the teachers and have no difficulty in adjusting to a school program. For them the transition was painless and natural, and it is the girls' compliant attitude and obedience that helped them acclimate:

They told me there was no difference for them. No difference. There was no such thing – this school is such and such and that school is such and such. No, there was no difference or differentiation... They fit in at once. Because they are obedient – they do what they are told to do. Even teachers say that, unlike other children, who talk back, they are quiet. (Mother Q)

Another important aspect of children's easy adaptation to schools and communities was that children returned to the environment they knew and one where they had kept their own social niche through visits home while in care. Children were at school with friends from the village with whom they had 'buddied up' when home for the weekend or holidays while in care. In such cases, the child's adaptation to school was faster and less painful.

This 15 year old girl, after returning to a local school, is 'near friends' who accepted her immediately and made her transition to school easy and painless:

R: We had known each other for long... And when I came back here... we knew each other... I was near friends...

I: Did they accept you immediately?

R: Yes... (Child D)

16-year old A., who has been home for some years now, describes how he 'merged with the place' after a time. He has built new friendships and has met his expanded family, making himself part of the world around him:

I: What has changed between the first time you came home and now?

A: I have more friends, I know the place better... I have had a lot of new relatives. M. [stepfather] has 10 brothers... I have somebody to play with.

I 'merged' with the place. (Child I)

None of the children reported feeling marginalized in a local school, although two mothers in this group did report such a marginalization. The sisters in one of these families encountered some bullying from their schoolmates which they could withstand and which eventually subsided – an experience made easier for them by the fact that they knew their social circles long before their return:

I: So she already had somebody she knew?

M: Of course. Even when she (one of the sisters) was in care they still were friends with children from this school here. They didn't have this discrimination that this school is one and the other school is something else.

I: So children from the residential school were mixing with children from school here?

M: Of course, they would play football together!

I: But did they differentiate each other? Didn't they say: 'Aha, you are from the institution...' Something like that?

M: Maybe for the first month...the boys there said that, yes, but my girls are hard nuts to crack – they quickly shut them up.

I: What were the boys saying?

M: 'You are 'special' [has a derogatory meaning in Romanian]. And the girls replied: 'What, you are doing better at school than me?' Something like that. (Mother 14)

Adjusting and doing well at school was very important for children to feel they truly fit in. Being socially and academically successful required the effort of coping with a new, often more challenging, curriculum and increased homework loads. Children had to adjust to having more people in their classes, a less individualized approach and more independence in their work.

16 year old K. had to learn to deal with her homework on her own, as her mother could not be of any help to her. Not having her usual support system of easily accessible teachers made her feel insecure and anxious:

When I came home every day from here [care], I stayed there to do my homework, and then came home. And here [city school] I already knew that my mom wasn't able to help me with my homework because she studied in the 20th century, or the 19th, and we are in the 21st now. (laughs) So I knew that I had to figure out my homework on my own. So she wasn't at home very much, my sister was at college, so I had to find the answers in books, and my homework took longer. And that made me worried, because I didn't know if my answers were correct or not. (child O)

What made reunion work?

Several factors made reunion work for these families: a commitment to staying together that was made at separation; continuity of family experiences during separation and after reunion; willingness to be reunited; mothers' and children's positive outlook and determination to

make reunion work; and mothers' and children processing the separation and moving on.

Family continuity

How separation was managed played a crucial role in further contact and family commitment to reunification. Mothers in this group explained, discussed and negotiated separation with their children. These families were determined to stay together and eventually reunite. Contact between mothers and children was intermittent but never severed. The emotional bond between mother and child was never ruptured, and this helped the families adjust to their new life together after reuniting. Most children visited their homes frequently during separation: they came home for the weekends and holidays. During such visits, the children would integrate themselves within a community – it was a time to reconnect with friends and neighbours and to catch up with family near and far. During such visits the family would continue living as usual: having meals together, visiting relatives and friends or helping the mother around the house. The continuity of these routine experiences before and after reunion made children's transition home easier and less stressful.

In this family, continuity of experiences during separation and after reunion made the transition home barely noticeable:

A: I told you, they used to come home for the weekends... and when they came to stay at home forever, it was as if it [the separation] never happened in our lives.

I: Is that because you saw each other regularly?

A: Yes, because we saw each other regularly. (Mother 7)

Willingness to be reunited

Mothers' willingness to take the child back was an essential factor in the success of reunion and was directly linked to their determination to make it work. For all mothers, the news about the closure of these institutions

was unexpected, and they felt unprepared to accept their children back. They feared they would not cope and would be unable to provide for the child. Yet, mothers in the stable group eventually accepted reunion and adopted a positive stance on it: they were ready to make it work, even though they lacked plentiful resources with which to do it.

This mother, in spite of all these difficulties, believed in her capacity to cope. Having only very limited resources, she was nevertheless determined not to abandon her children again:

I: ... Did you have any thoughts regarding that? How you were going to live together?

M: To say that I didn't have [those thoughts] is not right... I have a house, I have a sofa – I wasn't scared. I didn't think that they would sleep on the floor. Like, I will fit on the sofa, so they will, too. I won't abandon them. I already abandoned them once, when I dropped them off at the institution like puppies. I was crying then, honestly... And I told them that if they come to live here with me, I won't let them go. (Mother 8)

Positive self-image and determination to make reunion work

Positive self-image and a determination to leave their past behind and begin new life also played an important role in cementing reunion stability. Mothers in this group saw themselves as caring, responsible and strong mothers who were able to endure all these hardships while continuing to shield and care for their children.

Mothers and children were determined to forget about their past, leave behind years of separation and begin life anew. For this family, separation was no more than 'a lifelong holiday visit': they were ready to leave behind their past:

... As if it was a lifelong holiday visit. And to be honest with you, we already had forgotten about that institution. Once I said something about the institution – I don't remember what exactly it was – and Rina and Lina

said: 'Mum, please forget about that place and do not think about it anymore'. And that was it. (Mother 7)

Half of the children in this group explicitly mentioned their positive outlook and determination to do well in life. This 15 year old girl was very determined to become a worthwhile person, and she was prepared to face all the challenges she might meet on the way:

Maybe that after this school year, I will go to choose a profession next year, because I won't continue my studies, because it is hard for me here as it is, but further away it will be even more difficult. I would like to choose a profession so that I can have a career in my life, so that I don't remain without a specialty, so that I know that I will become someone and that I can find a job somewhere, to know that I am a human being, not a useless human that can't do anything, with no self-confidence. Wherever you go, you should be confident to overcome all you face in your life. (Child Q)

Processing separation feelings

Acceptance and the processing of feelings about separation and the gloomy past was one of the important steps in moving forward and having positive relationship between mother and child. Only one mother in this group complained about her child continuing to cope with difficult feelings and bitterness towards her, which – as she later shared – were eventually processed and alleviated with the help of professionals and close family:

There are some problems... 'Why did you give me away? You shouldn't have done that!'... he knows what happened to him... he realised that we had difficulties... he realised that it was inevitable... (Mother 3)

Understanding, processing and internalizing these feelings of separation were an important step in children's adaptation: accepting and leaving behind their bitter past allowed children to develop a more positive outlook on life with their parents. Six children in this group reported that

they understood why their parents gave them into care and do not feel bitter or angry about that:

I: ... Are you talking with your father about the care? Why did he bring you there?

V: Yes.

I: And what are you asking him?

V: Why did he bring me there?

I: And what does he answer?

V: Because he couldn't take care of us.

I: Are you angry about this?

V: No.

I: You are not?

V: No.

I: So you understood why dad did it?

V: If I had been left home and no parents around, it would be worse... (Child K)

Family and social services support

Mothers' perception of support from extended family was crucial in how stable and confident they felt at reunion. Most mothers in this group had an extended network of immediate and distant family who they saw as supportive. Mothers in the struggling group also had a wide network of family members, yet they saw themselves as fighting and struggling on their own, as their families were not able to support them. In the stable group, mothers relied on their wider family for support in their childrearing, housework and community life. Their relatives would visit children in care while the mother was away, and it was the family that served as a bridge between the child and their mother: they provided for, loved and supported the child both during separation and upon reunion.

Mothers in both groups reported struggling to provide for their child, mostly complaining about a lack of resources to cover school supplies. These expenses were reported to be an insurmountable burden for most

mothers. The expense of a local school contributed to this mother's financial worries:

I didn't have any other fears – just a fear of not coping financially. Because this school here that is 'free' in reality is not free at all... They claim it is free but it is not. Every day my child comes home with a money claim for something at school – one fund, or another. They told us now that we have to pay every month: they give us a bank receipt ... (Mother 16)

Lack of consistent and transparent support from social services was cited as one of the significant negative experiences of reunion across the two groups. This mother had previously approached a social worker, but her request for help with purchasing furniture for the house was declined. Although she accepted it with humility, her bitterness towards the unfairness of the system is unmistakable:

They know better [than I do] what we need. But I want them to work in an open and honest manner because there is no honesty there. (Mother 7)

10.2. The struggling group

Vignette 9. Very unstable reunion; both mother and child failed to adjust; they experienced an emotional disconnect – the mother and daughter are 'strangers' to each other.

Nada and her 5 children now live together in a small, shabby house. All members of the family have to work hard on their allotment, as they grow food and which forms a substantial part of their diet. Nada is unemployed and struggles to provide for her family. Three of her children, including the eldest daughter, Rina, went into residential care. In the early years of motherhood, Nada led a chaotic lifestyle – abusing alcohol, having several partners and clubbing. As a possible result of that, her children were placed into residential care. During separation, Nada had very little contact with her children – she rarely visited them in the residential

school. After her children went into care, Nada once again started drinking and continued her irresponsible lifestyle. She shares that by drinking, she was trying to cope with separation from her children. When the residential school was closing down, Nada did not feel prepared to take her children back, and she tried to negotiate some time. However, scared of losing her parental rights, she eventually gave in and took her children home. As a condition for keeping her children and to facilitate reunion, Nada was asked to stop drinking and undergo a rehabilitation treatment. The children did not want to live with Nada and instead wanted to stay with their granddad, Nada's stepfather, with whom the kids were very close. One of the conditions the children stipulated for living with Nada was that she limit further relationships with men. After reunion, the family gradually repaired the house and built a life together. Among the difficulties of this period, Nada recollects feeling lost and not knowing 'where to begin' or 'how to manage' their life together. In the early days of reunion, the children were shy and disengaged at school. They were running away from classes and roaming around the village. Such reluctance was a result of trouble coping with the school's program and not adjusting well. Nada believes they could have been 'looked down on' by other schoolmates because of their poor looks and clothes. There is a big emotional disconnect between Nada and children. Rina, her daughter, speaks very bitterly about absence of her mother's support in life. She does not want to be back home and believes she would be much better off in a residential school. Rina feels really close to one of her teachers and calls her second mother, seeing her teacher as a more important figure in her life than her mother. Nada feels that the children treat her as a 'stranger' – resisting physical contact and not approaching her when in need of advice or help. Nada thinks they cannot forgive her for letting them go into care.

The status of this group was determined by the following criteria: past or present risks of abuse, neglect, or parental mental illness; mothers or children reporting not being happy and struggling at reunion. In seven out of ten families there was a history of abuse and in three cases the children were at risk of abuse upon reunion. In two cases, the children struggled

psychologically and were unable to process past trauma. Two children were visibly scared to talk about their home life, with one child saying she was afraid to talk for fear of her parents. Children in this group reported wanting to be at home even in the most precarious situations involving abusive fathers or stepfathers who were living with the family after reunion. Such a finding can be only explained by the children's normalizing even the most adverse experiences: they left abusive households and returned to them. Continuity of adverse experiences in their cases was a permanent risk they were used to. Only four children explicitly reported that they had adjusted to school or their community, and only two had adjusted to their home. Two children openly said they did not like staying at home and would rather be back to an institution and one child said he felt better in care than home. A more detailed account and list of all reunion risks and facilitating factors is presented in Appendix E.

Overall, the instability of this group of 10 mother-child dyads was determined by the following factors (see Figure 9):

Separation was abrupt or not discussed	Inconsistent /no contact during separation Lack of family consistency	Mother or child did not want reunion	Mother's negative self-image: vulnerable and still struggling	Mother-child emotional disconnect (child feeling bitter or angry)	Presence of old/new risks
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Figure 9. Risks factors for the reunion stability

A high rate of instability and personal and social disruption in these families is linked to the family's history long preceding the moment of reunion: the struggling families lacked overall consistency and permanency in their life, experiences and relationships. In two cases separation happened rather abruptly due to mothers' illness or accident and was not negotiated or discussed. Hence, families lived in uncertainty not knowing if and when reunion will happen. Mothers reported they had contact with their children; yet, such contact was intermittent. Children's

life during separation and at reunion was chaotic and unstable: they had to drift with their mothers during separation and often returned to a new unfamiliar home. In three cases the children returned to the households with an abusive step/father. Thus, returning to a familiar environment which, if stable and nurturing, could serve as a protective and facilitating factor for reunion, in these cases was a risk for reunion success. Most of the mothers in this group either resisted or were ambivalent about reunion. Although not directly objecting to it, they claimed that if they had choice, they would have left their children in institutions. These were predominantly the mothers of children who went to auxiliary boarding schools. In addition, mothers in this group have negative self-image and see themselves as cast-offs or helpless and vulnerable. Mothers reported more stressing or negative factors than positive factors and the number of risks or stressors they listed was higher than in a stable group.

What was reunion like for mothers and their children?

Children struggling to adjust to their families

Children's adjustment at home was highly problematic. They mostly returned to environments where they did not feel comfortable or safe because of past or present abuse and neglect, and to households which lacked basic amenities. These children lived in conflict-driven homes and lacked understanding with their mothers, siblings or stepfathers. Mothers did not know how to approach or communicate with their children as children clammed up and mothers felt lost and in need of some external support and guidance in facilitating better communication with their children.

Not knowing 'where to begin' life together

This mother shared feeling lost and not knowing 'where to begin' and 'how to manage' their life together after reunion-the evident happiness of being together with her children cannot mask difficulty of beginning their life anew:

N: I didn't know how to begin..

I: You didn't know how to start and manage your life?

N: Yes. How to manage it, yes. (Mother 15)

Emotional distancing between the mother and the child

Mothers reported emotional distancing and poor communication between themselves and their children. This mother feels lost and distressed as her children do not respect her and sometimes even lash out at her physically. Her parental authority is compromised. Both the mother and her sons need guidance and support in mediating their relationship:

Between them, I dunno, they started to disrespect me. And if somebody could tell them ... advise them... So that they can see how other children treat their parents...

T: This is the most..

I: Most important for you?

T: Yes. (Mother 10)

16 year old E. is one of the extreme cases in this group: she came back home briefly, only to return to a recreation sanatorium for another year. At the time of the interview she had been home for just a couple of days. Although she is a very positive and friendly child who spoke very affectionately about her family, her reunion was not stable: E. clearly does not enjoy staying in a home in which she witnessed her father stabbing her mother – a dreadful trauma that happened before her eyes. She is estranged from her home and family. She and her elder brother and sister suffer from nightmares related to the incident, and they have suicidal thoughts. E. found an escape in a wide network of friends from boarding school that she calls brothers and sisters, as well as in friends from the community. She tends to rely on and look for support in her friends rather than her family as they understand and support her better than her own family:

There are friends who understand me really well ... even more than a family: ... they are far away now but we talk on phone, we still call each other brother and sister. (Child J)

Her elder sister A. uses an indirect medium to communicate her thoughts to their mother: text messaging seems to be the only way to talk and share her feelings and experiences. However, E. is a closed book for her mother – not sharing her mind or feelings at all:

They became very closed, especially E.. A. was able to talk to me more easily and all of these thoughts could be shared with me in a message if she couldn't tell me. But E. – nothing from her. She has a very closed character, very closed. I can't communicate with her – she can't tell me all of her feelings, what she worries about... She can't... it's more difficult to get any information from her: what her worries are, what she has on her mind – it's more difficult to know. (Mother of child J)

Mother H. feels that her children are distant and bitter towards her – 'bearing a grudge' against the mother for giving them into care. As a result, the mother feels overwhelmingly guilty for her chaotic lifestyle and abandoning her children. Processing feelings around the separation, which is a necessary step for family to move on with their lives, is not possible here as the children do not let their mother approach them. The children treat their mother as a 'stranger' – resisting physical contact and not approaching her when in need of advice or help:

I think they see me as a stranger... I want to come and talk but they do not respond in the way I want. You know like C., for example, comes and gives me a hug. But they... When I try to talk to them and they hold a grudge against me...I know that I was guilty [her voice trembling – she starts crying]. But I am correcting my mistake – I am not dumping you. I go to work and do my best to provide for you. I know what life is like... (Mother 15)

In spite of all her mother's efforts, daughter K. does not see her as a close person who can understand and support her:

K: ...There is no mutual understanding... I can't tell my mum something important to me.

I: But who you can talk to then?

K: My aunt.

I: But what prevents you from talking to your mum?

K: I don't know what... If I was a mother and had a daughter, I would share everything with her. But I didn't have that.

I: Is that because of all years you lived apart?

K: Yes (Child of mother 15)

Not having stable and consistent contact with her mother during separation caused a rupture in their relationship: her mother is no longer missed or needed in K.'s life:

To be honest with you, I didn't even miss her. At all... I liked being there. I didn't miss her at all... It turns out that that school was like my home, my family – all I need in life. I had everything there. (Child of mother 15)

Conflicts and distancing between siblings

Many children returned to home with their siblings. Although siblings stayed together and supported each other in institutions, after returning home the relationships between siblings worsened: they fell apart with one another, had conflicts about house jobs and their lives went in different directions.

16 year old I. disapproves of the lax behavior of his sister, who does not behave as 'appropriately' as she did while in care:

It was good... our relationship... It changed... a bit... but not everything...With O.[elder sister] it has changed...there you could not do whatever you wanted, but now she has grown up... and she goes

her own way [does whatever she wants]... I want it to be like it was when we were there [boarding school] – more... more disciplined... not to talk like she talks ... not to go where she goes... (Child E)

Siblings grew apart after reunion, and they were not as close as they had been: each of them has their own lives, interests and circle of friends:

They had their own things and I had my own things... (Child E)

Feeling stressed about home life

Children in this group felt increasingly stressed about their life at home: they were expected to carry on with household chores, take care of their young siblings and serve as parent substitutes when parents could not carry out their duties. Although all children in the study experienced an increased workload within their households, children in this group felt they were under pressure that they could not or were not prepared to stand, which made them very distressed and unhappy.

Here 15 year-old E. recollects feeling stressed at being back home, as she and her elder sister have to lead the household and take care of themselves and their younger siblings. E.'s mother had a severe head injury and had to undergo continuous treatment: she was likely to be absent from home when E. and her elder sister returned. E. was only 12 and her sister 15 at the time of reunion; both sisters had to undertake a parenting role and lead a household with two little children:

I was stressed because mom had to go to Chisinau to have a surgery. So we were stressed, because we were little, because when I came home I was 12 years old and my sister was 15. We had to look after the house...there was no one to be there for us, the only one who did a little bit was our god mother.

I: So you were taking care of your younger brothers, right?

E: Yes. (Child J)

16 year old E. feels overloaded by her mother's requests for help: as the eldest sibling in the household, she is expected to work and help more than her younger siblings are – a rather doubtful privilege she is not happy with:

K: I dunno. The 2 years that I have lived here, I don't even know... I always quarrel with mum because she is wrong. I don't always have to do everything she asks - there are other children as well. S. for example, or V., they are younger than me but they can also do something, right?

I: So you, as an elder sibling, have too many duties on you?

K: Yes...(Child P)

Children were returning from the comfortable and busy environment of their boarding schools to homes lacking even basic amenities such as heating, indoor bathrooms or toilets, etc. The quality of their food and the frequency of meals changed, and they had fewer developmental and recreational opportunities.

Here E. shares her perception of scarcity at home:

I had everything [strong emphasis] in the boarding school and I have nothing at home. (Child P)

E. and her siblings do not have plentiful meals, which are rare and worse at home than in care. Going for a swim, which was her regular Friday routine in boarding school, is now an unaffordable luxury:

K: We don't eat at home in the morning. We don't eat for the whole day. Maybe we sometimes have lunch. There we had milk or tea with bread and butter, fish or something. We had really good food there. Very tasty.

I: So you are missing that?

K: Yes, I do. Every Friday I was going for a swim. I did it whenever I wanted because everybody was friendly with me and I was allowed everything. (Child P)

For E. such a change of environment and lifestyle was a challenge he gradually managed to overcome. He had to learn to live without activities, his institutional friends and comfort of a boarding school:

Int: ...You said you did not want to go home?

E: I would not have here what I had there... There are no such conditions here as we had there... There it was better ...We did not have all the things we used to have there... all the activities we had there....there were no friends like from there... a lot changed ... (Child E)

Just like E. above, many children in this group and even some children in the stable group shared these sentiments about the bountiful, interesting and safe life they led in care.

Academic and social adjustment

Children in this group felt socially isolated after their return home: their close friends and all of their important relationships remained at the institutions. Half of children reported feeling isolated or marginalised at school. More than half mothers reported their children's ambivalence about school or stigma. Adjusting to school was a challenging process, made even more so for children transitioning from auxiliary schools with a 'light' curriculum and low educational expectations to local schools with bigger classes, more demanding teachers and a more difficult curriculum.

16 year-old I. was initially stigmatized at school and struggled academically. However, with time he was accepted by his classmates and although he is not thriving academically, he generally feels better at school now:

When I first came here it was bad ... very bad... they called me names... and I did not know anybody... but then later it became better... At the beginning they [classmates] treated me really badly... but later – better. (Child E)

In some cases, small daily inconveniences linked to having to walk to school put children off schooling. Used to the proximity of study and living spaces in care, K. played truant in the local school as she found it hard to wake up early and walk to school every morning. She felt hesitant about going to a place where she had no friends, and which was a significant academic challenge for her:

K: I didn't particularly want to go to school.

I: Why not?

K: Dunno. Just didn't want to.

I: You missed a boarding school, didn't have friends, program was difficult?

K: All of these things. I went to the 7th grade. I didn't want to go to school at all. I didn't want to wake up. There [in care] we woke up, crossed the road and the school was just there. We just crossed the road, had breakfast and then had classes right after that. And here everything was different. (Child P)

As a child returning from an auxiliary boarding school, K. was entitled to some educational support during her transition to a local school. She was placed one grade level below her previous classes and provided with extra classes that aimed to bridge the gap between the two educational systems. However, her teacher's neglectful approach did not help K.'s adjustment:

In the early days the teachers from Chisinau were giving us extra classes in math and Russian. I was there only once and the Russian teacher told us to say that we had more classes than we actually did. We were supposed to have them every week but I have been to only one class. (Child P)

Having supportive friends and teachers from institutions

Most children in this group reported having close supportive relationships from care: their friends and teachers from before offered them friendly

support at a difficult point of transition from care to their families. Children's relationships from care served as a protective factor in a situation when they had very few other resources of support. K. was still in touch with her boarding school teacher – a very dear person to her, with whom she has a mother-like relationship. The teacher served as a mother for K. and offered her comfort and support at reunion – a job that a mother should normally do:

All the teachers, they all liked me and I liked them. They said: 'You will go home and it will be good, but it will not be better than it was here'. Because they knew my situation, they knew everything about me... For example, I told everything to G.[teacher] and I cried and she cried as well. She told me not to cry as everything will be OK. I will grow up and will go somewhere to get my degree and so on. Everything that my mother was supposed to tell me, but it was not my mother it was my teacher who said that to me. (Child P)

Old relationships from institutions were of great significance to children in this group: they offered emotional comfort and care they lacked in their own families.

Financial struggles

Just like mothers in the surviving group, mothers in this group reported struggling financially: as children returned to the household, mothers had to face the increased burden of providing for them. They had to buy school supplies and clothes, and ensure their children are fed and in good health. All the expenses associated with raising children created extra pressure on the mothers.

This single mother has to ensure enough food for her growing boys, and this means not only more money spent on food but an additional burden of having to cook regular plentiful meals for them:

I worked one week during the day and one week during the night. When I worked during the day, I would come home and make food in the evening. I made food so that we would have enough. 2-3 times a day I would make placintas [pies] on Saturday or Sunday. I would make cookies and cakes, and I asked them what they wanted... But if D. stays home all day, he drinks tea with sandwiches every day. S. likes to eat more food – he isn't satisfied with tea any more. He wants real food. Maybe some water, but he needs real food. (Mother 11)

Mothers in both groups reported struggling to ensure sufficient resources for their families and children. However, their perception of vulnerability differed: struggling mothers, being mostly single or in partnership with unsupportive partners, saw themselves as extremely vulnerable and not able to support and provide adequately for their children.

