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***MODELS OF REINTEGRATION OF CHILDREN FROM
SUBSTITUTE FAMILY CARE FACILITIES INTO
BIOLOGICAL FAMILIES IN EUROPE: A COMPARATIVE
ANALYSIS OF LATVIAN AND SLOVAK FACILITIES.***

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Abstract

Substitute family care has attracted increasing attention globally as an umbrella concept for all categories of non-institutional care for children in situations where parents of the child, for various reasons, cannot provide the needed parental care for their children. As a substitute, it means that the idea of substitute family care is temporary, thereby creating a room for the child to return to his or her original family. It is for this reason that this study was designed to examine and explore the existing models of reintegration of children from substitute family care facilities into their biological families in a comparative context between the Republic of Latvia and Slovakia. The general objective of this research is to analyze and compare the different reintegration models implemented in Latvian and Slovak institutions for facilitating the return of children in substitute family care to their birth families with a view to ascertaining best practices, challenges, and prospects for enhancing the efficiency of reintegration processes across Europe. The study used qualitative research design. The method used in collecting data includes primary and secondary sources of data collection. The primary source was on field work which involves the conducting of oral interviews with practitioners, while secondary data was newspaper, magazine, internet, journals and textbooks. The population was limited to only social work practitioners who have experience in child reintegration. The sample consists of ten (10) participants from different organizations in the two countries and were selected using both purposive sampling and snowball techniques. For analysis, the data collected from the participants were analyzed using the qualitative data analysis method with the use of MAXQDA tool. The findings indicated that practitioners in both Latvia and Slovakia understands the practice and concept of reintegration. Comparatively, while Latvian practitioners emphasize proactive family engagement from the outset of the practice, practitioners in Slovakia may be more centered on institutional assessments which can sometimes limit direct engagement with families during early stages. In terms of challenges, both countries face stigma and community pressure, parents' resistance to change and emotional attachment as challenges to reintegration. The study concludes with recommendation that calls for practitioners in Slovakia to inculcate proactive family engagement from the outset of the practice, and for the collaboration and harmonization of practice through exchange programs for practitioners. This will encourage cross-border partnerships and exchange programs between facilities in Slovakia and Latvia, allowing professionals to exchange information on experiences and best practices related to reintegration.

List of acronyms used in the report.

CIPC	Centre for the International Legal Protection of Children and Youth
IOM	International Organization for Migration
ITU	International Telecommunications Union
IFSW	International Federation of Social Workers
INTERPOL	International Criminal Police Organization
OECD	Organization for Economic Cooperation and Development
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children's Fund

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CHAPTER 1. INTRODUCTION

1.1. Background to Study

Substitute family care has attracted increasing attention globally as an umbrella concept for all categories of non-institutional care for children in situations where parents of the child, for various reasons, cannot provide the needed parental care for their children (Zaluzhnaya et al., 2023). Nožířová, (2012) describes this situation as a situation where a child is placed in the care of non-biological family, for various reasons, or that his/her biological parents cannot provide care. According to him, the concept of substitute family care is designed to provide a replacement of that parental care that a child would normally get from his or her parents in situations that the parents cannot provide such care. Fúsková et al. (2018) said that in situations where the biological parent of a child is incapacitated or unable to provide for their child, the idea of institutionalizing the child always appears as the next option, but many social work practitioners have criticized this idea as a way of creating problems to solve a problem.

Best Interests of the Child Institute (2023) argued that the idea of substitute family care appears to be the best option for a child when his or her parents cannot provide care. This argument was supported by Shang & Fisher (2022) with the reason that substitute family care provides an alternative care where the child receives substitute parenting from a healthy family environment. In this case, a better parent or parents takes over the responsibilities of the child which was unavailable in the child's biological home instead of an institution that does not provide a family setting for the child. Matejcek and Dytrych (1994) supports this definition by defining substitute family care as the legal provision which provides social measures in favour of a child whose parents is unable to or do not want to provide care for, or for serious reasons, it is not desirable that they provide care for the child.

Substitute family care is sometimes interchangeably used or mixed with the concept of substitute education which is not the idea of this research. In the process of providing substitute family care, the substitute parents is obliged to provide formal education for the child. But the idea of substitute education can be provision of formal and informal education at home for a child who cannot afford to be in school (Yun, 2023). As a

substitute, it connotes that the idea of substitute family care or substitute education are temporary, thereby creating a room in the future for the child to return to his or her original family. Thus, the idea in embarking on this research journey is not necessarily aimed at looking into the concept of substitute family care itself but to concentrate on those models which are used by institutions and organizations to return the child to his or her biological family when the issue which landed the child in a substitute care have been resolved (Bubleová & Benešová, 2011).

These programs/models focus on preparing children for the transition from substitute care to family life. They may include educational and counseling services for both children and their families, but in all are methods which are used to ensure that a child who have been away from his/her parents in a substitute care reunites with the biological family/parents in a manner that prevent relapses (Zewude et al., 2023). The family reintegration of children who have been placed in a substitute care by practitioners in Latvia and Slovakia can only be effective and efficient through identification of the origin of the problem of the children, creation and appraisal of efficacious models of reunion, effective follow-up after reintegration and really considering their aspirations (Grosa & King, 2022). Social workers and support staff often play a crucial role in facilitating communication and understanding between children and their families to ensure smooth reintegration.

It is important to note that specific practices, in terms of reintegration, can vary widely between countries, and each nation may have its unique cultural, social, and legal considerations and this engenders the comparative exploration of the models of reintegration in Latvia and Slovakia which this research is poised to achieve (Mistre et al., 2023). Additionally, evolving research and best practices may lead to changes in the approaches used over time. Hence, the aim of embarking on this research is to appraise the various models used by practitioners in Slovakia and Latvia to reintegrate children from substitute homes into their biological homes.

My inspiration to embark on this research came from the background I had as social work practitioner who have worked in a child welfare setting in Nigeria. According to Chukwu (2023), the concept of substitute family care has no formal or legal framework that covers it or dictates its process in Nigeria. Parents give their children

to rich or more wealthy people to be taken care of when they realize that they are financially incapable of doing so. Some people resort to their immediate siblings, friends or other relatives to help them in taking care of some of their children in times of lack (Chukwu, 2023). As someone coming from a society with little or no model of reintegrating children, I aim to embark on this research not just to explore them for improvement's sake, but also to understand the nitty-gritty of these models for a birth of reintegration models in my African/Nigerian society.

1.2.Statement of Problem

Family as an institution is a very important hub of a child's development and is so central to a child's healthy development. A complete and healthy family breeds children who are psychologically, emotionally, socially and mentally sound (McCrossin, 2023). When the biological family setting of a child experiences dysfunction, this dealt a developmental blow on the child and requires that the child be changed to another environment. Sometimes, as opined by XU & Bi (2022), this change may lead to the institutionalization of the child in residual care, but this has its several impacts that have been proved to be negative, hence, the idea of placing children in a substitute family care.

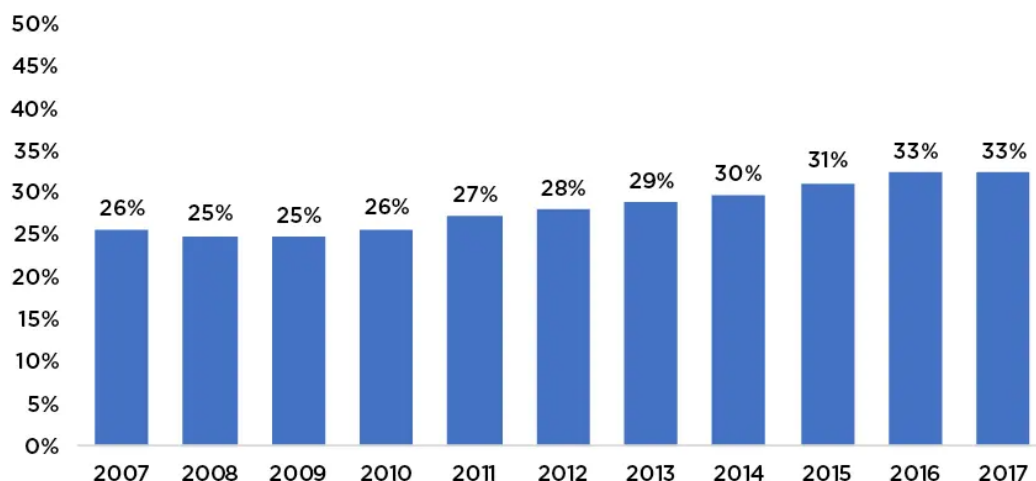
All over the world, in wealthy countries and poorly resourced countries, in stable communities and those in conflict, children can be vulnerable to abuse, neglect, exploitation, and separation from families. In many countries around the world, poverty is a primary reason for children being placed in substitute family care. According to Faith to Action Initiative (2016 p.6), disability or illness (on the part of children or parents), parental death, natural disaster or conflict are other causes of separation. Globally, research has it that between 2 to 8 million children around the world are living away from their biological families and the use of substitute parenting for vulnerable children is on the rise in many countries. Study conducted by Delap (2011) also proves that most children in substitute family care are not orphans; according to the study, up to 90% of children living in substitute family care worldwide have at least one living parent, and most children who have lost one of their parents are still able to live with their surviving parent. Those who have lost their both parents are still able to live with other family members (such as older siblings), or

extended family (such as grandparents) (Delap, 2011). This is evidence which proves that there is always a family to reintegrate a child into.

Additionally, substitute family care such as the foster care system has created great financial costs which have weighed down on the coffers of many governments of the world leading to low budgeting on social security. In the United States of America, the annual average cost of running foster care system is over \$9 billion. The financial cost for a child to remain in foster care in the US for just one year is, at minimum, \$25,782. To reduce costs, the government has been encouraging eligible adopters to adopt children. This have been a great way of reducing cost; for the average annual net savings for one child being adopted out of the United States' foster care is \$15,480 (Zill, 2011).

The percentage of children in a relative foster home has increased since 2007

Percent of children in foster care in a relative foster home at the end of the fiscal year, 2007-2017



Analysis was conducted using the federal Adoption and Foster Care Analysis and Reporting System (AFCARS) and pertains to the FY reporting period (October 1 to September 30) in each year.

Source: *Childtrends.org* (2019)

The Council of Europe (2011) have an assertion that all European child should live in a protective, supportive and caring environment capable of helping them develop their full potential. When a child's biological family becomes dysfunctional and incapable of providing adequate care for the child, even with financial support, the government of the state becomes responsible for ensuring that the child gets appropriate alternative care. In Europe, the Council of Europe (2011) have an estimated figure of over 1.5 million children who live in some form of alternative care. This humongous figure

comes from only those countries who are members of the Council. In countries like Czech Republic, Stárek (2020) said that the government budget over CZK 8 billion annually for the care of vulnerable children and the average cost per child placed in foster care is CZK 116,046 per month. These monies can be saved for other social security if the issues which took the child out of his/her family are resolved and a well-thought-out model of reintegration is applied to send children back to their original homes (Ministry of Labour and Social Affairs, 2020).

The menace of family dysfunction which has led to the act of institutionalizing children or placing them in substitute care has permeated every country in Europe. In the countries of my case study like the Latvia, records from the office of the head of State Inspectorate for the Protection of the Children's Right has it that a total of 6,669 children were deprived of parental care in 2017. Out of this number, 1,173 (18%) were placed in foster care and 4,459 children representing 67% of the total figure were under legal guardianship or custody. It is pitiable to say also that 15% of these children who are without parental care are placed in institutions (Dreja, 2018).

Slovakia have made great moves in moving a good number of institutionalized children from residential homes to substitute care. These moves were made evidently clear when the Slovak government rolled out its Strategy for the Deinstitutionalization of Social Service System and Foster Care in 2011 (Škoviera, 2015). To this effect, the proportion of children brought up in institutional care has decreased, bringing the number of children who are in foster family care to over 8,500. The problem remains that this is a huge figure; for over 13,000 Slovak children lives outside their biological families and those among them who are in substitute family care still needs urgent reintegration into their biological families (Central Office of Ministry of Labour, Social Affairs and Family Statistics, 2015).

Despite the numerous research on child substitute parenting, only a few have sought to investigate the reintegration process (models) involved in the aftermath of foster childcare. Although research has been widely conducted on the menace, most research works are based on the causes and effects of child vulnerability. Little attention is given to post fostering issues, particularly reintegration of children who have received any form of substitute care into their biological families.

Thus, this study is therefore set to delve into the reintegration models and measures, specifically on the challenges of reiterating children into biological families after a substitute care. It is also poised to find out the coping mechanisms of these children when reintegration does not properly take place.

1.3. Objective of the Study

The general aim of this research is to analyze and compare the different reintegration models implemented in Latvian and Slovak institutions for facilitating the return of children in substitute family care to their birth families with a view to ascertaining best practices, challenges, and prospects for enhancing the efficiency of reintegration processes across Europe. The specific objectives of this study are:

1. To enquire and critically assess the various reintegration models currently in use in Latvia and Slovakia.
2. To discover the challenges and limitations associated with different reintegration models.
3. To analyze best practices within different reintegration models for children in Latvia and Slovakia.
4. To identify coping mechanisms adopted by reintegrated children in relation to reintegration.

