

# Children's Reintegration



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Longitudinal study of children's  
reintegration in Moldova

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[Family for Every Child](#) is a diverse, global network of hands-on national organisations with over 300 years' combined experience. We work with the millions of children in extended family care, in institutions, in detention, on the streets, as well as those without adequate care within their own families. We are a catalyst for global and local change. Our network provides a platform for sharing and amplifying the expertise of our members. We work with others who share our vision to enable significantly more children to grow up in secure families and access temporary, quality alternative care when needed.

[Partnerships for Every Child \(P4EC\)/EveryChild](#)<sup>1</sup> has worked in Moldova since 1995 focusing on preventing the loss of parental care for children and ensuring that where children do have to leave the care of their family, they are protected in a safe, secure family environment in keeping with the provisions of the UNCRC and other international instruments. P4EC has developed a well-balanced programme that combines technical assistance and direct service development, supported by efficient communication and advocacy strategies. The main priority of P4EC is to reduce the use of residential institutions for children in difficulty by supporting local and national authorities to scale down the residential system and develop family based alternative services, and to strengthen gate-keeping and early intervention systems by influencing social policy.

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<sup>1</sup> The Non-Profit Organization Partnerships for Every Child is the legal successor of [EveryChild Moldova](#), and was established as a result of the merger of these two organisations. It was created in order to consolidate, build upon, and secure the sustainability of EveryChild's work in the Republic of Moldova.

# Executive summary

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This study documents the reintegration of 43 children aged between 12 and 14 from residential care to their parents' homes as a consequence of reductions in the use of large scale institutions in Moldova. All but one child had spent between four and seven years apart from their families.

The research was conducted in four distinct phases.

- **Phase 1** – pre-reunification: examining why children were in residential care, and the preparations for and expectations of the reintegration process.
- **Phase 2** – reunification: looking at how the process had gone one month after children had returned home.
- **Phase 3 and Phase 4** – post-reintegration: examining life six to nine months and 16-22 months after children had returned home.

The views of all relevant stakeholders, including children, caregivers, siblings, community social workers<sup>2</sup> and other specialists, teachers, classmates and parents of classmates were sought, in order to achieve as rounded a picture as possible and to be able to triangulate findings.

To put the work into context, it was the first time that any of the specialists involved in the study had experienced or been responsible for a reintegration process; they were working under demanding conditions with limited training and resources and high workloads. It was also the first time that research of this sort had been carried out in this setting. Not surprisingly then, many lessons were learned both about what worked particularly well and what changes could help improve future reintegration processes both within Moldova and elsewhere.

The following aspects of the process worked especially well.

**The abilities of families to cope under very difficult financial and/or social circumstances.** Even though many caregivers were ambivalent about their child/ren returning home and were worried about how they would cope, the vast majority of both children and their caregivers (and, on the whole, siblings as well) reported being happier together than apart, and this was a result of the familial relationships they could build and the love they could consequently feel; reintegrated children also benefitted from the freedom of not having the restrictive timetables of residential care, making new friends, having opportunities to develop new life and social skills, living within a community, and gaining a standard education. What was very noticeable was how over the course of the study children went from having dampened spirits to their voices flourishing and their personalities coming to life; children's lives seemed more balanced and complete; they seemed happier. All of these benefits, most of which they had been deprived of in residential care, were thought to be critical for their future well-being by helping them to prepare to lead independent lives. Caregivers were felt to benefit from extra hands around the house, and were also thankful that they could watch their children grow, guide them and prevent them from misbehaving or engaging in potentially harmful behaviours.

**Given the large caseloads of the social workers, the strategy to prioritise those most in need seemed to work: those families that received intense – and often very hands-on – support were not only grateful but recognised that without this support reintegration might not have been sustainable.** Notably, it was not just financial

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2. Community social workers will be referred to as 'social workers' for the remainder of this report

support that was helpful: the emotional comfort of knowing someone is looking out for you was of great value in helping families to not give up hope. In addition, where there was good collaboration between families and social workers, and between social workers and local authorities, the process ran more smoothly with better outcomes.

**The training in inclusive education the community school teachers received facilitated children's smooth integration into new schools. It gave teachers the necessary skills to work with reintegrated children and, critically, it helped to change attitudes to be more accepting of and compassionate towards these children.**

The general positive and accepting attitudes of most classmates and parents of classmates also made it easier, meaning that most reintegrated children seemed to settle in their new school fairly quickly, even though their biggest fear about returning home had been not being able to cope and/or not being accepted in their new school.

Whilst the majority of outcomes were positive, there were also lessons about what could help the reintegration process go more smoothly.

- Ensuring that families understand how and when reintegration will take place, what their support options are, and how and when decisions will be made relating to support so that they can feel more in control of the process.
- Ensuring that children have the academic support required to 'catch-up' and/or to cope with new school subjects in order to mitigate any potential long-term negative consequences of having fallen behind in schooling. In addition, ensuring a zero-tolerance policy for teachers and classmates with regards to bullying and marginalisation so that reintegrated children are not stigmatised or feel left out.
- Better understanding on the part of professionals for why some children do not flourish (at home or school) and providing

these boys and girls and their families with further necessary support.

There are other issues that are beyond the control of those specialists directly involved in the reintegration process, but that have a significant impact on the smooth running and long-term success of reintegration; these are also not exclusively related to reintegration but largely relate to high-level policy, economic and cultural issues. These include the following.

- Refining the process for accessing social protection so that those most in need receive it, and increasing the amount of social aid available to those most in need so that it at least meets basic needs such as food, clothes, and warmth.
- Providing social workers (and other specialists) with adequate and ongoing training, supervision, learning opportunities, manageable workloads, adequate salaries, sufficient budget to carry out their day-to-day activities, and the authority to make demands on local and raion (or regional) level actors where necessary.
- Changing the attitude of 'entitlement' held by some parents so that they become less reliant on the state and more willing to take responsibility for their own child/ren and creating an enabling environment where professionals as well as parents understand that parents are generally better able to care for their children than the state.
- Tackling the underlying reasons for children being sent to residential care in the first place – namely poverty (lack of sustainable local livelihoods; the need to travel away to find work) and social problems (such as family breakdown resulting in single parent households, alcoholism, poor parenting skills, violence). Whilst children and caregivers were still happier together than apart, by the end of the study some cracks were beginning to appear with the strain of poverty beginning to take its toll. It was notable that absent fathers did not seem to be making any contributions to their child/

ren's upbringing and some caregivers had moved away for work again (leaving their child/ren with extended family); this seemed to be adversely affecting the well-being of the children who had been reintegrated.

Despite these challenges, the reintegration process to date has proved largely successful; what the research brings to light clearly is that children are more likely to thrive at home and, for now at least, from their perspective and those of their families and the professionals working with them, their futures seem brighter.

# Introduction

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## Study aims

This report documents a 22-month longitudinal study of the reintegration<sup>3</sup> of children in residential care in Moldova. This research was carried out by Partnerships for Every Child, a Moldovan Non-Governmental Organisation (NGO), with the support of Family for Every Child, a network of national NGOs. The overall study – which also examines the reintegration of street children in Mexico and of child domestic workers in Nepal – aims to identify successful elements in strategies to ensure the sustainable reintegration of children without parental care by examining the reintegration process over four phases.

### Phase 1: Pre-reunification<sup>4</sup>

- Why children were in residential care.
- Children's and caregivers' experiences of residential care.
- Children and their caregivers' expectations, hopes and fears about reintegration.
- How children, their families and communities were prepared for reunification.

### Phase 2: Reunification

- The views of children, families and specialists about the process of reunification approximately one month after children had returned home.<sup>5</sup>

### Phases 3 and 4: Post-reintegration

- The views of children, families, specialists and the wider community about the reintegration process six to nine months and 16-22 months after reintegration,

respectively, with a focus on:

- the support families were receiving
- the ongoing role of social workers
- how children and caregivers understood the decision-making processes with regard to support
- what different stakeholders thought about the support, including what else would help
- the support other stakeholders were receiving and what they thought about this
- the views of different stakeholders on home life
- the views of different stakeholders on school life.

The report begins by giving a brief explanation of the country context and the work that Partnerships for Every Child is engaged in in Moldova, followed by an explanation of the methodology used for this study. It goes on to present key findings with regards to the core study areas as outlined above<sup>6</sup> and finishes with a discussion of lessons learned.

## Country context

In order to be able to interpret the findings of the study, it is important to understand the context in which it was conducted, both in terms of the history of placing children in residential care in Moldova, and in terms of the programmatic work that Partnerships for Every Child has been carrying out in conjunction with partners in Moldova to reintegrate these children.

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<sup>3</sup> The study is based on the following definition of reintegration: the process of a child without parental care making a move to their biological parent/s and usually their community of origin or, where this is not possible, to another form of family-based care that is intended to be permanent.

<sup>4</sup> 'Reunification' here means the moment a child is returned to the family. It is recognised that this is an event, different from the longer process of reintegration. The term is used deliberately here to mark a moment in the reintegration process from which follow-up study will take place.

<sup>5</sup> The term 'home' is used here to refer to the place where the children have gone to live. It is recognised that whilst in most cases children have returned to their biological parent(s) and a house they have previously lived in, in some cases children have gone to live with a family member(s) or a foster carer in a house and/or location they have not previously lived in.

<sup>6</sup> Annex 1 gives a description of the 'ideal' reintegration process based on the study team's understanding of what was supposed to happen. Understanding this ideal process can help the reader better understand whether challenges faced in reintegration were a consequence of a failure in implementation of a potentially successful process, or whether they were the consequence of a flawed process.

Moldova leads the region in the proportion of its children living in residential care: 2.2 per cent of boys and girls live without parental care, with over 6,000 in residential care and more than 10,000 in family-based care (out of a population of approximately 750,000).<sup>7</sup> Loss of parental care is caused by a complex array of underlying and immediate factors, including:

- household poverty (Moldova is the poorest country in Europe with 25 per cent of the population living on less than USD\$2 a day)
- parental migration (one in four children has at least one parent living or working abroad)
- violence, abuse and neglect at home (alcohol dependency being a key causal factor)
- lack of access to good quality education and health care close to home
- inappropriate policies which support family separation and institutionalisation of children, as well as the persistent belief amongst parents, practitioners and decision makers that the state can care for children better than families, with a consequent oversupply of residential care and an undersupply of alternative family-based care.