What made reunion unstable?

Lack of family consistency and continuity

Lack of consistency and continuity of experiences marked the lives of families in this group. Although separation was explained to children and in some cases posed as temporary from the outset, mothers predominantly did not have a plan or any timescale for reunion. In three cases the separation happened rather abruptly, with mothers having no control or the opportunity to discuss or respond to it. Overall, there was no consistent plan for how separation would be managed.

In spite of most mothers stating they had regular contact with their children, the majority of children reported inconsistent or limited contact. Some mothers could not have contact due to bad mental or physical health, while others could not visit their children regularly because of financial constraints – going to a boarding school, which in their case was located remotely, required a substantial financial commitment, which these mothers could not afford.

Resistance to reunion and negative outlook on further life

Most mothers (or their partners) in this group did not want or resisted reunion: they felt their children would be doing much better if they had stayed in care.

In this family, neither mother nor children wanted reunion. The mother initiated the children's placement into an auxiliary school and planned for them to stay there until graduation. She considered that care better met their needs, regretted that the institution was closed and protested against it. For her, it was 'also a school, just a little bit different':

I thought that they would be better in care than here. They'd be better off there than being bullied in this school... here, he would not be able to cope with the school program. (Mother 13)

Such ambivalence colours the attitude of many mothers in this group: the reunion was a forced and unwelcomed event for them that created additional strains and problems. Mothers anticipated the difficulty of adjusting into a local school for their children.

This mother feels disappointed about lack of services and support at a local school for her SEN child: in care, specialists' support was readily accessible to her son:

So this is why I took him to the auxiliary school, because I knew that the program would be easier, and they would be helped developing the ability to talk, and professionals would work with them. But here, we don't have anything. We don't have specialists, you have to go to the regional hospital. That's 2 km and 2 back... going with your child so far... But there they had specialists, and there were doctors coming from D. to take care of them... (Mother 13)

As his mother says, 15 year-old A. was struggling at a local school: the program was hard for him and he clearly needed additional attention and

support, which the local school is not able to provide. The local school has limited resources and teachers are not able to provide the same level of care as in an auxiliary school:

It's hard to learn. There, the teachers paid attention to them, but here, not. You go and do what you can, and that's it. The teachers don't have time. They have to work in the village. There the school was in the city and it was different. They should have created a class here in the afternoons to help them with their studies, but they [the teachers] don't do anything. They have a class, but that's it. Not more than that.

(Mother 19)

Regardless of the type of institutions their children went to, mothers are not happy with the local schools: children are struggling academically, they do not have adequate professional help and schools stigmatize children from vulnerable backgrounds.

As the exchange between the mother and child below shows, 16 year old K. is also not happy with local school: she considers it a drain on the family's money and prejudiced against poor families:

'You're going to stay home.' 'No, I want to go further.' 'Stay, maybe you finish 10 grades here?' 'No, because this is not a school here – this is a catastrophe, a drain of money. Give money for this, give some for that'. She suffered here in school for a year as she studied, and she observed that in care there was a different approach... all children were the same for the teachers. There was no differentiation that one is from this social layer and another from another. They are all the same but this school is a drain of money. She told me that the teacher sees this child one way and with us she is different.

I: Nepotism?

M: The socially vulnerable families are always neglected...(Mother 7)

The majority of children in this group also felt apprehensive about returning home. Only four children reported they wanted to return home.

16 year old K. did not want to return home and abandon her life in care: she does not get on well with her mother and does not want feel happy at home:

I went there and lived there and I didn't want to come back ... because I am not getting on well with my mother...Even if I was there, I would never return home... Because I felt very well there. I had friends and teachers there...We didn't want to return here... Yes, it was very good there. Better than at home. Even now. (Child P)

K. felt rather unhopeful about return – a possible result of feeling disappointed in her mother, who drank heavily, had multiple partners and neglected her children. Living in deep poverty and in a household with a single alcoholic mother for many years, her only experience of positive change and stability was being in care; this left K. with no hope for a better change after reunion:

I: Ok, did you have any expectations of your return home?

K: I didn't expect anything.

I: Why so?

K: Because I knew that if I come back home, everything will be just the same as it was but... it changed a bit. (Child P)

Because of her mother's choices and chaotic lifestyle, K. feels robbed of childhood, which contributes to her disappointment and even anger:

I didn't have a childhood. A normal one - there wasn't one. (Child P)

In spite of this apprehension to return, 7 children in this group reported being happy at home initially – a feeling that only two children continued to feel until the time of the interview. Children encountered a multitude of problems at all levels of their home and social life: they had to fit into conflict-driven poor households, become adjusted to the more stringent academic demands of local schools and build new friendship circles.

Although many children struggled initially, the majority reported adjusting to their schools and homes with time.

Abuse in the family

Two children in this group still live in a household with abusive fathers, and one child had a violent stepfather who was incarcerated for domestic violence shortly after reunion. 15 year old A. is beaten by his father, and in spite of his mother's efforts to keep the peace in the family, the father and the child do not find any common language:

I have good relationships with them. I talk with them, I ask for advice. For S. [husband] it is a little bit harder. He doesn't always agree with what they do, but I easily find ways to talk with them. S. quarrels with them, I only tell them what they should do, sometimes he beats them, and they don't really find a common language. (Mother 19)

In spite of obvious emotional and physical abuse, both children reported they are happy to stay with their families.

Child's poor psychological wellbeing

Two children in the group are still struggling with past trauma and this impacts their psychological well-being; one child is haunted by an unknown traumatic event in care and the other by a violent incident in the family.

16 year old E., who witnessed her father violently stabbing her mother, is still haunted by nightmares. Her elder sister attempted suicide. All children in the family suffer from unresolved trauma and were not offered comprehensive support to overcome the consequences of it. The mother feels helpless as she does not know how to help her children:

Not this week, but the week before she tried to take some pills... I tell you honestly, she sent me this message, I was shocked by this stupidity...

*She wrote to me 'I want to kill myself... The thoughts about this bad deed are always in my head like hundreds of moles that want to destroy my dreams... These are torturous memories: it is impossible to see all the time at night the nightmare from 20**' This is what she wrote: 'I want to kill my thoughts...' She can't get over that: they still have these nightmares. And K.(younger daughter interviewed) also tells me 'Mom, when evening comes – I am so scared. When I was in care, it seemed like he was coming there too in that room. I could see that scene in front of my eyes' (Mother 1)*

Mothers' negative self-image

Mothers in this group had a predominantly negative self-image and saw themselves as helpless, vulnerable and lost. They felt unsupported or even stigmatized by their families and were left to struggle on their own. They all had extended family living near and far, yet they consistently saw themselves as alone and unsupported. Their vulnerable mindset and a low degree of self-belief prevented them from mobilizing resources to overcome the adversity they lived with for many years.

Stigmatization of such mothers, either by their families or their communities, contributed to their feeling like 'failures' or 'cast-offs'. This is how one mother, diagnosed with mental illness, describes her experience of being labeled a 'psycho' and a bad mother: she was denied contact with her children during separation and felt betrayed by her family. Her self-perception of a cast-off and a loner contribute to her feeling unprotected, unconfident and fragile:

I thought that I am left alone and my children may be also left alone because nobody wanted to help me, nobody wanted to come to see me in hospital and I had this great fear... That I am alone... I was not allowed to see my children... as if I had killed somebody... I am a psycho....(Mother 10)

10.3. Adapting to life after reunion

Life after reunion rocked the status quo for both mothers and children. It involved re-considering personal and family boundaries, re-shaping family contours and relationships, and re-building the tempo and structure of the household life. Mothers and children had to learn to exercise a number of skills and strategies that helped them adjust to life together. Such adjusting involved a variety of roles and tasks that both mothers and children had to attempt after the reunion. Bullock (1998) suggested three such roles: instrumental, which involves the child learning new skills; organizational, which entails orchestrating a wide variety of household jobs and tasks; and expressive – supporting and counseling the child. Mothers and children in this study also exercised other roles and strategies. Mothers played a mentoring or pastoral role, teaching their child moral values and life skills. They acted as mediators in managing and balancing inter-family relationships (mediating/managerial role). Finally, mothers had to manage and regulate children's behavior and lives, giving them more freedom or imposing restrictions (regulatory role). Figure 10 (below) summarizes the roles and tasks undertaken by families after reunion.

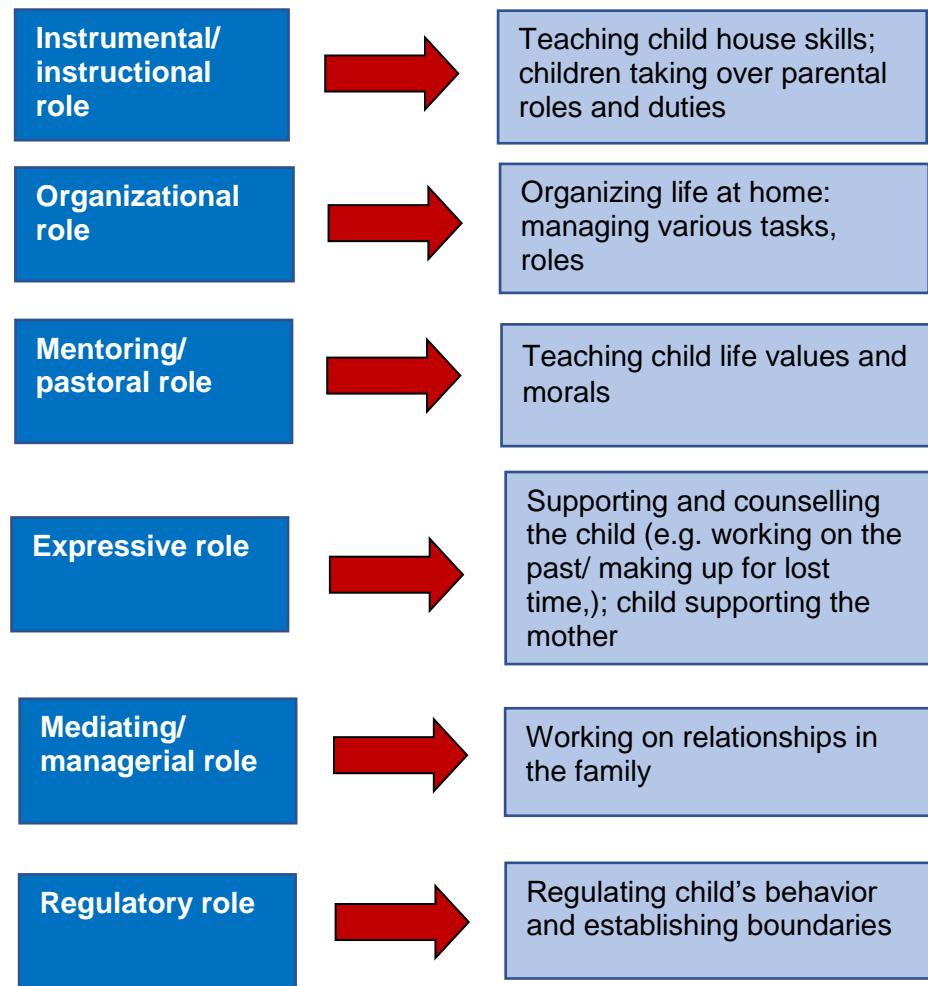


Figure 10. Families' roles and tasks at reunion

Organizing and orchestrating life at home

Children returning home did not have any household skills, and mothers had to organize and manage household jobs and roles. They taught children an array of skills and jobs: from cooking and cleaning the house to ploughing, weeding their allotments and feeding poultry and domestic animals. Ensuring the smooth running of the household required mothers' orchestrating complex roles and tasks: they had to assign chores and teach children household skills. Children supported and helped their mothers they worked around the household and helped their parents with childrearing: elder siblings were taking care of younger siblings when parents were away from home. In some cases children, in spite of their

young age, were taking on occasional farm jobs outside the home to earn money and support their families.

At the age of 12 N. was 'parenting' her younger siblings: she was serving as her mother's replacement and acting as a head of the family, taking on all roles and responsibilities when her mother is not around. Her mother is confident enough to pass on the mother's role to her elder daughter in spite of her young age:

I told N.: 'You are the oldest and you are responsible for everything. I am not in the house. You can take care of your little sister.'

I: So you leave her to be the head of the house?

M: When I was not in the house, that little one was 2 years old and N. was like a mother to her – replaced her mother. That little one called her 'mother'. I could tell that she was really her mother! [laughs].

I: So she was replacing you?

M: If I am not here, she ensures order in the house. (mother 14)

Life in a rural environment, with its scarce resources and constant need for parents to work long hours to provide for their families, created a family structure where children are involved in the childrearing of their younger siblings, maintaining and running the household and helping their parents from a very young age. Coming back home after years spent in care, children were inexperienced with even the most simple household tasks: washing the dishes, making the bed or taking regular showers. Living in the 'hot house' of institutions, where they enjoyed a life of comfort, all arranged and managed for them, they were not prepared to deal with the heavy routines of their homes that required their own effort. Yet mothers expected the children to contribute to the work around the household and this required certain skills that the children lacked when they returned home. Mothers undertook the instructional role of helping their children prepare for 'adult' life in the village, equipping them with essential skills, and this was seen as one of their main parenting tasks. Possession of necessary domestic skills is seen as a

priority, even more so for the girls than the boys, in Moldovan families, where girls are traditionally seen as housekeepers:

M: We went to pasture the cows that year and I taught them to cook and explained this and that. They could make bread. I started preparing them for adult life because my parents didn't teach me but I do.

I: What are you doing?

M: When I fry or cook something I tell them all the steps; write them on the paper and they help me bit by bit. They learned to cook bit by bit. They make bread and placintas [Moldovan home-made pies]. (Mother 14)

Continuing the same routines and lifestyle as before separation helped families make an easier transition to their life together after reunion. Sticking to the same routine and schedule for years helped families keep their life orderly and organized, and it provided children with familiar context and routines, reducing their stress related to their new lives:

I: So you said that when they returned, in the morning they would wake up and they would know their responsibilities for the day, right?

M: Yes.

I: Why is that so – because they used to do it before?

M: Yes, yes.

I: Was your lifestyle when they just came to visit different from when they returned?

M: No. They would be as helpful as before [they entered] care. Because each of them made their bed... we still have a schedule of household chores, it's on the kitchen wall: today E. is doing the dishes, tomorrow – C. When E. does the dishes, then C. and S. have to clean. We have a schedule. (Mother 16)

Making children more independent in their home life was an essential step in their adjustment, and mothers facilitated this process by encouraging in their children more self-reliance and responsibility. The task of making children leave their old habits and lifestyle behind required

mothers' teaching children more independence in their lives at home. This grandmother skillfully conditioned children to be less dependent on her as the main provider of comfort and nurture. Having more than 6 children in the house and piles of work around the household, she has to firmly delegate duties and share responsibilities in order to cope and run the household smoothly:

They thought at first that they will be allowed to do whatever they want. You know – 'we are home'. No it doesn't work like that, what you did there [boarding school] you need to do here as well... I am not their servant... they thought they came from the care and I will be cleaning up after them... and they will do whatever they want... but I did not cope...sometimes I did not have time to take care of the pots on the stove...They said: 'I cannot find this or that'... and I told them: 'I am not going to help you. You left your things somewhere, go get them there...'
(Mother 6)

Supporting and counseling the child

Mothers and other family offered moral and psychological support to their child by demonstrating love and understanding, treating the child with caution and care and investing in trust-building and open communication.

Mothers did their best to shower their children with love and care. Like this mother, they took care not to hurt their children. G. was afraid of traumatizing her children unintentionally: she tiptoes around them, frightened that she might 'make a mistake'. She is cautious about disciplining them – not raising her voice or punishing them in the slightest way. Her eagerness to be a good mother translated into her effort to spend more time with her children, not wanting to leave them alone for a minute:

I didn't want to offend them with anything. I didn't want to make a mistake so that they feel like I am mad at them. I never shout at them and I don't like to do that, to punish them. I never did these things to them. And I was

worried that I would offend them with something. At the end of the day maybe I could tell them something or to behave somehow... We would go together to S., and H., to monasteries more often...during weekends with the entire family. I don't just go with her... I was traumatized but wherever I went, I never left my children alone... (Mother 1)

This mother is also treating her daughter like a 'fragile egg', slowly and gently introducing her to a new life at home. Taking things slow and steady served to help the child make a smooth transition into a new home:

I always tried to take a good approach with her, very slowly and carefully, like with a fragile egg. From the beginning, she was trying to take things fast, but I tried to take it slow with her, and introduce her to the home gradually. I think that was better. (Mother 18)

Children were also offering material and psychological support to their mothers. Thus, K. became her mother's confidante: her mother shared her troubles/thoughts with her daughter. K., knowing her family financial struggles, encouraged her mother to send her away for a year so that the family would have one less mouth to feed.

I: So she started helping you around more?

M: Yes, even in psychological matters – I can tell her what bothers me but she wouldn't... When I went to take them, E. said: 'Leave me, mother, to go to the sanatorium for a year – you are not going to have money for all of us'. This is true, she really asked me 'Leave me mom, a year will pass by quickly' (Mother 1)

Another important role for mothers was to help their children process and accommodate their pasts. Mothers helped their children process feelings associated with separation and gain a better understanding of what happened and why. One third of mothers reported trying not to revisit to their pasts and determination to begin life anew. Two mothers used

compensatory strategies: 'correcting' their past mistake – spending more time with the child and making up for all the time they spent apart.

This mother explained to her children that separation was not an act of abandonment and that she loved and still loves them:

They knew that I love them. They felt it. Only this. That I didn't abandon them. I talked and explained them that... (Mother 8)

This mother uses reunion as a chance to 'correct her mistakes': feeling overwhelmingly guilty for sending her children to an institution, she does her best to keep her children after reunion. Having to work hard and not being able to get an education in her own childhood, she commits to giving her children a different life:

I know that I was guilty [her voice trembling-starts crying]. But I am correcting my mistake – I am not dumping you. I go to work and do my best to provide for you. I know what life is like... look, at 12 years old I started to milk cows. My mother didn't send me to school: she left me to take care of her children. But I don't make them work hard; on the contrary, I want... I loved learning but I was not allowed to. I had to work as we needed to provide for the family. (Mother 15)

To compensate for the time they spent apart from their children, mothers granted their children increased portions of love and attention:

I still feel guilty for sending them there, and that I wasn't by their side during that time. But at least I am trying to give more attention and love to them now when they live with me, to make up for the lost time. (Mother 11)

Teaching children life values, skills and morals

Having a new life and coming home in their teenage years, children needed mothers' guidance in developing frames of moral and social

norms and behaviors. Mothers readily exercised their pastoral roles preparing their children for future independent adult life.

This mother sees preparing her girls for adult life as her parental duty. She bears the major responsibility of providing her daughters with the set of norms and rules of social behaviour. Not having received the right guidance and education from her own mother, she tries to ensure that her girls enter life having all the necessary knowledge and understanding about the social world around them:

They are preparing for life. I talk to them: ‘You will go to a college and there will be boys there...’ I teach them all the time. Maybe in care they didn’t have mother’s advice... I tell them about the differences between boys and girls how they should behave with boys. You know, they know a lot now about child abuse... They are preparing for adult life. I told them: ‘God forgive but if something, happens to me – nobody is eternal.’... because my mother didn’t... and that’s why I made so many mistakes in life. I need to prepare them – to teach them. The teachers won’t do this job. (Mother 14)

Mothers had another important role, one typical of Moldovan mothers – to prepare their daughters for a life as a woman. They talked with their girls about changes in their body and personal hygiene.

This mother helps her daughters understand changes in their body resulting from menarche. The mother has the delicate duty of explaining to her daughters the physiological side of growing up and supporting them in this intimate process:

They told me: ‘Mom, we have breasts, and here and there...’ They asked me: ‘Mom but why do all the girls have their period already, but we don’t?’ And I told them that their time will come... And now they tell me ‘Oh, we don’t like being on our period’... As soon as they started menstruating I bought them pads and everything they need. They told me ‘Yes, we know

that we need to be clean, here and there'. Then the other one started her period... They are already adults. (Mother 12)

This mother also teaches her daughter personal hygiene and cleanliness-areas of her the child's life that were, in her opinion, neglected in care:

N: What I taught her first of all is to be clean. I taught her...

I: Was that a problem?

N: Yes, it was. There was a hygiene problem.

I: Why, were they not taught there?

N: Nobody knows what they were taught there. But at home, I would always tell her to be clean, that she had to wake up in the morning, make the bed, wash herself, brush her hair... That she always had to be clean, especially during the summer when it is hot. I taught her cleanliness. (Mother 18)

Working on relationships in the family

Mothers had to manage and mediate relationships in the family, including managing the relationship between child and stepfather, and ensuring all children are treated equally. Stepparents had to invest into building warm, supportive relationships with the returning children.

Mothers saw themselves as mainly responsible for keeping the family together. In the words of one mother: 'I should keep them together and unite them'. They were not only housekeepers and family providers but also peace-makers and diplomats in their own households.

This mother acts as an intermediary between the child and his stepfather- she serves as a means of indirect communication between them in awkward or delicate situations of family misunderstandings:

I: ..And what about his stepfather?

M: (firmly) They don't have any arguments. (lowers her voice) he [mother's new partner.] can only tell me: 'A.[her son] doesn't want to do

this or that.' But of course he won't tell A. directly. Then I will tell him: 'A., for God's sake do this...do that'. But in general they don't argue. (Mother 2)

Children also had to work on reconnecting with their families and building family ties. I. is gradually finding a way to connect with his family who he had not seen while being in care. His view and perception of his family, formerly restricted to his mother only, expands to include his siblings and other extended relatives. He finally acquired a sense of the family and learned to include himself as an integral part of it:

N: I realised that I have siblings. We started to call each other and talk.

I: When you started communicating, was it easy to do?

N: Not quite, because we had not seen each other's faces ... we did not know what to say...

I: How did you start communicating then?

N: By phone. Then my brother and sister came to see me...I wanted to know my siblings... I did not realise that I had a family and that this was my place. Mother...mother is next to me and that was that mattered.

Tr: So, when you were there, the family was your mum and you?

N: Yes.

Tr: But when you came back you realised that you have brothers and sisters?

N: Yes.. that is right. (Child H)

A mother's treating all her children equally was an important part of keeping family relationships in balance. Mothers did not show preference or differentiation between children. All family resources including affective resources – love and care – had to be shared equally between all children. This mother ensures such equity by having a fair and equal attitude towards all her children:

They started to say that one has to do more, another less. If it is needed, then I tell one off, and another. If it is needed, I praise one and the other. I didn't make them feel like one is better and the other one is worse...I

*can't do such a thing, to say that one is better, and another one is worse.
I care about all of them, in the same way for everyone. (Mother 6)*

Regulating a child's behavior and establishing boundaries

Children's returns home shook the usual tempo of family life: clashes and disagreements around house routines, resources, roles and responsibilities were not infrequent. A new status quo required reconsidering family boundaries and roles. In many cases, mothers felt overwhelmed and out of control: they could not find common language with their children, or they felt helpless or were unable to regulate siblings' conflicts. Setting boundaries for a child's behavior at home and regulating their free time and movement helped mothers keep control over their children and their lives, and ensured order and stability in their relationships.

