

Young Adults' Perspectives on Their Experiences of Different Types of Placement in Romania



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To Florin, whose care trajectory debunks myths of foster care over residential care and private services over public ones. He was a special human being who read all the Harry Potter books during his childhood. He lost hope aged 20 and put an end to his life. And to others like him whose life stories will never be told in the way they would have done.

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ABSTRACT

This study explores the childhood experiences and transitions to adulthood of 39 Romanian care leavers and adoptees, born around 1989 - 1990. In the past, Romania's children in care became known to the world as 'the Romanian orphans' and some of them have been subjects to neurodevelopmental research studies focusing on the setbacks posed by institutionalisation in early life. This research project takes a different angle by:

- Using life history approach and therefore capturing the participants' in-depth accounts of how they recall their childhoods and the challenges they encountered in their transition to independent life;
- Exploring four different types of placements and how they affect transition to independent life, from a user's perspective.

The fact that Romania undertook reform of the child protection system within the timespan of this generation of children provided a research opportunity to collect the users' views on different types of placement that belonged to the unreformed system of the 1990s (large residential care and intercountry adoption) and the new types of placement (small group homes and foster care). For comparison purposes, I also included domestic adoption, a type of placement that was less controversial than the others at the time reforms were being introduced. Thus, the types of placement that are analysed through the research participants' accounts are:

- Residential care (institutions and small group homes)
- Foster Care
- Domestic Adoption
- Intercountry adoption

The study addressed two research questions:

1. How do Romanian born young people who grew up in care understand and narrate their experiences in different types of placement?
2. What narratives of agency are constructed by Romanian-born adults who grew up in different types of placement when they describe their transition to adulthood?

By taking an interpretive stance, this study brings in the academic arena the voices of care leavers and adoptees. By using narrative analysis and focussing on the concept of dignity by employing identity theories, the UN Convention on the Rights of the Child and the Capabilities Approach, the study makes an important contribution to knowledge, with implications for further research, policy and practice.

While interventions in child protection are influenced in each country by cultural, political and socio-legal factors, understanding the basic needs of children who are not raised by their birth families is important across different child protection systems. Therefore, the relevance of the research findings is not limited to Romania.

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Glossary of Terms for the Purpose of this Study

Camîn – residential care institution for children for children; used interchangeably with (Placement) Centre. It excludes small group homes.

Care – for the purpose of this study, care refers to the experience of growing outside their birth families, in residential care, foster care or adoption.

Care leaver – person who has past experience of residential care or foster care.

Child protection directorate – specialized service at county council in Romania that has the responsibility to provide services for looked-after children; used interchangeably to ‘**local authority**’.

Domestic adoptee – person adopted in Romania by a Romanian person or family.

Domestic adoption – adoption of a Romanian child by a Romanian family, in Romania.

Family type home – see ‘small group home’.

Foster care – Type of placement where the child is cared for by a person or a family, usually at their residence.

Institution – residential institutions for children, used interchangeably with *camîn* or (placement) centre.

Intercountry adoptee – Person adopted from Romania by a non-Romanian person or family.

Intercountry adoption – adoption of a Romanian child by a person or family who are not Romanian citizens, with the child being taken to the country where the adoptive parent(s) lived once the adoption was finalised.

Leagan – residential institution for children 0-3 years old (Romanian).

Local authority – see child protection directorate

Placement centre – residential institutions for children, 0-18 years old.

Residential care – care provided in institutions with dormitory facilities or small group homes for children who cannot be raised by their birth families.

Small Group Home – houses or flats in the community, accommodating up to 12 looked-after children under staff supervision; known also as ‘**Family type home**’.

Securitate – name of the secret police in Romania during communism.

Type of Placement – for the purpose of this study, ‘type of placement’ can refer to (large) residential care, small group homes, foster care, residential care, domestic adoption, intercountry adoption.

UNCRC – The United Nations Convention on the Rights of the Child

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About the Author

As someone born in 1968 Romania, I belong to the so called ‘decree’ generation, children born in the first years after the decree banning abortion was adopted. I don’t consider myself a child of the decree and I certainly belong to the crowd that would have been born irrespective of that. I was a student when the Revolution took place in Romania and this event placed me on a completely different professional trajectory than I would have had otherwise with my Geography and English studies in communist Romania.

In 1997, I was still in my 20s when I got the job of programme manager for civil society, human rights and democracy at the European Commission Delegation in Bucharest. It was a job I enjoyed until the beginning of 1999 when my line manager asked me if I minded taking the child protection file. Of course I didn’t! I didn’t mind more work and who wouldn’t feel privileged to work for underprivileged children?