Residential care takes two primary forms.

- 'Boarding schools': these are (mostly) government-run schools where children who are orphaned or deprived of parental care live and attend classes. Children are placed in these institutions from different regions of Moldova, sometimes quite far away from their family homes, which can make it difficult for them to maintain meaningful relationships with their families.

The schools follow the same curriculum as community mainstream schools and children receive the same diploma on completion of their studies.

- 'Auxiliary schools': these are residential schools for children with learning difficulties and/or physical disabilities.<sup>8</sup> After graduation children receive a certificate that says they have passed a simplified curriculum which is equivalent to the fourth grade mainstream curriculum (when children are typically 10-11 years old). Children with this certificate do not have the possibility of continuing their studies or getting a higher education, which prevents them from getting a job that requires qualifications. It should be noted that many children are placed in auxiliary schools incorrectly;<sup>9</sup> they have no disability, but they come from poor and/or vulnerable households whose parents and teachers pay little attention to children's education. It has been argued by many specialists that some mainstream school teachers wanted to get rid of these children and so defined them as having special needs so they could send them to auxiliary schools. These schools are usually locally managed and placed at a close distance from many villages in a local authority district.

NGOs – including Partnerships for Every Child – and UNICEF began work on the de-institutionalisation of children in the early 2000s, which led to the government introducing the 'National Strategy for Residential Care System Reform 2007-12' that committed it to reducing the number of children in institutions by 50 per cent. This study explored work being undertaken as part of this national strategy, with the children taking part living in residential care facilities that were being closed down as part of the reform process.

<sup>7</sup> These data are outlined in the Government of Moldova's Draft Strategy on Child and Family Protection for 2014–2020. See [http://particip.gov.md/public/documente/139/ro\\_1200\\_proiect-HotarireStrategia.pdf](http://particip.gov.md/public/documente/139/ro_1200_proiect-HotarireStrategia.pdf)

<sup>8</sup> Throughout the document where both types of school are being referred to the term 'residential care' or 'residential schools' will be used.

<sup>9</sup> Based on the assessment made by the multidisciplinary assessment team (an independent body that consists of representatives of care professionals and carers, NGOs, police, health service, etc.; for more information, see Annex 1). 80 per cent of children placed in auxiliary schools have no learning disability.

# Methodology

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## The study process

The study process involved the following.

- Preparations: defining the scope of the study, identifying the study team, and arranging training for the team.
- Four-day training of the study team including: introducing the tools to be used in Phases 1 and 2 of the study (see the 'Phases 1 and 2 report' for copies of these tools); practising methods for data collection – Focus Group Discussions (FGD) and Semi-Structured Interviews (SSI) – through role-playing exercises; and discussing research ethics and agreeing sampling criteria, research protocols, logistics, management and quality control systems.
- Phase 3 guide questions were developed based on the overall study aims and the findings of Phases 1 and 2. Phase 4 guide questions were in turn based on study aims and the findings of Phase 3. In addition, as a result of learning from data collection in Phases 1 to 3, it was decided that some more participatory tools – including timelines, drawing and body maps – should be introduced for Phase 4 to help elicit richer information.
- Guide questions were piloted with children in Phases 1 and 2; this resulted in some minor changes and provided an opportunity for feedback to the study team on their data collection techniques in a 'real world' setting; no time was available to pilot the guide questions with the other stakeholders, or for piloting in later stages.
- Data collection: notes were taken by one study team member while another asked questions. Discussions were also tape-recorded and drawings were photographed.
- Data analysis and report writing: all data were transcribed and translated and sent to the lead researcher for analysis, along with a summary analysis of key findings from the

perspective of the study team. In addition to this report which covers all four phases, the lead researcher wrote two interim reports covering Phases 1 and 2, and Phase 3, each of which provides more detailed information and analysis about the first three phases of the study.

## Sample

Sampling criteria (explained in Annex 2) were devised to identify the core stakeholders for the study. Table 1 shows the stakeholders interviewed in each phase. They came from three different locations where Partnerships for Every Child is currently working, namely Calarasi, Falesti and Ungheni, and there were approximately equal numbers of stakeholders interviewed from each location. For a more detailed breakdown of the sample in each phase see Annex 2.

At the beginning of the study the children interviewed were between 12 and 16 years old, with the vast majority being between 12 and 14 years old. They had been in residential care for between one and 10 years, with the majority having been away from their families for between four and seven years. In all of the phases the overwhelming majority of parents interviewed were mothers, the majority of extended family members interviewed were grandmothers, about half of foster carers were female and half were male and half of the siblings were male and half female; the majority of specialists interviewed were female (which was representative of their overall demographic); and half the classmates were girls and half were boys, with most of the parents of classmates being women.

## Challenges of the study

A summary of the challenges faced by the study is listed below. A fuller explanation of these can be found in Annex 3.



**Table 1: Stakeholders interviewed in each phase**

Phase	Re-integrated children		Caregivers			Siblings			Specialists						Classmates	Parents of classmates
	Boys	Girls	Parents	Extended family	Foster carers and family type homes				Gate-keeping commission	Assessment team	Social workers	Teachers	Dept. of Social Assistance and Family Protection	Other		
Phases 1 and 2	25	18	18	7	4	n/a	10	13	15	11	3	n/a	n/a	n/a	n/a	
Phase 3	27	25	28	16	7	15	n/a	n/a	27	14	1	6	40	20		
Phase 4	25	19	21	2	5	9	n/a	n/a	16	16	10	3	34	18		

### Sampling

Whilst for the most part the same children were interviewed in each phase, there were some new children added in Phases 3 and 4 and some children who only took part in Phases 1 and 2. However, there were no notable differences in responses given by the ‘new’ children suggesting that the small changes in sample population over the course of the study did not affect the findings.

### Quality of responses

Interviews with specialists tended to produce more in-depth and analytical information than those with other stakeholders although this diminished over time. In the first phases in particular, information provided by caregivers and children was sometimes incomplete, making it difficult to fully understand their experience or interpret what they had said. This could have been for a variety of reasons including a lack of time to cover all topics, difficulties in finding the right probing questions to further elaborate on answers or to untangle contradictions, and moreover, the fact that most caregivers and children were probably not accustomed to thinking or talking about the (often sensitive and painful) issues raised – particularly with a ‘stranger’; the children had spent often many years in institutions where they were unlikely to be accustomed to being asked their opinions or having opportunities to explore their feelings and consequently suffered the typical effects of institutionalisation; they may have needed more time or different techniques to explore their experiences and feelings, whilst interviewers were (rightly) wary of not wishing to cause unnecessary distress. However, it should be noted that both the quality and quantity of information gathered improved notably over the course of the study, and overall, the study gathered rich information with many insights into diverse perspectives.

### Lack of triangulation

Triangulating the answers given by different stakeholders or by the same stakeholder over the phases of the study would have been easier if there had been more consistency in interviewers, but logistics made it difficult on some occasions for interviewers to conduct follow-up interviews with earlier interviewees.

# Key findings

Below is a summary of the findings from each phase of the study.

## Phase 1: Pre-reunification

Why do children end up in residential care?  
The table below summarises the reasons given

by children and their caregivers for why they went into residential care. In most cases (and probably in more instances than the figure in the table below suggests) there were a variety of confounding factors resulting in children being sent away, with poverty and single parenthood<sup>10</sup> often playing a major role.

**Table 2: Reasons why children were in residential care**

Reason for being in residential care	Number of children	Approximate % of children
Village school closed	1	2%
Domestic violence against mother	2	5%
Poverty	4	9%
Abuse, neglect of child	4	9%
Parents working overseas	5	12%
Poor grades at community school	8	19%
Multiple reasons (a combination of two or more of the above mentioned reasons, e.g. poverty and parent working overseas, or, poverty and abuse of child and poor school grades)	16	37%
Not specified	3	7%
Total	43	100%

## Examples of why children were sent to residential school

*“My mother was working in Moscow. My older sister was working in Ungheni. My father was ill; if we stayed at home they wouldn’t have money for medicine. My father wrote a request and I was given to the boarding school, to the first form. My father ... died, we were living hard.”* (Child)

*“The mother divorced from the father of the children because he was violent. They moved to my house, and she went to Moscow to earn some money, but we did not have means to live. Later I got very ill, I was kept in bed for some years. My daughter decided to send the children to the boarding school.”* (Grandmother)

*“The teacher of primary classes told me that my son was unhealthy and I had to give him to a special school. My other son was also there.”* (Mother) This mother works from 4am-9pm earning very little and is responsible for looking after a disabled brother; her own parents have died.

<sup>10</sup> The majority of children came from one-parent families, where the fathers seemed to be largely absent. This was never put forward as a reason for sending the children away but may have been a strong contributing factor, since single parents might be expected to struggle financially. As one children and family protection specialist put it: “Most children were brought into the institution because of poverty.”

A tiny minority of children said they felt involved in the decision to be sent to residential care; most children were simply told by their caregivers. The extent to which caregivers had a choice in whether their child was sent away or not was not always clear, particularly where children were receiving poor grades at school; mothers often got distressed when recounting the decision-making process which very often seemed to involve the community school teacher playing a key role, as in the following example.

*“The teachers from the school used to say that they [this mother’s son and some other children in the class] are idiots... that they have to study at the [auxiliary] school and [they] have decided to send him there. I cried; I did not want to place him there. They said they would come with the police. And then I thought that I had better give him [to the auxiliary school] if I don’t want the entire village to know about my shame.” (Mother, Calarasi)*

Many specialists agreed that parents often did not feel they had a choice in whether to send their child away and that teachers were highly influential in these decisions.

### **The experience of being in residential care**

The majority of children indicated that they had found it difficult to be away from home at first and missed their parents, but that they had then learned to adjust to their new circumstances.

*“It was very difficult at the beginning. I was crying. Only my sister was by my side, but I wanted to see my mother, my grandmother. After a while I got used to it; I made new friends.” (Girl, Ungheni)*

This acclimatisation period seemed to leave many feeling resigned to their fate with dampened

spirits. They didn’t express strong opinions either way about residential care; their answers were mixed and often ambivalent, recognising both positive and negative feelings and experiences of being in residential care.