1.4. Research Questions

The following research questions guided the study:

1. What are the methods used by substitute family care facilities in reintegrating children into biological families?
2. What are the challenges in reintegrating children into families from substitute family care facilities in Latvia and Slovakia?
3. What are coping mechanisms adopted by reintegrated children in relation to reintegration.

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1.5. Significance of Study

This study has both theoretical and practical significance.

Theoretically, this study will contribute to the growing field of child reintegration and will create valuable insights and improvements to the field of child welfare. Going by the fact that there is paucity of research in the area of child reintegration models in

Latvia and Slovakia, this study will contribute to the academic and theoretical understanding of reintegration processes in the countries. It will identify gaps in the current literature and suggest avenues for future research, advancing the collective knowledge in the field of child welfare. This study will equally inspire other studies on the activities of the child welfare institutions in improving their practices.

Practically, the findings of this study will contribute to the development of evidence-based practices by thoroughly examining and evaluating existing reintegration models. Insights gained will inform practitioners, policymakers, and social workers about effective strategies for safely and successfully reintegrating children into their families. Findings from this study will provide policymakers with evidence to guide the development and improvement of policies related to child welfare and family reunification. This can lead to the establishment of guidelines that support effective and ethical reintegration practices.

1.6. Operationalization of Concepts

There are different meanings that might be given to a term. One word may mean different things in different contexts or fields. This is the reason why an operationalization of key concepts is necessarily done in this segment of this study to provide the contextual meanings to some key words gotten from the topic of this research. These meanings are what will guide the direction of this study.

Model

The term "social work model" can refer to various conceptual frameworks, approaches, or theoretical perspectives in the social work field. Social work is a profession designed to promote the well-being of families, groups, individuals and communities by addressing social challenges, promoting social justice, and empowering vulnerable persons. Different models within social work guide practitioners in their understanding of human behavior, intervention strategies, and the broader systems that impact individuals and communities (Fatout, 2017).

Reintegration

In the context of social work, reintegration refers to the process of facilitating the return or reunion of individuals, families, or communities into a broader social context after a period of separation, displacement, or exclusion. This separation could be due to various reasons such as migration, institutionalization, foster care, incarceration,

displacement, or other circumstances that result in individuals or groups being apart from their families or communities (Lytvynova, 2020).

Family

Britannica (2023) defines family as a social unit typically consisting of individuals related by blood, marriage, adoption, or other forms of kinship. Families serve as fundamental units of society and can take various forms, reflecting the diversity of human relationships and living arrangements.

Children

A child is generally defined as a human being who is in the early stages of life, typically from birth to the onset of puberty. The definition of "child" may vary across legal, cultural, and contextual contexts, but the United Nations Convention on the Rights of the Child (CRC) provides a widely accepted international definition.

According to the CRC, “a child is defined as any human being below the age of 18 years unless, under the law applicable to the child, the age of majority is attained earlier”. This definition acknowledges the importance of recognizing the evolving capacities and rights of individuals as they progress through childhood and adolescence (Convention on the Rights of the Child, 1989).

Substitute

Substitute is both a noun and a verb which means to act or speak as a replacement for someone or something (Patterns of Supplementary Parenting, 2013).

CHAPTER 2. LITERATURE REVIEW

2.1. Introduction

This chapter reviews literature on the reintegration of children into biological families. It is focused on the definition of the concept of a child, reintegration, models of reintegration of children, family and family dysfunctionality and the challenges of reintegrating children into biological families.

2.2. The Concept of Children

The concept of ‘children’ has long been given so many definitions and status in different contexts. It encompasses several dimensions, which include biological, social, legal and psychological perspectives. These dimensions explain how the concept is viewed in several situations and climes. According to the United Nations (1989, p. 6), a child is seen as “*a human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier*”. This definition which was ratified by 192 member countries of the United Nations, makes clear chances for the concept of “child” to be locally defined according to laws of a geographical area or country. This implies that someone who is seen as a child in a particular situation or context, might not be seen as a child in another. In Singapore, a child is anyone who is below the age of 14, while in the US, a child is a human being below the age of 21. In Latvia and Slovakia, a child is a person who has not attained 18 years of age (OECD, 2023; Children and Young Persons Act, 1993; 8 U.S. Code § 1101 - Definitions, n.d).

To fully understand the term “child”, it is required that an exploration of the following dimensions is made:

2.2.1. *Biological Perspective of the Child*

In the biological sciences, a child is seen as any human being between life stages of birth and puberty (O'Toole, 2013). This is the stage of any human body between infancy and adolescence. Many authors in this sense have included the definition of a child to start from the fetus (sometimes termed *the unborn*).

In the biological perspective, a child is categorized in three different stages. These stages are characterized by significant physical growth and development. As explained by Panter-Brick (1998), the first stage, which is the infancy stage (0 - 2 years), is

characterized by rapid growth, initial cognitive development and development of motor skills. The second stage, which is the early childhood stage (2 - 6 years), is characterized by continues physical growth, early socialization, and development of language, while the third stage, which is known as the middle childhood state (6-12 years), is characterized by steady physical growth, increased independence and improvement in cognitive abilities.

2.2.2. Social Perspective of the Child

Socially, a child is considered as a dependent who requires education, guidance, and nurturing from adults. Through social lenses, children are seen as minors who are unable to make serious decisions and should always be under the care of a responsible adult for the provision of care. “The society plays a crucial role in providing formal and informal learning opportunities to develop children's knowledge and skills; teaching children societal norms, values, and behaviors; and ensuring a safe environment for their healthy development” (Handel, 2006 p. 56).

Bisht, (2008 p. 152) explained that “childhood is a social construct”. This is underpinned by the works of Philip Aries of 1962, which propose that childhood, which is now defined as the years between infancy and adolescence, had undergone the process of social construction (Aries, 1962). Social Constructionism proposes that ‘conventional knowledge’ and all ways of understanding are relative and sustained by social processes (Burr, 2003). This gives us the avenue to treat childhood as a social construct.

More also, some cultures pass children into adulthood after the child has gone through a rite of passage, which may or may not correspond to the time of puberty. In this regard, ceremonies marking the transition of the child from childhood to adulthood are held to initiate the child into adulthood. This gives more explanation to people’s social definition of the concept of a child (Van, 1909).

2.2.3. Legal Perspective of the Child

The legal definition of a child varies by jurisdiction but generally refers to a human under a specific age, often 18 years. Laws regarding children encompass various rights and protections, including the age of majority, child labour laws, and child protection laws (Akhilesh, 2024).

According to the United Nations (1989, p. 6), a child is seen as “*a human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier*”. This definition which was ratified by 192 member countries of the United Nations, makes clear chances for the concept of “child” to be locally defined according to laws of a geographical area or country. This implies that someone who is seen as a child in a particular situation or context, might not be seen as a child in another. In Singapore, a child is anyone who is below the age of 14, while in the US, a child is a human being below the age of 21 (Children and Young Persons Act, 1993; 8 U.S. Code § 1101 - Definitions, n.d).

2.2.4. Psychological Perspective of the Child

In developmental psychology, childhood is a critical period for cognitive and emotional development. Development psychologists focus more on the sequence of physical, thought, language and emotional changes that occur in a child's growth process from birth to the beginning of adulthood. Many authors in the field of psychology have propounded laws and theories that explain the developmental stages of children. One of these theories was the psychosocial development stages which were propounded by Erickson (1950). He emphasizes the development of identity and self through various stages, such as trust vs. mistrust (infancy) and industry vs. Inferiority (school age). Through his work, a proper understanding of the development of children and when the leave the stage of childhood was established (Bishop & Keth, 2013).

Another major contributor in understanding the developmental formation of children in developmental psychology is Piaget's stages of cognitive development which highlights the progression from sensorimotor of a child from age 0 to 2 years old to formal operational stage of adolescence. Piaget's four stage theory propagates that children play an active role in the learning process, by acting like little scientists as they make observations, perform experiments, and learn about the world (Munsaka, 2023; Piaget, 1936).

2.3. Understanding Reintegration

In the context of social work, reintegration refers to the process of facilitating the return or reunion of individuals, families, or communities into a broader social context

after a period of separation, displacement, or exclusion. This separation could be due to various reasons such as migration, institutionalization, foster care, incarceration, displacement, or other circumstances that result in individuals or groups being apart from their families or communities (Lytvynova, 2020).

Reintegration process in Latvia and Slovakia has always been a home-grown model reuniting children into their families after the problem that took them out of the family have been resolved. It is important to note that specific practices, in terms of reintegration, can vary widely between countries, and each nation may have its unique cultural, social, and legal considerations and this engenders the comparative exploration of the models of reintegration in Latvia and Slovakia which this research is poised to achieve (Mistre et al., 2023). Additionally, evolving research and best practices may lead to changes in the approaches used over time. Hence, the aim of embarking on this research is to appraise the various models used by practitioners in Slovakia and Latvia to reintegrate children from substitute homes into their biological homes.

The process of reintegration encompasses not only the children under substitute parenting but also their family members and the environment to which they return (Piotrowicz, Rijken, and Uhl, 2017). According to the European Council on Refugees and Exiles as cited in the Alliance news (2003, p. 8), reintegration is a process of inclusion and rebuilding relationships within a community in the country of origin at four levels, physically, socio-economic, socio-political and cultural. Even children who have experienced trafficking also need reintegration. Escaping or exit from trafficking is a critical moment in the lives of the trafficked people, being home is far from an easy or smooth transition (Piotrowicz, Rijken, and Uhl, 2017). The U. N Convention on the Right of the Child, Article 39, amended in 2002, (2002, p. 11) reasons that “States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts”.

Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child.

The journey of recovery after institutionalization experience is often a difficult one and can be greatly relieved by reintegration support provided by government and non-government service providers (Lenssen, 2013). One of such non-governmental organizations, International Organization for Migration (IOM), has identified nine services that must be present in reintegration assistance, and they include:

- Medical/ Healthcare services
- Counseling
- Financial Assistance
- Legal Assistance
- Reinsertion into the Education System
- Vocational Training
- Micro-enterprise and Income Generation Activities
- Job Placement, Wage Subsidies, Apprenticeship Programs
- Housing and Accommodation (IOM, 2007: 87)

2.4. Models of Reintegrating Children into Families

The reintegration of children into families, especially when they have been living in alternative care like foster care, institutions, or have been living on the streets, involves different models and approaches. The models are established with the intention of ensuring that the process of reintegration is safe, supportive, and sustainable. This includes careful preparation and planning, building strong support systems, and ensuring smooth monitoring throughout the rolling out of the process. Each of these models discussed below has its strengths that can be implemented in the reintegration process and can be adjusted to fit the specific context and the children, and families' particular needs.

2.4.1. Trauma-Informed Approaches

Many children in substitute care have experienced trauma, and trauma-informed reintegration models recognize the significance of addressing these experiences. Trauma-informed care emphasizes creating a supportive environment that considers the impact of trauma on the child and the family, incorporating therapeutic

interventions, and building resilience for successful reintegration (Skinner-Osei et al, 2019).

Child reintegration approaches should be trauma-informed to acknowledge and cater for the effects of trauma on separated children. This helps in creating a conducive, secure, and promising environment which can facilitate emotional and psychological healing in a bid to reintegrate the child back to their biological families and society.

2.4.2. Case Management and Individualized Planning

Case management and individualized planning are important aspects of the child reintegration process that contribute to the successful and sustainable achievement of the reintegration goal. Conducting assessments and creating personalized plans, coordinating services and providing monitoring and support are just a few of the ways to integrate these constructions into the process to make them responsive to the specific needs and state of the child. As a result, sustainable reintegration into familiar surroundings can ensure the child's and family's well-being and stability.

Effective case management and individualized planning are key components of successful reintegration models. Tailoring interventions to the specific needs of each child and family, involving all stakeholders, and providing ongoing support are critical elements in ensuring a smooth transition and reducing the risk of re-entry into substitute care (Ricciardelli, 2018).

2.4.3. Community-Based Models

According to Goodman et. al., (2023) community-based reintegration models emphasize collaboration between various stakeholders, including community organizations, schools, healthcare providers, and governmental agencies. These models recognize the importance of creating a supportive community environment to facilitate successful reunification and long-term family stability.

The community-based approach of reintegration of children is a model in which possible community resources, support systems, and local networks are used to reintegrate children all back to their biological families. Reintegration is enabled from the community where the child lives or maybe the neighboring regions. In community-

based reintegration, the child's community is the central element for adequate reintegration and successful sustainability (Goodman et al., 2022).

2.4.4. Family Preservation Model

Family preservation models emphasize the importance of supporting and strengthening biological families to prevent child removal and promote successful reintegration. These models often involve targeted interventions, such as counseling, parenting skills training, and financial assistance, to address the root causes of child placement in substitute care and enhance family functioning (Ainsworth, 2018).