With hindsight, the job was a lot more than checking that EU procedures were followed and that the money was spent according to the project documentation. In 1999 Romania’s institutionalised children continued to be a subject for the international media, and not only the Romanian authorities but the EU institutions were also questioned about what they were doing about it. It was the year when Romania’s childcare institutions were confronted with financial crises following a speedy decentralisation process that had started in 1997 which meant that local authorities lacked funds for basic running costs such as staff salaries, food and hygiene products. This was also the year when Gunther Verheugen became the EU Commissioner for Enlargement of the European Union and Emma Nicholson, MEP and vice president of the European Parliament’s Foreign Affairs Committee was appointed Rapporteur for Romania’s Accession to the European Union. My colleague in the Directorate General for

Enlargement dealing with the Romanian children was also new to the job. This was the context in which the Commissioner Verheugen and the European Parliament's Rapporteur, Emma Nicholson, introduced respect of children's rights as a condition for Romania's accession to the EU.

Until then, the EU funds had been primarily for humanitarian aid and improving conditions in institutions. A new approach was clearly needed and my job, as task manager, was very much to report on the situation in the field and to make sure that the EU funds for the reform of the system were not only compliant with the EU procedures but also that the newly created services that accompanied the closure of large institutions were compliant with the care provisions of the UN Convention on the Rights of the Child.

It implied working closely with the Government, visits and dialogues with the 41 local authorities to make sure that the messages coming from Brussels were understood correctly. In my travels, I tried to understand by extensive talks with the professionals in the field, who were the children in institutions and why they were there. The reform entailed a lot more than giving grants to local authorities to create care services. It involved rethinking the ways in which decisions on children were made. As any intervention, it required a deep understanding of the Romanian context and of what was going on in the field beyond the media narrative.

Being Romanian and working for the European Commission placed me in a unique position of advising the EU on Romania and translating EU messages to Romania. My knowledge was informed by discussions with those working in the field and with young people who grew up in care on one hand and by the knowledge that came from European consultants hired by the EU to provide technical assistance and guidance to Romania on the other hand.

In addition to grants for the setting up of small group homes, foster care schemes and other alternative services, the EU intervention included the funding of nationwide public awareness campaigns that aimed to instigate debates and inform both professionals and the public at large about the rationale of those changes. In addition to TV and radio spots, they included TV programmes, meetings with professionals at local level and talent competitions for children in institutions. This latter initiative allowed direct consultation about the reform with young people in institutions, in more informal ways than visits in institutions could provide. It also included training of professionals in understanding children's rights as a human rights issue and understanding of the UNCRC in the context of the European Human Rights Convention and EU expert advice to Romania during the drafting of legislation on children's rights and adoption. In my position, I benefitted from extensive dialogues with academics such as Professor Andrew Bainham, Professor Ursula Kilkelly and experts such as Judge Pierre Cornelis. During this time (1999-2006), Romania closed almost 100 institutions, including most of its institutions for children aged 0-3 years. It adopted new legislation on children's rights and adoption and it banned intercountry adoption.

Romania's accession to the European Union (January 2007) meant also the closure of the institution I worked for, the European Commission Delegation in Bucharest. Soon after that, I accepted the Prime Minister's offer to head the National Authority for the Protection of Children's Rights, a position I held until February 2009 when a new government came to power. I occupied that position as technocrat with the advantages and disadvantages of such a status in a country with a highly politicised administration.

I then moved into the third sector, taking the role of children's rights expert for Asociatia Children's High Level Group, (an NGO chaired by Baroness Nicholson) in 2011. In 2012, I started a MSt. in International Human Rights Law at the University of Oxford. It was through this Master's that I discovered academia as an alternative professional pathway. Moreover, I felt that the debates that occupy the child protection arena regarding the rights and wrongs of child protection systems would benefit from the views of Romania's care leavers and adoptees. They have grown up at a time when Romania was a test case in the field. As a former professional, I felt that this type of research would be worth the effort of a doctoral research study. Briefly, this is the story of how I decided three years ago to embark on this journey.

[Field notes]

18 October 2015

I got a call from the other girl with whom I had agreed in principle to meet. She is now with her friend and room-mate. She asks me why she should trust me. 'What if it's a cockup?' She passes me to her friend who says that she trusted people in the past and she was taken abroad and sold. Then she asks what do I have for them? I say, I don't know, what should I have? Bubbles, the answer is. 'What would we celebrate?' I asked.