*“The food was tasty, I made a lot of friends, the teachers were good.” (Girl, Ungheni)*

*“It is very difficult when our parents are not with us.” (Boy, Ungheni)*

*“The Director was very severe.” (Boy, Calarasi)*

A significant number of children complained about poor treatment by staff, such as being beaten, forced to clean the school or having freedoms, such as going home for weekends, taken away. In general, it did not appear that caregivers had a very good sense of what happened in residential care; some praised the schools for looking after their children well whilst others criticised them for treating children harshly.

Most children saw their parent(s) at weekends and during holidays; those who had less contact with family usually came from situations where there had been family breakdown, severe financial difficulties and/or the mother was abroad. The only cases where there was no family contact was when there was abuse or neglect, and these children were subsequently placed with foster carers.

### **Expectations, hopes and fears about reintegration**

#### **Children’s feelings about going home**

The majority of children wanted to go home (and this was particularly true if they had friends at home), although it was notable that for most children no very strong emotions were expressed either way, as if their spirits had generally been dampened.

### **Feelings about going home**

*“It is OK at the boarding school, but it is better to be with your parents.” (Boy, Calarasi)*

*“I was very glad [when told I would go home]. I was happy that I will always live at home with my family.” (Girl, Ungheni)*

*“I wanted to go home because I was missing my parents. But at home I do not have friends.” (Boy, Ungheni)*

However, whilst they wanted to be with parents or extended family, the majority expressed grave concerns about fitting into the community school that centred around the ability to do the school work and the fear of being marginalised, teased or maltreated by students and teachers, as the box below shows. This was also recognised by social workers, teachers and caregivers.

Some children and social workers also mentioned a fear of a lack of acceptance within the community, frequently using words such as 'discrimination', 'marginalisation' and 'stigmatisation'.

### Concerns about moving schools

*"I do not think I will cope. We will have new subjects there: physics, chemistry, biology and foreign languages. At the auxiliary school we only studied Russian."* (Girl, Calarasi)

*"I think they will place us on the back row of desks and we won't learn anything."* (Boy, Calarasi)

*"I am ashamed to tell people what school I was at. I am afraid that the other children will scoff at me as I studied at the auxiliary school."* (Boy, Falesti)

### Caregivers' feelings about children coming home

In general, few caregivers expressed any strong desire to have their children back and many seemed quite ambivalent; the main emotion

expressed was worry. There may have been many reasons for this, but the specialists' views about this ambivalence are expressed in the table below.

### Specialists' views on caregivers' attitudes to children being reintegrated

*"The parents are worried about how the society will receive their child, how he will reintegrate, etc.: hundreds of questions. The parents have more fears than anyone."* (School psychologist, Calarasi)

*"There are situations when we have to work a lot with the family, because the parents are used to the state taking care of their children, and they can calmly go to work abroad."* (Social worker, Ungheni)

*"...the parents must be aware of how much effort they must make in order for the child to feel well at home. But [they are] not always ready for this."* (Social worker, Calarasi)

*"There are cases where we can say that the parents don't know their children, due to the fact that they have spent so many years apart."* (Member of assessment team, Ungheni)

## How children, families and communities are prepared for reunification

### How children and caregivers found out reunification was happening

The majority of both caregivers and children were told that reunification was going to happen by a social worker. Most caregivers experienced the assessment process as a demand to take the child into their home, and an examination of whether their living conditions were suitable,

as well as an offer of support, rather than as anything that might offer them a choice in the decision (which, in reality, they did not have). The majority of children did not seem to fully understand the purpose of the assessment process and many said that reintegration was presented as changing schools rather than as anything about leaving residential care or moving to live with parent(s) or extended family (or into foster care).

## Children's experiences of the assessment process

*"[The assessment team] ... took pictures of us, asked us questions; [they] gave us chocolates so that we would give them the answers they wanted. They were trying to convince us that the [community] school is better than the auxiliary school." (Boy, Calarasi)*

*"The social assistance people came and told us that the school will be closed. We were also visited by some ladies at school who asked us where we would like to go, and what we would like to do, but I do not know where they were from. They had papers and asked us to read them. They interrogated us. They asked me why I did not want to go to the community school and where I wanted to go. Those questions were irritating me." (Girl, Calarasi)*

*"Some ladies from the social assistance came and talked to each child separately. They asked about our families, about our relationships with our parents and siblings and if we wanted to go back to our families." (Girl, Ungheni)*

### Support provided to families

Not all children were asked about what support they received; out of those who were asked, just over two-thirds of the children and most of the parents had talked with a specialist (usually a social worker) about their needs, and the support offered included financial assistance ('social aid' as well as family support payments), household goods, house renovations, accommodation, livelihood support, help with homework, and help with bureaucracy. However, in their explanations, the children were either not entirely clear about exactly what was being offered, or expressed disappointment and a lack of trust as a result of not yet having received what they had been 'promised'.<sup>11</sup>

*"They promised to buy a house for us there, but I don't know anything for sure. In winter we used to receive [x amount]. The people from Social Aid promised to help us. We'll see how they help us." (Girl, Calarasi)*

*"They should have given us [x amount] for the renovation, but they did not do it." (Boy, Ungheni)*

Most caregivers felt they needed further support, largely to cope with everyday expenses such as clothing and schoolbooks for the children, heating costs, food, etc. – all things that had previously been provided for children in residential care.

<sup>11</sup> It is possible that the children's answers had been influenced by the residential care facilities; specialists and the study team have argued that many staff at the residential institutions tried to influence children and parents to be against the school closures by misinforming them about what would happen and what support would or would not be received. It is also possible that support had yet to be decided upon or administered since the process of reintegration was still in its initial phases.

No child or caregiver mentioned psychological support, such as counselling or help to fit in with the family or the new school,<sup>12</sup> even though some social workers felt they themselves provided this form of support and recognised a need for it, both because some parents were not easy to work with because “they come from difficult social environments” and because long separations could cause difficulties with forming attachments.

Caregivers did not generally think they needed to prepare for their child(ren)’s reintegration; the most that was suggested was cleaning the house or cooking some ‘tasty food’. In a similar vein, there was very little discussion of support or preparations for the wider family, or for siblings in particular, with some caregivers and some specialists feeling that this was not necessary since they were quick to adapt.

### **Support provided to the wider community**

Community schools: A few teachers had participated in training on school inclusion,<sup>13</sup> but not all, and most felt unprepared.<sup>14</sup> However there was a notable shift in attitudes with most teachers now agreeing with the idea that children with ‘special needs’ should be integrated into mainstream community schools (whereas previously they had often been the instigators in having these children sent away). Nonetheless, they were also very worried about how they would cope with these children, both in terms of adapting to their educational needs and dealing with behavioural issues, as can be seen in the box below.<sup>15</sup> They did not have so many concerns about children from boarding schools who did not have ‘special needs’ and said they generally integrated well.

### **Teachers’ concerns about auxiliary school children**

*“We were not trained to work with them, we do not know what to do with them.”* (Teacher, Falesti)

*“Having more than 25 children in the class including one or two with disabilities, it is very difficult to concentrate and to pay attention to everyone.”* (Teacher, Calarasi)

*“They can stand up during the lessons, talk and distract the attention of other children.”* (Teacher, Falesti)

*“The families of some children are not responsible for them, children do not do their homework, they come to school dirty.”* (Teacher, Falesti)

Nevertheless, the majority of teachers interviewed demonstrated a certain level of care and compassion for the children and wanted to make sure they integrated well.

*“We have to be sure that the reintegrated children are not marginalised. Some children say ugly things about the children who come from boarding schools, as they are from poor families,*

*but we try to change their attitude.”* (Teacher, Falesti)

Local authorities and other service providers: Apart from schools, there was very little discussion of preparations for local authorities or other service providers, although specialists recognised that this was needed. Indeed, local authorities were normally discussed in a negative

<sup>12</sup> This may have been because the children did not perceive being listened to, having things discussed with them or joint planning with them as forms of psychological support, or it may have been because none was specifically offered. It is also very possible that psychological support had yet to be decided upon or administered since the process of reintegration was still in its initial phases.

<sup>13</sup> This training was provided by the government as part of the programme to close residential institutions and move children to mainstream school. See Annex 1 for more information.

<sup>14</sup> For an explanation of the ‘ideal’ school preparation process see Annex 1.

<sup>15</sup> The majority of children who had been placed in auxiliary schools in fact had no learning disability; it appeared that the teachers at the mainstream schools were unaware of this. Any challenges relating to their academic performance at the community school were more likely therefore to be a result of having followed a simplified curriculum than a lack of capacity.

light; they did not see reintegration as being their responsibility and often failed to collaborate.

*“...unfortunately the community representatives are not always open for collaboration. Sometimes the mayor, the family doctor, and the teachers say that they don’t receive money for this: ‘This is a social worker’s work, these are your children, do whatever you like’. I think it would be better if the local public administration were more responsible.”* (Member of assessment team, Ungheni)

*“We have situations when the problem cannot be settled because the social worker doesn’t have enough authority in front of the local administration, the police officer, or the GP.”* (Member of assessment team, Ungheni)

## Phase 2: Reunification

### The views of children and caregivers on the reunification process

This question was not explored in much depth and those who were asked about this often struggled to respond, for reasons outlined in the ‘challenges to the study’ section. However, the way in which caregivers and children discussed reintegration generally implied that the majority did not feel fully informed or involved in decision-making processes.<sup>16</sup> Both children and caregivers who discussed the matter explicitly and unequivocally said they thought they should be listened to more. There was also a desire for more (primarily) financial or material support and for the support that had been promised to be delivered.

### Children’s and caregivers’ thoughts on the reunification process

*“They should have told us earlier and they should have done what they promised.”* (Girl, Calarasi)

*“They should have prepared us and [explained things] to the parents.”* (Girl, Calarasi)

*“Nobody asked us anything.”* (Mother, Calarasi)

### Specialists’ thoughts on their role in the reunification process

Social workers had obviously given this some consideration and were impressively articulate in their analysis of what would improve the process. They were the first to say that more time was needed with both children and their families to build rapport and to verify what they were being told so that the right decisions could be made to support families effectively. Even though it was the social workers who decided how many visits to make to children and families, they argued that their workloads (typically 15 active cases at any one time) prevented them from carrying out more or more frequent visits.