2.5. Facilities of Substitute Family Care in Latvia and Slovakia

In Latvia and Slovakia, there are many facilities and services designed to ensure care for children who cannot live with their biological families. Child welfare in these countries has taken significant steps to create and develop a child welfare system, centering on the idea of family care as opposed to care settings. Behind this, below is a brief insight into the facilities and services available in the two countries:

2.5.1. LATVIA

Orphans' Court (Bāriņtiesas)

The orphan courts in Latvia exist and fulfill major functions in handling child welfare cases, inclusive of foster care, guardianship, and adoption. They do assessments and approve foster and adoptive placements while ensuring the welfare of children placed in substitute care. The court of orphans is a special establishment for the protection of children's rights and legal interests or a person under guardianship. Orphan's courts in Latvia are established and maintained by the district or city municipality (Codeart, 2021). As stated by the Latvian law, Riga City Council (2021) enumerated the responsibilities of the Orphan's Court as follows:

“The Orphan's Court shall decide on the establishment of guardianship and the appointment of a guardian to a child, if:
the parents of the child have died or have been declared dead;
the parents of the child have been suspended or deprived of custody rights;
the parents of the child have been lost and announced in search;
the parents of the child are unable to properly care for and supervise the child due to illness;
both parents of the child are of minor age;
significant disagreements have arisen in the relations between the child and the parents;
other emergency cases have occurred (ensuring compliance with the requirements specified in regulatory enactments).

The Orphan's Court shall ensure that the person to be appointed as guardian has the necessary capabilities and qualities for the fulfillment of the duties of the guardian.

The Orphan's Court may, in special cases, appoint a guardian for a period of time, may appoint several guardians or a special guardian.

The Orphan's Court shall supervise custody. If errors have been determined in the

settlement submitted by the guardian or the activities of a guardian who is not favourable to the interests of the child, the Orphan's Court
give the guardian appropriate instructions;
decide on the suspension of the guardian;
decide on the removal of the guardian”.

The Foster Family Association of Latvia (2024 b) reported that in 2013, Latvia recorded about 1,900 children who were under orphanage home care. This figure represents 23% of the total number of children receiving out-of-family care, and the Latvian government pays over €700 per month for maintenance of one child in an orphanage home (The Foster Family Association of Latvia, 2024).

Foster Care (Audžģimenģs)

Foster care in Latvia is aimed at providing a temporary or permanent family environment for children who cannot live with their biological parents. They include emergency foster care, short-term and long-term foster care, and specialized foster care for children with special needs. Foster families are provided with financial support, training, and counseling services that support the best possible care for the child. Example of these facilities are **Youth Support Center, Riga, Hope for Children Foster Homes, Open Hearts and Homes for Children, Latvijas SOS bērnu ciematu asociģcija** and **The Foster Family Association of Latvia** etc. The Foster Family Association of Latvia work to render support to families that take care of children who have been without the care of their original parents. Their goal includes promoting the social inclusion of children under foster parents care and guardians, providing assistance to guardians and foster families, create awareness of the activities and presence of foster families and guardians, and promoting the relationship between the regional and state authorities, Non-Governmental Organizations and the private sector in creating awareness about alternative childcare, and to push for positive change in family policy (Foster Family Association of Latvia, 2024 a).

The Foster Family Association of Latvia (2024 b) reported that in 2013, Latvia recorded about 1,200 children who were under foster families. This figure represents 14% of the total number of children receiving out-of-family care, and government pay foster families some remuneration for care. Apart from the €113.83 payed to foster families for fulfillment of foster duties, municipalities also pay them allowance for the maintenance of a child and the amount differs from each municipality. For example, in

Riga Municipality, each foster families receives €240 per month (The Foster Family Association of Latvia, 2024 b).

Guardianship (Aizbildnība)

In the republic of Latvia, out-of-family care for children are provided in two major categories, they are foster family care and guardianship. Guardianship is a legal relationship where a child is put into the care of a guardian when their parents are not able to, nor willing to, care for the child. The Foster Family Association of Latvia (2024 b) stated that in 2013, Latvia recorded about 5,100 children who were under guardianship. This figure represents 63% of the total number of children receiving out-of-family care.

Legally, guardians have the same responsibilities and rights as biological parents; they are charged with the responsibility of looking after a ward's physical and emotional needs. Institutions like the **Center for a Safe Child (Dardedze)** play a vital role in providing education and support for parents and guardians. They engage in advocacy for the protection of children from all forms of abuse, especially sexual abuse. They also have preventive training programmes for children, professionals, parents, and guardians (State Social Insurance of the Republic of Latvia, 2021).

In Latvia, government pay special allowance for the maintenance of children under guardianship. From the date of the establishment of the guardianship, the financial benefit is paid to the child's guardian for the maintenance cost of the child. The payment continues till the child turns 18 or when the guardianship is revoked. Benefit paid by the state for successful fulfillment of a guardian's duty is €54.07 per month, and €45.53 is also paid for guardian's maintenance of a child under custody. (The Foster Family Association of Latvia, 2024 b).

Adoption

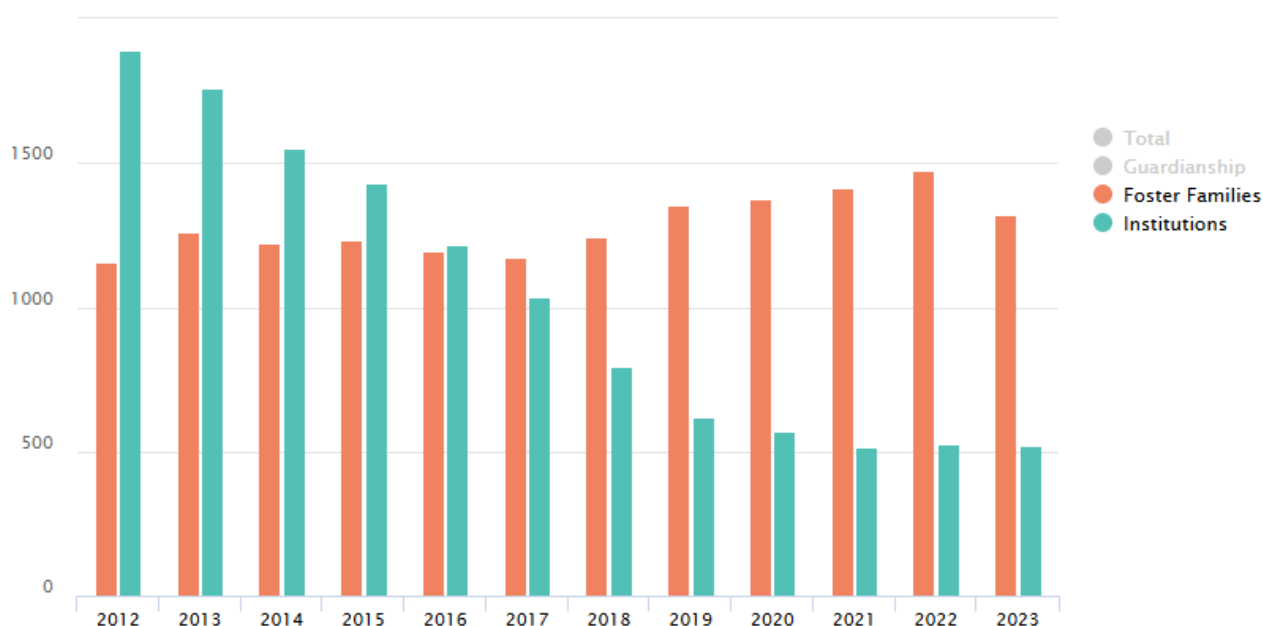
Adoption in Latvia is a legal process for providing a permanent family for children who are unable to be reunited with their parents. It includes complete evaluation of prospective adoptive parents and matching with children who need permanent homes. Adoptive families can get help through various forms of post-adoption support,

including counseling and educational resources. Adoption in Latvia is regulated by law, and it is managed by the Ministry of Welfare (Bitāns & Kaužēns, 2004)

Statistics are significant, which is why the information on the number of children placed in each form of care between 2015 and 2022 is presented in the table below:

Table 1. The number of children placed in institutions in the Latvia between 2012 and 2023.

Number of children in out-of-home care at the end of the year



Source: Official Statistics of Latvia

2.5.2. SLOVAKIA

Foster Care (Náhradná starostlivosť)

Foster care in Slovakia provides children with a temporary family environment until they can return to their biological families or be adopted. Emergency, short-term, long-term, and professional foster care are offered, whereby the caregivers are specially prepared to look after children with complex needs. The services available to foster families include financial support, training, and psychological support. When parents cannot provide personal care for a minor child for serious reasons, or if the child's education is seriously threatened or disturbed, the court can entrust the child to substitute personal care or foster care. If the child cannot be entrusted to substitute personal care or foster care, the court can order institutional care.

As far as personal foster care for a minor child is concerned, the court may entrust it to a natural person permanently residing in the territory of the Slovak Republic, who has full legal capacity and personal conditions, in particular conditions relating to health, personality and moral conditions, and leads a lifestyle guaranteeing that he/she will provide personal foster care in the interest of the minor child. The person entrusted with the personal foster care of a minor child is obliged to care for the child to the same extent as the parents (Ruszkowska, & Lovasova, 2023).

At least once every six months, the court evaluates the provision of personal foster care in cooperation with the child welfare authority or in cooperation with other individuals familiar with the child's situation, and in particular the quality of the child's care shall be evaluated, and an analysis shall be made of the situation of the biological parents and the possibility of returning the child to the generational family (Ruszkowska, & Lovasova, 2023).

In the Slovak Republic, foster care is regulated pursuant to the Act No. NIE. 36/2005 Kol. of the Family Act. Following the transformation of children's homes between 2000 and 2004 (Mikloško, Chovancová, Bezáková, 2022).

Several existing institutions for the administration of this type of care include: **Child Centre Slovakia, Ministry of Labour, Social Affairs and Family, Centers for Children and Families (Centrá pre deti a rodiny)** etc. These facilities provide various services, including temporary care for children in crisis, family support services, and preparations for foster or adoptive placements. They provide professional assessments, therapeutic services, and support for both children and families in the process of reintegration (Oxford Handbook of Child Protection Systems, 2023).

Statistics are significant, which is why the information on the number of children placed in each form of care between 2015 and 2022 is presented in the table below:

Table 2. The number of children placed in institutions in the Slovak Republic between 2015 and 2022.

Substitute care	2015	2016	2017	2018	2019	2020	2021	2022
Personal foster care	6484	6518	6534	6634	6820	6879	7042	7052
Respite care	1847	1719	1548	1390	1256	1183	1118	1014

Constitutional care	4622	4744	4583	4747	4898	4496	4456	4492
Total care	12,953	12,981	12665	12,771	12,974	12,558	12,616	12,558

Source: Ministry of Labour, Social Affairs and Family (2023).

Guardianship (Poručníctvo)

Guardianship in Slovakia is arranged regarding children whose parents cannot take care of them, thus placing them with a guardian who assumes the responsibilities of parents. Guardians are meant to provide everything for the child's welfare; this includes providing education, health, and emotional support (Ježová, 2024). Guardianship of a minor in Slovakia is regulated mainly by the Family Act of 2005. According to article 56 of the Act:

“If both parents of a minor child have died, have been deprived of the exercise of their parental rights and obligations, have been suspended from exercising their parental rights and obligations, or do not have full legal capacity for legal acts in a full scope, the court shall appoint a guardian for the minor child, who shall provide for the minor child's upbringing, represent the minor child and administer the minor child's property”(The Family Act, 2005).

Even in situations where the parents of a child are still alive, cases might emerge where their child will be taken away from them and handed over to a guardian.

According article 57 of the Family Act:

“If the parents of the minor child are alive and if this is not contrary to the interests of the minor child, the court shall appoint as guardian in particular the person proposed by the parents whose exercise of parental rights and obligations has been suspended. If there is no such person, the court shall appoint as guardian one of the relatives or close persons of the minor child or his/her family or another natural person” (The Family Act, 2005).

Adoption (Adopcia)

Adoption in Slovakia is a legal process for providing a permanent family for children who are unable to be reunited with their parents. It includes complete evaluation of prospective adoptive parents and matching with children who need permanent homes. Adoptive families can get help through various forms of post-adoption support, including counseling and educational resources. Adoption in Latvia is regulated by law, and it is managed by the Centre for the International Legal Protection of Children and Youth (CIPC) (Terenzani, 2014).

International adoption in Slovakia is allowed to Hague ratified countries which have agreements with Slovakia pertaining international adoption. Example of this countries include the United Kingdom, Germany, and Italy. If the intending adoptive parent is resident in Slovakia, he/she is allowed to adopt and their adoption is categorized as

domestic adoption, and this does not matter if their home countries is Hague ratified or not. The country does not accept applications direct from individuals for international adoption, but only through the authority designated by government in some countries. Some of the legally certified adoption agencies in Slovakia includes:

Detský Domov Sv. Klementa Hofbauera
Mc Drobec - Materské Centrum
Adopcia Srdca (Elsie, 2008).

Centers for Children and Families (Centrá pre deti a rodiny)

Centre for Children and families is a skyrocketed agency in the Republic of Slovakia. They work in various areas which focus on supporting children and families through a range of services. They organization has its different centre at different location of the country.

The centre at Ruzomberok is currently housing 59 children, aged 0 to 25 years in their facility. Their facility can accommodate 73 children. These children are placed in four family homes managed by the Center for Children and Families in Ružomberok (Center for children and families Ružomberok, n.d).

In 2010, the centre started placing children within so-called professional families. The professional family represents an organizational part of the center. In other words, it should be the home environment of an employee at the center in which a certain number of children are cared for according to prescription. Currently, they have 14 children placed in seven professional families (Center for children and families Ružomberok, n.d).