This grandmother, in response to losing control over her 16 year old grandson, tries to set boundaries to his freedom, or 'keep him on a leash'. She is acutely aware of her responsibility towards the child and is determined to stay in control to avoid trouble:

Yes, we talked and I started to treat him more ... softly... I told him: 'You know, my heart is aching because I beat you, but you did something wrong... You know that I am responsible for you... for every hair on your head, I am responsible...I signed up for you.. If something happens to you, then I...' ...He said: 'Sorry granny, I won't do it again'... I see that he realised ... Sometimes I think he understands, sometimes he doesn't. You know, it is very hard for me to understand him now...but I try to 'keep him in leash'.(Mother 6)

This mother employed another strategy to control and mold her child's behavior: she gives him space and freedom in exchange for his good behavior and for abstaining from bad habits. The deal forged between mother and child helps this family achieve a relative balance in their relationship:

I don't want this: 'I., don't touch this or that. I., sit here. Do this, do that...Do what you want – this is your house... Mother gives you the freedom to do this... Just don't drink or smoke.. Those things – no!' and he listened... mother will buy everything – just listen to her... We have found common language... because – I beg you pardon – who gives anything for free now? Not for free – you need to work for that. (Mother 3)

Having more freedom facilitated children's feeling accommodated and happy at home. In this mother's view, having more freedom was in stark contrast to the more structured and restrictive environment of institutions, where children were 'locked up' and needed permission to do even the smallest things: go to the shop, visit friends, etc. Enjoying such freedoms helped them feel adjusted, comfortable and relaxed in their homes and communities:

There they had less freedom, because everything was closed, like in a jail. But here they tell me: 'Mom, we are going to play, we are going to see the cows...' I let them go... Because there they were locked, like in a prison. But here they have freedom... And they tell me: 'Mom, it's so good at home with you, but it wasn't so good there, because we were locked up.' (Mother 12)

Although both groups – surviving and struggling – employed similar strategies to adjust to their lives together after reunion, there were between-group differences in the most prevalent strategies. Thus, more mothers in the surviving group were exercising their expressive roles by being supportive, showing love and building open communication and trust with their children. Mothers in this group invested themselves more into teaching their child life values and morals. They distinctly presented themselves as 'not like other families' – not social parasites or bad parents. They saw themselves as positively different from other chaotic and abusive families. These mothers more often tried to help children process their pasts: they talked and assisted in accommodating their difficult feelings about separation. Children in the surviving group tended

to support younger siblings by taking on a parenting role or offering psychological support to their mothers.

Children in the struggling group were involved in various household jobs, mainly helping their mothers run the household and private lands and farms. Children in this group, unlike children from the surviving group, did some farm jobs outside the home to earn money and help their families. This tendency could be explained by the fact that these families were struggling more, unstable and lacking support. Hence, all members of the family had to work hard to ensure sufficient resources and survival of the household. More mothers taught their children household skills and had to impose boundaries to regulate children's behaviors and lifestyle. Unlike mothers in the surviving group, mothers in the struggling group worked on 'correcting [the] mistakes' of the past – giving their children more love and attention to make up for the lost time.

Conclusions

There are several important findings presented in this chapter. The first finding pertains to the difficulty of assessing stability of reunion when a multitude of factors are considered. The perspectives of all stakeholders need to be collected, so that it will be feasible to assess reunion success in a more holistic way. Despite being recorded as successful reunions in the official social services files, only half of the reunions in the study can be considered as more or less stable, a situation where both mothers and children feel relatively adjusted, safe and happy. The other half of reunions revealed a multitude of risks factors that were present throughout separation and after reunion. Either mothers or children were resistant to reunion and when it happened, they felt unsettled or distressed about the difficulties it brought. There was a marked resistance to reunion among mothers whose children went to auxiliary schools. This resistance was underpinned by two factors: mothers' strong, persistent beliefs in such schools as better able to meet their children's needs, and the absence of adequate community-based support for SEN children.

Secondly, family continuity was a crucial factor underpinning the stability and success of reunion. Family cohesion and contact during separation, and the desire and commitment to re-build a life together after reunion, eventually created a strong base for stability after the child's return home. Families in the surviving group were consistent in their desire to preserve family unity and eventually reunite. They demonstrated resilience in the face of the challenges of reunion and a positive attitude in working out how they might live together. The struggling families in the study lacked such consistency: chaos and rupture of family ties and experiences accompanied them over the years. Their experiences were ones of family discontinuity or, rather, continuity of adversity and chaos. Moreover, mothers in the struggling group had a predominantly vulnerable mindset, thinking of themselves as vulnerable, marginalised and unable to cope with the challenges caused by their child's return.

Thirdly, families in the study employed a variety of roles and strategies to re-connect and re-build their lives together. However, the two groups showed marked differences in which roles and strategies they invested in more. Mothers in the surviving group tended to invest more in supporting and counselling their child, as well as being their children's mentors and life guides. Mothers in the struggling group focused more on instrumental and organizational roles, which were necessitated by the families' more vulnerable socio-economic situation. These mothers needed to carefully manage scarce resources and involve all members of the family in contributing to family budget. This finding is very important in understanding what strategies families employ to organize and re-work their life after reunion. Knowing which areas families prioritize can help identify gaps, or areas that need more work and support. Further social support needs to be tied to the areas which families tend to neglect. For example, in struggling families mothers could use help in understanding the importance of offering more support and counselling to their children, with subsequent help in developing their skills to offer such support.

**POST-REUNION SUPPORT:
MOTHERS' AND PROFESSIONALS'
VIEWS**

Chapter 11: Mothers' Views on Social Services' Support after Reunion

Attention. Not just - ok, we have taken children back and everybody forgets about you. That is bad. Attention is very important... So that I feel that I am not forgotten. (Mother 16)

This chapter looks into mothers' experiences of accessing and receiving social assistance (SA) support after reunion. The chapter scrutinizes mothers' views on organisational and personal barriers which affected accessibility of such support for them. Many mothers in the study shared that they feel reluctant to apply for state support and prefer to cope on their own and mothers' views on reasons for such apprehension are explored. The chapter concludes with mothers' perceptions of what support is useful or needed for them; focusing on the complex nature of their needs and the necessity to provide various, ongoing and consistent support for such families.

11.1. Mothers' views on support received

Although most mothers said they were promised support from the state if they took their children from institutions, less than half reported receiving adequate and prompt support at reunion. Mothers received financial support in various forms and amounts: they were helped to purchase their own accommodation and furniture for the house, help children settle at a local school or provide school supplies, buy poultry or other animals for their little farms. Yet, the other half of mothers were negative and criticised SA support. Most mothers mentioned intermittent nature of such support that prevented them from relying on it and shared that they are in need for more finances and practical support.

The case of this mother is typical where help received was diverse and tied to family's various needs including material and practical support she received from her social worker as well as other NGO and charity organisations:

They said they would help me to buy the house, and the SW said that I will be getting money every month to help provide for them. But also not just these things – Mrs. L. helped me with other things, too. She got me food, and especially when I came from maternity she brought me various foods. She brought me some things for home, and also helped me with getting the necessary medicine. When I came back from maternity I had some prescriptions and she helped me with those, too. But we also worked with many organizations. (Mother 18)

Mothers also received psychological and moral support. Many mothers, when asked about psychological counselling or support, did not understand what such support meant. Only a small number of mothers reported having been offered some moral support which was given mostly in the form of social workers (SWs) having informal talks with mothers or children. In some cases where psychological intervention was needed (e.g. child's psychological trauma), children got psychological help. In some cases mothers were supported by NGOs, which offered complex comprehensive financial, psychological and social support. All mothers were content and happy with the support offered by NGOs. Their further criticisms and dissatisfaction was linked to state SA services from which they expected all-round support.

In this case NGO professionals mediated the relationship between the mother and the son in the earliest stage of re-union, helping the child process difficult feelings about separation and anger towards the mother

The girls from [NGO] helped me... they explained him that his mother is not guilty...this is what life is like...because the mother did not know what her life would be in future... they helped us [financially]...for some time so that he doesn't run away from home... so that he doesn't smoke with other guys... he listened to them...he still listens to me.. (Mother 3)

For this mother receiving moral and psychological support from an NGO proved useful as it helped her not to abandon her son under the pressure

of poverty and out of the temptation of pursuing the path of least resistance:

[It was]...very useful...because .. you know how people are now: 'Leave him...lets go to work.. ' or with gypsies...it happened so that I was offered to go work with gypsies... and leave him home... No way! No... so this is how it happened there is nothing more valuable than my child for me....(Mother 3)

The majority of the mothers in the cohort were offered SA support either at immediate reunion or sometime after it. Yet, many mothers reported the inconsistent or intermittent nature of such support. One fourth of mothers reported that they got some social aid which stopped later. Some mothers started getting SA aid only some years after reunion. In some cases support was given immediately after reunion in the form of a substantial lump sum, which was allocated to cover the family's most urgent needs and aimed to help the family ensure a life of minimum comfort. About a third of mothers reported not getting any SA support at the moment.

This mother discloses how she was getting small but regular benefits for a year, which stopped later as her situation got reassessed by SA as 'stable':

I got 500 leis every month but then they came, looked at my house, and evaluated the conditions, saw that I have a TV and cut off the help...They told me that I have decent living conditions...They said that there are people that live in worse conditions... (Mother 7)

Overall, in spite of mothers receiving diverse support from various sources- state social services, NGOs and charities- they tended to see financial support as the only real support. In their view, monetary state support was inconsistent or insufficient to cover their basic needs. Their expectations were that the state will continue to support them throughout reunion and afterwards. Such hopes were infrequently inflated by LAs

promising to support the mother if she agrees to take children back from care. Some mothers believed they are entitled to such support but in many cases and for many reasons they either did not try to access it or encountered multiple barriers.

11.2. Barriers in accessing social services' support

Most mothers in the study reported experiencing barriers in accessing and obtaining SA help. Figure 11 below summarises organisational and personal barriers in accessing support:

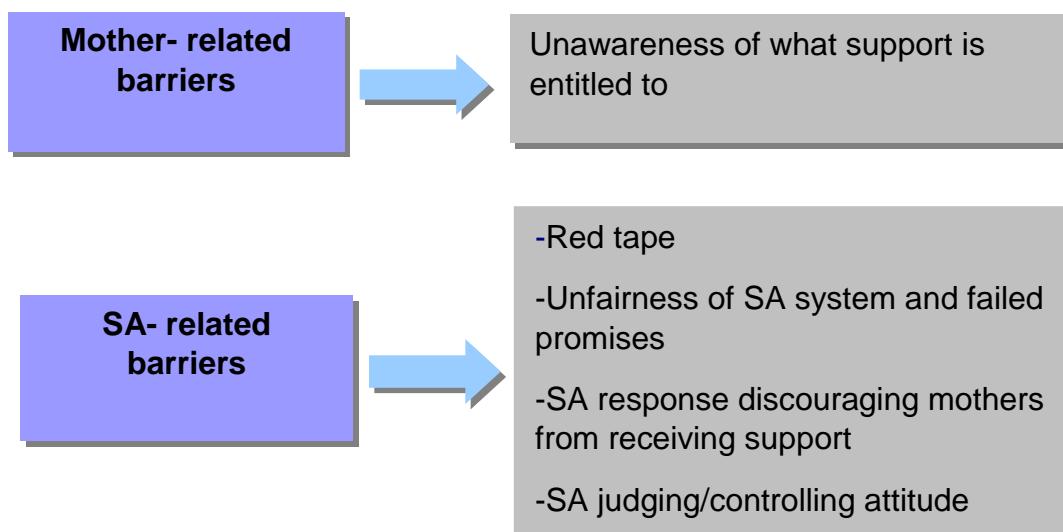


Figure 11. Barriers in accessing SA support

Mothers not aware of what support they are entitled to

A minor number of mothers shared that they are not aware of what SA support they are entitled to. This mother expressed her wish to be informed better by SWs about the benefits she has the right to get:

I think they should inform me. Because I didn't know what I had to do.
(Mother 13)

This mother was also unaware of the support she is entitled to and found out about it accidentally:

They gave me 800 lei for the children's day and asked me: 'Did you take the money?' and I asked 'What to take? You didn't call me, and didn't let me know...I didn't know...' I went and took the money and spent all of that on food. (Mother 7)

Red tape preventing mothers from getting state support

Some mothers reported bureaucracy in accessing support they needed. They faced logistical barriers: the difficulty of collecting and submitting all necessary documents, travelling to SA offices and high staff turnover that delayed and eventually failed their application for aid.

This mother, for example, gave up after attempting to collect all the documents necessary for applying for benefits. She recollects also the inconvenience of having to travel to SA office: she did not have funds even for such a relatively inexpensive trip. She eventually gives up on trying and starts relying on her own resources:

There are a lot of documents needed, a lot of money for the transport, and now if you want to receive the social assistance, you have to present a certificate of the place where you work. I tried, but I didn't manage. (Mother 19)

Failed promises and unfairness of SA system

More than third of all mothers explicitly expressed their disappointment with SA because of the unfairness of the system or promises that were given to them by SA and remained unfulfilled. At reunion they were promised support from social services or local authorities – village mayor, etc, which instilled mothers still doubting about taking their children home with much encouragement and belief in further support. When promises and reassurances were not kept, it evoked mothers' bitterness and utter disappointment.

This mother's failed expectations make her feel negative about SA – she expected permanent financial help and did not get it. She feels deceived and offended by SA who, in her view, purposefully bypassed her children depriving them of benefits they are entitled to:

One time they gave me 800lei on the 1st of June for all 4 of them. This year I didn't receive them. To be honest, I started to hate the SA because they promised me one thing and did a completely different thing. They told me that they will help me permanently... they waited until D.[son] went over the age, until A. [daughter] went over the age. They only helped me after the institution closed but after that – no... (mother 1)

Similarly, this mother is bitter about SA leaving her alone to cope: she sees them as 'washing off their hands' and wants more transparency and honesty in their work:

I want them to work in an open and honest manner because there is no honesty there... Who has it [finances and possibilities], gets it, and who does not have it – does not receive any help. They gave us a little bit and then washed off their hands and that was it. (Mother 7)

There is another aspect of SA work that some mothers were unhappy about and that clearly comes out in this mother's narrative: unfair distribution of social help. More affluent families receive state support whereas other more vulnerable families do not. This mother condemns the bureaucracy of the SA system that bypasses most struggling families like hers. She becomes ineligible for the state benefits as her family does not match the formal criteria. Yet, she sees herself as struggling to provide for the family of six:

There are families that have boilers in their houses and tractors in their households and they get benefits. And I don't... to apply for benefits I need to present a proof from my work of how much I earn. And if you add my salary and my husband's, then you get a big amount. When they do

their calculations ... it turns out that for the 4 people in our family we earn enough and I am not eligible for any support. (Mother 7)

This mother defines local SWs as 'sly' as they appropriate what rightfully belongs to families like hers- humanitarian help arrived to help families is taken by local council workers:

L: There was some help, some pasta, and stuff. So when they received the humanitarian aid, they could have called me and told me to come and get some.

I: But they didn't?

L: No. In primaria (local council) they just collect these things for themselves, and give the leftovers to the people. (Mother 12)

SA response discouraging mothers from receiving state support

A small group of mothers shared their disappointment about the SA response that discouraged them from getting support. Mothers were told they are not eligible for it and this put them off asking for further help. Feeling offended they were determined not to turn for SA help anymore and try to cope on their own.

When this mother approached SA and asked for help with school supplies, she was told she should not expect SA to help her with her every need. She feels offended as, in her view, if she took her son from care against her own will, she is at least entitled to some help:

I told them that I had no money to buy them some school stuff. But they told me: 'What, do you expect us to bring you a sack of money, in addition to what we already gave you?' And it was very hurtful for me to hear that...Because if he [SW] didn't want to bring me anything, he (one of her children) should have just stayed there (auxiliary school), because I didn't even want to send them to this school, but the SW has no right to say such things to me. (Mother 13)

Similarly, this mother was rejected for state support and stopped seeking it. As she bitterly puts it, she is not going to 'beg for help' anymore:

I applied for financial help and was told that there are no finances. And that I am not on the 'list' [list of people entitled for help]. And I let it go... I said: 'I will not come anymore. I will not'. I don't want to beg for help.
(Mother 14)

Just like this mother, others once being told they are not entitled to any support, stopped seeking it and preferred coping on their own:

When I asked them if I can get some help – I have 5 children, I am a single mother and I am the only one who earns money – they told me that I am not entitled to anything. If not, I turned around and went home.
(Mother 12)

Social services controlling or judging parents

Six parents reported being controlled or checked for the benefits they received. Parents were accountable for the funds they received: in many cases they were asked to explain how the received aid was spent. Additionally, SWs were taking part in allocating the money for things that were seen as most necessary for the household – mainly household appliances and school supplies for children:

They gave me the money, and then I went to take them from the bank, but they wanted to know what I will be buying and they would come and check whether I got all the things that I planned to buy. (Mother 18)

However, being directed and suspected of misusing funds raised indignation and protest with some mothers. This grandmother is infuriated as she is under suspicion of misusing her children's money:

Recently this happened: I got 200 leis for school supplies and they called me to the mayor's office to come get the money... then a woman from the

account's office comes and tells me: 'I need to contact the director first - we do not know what she takes the money for...what she will do with it...' You know, ladies, I had such a feeling ...not of shame, no.. such a temptation to kick her on the head... but I did not say anything ...I just turned to her and asked: 'How many times did you bring food for my children? Do you think I will go to the bar to buy drinks for myself? You think I don't know what I need?...You should be ashamed to tell me that! How can I allow myself to go and drink and not to think of my children?!
(Mother 6)

She disapproves of the SA's patronizing attitude and attempts to impose their control over her. She believes she knows better the needs of her children and family:

S: I couldn't believe that I got so much money...of course I came home and at once came social workers from L. and T. and they started to teach me what I should buy...and I said: 'Take this money, go and buy things... why are you telling me what to do? Did you take these children or me? I need to be responsible for them'...I don't only spend it on school supplies. I need to buy food as well. They cannot eat pencils and notebooks, right? And I bought them everything: clothes and school supplies...everything...

I: They made a list of things to buy?

S: Yes...

I: And you went and bought everything on the list?

S: Of course not! Do they know what I need in the house?(Mother 6)

However, not all mothers felt resentful about SW control over their finances. This mother doesn't mind being checked – she understands 'this is their job'. Unlike other families, who waste the funds allocated to them, she sees herself as managing money wisely. Yet, she is worried about spending the money on the 'right' things:

Today, for example I received it, and I was worried not to spend it anywhere else, I went to B. and bought everything I needed. They came, and checked to make sure that I indeed, bought everything I said. They

were probably worried that I will waste this money for drinking, or something. But this is their job. (Mother 8)

A small number of mothers reported being judged or reproached by the SA. Mothers were criticised for over-reliance on state support and being inactive in stabilizing their situation without the SA.

This grandmother was reproached by the SA for using their resources. SWs are encouraging her to be more responsible and take on more responsibility for family provision:

They reproached me: 'They are your grandchildren and it is your responsibility to bring them up. It is your duty.' (Mother 6)

11.3. Mothers' reluctance to seek state support

About half of mothers reported their unwillingness to seek SA help. There were three major reasons for such reluctance: mothers were happy to cope on their own and did not expect anything from the SA; mothers lost hope or were disappointed with SA provision; or were reluctant to seek support because of culturally embedded pride or shame.

Some mothers reported they are content with what they already got from SA. Their current situation is not quite stable: if offered help, they will accept it, but will not look for it proactively.

This mother, in spite of having a big family to provide for and needing extra support, is not seeking support proactively – she is happy with scarce resources at her disposal:

I receive social help, but I have little children and I need financial help. I am happy with what I have. If I have food, I eat, and if no, I stay hungry. (Mother 13)

This mother also prefers to wait to be given support rather than to actively seek it. Her approach is to wait for the help to be offered:

The institution closed and I don't expect anything from them...In the 1st year they brought food for X-mas: bananas and... they promised a present to this little one from Santa. They gave what they had promised. I have no reasons to complain. It is not like they promise something and I am like: 'Give it to me!' No, I don't do that. If they bring something – good; if they don't – it is also good. (Mother 14)

With some mothers their apprehension to ask for SA help was a result of previous attempts to get such help and being rejected or facing a bureaucratic routine that made them give up and stop seeking SA support. Lost hope and disappointment were reported by mothers as common reasons for learning to rely on themselves.

This mother, who previously tried to apply for help and eventually gave up because of a very costly application process, learnt to depend on her own ability to cope:

We do everything by ourselves. We don't wait for the help. I don't have any hope for that. (Mother 19)

This mother decides to 'follow her own way' after the SA were unable to help her daughter with further education. She accepts the situation meekly and is ready to act on her own:

When Lina was finishing the 9th grade a SW came and told me: 'Think about her future – she needs to go continue her studies somewhere else.' 'Of course, it is not a problem... if you have finances. You are a SW, you need to sort this out.' And he told me that he brought up this issues but it did not work. OK, if it didn't work, then we will follow our way...Will try to do everything by ourselves... (Mother 7)

Other mothers avoided SA assistance because of the culturally embedded shame or pride. This mother responded to a SW call with a plea for help. Yet, she would not call herself, she said, because of her pride. Asking for help is seen by her as compromising her independence and pride:

M: ... in March when A. (SW) called me that day when I ran out of logs for our oven. And she asked: 'How are you?' and I told her that I used the last logs I had to heat the house.

I: Why didn't you call yourself?

M: I am proud. [laughs]

I: So you wouldn't call yourself?

M: No.

I: Is it because of your pride or you are shy?

M: Maybe it's my pride... shyness – don't think so. I am not particularly shy. Just..

I: You just don't ask for help first?

M: No. I am trying to cope myself. (Mother 16)

M. is apprehensive to ask for financial help as it is seen by her as a form of social parasitizing, a belief very much underpinned by the Soviet ideology of social care: those not working for the benefit for the society are lazy, worthless social parasites. Receiving state support is seen as shameful and is condemned by society:

There are different types of help from the social assistance. I don't know. There are some people that receive money, because they don't work. For me is better to work. I don't want people to talk about me... There are some people [like that] in this neighbourhood. For 2 years I received some money, about 1000 lei from the social assistance, but then I stopped. (Mother 19)

11.4. What support was needed or useful

The majority of mothers in the cohort expressed their need for more support. More than half mothers reported they need more financial support and this was the focal point in their appeals for help. Psychological and moral support was also mentioned as important. Twelve mothers mentioned the need for various practical support: helping the child adjust at school, acquiring or renovating their households, purchasing household appliances and furniture or even helping them buy livestock for their house farms. Mothers expected SWs to take part and support them and their children in all aspects of their life: from home to children's school life and their future aspirations. Five types of desired support came as most prominent in mothers' narratives: consistent financial and practical support; supporting children in obtaining education or qualifications; mediation of relationship between parents and children; creating or providing more social/ educational opportunities for children; and the SA having better involvement into and awareness of the lives of families.

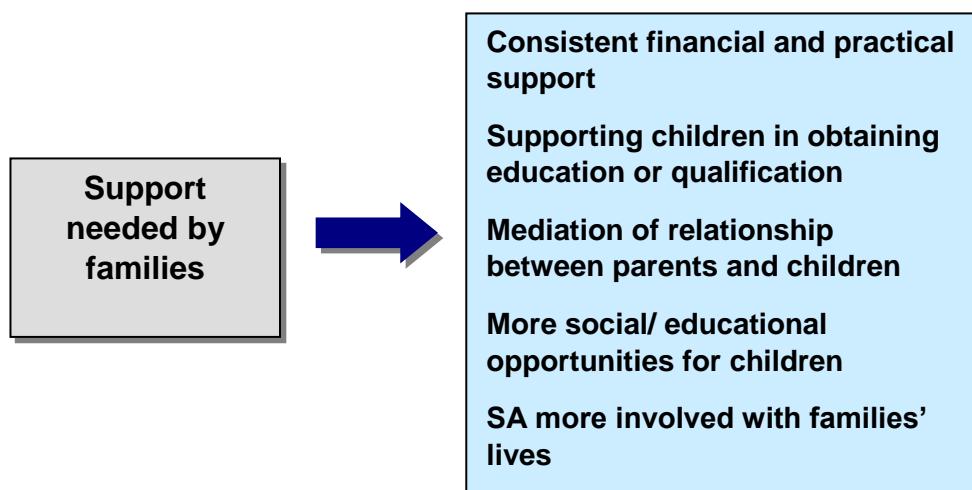


Figure 12. Families' support needs (mothers' views)

Mothers' need for constant SA support at all levels of their life was expressed very clearly and strongly. Some mothers mentioned that such support should to be ongoing and consistent. Most mothers irrespective of their current situation with the state support said they needed extra

funds to be able to keep afloat. They needed money to run their busy households, provide for their big families and ensure their children's education and stable future. Their needs were constantly changing and growing. As this mother points out, she needs constant and increased support as her needs build up:

Our needs grow... We know that we need money for this and that... (Mother 3)

Some mothers pointed out they would be happy to receive small but regular monthly help that will allow them to cope with their daily needs for buying food or covering transportation costs. Small but regular support helps this mother cover her daily expenses and keeps her family afloat:

There was Mrs. X – she always helped us. Every month at least 200 lei but for me that was a good help, because I used this to buy food... Because I don't have enough money: I have to pay the bills [buy] washing powder, light. (Mother 2)

Many mothers requested non-financial help related to supporting their children educationally or socially, monitoring and communicating with families or mediating their relationship with the child.