Since this was the first time that these social workers had worked in the area of children’s reintegration, many expressed the desire for more training.<sup>17</sup> They wanted future training to be more hands-on and context-specific, in addition to support that was applicable to a broader range of specialities that they might need in future work. It was also felt that other professionals who were, or should be, involved in the reintegration process (see ‘support provided to the wider community’ above), were also in need of training.

In terms of participation, the majority of specialists argued that it was important to inform

<sup>16</sup> It should be noted that the decision for children to be reintegrated was not really open for negotiation with children and caregivers, rather it was decided by the gatekeeping commission. (Please see Annex 1 for fuller information). However, the question remains as to whether feeling more informed about the process would have made things better.

<sup>17</sup> It should also be noted that these social workers are responsible for all the vulnerable groups in a community (e.g. the elderly or disabled) and not only children being reintegrated. Different groups are likely to require different skill sets so the demands are great.

children and listen to their voices but it was not clear that they knew how to do this in practice, with many recognising that in reality, children were rarely informed properly or heard.

*“It seems to me that the child is not really aware of what is going on.”* (Social worker, Calarasi)

*“From my experience I know that the child[’s] opinion is not taken into account, for example when the reintegration plans for a specific community school are being made.”* (Social worker, Calarasi)

### Phase 3: Six to nine months post reunification

#### Support families are receiving

Just over half of children<sup>18</sup> and the majority of caregivers said they had received significant support from social workers, with only a small number saying they had looked for support but not received any. The types of support received included financial,<sup>19</sup> material (e.g. clothes, school equipment, furniture, building materials), practical (e.g. negotiating bureaucracy, form filling, decorating), and psychological help (mentioned rarely), all of which were either given directly or accessed through the social workers. Help at school was also mentioned – this is discussed in the ‘school’ section below. A small number of children also received money and/or food from foreign sponsors, extended family, NGOs and religious groups.

About 40 per cent of caregivers said support from social workers was on-going,<sup>20</sup> and much appreciated.

*“We thank [the social worker] for everything she did for us. Without her help we would have been in a more difficult situation.”* (Brother of a reintegrated child, Ungheni)

*“I pray to God for [name of social worker], she has done a lot of good things for my family.”*  
(Mother, Calarasi)

This means that approximately 60 per cent of families were no longer receiving much support from social workers, which concurred with the social workers’ explanations that they did not have time or resources to work with everyone continuously and so had to prioritise cases. In addition they argued that their interventions should be commensurate with needs so as not to create dependency; therefore it was felt that in some cases too much support could be counterproductive in the long run.<sup>20</sup>

*“If the family is a good one, I do not visit them really often; but if it is a difficult family, I visit them more often.”* (Social worker, Falesti)

*“The boy integrated very well in school; he gets along with his classmates and neighbours. The family receives social aid ... [they do] not really need my intervention.”* (Social worker, Ungheni)

#### How children and caregivers understood decisions about support

Most caregivers and children were confused about how decisions about support were made. They were unclear about their eligibility for social aid and how to access it. Whilst social workers did make significant efforts to help them, accessing social aid is not easy: eligibility is calculated on a means-tested basis; the decision depends on a number of factors and the process can be complicated; some caregivers were embroiled in seemingly complex and confusing processes involving different government agencies. This led many to feel powerless to access social aid. The shame of appearing to ‘beg’ also meant they were less likely to request or chase-up social aid.

18 A quarter of children did not discuss this question and a quarter said they received nothing; in general, it is the caregiver(s) who receives the support directly – it is thus possible that some children were unaware of this fact.

19 Many children said this money was spent on clothes, school supplies and household renovations.

20 For an explanation of the ‘ideal’ ongoing role of the social worker, see Annex 1.



## Children's and caregivers' understanding of how support was decided

*"I don't know [who makes the decision to help us], perhaps the town hall." (Boy, Falesti)*

*"Maybe they [social workers] did not give us anything because I told them that I did not want to go back to the village." (Boy, Calarasi)*

*"I do not know [who decided we would get aid]. The social worker called and told us that we would receive aid. It might be given by somebody from Calarasi; I have attended their meetings [at the Department for Social Assistance] several times." (Mother, Calarasi)*

### What different stakeholders thought about the support, including what else would help

Perhaps not surprisingly then, many families continued to report the persistence of financial difficulties. Even with social aid and other one-off payments, many caregivers stressed their lack of even basic needs such as food, clothes, shelter and warmth and many social workers agreed. Money was the number one resource that both children and caregivers said would help.<sup>21</sup> Other resources included school fees and supplies, advice on how to negotiate administrative systems (such as how to access health care and education), clothes and shoes, toys, and household renovations. Very few children or caregivers spoke about psychological support (this was also the case in Phases 1 and 2).

However, it was not always easy to judge 'complaints' about lack of support; some specialists argued that some caregivers still expected the state to provide everything for the child (as they had in residential care) and so were being unrealistic; they also argued that support such as helping to negotiate bureaucracy, accessing free school meals and text books, family self-support groups, and so on were not recognised as help by the parents.

### Support received by schools

School inclusion staff – who were teachers or support teachers whose specific role was to oversee the inclusion of reintegrated children – were trained in inclusive education and they then provided training to school staff.<sup>22</sup> School inclusion staff spoke highly of the training they received but thought that in future the reintegration process would be aided by further training, supervision, sharing experiences with other schools, and more support for parents of reintegrated children.

### The views of children and caregivers on home life

The vast majority of children were definite in their preference for living at home rather than in residential care. A key factor was being close or closer to family, in particular receiving maternal love and being able to spend time with siblings,<sup>23</sup> and these bonds seemed to have grown stronger since returning home. Notably, very few boys and girls mentioned their fathers, perhaps because many were absent.

21 Not many children spoke about their needs; those who were asked the question struggled to answer. It is possible that they had not thought about it since when pressed they often said they did not know what they wanted, or that they did not need anything, or, they struggled to distinguish between wants (such as a new computer, a ball to play with, etc.) and 'needs' (such as support at school or firewood, etc.).

22 For the ideal process with regards to preparing schools (including teachers, management staff and students) for receiving reintegrated children, see Annex 1.

23 In just one or two cases, siblings seemed to resent the child who had returned home, but in the majority of cases siblings seemed pleased.

## Children's views on being with their family

*"The relationships are stronger now." (Boy, Falesti)*

*"I have received a lot of spiritual warmth that I needed so much." (Girl, Ungheni)*

*"We have become closer, we talk a lot." (Girl, Falesti)*

Other reasons given for preferring home were feeling greater freedom and independence for children to do what and go where they wanted (as opposed to feeling isolated and confined by strict

timetables in residential care), making new friends, playing outside and existing within a community. Overall, children's lives seemed more balanced and complete; they seemed happier.

## The freedom and friendship of being home

*"In the residential school we were practically isolated: the school was on site, the canteen was on site, and we were like wild people, I have no words to describe it... We didn't have conversations with other people, we were very isolated. Now I go to school and talk to a lot of people." (Girl, Falesti)*

*"I feel well. From my point of view, there is more freedom, not in the sense that you do whatever you want, the parents control us, in my case. I can spend time with my friends when I have free time, I can do different activities that I could not imagine doing at the residential school, that is all." (Girl, Falesti)*

*"I have made a lot of friends in the village and I am really happy." (Boy, Ungheni)*

In contrast to the run up to reunification, when caregivers were ambivalent about children returning home, the vast majority of caregivers were happy, and often thrilled, to have the

children living with them, despite the extra strain on resources that the majority felt, some of them keenly.

## Caregivers' views on their children being home

*"I am more peaceful now; they support me a lot. When they used to live at the boarding school we were like strangers... it is easier [since my daughters came home]. If the person has a peaceful state of mind, he sees life in better colours." (Mother, Ungheni)*

*"I am happy that my children are with me, they help me around the household. I have them around, I see them growing up, and I can support them. If they have concerns, they can talk to me, I am their support, and they are mine." (Mother, Ungheni)*

*"He wants a lot of things, but we don't have enough money to buy everything he wants. It is more difficult [since he came home] to buy food... [But now] I am calmer. It is easier now; we are not nervous anymore. I used to miss him." (Father, Ungheni)*

Many mentioned that it was useful when children helped with household chores; children disliked housework but appreciated the life skills (such as cooking, cleaning, farming, taking care of a household) they gained at home compared to residential care.

## The views of different stakeholders on school life

### Children and caregivers

Some children said it had been hard to say

goodbye to friends and teachers from residential school but that the anxieties about going to community school that were described in the run up to reunification had largely dissipated. Most children said that following a period of adjustment they felt positive about their new school, had made new friends (with any initial bullying or teasing having stopped) and were improving academically; only very few were still struggling.

### Children's views on school life

*"I was nervous at the beginning. I did not know what my classmates' reaction would be. I was accepted and I quickly made a lot of friends. The teachers accepted me as well."* (Girl, Ungheni)

*"I did not feel good at the beginning. I was afraid the curriculum would be difficult and I would not manage; that my colleagues would offend me... It is better now."* (Boy, Calarasi)

*"I used to be shy, but when I got used [to the new school] my behaviour changed absolutely. I didn't used to talk to my classmates, I felt ignored and isolated, but now I feel good and I have got a lot of friends."* (Boy, Falesti)

Teachers, caregivers, classmates and siblings confirmed these views and some noticed how children's personalities were changing.

*"He used to be more isolated... he has changed a lot, he is more daring. He is cheekier."* (Mother, Calarasi)

*"[She] has changed a lot, she is more open-minded, she is freer. She was too shy; now she has got new friends, good school results, etc."* (Caregiver, Falesti)

Whilst most children found the work harder at community school (particularly the new subjects that they had not studied before<sup>24</sup>), the majority felt respected and supported by teachers and some received extra (academic) help.