2.6. Legislative Framework of Substitute Family Care in Latvia and Slovakia

In both Latvia and Slovakia, substitute family care, which includes foster care and guardianship, is governed by specific laws and regulations aimed at protecting the rights and welfare of children. In Latvia, some of these laws are highlighted by Lubova (2012) to include: Law on Social Services and Social Assistance (Sociālo pakalpojumu un sociālās palīdzības likums), Child Welfare Law (Bērna tiesību aizsardzības likums), The Law on Orphan Court, National Adoption Law, and Local Government Regulation.

2.6.1. LATVIA

Law on Social Services and Social Assistance (Sociālo pakalpojumu un sociālās palīdzības likums)

In 2002, the Latvian legislature enacted the Law on Social Services and Social Assistance (Sociālo pakalpojumu un sociālās palīdzības likums) for the administration of social assistance in the state. This law came into effect in 2003 and had its last amendment in 2022. This law is a comprehensive legal framework regulating the provision of social services and social assistance to individual people and families. The purpose of the Law is to guarantee that the most vulnerable groups of persons, such as children, elderly people, disabled persons, and low-income families, receive appropriate support and services to ensure better life quality and social inclusion.

The law specifically legislate on the types and provision of social services, eligibility and access, rights and responsibilities of service users, funding and administration, and quality standard and monitoring of services (Lielmane, 2017).

Section 9 of the law made provision for services of long-term social care and social rehabilitation institutions, which are financed by the state, and in article 3 of the Act (Sociālo pakalpojumu un sociālās palīdzības likums, 2002) made the following provision:

“children with severe and extremely severe mental impairments or children with severe and extremely severe physical impairments, and also children with combined severe and extremely severe mental and physical impairments in the age of up to four years to whom care in the family, by a guardian or in a foster family cannot be provided due to the functional disorders”.

Law on the Protection of Children's Rights (Bērna tiesību aizsardzības likums)

Law on the Protection of Children's Rights (1998) of the republic of Latvia have been formulated with the objective of protecting children's rights and promoting their welfare. It thus sets out a fair benchmark of the duties and responsibilities that would ensure an enabling environment for all children to grow and develop. The operation of this law requires sustained capacity-building exercises, resource allocation, and sensitizing the general public for the protection of the rights of every child in Latvia. This law establishes a complex legal framework for the protection of the rights and interests of children. This law is formed to correspond with international treaties and conventions, for example, the United Nations Convention on the Rights of the Child, and to guarantee the main rights for every child in Latvia and to protect children against any abuse (Law on the Protection of Children's Rights, 1998).

The Law on Orphan Court (Bāriņtiesu likums)

According to Ziemele (2017), one of the very important laws in Latvia is the Law on Orphan's Courts, through which the country seeks to protect the rights and welfare of children and other weak members of society. Through this law, the government has expressed a serious concern of making sure that the Orphan's Courts are able to support and protect the weaker members of society in a better manner by setting clear guidelines and responsibilities. Collaboration, training, and adherence to the rule of law are some of the ways in which Orphan's Courts make informed and fair decisions that guarantee the best interests of the service users. Codeart (2021) opined that the law made provision for the structure and composition of the court, its jurisdiction and functions, decision-making process, rights and responsibilities, its collaboration with other institutions and its monitoring and accountability.

Section 26 of the law made provisions for the establishment of guardianship and appointment of guardian for a child in need of one. To further regulate the activities of the orphan's court, the law stipulates the duties of an orphan's and custody Court in the supervision of Guardianship (Law on Orphan's and Custody Courts, 2006).

2.6.2. SLOVAKIA

In Slovak law, there are several regulations that were created on protection of children and youth. The most important provisions are found in the Constitution of the Slovak Republic, The Civil Code, the Family Act, the Social Assistance Act and the Criminal Code the law. In Slovakia, such laws include the Act on Social Services (Zákon o sociálnych službách), Act NO. 305, local government regulation and Government degrees (Ivana, et al. 2021).

Act No. 305 (Elimination of child labour, protection of children and young persons)

The act lays down provisions of social guardianship, which involves oversight over children and youngsters in need of protection, like those from broken families or those who have been abused or neglected. The act emphasizes the need for proper measures to provide care, education, and assistance to children and young persons. It seeks to promote family reunification where feasible and provide adequate alternatives, such as foster care or specialized institutions, where necessary (Kriglerová, Chudžíková, Kadlečíková, Píšová, & Gallo, 2023).

The act incorporates the best interest principle of the child so that all decisions and actions taken by authorities have the child's development, well-being, and fundamental rights as a priority.

Kriglerová, et. al. (2023) states that the act defines situations where intervention is necessary, for example, if a child is in danger of being harmed or if home conditions are determined to be unsuitable. It gives standards for the assessment of home conditions and the provision of interventions where necessary.

The act promotes collaboration between social services and families to address issues that affect the well-being of children and to emphasize the importance of family involvement. It requires parents to be engaged in decision-making related to their children (Act No. 305, 2005).

The act provides for the availability of a variety of preventive, early intervention, and support services to children and families who are in need. These include counseling, educational services, and community services.

This law outlines the rights and responsibilities of foster parents, guardians and institutions that give care to children, emphasizing the value of caring and supportive environments (Act No. 305, 2005).

Act No. 448 Social Assistance and Services (2008)

The Act on Social Assistance and Services in the Slovak Republic is generally a comprehensive legal framework put in place to cater to and regulate social services within the country. This act elucidates the basics, types, and manners of providing social services to people and groups in need, ensuring proper support and assistance. The law makes provision for the types of social services provided in the state, eligibility for accessing social services, providers of social services, funding, rights and responsibility of service users, and standardization and monitoring of services (Zákon o sociálnych službách, 2008).

The implementation of the Act on Social Services requires cooperation between different governmental and non-governmental stakeholders involved. The act is constantly evaluated to make sure that the given social services work and meet the needs of the population and adapt to the changes in social conditions (Zákon o sociálnych službách, 2008). The Act on Social Services is a critical component of the social welfare system in Slovakia, aiming to support the vulnerable population and

foster social inclusion through a well-regulated and comprehensive network of services (Zákon o sociálnych službách, 2008).

2.7. Comparative Analysis of Substitute Care Systems in Slovakia and Latvia

After a careful review of existing literature, it is established that both Slovakia and Latvia states prioritize family-based care over institutionalization of the child. This aligns with the best international practices in child welfare. The works of Javornik (2014) shows that there are existing clear similarities and differences in the substitute family care systems of the both countries. One of them is the family-based focus of both countries' practices which emphasizes the importance of family-based care. Both countries explore the extensive use of guardianship, foster care, and adoption. Adoptive families in both countries are provided with comprehensive support services, which includes training, financial assistance, and counselling. A recognizable similarity also exists in both countries' legislative frameworks and institutions. These institutions support and oversees substitute family care and ensure that the level of child institutionalization in the countries is low. Example of such institutions include the Center for Children and Families in Slovakia and the Orphan Courts in Latvia (Lokto, Leikuma, & Battle, 2016).

Unlike Latvia, the republic of Slovakia has a special provision for professional foster care, which provides training for caregivers practicing with children with complex needs. This is an emerging trend in the field of child welfare. Additionally, the Slovak state, unlike the Latvian state, has taken giant slide in moving children out of institutional care to a substitute family care or foster care.

Overall, Latvia and Slovakia are dedicated to children deprived of parental care, aiming to place them in an environment of a family with all the support necessary for their growing up.

2.8. Challenges of reintegrating children into biological families

2.10.1. Legal and Administrative Complexities

Navigating the legal and administrative steps involved in child custody, guardianship, and reunification within Latvia and Slovakia can often be a labyrinthine and

cumbersome process, fraught with delays and bureaucratic challenges. Simplifying these legal processes, enhancing clarity in communication, and offering robust legal assistance are key measures that can facilitate smoother navigation through these complexities. (Crenshaw, 2004).

2.10.2. Child Resistance or Fear

Children might oppose going back to their biological families due to feelings of fear, uncertainty, or strong bonds formed with their alternative families. Facilitating a slow and nurturing transition, coupled with providing counseling services to both the children and their families, can assist in managing and mitigating the child's apprehension and resistance (Zewude et al. 2023).

2.10.3. Cultural and Societal Stigma

Societal and cultural attitudes often label families participating in alternative family care, challenging the process of reintegrating children and their biological families without encountering stigma or discrimination. Addressing and shifting longstanding cultural prejudices to foster inclusivity within communities is crucial for ensuring smooth reintegration (Zewude et al. 2023).

2.11. The Concept of Family and Family Dysfunctionality

Britannica (2023) defines family as a social unit typically consisting of individuals related to blood, marriage, adoption, or other forms of kinship. Families serve as fundamental units of society and can take various forms, reflecting the diversity of human relationships and living arrangements.

Fúsková et al. (2018) said that in situations where the biological parent of a child is incapacitated or unable to provide for their child, the idea of institutionalizing the child always appears as the next option, but many social work practitioners have criticized this idea as a way of creating problems to solve a problem.

Best Interests of the Child Institute (2023) argued that the idea of substitute family care appears to be the best option for a child when his or her parents cannot provide care. This argument was supported by Shang & Fisher (2022) with the reason that substitute family care provides an alternative care where the child receives substitute parenting from a healthy family environment. In this case, a better parent or parent

takes over the responsibilities of the child which was unavailable in the child's biological home instead of an institution that does not provide a family setting for the child.

Family is considered the best place for a child to develop, grow, and flourish. Crucial to entrenching and/or enhancing the child's development is permanence. This means not only reunification but also strengthening a family to ensure that it can limit the chances of a subsequent out-of-home placement (Yi, 2019). This permanent, legally secure, and nurturing environment is, after all, a right of every child, as enshrined in the United Nations Convention on the Rights of the Child (1989). Without a well-worked-out reunification plan in place, the risk of a return to foster care seems high. Indeed, a child's return rate to out-of-home placement varies between 25-50% after 1 year (N. Teixeira, Narciso, & Henriques, 2022). This seems more possible if the interventions have not been sufficiently embedded into the family environment (Alex Proper, 2024). Furthermore, placement instability has negative effects on the well-being of the child.

2.12. Conclusion

The literature reviewed portrays different models of reintegration for children from substitute family care into their biological families. Though there are improvements in understanding and addressing the complexities of reintegration, there is still a need for innovative interventions and research to make such models more effective and thereby enhance the outcomes of the services for children and families participating in reintegration.

CHAPTER 3. THEORETICAL FRAMEWORK

3.1. Introduction

A strong theoretical framework will offer quality in research. It provides a solid foundation and thus ensures that the study is systematically and coherently connected to prior knowledge and theoretical insights. This chapter of my research is poised to direct the research by making it explain clearly the relationships between variables of substitute care and reintegration and theories related to this. It acts as the backbone of the research upon which the study is built, ensuring that the study has its roots in already established knowledge and guiding the research questions, methodology, and analysis.

3.2. Theoretical Foundations/Framework

Understanding the theoretical underpinning of reintegration models is incredibly important to develop holistic strategies. These include ecological systems theory, attachment theory, and family systems theory—all of which are valuable frameworks for understanding the complex dynamics at work in the process of reintegration. Research has shown that successful reintegration often includes attention to individual, family, and social variables within a holistic approach.

3.2.1. Attachment Theory

Attachment theory, first developed by John Bowlby in 1958 and then expanded through Mary Ainsworth's work, is a psychological, evolutionary, and ethological theory concerning relationships between humans, in which Shaver and Mikulincer (2006) says is the importance of early emotional bonds between caregivers, usually parents, and children is highlighted. This theory postulates that such early attachments have a strong bearing on a person's development in terms of emotions and socialization throughout life (Shaver and Mikulincer, 2006).

Attachment theory has had perhaps its greatest influence on our understanding of human development as a central figure in the formulation of theory from which to base the emotional and social growth of an individual. It remains one of the major theoretical foundations in psychology, psychiatry, social work, and education (Weeks, et al., 2024).

This theory explores studies examining the role of attachment theory in understanding the dynamics between children, substitute families, and biological families during the reintegration process. According to the attachment theory, children are biologically attached to their parents and draw their social learning and development from them. The point here is that, when children are detached from their biological parents, it might create mental trauma for them and may affect their integration with the substitute family. The possibility that children may develop strong attachment to substitute families exists and this might hinder reintegration process. Hence the need for a proper reintegration model into biological families (Howe, 1995).

3.2.2. Ecological Systems Theory

Ecological Systems Theory was developed by Urie Bronfenbrenner in 1979. Harkonen (2007) described it as a very detailed framework for understanding the multiple influences on human development. According to him, the human development system is affected by various types of environmental systems at the level of the immediate environment and at a greater level by societal influences. It emphasizes the complex interactions between these systems and the individual (Bronfenbrenner, 1977).

In the words of Schirmer and Michailakis (2019), this theory review literature applying the ecological systems perspective to analyze the influence of various systems (micro, meso, exo, and macro) on the reintegration of children into families. Examples of these systems include the school, family, church, friends, workplace, local government etc. (Schirmer and Michailakis, 2019).