In conclusion, recruitment is taking time and skills. I have only one interview agreed so far and some other promises. Tomorrow I am meeting the child protection director where I want to ask about young people who were in foster care and adoption.

As for residential care, it is clear that my hope is to go through the local charity who can facilitate the meeting between me and care leavers as the charity must be an actor they trust more. Many young people seem to have been used and abused and are very reluctant to speak to people they do not know. Unfortunately, they seem to have learned this lesson the hard way.

Chapter 1: Introduction

Situated at the Eastern border of the European Union, Romania has a population of 20 million people, including several ethnic minorities, the largest of which are the Hungarians, largely located in Transylvania, and a Roma minority across the country. Romania is one of the most religious countries in Europe, Orthodox Christianity being the main denomination (80%). Romanian is a Latin language which makes the country a linguistic island in the region.

A country with a wide variety of landscapes, rich in resources and a capital city that used to be called ‘Little Paris’, Romania’s care for vulnerable children had been provided as of the 18th century by churches and monasteries and it had before World War Two, ‘one of the most modern European welfare systems’. (Bejenaru, 2017, 172).

Romania experienced one of the most oppressive authoritarian communist regimes in the CEE bloc (Morrison, 2004). King Michael was forced to abdicate in 1947 by a Moscow imposed government and the country’s political, academic and spiritual leaders were put in prisons (as ‘enemies of the state’) where many of them were tortured and died. For almost half a century the Romanian people lived in isolation as travels to the Western world would be allowed only to selected and trustworthy members of the communist party.

During the Cold War it was the only country in the region that did not have any border with a non-communist state, which meant that most people had little or no opportunity to access alternative sources of information other than the state radio and television. Deletant (2006, 277) claims that ‘it was only with the fall of the Romanian Communist regime in 1989 that

the Second World War ... finally came to an end for Romania.' Post-communist literature often refers to the so called 'Romanian exceptionalism' (Tismaneanu, 1997), a feature suggesting that in many ways Romania has differed in its behaviour from the other countries in the Eastern bloc in its post-communist transition to democracy and market economy (Jerre, 2005).

Arguably, Romania had the most fearful dictator, Nicolae Ceausescu, who in the 1980s ordered the construction of the second largest building in the world as home to himself and his government. This in itself is a symbolic representation of centralization and his determination to concentrate power. Ceausescu ruled the country from 1965 until his execution during the December 1989 Revolution. The political regime was characterised by mass breach of human rights, in particular civil and political rights and an increasing impoverishment of the population.

Ceausescu's goal was to lead an increasingly populous nation in order to make Romania an independent state at least from an economic point of view by industrializing the country (Morrison, 2004). At the heart of his beliefs lay 'the new socialist person' (Kligman, 1998, 13), an idea of productive citizenship that the communist leader had sought from the beginning of his mandate, characterised by compliance with the state machinery, industriousness and adherence to the communist doctrine, aiming to create equality by banishing differences between people. To achieve that, a baby boom was needed in a country where birth rate had been in decline in the 1960s (Alexandru, 2008). It was in this context that Ceausescu decided in 1966 to ban abortion by issuing the infamous Decree no 770/1966 (Consiliul de Stat al Republicii Socialiste Romania, 1966) making sure at the same time that no other means of contraception were available on the market. According to it, only women

who already had four children or whose life would be put at risk by pregnancy due to pre-existent medical conditions or age were allowed to have an abortion. This was a local policy, not one imported from the Soviet Union (under whose sphere of influence Romania was at the time) as Russia had legalised abortions in 1955, nor from the West, which was embarking on the pill revolution and started to legalise abortion in the 1960s (Olteanu et al., 2003).

However, by labelling this policy as ‘population control to development strategies, as well as the right to self-determination’ Ceausescu made it sound anti-Soviet to the ears of Western leaders (Kligman, 1998, 14). After all, this was the time he took a stand against Russia and supported the Czech leader during the Prague Spring. Years 1967 and 1968 featured a sharp increase in the number of births followed by a slow and steady decrease. The children born in those two years were nicknamed ‘*decreteii*’, the children of the decree. The aggressive invasion of the state in women’s intimate life was the subject of Florin Iepan’s documentary ‘*Decreteii*’ (2004) and of Cristian Mungiu’s award-winning feature movie ‘4 Months, 3 Weeks, 2 Days’ (2007).