*"Even if during the lesson I do not understand something I ask for help and the teacher comes closer*

*and explains it to me, helps me."* (Boy, Calarasi)

*"We are supporting, guiding them. We cannot simplify what they have been given as homework, but we explain it to them so that they have a better understanding of the tasks."* (Educator, Calarasi)

Nevertheless, many children and caregivers said they would have liked more support both academically and with their relationships with other children, and some children did not get on with their new teachers, arguing that they had been closer to teachers at residential institutions.<sup>25</sup>

### School staff

School inclusion staff thought that for most children reintegration was a smooth process and little support was required. However, they said there were some children with greater support needs, for example, children who were violent

<sup>24</sup> Teachers also complained that they found it difficult to grade these children because it was not realistic to expect a child who was learning a subject for the first time to be judged against the same benchmark as children who were familiar with the subject.

<sup>25</sup> In the residential institutions, there are also teacher/educators that take care of, or play a pastoral role to the children. Usually these people have closer contact with children.

at home and/or school, children who remained isolated, or were far below the academic standard set in their class; these children would have benefited from one-to-one teaching and mental health support. In general school inclusion staff thought that children's (academic and social) performance at school depended to a large extent on the situation at home and the attitude and parenting abilities of caregivers.

*"A lot depends on parents' attitude. If the parents are involved, the results are much better. If the parent is not involved, the child's progress is not so good."* (Teaching support staff, Calarasi)

Many school inclusion staff said that most teachers had a positive attitude towards reintegrated children but a significant minority were resistant to accepting these children because of the extra workload or because they did not think they belonged in 'normal' school.

*"The children make efforts, but some teachers don't accept them... When we wanted, with the education manager, to do training [on inclusive education] for all the teachers at our school, they vehemently resisted, saying that there is a special school and that [these] children should study there."* (Teacher, Ungheni)

Some school inclusion staff thought that extra pay to reflect the extra work involved in including these children in their classes might result in teachers doing a better job.

*"As the teaching support staff are not remunerated for their additional work with these children, they don't take their work seriously."* (Key staff for inclusive education, Calarasi)

### **Classmates and their parents**

The vast majority of classmates and their parents thought that reintegration was a positive thing. Many seemed to appreciate that a reintegrated child was in a difficult position and might require extra help, and had chosen to do what they could to support them.

*"[Reintegrated children] need a psychologist to help them who would advise them how to better communicate, because they are quite shy."* (Boy classmate, Falesti)

*"It is difficult for them to adapt to a new school programme."* (Girl classmate, Calarasi)

*"We encourage and support them; we have helped him [a boy in our class] to get used to us."* (Girl classmate, Calarasi)

The few complaints about reintegrated children behaving badly were generally blamed on a lack of parental guidance rather than on the children themselves.

*"It is difficult to live without parents. Our parents explain right from wrong to us. [The reintegrated children] should be supervised. Someone should establish some limits."* (Boy classmate, Falesti)

*"They are not supervised enough; they do not know that it is not good to smoke or to consume alcohol, they can be easily influenced."* (Boy classmate, Falesti)

## **Phase 4: 16-22 months post reunification**

### **Support families are receiving**

Out of those asked, about two-thirds of both caregivers and children said they had received support; the types of support mentioned were the same as those in Phase 3 and came from the same sources. The only notable difference was that in this phase emotional support (mainly coming from within the family) was mentioned explicitly. Unfortunately, it was often not possible to untangle when the government support was actually received but in the main it seemed that the bulk of financial and material support was received in the first six months; very few families had been receiving financial support consistently and continuously over the study period.<sup>26</sup>

<sup>26</sup> Other than in exceptional circumstances, it is government policy to provide financial assistance for no longer than six months in order to not create a dependency; other forms of support provided by social services may be ongoing, but these may not always have been recognised by recipients as forms of formal support.

Most caregivers and children said they had been visited by a social worker at some point, and they all seemed to understand the purpose of visits.

*“[The social workers] check if children are well in their families; they let us know when there is any aid and what documents we should present in order to receive aid.” (Girl, Calarasi)*

However, only those in greatest need had frequent contact (even though most said they would have benefitted from more), in line with social workers’ stated need to prioritise.

### **How children and caregivers understood decisions about support**

Things had not changed much from the previous phase of the study with regards to caregivers’ (or children’s) understanding of support available and how to access it. Indeed, as mentioned previously, the system for applying for social aid is fairly complex and families talked about having to re-apply often, implying that the need for aid was frequently re-assessed by the authorities and people would often fall through the net or there would be gaps in the provision of support. The following is a typical example.

*“At the moment we receive social aid. I didn’t get it for one month, as I refused to take up a job in Ungheni. [But] I didn’t pass the medical checks [for the job]; I am ill, I have high blood pressure. I was not allowed to work. Then I re-applied again and I continued to get social aid.” (Mother, Falesti)*

This lack of comprehension from (actual and potential) recipients was in stark contrast to the views of some of those in positions of authority.

*“In our region people know where to go for help. There is no need for information, publicity. They know where to find us when they need help.” (Person responsible for reintegration, Department for Social Assistance, Ungheni)*

### **What different stakeholders thought about the support**

Out of those who were asked about or discussed the issue, the vast majority of both

children and caregivers who received support did not think it was enough and wanted more financial help in particular; many social workers concurred that incomes were too meagre (including even when families received social aid) to look after a family and more support was required but were very cognisant of the limited resources available.

*“The issue of financial aid is a very complicated one. We receive a fixed amount of money annually, it is not big and it is difficult to distribute it in order to satisfy everybody’s needs: there are different situations, fires, needs for medical interventions, etc.” (Social worker, Calarasi)*

However, some specialists (particularly in Falesti and Ungheni) did not think financial assistance was always needed, or they felt that families were not always responsible in the way they spent their money; they were too reliant on the state and refused to take responsibility themselves.

*“Currently the situation is not under control, and everyone does whatever they want with the money we give them. Often, money is not spent rationally.” (Social worker, Falesti)*

Few children or caregivers expressed explicitly negative attitudes about the support received and many were appreciative of the advice, kind words, and simple access to social workers.

*“We feel the [social workers’] support; they encourage us to keep going. It’s really nice to feel that somebody is concerned with your problems.” (Girl, Falesti)*

*“It is difficult without a social worker. With a social worker it is much easier to do things. I am not talking only about money. It is more about emotional and moral support. She knows better what rights we have.” (Mother, Falesti)*

However, in some cases, caregivers complained that social workers were not doing their job and that they had to chase them, rather than vice versa.

*“We were not getting along very well with [the*

social worker]. I was the one that had to look for her, to ask her. Here in the village she wouldn't bother to talk to us from her own initiative. I was the one to go to the Town Hall and ask her for stuff." (Mother, Falesti)

Those social workers and specialists who worked directly with children with physical and/or learning difficulties all argued that there was insufficient support offered, either financial or support with additional care needs, such as attending special play centres; they struggled to know how to support these children since not many forms of support were available.

*"This is a special category. They need more help."* (Social worker, Calarasi)

### **Support received by other stakeholders and what they thought of it**

#### **Specialists**

Very few specialists talked about support they received, although where they did this was in terms of feeling supported by management and the authorities which made their work easier. Most focused on the challenge of dealing with large workloads, often complex cases and cumbersome paperwork, which left them feeling like they could never achieve enough; they also thought they would benefit from more technical support. Limited financial resources for basics such as travel also impeded them. These difficult working conditions were thought to contribute to a high turnover rate of staff which in turn caused its own problems; a lack of continuity could disrupt the flow of the reintegration process which could put strain on the system, and in the meantime, there was a need to cover the workload of staff who had left, as well as to recruit and train new staff.

*"A big pain is the staff turnover. The salaries are small and the workload is high, people come and leave. As a result we do not have well prepared staff. They come unprepared, we invest in them and then they leave. It is very*

*difficult for us, all the time we need to recruit and train new staff. We spend a lot of money on [this]... if they stay[ed] on it would increase the quality of the services."* (Head of Department for Social Assistance, Calarasi)

### **Support received by schools**

All teachers responsible for supporting children to integrate into new schools had received some form of training on inclusive education and on how to complete Individual Education Plans<sup>27</sup> which they had found extremely valuable in providing them with the skills to integrate children and in changing staff attitudes. These teachers, in turn, had trained other teachers and relevant school staff, some showing great dedication and going beyond the call of duty in this task.

However, it was not clear that additional training had been received in more recent times and many teachers responsible for reintegrated children argued that they would benefit from further training (particularly on how to develop individual educational plans and adapt the curriculum accordingly), but also from ongoing and continuous supervisory support.

*"We need monitoring from a person, a supervisor, who can come to us once or twice per month, to see what and how we are doing, to assess our performance."* (Teacher, Ungheni),

In addition, teachers responsible for reintegrated children would benefit from better collaboration from 'normal' teachers (some of whom were still resistant to the idea of including reintegrated children), support from technical experts (such as psychologists), and greater financial rewards.<sup>28</sup>

### **The views of children and caregivers on home life**

#### **Relations at home**

As in the previous phases, the majority of children said they preferred to be at home than in residential care and many felt this strongly.

<sup>27</sup> Each reintegrated child has an Individual Educational Plan developed for them at the beginning of the school year; the plan sets out what the child is expected to achieve based on his/her level of development and competence. For more information, see Annex 1.

<sup>28</sup> In Calarasi at least it is envisaged that in the future there will be additional professional credits given to teachers who have received a certain amount of training on inclusive education. This is thought to be a good motivation for teaching support staff to work on children's reintegration.

## Children's and caregivers' thoughts on being home

*"I would rather run away than go back [to the boarding school]." (Boy, Falesti)*

*"Everything makes me happy, because I know that my family waits for me at home and I can discuss with them about everything I want." (Girl, Falesti)*

*"Now they are completely different; they do not have that internal emptiness they used to have; they are no longer alone." (Mother, Ungheni)*

Similarly, all but one caregiver said they preferred it now that their child(ren) were home, typically saying: "Now it is much better," and several said that if they could have the time again they would not send their children away. It was the warmth, affection and love children could now receive from their families that were seen as being critically important, particularly for children's emotional well-being and development. Children in foster care were particularly happy to have a loving and stable home life.

*"[My life has] changed in a positive way. I was eager to feel that somebody cares for me, to get better grades, to make new friends and be like everybody else." (Boy, Ungheni)*

What was impressive was that family relations seemed so good even though it was obvious that many families were under huge strain with poor living conditions and lacking basics, which caused distress.