Some mothers wanted SWs support in their children's educational or vocational opportunities and their social life. This mother needs support to help her boys to finish school and obtain a trade:

So that I can help them to graduate from school... then continue their education at a professional school, so that they can have a trade. (Mother 11)

This mother is concerned about her children's upbringing and worried about lack of opportunities in her village for her sons. She sees the SA as capable of arranging social opportunities for young people to keep them out of streets and their negative influence:

I: And how could social services help you with that?

T: [long pause] maybe to take them out to some interesting events...

Because they learn there [in the streets] bad language – there is nothing interesting in our village. Nothing interesting to do for children. (Mother 13)

Some mothers said they needed some mediation services in helping children with psychological adjustment or regulating family relationships.

This mother believes that external advice can help her children understand her grievances and open up to her, making their communication less restrained:

Communication so that they [children] see parents as friends. That they tell parents about their pain and worries. So that they do not clam up. (Mother 14)

Another mother needs external help to mediate a rather rough relationship between her husband and her son – an area of their family life she lost control of:

Maybe they could help me with the relations between the family members. S. [her husband] drinks, smokes and I have to keep them in good relationships. But I don't know for how long I will be able to do this. (Mother 19)

Psychological guidance and advice is needed by S. to manage a relationship with her teenage sons. In her view, external authority will have more influence on her children in guiding them in their life:

I would say that I would like them to meet with my children and talk to them like psychologists because maybe they will listen up to them more than to me. I would want others to help them, give them a suggestion what to do further. (Mother 8)

Although many mothers reported not receiving any or only limited psychological counselling, they appreciated what they defined as moral support – SWs supporting and encouraging them offering friendly advice and guidance. This grandmother, who does not receive any financial help, believes that moral encouragement will help her cope better with difficulties of raising eight children in the family:

Just support with words... if they have nothing else to offer. (Mother 6)

Mothers' most urgent needs were mostly linked to managing their households and family life. Mothers mentioned a wide range of life aspects where they needed SA support: arranging medical services for the mother; purchasing school supplies, uniform, or a computer for children; buying house appliances or domestic animals, helping with house renovation. In other words, they wanted SWs to penetrate and support them on various levels of their life.

Mothers also wanted more attention and involvement on the side of SWs. One mother expressed her wish not to be 'forgotten'. It is important for her to know that she is not 'all by herself':

Well, at least I will know that I am not 'forgotten'. Every year on the 1st of June (International Children Day) nobody remembers that I have 7 children – neither the city council nor the state! And I am all by myself. They could have called at least! It would be nice to hear something from them! (Mother 16)

These two mothers believe that regular visits by SWs are necessary to keep track of children's adjustment and wellbeing in the family. SWs interacting with children engaging them in some activities is also seen by mothers as a useful aspect of their intervention:

That they control how the child lives in the family. Maybe communication – like you come and talk. So that they check what children and parents

do together. They showed on TV: they take children and make pies together. That a SW checks that children are wanted in the family and are not like servants. There are cases that families take the child and use them as 'working hands'.(Mother 14)

They should come visit us more often, to interact with the kids so they could see how the things are going, what they do and how are they adjusting. (Father 20)

Conclusions

Most mothers in the study received SA support. Yet, the nature of such support was inconsistent: in many cases such support was intermittent or stopped shortly after the families received some initial funds. All mothers reported their need for further help that should be consistent and ongoing. There were several factors that complicated mothers' access to state support: some mothers were unaware of what they are entitled to, others experiences bureaucracy or SA discouraging or even shaming them for being dependent on the state. Some mothers perceive the SA system as unfair or even hostile to them.

The study did not aim to find a causal connection between mothers' perceived barriers in accessing help and their reluctance to turn for SA support. Yet, the link between mothers' unsuccessful experiences of attempting to access such support and further reluctance to get it can be easily tracked in many narratives. For SA support to be useful, mothers want small but regular financial help combined with moral or psychological guidance and more SA's involvement in families' and children's lives. More family monitoring and engagement with children was cited as one of the most desirable forms of SA intervention.

There were some clear tendencies in mothers' perceptions of themselves as state beneficiaries, which were reflected in their attitude and relationships with SA services. Firstly, their needs for support were clearly skewed towards financial aid or practical help related to housing

issues or school expenses. Such a tendency is easily understood if a hierarchy of people's needs is considered. According to Maslow's hierarchy of needs (Maslow, 1943), a person's most basic (e.g. physiological, safety) needs have to be met before they will move to a higher hierarchy of needs (e.g. love, esteem, self-actualisation). Families in this study are living on the edge of society: predominantly focussed on their survival needs, they are not able to think about other higher-rank psychological needs until their safety, financial and health problems are sorted. Furthermore, most mothers in the study cited themselves as vulnerable, not coping and in a continuous need for support. Their insecurity in the future and inability to continue without SA support might be due to their vulnerable mindset: adopting and living with a self-image of a person in need. Thirdly, many mothers were passive or reluctant to seek SA support: they were put off by SA's attitudes or culturally-embedded shame and passivity prevented them from seeking support. Finally, many mothers were unaware of what support they are entitled to: low level of involvement and awareness reflects their dependent and subordinate position in the system as passive recipients of social services and support.

Chapter 12. Families' Support Needs and Deficits of Social Assistance System: Professionals' Views

The chapter discusses findings from five focus groups (FGs) with three national NGOs, a charity and a regional Social Assistance Department (SAD)¹⁰ working with families in vulnerable situations. The organizations' different views reflected their ideologies and prioritized directions of activity. Yet, all organizations converged on several themes they saw as their priority work, such as a need to cultivate more independence among families. Most focus groups highlighted major gaps in the work of the Social Assistance (SA) system mainly pertaining to organizational deficits and lack of community-based family services, which creates barriers in offering preventive interventions or follow up support for families and persons in risk situations. There were overlaps between professionals and parents on some of the themes: e.g. need to support children's educational adjustment or facilitating family relationships. However, professionals and parents differed in their views on the families' responsibility and nature of partnership between social services and families.

12.1. Family support needs at reunion

All organizations interviewed in the study spoke of their support of families' needs at several levels: facilitating inter-family communication and relationships, promoting parental responsibility and independence; helping children integrate at school, working to overcome stigma in the community and building trust and collaboration between organizations and families (see Figure 13).

¹⁰ The reported findings are based on the analysis of five focus groups (FGs): three NGOs, one charity and a regional Social Assistance Department (further– NGO1, NGO 2, NGO 3, charity and SAD). Professionals in all groups are social workers, psychologists, managers and heads of organizations.

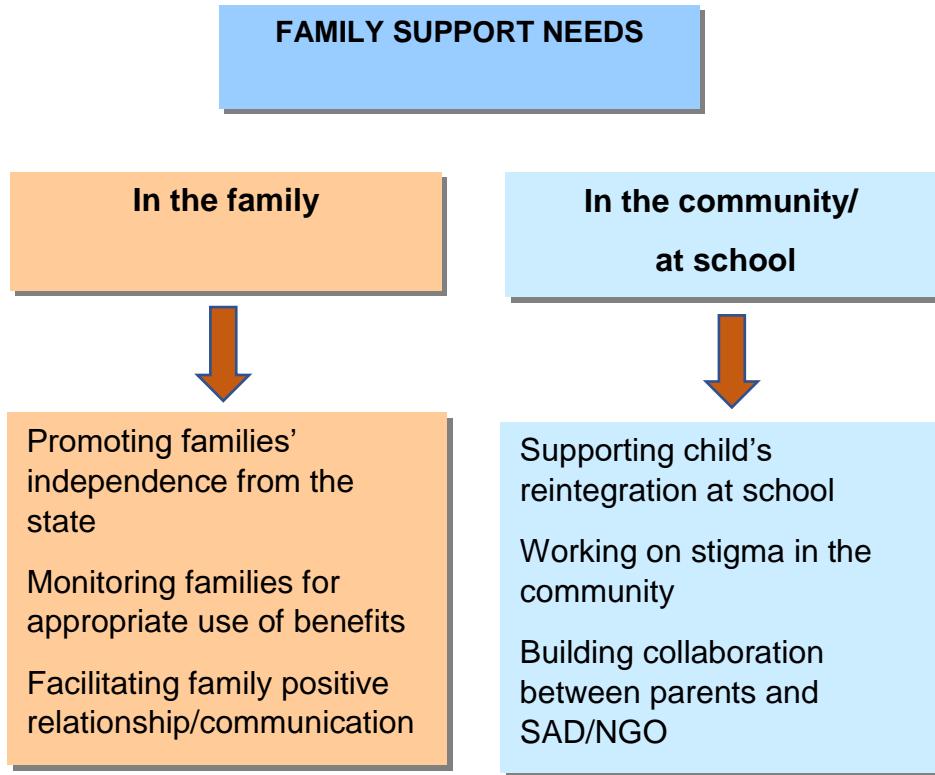


Figure 13. Family support needs (professionals' views)

Promoting families' independence from the state

All but one FG converged on the need to promote families' independence from the state. Two NGO, a charity and a SAD focus group viewed parents as depending on the state and considering the state as "obliged to them". Converging on the scale of the problem, organizations' approaches to tackling the problem differed. NGO1 saw parents as collaborators involved in the decision making, and worked to stimulate families' responsibility. In NGO3 most speakers agreed that families' autonomy from the state is difficult to achieve. The NGO is working to shift families' attitudes from the perception of the state as 'owing' to them to a more self-reliant attitude. The SAD group put a very strong focus on parents' irresponsibility and dependency not mentioning how it approaches the problem. The following interchange between SAD members portrays families as strongly dependent on the SA system – demanding and not willing to take responsibility. My probing question on

how parents see the state – as an equal partner or ‘obliged’ to parents - aroused an almost unanimous ardent reaction:

R: ‘You have to give me. The state is obliged to give me.’ (voices approving). And they don’t see their responsibility. Nobody will solve their problem until they will solve it themselves. Because there can be many of us and we can step in, but if they don’t want to...

A: They know their rights, but don’t know their responsibilities...They think you owe them, you have got to help them.

L: ‘I am an orphan. The state is obliged to come and give me social help. I am an orphan. You have got to help me.’

O: Just the word “orphan” - how much it means...‘I am an orphan’.

L: ‘They have to give me and that’s it.’ (laughing)

The SAD group believe that parents need to ‘help themselves’ assuming more responsibility for their lives. The last member laughing while commenting on the parents’ belief in the state ‘owing’ to them reiterates the strength and extensiveness of such a view in their group.

Most members in SAD group later talked about ‘forever beneficiaries’ – irresponsible families that learn to depend on the state. They seemed to hold a very strong view that parents see the state as obliged to them, are irresponsible and create an intergenerational cycle of vulnerability and child abandonment by passing ‘wrong’ values onto their children. Some members of the group converged on the view that SA creates such dependence and the futility of their efforts to change the situation:

R: ...We ourselves created this dependence.

L: They are already dependent on social help and you can’t see any change. At the level that they were, at the same level they stay.

NGO1 and NGO3, accepting families’ vulnerability and dependence on the state, focused on their work on changing family attitudes and models. NGO1 worked on helping parents realize real roots of their problems that led to separation. NGO3 also talked about inter-generational cycle of

educational deprivation: as parents have no education/qualification they don't see it as important for their children's future. They pointed out such families' lack of long-term planning and self-management skills: many families living on 'live-today' principle relying on occasional jobs and earnings and not being able to harness their resources efficiently. NGO3 works to break the cycle of vulnerability by helping families realize their problems and changing family models.

Monitoring families for appropriate use of benefits

I asked all groups to comment on the parents' shared feeling of being 'under surveillance' or 'controlled' by SADs. Two NGOs, a charity and SAD recognized the need for monitoring families for the appropriate use of the benefits. However, their approaches to such 'controlling' differed. All FGs but the charity admitted that there should be some monitoring and control, especially of irresponsible parents. SAD and NGO3 view families as wanting and even asking to be controlled. NGO1 and the charity view their role as facilitators rather than inspectors. The SAD group doubted the feasibility of constant monitoring of families while at the same time pointing out the need for controlling irresponsible families.

NGO1 view their role as 'friends, not inspectors'. Most of the group concur to the view that social services have to work on developing family understanding and trust in that they come to help and not to control. A great role is given to SWs, who need to develop trusting relationships with parents and show an appropriate attitude:

I: ... Parents told me that they feel they are 'under microscope'.

D: uhm.. controlled

D: This depends on the SWs – how they... (everybody – 'how they explain') yes, how they explain... if they come like an inspector with a particular tone and attitude, then the family see it like you are checking on them. But if one comes as a ...

S: Friend..

D: Yes, a friend... with good advice [smiles] and sets a different relationship with the family ...

S: They react differently..

D: Yes, they accept us ... not looking at us as 'inspectors' ...

V: So every communication would mean: either or you go and stay like this [showing an arrogant posture]. I am referring again to this – SWs are prepared to communicate and building trust. Another thing is that in the work with beneficiaries they need to be able to say that once [parents] got into the attention of the social system... they have to collaborate ... but again, SWs have to explain that such contract and individualised plan of social assistance are effected only to help the beneficiary... to help overcome different crisis situations, to make the child feel better... 'I want to help you'. And this builds trust.

However, the NGO head argued that state help has to be given on certain conditions and monitored as it is state money.

The charity FG pointed out the different nature of their involvement saying that: '*We don't go there to control; we go to help if they need it.*' The purpose of their monitoring is to ensure the child's well-being in the family and intervene if necessary.

NGO3 strongly expressed the view that families need to be controlled in how they spend the state aid. One member argued that parents are not content with that as 'they want things to be done as they want, not as they should be done'. This was followed by a comment from the NGO head that they, unlike state SAD, never give money directly to the family but help them purchase necessary things as families use financial aid irrationally and impulsively. It was also noted that some families even like to be controlled and report how they spend benefits to SWs.

My comment about parents feeling 'under surveillance' was met by the whole SAD group with laughter. The SAD head believed that families lack adequate planning and finance management skills and are unable to harness their resources to meet their needs. The SAD head stated that

financial support is offered according to a signed agreement between parents and SAD that make sure that the benefits go to a good purpose. SWs are closely involved in planning families' purchases. This point was supported by another member saying that some families even ask SWs to keep their money as they might spend it unwisely. Other two members questioned the feasibility of SAD being able to control families:

L: I was laughing because if we had the right to control how the benefits are spent and to spend it together with the beneficiary then it would have been so much better. ...

R: If we would have to monitor their expenses then we'd have to sleep here.

Facilitating family communication and relationships

Two NGOs, a charity and SAD recognized the importance of facilitating communication and positive relationships between parents and children. NGO3 members spoke about family conflicts and misunderstandings which arise as a result of separation trauma and children's' struggling to forgive their parents and process difficult feelings. Thus, support should be offered in two dimensions: to regulate conflicts and facilitate communication. Most members in the group emphasized the importance of psychological support that will help parents understand their children and their needs and help children process bitter feelings. The NGO is helping parents by teaching them the 'culture of communication':

V: The families we work with, we need to teach them to communicate with their children because they don't realize that children need this. Because it's very rare for these kind of families to have a conversation when they ask the child how they are, how their day was and so on. That's why they don't get along with their child and the child wants to go away. Because children need care and love and when they feel it, they will come to you. We are teaching to communicate inside the family and it's a big problem as it does not happen.

E: They don't have this culture of communicating their emotions and needs...frustrations... nobody taught them...

NGO1 also pointed to the importance for constant counselling and supporting families to re-establish positive relationships. The charity saw their role as a 'bridge' between parents and children. They help parents understand and accept their children's outbursts of anger and bitterness resulting from separation: 'cope with emotions and learn to accept emotions'; talk to their children and get involved in their life; and focus on affective rather than material side of care.

However, there seemed to be a discord in the SAD group about recognising the presence of the communication deficits in their families. Whereas some members initially accepted that communication problems occur due to parents' demands and children's inability to fulfil them, one member and SAD head noted that in their localities families have no communication problems: even in the most vulnerable cases with alcoholic parents children always love and support their parents. This made one member who earlier admitted such a problem, change her opinion saying that she never experienced it either. Thus, although initially accepting the presence of problems, the group shifted to focus on a more positive aspect – children appreciation of their even most 'lost' parents. It remains unknown whether this was an attempt to present their authority as doing well or an inclination to agree with their head, who strived to create a 'problem-free' picture of families in their region.

Supporting reintegration of children in schools

While talking about the difficulty of children's adjusting to mainstream schools, all NGOs focused on the importance of promoting inclusive education and supporting SEN children. NGO3 underlined two major challenges children face: lack of friends and academic struggling. If in care many children had friends and felt equal, in local schools they are sometimes not accepted. Children adjust with great difficulty to the more demanding curriculum. After return they also have more responsibilities and duties and experience more control from school, SADs, etc. Two NGOs and SAD emphasized the role of teachers and support personnel

in integrating children into schools. Two NGOs told about their work on facilitating group activities that promote children's best qualities and help their integration into the group. NGO1 expressed a view that some children isolate themselves – they tend to withdraw from socializing or show their vulnerability, which often makes them a target for bullying. NGO1 mentioned that their work helps reduce resistance to SEN children in local schools. While talking about inclusive education, NGO2 and NGO3 emphasized the importance of accepting such a concept by family and school/community. NGO2 argued that, if the family or community do not understand the child's unique needs, then the child is not understood and might experience socio-emotional problem: feeling depressed, having conduct problems, etc. NGO3 admitted that Moldovan society is still in the transition period and the concept of inclusive education is still under construction.

Analysis of FG data indicated that NGO groups, more than a charity and a state SAD, put emphasis on their activities to promote children's integration into schools and SEN children in particular. It could be because of the different nature of work done by NGOs and SA: the former being the engines of social change, give a priority to less developed areas in child protection work, such as inclusive education, which are not yet integrated in SADs work.

Working on stigma in the community

All three NGOs pointed out the presence of stigma towards children and families in the community and said that work needs to be done to change community attitudes, by building empathy and increasing community involvement with the family. The groups spoke about stigma towards parents that send their children to institutions and formerly institutionalized children. A focus of work should be on developing and sustaining community understanding and support. SAD and charity groups, however, either rejected the presence of the problem or emphasized the futility of their efforts to eliminate stigma as the community invariably rejects children.

Views on the ways of dealing with stigma differed in the NGO1 group. Whereas one member mentions that hiding the child's institutional background helps avoid stigma at school, NGO head points out that integral systemic work in the community is needed:

D: In such situations when we transfer children to community schools they ask not to mention in their schools where they came from...

V... Systemic work. At the very segment of the system, when working individually with everybody in the community, somehow this problem diminishes...If all structures are prepared carefully, the problems diminish in short time.

Most members in NGO3 emphasized community solidarity: caring for each other and involvement in the life of each family showing 'understanding and a bit of humanity' as a key factor. It was agreed that work should revolve around building empathy in the community towards vulnerable families. One member in NGO2 also spoke of involving not only official bodies but also communities; helping them understand why children get into care and the importance of family support.

In SAD group however, opinions, around the presence of stigma split: whereas most members initially agreed that children are accepted differently and in some cases are stigmatized, their responses evoked the head's ironic smile, who stated that it is all in the past and the problem was overblown by media. This made others members change to the view that stigma mostly happened at the dawn of deinstitutionalization reforms and is not a problem anymore:

Int: Did 'labeling' happen?

All: Yes, there was such a thing.

Int: Or did it happen individually? Mrs. R. is smiling...

R: Well...All of this passed. People change. There was a lot of media.

L: In the beginning it was horrible.

O: Just in the beginning they were labeled.

L: First steps. In the beginning it was horrible for the children, for the teachers, for the colleagues...

Most members from the charity FG admitted that there is still marginalization of the child. One of the heads argued that the community does not accept children and even rejects them, particularly Roma children. She noted the futility of their work with communities:

A: Community, school and neighbours – they are all a problem. And if we can work more with the family, then a community is a windmill (metaphor designating futility of their work and attempts to accommodate the child in the community). It is very difficult.

Two other members concurred that communities see children as problematic and try to 'get rid' of them at the earliest opportunity. Children's actions are under microscope and their slightest misdeed is judged hard. Such presentation of stigma as a persistent problem should be understood through the lens of charity ideology: dealing with children left without parental care, they prioritize family-based care (e.g. foster/adoption) as opposed to reunification with families.

Building trust and collaboration between NGOs/SAD and families

Need for building trust, encouraging parents and having a non-judgmental attitude was expressed by two NGOs and a charity. The NGO3 head noted that their organization works hand in hand with SADs to build trust with families as co-partners: parents 'should be co-workers and co-partners in the work we do together'. It was noted, however, that some control is still needed.

NGO1 pointed out the need to build trust and cooperation of families by explaining to parents the need for SA involvement. While being insistent in implementing their support plans, SWs need to facilitate parents' cooperation by employing a more non-patronizing attitude, explaining in detail what needs to be done, why and how SWs will support them.

A similar point was expressed by two charity members that a non-judgmental attitude helps overcome parents' occasional resistance. The charity works on establishing communication and trust with parents long before the child returns to the family.

Families' reluctance to seek SA support

This point was marginal in the study as was mentioned by only the SAD group. The head of the organization spoke about some families 'with the sense of shame, who wouldn't even think that they will get financial support for some necessities'. Families' unawareness, passivity or culturally-embedded shame to approach SAs also came up in parents' interviews as one of the reasons for their apprehensions to seek SA support. However, this theme was not further elaborated in FG interviews.

12.2. Deficits and shortcomings of the SA system

Reflecting on the families' support needs after reunion, FG participants touched upon the capacity of the SA system to adequately support such needs. All groups mentioned significant gaps in the system mainly pertaining to lack of community-based family services and intra-organizational deficits leading to human and system burn-out and exhaustion. Figure 14 illustrates the shortcomings and deficits of SA system that limits families' opportunities in accessing and receiving comprehensive and sufficient support.

Deficits of Social Assistance System			
Deficit of services: <ul style="list-style-type: none">-Lack of community based family support services-Lack of preventive approach-Irrational, inappropriate use of services	Organizational deficits: <ul style="list-style-type: none">-Lack of resources-Inadequate professional knowledge-High workload-Low salaries-Low motivation-High staff turnover	Clashes between NGO, SAD and/or governmental agencies	Lack of holistic multi-disciplinary approach in supporting families

Figure 14. Deficits of the SA system in Moldova

Lack of support services: ‘a drop in the ocean’

All FGs emphasised the lack of community-based services for various vulnerable or at-risk groups. NGO2 focused primarily on the lack of services for supporting SEN children. NGO2 and SAD talked about lack of services for other vulnerable groups, such as young single mothers. All three NGOs and SAD groups, however, converged on the need for creating more preventive programs that deal with risks at the outset and prevent child’s abandonment and further institutionalization.

NGO2 unanimously agreed that deinstitutionalization of SEN children is still a problem due to parents’ inability to take care of the child, SADs’ small budgets and lack of community-based services and rehabilitation centers for such children, who were described as a ‘drop in the ocean’. As a result, parents of such children are forced to place them into residential institutions. It was noted that there are day centers for SEN children. However, lack of trained professionals make such centers more night shelters rather than rehabilitation hubs. The problem has a bigger scale in rural regions. The group also emphasized lack of services – youth clubs, psychological counseling, etc. for reintegrated children.

The head of NGO1 pointed out that community-based services exist but are not sufficient for all beneficiaries and suffer from lack of trained professionals – lawyers, psychologists, etc. Lack or absence of foster care was indicated as a persistent problem. A need for creating services for other vulnerable groups was mentioned: abusive or alcoholic parents, youth with deviant behavior, etc. There is also need for educational programs at school that target family life and promote positive family models, support programs for young single mothers to prevent child abandonment and social housing programs for most vulnerable families.

Two members of the SAD group mentioned lack of finances as a major obstacle in creating such services across Moldova. They noted that funds saved at the deinstitutionalization could have been allocated to SADs to

create such services. Instead, they had to seek external support of sponsors to create foster care and APPs (Professional Parents' Associations).

Lack of preventive programs was mentioned by all NGO and SAD groups. Presence of reactive rather than proactive approach to problems and risks was identified as a major system deficit.

The head of NGO1 described a deficit of preventive work with vulnerable groups – adolescents and young single mothers. She described their reactive approach to solving family problems as 'fire-fighters' work – rushing to help when the crisis already struck:

V: We, in fact are working as fire-fighters... but in the prevention of the parents' problems there is little work.