The implementation of the anti-abortion policy had entailed the creation of institutions such as the National Demographic Committee or the Superior Sanitary Council and had given new coercive prerogatives to bodies such as the Doctors’ College, involving police, secret police and prosecutors in monitoring its implementation (Jinga et al., 2011, 123). ‘The Ministry of Health had become a kind of police which had as its main goal the prevention of birth rate decrease’ (Olteanu et al., 2003, 200). The repression policy of criminalizing abortion was followed by incentives for women to have more than two children. According to the law, working single mothers, adoptive mothers or those whose husbands were disabled or away or those who had more than three children benefitted from special allowances, the exception

being those families where one of the spouses was considered ‘an enemy of the labour class’. Special protection was granted to pregnant women, breastfeeding mothers and mothers who raised more than five, seven or ten children (Olteanu et al., 2003). Despite protective policies on paper, lack of resources made their implementation difficult (Alexandru, 2008) and this aggressive pro birth policy led to Romania having in 1989 the highest maternal mortality rate in Europe (169.9 maternal deaths/100,000 births). Most deaths were caused by illegal abortions and most of these women already had children (Tismaneanu, 2006). As Morrison put it ‘politics in Romania governed women’s bodies, their reproductive capacities, and the babies they gave birth to’ (Morrison, 2004, 179).

In response to the growth in unplanned or unwanted births, the Government adopted Law 3/1970 (Marea Adunare Nationala, 1970) for the protection of minors. The law set up an interdisciplinary national committee for the protection of children whose parents could not care for. Although the law provided that placement in residential care was for those children who could not be placed with a family, in reality all children when entered the system were placed in large residential institutions. With the purpose of creating ‘a loyal labour force and *securitate* by stripping the children of their identities and ... their capacity to reach their fullest potential as human beings’ (Morrison, 2004, 179) many institutions had their capacity increased three to four times and many others were erected throughout the country (Alexandru, 2008; Jinga et al., 2011). Once staff was appointed, they had a vested interest in sustaining the institutions which were then filled with children. In some cases mothers were not allowed to take their children home if the child was born underweight or not healthy and they would be transferred to *leagans*, institutions for children 0-3, subordinated to the Ministry of Health. The state supported those women who served its goals: working and producing children. It did so by keeping salaries low and granting benefits depending on the

number of children and placing an extra tax on those over 30 and who did not have children. Single and unemployed mothers were not supported in any way and mothers having their children placed in residential institutions had to pay a fee. In 1972, an article in the Romanian women's magazine '*Femeia*' under the title 'Abdicating from the mother position', criticised the fact that children were accepted too easily into institutions (Tudose, 1972). In a name and shame tune, the article mentions the name of a mother whose child had been placed in residential care for two years and she had not paid the 5000 lei for this period despite the fact that she earned 1075 lei/month. This suggests that she should have paid slightly more than two salaries a year. The parent's obligation to pay appears to be a provision on paper with no evidence of it being implemented. Payment of fees was required also from mothers with no income. A decision on institutionalisation from 1984 (author's personal archive) reads:

'From the documents in the file, it is concluded that the mother of the minor is not married, has no income, her parents are dead, there is no one to help her to raise the child. The child is dystrophic and underweight. [Child's name] is currently in the hospital. It requires care which cannot be provided at home ... Since the minor is in a situation whereby her physical development and health would be in danger, a situation foreseen by art. 1 letter c of Law 3/1970 (Marea Adunare Nationala, 1970), a protection measure will be taken at the children's '*leagan*', as foreseen by art 5a of the same law. It obliges [mother's name] resident in [village name] to pay a contribution of 50 lei/month. This decision can be appealed within 5 days. The decision will be communicated to: parents, prosecutor's office, the child protection institution, sanitary directorate and the fiscal service.'

No social service is mentioned in the above document. In 1969, Ceausescu had dissolved the Social Work College 'as there weren't any social problems in Romania' (Alexandru, 2008, 15). In line with the socialist ideology, parents were obliged to raise their child 'in conformity with the aims of the socialist state, in order to make him/her useful to the collective' as stipulated in Article 101 of the Family Code adopted in 1953 (Marea Adunare Nationala, 1953). The Family Code foresaw that if the education of the child was not made in

devotion to the Popular Republic of Romania, the court could terminate parental rights (art. 109, Family Code/1953). It is not known how many children were taken into care for this reason.

Most children were placed in residential institutions (most of which hosted hundreds of children) due to poverty, neglect or for having disabilities, very few of them having deceased parents. Collectivisation of child rearing had been inspired by the Bolshevik ideology that aimed 'to ensure the upbringing of good socialists' (Morrison, 2004, 177). It is estimated that out of over 90,000 children in institutions in 1989 only 2% of the children in *leagans* and 8% of the children in institutions had their parents' written consent for adoption although many more were not visited by their birth families (Stephenson et al., 1997). Many of the children institutionalised in '*leagans*' had dystrophy, due to shortage of food and proper hygiene, a condition which worsened during institutionalisation. Dystrophy was recorded as the cause of 40% of deaths of institutionalised children under one year of age (Jinga et al., 2011, 226).