*"Sometimes children do not have elementary conditions at home, but they like to be at home; they miss their parents, the house, and their siblings. These things cannot be replaced with anything." (Specialist, Department for Education, Ungheni)*

However, it was also recognised that things had not always run smoothly and that there had been a period of adjustment, with children needing to adapt to doing things for themselves, such as cooking and cleaning, and caregivers having

to get used to the many demands of being a parent.

*"The living conditions [at residential school] were different; here [name of child] has to take care of the house. We cook together. There, everything was ready; here, he learns how to work in the household, even though at the beginning he did not like it." (Sibling caregiver, Ungheni)*

*"I have made a schedule and it helps me. At the beginning I was doing everything in the house and I was not coping. I would get angry that [the children] did not help me and by the time I had to help them with homework I was completely exhausted." (Parent educator, Ungheni)*

Other significant benefits for all children included the freedom to go where they want, making new friends, developing their personalities and growing in confidence, being treated well<sup>29</sup> and seen as 'normal' members of the community, learning important life and social skills (such as cooking, cleaning, shopping, helping adults at work,<sup>30</sup> relating to other people in public as well as family settings, and so on), and being able to go on to further education. All these benefits, most of which they had been deprived of in residential care, were thought to be critical for their future well-being by helping them to prepare to lead independent lives.

Caregivers were felt to benefit from extra hands around the house, and even though they sometimes complained that their children were

<sup>29</sup> As discussed in Phase 3, some children (and social workers concurred) said that they were beaten in residential care, and this did not happen at home.

<sup>30</sup> Work was as varied as fruit picking, farming, tending cattle, or working in a shop.

disobedient, they generally took this to be a normal part of their development. They were also thankful that they could watch their children grow, guide them and prevent them from misbehaving or engaging in potentially harmful behaviours (such as alcohol or drug abuse).

*"I know what he does all the time, I know what time he wakes up and where he goes. We can control his actions."* (Mother, Calarasi)

Caregivers also benefited through the support and love they received from their children and this gave them strength to carry on.

*"Sometimes, when I am sad he says: 'Mum, do not cry, everything is going to be alright.' He encourages me a lot. Then I start doing some work and think that indeed it is going to be well. I go to the church and pray."* (Mother, Calarasi)

### **Less successful reintegration and its causes**

The few children who did not seem particularly happy at home tended to say less positive things about their relationships with family members and were more likely to speak about having to carry out household chores. This chimed with the views of social workers and specialists who noted that where family relations were already good and there had been frequent parental contact, integration was smoother. They believed that the success of reintegration and of children's achievements and well-being more generally depended on the family environment, and on the caregivers in particular.<sup>31</sup>

*"It depends on how much effort the parent or primary caregiver makes to help the child integrate."* (Social worker, Falesti)

Whilst the majority of parents interviewed for this study were very positive about their children being home, social workers said that this was

not the case for all parents, and with some they had to work very hard to convince them to take their children back. They cited the negative influence of new partners, a desire to work abroad to earn more money, and the fact that parents were no longer accustomed to having children at home and had a consequent fear of great change in their lives as reasons for parents' reluctance to take their children back.<sup>32</sup> These parents required a lot of support throughout the reintegration process, and crucially, beyond. This involved support with administrative procedures (e.g. helping them to fill in the necessary paperwork to take the children back, and to receive social aid) as well as hands-on support, including things such as helping paint walls, and critically, giving parents time to discuss fears, and encouraging them.

Cases where reintegration had failed<sup>33</sup> were always explained by the professionals in terms of parents not fulfilling even the most basic of parental responsibilities. The following case was discussed, for example.

*"The mother went to another village and came back only two weeks later. I visited those children and as they were living on their own and they did not have food to eat, I placed them into a temporary placement centre. The children's mother has become an alcoholic and she is always drunk."* (Social worker, Calarasi)

### **The views of different stakeholders on school life**

The benefits of being in mainstream school were that reintegrated children could receive a diploma, which was not possible in auxiliary school. In addition, they could make new friends, become 'socialised' and gain in emotional well-being and confidence. This certainly seemed to be the case for many of the children in this study who, as seen in previous phases, initially

<sup>31</sup> The role of siblings was not examined in detail in this study; social workers generally said that brothers and sisters never posed a problem, and in fact were usually supportive of their siblings in the reintegration process. However, it was not clear how much attention social workers had paid to these relationships or to the overall family dynamic. From interviews with children and their siblings it appeared that for some children poor relations with siblings were tarring their experience of being home. On the other hand, some children described siblings as a huge support and comfort and expressed how this help enabled reintegration to be a positive and nurturing experience. It seemed that in many cases siblings were either a lot older or a lot younger and hence had less contact with the reintegrated child (either because they no longer lived at home or because they were too young for their lives to coincide much); siblings of a similar age tended to have been in the residential institution together. Whether having another sibling going home with you helped or hindered was not clear.

<sup>32</sup> This is in line with the findings in Phase 1 where many parents were hesitant about their children returning home.

<sup>33</sup> Note that all of the children who took part in this study remained with their caregiver(s) in this last phase of the study, some 16-22 months post arriving home. Unsuccessful cases that were discussed by social workers referred to children who did not take part in this study.



felt trepidation at the thought of having to attend a new school. Integration seemed, on the whole, to have gone well with things improving over time as reintegrated children, teachers and classmates became more familiar with one another. Over two-thirds of children asked said they were happy at school and over 80 per cent said they had made friends; one-fifth said there were good and bad things about school, and only three (out of 44) children were really not enjoying school. However, a few children complained that there was still some bullying and yet more argued that they felt left out by their classmates or were made to feel different, usually because of their financial status, and there were concerns that this could be affecting their self-esteem.

*“At the boarding school we used to be all the same, but here – some are rich, others not that much.”* (Boy, Ungheni)

Just as in Phase 3, in general classmates were happy for reintegrated children to be in their class, saying there was no difference between them, and teachers concurred that many children fitted in with no problems, arguing that this was particularly true for children who already knew some classmates and for those children who were more ‘active’ and well behaved and/or who came from more prosperous and stable homes. However, some children were felt to be struggling, either with behaviour problems (e.g. being withdrawn, quarrelling a lot, misbehaving in class, etc.), or academically, or they were truanting, or a combination of these things. Where children were failing to integrate well this was put down to poor parenting, rather than being the fault of the child.

*“We were not afraid of the children, but of their family situations, and of parents who do not take care of these children. We... talked to the parents, visited them at home, checked them. The parents are irresponsible.”* (Teacher, Calarasi)

*“[The reintegrated child] has no academic problems; her behaviour is good. Her only problem is her mother, who has no time for her education.”* (Teacher, Falesti)

However, what was not recognised by any stakeholder was that some children might misbehave because they are struggling at school, academically and/or socially; without the level of support they need they are liable to ‘act out’. One child who was said to misbehave by classmates as well as siblings alluded to this in his explanation of how he was getting on at school.

*“I used to get nines and tens at the boarding school. I got distracted during this last year and I did not want to study any more. I do not know what happened to me. I do not pay much attention to [the teachers]. I speak with my classmates during the lesson. I do not even look at [the teacher] when he teaches us a new topic. The curriculum is more complicated here. I get grades starting from five.”* (Boy, Calarasi)

Just over half of the children asked said they had good relations with their teachers, whereas one third said they got on with some teachers but not others, with the same three children who did not enjoy school saying they did not like their teachers. Most children found school work harder with more homework, new subjects and worse grades. Nevertheless, whilst they still might be struggling academically, many felt they were beginning to catch up.

*“It was more difficult at the beginning, I thought I would never make it, but then I started to have successes.”* (Girl, Calarasi)

About half of those children who discussed support with school work said they received this from their teachers, although there was a general sense that further teaching support would have been welcomed but was not forthcoming without financial remuneration for teachers (which the children could not afford). However, some teachers interviewed showed a real desire to support reintegrated children, and especially those with behavioural problems. They paid extra attention to them, gave them extra tasks, sat them in the first row in the class, talked to them to get to understand their family situation, and tried to provide support beyond school, for example by involving caregivers where necessary, helping them take part in extracurricular activities, and

by encouraging others outside of school (e.g. the church) to help out.

Some teachers recognised that they had had fears about children from residential school joining their class.

*“It was a shock, I imagined the child in my class and I couldn’t imagine what to do with them. I did not have any experience of work with these children. I thought the child would ruin my classes.”* (Teacher, Calarasi)

But their attitudes towards children from residential care had changed for the better with some also recognising and showing compassion for the fact that some of the children who had been placed in auxiliary schools had no learning difficulties.

*“When I was hearing about [name of residential school], I used to think that this is an institution for children with mental health problems; now I see that in the majority of cases they are normal children, with normal capacities. But this was my impression at that time.”* (Teacher, Falesti)

However, as in previous phases, some teachers were persistent in the prejudice they showed and this could manifest itself in unacceptable behaviour, as this example shows.

*“Our biggest problem was with one teacher. In class, she put her hand on [reintegrated child’s] head, but before that she put it on another boy’s head, and emphasised that it was more pleasant to touch the first boy; she said it directly in front of us, that [reintegrated child’s] hair is dirtier... All the children started to argue with her and told her that is not correct and asked her to apologise, and she said: ‘Why would I apologise, if it is true?’”* (Girl classmate, Ungheni)

## Lessons learned

Despite the fact that reintegration was a completely new process for all those involved and that specialists only had limited training and were constrained in the resources they had available to them, it is to their great credit

that in most instances, reintegration seems to have gone fairly smoothly and is proving successful. The majority of reintegrated children involved in this research were happy at home and were enjoying school despite their initial apprehensions. They were benefiting in numerous ways, not least of which was feeling the love and security that living within a family can bring, along with making new friends, learning new life and social skills, having new educational opportunities, and integrating into their local community; in other words, being nurtured and enabled to grow to fulfil their potential. What was notable from the interviews was that boys’ and girls’ voices became stronger and more articulate and their personalities blossomed as the research progressed; the children’s dampened spirits more than evident in the first phases of the study had lifted. Many spoke of their hopes and dreams for the future – an undertaking unimaginable for most at the outset of the research. Despite these largely positive developments, some children still seemed withdrawn; it was not clear whether this was simply their temperament or a consequence of unhappiness at home and/or school, or whether they were simply not comfortable being asked personal questions by people they did not know well. Some adults argued that these behaviours were more likely a result of long-term institutionalisation.