In NGO 2 half of the members spoke about lack of prevention that deals with risks at the outset: there is a dominance of reactive approach to crisis situations. Lack of prevention work leads to problems aggravation and recurrence:

A: We have a situation when there is investment not in prevention of problems but in solving problems. We don't invest in the segment where there needed relatively small investments or professional services. We say: 'It's OK, they haven't hit a risk threshold'.

T: There is no violence or aggression...

*A: Yeah, everything is Ok so far. And then all of a sudden: 'Oh, my God, we have a problem now!' and now investments are going to be much higher! The family is in full sh*t. They aren't able to solve problems by themselves...*

T:.... we try to solve problems but at the same time we create a lot of problems that in 1-2 years transform into a social issue and again we face this problem. I.e. lack of family support at the initial period of problems..

we reintegrate ...we see that partially issues are solved... partially they recur.

The head of NGO3 also emphasised the importance of SADs offering 'early help to the family before the crisis strikes'. Knowing the family's situation, their problems and needs and interfering at the outset is crucial in preventing child abandonment. Both NGO groups indicated organisational deficits: lack of professionals or lack of knowledge as major barriers in creating preventive programs.

Irrational or inappropriate use of services

One member of NGO2 talked about irrational use of SA services. Whereas there is lack of some services needed by families, other unnecessary services are created because of the availability of grants that target specific population and often marginalized groups. SWs offer not the services that are needed by families but those that are available. As noted by one member, services created because of the availability of grants and problems are often 'sucked out of the finger', i.e. their social significance is overrated. As a result, services are created that are not cost-efficient and not used by beneficiaries:

A: One of the biggest problems is that if a SW prescribes a service to a family or a child it's not a service they need but the one that is available and which doesn't meet their needs. Because we give what we have and not what is needed. In most cases we face a situation when services are created that are not needed by the community at all...They win a grant that addresses specifically this problem. There are lots of grants on migration or human trafficking. Roma problems, etc. Sometimes such problems are sucked out of the finger. You see? Some problems are created to get funds. For example, Roma population – oh yeah, this problem is the most topical today! (ironically). We have no problems of Russians, Ukrainians, Hungarians living here – no, such problems don't exist!

Organisational deficits

All NGO and charity FGs talked about system deficits pertaining to lack of resources, inadequate professional level of SWs as well as exhaustion of the system due to high workload, low salaries – all resulting in professional burn-out and high staff turnover. It is beyond the scope of the present study to identify the correlation between the factors identified but some narratives suggest a relationship between system deficits and high rate of staff turnover. SAD group did not mention any of the system shortcomings- reasons for that remain unknown and could be attributed to the organisational loyalty not to disclose any organisational drawbacks.

Half of the NGO2 group mentioned limited resources and low salaries as major reasons for low motivation among SWs. Low level of professional accountability is another problem among SWs. Trying to attend to all beneficiaries and dealing with limited resources, SWs often experience professional burn-out. Poor administration using old-fashioned methods contributes to the problem:

A: The biggest problem is that a specialist that makes a wrong decision is not accountable for that. Unfortunately.

T: They don't have professional skills to deliver quality service.

*A: In most cases even if there is a specialist, they are not accountable for the services they deliver. There are very limited resources at the regional level that do not cover the needs of all beneficiaries. Accordingly, they attend first to the most urgent 'burning' issues. They are physically not capable. It's a professional 'burn-out'. People are emotionally burnt out. Plus, if we have sh*tty administration that use old-fashioned methods and doesn't want to invest, then that region is completely overloaded.*

Similarly, NGO3 and NGO1 identified such deficits as low SWs' salaries, no updated databases, no transport and possibility to visit all families in their locality, shortage of SWs due to high turnover as major factors compromising the quality of services and affecting families.

All three NGOs and a charity talked about lack of professional knowledge, understanding and attitude among SWs. NGO2 criticised SADs for inadequate professional level. The whole group agreed that in Moldova SWs are 'random people' not having appropriate qualification and skills:

M: In Moldova there are no professionals like that. They [UK] have professional SWs. Our SWs are random people...

I: we have also an issue of people taking posts that do match their professional skills.

A: Oh yes!

I: They are random people that have a job just because there was such an opportunity.

A: Because of the connections.

T: Not only. Because there is shortage of people.

Lack of professional training leads to SWs making unprofessional judgements: e.g. some SWs may still believe that the only response to children in risky situations should be placing them in residential care. It was commented that SWs don't have time, resources and 'right' mentality to prevent families from getting into the SA system. Moreover, there is lack of knowledge on how to work with families to change their belief systems.

Finally, one member mentioned that problems are tackled reactively and superficially – there is no long-term planning or analysis:

I: There is no analysis done. Problems are tackled at the surface only: 'We just do it... somehow'. We will open the centre and then decide why we need it.

Similar points were mentioned by a majority of charity FGs: SWs lack knowledge in implementation of de-institutionalisation strategy and take a materialistic orientation when making judgements about family ability to take care of the child. SADs are seen as 'clueless' about how to do that work but also 'careless' – 'not making any effort'. However, again SWs'

reluctant attitude is explained by low salaries, limited resources and lack of competence among SWs due to 'random' recruitment of SWs. NGO1 and NGO2 identified need for regular SW training and accreditation by performance. A member of NGO2 also noted the need for the system to shift from quantity to quality and that there should be clear delegation of responsibilities.

NGO3 and charity groups pointed to the importance of having a professional reputation and the right attitude among SWs towards families in order to be respected and listened to. NGO3 stipulated that families' cooperation depends on whether they respect a SW who should have a caring and respectful attitude to the family. The charity group criticised SWs for lack of tactful and professional attitude towards families, which builds resistance and fear in families. They compared state SADs' approach to their own – careful and ethical treatment of families:

A: Going back to the lack of competence of SWs... that in reality do not behave professionally. They can come into the house and reproach parents in front of children or neighbours. No wonder parents expect such visits with fear. It is clear that it is very unpleasant for them. It scares them. It bothers them. That is why they see it as ... because unfortunately, not all the social workers have necessary professional qualities.

Some members of NGO1 pointed out other important professional and personal qualities that SWs should possess. A SW needs to be a person of high morality and respect in order to be trusted and listened to by his clients. Self-presentation and even a dressing style to match the environment are also very important to win families' trust.

Clashes in work between NGOs, SADs and government agencies

Two NGO and the charity groups talked about their work with governmental agencies and local administration identifying areas of conflict. A charity group commented on the reluctance of SADs to

cooperate and creating barriers in the charity's work. NGO1 and SAD groups pointed out the drawbacks of government work they have to fix. SAD and NGO3 commented on the 'politics' in SAD work – the need to work closely with mayor's team and change of mayors impact the work of the whole SAD.

The charity group unanimously commented on the discrepancies in views on reintegration practices with SADs. SADs are formalistic and take into account primarily child's physical comfort when making a decision about reunification whereas the charity assesses child's needs and family situation more holistically. They are 'doing one common thing'; yet, state SADs see the charity as 'bothering' them with extra work. Reluctance and resistance were described as two notable features of SADs' work.

The head of NGO3 noted that they work closely with SADs visiting families together, guiding SWs' and sharing their extensive de-institutionalisation experience. She noted, however, that in some cases there were clashes between SADs and NGO that ended up in conflict and family withdrawal from the SA system.

Commenting on their de-institutionalisation work, the head of SAD group noted that partnering NGOs supported them in this process rather than the government. She emphasized a gap between them, who implement the policies in situ, and the ministries that draft such policies on paper having little understanding of how they work in practice. Her implicit criticism of ministries' work was backed by her colleague's comment that, as people implementing the policies, they "understand it better":

R: ...Maybe people from Chisinau, from our ministries' view this... think differently. It's one thing on the paper, and another [is] implementing this.

A: The one who implements this understands it better.

R: But with the help of partners, because when the process of deinstitutionalization happened, we had as partners [NGO], we were guided by them. Actually, our ministry gave us nothing, not a single

document. Starting with evaluations, instructing, trainings, round table meetings and that financial support that we needed.

NGO1 also criticised the work of government stating that they 'fill in the air bubbles' (gaps) – correct the pitfalls in the government's work. Major criticism came from the NGO head who argued that government creating policies does not consider all aspects thoroughly – hence, 'air bubbles' appear and NGOs work on filling in the gaps and removing inconsistencies in the initial implementation plans.

Finally, SAD and NGO3 groups talked about the 'politics' in SADs work when they have to work closely with the mayor and his office. The SAD group unanimously noted their role in 'preparing' the mayor: introducing him to social policies and their implementation in a given locality. It was noted that such 'training' is time-consuming and that time is a precious resource for SAD. NGO3 head noted that change of the mayor impacts SADs: as their external politics change, the internal 'politics' of the SA system changes as well, which can make some SWs leave and the resulting high turnover impacts quality of services.

Need for a holistic multi-disciplinary approach

NGO1 and NGO3 identified a current deficit and a strong need for holistic multi-disciplinary approach in work with families. One member in NGO3 argued that there should be more cooperation between GPs and SWs where GPs use their professional knowledge to enhance SWs' understanding about children' and families' health needs: e.g. needs of SEN children. GPs could also implement preventive health education programs at schools telling adolescents about sexual health risks, early pregnancy, etc.

Conclusions

All FGs converged on what help should be offered at the family and community levels. Yet, their approaches to such support and nature of

collaboration with families differed; reflecting differences in the groups' ethos and ideologies. Thus, the SAD group consistently presented families as irresponsible, dependent, needing more control and monitoring – a view shared by most NGO groups in spite of some talking about families in terms of collaborators and partners in the process. All groups revealed multiple systemic deficits in the work of the SA system. Lack of preventive programs working with outset risks and community-based family support services were described as areas needing most work.

Mothers and professionals overall converged on the necessity to facilitate inter-family relationships and communication and support children's reintegration in school. However, these were the only areas where both groups overlapped. There was a greater disparity in their views on families' role and place in the SA system. When talking about the nature of collaboration and relationship between families and social services, mothers wanted more involvement and guidance in various aspects of their lives whereas professionals emphasized the need to monitor and even control families. Furthermore, mothers want to receive ongoing consistent support while professionals prioritize cultivating families' independence from the state. Differences in their views reflect inherent and persistent power differential: families' vulnerable status implies their more subordinate position. Seen as subjects accepting the help of the state, they are liable to control and monitoring. Mothers see themselves as not capable to cope independently whereas SA professionals want them to be more independent from the state. However, none of the FGs suggested how families can obtain skills that will allow them to mobilize their resources, overcome their vulnerability and become more autonomous in their lives.

DISCUSSION AND CONCLUSION

DISCUSSION AND CONCLUSION

Introduction

The study aimed to explore in-depth separation and reunification experiences of children and their families in the distinctly different cultural and socio-economic context of Moldova. It filled a substantial gap in reunification research by untangling the complexity and continuity of mothers' and children's experiences through separation and reunification, all happening in the context of socio-economic austerity and staggering rates of migration. Previous research undertaken by Every Child in Moldova (Smith, 2014) was the only study that tracked families' post-reunification experiences in Moldova. Using prospective longitudinal design, it scrutinised families' reunion experiences for up to 22 months after reunion. However, this was done in a rather broad way and in isolation from family context prior to reunion.

The present study aimed to uncover families' journeys of separation and reunion as continuous and inter-dependent processes. The study used a rigorous research methodology: its methodological and theoretical approaches were informed by Grounded Theory, a bottom-up analytic approach, where theories are built from the data rather than tested on the data. This methodology results in greater analytic rigour and enhanced validity of findings than in the previous Smith's (2014) reunification study in Moldova. The study also pioneered participatory research methods in this field to capture children's perspectives through their own lens rather than imposed by the researcher's agenda. As a result, a more complex and sometimes conflicting views and perceptions on separation and reunion were revealed. Overall, the findings indicated that reunion is not a monolithic process: it is contingent on a multitude of factors both preceding and following reunion and entails perspectives of several stakeholders involved in the process, sometimes portraying a conflicting and contradictory picture of reunion. Theory of ambiguous loss and boundary ambiguity (Boss, 1984,1999) is used as a framework to understand children's and mother's resilience in the context of ambiguous loss and to explore how children make sense of their

biological and 'psychological' families in the context of separation and going to residential care.

It is useful at this point to re-state the study aims and research questions.

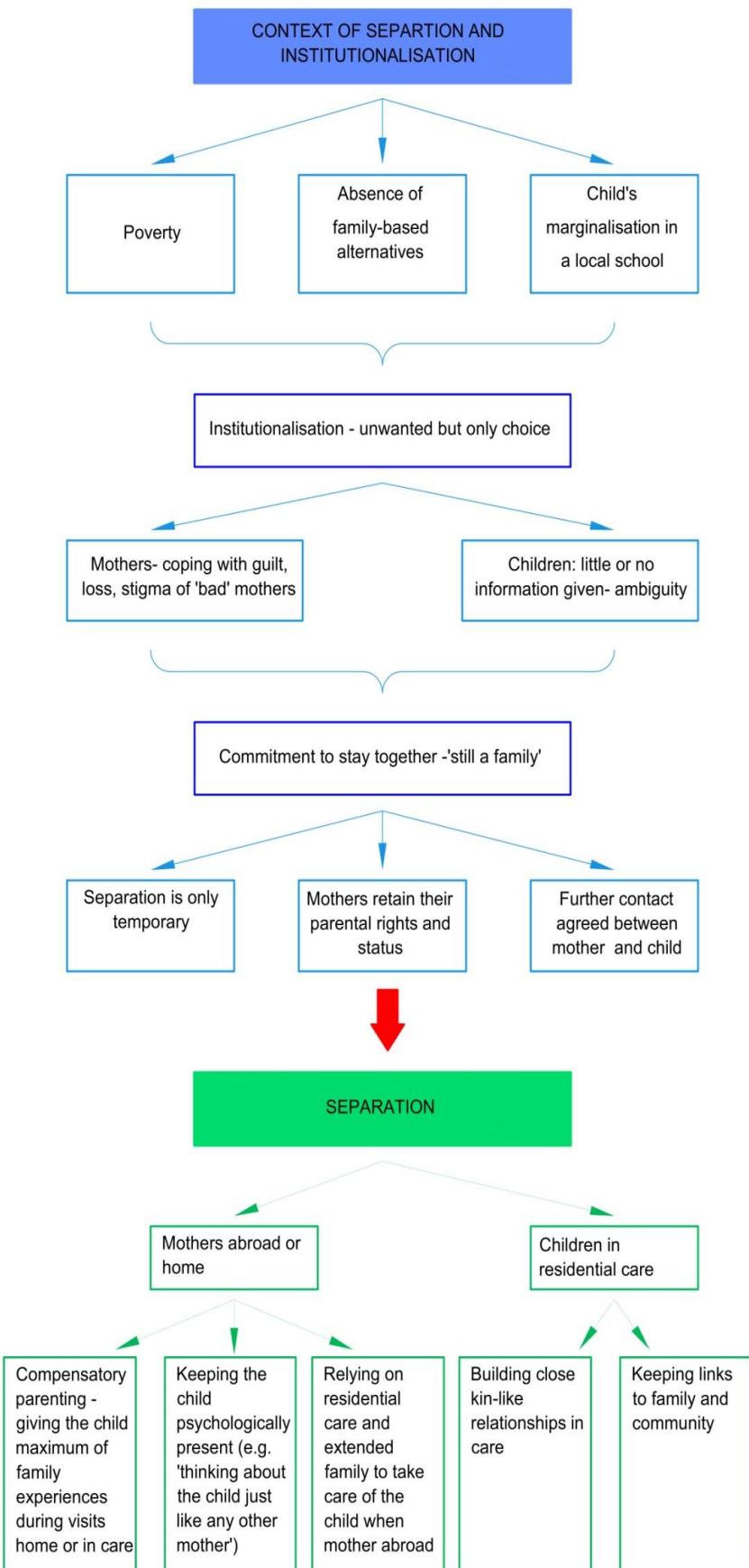
The study had the following aims:

- To explore the context of children going into residential care
- To scrutinize mothers' and children's experiences at separation and after reunification
- To understand family support needs at reunification as seen by mothers and professionals

These research aims were addressed through the following research questions:

- What was the context surrounding families' separation and children going to residential care? How did mothers and children make sense of and cope with separation?
- What are mothers' and children's experiences during separation?
- What are mothers' and children's experiences after re-unification?
- What are mothers' views on their support needs and how they were met at reunion?
- What are professionals' perceptions of family support needs following reunion?

The discussion of findings will be structured according to the above-stated research questions. Figure 15 below brings together all the processes and experiences of mothers and children along separation and reunion periods. It captures major themes of the study and serves as a guide in the discussion of findings.



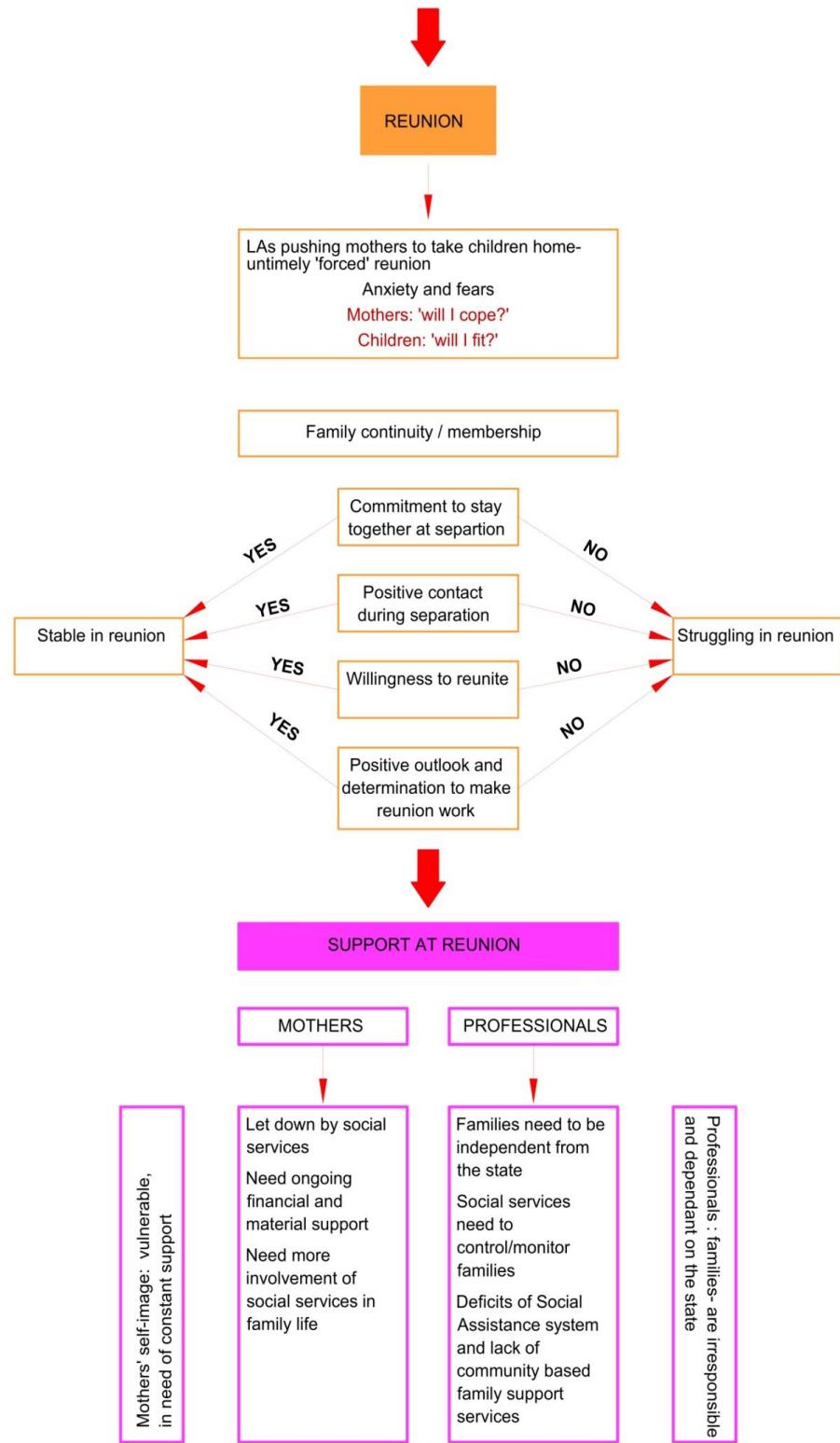


Figure 15. A model of mothers' and children's separation and reunion experiences

Discussion of findings

Context of separation and institutionalisation

As described in Chapter 4, the child protection landscape in the Republic of Moldova is very different from that of Western states: while still bearing some relic features of the Soviet ideology of the 'state as parent' it also absorbed recent international approaches to child protection where the state's major role is to support the family in childrearing rather than try to replace it. Institutionalisation of children in 1990s-2000s was triggered by a combination of factors, the main being country-level poverty, parental migration and absence of alternative forms of out-of-home childcare. In many families it was not one but rather a cluster of factors that shifted the family into the risk category (Smith, 2014). In contrast to the UK, where residential care is often used as a 'last resort' to provide transitory short-term services for usually older and more troubled or damaged children (Narey, 2016), institutionalisation in Moldova was suggested as a universal response to all kinds of family risks and all groups of children irrespective of their needs: e.g. child abuse/neglect, poverty, child's marginalisation in schools, etc. No academic study has previously attempted to uncover the processes of family separation and children's institutionalisation in Moldova. The present study filled this gap, examining mothers' and children's perceptions and experiences of separation and reunion.

Managing separation and ambiguous loss

The majority of mothers experienced the process of separation as imposed and unwanted yet the only option available to them. However, a significant number saw institutions as offering support to mothers and children, and rationalised this decision as the best for their children. Most mothers reported great distress from having to separate with the child. The major paradox for Moldovan mothers was that they had to deal with the pressure to institutionalise the child while at the same time facing condemnation of families and communities as irresponsible mothers abandoning their children. Some mothers being ostracised by their families and communities, had to take an active position defending their decision – sending the child to residential school was an act of

desperation and not abandonment. Their experiences of stigma are best understood in the context of migrant motherhood that challenges dominant patriarchal orders and were documented in previous research in Moldova (Bezzi, 2013; Keough, 2006). Confirming earlier findings, the mothers in this study were left to ensure survival of their families on their own and had to seek other means of survival – migration and/or placing their children into care. They had to foreground their role as main family providers shifting their child-raising role to the background. Yet, at the same time they were expected to still be ‘good’ mothers that do not abandon their children. Mothers blamed themselves for leaving their child while at the same time trying to restore their image as being ‘like any other mothers’ who work hard to ensure better future for their children.

Separation was a distressing and confusing experience for children. Their mothers were in great stress themselves and only a few had time and space to talk about separation with their children. Children were given no, little or misleading information about residential care and what separation with their families entails. As a result, children experienced great ambiguity and anxiety which was aggravated by their young age and limited ability for comprehending their situation.

Uncertainty around separation caused ambiguous loss, when neither mothers or children knew whether they are still one family. Boss's (1999) theory of ambiguous loss and resulting boundary ambiguity explains such situations when a person lacks clarity about a loved one's physical or psychological absence. As children were separated with their families and went to residential care, they experienced great distress resulting from the ambiguity of their situation. They questioned why they were going to care and whether they were still part of their families. Mothers, too, faced a great ambiguity of their role as still mothers to their children. Children wondered whether their mothers were still their mothers as they were no longer living with them. Mothers felt their children were still theirs, but they could not mother them every day, as any other mother does. In other words, mothers and children were physically absent but psychologically present in each other lives. To accommodate to their new reality and reduce stress resulting from ambiguity, children and mothers

needed to make meaning of their new situation and adjust to new reality (Boss, 2016). Indeed, both mothers and children used a range of strategies to accommodate and build resilience to ambiguity – they are discussed further in the sections that follow.

Building up resilience to ambiguity

Masten (2016) defines resilience as the ability to do well despite exposure to risks or adversity. Boss (2016) suggests that in situations of ambiguity several strategies will be enacted: making meaning and tolerance to ambiguity. Some of the strategies involve reconstructing identity and family rituals and routines (Masten, 2016).

Indeed, Moldovan mothers and children had to tolerate ambiguity while at the same time reappraising their family roles and boundaries. Both mothers and children drew their resilience from multiple interacting systems- extended families, communities and residential care.