The environment of a child's home influences and affects his or her growth. For this reason, the idea of institutionalizing a child from a dysfunctional family has been heavily criticized by many social science researchers. The argument is that every child deserves to grow up in a family setting where they will not lack the incentive of growth which comes from a healthy family. It is for this reason that children are kept in a substitute family care and efforts are made to return them to their biological families where they will receive more better family care from their biological parents.

This theory provides the underpinnings for the use of community-based approach in reintegrating a child. According to Goodman et al., (2023) community-based

reintegration models emphasize collaboration between various stakeholders, including community organizations, schools, healthcare providers, and governmental agencies. These models recognize the importance of creating a supportive community environment to facilitate successful reunification and long-term family stability (Goodman et al., 2023).

3.2.3. Family Systems Theory

The Family Systems Theory was developed by Murray Bowen in the late 1940s and early 1950s. Titelman (2012) described it as a theoretical framework applied to the interpretation of complex interactional patterns within families and how these interactions influence individual family members. It considers the family as a unit, not as a collection of people, where the behavior of one is related to and influences others. Family Systems Theory is a useful way to understand family dynamics and how these dynamics shape an individual's behavior and emotional well-being. It views the family as an interlinked system and, therefore, allows for more effective therapeutic interventions and an in-depth comprehension of human relationships.

Family is a system, and every member of a family is a subsystem of the family. In the family system, what affects a particular subsystem affects the whole system and vice versa. Based on this idea, it becomes a problem to allow a child who is a subsystem of his/her family to be away from biological family for a long time (Thomlison, Maluccio, & Abramczyk, 1996).

With the understanding of the family systems theory, families are trained to understand children's rights, the particularities of street children and are given support methods. With this empowerment, families can take their children back into their homes and a proper upbringing of the child is done in his or her biological family.

CHAPTER 4. RESEARCH METHODS

4.1. Study Design

This study employed qualitative research design to conduct this research. According to Mason (2002) qualitative research is a way of exploring the dimensions of the social world, including the weave of everyday life, the understanding, experiences and imaginations of people, the ways that social processes and institutions work and the significance of the meanings that they generate. This will be used for the participants, like the social workers, to get an in-dept response from them.

The reason for employing qualitative research design for this study is to help develop a deeper understanding of the topic under study. It also provided an opportunity for systematic and in-depth evaluation of participants' response. Using the qualitative method will give the researcher the opportunity to observe participants' nonverbal cues and explore their experiences through interviews. Finally, the use of this research design enabled the establishment of a relationship with trust with the participants. Trust that will guarantee the provision of responses that are factual and true.

This study also used a comparative methodology approach to compare the differences and similarities in the reintegration of children into their biological families which is done by social workers in Latvia and Slovakia.

4.2. Study Population

The population of the study comprises all social workers or social welfare practitioners practicing in child welfare with five years and above practice experience operating in Latvia and Slovakia who have had experience in reintegrating children into biological families. The study population included child welfare bureaucrats/practitioners who are actively involved in the handling of alternative care for children from dysfunctional homes in both Slovakia and Latvia. It also will include parents or family relatives of reintegrated children in Latvia and Slovakia. For the study, different types of bureaucrats/practitioners were chosen, which includes social workers, psychologists, and police officers. This is because reintegrating children into their biological homes is

a collaborative effort, and thus these different professions were chosen for validity and to promote comparison.

4.3. Sample Size and Sampling Technique

Sampling technique is the method taken to select a subset of individuals or elements from a bigger population to provide inferences for the whole population (Dhivyadeepa, 2015). The sample drawn for this research essentially represents the population for the validity and reliability of the research findings.

Purposive sampling and snow balling techniques were used in the study to choose its research participants. Van Ardale (1996), however, guided this choice. He pointed out that in purposive sampling, the researcher determines what information is necessary to know and then searches for individuals who can and are willing to supply it based on their expertise or experience. The snow balling technique was used to contact the parents or substitute parents of the reintegrated children because the researcher find it difficult to locate them. Hence, eight (8) practitioners were selected from different organizations for the study from the two countries using purposive sampling, while two parents or substitute parents of the reintegrated child were selected from the two countries using the snow balling technique. This brings the total sample size to ten (10) participants. Data for the study will be collected primarily from practicing social welfare practitioners or bureaucrats between September 2024 and March 2025.

4.4. Sources of Data

The study will use both primary data as well as secondary information. The primary data will comprise information collected from parents or family relatives of the reintegrated children and practitioners in both governmental and non-governmental organizations using interview guides. Such information will be analyzed and presented in narratives. The secondary information will encompass all information retrieved from journal articles, newsletters, presentations, official reports, and the internet, among others. The secondary data will be used to support the arguments raised in this research.

4.5. Research Settings

The research setting is in both Latvia and Slovakia. Latvia is a country located in the Baltic region of Northern Europe. It shares land borders with Estonia to the north,

Lithuania to the south, Russia to the east, and Belarus to the southeast. The official language of Latvia is Latvian, a Baltic language that forms part of the Indo-European language family. With land coverage of 64,589 km², 24,938 square meters. Latvia is inhabited by 1.9 million people (WorldData.info, 2015).

Slovakia is a landlocked country situated within Central Europe with more than 5.4 million inhabitants. It borders Ukraine to the east, Poland to the north, Austria to the southwest, Hungary to the south, and the Czech Republic to the northwest. (Wikipedia, n.d.)

4.6. Method of Data collection

As a qualitative research method, the study will employ the use of in-dept interview to collect data from participants. An interview guide will be developed in line with the objectives of the study and serve as a guide to the researcher in conducting the interviews. Consent will be sought from the organizations before the interviews will be conducted. The interviews will also be conducted in places convenient for the participants. Using the interview guide will enable the researcher to collect in-depth data from the participants. According to Rutledge & Hogg (2020), the use of interviews will make it possible for the researcher to not only obtain the verbal information related to the experiences of the participants involved but also take particular notice of their non-verbal cues and relate these expressions to what the participants said. In addition, this approach will help the researcher to establish a relationship with the participants.

4.7. Data Analysis and Management

I used a thematic analysis approach with a specific focus on reflexive thematic analysis to analyze the data collected.

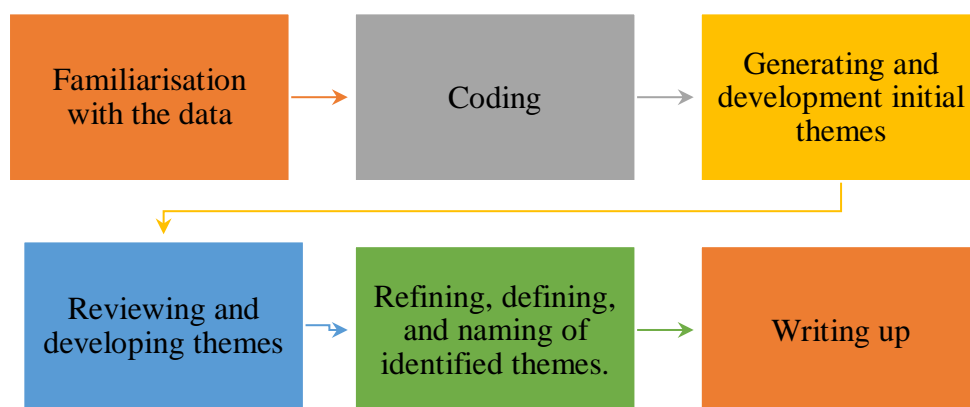
Thematic analysis is a method of analyzing that involves the exploration, analysis, and capture of patterns (themes) in qualitative datasets (Braun & Clarke, 2019).

Reflexive thematic analysis approach was utilized as the method of data analysis to understand meanings of patterns across the data. This is because it aligns with the values and principles of qualitative research, embraces subjectivity, reflexivity, and

data collection methods based on qualitative data. Furthermore, the reflexive thematic approach is compatible with the study's small, selected sample and allows for data interpretation using a theoretical framework (Braun & Clarke, 2021).

Using reflexive thematic analysis, I created themes from codes and patterns found in my data that corresponded to my specific research questions. As a result, identified themes were developed through my engagement with the data, which was mediated by my research skills and experience conducting qualitative research (Braun & Clarke, 2020). I also created patterns within the data to identify similarities and differences between countries using themes (Creswell, 2013).

Reflexive thematic analysis entailed the six repetitive steps depicted below (Braun & Clarke, 2021).



During the data familiarization stage, I reviewed the written notes from the interviews for codes and similar patterns across the data using the MAXQDA tool. This allowed me to identify emerging themes. This was done at the individual level of each country. Similar words found in the written notes enabled me to develop themes based on the research questions' topics. For example, in identifying the theme of educational support as one of the available social supports for reintegrated children, words like **tutoring, educating, talk to them about, and show them how** appeared several times across the different written interviews, resulting in the development of educational support theme as shown in the findings chapter.

The analysis was done at the individual country level and compared across countries, but within countries.

4.8. Ethical Considerations

Ethical considerations were maintained throughout the research process, from the planning phase and continuing to data collection, analysis, and report writing (Creswell, 2013). The research involved the protection of the rights of the participants, which in my study was a priority, as demonstrated below. Respect for my research participants through voluntary consented participation characterized by informed consent (Homan, 1992; Bryman, 2016). This was conducted through clear explanation of the purpose of the study, dissemination means, possible risks, and reasons of the study (Homan, 1992). The participants were given and signed a consent and information sheet explaining the research purpose, benefits, and risks. Participants

were informed that they were free to refuse to participate in the study or withdraw consent at any time without fear of reprisal (Creswell, 2013).

In the research process, I attempted to give privacy and confidentiality to the best of my capabilities within my limitations, which included the use of pseudonyms in my research findings (Bryman, 2016). To avoid damaging the reputation of the practitioners that were interviewed, I did not use their names in my research as they are

institutional power holders, as required by the study. To make their identities even more

hidden, they were chosen from big institutions that have several practitioners in both Latvia and Slovakia, in order to reduce possibilities of easier identification upon publication of findings.

To protect the well-being of my participants, I used the do no harm principle, which was fulfilled by submitting the research topic and data collection tools for approval by my supervisor and course coordinator prior to data collection. Furthermore,

I acknowledged that as an international student studying in Europe, I needed to respect the countries' culture and norms, which I followed when conducting research in both countries

(Creswell, 2013).

4.9. Limitations of the Study

One of the major limitations faced by this study was the exclusion of the children as participants in the study. The study was geared towards understanding the reintegration processes of these children back to their biological homes, but the research did not use any child as a participant. This was because interviewing children in both Latvia and Slovakia requires serious legal technicalities which the research was not open to. The use of children as participants could have helped in better appraisal of these models and would have made the findings of the study more reliable.

The study was also affected by technical issues which include the problem of logistics. As an African student in Europe, it was difficult getting participants for this study and most of the participants only agreed to participate if the interview is done online. Digital interviews cannot replace the importance of physical interviews. The research was hampered by technical issues due to network connection problems and the researcher somewhat found it difficult to get all the necessary cues from the participants.

More also the research had to employ the services of an interpreter to help interpret the response of most of the participants who cannot speak English language. The research could have been better if the interviews were conducted in a language that is spoken and understood by both the researcher and the participants. Interpreting the participants' responses might make the research lose some important information.

CHAPTER 5. ANALYSIS OF RESEARCH DATA

5.1. Introduction

This research was conducted by interviewing some social workers and other practitioners who practice in the field of child welfare, precisely doing the work of handling cases of children in foster care or in substitute family care. These practitioners shared their understanding about the practice of reintegrating children back to their biological parents after successful foster care or substitute parenting. Opinions about their perceptions on the concept of reintegration, measures that mitigates failed reintegration, best reintegration model, percentage of reintegrated children, challenges to reintegration, and the available social support where shared. This chapter begins with information and demographic data about the participants of the study in order to provide context for the findings' origins.

The Slovak and Latvian contexts were discussed separately. Within individual contexts, there is a comparative role analysis of the practitioners in understanding the reintegration processes. This is followed by country-by-country comparison of the reintegration process. The study's themes were discussed using quotes from the interviews, but these were anonymized by the participants' professions to protect their identities and allow for better comparison in terms of their professional roles. Participants in this study are referred to as "practitioners".

5.2. Findings

5.2.1. Socio-demographic information of participants

Twelve participants were recruited for this study, six from Latvia and six from Slovakia. In each of the countries, social workers, psychologists and different other practitioners who have experience in child reintegration were recruited. Additionally, two parents/substitute parents were also recruited. To ensure comparability, the participants had to be practitioners with comparable professions, years of experience, and work contexts. The practitioners who were selected all had, at least, five years of experience in the field of study. This unifying factor allowed for comparison in both countries. The table below summarizes the participants' demography from both countries.

Socio-demographic characteristics of participants in Slovakia

Participant	Sex	Profession	Years of Experience
S1	Female	Social Worker	21 years
S2	Female	Psychologist	16 years
S3	Female	Social worker	20 years
S4	Male	Social worker	17 years
S5	Female	Substitute Parent	2 years with the child

Socio-demographic characteristics for participants in Latvia

Participant	Sex	Profession	Years of Experience
L1	Female	Social Worker	19 years
L2	Female	Social Worker	9 years
L3	Female	Social worker	11 years
L4	Female	Social Worker	6 years
L5	Female	Biological Parent	

5.3. Slovak Context: Main Findings

Introduction: Overview

The findings show that the reintegration of children from substitute family care facilities into their biological families is a very complex and multi-dimensional challenge for which effective models are employed and implemented in accordance with a child's and a family's particular needs. Participants mentioned various models of reintegration that underscore a holistic approach, which focuses on children's emotional, social, and psychological well-being in the process of their transition back into biological homes. The key models include the family-centered model, prioritizing the involvement of biological families in decision-making and support; the therapeutic model, which addresses the mental health needs of children and their families during the reintegration process; and the community-based model, which relies on local-level resources and social support networks to facilitate an easy transition.