*“[The children] have only learned to follow instructions in [residential school]. They were told that they are nobody’s children, that they will end up as their parents did. They didn’t have any human warmth and the necessary attention.”* (Foster carer, Ungheni)

Caregivers benefited from receiving their children’s love and whilst their initial fears about struggling financially often came true, this did not diminish their joy at being with their children. It seems that process of reintegration and the support they received enabled them to prepare – emotionally, financially and otherwise – for their children’s homecoming. Schools were adapting and whilst more support was obviously needed in this respect, many teachers and classmates could see benefits to themselves as well as to the reintegrated children. Teachers’

perceptions and attitudes towards children with special educational needs changed with time and support, and these changes were reflected in their interactions with children and the environments that they helped to create for them. Moreover, during this period, social workers' practice changed, from having great difficulty putting their classroom learning into practice to prioritising their workloads according to the difficulty of each individual case and children's specific needs. Finally, what is more, according to some specialists, the reintegration process was helping to bring about wider changes in societal attitudes, something that could bring many unexpected, multifaceted and immeasurable benefits.

*“Due to the launch of inclusive education, the society, school and other stakeholders started to be aware of the importance of early intervention in order to prevent problems that will be difficult to resolve. It is important to prepare people in this direction.”* (Specialist, Department for Social Assistance, Calarasi)

A variety of factors can be identified that can help to ensure that the reintegration process in Moldova and elsewhere can be as smooth and successful as possible. Some of these elements were already in place in the research areas before the study was undertaken, others represent lessons learned from this reintegration process, including some – largely requiring the economic growth of the country as a whole or the reallocation of limited resources – that are beyond the remit or scope of the specialists interviewed here, but that nonetheless could prove important. These include the following.

- **Ensuring a good quality, thorough and complex assessment of the needs/circumstances/character/temperament of children and their**

**nuclear and extended families.** This requires taking time and not rushing the process, with multiple visits to build rapport and understanding. This can help to identify immediate and ongoing financial, material, psychological and emotional support needs and ensure that each family is judged on a case-by-case basis. A care plan can then be agreed by caregivers, social workers and other relevant parties.<sup>34</sup>

- **Ensuring that both children and caregivers understand how and when reintegration will take place, what their support options are, and how and when decisions will be made relating to support** so that they can feel more in control of the process.<sup>35</sup> Checking that the participants have understood may help clarify any misunderstandings.
- **Preparing parents to mitigate any apprehensions they may have, and to help them understand how important it is for their children to be with them,** to build their parenting skills and to help them support their child through school integration.
- **Preparing both caregivers and children to live together through increasing the frequency of visits from parents to institutions, and having increasingly lengthy stays at home for children** so that they can familiarise themselves once more, and so that children can make friends locally; children who had spent more time at home seemed to reintegrate with greater ease.
- **Working with the extended family and the community more broadly so that they are encouraged to provide support (emotional and/or financial) to the child and his/her family.**
- **Explaining to residential care staff the potential implication of reintegration**

34 In the ideal process a care plan was supposed to be drawn up for each family (see Annex 1). In reality, these care plans were not mentioned by any stakeholder after Phase 1. It was not clear whether this was because they were not developed, whether they were not adhered to, or whether the situation changed and so they became less relevant. The question arises of whether these could be used more strategically to ensure that:

- caregivers are clear about what support they can expect and what the process will be
- everyone plays their role; they could be used as a tool for holding people to account
- progress is monitored against the plan and changes are made as required.

35 This would include being clear about when support might be received (so there is no ill feeling if it is not received straight away) and who will be providing this support and therefore who has control over it. For example, if it is up to the Department for Social Assistance whether a family receives financial assistance then the social worker can only say that they will help the family apply; they cannot guarantee that the family will be eligible or that they will receive aid.

**to their employment circumstances and providing them with necessary support;** residential school staff may be less resistant and more helpful in the reintegration process if they are informed about the process, are asked their expert opinions regarding child reintegration and the options for transforming institutions, are involved in the planning of reintegration, and are provided with training opportunities (change management, social services, inclusive education, etc.).<sup>36</sup>

- **Preparing teachers, staff, and students of community schools;** this includes training in inclusive education for all teachers (including how to adapt the curriculum and how to complete Individual Education Plans), suitable management arrangements and clear roles and responsibilities of different staff members, and discouraging negative attitudes from both teachers and classmates. It also includes preparing classmates to welcome the reintegrated child(ren), as well as providing reintegrated children with access to extracurricular activities.
- **Providing support to community schools in the form of extra teachers, budget and specialists, as needed,** to ensure they have sufficient resources to cope with the new children, and especially those with special needs and/or behavioural problems, and prevent unnecessary exclusion of new children with special needs from mainstream education.
- **Providing support to social workers (to prevent their high turnover rate):** this includes providing them with adequate and ongoing training and supervision and learning opportunities, manageable workloads, adequate salaries, sufficient budget to carry out their day-to-day activities, and the authority to make demands on local and raion (regional) level actors where necessary. All of these interventions are necessary to ensure the improved quality of services provided to

children and families.

- **Preparing local and raion level authorities so that they understand the reintegration process and their role in it, and are provided with the necessary human and financial resources** in order to play a proactive role in designing services and systems that can support the reintegration process and prevent unnecessary separations of children from their families and carers.
- **Good communication and collaboration between different specialists and authorities** (e.g. social workers, teachers, education and social assistance departmental specialists, health workers, mayors, religious institutions, community representatives, etc.) both horizontally (at local and raion level) and vertically (from local to raion to national level), with clear responsibilities and budgets for all but also a level of flexibility to accommodate changing and/or diverse situations.
- **Further collaboration with organisations which can bring knowledge, technical support and resources** to the relevant governmental departments, and/or provide necessary services.
- **Different stakeholders being made aware of and understanding each other's perspectives and experiences.** The experience of the reintegration process differed depending on where you were 'standing'; for example, the accounts given by the specialists of what happened did not always tally with the description of the experience given by children or their caregivers. Seeing things from each other's perspectives might make the process more fluid and effective.
- **The system for accessing social aid and other forms of social support needs to be made more transparent and accessible.** Criteria for eligibility and the application process need to be well

<sup>36</sup> In fact, change management training was provided to residential school staff including strategies for re-qualifying or continuing work in other educational establishments. However, this did not seem to have taken place at the beginning of the study and anyway, some staff would still inevitably struggle to find new work. In addition, many staff had worked in institutions for many years and it could be argued that they themselves were 'institutionalised'; hence any change would be met with strong resistance.

understood by both social workers and families. The number and variety of other forms of support should also be made clear to all potential applicants.

- **Adequate financial** (at the very least to meet basic shelter, warmth, food and clothing needs) **and emotional support**, especially for single parent households.
- **Special provisions need to be made for children with special needs** – the often complex needs of boys and girls in these circumstances need to be attended to at several levels, especially in terms of provision of support to families.
- **Ongoing monitoring** to ensure that children's welfare is upheld, that families are receiving adequate support, to update their support requirements, and to enable early intervention if things are going wrong.

What was beyond the scope of this study was a more thorough examination of how the length of time spent in an institution impacted on reintegration success and a child's well-being more broadly; it also remains to be seen how the effects of institutionalisation may manifest themselves in the future and whether a long-term plan to mitigate any negative consequences is needed.

Another question that still remains is about the extent to which the child's own temperament, personality or character traits determine success. It was apparent that some children were very upbeat even though they had experienced hardships and loss; what was notable about them was how much they seemed to thrive on people they were close to, and how broad this network could be (from mothers and siblings, to extended family, to friends of the family, and school or village friends); how the love they received and gave<sup>37</sup> helped them get through and flourish when circumstances were stacked up against them. Their sunny disposition or attitude made their world a brighter place and attracted people to them who might then provide (at the very least emotional) support.

*"I have an impression that the whole village cares about me. If anyone needs help, I try to help with a lot of pleasure."* (Girl, Calarasi)

*"If [name of reintegrated boy] sees that someone is sad he comes and tells a joke, asks why that person is sad and makes them smile."* (Girl classmate, Ungheni)

Even though reintegration was proving positive for most, there were still some issues that, whilst being beyond the scope of the work undertaken by specialists here, might affect the sustainability of reintegration or at least the children's well-being and development in the longer-term, and are therefore important to consider. They relate to the principal underlying causes that had resulted in children being sent to residential care in the first place – namely poverty and social problems. For example, the financial struggles that many families experienced made life difficult and caused emotional distress; in some cases, parents had already had to leave their children again to seek work abroad. All of the children who found themselves in these circumstances did not like it and seemed to be suffering as a result of it.

No one would argue that addressing these deep-rooted and interrelated issues is easy, but it would include:

- greater support for sustainable livelihoods at the local level to prevent the need for parents or caregivers to travel away for work
- a change in culture and mindset making it less acceptable and less common to leave children at home whilst parent(s) seek work abroad
- measures to address the causes of family breakdown
- a greater contribution from absent fathers in their child/ren's upbringing
- support for parents who lack parenting skills so they are more capable and confident
- measures to prevent parents from turning to alcohol and/or to support parent(s) to stop drinking
- measures to prevent violence within the

<sup>37</sup> What was notable about the way these children talked about their relationships was the mutuality – they gave as well as received, even though they were usually the ones in greater need.

family and/or to support families who have experienced violence

- a change in the culture and mindset of some professionals and parents, who feel that the state is better able to care for children than parents.

Despite these difficult challenges, what the study has clearly shown is that most parents were pleased to have their children with them and most children had adapted well to life back at home and were thriving. Most importantly, for now, their futures seem brighter.

# Annex 1 The ‘ideal’ reintegration process

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In order to better interpret the study findings, it is necessary to first understand the key steps in the reintegration process as they are supposed to be implemented by key stakeholders. This enables an understanding of:

- whether the process always goes according to plan; are the steps followed as anticipated?
- how different stakeholders actually experience the process; does each step of the process achieve its aims from the perspective of the recipient?

Analysing the findings through these two questions helps determine whether challenging or failed reintegration is a consequence of a failure in implementation of a potentially successful process, or whether it is the consequence of a flawed process. With this in mind, the reintegration process in the locations under study here is supposed to include the following.