One strategy entailed a commitment to family membership made by mothers and children, which helped them reduce anxiety and stress linked to ambiguous loss. Furthermore, their family routines and functioning needed some re-structuring. Some mothers discussed terms of further contact, telling their children they do not intend to abandon them and will be visiting them in care. They told children that they are still their mothers and will remain such. Their legal status did not change: they continued to have legitimate parental role. One mother attended to her children's anxiety and stress, explaining new family functioning – they will remain a family but the family rituals and routines will change. Children with time also felt reassured that they are still part of their family: mothers visiting them in care and ability to visit their homes and communities instilled them with trust in that they are still part of their families. Finally, re-thinking separation as only temporary until mother's situation becomes more stable also helped both mothers and children to make a new meaning of their situation.

Life in separation required significant adjustments from both mothers and children in order to stay a family both structurally and psychologically.

Life and family relationships in separation

Maintaining family membership and continuity

How families adjust to life in separation and 'bridge the two worlds' (Bullock et al, 1998, p.94) are rarely given attention in Western reunification research. The focus is typically on family's contact and its importance for the child's identity and socio-emotional development (Neil and Howe, 2004; Brodzunsky, 1990; Owusa-Bempah et al, 2010). An earlier reunification study in Moldova (Smith, 2014) defined contact between parents and children as a factor for stability of reunion. However, it did not uncover other important aspects, e.g. parenting in the context of migration and the underlying mechanisms of maintaining family continuity and cohesion, of which contact is only one dimension. Thus, it was imperative for this study to go beyond just contact between mothers and children and consider broader processes of family cohesion and continuity. How were family membership and identity re-defined by mothers and children? What resources, emotional, material and familial, did mothers employ to continue parenting in the context of institutionalisation and separation? How did children adjust to living between the two worlds: their families and residential care?

Boss (2016) posits that families are both psychological and physical entities and a psychological family is the family in one's mind. In order to remain a family, both mothers and children needed to preserve family membership and continuity, and this required both physical contact and care and psychological presence in each other's lives. In families, not separated for a long time, these two aspects of family functioning are usually merged and exercised together. In Moldovan families, the physical aspect of 'doing' family was problematic as mothers often went abroad. However, many kept their children psychologically present continuing to love their children and thinking about them 'just like any other mothers'. All families differed in the degree of physical and psychological presence they had in each other's lives but a clear tendency was established. Where families had at least some physical presence (some contact, etc.) and some/higher degree of psychological presence (e.g. thinking/worrying/loving, etc.), children and mothers

retained a strong sense of family membership and identity. There might have been limited opportunity to see each other, but willingness and commitment to stay together helped mothers and children to find and use various resources and means to keep an emotional bond between them alive. Where there was poor psychological presence (and that often came along with no or little contact), such families had poor sense of family membership and continuity. In such cases, children were more inclined to fulfil their family membership with their residential care 'family', where they found people who offered them love and support they could not get from their parents. In other words, children's 'psychological' family was a complex entity formed from their parents and close relationships in care – teachers, friends, etc.

Parenting in difficult circumstances: the role of extended family and institutions

For many mothers, who left the country at least once to become migrant workers, mothering was restrained by geographical, institutional and financial barriers. Their intermittent presence in Moldova made mothers employ several strategies and resources to continue their parenting and stay connected to the child and wider family. Coming back to Moldova mothers did their best to compensate for the time they spent apart. They had to adjust their parenting to limited times they were together with their children to 'do family' (Morgan, 1996). Such 'part-time' parenting helped them continue their parenting role and re-affirmed their mother's status and role. Keeping the child psychologically present when they could not effectuate physical care helped them feel like 'any other mothers thinking about their child'. They also continued to rely on their extended families that served as a bridge and main channel of communication between the mother and the child. Finally, in order to survive and ensure their children's survival, mothers had to develop trust in residential care as an institution that was 24/7 responsible for their child's safety, nurture and education. Mothers' perception of residential care was as best meeting their children's needs in comfort, security, social, emotional and educational development. This is an even more interesting finding given that some mentioned severe disciplining strategies or even child's

emotional or physical abuse in care. Nevertheless, mothers amalgamated these opposing visions of residential care into one –of an institution that takes care of their children and hence can be relied on. Mothers, their extended families and residential care formed a synergetic partnership, where each party had a role and function: mothers mainly provided affective care, extended family served as a bridge between the mother and child, and residential care provided extensive provision, protection and education. To put these findings in the context of resilience (Masten, 2016), mothers, just like children, used various resources from different interacting systems to stay a parent to their child despite all the stresses and adversities in their life. They normalised ambivalence entailed in their status as physically absent but psychologically present and re-structured parenting routines to adjust to a new situation.

Children's life and kin-like relationships in residential care

Separating from their families and moving to care, children were engaged in what Mitchell (2016) defined as a 'family dance'; making sense of their biological kin and relationships in care and forming their 'psychological' family. They were re-evaluating their beliefs about their families, re-assessing who is in their family and who is not. This happened in the context of adjusting to new relationships in care.

Their beliefs and understanding about who is in their 'psychological' family now had to incorporate their biological families and close relations from care. Many mothers and children spoke about children's relationships in care as a 'brotherhood' of children. Many children spoke about their friends in care in kinship terms – naming them 'brothers' or 'sisters'. Spending time and sharing space, building up common biographies and experiences created a base on which such relationships were rested and some were valued as more important than kin ties. Some children referred to their female teachers as their second mothers that cared for them beyond their prescribed roles and working hours. Thus, children adjusted their beliefs about the family to a new situation – what Mitchell (2016) termed as situational reconciliation. Not being able to live with their parents, children incorporated into their family system people that lived with them and took care of them: their teachers and friends.

However, Mitchel (2016) notes that this requires congruency in familial meanings by all parties – not only children but also their teachers and friends in care had to accept the role of a family member. Reciprocity of relationships was a key in establishing the child's family in care. One interesting finding is that some children's 'psychological' family involved both parents and people in care, for others it was their birth families only; another small minority group saw their teachers as main parental figures. This finding confirms and adds to the bulk of evidence of the importance of one's 'psychological' family that is not necessarily one's birth parents but may include non-related people and even pets (Kendrick, 2013; Mason and Tipper; 2008; Schofield et al., 2014; Torronen, 2006). For Moldovan children, the process of 'family dance' (Mitchell, 2016) was complex involving re-assessing their family systems to incorporate people who they saw as their family and leave out the people who *de jure* were their parents but were not seen as such by the children (e.g. fathers that disappeared from their lives, mothers with whom they lost emotional connection).

Children's processes of adjustment in care and factors facilitating it are scarcely presented in literature. The present study filled this gap by uncovering children's transitions from being alien to becoming native in care, which entailed several processes. First, sharing the same background of family adversity (proximity by similarity) or coming from the same locality brought children close to each other. Next, children had to share the same routines, live in uniform environment and act in a certain way: conforming to the rules and regulations was one of the most important conditions for the assimilation of new entrants. Finally, two major factors assisted their adjustment: acceptance and support of their peers and teachers, and regaining trust in their family loyalty: as contact with parents resumed and became stable, children finally believed they were not entirely abandoned and still belonged to their families. While building their lives in care, children maintained links to their homes and communities and kept their niche within them. Visits home gave children a feeling that they still belonged to their families and were an important means for maintaining family continuity and coherence. Their extended

families and mothers visiting them in care helped them stay connected to family rituals and traditions.

Another important finding that sharply contrasts with previous research in Moldova (Smith, 2014) is that, in spite of some negative aspects of large-scale institutions, children in this study experienced stability in care: they stayed in one boarding school for the whole period of separation. It was an opportunity for them to build long-lasting close relationships and enjoy continuity in their social and educational life. Continuity and stability of care, where this was the case, served as protective factors. Children's life in care was far from ideal but it gave them the stability they often lacked in their families.

Reunion

A strong focus of this study was on mothers' and children's reunion experiences. It was important to untangle how they viewed and lived through the reunion period and re-built their lives with the child back in the family. The literature reviewed in Chapter 4 revealed scarcity of studies in the UK, US and Australia that examine families' reunification experiences qualitatively: most studies have a quantitative angle focussing on factors associated with reunion likelihood and its stability. Few qualitative studies were undertaken: e.g. Bullock et al (1993, 1998) and Farmer et al. (2011). The only Moldovan study (Smith, 2014) found that all reunions were stable at the end of 22-month period. Yet, it did not examine how this stability and overall success was achieved. Reunion is described as a final outcome and not as a process. Moreover, it is presented in isolation from family dynamics and histories before the moment of the child's return: contact was briefly mentioned as one of the facilitating factors. Less successful reunions are mentioned sweepingly and reasons for children's unhappiness are attributed mostly to not feeling happy about household chores. Children are presented as happy and adjusted even though families still live in deep poverty. Finally, the success of reunion was mostly attributed to caregivers' efforts and support they received and not the family or other factors preceding reunion.

The present study took a more systematic approach subjecting all reunions to scrutiny according to specific criteria to identify the stability and success of the reunion. It was found that assessing the stability of the reunion is a hard task when mothers and children have conflicting views about reunion. Can a reunion be judged as stable if the mother wants it and the child is unhappy, not feeling they belong to the family? The study expanded reunification research in Moldova by uncovering underlying factors for reunion (in)stability. It was shown that half of the reunions can be defined as borderline, with emotional disconnect between mothers and children, mother's stress, presence of abuse and neglect, etc. Multiple risks rather than one risk defined vulnerability of such families.

Role of family continuity

Family continuity was the major factor in more stable reunions and was expressed by four underlying factors: a commitment to stay together made at separation; positive contact/relationship between mothers and children and children maintaining links to home and community; willingness to reunite; and positive outlook and determination to re-build the family again. In some families the degree of family continuity was so high that at reunion they felt 'as though separation never happened' in their lives. Such families retained a strong sense of family identity and membership by maintaining physical contact and an emotional bond, and through a commitment to stay together as a family and be eventually reunited.

Inversely, little or no family continuity was characteristic of struggling families whose lives were more chaotic and unstable. There was low commitment to stay together and ambivalence, or even resistance to reunion. In such families either mothers or children were not committed to reunion and had negative self-image and a negative outlook on life. Such families were characterised by a weak sense of family identity and membership both during separation and at reunion. Reunion for them was a formal and often undesired act. Some children in the struggling group experienced another loss: they lost the family-like relationships formed in care and were coming back to their biological families, with

whom they had lost emotional connection. They were physically present but psychologically absent in their families. Children asked themselves: 'I am back now but do I really belong?'. Inversely, they were not in care anymore, but their close relations from care were strongly psychologically present in their lives and continued to be children's most cherished and trusted people, to whom they returned when guidance and support were needed.

One of the interesting yet hardly surprising findings was that some mothers felt reunion was enforced on them: faced with LAs' pressure they again had 'no other choice' as to accept their children back. P4EC study (Smith, 2014) found that social workers had to work hard to persuade parents to take children home. The present study confirmed and expanded this finding: when parents did not want reunion, they accepted it meekly yet did little to make it work, which resulted in greater family discontinuity. Such 'false compliance', as Thoburn (2009) warns, may lead to parents sabotaging the reunion.

Families adjusting to life after reunion

The processes of families re-working their structure, roles and routines to re-connect as one family were scrutinised in Bullock et al.'s seminal Dartington study (1993;1998). The previous study in Moldova (Smith, 2014) presented adjustment in reunion as something happening eventually without considering how families actually achieved a *modus vivendi*. The present study developed and expanded the typology of Bullock et al (1998) suggesting six roles/tasks families employ after reunion: organisational, instrumental, expressive, mentoring/pastoral, mediating/managerial and regulatory. It also demonstrated differences in roles and strategies employed by the surviving and struggling families. The surviving families invested into supporting their children and equipping them with moral and ethical codes of behaviour whereas mothers in struggling families invested in organising and instrumental roles – children in such families had to work with their parents to ensure family survival. Differences in the roles and practices prioritised in each of the groups invariably reflect families' systems of values and needs:

families tended to invest more into aspects they saw as essential for family's healthy functioning.

Families' support needs at reunion and deficits of SA system

Previous research (Smith, 2014) documented that families were offered extensive financial and practical support in the first few months after reunion. Yet, this support did not continue beyond the first nine months. In many cases mothers did not attempt to seek further support, explaining this was due to apprehension of complicated procedures, shame of 'begging' for help and a lack of awareness of entitlement. Overall, very few mothers voiced negativity about support (Smith, 2014). However, the present study found a much larger magnitude of negative feelings among mothers: at least half expressed their disappointment about the social assistance system. Mothers complained about the unfairness of the system, failed promises and controlling or patronising attitude of social services to them. The major finding pertains to the disparity in views on family needs between mothers and professionals. Whereas mothers see themselves as in need and struggling and want ongoing consistent support, professionals emphasise families' need to stop being dependent on the state. A puzzling finding is that at the same time families are seen by professionals as in need of control and monitoring due to irresponsibility and inability to responsibly parent. The study also revealed that both NGO and state social assistance and protection professionals were congruent in their views on the social assistance system. The system suffers from deficits in support services and lack of community-based family services as well as alternative out-of-home care options for children: e.g. foster care is largely underdeveloped and adoption is not common in Moldova. Overall, confirming previous research and evaluations in Moldova (Evand,2012; Lumos, 2013;2016), the study findings suggest that social assistance system in Moldova continues to struggle with multiple problems: many approaches are reactive rather than proactive and there are multiple gaps and inconsistencies in the system of offering social support.

Limitations of the study and directions for future research

The study used convenience sampling: participants were approached who were readily available for interviews or recommended by NGOs as 'good cases' (formally successful reunions). Yet, families in the study broadly represented the overall population of families with looked-after children: they lived in more than 20 different localities and children returned from different institutions scattered across Moldova. Failed reunions representing the most vulnerable cases were left out. This introduced selection bias that can affect reliability of findings. Furthermore, among five focus groups, there was only one state social assistance group. It is not clear whether the divide in views between NGO and social assistance department (SAD) professionals should be attributed to the organisational ethos of this particular SAD or is a dominant representation at all levels of the social assistance system. To understand this, research needs be secured involving various state departments in different localities.

The study used photo-elicitation in the first phase of data collection which was dropped in the second stage as it proved an extremely expensive albeit engaging data collection method. Combined with concentric circles map it yielded rich data about children's perceptions of their kin and kin-linked networks. However, this data was not analysed as a separate strand due to time and other limitations of the project – rather, it used to inform the analysis of children's views about their most significant relationships in care.

Fathers' views were predominantly excluded from this study because at the time of reunion they were long gone from the families. However, one father was interviewed along with his new partner and only because the mother was not a main caregiver in this family. Future research needs to incorporate perspectives and experiences of fathers as important stakeholders in family experiences. It can also include residential care staff, whose views were excluded from the previous longitudinal study (Smith, 2014) and could not be explored in the present study because of resource constraints and organisational barriers. Their views could offer

invaluable insights into life in residential institutions and add to the findings on children's experiences in care.

Mothers' and children's views were examined in retrospect. To enhance validity of findings, a prospective longitudinal design could be employed in future research. A further follow-up on families is needed to identify the impact of reunion on children's and families' long-term outcomes. Also, in order to understand what placements work better and for what type of children, it would be useful to compare children's outcomes from various types of placements: foster, kinship care or adoption. The latter is particularly important as research in other contexts demonstrated that for some reunited children outcomes are worse compared to those non-reunited (Taussig et al., 2001) or children in foster care/adoption (Sinclair et al., 2005). Finally, failed reunions need to be considered in order to identify factors leading to reunion break-down as currently there is no research on failed reunions in Moldova.

Implications for policy and practice

Importance of reducing anxiety and stress related to ambiguous loss

Based on work of Boss (1999,2016), Masten (2016) and Mitchell (2016), children and mothers feelings of anxiety and stress related to the situation of ambiguous loss and resulting ambiguity of family boundaries need to be recognised and addressed. Boss (2016, p.272) stresses the importance of naming the problem as the first step in coping: '*People cannot cope with the problem until they know what the problem is*'. She also recommends thinking about separation and loss in dialectical rather than absolute terms: e.g. help the child shift from thinking 'my mother is either with me or not' to 'my mother is both gone, and here'. This helps the child accommodate to a new situation where the parent is not physically with them but may be strongly psychologically present in their lives.

Continuing and expanding the work of Boss in the context of children in foster care, Mitchel (2016) suggests that to help children reduce stress, they need to be helped to achieve congruency between their global

beliefs about family (what their family should ideally be) and their situational beliefs (what their family is in reality). Similarly, for children in residential care, children could be helped to explore their 'psychological' family and explained that this might not necessarily include their biological kin.

Furthermore, children going into care should be given an opportunity to discuss and explore feelings of distress and confusion resulting from ambiguous loss. As the present study demonstrated, children's feelings of grief and anxiety were often disenfranchised leaving them to find the meaning of their new situation on their own. This often resulted in mixed feelings towards their parents – distrust, anger, and yet yearning for their parents; the children oscillating between different emotions.

Finally, it is important that family members are helped and encouraged to normalise the ambiguous loss by openly discussing their feelings and the implications of separation or loss for the family functioning – what new roles and boundaries will be like in a new reality?

Importance of family involvement and family-focused work

The child care policies and practices in Moldova need to incorporate past lessons about children's removal from families and further institutionalisation. Poor decision-making around separation and reunification excluded mothers and children from the process. Decisions made to protect them, in fact, ignored their right to participate and be active agents in their own lives.

Moreover, parents were not denied but equally were not actively encouraged to be involved in children's lives in care. Moldovan mothers were effectuating part-time parenting while visiting their children in care, having opportunity to attend events, groom, feed and play with the child. This helped mothers and children maintain emotional closeness and a link within limited timeframes. However, they were restricted in their parenting and could only exercise it with the permission of the residential school's authority.

These findings resonate with research on work with families of children placed away from home in four European countries – Denmark, England, France and the Netherlands, which demonstrated that staying connected is a neglected area of social work practice (Boddy et al, 2016). It emphasises that such work should go beyond the concept of contact, more dominant in English literature, and could include a much broader concept of 'being together', accepted and practiced in Denmark, allowing parents to be part-time parents or 'parents at a distance' while their children are still in care (Boddy et al., 2016).

Thus, the right approach should facilitate more family involvement and inclusion at all stages of separation and reunion as well as when the child is in care.

Importance of maintaining family and community membership

Previous research evidenced that positive contact is associated with a child's positive outcomes and successful reunion (Hart et al, 2015; McWay, 2001). However, as found earlier in Biehal's (2007) review, and confirmed by this study, such contact needs to be understood in a much broader context of family continuity – as a long-term commitment and work families undertake to stay together. Stable reunions in this study showed evidence of family cohesion and loyalty that was made at the moment of separation and led to ongoing contact helping families reconnect easier and faster at a later stage of reunion. Where it is possible, family continuity and membership need to be promoted in practices and policies affecting children in care.

Gilligan (2005) states that children's links to their communities need to be maintained: contact with the outside world brings in fresh influences and expands children' social experiences. It could be argued in the context of the present study, that staying connected to their home communities equips children with strategies and knowledge about the world they will eventually return to.

The role of extended family as a valuable resource for fulfilling a child's emotional needs in the absence of parents must not be underestimated.

Extended family acts as a bridge connecting the mother abroad and the child and keeps the link between the child and the family 'alive'. Extended family also serves as a powerful resource for connecting children to family roots and histories and preserving their family and community memberships.

Need to improve reunification practices and services

Thoburn (2009) suggests some best elements of reunification practices: services tied to the families' specific needs and incorporate various aspects of support: therapy, case work, practical support; there is evidence of good relationship between parent or child and social worker. The most effective practices also tailor support to the reasons why children went into care. Such services are only meaningful in the context of a timely reunion, which happens when all the initial risks are removed and all members of the family are prepared for reunion. The reunion often fails if there was no evidence of positive change or too little time was given for such change to happen.

Findings from the present study suggest that there are multiple pitfalls in the current reunification practices in Moldova. To be effective, post-reunification services need to target families' various needs: financial, psychological, practical, etc. Support to families has to be ongoing and consistent and include more involvement from social workers that support families in various aspects of their lives. Reunification practices should have a multi-disciplinary focus involving a variety of services: local health professionals, police, social workers, etc. as families usually have a multitude of inter-connected problems. Where such services exist they need to be made accessible to families. Finally, before the child is placed back into the family, an assessment should be carried out addressing whether there are any old or new risks for the child and whether both the child and the family are ready for reunion.

Furthermore, more community-based family support services need to be created, with increased focus on preventive programs. More work needs to be done to eliminate SA organisational deficits and build strong

partnerships between families and social workers. The process of seeking support and further referrals within the SA system needs to be made transparent and accessible for families. Most importantly, families need to be active participants in the case planning and decision making processes.

Research from US and Australia overviewed in Chapter 4 evidences good results for families going through reunification treatment programs: children return home faster and are less likely to re-enter care. Using an evidence-based reunification framework helps the practitioners improve their reunification practices. Recent evidence from UK practitioners and managers suggest that implementing the Reunification Framework made them feel confident about their reunification practices (Farmer and Patsios, 2016). To date there has been no attempt to implement and evaluate such programs or practices in Moldova.

One important message coming from research (overviewed in Chapter 4) and overlapping with findings from the present study is that not every child can be successfully returned to families and not every reunion has to be a success. Moreover, reunion break-down should not be seen as a failure or reunion as a panacea. Half of the borderline reunions in this study are very good examples of attempts at reunification as a magic pill which is taken against all the evidence in the hope it will 'work'. Indiscriminate and imposed de-institutionalisation without careful planning, preparation and further follow-up and support, as this study evidenced, may lead to children returning to families which are not capable or do not want to take care of them or where children are at serious risk of violence or abuse. For some of these children it might be better to live in out-of-home care.

Need to re-evaluate the role of residential care

On a society level, significant work needs to be done to shift polarised representations of residential care. There is a lasting divide between public and professionals' attitudes towards institutionalisation in Moldova: while NGOs and policy makers strongly condemn it as 'evil', some

families and communities still tend to see it as a panacea. Yet, the truth is somewhere in between: residential care can and should be used as one of the forms of out-of-home child care. However, its use should not be indiscriminate: careful consideration should be given to how best outcomes could be achieved and for what groups of children.

It is time to accept what has been already acknowledged in the Western contexts, i.e. that '*the dream - no more residential care - has gone disastrously wrong*' (Ainsworth and Hansen, 2014, p.197). Using residential care is particularly important in the context of the country's continuing migration: it is unlikely that parents will stop leaving their children, as migration has become a staggering social phenomenon in Moldova in the past two-three decades. While foster care is still under-developed, small-scale good-quality residential care that incorporates best practices from the past could provide safety nets for the most vulnerable children. For instance, respite residential placements could be used for families under stress or when parents need to live and work abroad temporarily. Finally, such care will incorporate such essential aspects of family continuity as extended family visitation and the child maintaining links to communities and visiting their homes. To keep their social niches, children can live in residential placements while still going to local schools. Finally, as emphasised in wider research (e.g. Sinclair and Gibbs, 1998), there is a need for creating diverse residential care for children that will serve various purposes: emergency shelters, treatment hubs or long-stay shelters. Such residential care models need to incorporate universal elements of a good care: being small-scale, child-oriented, and home-like while at the same time adapted socially and culturally to Moldovan context.

Need to develop families' independence from the state

After reunification, the expectation of social services was that families would gain independence from the state and resume responsibility for their children. Yet, the families did not have any resources or the skills to do so. In the same way as institutionalisation of children was seen as a panacea of saving children from 'poor and bad' parents before 2000, less

than a decade later responsibility for the child care was shifted from 'bad' institutions to 'good but poor' parents, making them now responsible for the care of their children.

Yet, living all their lives in deep poverty and having a vulnerable mindset, families felt they could not cope independently and were in constant need of support. As commonly shared by professionals in the study, 'state as parent' mentality is still deeply engraved in Moldovan families. Therefore, future policies need to focus on shifting such mindsets, making parents aware of resources within their own families and communities and supporting them in using such resources. However, to be used, such resources need to exist in the first place: in most communities families lack access to most basic facilities and services.

This points to the need of building up families' effective approaches to managing their lives seeing themselves as active agents capable of change. To become more socially and economically independent, asset-based programs can be used that empower families to use non-monetary assets to build up their economic and social capital: e.g. investments into education or small ownerships (Serraden, 1990 in Ismaylova, 2014). Unlike state benefits, such assets can offer more lasting renewable benefits. However, without ensuring that families' basic needs are met and they are not living below the poverty line, such work is deemed impossible.