In each model, stability is promoted, familial bonds are strengthened, and children receive necessary support to deal with past traumas. It is a success in the reintegration process, marked by thorough assessments, individualized reintegration plans, continuing support services, and follow-through monitoring. While these models report overall positive results, specific major difficulties include parents' resistance to change, parents' fake acceptance of the child due to monetary gain, emotional attachment, emotional traumas of the children, and community stigma that need to be overcome for the long-term successful reintegration of children. This overview underlines the need for cooperation among social workers, mental health professionals, and families in developing and perfecting practices of reintegration that contribute to a supportive environment for children returning to their biological families in Slovakia. In order to show the findings of this study, I began with practitioners' understanding of the concept of reintegration, then moved on to the reintegration models, measure they apply to mitigate failed reintegration, challenges to reintegration and finally the available social support for reintegration in Slovakia. The study's elaborative findings are presented in the following sections.

5.3.1. Participants' Perspectives about the Concept of Reintegration

Questions were asked about the participants' level of knowledge on reintegration, how reintegration should take place from their perspective, and what they think constitutes proper reintegration. Below are the findings:

Participants	Text	Themes
S1	<i>"Reintegration is focused on restoring and strengthening the bonds between the child and their biological family, ensuring that relationships are nurtured and rebuilt".</i>	Family Reconnection
S3	<i>"It encompasses a carefully planned transition that ensures the child's return is gradual and supported, allowing for adjustments to be made both by the child and the family members".</i>	Supportive Transition
S2	<i>"...There they find out the reasons why the biological family had a hurt and then they look for ways to help the biological family so that the child's stay in the centre is as short as possible...."</i>	Family Healing Process

Reintegration as Family Re-connection

A question was designated to the participants to elicit their understanding about the concept of reintegration and one of the thematic responses constructed from their responses is the view of reintegration, in this context, as family re-connection. By this, the participants see the act of reintegration as a way by which the child and his/her family reconnect to live again as a family and recreate their bond. Participant S1 was cited in her response as follows:

"Reintegration is focused on restoring and strengthening the bonds between the child and their biological family, ensuring that relationships are nurtured and rebuilt".

Supportive Transition as a way of Reintegrating Children

Another theme developed from their response was the view of reintegration as a supportive transition. S3 supported this by saying that *"It encompasses a carefully*

planned transition that ensures the child's return is gradual and supported, allowing for adjustments to be made both by the child and the family members".

Reintegration as Family Healing Process

Findings review another way by which reintegration can be conducted, and this was themed family healing process by the researcher. Here, the situation that separated the child from his family is seen as a wound that requires healing. Reintegration is seen as as the act of healing the social wounds that cause separation for a proper reunification. Participant S2 statement gave support to this assertion when she said that: *"...There they find out the reasons why the biological family had a hurt and then they look for ways to help the biological family so that the child's stay in the centre is as short as possible...."*

5.3.2. Models of Reintegration

The findings show different reintegration models that are used by the practitioners in reunifying the children with their families. Models like extended family collaboration, family therapy and counseling, skill training for parents, cultural and community Support, home visiting and monitoring and gradual transition were identified. Findings also show that there is no best reintegration model that is better than the other. The models used in reintegration of children back to their biological families depend on the type of situation that occurred which separated the child from the family. According to the participants, practitioners are expected to first identify the reason for the child's separation from his or her family to know the best model to apply in reintegrating the child back to the biological family. This was supported by the following statement by participant S2:

..."You have to distinguish what kind of parents they are. And according to that, the work with the family also depends....

So, first are ones who cannot take care of a child. Second are those who don't know how to take care of a child. And the third ones are who don't want to".

So, when a practitioner has identified the problem that separated the child from the family, he or she can use reintegration models that can best help. These models include an extended family collaboration model which emphasis the importance of collaborating with all the family members in inclusion with the extended family of the child. This can be used in situations where the parents of the child are dead. This was evidently stated by S4 when she said that *..."if the reason is the arrival of the child*

into the family, because there is a loss of life, then we work on it together with other extended family so that the life stabilizes and the child returns”...

Another model is the family therapy and counseling which was supported by the participant S4's statement as follows: *“Therapeutic interventions include family therapy and counseling sessions to help resolve any underlying issues and improve intra-family communication. This could help both the child, and the family become better prepared for the process of reintegration....”* To support the model on cultural and community support, this example was cited:

“Such reinforcement during emphasizing the role of community resources and cultural contexts aids social workers to link families with local resources, including community organizations that are in a position to provide social support and services.”

Furthermore, another model, gradual transition was also developed thematically from the following statement of the participant:

“Reunification is often a gradual process, rather than an abrupt return. This can be short visits to the family home, overnight stays, and increasing time together prior to making the full transition back to living with the family”. It was gotten from the findings that as the child is fostered, the social workers always create an avenue for the child to constantly visit the biological family. This is to ensure that the final reintegration of the child will be smooth. Failure to do this will result in a child becoming an alien in the sight of his or biological family members or vice versa, and this might lead to attachment of the child to foster care or substitute family.

Participants also indicated that they visit the homes of the child's family as a way of monitoring and accessing the growth and development of the home. This is to ensure that the home is made into a safe place for the child's return. This was also identified as a model of reintegration of the child by participant S1 who said that:

“we make home visits to monitor the family environment and verify whether it is appropriate for the child's return home. Regular check-ins are used to see how well the adjustment is going and to make interventions if necessary”.

5.3.3. Challenges in Reintegrating Children

The greatest challenges associated with reintegrating children into biological families as reported by the reintegration professionals are, parents' resistance to change, parents' fake acceptance of the child due to monetary gain, stigma and community perception, lack of resources, emotional attachment, unrealistic expectations, and academic difficulties.

Participant	Text	Themes
S3	<i>"And we actually train them to our image, to the image of society in general, which is the norm, but often it is in contradiction with what is normal for the Roma community. And when they come back to the Roma family, they don't accept them as Roma anymore. They don't say they are Roma anymore, they say they are white gipsies."</i>	Stigma and Community Perception
S1	<i>"...but they get money or they get financial support. And they take in the child, they take in the money, but they usually spend it in a week. And then they don't want the child anymore. So then there begins a problem...."</i>	Parents' Fake Acceptance of the Child
S1	<i>"Unfortunately, I will say it like this, parents probably get used to the fact that the child is taken care of and they understand a completely different, simpler life."</i>	Parents' Resistance to Change
S4	<i>"Children with trauma and disruption may result in emotional and behavioral challenges. These can be of the form of anxiety, attachment difficulties, or behavior problems, which make reintegration even more complex and require more support."</i>	Emotional attachment
S2	<i>'Reintegration may influence the child's academic achievement and engagement in school life, since their education may have been disrupted during their time in care. In many cases, their adjustments or attempts at reintegration into the school system suffer from lag.'</i>	Academic Difficulties

Stigmatization and Community Perception

The challenges faced by the children after they have been reintegrated on the had stigmatization reigning supreme. All these variables contribute to the difficulty expressed by the participants with respect to reintegrating the child. A participant shared the excerpt below:

“And we actually train them to our image, to the image of society in general, which is the norm, but often it is in contradiction with what is normal for the Roma community. And when they come back to the Roma family, they don't accept them as Roma anymore. They don't say they are Roma anymore, they say they are white gipsies”.

Parents' Fake Acceptance of the Child

This research made a remarkable finding about the attitude of parents of the child which possess serious challenge and difficulty to the reintegration process. It is parents' fake acceptance of the child due to monetary gain. This happens when the parents do not actually want to accept the child back but pretends to do so because they are aware that the child will receive some amount of money from the government upon leaving the care facility. The finding has it that foster children who have attained the age of 18 normally receives life start-up payment from the government. The finding shows that a total of 1900 euro is given to a young person who is leaving substitute care at the age of 18. Some parents who have refused to fix the problem that resulted to taking away of the child from the family may pretend to be ready to accept the child back just to have access to his or her life start-up from government. As stated by a participant,

“When they reach 18 years, they get support from the government to individualize themselves, to have a better life. And usually this is the time when the family takes them back, because they see the money. It's approximately 1,900 euros. Excuse me? 1,900 euros payment of the... One time, only one time.(35:08) And then they take them back, They get money or they get financial support. And they take in the child, they take in the money, but they usually spend it in a week. And then they don't want the child anymore. So then there begins a problem”.

Parents' Resistance to Change

The participant also indicated that one of the challenges reintegration process faces is parents' resistance to change. They said that some parents deliberately abandon their child to the facility so that the care facility can help them train the child. This was evidently made clear when a participant said that:

“Unfortunately, I will say it like this, parents probably get used to the fact that the child is taken care of and they understand a completely different, simpler life. We have children from the Roma community. It is said that the Roma are based in the family, but we have parents where the children have been here since childhood and do not need to take the children back.”

Emotional Attachment

Emotional attachment was also indicated as one of the challenges of reintegration. As found in the findings, emotional attachment happens when the child has found comfort in substitute care to the extent that the child finds it difficult to return to his or her biological family. This was confirmed by a participant's statement below:

"Children with trauma and disruption may result in emotional and behavioral challenges. These can be of the form of anxiety, attachment difficulties, or behavior problems, which make reintegration even more complex and require more support (S4)."

It was also discovered that attachment of the child with the biological parents makes it difficult for the child to be integrated into the substitute family. Firstly, the child may have trouble in attaching or connecting with the substitute family after separation from the parents and secondly the child might also experience difficulty in reconnecting with the biological parents after substitute care, and this might be as a result of the new attachment the child must have developed with the substitute parents or family.

Academic Difficulties

To give credence to the existence of academic difficulty, this was excerpted from the participant S2:

"Reintegration may influence the child's academic achievement and engagement in school life, since their education may have been disrupted during their time in care. In many cases, their adjustments or attempts at reintegration into the school system suffer from lag."

5.3.4. Theme of Low Reintegration

According to the findings, a very poor number of the children in care homes are being reintegrated back into their biological families yearly. Evidence of this is shown below:

"Even now, this year, it will be like that, we return to the biological family basically three brothers, one only child, and probably one more girl, so five children this year."

This was also made clearer by my interpreter when she said:

"it depends, it can be an individual, or it can be a group of siblings. So, for example, this year, they are probably going to put back five children, so three

brothers, one boy, and then one girl, so three families. So, right now, they have 65 children. 65. So, three this year, they have taken about five back."

It is not a good result that an organization in the country reintegrates only 5 out of 65 of the children back to their biological families annually. The response gotten from the participants shows that the child is normally expected to spend like 6 months in the care facility but majority of them spend years in the facility while many may not return to their biological family again until they become adults and are made to leave the facility. This was made evidently clear by the following excerpt from the participant:

"Okay, so, like, usually, like, the best way, or, like, the typical way is to, like, court has a temporary decision, and they're supposed to, like, bring the children for six months. So, the process of, like, bringing the children and working with the family and resolving the problems should take six months. Then, if parent, like, usually this is the case."

"If the parent needs more time, well, then it's one year. But, she said that according to experience, if children is not brought back in one year, usually they stay in the centre. Then, if they stay in the centre, they are working and preparing them for, I don't know how to say it in English, but it's, like, substitute family.

So, for, they are bringing them to the substitute family, and or if the child is, like, free by law, they can be free for adoption. So, they have, they take care of children here in this centre? Yes, I think yes. ... If, what do you mean? Like, if they go to the substitute family or if they go... No, I mean, they have their own children."

5.3.5. Coping Mechanisms Adopted by Reintegrated Children

This study did not engage in the act of interviewing the children due to some legal technicalities that protect the child from such contact. It became so difficult, if not impossible, to get the needed legal permission that allows the researcher to interview the reintegrated children. But in order to mitigate this problem and to also achieve the aim of the research, which is to find out the coping mechanisms adopted by these reintegrated children, questions about the existing available social support for the children were directed to the parents/substitute parents and the practitioners. These questions about the available social support are aimed at finding out if the children receive any social support which will variably help them to cope with the negativity that comes with the reintegration in the reintegration process. Below are the available

social supports which enable the reintegrated children to cope with their circumstances as discovered through the interview.

Government Financial Support

As already stated in the previous findings, the government provides some amount of money to help the children. The finding has it that foster children who have attained the age of 18 normally receives life start-up payment from the government. The finding shows that a total of 1900 euro is given to a young person who is leaving substitute care at the age of 18. This below exemplifies that:

“And usually this is the time when the family takes them back, because they see the money. It's approximately 1,900 euros.”

Social Service Agencies

Findings also show that the reintegrated child copes with the new environment through the assistance provided by social service organizations. The excerpt below proves this:

“Local social services agencies often provide resources for reintegrated families, including financial assistance, housing support, and access to other essential services.”