- Children are assessed by an ‘assessment team’, consisting of social workers who assess the social situation of the child (by examining their file at the residential school, looking at the reasons for their institutionalisation and any current problems, and by talking to the child directly about their current situation), a doctor who assesses their health state and a psychologist who assesses their psychological state.
- The child’s family is assessed by the social workers through observation and discussions. This includes examining their living conditions, their financial and

livelihood situation, parenting abilities and skills, the relationships between the members of the family, the psycho-emotional state of the family, the interaction with the community, understanding family members’ opinions on reintegration, and identifying areas where support is required. In addition to talking directly with family members, discussions with neighbours, the community school and local public authorities may be held.

- Based on the assessment it is decided whether the child should be reintegrated, placed in alternative care, or remain in the institution. The assessment team writes an individual care plan for the child; the plan should be comprised of what the child and family says they need and they should be active participants in developing it. If the child is to be reintegrated, the care plan usually includes the provision of various local services (e.g. health, education, etc.) and support (e.g. financial support to cover for the needs of the children, support with dealing with bureaucracy, etc.).
- The assessment and care plan are taken to the ‘gatekeeping commission’<sup>38</sup> for consideration. It is the gatekeeping commission who has the final say over what happens to the child and determines the support they will receive.
- The caregiver(s) – with support from the social workers and other authorities as necessary – are directly in charge of the implementation of the care plan. To make the caregiver(s) accountable for the implementation of the care plan a contract of collaboration is signed with the social assistance department where the

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<sup>38</sup> The gatekeeping commission is an independent body that consists of representatives of care professionals and carers, NGOs, police, health service, etc.; it is chaired by an official of the local authority. Its role is to decide upon the best care choices for children who are at risk of or are without parental care, always aiming to prevent family separation or the placement of children in residential institutions. In some regions the gatekeeping commission is also involved in analysing the cases of children who are preparing for reintegration, especially when there is conflict between the residential institution (that wants to keep the child) and the social assistance department (that wants to reintegrate the child). In these cases it is the gatekeeping commission that has the final say over what happens to the child, determines the support they will receive, and gets different parties to agree upon the implementation of the child’s individual care plan.

- responsibilities of parties are stipulated.
- Based on the approved care plan, social workers start working with the family and child(ren) to help them prepare for the reintegration. Depending on the issues faced by the family, other actors such as the multidisciplinary team may also be involved in the work with the family at the community level. The social worker is the person responsible for gathering all the community actors and ensuring their cooperation on the case. For example, the social worker prepares and involves the future teacher(s) and classmates to help the child reintegrate in their new school.
  - The family and the child are monitored in the post-reintegration period by the social workers;<sup>39</sup> this includes continual evaluation of the family's material and information needs, what has changed and what has not changed, and whether there are problems at school or in the community. The social workers present the monitoring files to the gatekeeping commission. In challenging cases the gatekeeping commission may decide that further intervention is required.
  - The role of the Department of Education was to ensure the access of the reintegrated child to education in the community where they live. In addition, they (with the support

of NGOs) adjusted the national curriculum to the reintegrated children's capacities, competences and abilities. They also (with the support of NGOs) provided training that was adapted for different stakeholders e.g. school management, teaching support staff, school inclusion manager responsible for the inclusion process of children from residential care. Where there were a large number of children coming into mainstream schools from residential care, their future classmates were prepared in this respect too.

- Each reintegrated child has an individual educational plan (IEP) developed for them at the beginning of the school year with the involvement of the social worker, family doctor, the class and head teacher and the school psychologist (where the latter exists) as well as the primary caregiver, who signs it off and contributes to its implementation. The plan sets out what the child is expected to achieve based on his/her level of development/competence.<sup>40</sup> The implementation of the IEP is monitored and is evaluated at the end of the first term and, if necessary, changes are made for its implementation in the second term.

<sup>39</sup> The post of community social worker (referred to in these annexes and in the report as 'social worker') was created in 2008 as part of the social assistance reform. These people usually do not have qualifications in social work and were trained by the line ministry with the support of EveryChild and UNICEF. Other community professionals do not yet always recognise them as professionals and do not understand their role. They are employed by regional authorities, although they live and work in the community and there are issues related to the relationships, roles and responsibilities between village authorities (local administrations) and the social workers.

<sup>40</sup> Generally, whether a child would graduate from school with the same certificate as their classmates depended on how long they had spent in residential care and/or how old they were when they left. If the child spent little time (e.g. six to twelve months) in the residential school or if they returned to the community school when they were still fairly young (e.g. in Grade 3) they would generally catch up with their classmates before the end of school. However, for children in residential school for longer periods (e.g. seven to eight years), it is more likely that they would graduate with a certificate based on their IEP. It was also recognised by some that as well as a lack of time available for these children to catch up, this could also be a result of a lack of resources or a lack of ability of some teaching staff to organise the support to overcome reintegrated children's deficit in knowledge and/or competence.



# Annex 2 Sample

## Phases 1 and 2

Stakeholder	
Reintegrated children	<ul style="list-style-type: none"> <li>• 7 focus group discussions; 3 with girls, 3 with boys, 1 mixed</li> <li>• 11 semi-structured interviews; 4 with girls, 7 with boys</li> </ul>
Caregivers	3 focus group discussions; 10 semi-structured interviews
Specialists	11 focus group discussions

## Phase 3

Stakeholder	
Reintegrated children	<ul style="list-style-type: none"> <li>• 9 focus group discussions; 4 with girls, 4 with boys, 1 mixed</li> <li>• 14 semi-structured interviews; 5 with girls, 9 with boys</li> </ul>
Caregivers	3 focus group discussions; 16 semi-structured interviews
Siblings <sup>41</sup>	6 semi-structured interviews
Social workers	3 focus group discussions
School staff	4 focus group discussions
Classmates of reintegrated children	6 focus group discussions; 3 with girls, 3 with boys
Parents of classmates of reintegrated children	3 focus group discussions

## Phase 4

Stakeholder	
Reintegrated children	<ul style="list-style-type: none"> <li>• 7 focus group discussions; 3 with girls, 4 with boys</li> <li>• 13 semi-structured interviews; 5 with girls, 8 with boys</li> </ul>
Caregivers	4 focus group discussions; 11 semi-structured interviews
Siblings	3 focus group discussions; 5 semi-structured interviews
Social workers	3 focus group discussions
School staff	3 focus group discussions
Classmates of reintegrated children	6 focus group discussions, 3 with girls, 3 with boys
Parents of classmates of reintegrated children	4 focus group discussions

<sup>41</sup> These were siblings that were currently living in the same household with the reintegrated child and who had not been sent to residential school.

## Annex 3 Limitations of research

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Sampling: some new children were added in each phase and some were taken out. Whilst this was not ideal, no outlying individuals or trends were found as the study progressed from one phase to the next, suggesting that adding in and taking away children was not creating any particular bias in the data.

Overall, the study gathered rich information that covered experiences, impressions and feelings from a variety of stakeholders, with many insights into diverse perspectives. In general (although this diminished over the course of the study), interviews with specialists tended to produce more in-depth and analytical information than those with caregivers and children. Given the challenging circumstances, the study team did well to capture such rich data, however as is to be expected with the nature of this study, some of the information provided by the caregivers and children was brief or incomplete. In a few cases it was contradictory, making it difficult to fully understand some of their experiences. There may have been a variety of reasons for this, and different factors might have interacted with one another, including the following.

- Specialists are required to think about and discuss the issues under examination in this study on a daily basis in their professional lives. Caregivers and children (along with classmates and their parents), on the other hand, are not accustomed to being asked their opinion on the areas covered by the study, and may not have spent time thinking about them. Consequently, they may not have been 'prepared' and needed more time to think about their experiences and feelings before being able to answer in depth.
- Most of the children spent many years in residential institutions and have suffered serious effects of institutionalisation, which has had significant impact on their processing and communication.
- Many stakeholders may not be used to engaging in in-depth conversations and following through logical trains of thought; they may not be used to ordering thoughts and feelings into 'neat' answers that follow on from one another.
- Because there were so many questions on the checklist, study team members did not always feel they had time to move away from the set questions and follow through stakeholders' lines of thought. Or, they would run out of time and consequently not have covered all of the topics on the checklist.
- The use of probing questions varied. Many interviewers probed well; they untangled contradictions, encouraged stakeholders to further elaborate, and allowed the conversation to go in the direction dictated by the stakeholder, which led to a rich conversation. However, in some cases, probing questions were not used.
- Sometimes, it was not appropriate to probe because the stakeholder showed signs of distress. It is important to note that many children and caregivers had experienced trauma and may never have been interviewed before or even spoken of their experiences. In addition, for many caregivers and children, the topic being discussed is painful and shameful, making it difficult to discuss openly. The research team was very conscious of sticking to ethical boundaries.
- As in many cultures, Moldovans are not used to discussing feelings, and especially negative or sensitive and personal issues, with strangers. More time and tools to build a rapport may have helped. It may have helped to spend some time playing with children before beginning the interview, or using alternative participatory visual tools.

- The use of focus group discussions may not have provided sufficient time to explore all of the participants' views and experiences in depth.
- Different study team members interviewed the child, their caregiver(s) and the specialist(s) responsible for him/her so information that could have been followed up or used to triangulate answers given by the different stakeholders was often not sought. It may be possible to follow up on this information in the subsequent phases.
- It was often difficult to find somewhere quiet and confidential to conduct the interview (since, for example, the family houses are very small), which may have further prevented the interviewee 'opening up'.
- Despite trying to ensure that interviewees (and especially children and caregivers) were interviewed by people of the same

sex, this was not always possible for logistical reasons (there was only one man on the study team); this may have prevented some interviewees from speaking as freely as they might.

- Phases 3 and 4: interviewers often spent a significant proportion of time covering ground that had been discussed in Phases 1 and 2. It was not clear that this was always necessary and may have prevented more information about the present and future from being collected.
- The use of participatory methods: whilst there is no doubt that these improved the quality of data collected overall, they may not always have been used to their maximum potential. In addition, these tools were not piloted to check their relevance or to give the research team an opportunity to practice using them.

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