Concluding comments

The present study made important contributions to extant separation and reunification research. It tracked families' experiences from the moment of separation until reunification identifying how families adjusted family functioning to changing circumstances. It also captured the multi-faceted and complex nature of reunion that involves many stakeholders. Reunification, as demonstrated in the study, is not a monolithic process or a single event: it is a constantly changing system that is contingent upon many factors and processes long preceding the child's return to the family. Moreover, reunification is not a single event – it is a lifelong

process in which families will be constantly adjusting and accommodating to life together.

There should be no extremes in using either institutionalisation or reunification as a 'one size fits all' solution. The study demonstrated that rushed reunification, when either children or parents feel ambivalent or even resistant, will lead to frustrations that will eventually undermine the success of the reunion. Most importantly, the study showed that the fact that the child is in the family, i.e. is formally reunified or 'stable', does not necessarily mean success of reunion: a few children in the study continued to be physically present in their reunified family whilst not feeling like they belonged, and being unhappy.

Another important contribution the study has made is moving away from the dominant view of residential care as 'evil institution'. In spite of some children in the study having upsetting and traumatising experiences in care, many mothers and children showed appreciation of care as a place where children were nurtured, educated and built close supportive relationships – experiences that were unavailable or even denied to them in their families or home communities. At times of extreme poverty and desperation, institutions served as safe harbours where mothers could leave children temporarily to take back later when the crisis is over. Residential care, when it incorporates best practices (e.g. individual child-oriented care, home-like environment), may offer many benefits to children for whom living with their biological family is not possible and no other forms of out-of-home care are available.

The theme that dominated mothers' narratives was their powerlessness and lack of agency in the decision-making process along the way. The power differential between families and social services lead to the situation when decisions made on behalf of families were made without them. Interestingly, social welfare ideologies having made a significant shift from mass institutionalisation of children to family-based child care in just a decade, still incorporate a persistent vision of families as passive recipients of services. Paradoxically, at the same time families are expected to become more independent and responsible for their lives. In sum, the social welfare system in Moldova has undergone significant

changes in its core ideologies: families are seen as a priority that need to be supported by the state, and the responsibility lies within families and not the state. Future child and family protection services need to put more focus on early interventions and supporting families in preventing children from getting into the care system. Yet, when and if it happens, such decisions need to include parents and children, the latter being the most important stakeholders in the process, whose views cannot be neglected or bypassed.

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APPENDICES

APPENDIX A

LITERATURE SEARCH

Deciding on key literature terms/concepts:

Attachment and separation
Children's institutionalisation/institutionalisation effects
Residential care/group care/youth and child residential care/group homes/congregate care
Residential care practices/quality
Separation/ loss/removing child from home
Family contact/sibling contact
Siblings in care
Abuse in child residential care
Relationships in residential care
Looked-after children/ children in public care
Reunification/restoration/reunion/child' return home
Reunification factors/outcomes/experiment/experiences/views
Development of residential care

Examples of literature search strategy (not an exhaustive list) carried on between January-May 2017 on Social Care Online database

Examples of searches	Database	Results
Youth and child residential care	Social care online	4199
"family reunification" OR family reunion AND looked after children Publication year [1990-2017]	Social care online	1655
'Looked after children' AND 'residential care' OR 'out-of-home care' AND child experience*	Social care online	10764
'Looked-after child*' OR 'public care' AND 'family separation' NOT 'divorce' [searched for TITLE]	Social care online	3314
"institutionalised children" AND outcomes AND development NOT disabled children	Social care online	1880
'Residential care' AND youth OR child AND practice AND quality	Social care online	746
'Looked-after children' AND 'family contact' AND 'parent-child relationship'	Social care online	7628
Looked-after children AND reunion OR reunification AND factors	Social care online	92
Siblings AND looked-after children AND contact	Social care online	94
Institutionalised children AND Eastern Europe AND former Soviet Union	Social care online	116

APPENDIX B

PARTICIPANT RECRUITMENT

MATERIALS

Information sheet (parents)

UNIVERSITY OF EAST ANGLIA

Centre for Research on Family and Child
School of Social Work

Elizabeth Fry Building, Norwich, NR4
7TJ
Tel (+44) (0) 1603 592068 Fax: (+44) (0)
1603 593552
Email: pgr.enquiries.admiss@uea.ac.uk



Project: Children Going Home

Researcher: Irina Sirbu, PhD candidate

INFORMATION FOR PARENTS

What is the research about and who will it help?

My name is Irina Sirbu and I am a researcher from the University of East Anglia (UK). In my project I look at the families' experiences of separation and re-unification. I am also interested in who children's kin are and how they work out their kin relations.

I hope the findings of my study will help families, social workers and everybody who works to help bring the families together.

What would you like me to do?

I will ask you to talk to me for about an hour or so. You will be asked about your own and your child's experiences before and during separation and after re-union. There is also a very brief questionnaire about your family background. There are no right or wrong answers to any question. You can take a break and stop at any point. If you decide not to continue, it is perfectly fine.

If you or your child changes your mind about your participation in the project, there will be no consequences for you. You are free to withdraw from the study at any given time by advising the researcher of your decision, without giving any further explanation. You will have about 2-3 weeks after the interview to contact me and I will take out all your personal data from the study.

What would you like my child to do?

I will ask your child to take or bring old photos that tell about their family and their lives in residential home. Also, your child can draw a picture or bring an object that can tell us about his/her family and time at residential home.

The photos taken in the study will NOT be used for publication or presentation. They are needed in the interview only. I will ask the child about his/her separation and re-unification experiences and their family and like family relations.

I will take great care not to ask your child any questions that might be upsetting to them. However, if your child feels uncomfortable in the interview, it will be stopped and will be continued only if your child feels OK and wants to do so.

Will you tell anyone what I or my child say?

No. Any information you choose to share with me is absolutely private. When the research is written or published, your personal details will be changed to codes or pseudonyms so that you are not personally identifiable. The only time I may have to talk to someone is if you or your child tells me that he/she or any other person is in danger or at risk, or evidence of such danger or risk to a child appears in photos. However, I will talk to you about it first.

How will you remember what I have said?

Your interview will be audio-recorded to help me better remember all the information you say. However, if you or your child strongly objects to recording, I will be taking notes while talking to you. Your recording will be deleted from the recorder after I type it up. The typed copy of your interview will be stored securely and available only to me or my supervisor.

What is in it for me?

This study gives you an opportunity to express your feelings and thoughts about your experiences. I believe your contribution will help other families that have similar experiences. Also, it will help social work agencies better understand what happens in a family after the child comes back home and provide adequate support.

You will receive 200 leis in cash as a small compensation for the time you have given to the study. Your child will be awarded with a small gift.

Will you tell me what you found out?

If you would like to find out more about the results of the study, I will send you a summary of the report.

How can I contact you?

You can contact me by phone or email. If you have any questions or concerns, you can text me and I will call you back as soon as I can. My contacts are provided below.

Irina Sirbu
Mobile: **+373 68731070** (Moldova)
Email: I.Sirbu@uea.ac.uk

What if I have concerns about the interview? Who can I contact?

If you have any concerns about the interviews, you can contact Dr Beth Neil, my supervisor:

Dr Beth Neil,
School of Social Work,
University of East Anglia,
Norwich, NR4 7TJ
Email: E.Neil@uea.ac.uk

If you have concerns or worries about the safety of your child or another child you know, you can contact one of the numbers below for free and confidential advice:

*Municipal Office for the Protection of Child's Rights
(Chisinau City Council): **022 24 27 02***

*Hot line "Child's Telephone": **08001 1116***

*National Centre of Child Abuse Prevention: **022 74 88 06, 022 75 67 87***

Who are you and why are you doing this?

CHILDREN GOING HOME

Information for children



My name is Irina Sirbu and I am a researcher. My study looks at experiences and lives of families where children come back from residential care.

What would you like me to do?



To understand how you form ties with your family and other important people in your life, I need to know who you feel close to and what brings you together. I will first ask you if you agree to take part in the project. Remember, you do not have to do it – it is *you* who decides to take part.



If you change your mind later, you can drop out at any moment. After you agree to take part, I ask you to bring photos that can tell me about 1) your family and 2) your life at residential home. You can take a photo or bring an old one; you can also bring any object that tells about your family and residential home: a toy, etc. Then I will talk to you about your experiences and people who are family or like family to you. I will use your photos and other materials that I will bring with me to the interview.

NB! I will not take or keep any photos that you will share with me!

Will you tell anyone what I have told you?



No. I will not tell any of the things you told me to anybody else – not even your parents. All names and other details of your family will be changed so that nobody can recognize you. The only time I may have to talk to someone

is if you tell me that you or another person is in danger or at risk. However, I will talk to you about it first.

How will you remember what I have said?



I will use an audio-recorder to help me better remember what we talked about. After that, I will type up our talk and delete the audio recording. This typed copy will be stored in a secure place and available only to me.

What is in it for me?



You will receive a small gift for all the time and effort you gave to this project.

Will you tell me what you found out?

If you or your parents want to know more about the findings of my study I will send your family a brief report.

How can I contact you if I have any questions?



If you any questions or concerns about the study you can contact me at:



Irina Sirbu

Mobile: + 373 68731070

Email: I.Sirbu@uea.ac.uk

If you have any worries about your safety or another person's safety you want to get help with or talk confidentially, you can call this number:

Hot line "Child's telephone": **08001 1116**

Project: Children Going Home

Researcher: Irina Sirbu, PhD candidate

Participant information Sheet – Focus Groups

Who is the researcher and what the research is about?

My name is Irina Sirbu and I am a 2nd year PhD student from the University of East Anglia, UK. My project focuses on exploring kinship experiences of families where children were re-united from residential care with their birth parents. I am looking at parents' and children's experiences during separation and staying in residential care as well as after the re-integration.

The potential benefit of the study is that it will enrich both academic and practitioners' knowledge about the challenges during separation and re-integration and will help understand how families cope with difficulties of each period. I am inviting you, as professionals working with re-integrated families, to contribute with your insights into the challenges and dynamics of the re-integration process. Your contribution is valuable as it allows exploring potential gaps in parents' and children's narratives arising from their fears to speak on "sore" issues. Your perspective will help to illuminate such issues and get a full picture of the process.

What types of data are being collected?

I am collecting data from social work practitioners and NGO professionals using focus groups. Focus group is simply a group discussion centered on a particular topic. The purpose of focus group is to replicate how we express our views and opinions in real life. This means that you will be asked to talk to each other as well as the moderator (me). You might agree or disagree on certain points – this is absolutely fine. We are interested in your views on some aspects of families' separation and re-integration. We would like the group to be a lively discussion. Remember that there are no right or wrong answers and every opinion will be valued and respected!

What will your participation in the focus group involve?

This particular group will involve ____participants, a moderator and the research assistant. It should last around an hour, but please allow some extra time for late comers and final remarks – another 20 min at least. As a group, you will be asked to talk about various issues relating to children's and parents' experiences during separation and following re-integration.

When is the focus group scheduled for?

One of the difficulties of organizing focus groups is getting a group of highly busy professionals together in the same place at then same time! This group is provisionally scheduled for _____ . If you can't attend the group for any reasons, please contact me by phone or email ASAP (see my contacts at the bottom of the last page). Please let me know if you might be late for the interview. Because it is a group discussion, all participants are highly dependant on each other and if one or two do not attend or are late, this might significantly affect other participants or even end up in cancelling the whole interview.

What will happen on the day?

Once everyone is arrived, the focus group moderator will briefly introduce herself and her project and you will be given an opportunity to ask any questions in regard to the study or focus group. Then you will be asked to read and sign a consent form. The moderator then will ask all members of the group to agree on some ground rules for the group: avoiding speaking over other people, being considerate to other people's feelings, respecting confidentiality of people mentioned in the discussion, etc.). Once everybody is happy for the group to begin, the moderator will switch on the recording device and ask the first question. You will also be given an opportunity to ask your questions and express your viewpoints at the end of the session.

The researcher will be assisted by her interpreter, who will help her with taking notes and interpreting.

What are the benefits of taking part?

There are no monetary rewards involved for the participation in focus groups. However, as practitioners in the field of re-integration you will contribute your knowledge and expertise to one of the very few (if not the only one!) academic project on re-integration in Moldova. This is an excellent opportunity to experience the focus group method "from the inside" and participate in a lively and interesting discussion on a very important social issue in Moldova. As my "thank you" for your participation I will be happy to contribute to the work of your organization in the form you consider useful: giving a seminar on a methodology of your interest, do some work for the communities you work with, etc.

Are there any risks involved?

There are no particular risks involved in the project and there is also no deception. The general “risk” of participating in focus groups is the potential to become upset by a particular question or topic. Our discussion will be focused on the families’ and not your personal experiences. Nevertheless, if you feel upset or distressed by a particular point or issue or by another participant’s comment, please let me know about this as soon as possible (even during the interview). You do not have to do anything that makes you feel uncomfortable!

Will I be identifiable?

Only the colleagues that participated with you in the focus group discussion and the researcher and her interpreter will know what you said. The interview will be transcribed by me or my interpreter and all the names will be anonymized including the names of families discussed. For the reasons of anonymity and confidentiality we will ask you to maintain confidentiality during and after the interview – do not give the names or addresses or any other identifiable information about the families or children. Instead, you can identify them in very general terms: e.g. *a 13 year old boy from residential care in X. area*. Also, do not disclose any sensitive information about personal or professional lives of you colleagues either present or absent at the interview.

Can I withdraw from the research?

You have the right to withdraw from participation in the project at any stage. If you decide to withdraw from focus group try to let me know as soon as possible as I will have to find a replacement for you. If you want to withdraw your data, you will have two weeks after the focus group interview to do it.

If you have any questions, please contact me or my supervisor:

Irina Sirbu (PhD researcher)

Mobile: **373 68731070**

(Moldova)

Email: I.Sirbu@uea.ac.uk

Dr Beth Neil (supervisor)

School of Social Work,

University of East Anglia,

Norwich, NR4 7TJ

Email: E.Neil@uea.ac.uk

This study has been approved by the School of Social Work Ethics Committee.

APPENDIX C

SAMPLE, RECRUITMENT

STRATEGY, METHODS AND

INSTRUMENTS

Recruitment

Wave 1

Because of the nature of families, their extreme vulnerability and isolation – both social and geographical – and being under the protection of local social assistance authorities I had to seek the help of the gatekeepers in the recruitment process. The initial recruitment was assisted by the Partnership for Every Child (P4EC), formerly known as Every Child in Moldova, with which I liaised prior to starting my PhD. I also liaised with other NGOs and charities working with de-institutionalised children. Overall, 23 interviews were done between June-August 2014 (12 parents and 11 children interviewed). In the course of liaising with all NGOs I had numerous lengthy conversations with NGO staff that shared their perspectives on the lives of families and their views on the support families need and are offered. One such conversation inspired me to conduct focus group interviews with social workers and NGO professionals, which happened in wave 2. It is noteworthy to mention here that I attempted to contact the State Department of Social Assistance but was rejected at the stage of a phone call without being offered any reasons. Hence, the formal route via LAs was closed for me and all further recruitment took place via 5 major NGOs in Moldova.

Wave 2

When I returned to the field in May 2015, I was ready to plunge right into my data collection. The second data collection was delayed by a month due to the busy NGOs' schedules. Yet, by the end of August, as a result of a long process of liaising and "chasing" NGO staff, 24 more interviews were collected and 5 focus groups were conducted. In addition to this, I attended a working meeting between the staff of a closed RC and local administration, the aim of which was to discuss the consequences and implications of RC close-down both for children, families and RC staff. Moreover, I was cordially invited for a walk around the premises of RC by its former director who did not seem to share the idea of "evil RC" and its traumatizing effect on children. She spoke with bitterness and disappointment about shift in policies which rendered her work in child care not only useless but detrimental. During this meeting I had a chance to see the inside of RC life – how children lived, where they slept and what their daily life was like. This and other formal and informal meetings helped me better understand the workings of residential care, get first hand knowledge about the processes of placing children into RC and later processes of de-institutionalising and re-integration.

Getting access to vulnerable population in Moldova requires a lot of effort and time for "paving the pathway"- for me it was showing my face and getting to know NGO people a year before I came to the field. Such work should never be underestimated. As local NGOs were my guides and a bridge to my participants, I was concerned about not leaving them with "empty hands". In exchange for their help in recruitment and fieldwork logistics I offered to give seminars or assistance in their research. In summer 2014 I gave a seminar to one NGO with the intention of continuing collaboration in future.

A generic portrait of families in the project

Mothers from this project, with a few exceptions, are from rural areas. Living in small communities they experienced a life of deprivation and lack of opportunities. Life in Moldovan villages is in stark contrast to city life – most families are tied to their households working on farms or doing occasional seasonal jobs and are limited in their choices. They depend on the food they grow on their allotments or get by keeping and slaughtering poultry or cattle they raise. Heavy physical labour, miserable earnings and lack or complete absence of any job opportunities mark their lives. Families traditionally have 2-4 and more children. From early childhood children are expected and encouraged to help their parents around the household. Their support is essential for parents and forms a solid part of their lives. Families typically have a wide web of kin relations – members of extended family who live in close vicinity and support each other with money, food, childcare, etc.

Most mothers in this project were separated, divorced or lost their partners and were the only providers in their families. It is this absence or loss of a spouse or a partner that made them feel unsupported and struggling. Being a single mother with many children and having no support from the state made them susceptible to poverty and deprivation. Many mothers were migrant workers and had to leave Moldova in pursuit of better earnings – this was the only way for them to secure the future of their families. To be able to go away for longer periods of time they had to leave their children in the care of relatives. In Moldovan culture childrearing duties are typically shared by members of the extended family – when mother is away, older siblings, aunts, grandparents, neighbours or friends support and take care of children. However, many mothers did not have family they could fall back on in childrearing and, as a result, could not rely on family in raising their children. Their families – just like them – were struggling with poverty, unemployment or illness. It is this absence of a safety net of their families that made them see themselves as left without choice and forced to send their children to residential care. In majority of cases in this study mothers gave 2 or 3 siblings into care. Many children went to care at 5-7 years old, where they stayed on average between 3-7 years.

Summer 2014	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8	Child 9	Child 10
Primary caregiver	Mother	Mother	Mother	Adoptive mother; adopted at 3 months old	Mother	Grandmother	Mother	Mother	Mother	Mother
Marital status of the mother	Divorced?	Divorced/r e-married	Single	Widow	Single	Married	Married	Married	?	Divorced
Maternal age	37?	36?	?	?		55	35	36	49	39
Maternal employment	Unempl.	Empl.	Unempl.	Empl.	Unempl.	Retired	Empl.	Empl.	Unempl.	Unempl.
Number of other children in the family	4	2 (incl. 1 adoptive child)	3	2	3	3 other grandchildren living there + her own son	1	2	4	2
Siblings in RC	1	-	-	-	1	2	1	1	1	1

SES	Benefits		Benefits	Stable	Seasonal or occasional jobs	Unstable: pension + children's benefits	More or less stable	Stable	Unstable	Benefits
Age of the child	16	16	15	13 y.o.	15 y.o.	15	15 y.o.	15 y.o.	15 y.o.	15 y.o.
Sex of the child	f	m	m	m	f	m	f	m	f	m
Age of going to residential care (RC)	10 y.o.	8 y.o.	7 y.o.	8-9 y.o.	7 y.o.	10-11 y.o. ?	4 y.o.	6 y.o.	6 y.o.	5 y.o.
Age of leaving RC	13 y.o.	14 y.o.	13 y.o.	12 y.o.	12 y.o.	13 y.o.	11 y.o.	12 y.o.	11 y.o.	10 y.o.
Duration of stay at RC	3 years	6 years	6 years	3 years	5 years	2.5 years	7 years	6 years	5 years	5 years
Mother working abroad	no	yes	yes	yes	Possibly	No but partner did	yes	yes	yes	no
Frequency of contact	Up to half a year didn't see her mom then - came home for the night	Rare contact at the beginning (for 2-3 years);	Came home almost every day and	Contact by phone while mother was in Moscow;	mother visiting once a week; the child came	Came home for holidays and vacations	Mother spent a year abroad twice in this time	Usually came home for the weekend ; mother	Came to visit during holidays and vacation	For 3 years were separate d; then started

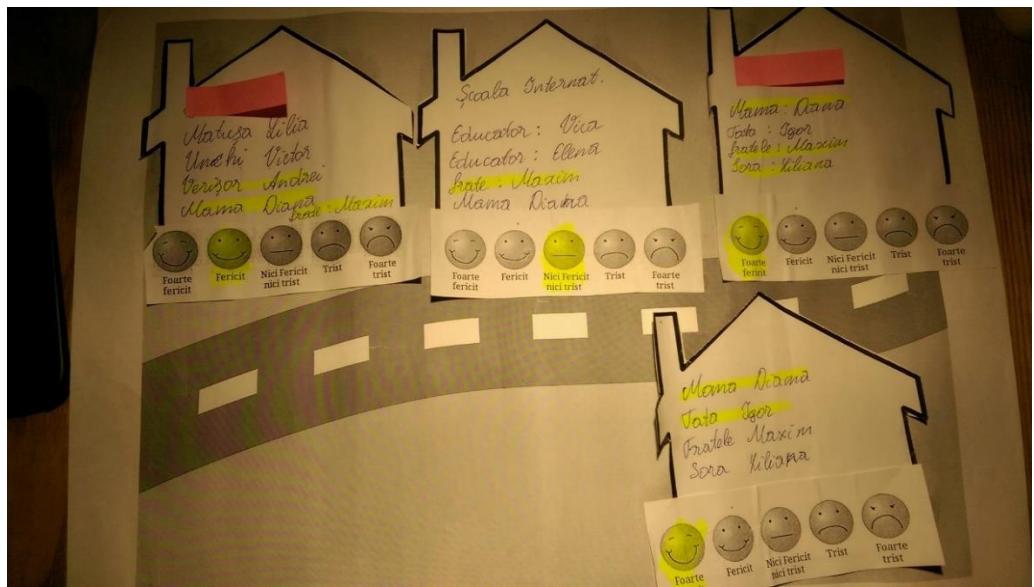
	almost every day; in the past 3 years didn't leave at home and stayed in sanatoriums	then began to see his mother 6-7 times a year	for a weekend	after her return to Moldova – came home every day from the auxiliary boarding school	home for the weekend		– no or rare contact; later – once a week or 1-2 times a month	went away for 1-3 months several times	s – 3-4 times a month	seeing the child once every 3 months
Time spent at home after re-union	1 year	2.5 years	About 3 years	1 year	3 years	About 3 years	4 years	3 years	4 years	5 years
Reasons for going to RC	Father abused her mother; mother went to hospital; children sent to RC.	Difficult financial situation; absence of jobs in the city; no place to live; mother went to work in Russia	No place to live; absence of finances and job	Death of the father – mother heavily depressed + poverty; mother went to work to Moscow	Poverty	Poverty; mother had 11 other children; didn't take care of them	Poverty	Poverty; no place to live	Poverty	Mother's mental condition (schizophrenia) after divorce

Summer 2015	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8	Child 9	Child 10
Primary caregiver	Mother	Mother	Mother	Mother	Mother	Mother	Mother	Mother	Mother	Father
Marital status of the mother	Married	Separate d	Married	Married	Single	Widow	Partner	Married	Married	Married
Maternal age	34	50	36	40	35	42	34	36	39	42
Maternal employment	Unempl.	Unempl.	Unempl.	Empl.	Unempl.	Empl.	Empl.	Empl.	Empl.	Empl.
Number of other children in the family	1	4	4	2	4	6	-	3	2	1
Siblings in RC	1	2	1	1	2	4	-	Not mentioned	Possibly	1
SES	Not known	Not known	-	-	-	-	-	-	-	-
Age of the child	14	14	15	16	16	16	14	13	15	15
Sex of the child	m	f	m	f	f	f	f	f	m	m
Age of going to residential care (RC)	8	6	7	8	9	9	7	6-7	8-9	9
Age of leaving RC	12	13	13	14	14	11	9	9	12-13	14
Duration of stay at RC	4 yrs	7	6	6	5	3	2	2	4	5
Mother working abroad	No	yes	no	no	no	yes	yes	Yes	no	No

Frequency of contact	Visiting child at RC every 2-3 months /taking him home for vacations	Took them home for vacations	Visiting at RC a couple of times a month and later – more rarely	1 st year-only for weekends; then – some evenings during the week	Not much – only for some holidays	Almost every day	No contact as mother abroad initially; later – came home for the weekend.	2-3 times a month and took home for weekend	Visited regularly at RC and they came home for weekend	Regular visits at RC and child-n visited their auntie
Time home after re-union	2 yrs	1	2	2	2	3	5	4-5	2-3	1

Reasons for going to RC	poverty, no place to live	Poverty, debt for accommodation	Poverty; child lagging behind in school	Child's speech problems	Poverty, single mother and mother's alcohol problems and chaotic lifestyle	Poverty; husband chronically ill and then died	Poverty. Mother working abroad since the child birth and the child's grandmother (primary caregiver) dies.	Poverty, no family support, single mother; child placed at auxiliary RC even though no diagnosis	Poverty; child having dev-al delays because of the childhood trauma	Abusive alcoholic mother-abandoned children and father could not take care of them alone
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Instruments – road map and concentric circles map (examples)



Family questionnaire 2015

Name	
Your age/marital status/employment	
Number of people in the household	
How old is your child now?	
When did he/she go to residential care? How old was s/he?	
Did you leave the country in this period? Where did you live?	
Did you see your child while s/he was in residential home? How long didn't you see your child?	YES NO
When did you start seeing your child more or less regularly?	
How often did you see him/her?	
How many times were you separated from your child?	
When did s/he come back to you? How old was s/he?	
What new family members appeared in the family since the time your child went to residential care?	