Family counselling

According to the findings, reintegrated children and their families receive help, in the form of counselling from private organizations who provide this for free. The below proves that:

“Many organizations provide family counseling to assist the reintegrated children and their families with the challenges arising during the transition. The therapists work at improving communication, resolving conflicts, and building relationships within the families.”

Community and Nonprofit Organizations

“Some nonprofit organizations (like PREROD) work to support children and families across reunification scenarios through broad-based services. Advocacy support, recreational programs, and crisis intervention support are just a few of the potential services available from these organizations.”

The above statement was made by one of the participants to support the fact that community and nonprofit organizations also provide social support.

Child and Adolescent Mental Health Services

“There are specialized mental health services that address the psychological needs of the reintegrated children. These can include individual therapies, group therapies, and support groups dealing with trauma-related issues.”

The above statement was made by one of the participants to support the fact that there are also some existing mental health support for the reintegrated children and their families.

Educational Support Programs

“Some schools provide support. This can include additional tutoring, mentoring support, and educational services to help the reintegrated child catch up in school and adapt to school life.”

The above statement was made by one of the participants to support the fact that schools also provide social support.

5.4. Latvian Context: Main Findings

Introduction: Overview

The findings from the thematic analysis highlight the intricate nature of reintegration for children in foster care in Latvia. Successful reintegration requires a multifaceted approach that emphasizes familial relationships, access to support systems, cultural sensitivity, child-centric practices, and acknowledgment of the challenges faced by both children and families. Participants were asked about their perceptions of the concept of reintegration, challenges in reintegrating children and coping mechanisms adopted by the reintegrated children. Their experiences shed light on several themes which are presented in this section of this paper.

5.4.1. Participants’ Perspectives about the Concept of Reintegration

Questions were asked about the participants’ level of knowledge on reintegration, how reintegration should take place from their perspective, and what they think constitutes proper reintegration. The findings are presented in the themes below:

Participants	Text	Themes
L1	<i>“...reintegration seeks to reaffirm and intensify the attachment between the child and the natural family. It underscores family connection and</i>	Family Connection

	<i>fosters positive relations....”</i>	
L3	<i>“Proper assessment of the child's need and the situation of the family is conducted prior to reintegration so that it can formulate an individualized plan that addresses specific challenges and prepares the child and family for transition....”</i>	Assessment and Planning
L3	<i>“it is essential that the child and the biological family are given access to such services as family therapy, parenting classes, and counseling in a bid to ensure success. These interventions help address any issues that may have prompted the child's initial placement. Our aim as social workers is to provide that or direct them to organizations that can provide them....”</i>	Supportive Transition

Family Connection

Family connection is one of the themes derived from the thematic analysis which defines the act of reintegration. Participants view the act of reintegration as a way of reintegrating children back to their biological families which is necessary for their proper psychological and social development. Participant L1 statement gave support to this assertion when she said that: *“...reintegration seeks to reaffirm and intensify the attachment between the child and the natural family. It underscores family connection and fosters positive relations....”*

Assessment and Planning

Another theme developed from their response was the view of reintegration as a process of assessment and planning. L3 participant supported this by saying that *“Proper assessment of the child's need and the situation of the family is conducted prior to reintegration so that it can formulate an individualized plan that addresses specific challenges and prepares the child and family for transition....”*

The finding shows that workers in Latvia engage in the act of assessing the ready of both the child and the parents in to reunite. This is done by proper interview and visitation to the homes to ensure that there is no challenges that might hinder reintegration or lead to relapse.

Supportive Transition

Findings review another way by which reintegration can be conducted, and this was themed supportive transition by the researcher. Here, it is recognized that both the parents and the child cannot be reunified if there exists no external support to enable and accelerate reunification. Practitioners in Latvian help in providing support to both the child and the parents to make smooth the process of reintegration. They also engage in linking them to supportive resource systems that can provide the needed resources for reunification. This was made explicit by the response gotten from L3 when she said that: *“it is essential that the child and the biological family are given access to such services as family therapy, parenting classes, and counseling in a bid to ensure success. These interventions help address any issues that may have prompted the child's initial placement. Our aim as social workers is to provide that or direct them to organizations that can provide them....”*

Findings from Latvia shows that children and their parents are not just brought together during reintegration but are provided with social support, which is seen as a major part of reintegration.

5.4.2. Challenges in Reintegrating Children

Some of the greatest challenges associated with reintegrating children into biological families as reported by the reintegration professionals in Latvia are, parental readiness, stigma and community pressure, lack of resources, emotional attachment, unrealistic expectations, and educational difficulties. These are discussed below:

Participants	Text	Themes
L2	<i>“...parents may have personal problems</i>	Parental Readiness

	<i>like mental health, alcohol or drug addiction, or financial, that undermine their capacity to support the child. If parents are not properly prepared or facilitated, it can create a chaotic situation for the child upon reunification....”</i>	
L3	<i>“... some of these children feel that when they return to their community, they might be seen by their friends and former peer group as a problematic child, more like someone who just came out of a prison. Parents of other children may try to indirectly withdraw their children from the reintegrated child because the child is coming from a dysfunctional family....”</i>	Stigma and Community Pressure
L1	<i>“...if the substitute parents are good to the child and buys him toys, it will become difficult for the child to go back to their biological parent, especially when the substitute parents are rich or financially okay.”</i>	Emotional Attachment
L1	<i>“When these children are taking out of their biological homes, they leave their current schools and we will have to look for schools for them. Adjusting a new schooling environment will be difficult for some of them.”</i>	Educational Disruption

Parental Readiness

In Latvia, it is discovered that one of the major hindrances to reintegration process is the lack of readiness to fully take over the child on the parts of the parents. Participant L2 said that: *“...parents may have personal problems like mental health, alcohol or drug addiction, or financial, that undermine their capacity to support the child. If parents are not properly prepared or facilitated, it can create a chaotic situation for the child upon reunification....”* This clearly shows that for the reintegration process to become successful, there is need for the parents to be psychologically, emotionally and

financially ready to accept and take care of the child. When this is not the case, social workers may find it difficult to return the child to the parents and these might lead to the child staying in foster or substitute care longer than is necessary.

Sometimes parents may decide not to take back their child simply because they do not have the financial capability of taking care of the child so they prefer that the child remain in foster care so they can have an easy life. This has also been the reason why some parents become reluctant or even lazy to work hard to solve their problems and make themselves ready to accept their child.

Stigma and Community Pressure

The family may be stigmatized or discriminated against by the community, which may affect the reintegration process and the mental status of the child and the family. Stigmatization can reinforce feelings of isolation and limit community support for reunited families. It is discovered from the response of the participants that most children who have experienced foster care suffer from stigma from the community. L3 made this known when she said that:

“... some of these children feel that when they return to their community, they might be seen by their friends and former peer group as a problematic child, more like someone who just came out of a prison. Parents of other children may try to indirectly withdraw their children from the reintegrated child because the child is coming from a dysfunctional family....”

Not just the child, biological parents also suffer from this problem of stigmatization. The point is that community members use the problem of the family to view them as incapable or abnormal parents and they leads to stigmatization.

Emotional Attachment

Findings from the study review that emotional attachment is one of the problems that stands on the way of progress to reintegration. This attachment may come in many forms but specifically in a way that affects the reintegration of the child into his/her biological home. Children might get too attached to the substitute family or foster care and this makes it difficult for them to go back to their biological families and reunite. In this situation, reintegration becomes difficult because the child might have lost connection or attachment with biological parents. One participant had this to say in support of this claim: *“...if the substitute parents are good to the child and buys him toys, it will become difficult for the child to go back to their biological parent, especially when the substitute parents are rich or financially okey.”*

As found in the findings, emotional attachment happens when the child has found comfort in substitute care to the extent that the child finds it difficult to return to his or her biological family. This was confirmed by a participant's statement below:

“Children with trauma and disruption may result in emotional and behavioral challenges. These can be of the form of anxiety, attachment difficulties, or behavior problems, which make reintegration even more complex and require more support (S4).”

Educational Disruption

All the participants interviewed identified educational disruption as a major barrier to reintegration of a child. Educational struggles can aggravate emotional challenges and impact self-esteem, making the reintegration process more difficult. Children can have their schooling interrupted due to placement in foster care and have difficulty adjusting to a new school or catching up academically. L3 supported this by saying that: *“When these children are taken out of their biological homes, they leave their current schools and we will have to look for schools for them. Adjusting a new schooling environment will be difficult for some of them.”*

Reintegrated children can be disrupted in their education from having experienced substitute care. They can have breaks in their education, struggle to adjust to school life, or fall behind in their studies. Educational challenges affect their self-esteem and lead to disengagement with the school.

5.4.3. Coping Mechanisms Adopted by Reintegrated Children

Questions about the existing available social support for the children were directed to the parents/substitute parents and the practitioners as it was difficult to interview the children. These questions about the available social support are aimed at finding out if the children receive any social support which will variably help them to cope with the negativity that comes with the reintegration in the reintegration process. Below are the available social supports which enable the reintegrated children cope with their circumstances as discovered through the interview. These available social supports are shown below:

Family counselling

Participants indicated that reintegrated children and their families receive help, in the form of counselling from private organizations who provide this for free. To nurture positive relationships and foster a stable home environment for the child, families are engaged in counselling sessions which are aimed at providing therapeutic support to the families, address emotional issues, improve their communication pattern, and navigate any conflict that arises during reintegration process. This was confirmed by participant L3 who noted that:

“Before we take the children back, we try to organize a meeting with the parents and children where we handing and discuss issue that might affect the success of the reintegration. Counselling of parents on different emotional and psychological issue is made necessary to ensure that these parents are ready to handle the return of the child when given to them.”

To further prove this, participant L1 said that: *“our organization not only counsel the families, there are other organizations that intervene in counselling them, especially the parents of the child.”*

Educational Support programs

It was discovered through the interview that there exist some programs designed to help the child in re-engaging with their education, providing tutoring, mentorship, or counseling services aimed at helping them catch up educationally. According to the research, participants discussed how different educational programs are made available for children.

“...we try to make the school understand that this is a special child that needs special educational care. So they try to provide extra classes for them to meet up and also help those of them who are struggling academically due the trauma they face from the separation of their parents or due to separation from the substitute academic environment they have been used to....”

Educational support strengthens child's self-esteem and academic performance, which facilitates the readjustment back to school.

Mental Health Services

“Immediate access to mental health professionals, i.e., psychologists or counselors, whose services can help alleviate trauma, anxiety, or behavioral issues that children may face upon reintegration are also provided (L2).”

Participants[ants in this research indicated that there is access to mental health services for the children to harness their mental health issues like trauma, anxiety, or behavioral issues that may arise due to readjustment in the environment.

Life skills training

Courses that teach children and their families with fundamental life skills, such as financial literacy, employability, communication skills, and decision-making are available. Life skills training promotes independence and prepares children and families to manage everyday problems effectively as stated by one of the participants:

“no no no, even the children here go through different skill set training and even their parents also undergo training that help them to learn a lot like financial stability, communication skills and how to search and get jobs(L2)”

CHAPTER 6. DISCUSSION, CONCLUSION AND RECOMMENDATIONS

6.1. Discussion of Findings

Introduction

In this chapter, I discuss my findings in relation to previous research and the theoretical framework of my study. I discuss the findings in relation to the main research questions, which are: what are the methods used in reintegrating children into biological families? What are some of the challenges you face when integrating children into their biological families? Are there available social support systems for the reintegrated child? These questions are thus answered by the study's specific research questions. First, I focused on the existing models of reintegration, followed by challenges, the available social support for the children, and then I expanded on the comparative analysis of the models of reintegration in Latvia and Slovakia using the theories that guided this study.

This is the final chapter that brings the thesis close. I end by discussing the study's recommendations, then move on to future research recommendations, study limitations, and finally the overall report.

6.1.1. Models of Reintegration

Response received from the participants shows that these professionals really understand what integration of the child is. Both in Latvia and in Slovakia, the definition or perceptions of the participants indicates that they are well knowledgeable about the concept and practice of reintegration of children into their biological homes. The ability to describe reintegration and having a concrete definition of reintegration makes the concept easy to portray. Reintegration goes beyond transferring the children to their biological families. Findings shows that participants see reintegration process as a process that encompasses not only the child but also the family members and the environment to which they return (Routledge Handbook of Human Trafficking, 2017). In line with the definition by Lytvynova (2020), participants understand the concept of reintegration in social work parlance. In the context of social work, reintegration refers to the process of facilitating the return or reunion of individuals, families, or communities into a broader social context after a period of separation, displacement,

or exclusion. This separation could be due to various reasons such as migration, institutionalization, foster care, incarceration, displacement, or other circumstances that result in individuals or groups being apart from their families or communities (Lytvynova, 2020).

In attempt to find out the best reintegration model in practice in both countries, the researcher discovered that there is no best model of reintegration. Participant S1 in Slovakia indicated that:

“We don't have concrete methods, but we approach each individual and each family individually. For example, it depends on the reason why they had been taken into the organisation, into the centre. (4:33) For example, if the reason is that they don't have a house, they don't have a place to stay, a place to live, (4:42) then they work on how to resolve this, how to bring them back to their living. (4:49) If the reason is not good, like raising children, so they don't have a good family approach, (5:00) they do not raise their children accordingly or in the right way, (5:05) then they work on, for example, the skills of parents.(5:09) And they also work with the organization responsible for family systems. (5:15).

To further prove this, participant L1 said that: *“You have to distinguish what kind of parents they are. And according to that, the work with the family also depends....”*

This finding is in accordance with the finding of Jansson and Gunnarsson (2024), which suggests that social workers who use specific methods of practice for all clients are at risk of worsening the situation of their clients. This is also in tandem with the principle of individualization in social work practice, which promotes the uniqueness of every individual client and suggests that workers should examine the uniqueness of every client and their problems to determine the specific method of practice to be used based on evidence-based practice (National Association of Social Work, n.d).

6.1.2. Challenges to Reintegration of Children into Biological Families

One of the overriding challenges that cut across the two countries as seen in the research is the problem of stigmatization. In their work, Denov, Myriam, Marchand and Ines (2014) explored the role and impact of rejection and stigma on a group of 22 demobilized youth who had been part of an armed group in Colombia. Their findings confirm the findings of this study which indicates that after rehabilitation or institutionalization, young people face the problem of rejection and stigma from their

communities. Denov, Myriam, Marchand and Ines (2014) concluded with a discussion of the importance of addressing rejection and stigma at the local and national level through community sensitization, awareness, and reconciliation processes.

The findings also revealed that emotional attachment is one of the problems that stands on the way of progress to reintegration. This was seen clearly between the two countries in this study. This attachment comes in many forms, but specifically in a way that affects the reintegration of the child to his/her biological home. Children might get too attached to the substitute family or foster care and this makes it difficult for them to go back to their biological families and reunite. In this situation, reintegration becomes difficult because the child might have lost connection or attachment with biological parents. According to existing literature, many children who experience out-of-home placement develop attachment problems coming from the instability that they have experienced within their primary attachment relationships (Lecompte, V., Pascuzzo, K., & Hélie, S (2023). Best Interests of the Child Institute (2023) also buttressed this in their publication on the effect of attachment on the placement and reintegration of children.

Interestingly, findings from the research show that children spend excessive time in substitute care. One of the participants said that they were able to return only 5 children annually, out of 65 children in their facility. This was almost the same figure found across the two countries, and this shows that majority of the children in foster care stay longer in foster care. The point here is that these children are made to stay long in substitute and foster care thereby increasing the attachment they have for their substitute parents.

When it comes to the duration of institutionalizing a child in foster care, international organizations like the United Nations Convention on the Rights of the Child (UNCRC) emphasize that the best interests of the child should be a primary consideration in all decisions regarding child welfare, including the duration of care placements. This is consistent with the United Nations' Convention on the Rights of the Child (CRC) and the UNCRC General Comment No. 25 (UNCRC, 2021). But aside from this, some countries have specific laws around the care and well-being of children that identifies intervals for review and assessment of placements.

For example, most systems have regular reviews (e.g., every six months or annually) to assess the child's situation and discuss whether to extend, modify, or end the placement. It is believed that if this is in place in Latvia and Slovakia, the rate of reintegrating children back to their biological homes will increase because children are normally made to be in a biological home environment.

6.1.3. Coping Mechanisms Adopted by Reintegrated Children

The findings reveal that both countries acknowledge the need for continuing support services after reintegration through services such as family therapy, counseling, and educational support. However, the level and accessibility of these services varied significantly. Community-based programs in Latvia seem much stronger, often utilizing partnerships with local organizations for additional resources. On the other hand, facilities in Slovakia have more centralized support mechanisms, which could reduce the flexibility required when trying to work with specific family dynamics.

6.2. Comparative Analysis of the Models of Reintegration in Latvia and Slovakia

Findings indicates that the reintegration models of children from substitute family care institutions into biological families in Latvia and Slovakia reveal both specific practices and shared challenges, corresponding to the specific socio-cultural context of both countries. In Latvia, the reintegration model focuses on comprehensive family evaluations and gradual transitions with a strong focus on community engagement and support systems that are designed to foster relationships between children and their biological families. Latvian centers often utilize additional resources such as community partnerships and advocacy programs to enhance social acceptance and reduce stigma related to foster care.

Conversely, findings indicates that Slovakia's method of reintegration presents a family model like that of Latvia but with the added process of a formal follow-up. Slovak centers emphasize individualized reintegration plans more since these are developed for each child based on individualized needs while maintaining rigorous therapeutic intervention for addressing emotional and behavioral problems following reunification. Although both countries share these commonalities of prioritizing family engagement and emotional support, each country also grapples with shared challenges

including cultural stigmatization and trauma's impact on adjustment in children. However, varying availability of resources and differing community perception may lead to disparate levels of achievement in reintegration success. An examination of these models provides valuable insights into best practices and the need for tailored strategies that are responsive to the particular circumstances of each nation, eventually culminating in more effective strategies for supporting the successful reunification of children with their biological families in Europe.

Similarities in Reintegration practices

The findings indicate that practitioners in both countries clearly understand what reintegration models are. Both prioritize reunification of children with their biological families whenever possible. They emphasized the importance of keeping families together and supporting the child's best interests.

Both countries engage in the conduct of thorough assessments of the child's family needs and life before and while undergoing reintegration. This is achieved by determining any risk, resources, and available support systems within the family. They do this by not neglecting the role and importance of the child's family in the reintegration process. Practitioners in both states emphasize the inclusion of biological family members in the planning and decision-making process. Involving families serves to promote commitment and accountability throughout the reintegration process.

In both countries, social workers play a crucial role as process facilitators of reintegration, providing support, guidance, and ongoing monitoring to enhance the well-being of the child and family.

Also, they both have legal frameworks guiding the reintegration process with a focus on children in care's rights and protection, as well as coordinated strategies with various stakeholders.

Differences in Reintegration Practices

One outstanding difference discovered from both countries is that while Latvian practitioners emphasize proactive family engagement from the outset of the practice, practitioners in Slovakia may be more centered on institutional assessments which can sometimes limit direct engagement with families during early stages, though family involvement is also seen as an important part of the reintegration process in the Slovak practice.

In Latvia, the role of community resources is often more seen, with a focus on employing local agencies to provide backup and bridge-building within the community. This means that reintegration practices in the country have pronounced emphasis on community involvement. In Slovakia, communities may be supportive, but the institutions are likely to be more centralized, which can reduce flexibility needed to meet special family circumstances in the best way possible.

Children's reintegration practices in Latvia are regulated by specific laws and procedures that are oriented towards collaboration between various stakeholders such as governmental bodies, NGOs, and society. Legal practices in Slovakia also follow a similar pattern but can have unique procedures and time frames for assessment and intervention that vary by region.

6.3. Relationship of the Findings to the Theoretical Framework of the Study

The theories that guided this study were Bowlby's attachment theory, Bronfenbrenner's ecological theory and family systems theory. These three theories were used in the discussion of the findings, as indicated below.

In general, the findings indicate that reintegrated children face serious attachment to the substitute family or foster care institution. This is made manifest in both Latvia and Slovakia where the participants indicated that children get too attached to the substitute family or foster care and this makes it difficult for them to go back to their biological families and reunite. This is consistent with the attachment theory of Bowlby (1958), which postulates that such early attachments have a strong bearing on a person's development in terms of emotions and socialization throughout life (Shaver and Mikulincer, 2006).

Family is a system, and every member of a family is a subsystem of the family. In the family system, what affects a particular subsystem affects the whole system and vice-versa. Based on this idea, it becomes a problem to allow a child who is a subsystem of his/her family to be away from biological family for a long time (Thomlison, Maluccio, & Abramczyk, 1996). When children are taken away from their biological families, the attachment and bond they have with their biological parents may be redirected to the new substitute family and they build a new bond and attachment with the substitute family. As seen in this study, reintegration mandates these children to cut the new

bonding they have built with the substitute family and reconnect with their biological parents again. This might result in trauma for most children and this is also what the family systems theory postulates.

Furthermore, emerging data shows that these children are affected by their ecological environmental systems both positively and negatively. Firstly, findings show that these children suffer stigmatization stemming from the attitudes and behaviour of their ecological and social systems. These systems may include school, family, church, friends, workplace, local government etc. On the second hand, findings also show that both the children and their biological parents receive social support from these same systems. These two points stand to prove the position of ecological systems theory by Bronfenbrenner (1979), which postulates that the human development system is affected by various types of environmental systems at the level of the immediate environment and at a greater level by societal influences (Harkonen, 2007).

6.4. Conclusion

The comparative analysis of the facilities in Slovak and Latvian identifies the strengths and weaknesses inherent in both the models of reintegration for children from substitute family care. The study shows that the social workers working in child reintegration in both countries really do understand the concept and practice of reintegration, but aside that, findings also show that parties involved in the reintegration process face many challenges in the process.

Both countries, through the identification of best practices and challenges faced by the other country, can work toward the refinement of approaches to ensure improvement in the well-being of the reintegrated children and healthier family dynamics. Further research in this field is required to continue to create appropriate policies and practices to help these children reintegrate into their biological families throughout Europe.

6.5. Recommendations

Based on the results of this research, recommendations could be done to improve practice and better support children and their families in Slovakia and Latvia for successful reintegration from substitute family care. These recommendations are given to enhance practice, provide adequate support to the child and family members, and overall family outcomes.

Strengthening Family-Centered practices is necessary. There is a need to engage biological families early. Workers should include the biological families right from the beginning to ensure that a sense of ownership and responsibility is born and grow. Encourage family involvement in the assessment and decision-making process to boost trust and collaboration.

Family therapy should be inculcated into the standard course of the reintegration process to attend to relational issues at the core and mend communications among members.

There should be an increase in professional training. Professional development training for social workers, caregivers, and mental health professionals on trauma-informed care, attachment theory, and best practices in the successful integration of children is necessary.

Intersdisciplinary workshops should be encouraged. They should use support from workshops for professionals from all disciplines to enhance collaborative practices and share good practice in promoting reintegration.

Community resources should be increased. Increase access to community-based resources and services, including educational programs, counseling, and recreational opportunities for families after reunification. There should be opportunities for families to be linked with other resources within the community, support networks that offer advice, companionship, and material aid.

Gradual reintegration plans like phase-in reintegration should be introduced. This means encouraging staged reintegration where children have increasingly longer periods with their own families before the final discharge. That way, adjustments could be made with minimum setbacks and challenges that arise could be dealt with: Utilize Supervised Visits: When appropriate, include supervised visits in the transition process to monitor interactions, address concerns, and build a positive family dynamic. Address Stigma and Increase Awareness: Community Education Campaigns: Implement awareness campaigns that reduce stigma associated with state care and provide education on the benefits of reintegration. When the public is educated on the matter, it may be easier for families to be more accepted. Share Success Stories: Successful reintegration stories can serve as powerful examples to be shared with other families, besides helping to dispel misconceptions among the public regarding children coming from substitute care.

Routine Follow-up Assessments After Reunification: Regular follow-up assessments shall be conducted on the psychological and emotional status of the reunited children and their families to ensure timely support in case there is any issue. **Mechanisms for Feedback:** Provide channels of feedback for families on the experiences of the reintegration process. This information is important in understanding effectiveness and enhancing practices. **Promote International Collaboration:** Exchange Programs for Social Workers: Encourage cross-border partnerships and exchange programs between facilities in Slovakia and Latvia, allowing professionals to exchange information on experiences and best practices related to reintegration. **Collaborative Research Initiatives:** Encourage collaborative research efforts on the issues and solutions surrounding child reintegration in both countries, with a view to helping improve the evidence base that informs effective policymaking. Based on these recommendations, stakeholders in Slovakia and Latvia can work to contribute to more effective and supportive environments for the reintegration of children from substitute family care into their biological families in both countries and support better child and family outcomes.

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Appendix

INTERVIEW GUIDE

MODELS OF REINTEGRATION OF CHILDREN FROM SUBSTITUTE FAMILY CARE FACILITIES INTO BIOLOGICAL FAMILIES IN EUROPE: A COMPARATIVE ANALYSIS OF LATVIAN AND SLOVAK FACILITIES.

Section A

SOCIO-DEMOGRAPHIC CHARACTERISTICS

- Age
- Level of Education
- Occupation
- Name of organization (N.G.O)
- Would you like your organization to be mentioned?
- Role or Position in the organization (N.G.O)
- What type of clients do you work with?
- Have you being engaged in the reintegration of children?

Section B

Objective 1: To investigate and critically assess the various reintegration models currently in use in Latvia and Slovakia.

- How do you define reintegration?
- What are the methods used in reintegrating children into biological families?
- What measures are in place in case if the reintegration did not work?

Objective 2: To identify and analyze best practices within different reintegration models for children in Latvia and Slovakia.

- How must reintegration take place from your perspective?
- What constitute proper reintegration?
- Which among the reintegration models do you think is more effective in your practice?

Objective 3: To Investigate the challenges and limitations associated with different reintegration models.

- How many children have your facility successfully reintegrated into their biological families? As against the no of children
- From the time the child is taken away from the family to the time of reintegration is how long?
- What are some of the challenges you face when integrating children into their biological families?
- Do the children face any challenges after they have been reintegrated?

Objective 4: To identify coping mechanisms adopted by reintegrated children in relation to reintegration.

- How do you describe the psychological well-being of the reintegrated children.
- What were your expectations from the reintegration?
- Were your expectations met?
- Are there available social support system for the reintegrated child?

THANK YOU FOR YOUR TIME