Contact information:

Email:

Phone number:

Location:

Adaptation of interview style to overcome children's unresponsiveness

Interview excerpt, subject – Sia, 13.5 y.o., spent 2 years in RC, 1st - 3rd grade? In reality might have been there longer? Had contact with her mother – came home for weekends and holidays. Lives in a big household with mother, her new partner and 3 siblings. Extremely shy.

Interview	Which technique was used?
45:24-52:26	
<p><i>We offered the child to tell create a story about residential care using a toy. Sia got a teddy bear which she named Ion- further the story about her experiences is told on behalf of "Ion". In addition to that Sia had a road map which she used to talk about all places in her life where she lived- talking about people and relationships, her experiences in each.</i></p>	Offering a child a toy to tell a story – takes the focus from them to the toy and helps them tell about difficult things in less personalized way-removes a lot of stress and fears about the parent listening to them at the moment of interview-saying things they can be criticized or punished later for, etc.
<p>I: So, why did Ion have to go to RC (residential care)? S: because it was hard in the family... I: What namely was hard? What was happening? S: Didn't have...what to wear, what to eat. I: Was that bad for him, you think? S: Yes. I: When he went there, did he think it will be for a long time or for some time? S: For some months only. I: Ok, good. Let's imagine that Ion now is at RC for a month already. S: Yes.</p>	Use of maps and other visual material facilitates the discussion as creates a frame of reference-photos, drawings, memorabilia from RC or home, maps to fills in, etc.
<p><u>I: How does he feel now?</u> <u>S: [pause]</u> <u>Interpreter: With other children? Teachers?</u> <u>Does he see his mother?</u> <u>S: [long pause – doesn't answer anything]</u></p> <p><u>At this point I asked my interpreter to break a long chain of questions into small and more "digestible" bits.</u></p> <p><u>I: So, he has been to RC for a month already, does he feel better or worse?</u> <u>S: better.</u> Intr: he got used to.. S: yes. I: Ok. So, he is feeling better, right?</p>	<p>Breaking a long chain of question into smaller wants makes it easier for participants to digest them – likelihood of getting response rises.</p>

S: yes.

I: I will give you a scale now – can you mark how he felt living there? (happy-sad face scale)

S: [marks it "happy"]

I: But why does he feel happy? What has changed for him?

S: he got used to...

I: Ok.

S: [Long pause]

I: does he like there?

S: Yes.

I: Does he have friends?

S: [very meekly and quietly] yes.

I: So, he is feeling better?

S: [not responding]

I: Ok. Let's continue the story. What was the best about RC? What did he like the best there?

S: to play with friends, to learn things.

I: does he have many friends?

S: yes.

I: who are his best friends?

S: [pause]

I: His classmates or..?

S: yes, classmates.

I: What does he best like to do there?

S: [whispering] Copying (i.e. copying the words from the board!!!)

I: Ok, good then. Can you tell me who family was for Ion at that time?

S: [pause] teachers

I: Aha....

S: [long pause] classmates like sisters and brothers

I: Really? Why so? What made them such?

S: They played, help each other...

I: Help in what? For example?

S: drawing...give drawing pencils [=sharing]

I: If Ion is upset about sth. who or where will he go for support?

S: To the teacher.

I: Who is the teacher for him then?

Tr: Like a mother, friend or...?

S: [long pause]

Tr: like a mother or a friend?

S: like a mother...

I: But what did she do to be like a mother?

S: helped.

I: Ok then. [.....]

Closed silence here – she told us already that she felt happier at RC later as she got used and got friends- nothing more to add; it's a closed topic for her.

Using **creative guesswork** – offering the participant an alternative until they accept the most admissible option for them.

Adapting the interview style (parents)

Interviewer-led (initial interview guide)	Participant-led interview guide) (revised)
<p><u>Life of family before separation:</u></p> <ul style="list-style-type: none">• Tell me about your child before s/he went to residential home – how old was s/he? How long did you stay together?• Where did you live? Who was in your family at that time?• Tell me about your relationship with the child.• Tell me about the relationship between the child and other family members {if applicable}	<p><i>Could you tell me about the life of your family and your life before your child went to residential care? I will not interrupt you and give you as much time as you need. You are free to tell me what you want.</i></p> <p>Further prompts were given based on participants' input.</p>

Questions from the left-hand column are likely to yield a conversation that will feel the lines with accurate answers. Participants' narratives will be driven into the "boxes" I gave them. An open-ended question format from the right-hand column is more inviting to a participant. Besides producing richer data, it acknowledges the participant as a respected and valued partner in the research process. Although participants disclose their stories in a framework that I, as a researcher, set for them, there is more space and flexibility for them to talk about issues that concern them.

APPENDIX D

ANALYSIS

Initial codes and early memos

5 parents' interviews were coded and analyzed. In the course of analytical coding 11 thematic categories were identified:

1. *circumstances/context of separation*
2. *parents' perception/view of residential care*
3. *Mothers' self-image*
4. *Mothers' perception/view of their child/their relationship*
5. *Contact, relationship during separation*
6. *Parents' view/perception of separation (applies only to one case so far – needs further exploration)*
7. *reunion changes and challenges*
8. *support after the re-integration/ relationship with social services*
9. *thinking about the future*
10. *another potential category: people supporting the child while staying at the RC ("parents' substitutes")*
11. *theme of alienation/stigma could be developed further as it was mentioned in 3 interviews: N.- relatives refusing to talk to her because of her giving the child away; B. – alienated by relatives/people in the community because of her partner's illness; C. –almost no contact with community – her choice +doesn't know anybody due to long time away.*

Circumstances/context of separation

This conceptual theme contains several subcategories:

- Struggling/difficult life circumstances
- No support from family/state
- Local authorities pushing the parent for placing the child into the RC
- Protecting the child from abuse, bullying, etc.
- The child wants to go to the RC himself/herself (parents' perception of it)

See the checklist of respondents and their comments by sub-categories:

Respondent	Struggling/difficult life circumstances	No support from family/state	Protecting the child from abuse, bullying, etc	Local authorities pushing the parent for placing the child into the RC-forced decision ?	The child wants/agrees to go to the RC himself/herself (parents' perception of it)
N	x	x	x	x	
M	x	x	x		x
B	x	x	x		
C	x	x?(implicitly)	x	x	x
Ch	x	x		x	
Gh	x	x	x		

Analytic memo

All parents directly or indirectly talked about sending their children to RC as a temporary solution to help them in their difficult situations. Parents' reasons for sending their children to residential care varied from illness and inability to take care of the child, extreme financial struggles coupled with lack or total absence of any family or state support to child's abuse or bullying at community school. In some cases social services recommended and insisted or even pressed the parents to place their children in RC, in others – parents were forced to make such a decision based on their life circumstances. Where such decisions had to be taken under the pressure of social services, parents were trying to resist placing their children into RC but eventually would give up under pressure. Those hard moments were described as shocking and excruciating: "I nearly had a heart break. I said: "No! no! no!" and for two weeks they insisted and I resisted. They called me to the council and ??? told me: "We are not taking them forever. Only for the time you need to stand firm on your feet. Until you have everything necessary". And finally I gave in. And I send them to F. to the BS"

Yet, no matter whether the decision was imposed on them or made independently, all parents relied on RC as a temporary measure to help them normalise their lives and "stand firm on their feet". However, in many cases such temporary solution turned into a permanent option during the years when children were staying at the RC. Trying to secure their future many mothers were working abroad where they stayed for quite some years. However, even after their financial and life situations had improved, and mothers returned to Moldova and settled down remarrying and having new homes and families, children continued to stay at the RC. Mothers and children visited each other and children used to come home for weekends or holidays; yet, formally, they were still staying at the RC. None of the mothers made a decision to take their child back. Some parents explained it by their children's desire to stay at the RC (4 out of 5 parents) or their changed circumstances, which prevented them from taking their children back. In such cases the initial plan of taking the child back did not work and from the parents' point of view they still could not cope with the additional burden the child would represent for them and left the child at the RC but maintained more or less regular contact. When the RC was closing down, parents were put before the choice of either taking the child home or the child being placed with another family. It is at this point when parents had no other choice but to take their children home.

Focused codes and memos (Context of separation)

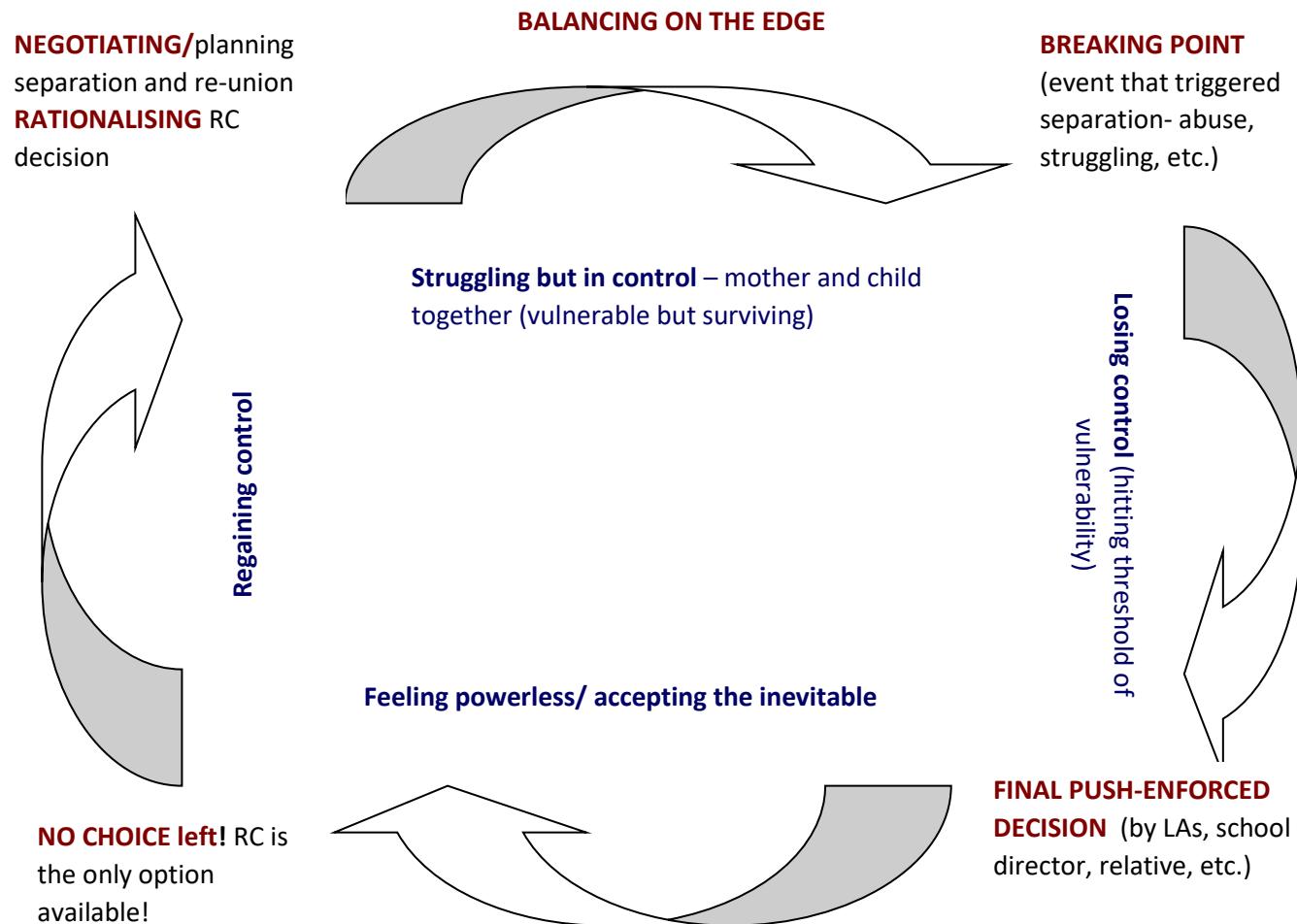
	Balancing on the edge (but still IN CONTROL)	Perception of ones' vulnerability – no family, etc. support	The “final push” the breaking point?	FINAL PUSH? Who enforced the decision ?	Mother in control or not?	How the mother experienced loss of control?	Accepting the inevitable – NO CHOICE (being POWERLESS)	Negotiating separation – ONLY A TEMPORARY SOLUTION	Justifying the decision- RC as education, protection, etc. (REGAINING CONTROL)
Mother	No place to live, father of the child lives her pregnant, new partner – abusive, no job Her elder chil-n helping her but not often as they have their own families. Her perception that during separation she was all by herself – her elder children away and she is fighting on her own	No place to live- huge debts; Partner abuses her - SW intervene! I: In your view, what was the main reason he went there? how did you come to this decision? T: There was no place to live ???? I	SW by persuading mother to send the child to RC – temporarily until she sorts out her life	Not in control	Tina is giving up under the pressure of SW: The SW came and asked if I agree to give Ilya to the BS because you live here.. he [former partner] drinks.. “You will beat him... how will you live with him?” Do you know what a drunken man is like? ... and my brother came when these people from social services came.. he asked what	Not said explicitly – but she was forced to accept the decision that was made for her. Abuse from partner attracted attention of SWs; she also has no job or place to live.	SW telling the mother to “give him to another family - <u>when you privatise the apartment, then we will give them back.</u> ” The whole things was presented as a TEMPORARY solution until she is back on her feet again. Tina negotiates that the child is still HERS even if he goes to RC- she doesn't give him to another family –this is her way of regaining control.	She wanted to protect Ian from her partner's abuse and give him a chance to have decent life. Her narrative about RC is permeated with appreciation of good living conditions and “discipline like in the army. Chil-n's fraternity – they shared the last piece between	

	<p>had 800 leis in debt for this apartment.. and they closed it, sealed it and did not let me in...that is why.. because there was no place to live... : There was no place.. no water or gas supply. He partner beats her badly and Tina gets to emergency- this incident probably urged SWs to intervene and take the child.</p>		<p><u>happened... and I told him that I. would go to the BS.. he said: "Why? What for? Don't give him away. Let him stay." and I said: "OK, I will leave him but I need to earn well". I need to buy clothes for him...It was difficult... And he got angry with me and said: "I am not your brother anymore".</u></p> <p>At the same time she is trying to keep control and not to lose her child completely – she negotiates terms and conditions of his coming back to her: "a SW told me: " D-na T. lets give him to another</p>	<p>I: Did you believe that he will come back? T: Of course!!! I once got very angry: "I won't give my child to anybody! You don't have the right! I am not a drunkard! I am not a whore! It is just that I have difficulties"... I have no job.. His father left us... went to the North of Russia... I was there with him... I was pregnant... and the director [from the BS] understood me: "You can take him home even now. We will give him home" But let him finish at least 7 grades here and then...[you can take him]"... Negotiating with the child the terms and rationale for separation:</p>	<p>themselves. In Tina's view Ian enjoyed his life at RC.</p> <p>Tina initially had fears about Ian being abused at RC but goes to RC to check and gets reassured.</p> <p>HER CHILD IS GOOD OR BETTER THERE AND SHE IS NOT GIVING HIM AWAY – SHE IS IN CONTROL AGAIN?</p>
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family - when you privatise the apartment, then we will give them back. And I said: "I don't understand - if i don't get an apartment, I won't take my child back?! Nooo... it is impossible...I don't drink, don't take drugs...What is this? You do not have the right to take him from me!" And I did not give him. I can manage myself...??? but not give him to another family..."

T: he was alright.. I told him: "It is very hard for mum... Go there -you will be better there???? It will be warm and clean there...You will come to see me ...I will visit you every day."

Developing a model from focused codes



APPENDIX E

REUNION FACTORS

Reunion: facilitating and risk factors

Stable (surviving) group

Parents

The group is characterized by overall feelings of continuity and consistency of family experiences before and during separation and after reunion. In 8 cases separation was negotiated and set as temporary between mothers and children. In all 10 cases mothers reported having regular contact with the child. All mothers in this group wanted reunion and are happy about their child being at home. 9 mothers reported their children being well adjusted at school and community and 8 mothers reported the child having positive stable relationships in the family and feeling "rooted". Nearly half of the mothers mentioned having supportive family that helped them along their separation and reunion experiences, and this was in stark contrast to mothers in the struggling group who saw themselves as left to fight on their own and unsupported by their families or communities. 5 mothers had positive self-image and saw themselves as capable of taking care of their children and were determined to make reunion a success. The major challenge for mothers in this group was lack of finances, of which the major struggle was paying for the school expenses. Only a small number of mothers reported other challenges, which included conflicts between siblings, child being marginalized at school, and housing disputes and problems. 5 mothers felt negative about social services support, 3 felt positive about support received. One mother recounted both negative and positive experiences with social services in different localities she lived in and 1 mother did not receive any support but did not feel negative about it. Overall, more mothers in this group felt they were not adequately supported by social services.

Risk and success factors	Number of mothers reporting it (out of 10)
Reunion criteria:	
Mother's financial, marital or housing situation is stable	9
Neglect, abuse or alcohol problems in the family	0
Child being adjusted at school	9
Child adjusted in the family	8
Facilitating factors:	
Separation negotiated and agreed as temporary	8
Continuous contact between mother and child	10
Mothers wanted reunion and happy about child being back home	10
Child returning to familiar positive environment	10

Separation feelings (anger, bitterness, etc.) processed by the child	3
Having supportive family	4
Mothers have a positive self-image	5
Risk factors:	
Financial struggling - paying school expenses	6
Conflicts with siblings	3
Housing problems and disputes	2
Mothers (family) social isolation	4
Children struggling or being marginalized at school	2
Social services support – positive	5
Social services support- negative	3

Children

All children in the group reported wanting to go home, being happy both at the immediate reunion and now. All children maintained contact with parents and family during separation and visited their communities – this helped them to make a smooth and easy entry into the communities they returned to. 9 children reported being well-adjusted in their schools and communities and 7 children explicitly told about having positive relationship with family and that included their stepfathers. They accepted and built positive relationships with their mother's new partners and showed good academic and social adaptation. 6 children reported that they understood their parents' decision and processed their feelings about separation. 5 children have a positive outlook on their life at home and aspirations for the future. 8 children reported having supportive family and friends from care. Some children mentioned as reunion challenges: having to adapt to new environment at home, anxieties and challenges linked to fitting into a new school, initial social isolation and not having friends in the community, conflicts with siblings, and not having sufficient opportunities and commodities (compared to what they used to have in care).

Reunion risk and success factors	Number of children reporting it (out of 10)
Reunion criteria:	
Good relationship in the family – adjusted	7
Child adjusted at school/ community	9
Child like being at home (consistent feeling both immediately and some time after reunion)	10
Neglect, abuse	Not reported
Facilitating factors:	
Separation planned as temporary	3

Had regular contact with parents during separation	10
Child accepted/processed separation	6
Positive self-image	5
Having supportive friends from care or family	8
Risk factors:	
Initial social isolation	3
Anxieties and challenges in a new school	4
Not having the same commodities at home as in care	2
Conflicts between siblings	4
Getting adjusted to house work - stress	4

Struggling Group

Parents

4 mothers in this group have a negative self-image of a vulnerable, struggling, “on my own”, incapable, helpless, guilty, etc. mother. 2 mothers feel lost not knowing how to manage their life with children. All 4 mothers presenting themselves as vulnerable and struggling are single mothers and in all cases there was a history of bad violence, partner abuse or mother's poor mental health. 9 mothers reported lack of any stability in their lives – in spite of improved housing situation and absence of an abusive partner; they were still struggling and felt largely unstable and unconfident about their ability to provide for the family. 6 reported about rocky relationships in the family- conflicts between parents and children, or between children and siblings. Yet, 5 mothers reported child's being well adapted in the family. 4 mothers reported their children good adjustment at school. 6 mothers reported their child not wanting to go to local school and academic struggling or being stigmatized/marginalized. In 2 cases children had behavior problems, 1 child had suicidal thoughts. 2 mothers reported about their children feeling bitter about mother's decision to send them to RC or blocking their feelings. Majority of mothers in this group initiated separation and only 2 wanted reunion, 8 either resisted it or were ambivalent about it. 4 mothers were positive about social support received and 5 felt negative.

Reunion factors	Number of mothers reporting it (out of 10)
Reunion criteria:	
Child adapted at school/community	4
Child adapted in the family	5
No stability/struggling	9
Abusive father	3
Child having suicidal thoughts as a result of past trauma	1

Child having trauma from care and struggling	1
Childs' externalizing behavior –running away from home, behavior problems	2
Facilitating factors:	
Contact while being in residential care between mother and child	8
Separation initiated by mother and informed to the child	7
Mother/child wanted reunion	2
Child returning to familiar positive environment	3
Social services support – feeling positive about it	5
Positive self-image	3
Risk factors:	
Contact in care rare or inconsistent	3
Separation not negotiated/uncertainty at separation	5
Mother didn't want reunion	2
Mother resisting reunion	4
Mothers ambivalent about reunion	2
social services support –feeling negative about it	5
Negative self-image	4
Rocky relationships/distancing between father/mother and child	6
History of mental health (mother)	1
History of violence (to mother)	7
Child not wanting to go to a local school and/or stigmatized/marginalized	6
Mother feeling lost/ not knowing how to manage life together with the child	2

Children

Majority (7) of children in this group had limited or inconsistent contact with their mothers in care, when they did not see them for long enough periods. In one case the mother did not see the daughter from early months of her life and until she went into care. There was little contact with the child while she was in care. The only time when this mother took care of her daughter is the last 3 years of reunion. Only 4 children said they wanted to return home. 7 were happy to be home initially but only two are happy to be home now, some years after the reunion. Only 2 children reported they are well-adjusted at home and 3 – at school and community. 4 children did not want to go to a local school. 4 said they do not have as many friends as they had at RC. One child was stigmatized and struggled at school. 4 children have conflicts with siblings and 6 feel stressed about their household life. 4 said they have conflicts with mother or (step)father, and 2 children mentioned their fathers abusing them. In two cases mothers reported good relationship between their daughters and their new partners but the children defined their relationships with

stepdads as “bad”, refused to talk about it and one child said she is afraid to speak because of her parents. 2 children openly said they do not enjoy staying at home and would rather be back to RC. 8 children have supportive friends or teachers from residential care with whom they maintain contact and who offer emotional support to children. In one case the girl defined her ongoing relationship with her teacher as being more important than her relationship with the mother.

Reunion risk and success factors	Number of children reporting it (out of 10)
Reunion criteria:	
Child happy at home initially	7
Happy to be home now	2
Feeling ambivalent about being home now (“neither happy, nor sad”)	4
Child adjusted at school/community	4
Child not wanting to go to local school	4
Child adjusted in the family	2
Abusive father (after reunion)	2
Facilitating factors:	
Wanted to return home	4
Contact with mother	2
RC friends or teacher supporting the child	8
Returning to positive environment	3
Child understood why they went into care	4
Supportive family	1
Separation discussed/negotiated	0
Risk factors:	
Limited/inconsistent contact in care	7
Lack of consistency during separation	3
Abusive father (now)	2
Abusive father (in the past)	4
Stigma	1
Academic struggling	1
Social isolation	4
Conflicts with siblings	4
Bad relationship with father	2
Conflicts with mother	2
Returning to familiar but negative environment (past trauma, abuse, alcohol problems)	4
Child stressed about life at home – house work and scarce resources	4
Restrictions at home	2
Separation feelings blocked/ feeling bitter towards mother	2