Despite the lack of reliable statistics, the fact that the authorities created dystrophic sections with a capacity of 50-80 beds in each hospital and dystrophic hospitals throughout the 1970s and 1980s is a significant indication of the extent of the problem. In 1987, 5283 children were on the record as treated for nutritional deficit, which accounts for 75% of the children with chronic diseases in *leagans* (0-3 years). Between 1983 and 1987, the infant mortality rate in Iasi (a county in Eastern Romania) reached 20.4 ‰ while the rate in the Iasi institution for babies was 60% (Jinga et al., 2011, 225-7). Most of the institutions were the responsibility of the Ministry of Health or the Ministry of Education, depending on the children's health.

During communism, Romania had no access to international literature (Morrison, 2004).

Attachment theories which influenced social work in Western countries were not part of the

policy thinking in Eastern Europe (Parker et al., 1991). There was no concern for the children's well-being or for them to maintain contact with their families. Some children had no identity papers (Iftene & Roberts, 2004). Children were transferred from one institution to another, sometimes to a different part of the country without their file and identity documents. These moves were not prepared and were traumatic to the children (Morrison, 2004). Families were not informed of these moves (Jinga et al., 2011). At age three, children were transferred to institutions run by the Ministry of Education (for 'normal' children) or Ministry of Labour (many of those with some physical or mental disability), 'which were responsible for turning them into productive citizens' (Kligman, 1998, 226-7). Institutions were isolated either geographically (many institutions for disabled children would be outside a village's inhabited area) or socially, given that tuition was within the same premises (Lataianu, 2003). As people's welfare overall deteriorated dramatically in the 1980s when Ceausescu decided to pay off the entire external debt of the country, conditions in residential institutions for children worsened. Although the number of children who died in institutions is not known because most children were transferred to hospitals when their condition became critical, it seems that overcrowding, lack of food, heating and hygiene were factors that contributed to a mortality rate which was higher than in the non-institutionalised population of children. The worst situations, according to the records, seem to have occurred in 1989 in the '*leagan*' in Iasi (40 deaths in one year for 600 entrances and exits) and in Cighid, 52 deaths out of 100 children (Jinga et al., 2011), the institution where the first images shown on television in 1990 were filmed.

The situation differed between institutions, with a higher risk in those for young or disabled children. Accounts of life in children's homes (residential institutions for 7-18) have been published by Romanian writers with direct experience, such as Dan Verona's novel '*Ingerii*

chilugi’ (‘The Bald Angels’), Marin Avram’s poetry (‘*Federeii*’ and ‘All Death Jazz’) or

Viorel Ilisoï’s reportage series ‘*O copilărie de neuitat*’ (‘An Unforgettable Childhood’).

These narratives speak about scarcity of food, peer and staff violence, about separation anxieties and loneliness but also about educational and club activities in arts, sports or crafts and about the fact that not everyone in the institution was abused or subject to violence.

Much of what they reveal is reflected in the findings of this current study. This is how Dan Verona’s book (which surprisingly passed the censorship of the 1980s) describes the children’s shock when they were given oranges for the first time:

‘By the time I held an orange in my hand I was 14. I’d read somewhere that oranges are to be eaten but who can trust everything written in books? I thought they were, at best, some terrific inventions for pharaohs... The boys, most of them, nearly swallowed their tongues. It was too much for us to be all of a sudden equal to pharaohs.’ (Dan Verona, 1982, 7)

At the end of 1989 two major political events took place which would have a profound impact on the lives of Romania’s children in care: the adoption of the UN Convention on the Rights of the Child in November 1989 (ratified by Romania in 1990) and the collapse of communism in Central and Eastern Europe which resulted in the opening of Romania’s borders to the West. This was soon followed by the exposure on TV of the appalling conditions in the country’s worst institutions for children with disabilities. Those harrowing images, with an extremely powerful impact on the viewers, would become iconic for Romania for many years to come turning the so-called Romanian orphans into ‘a foreign question’ (Jerre, 2005). The living conditions of Romanian children in institutions became a cause celeb. The wives of the Beatles (who organised fund raising events) and Michael Jackson (who visited an institution in 1993) were just a few of the many who gave international visibility to this issue. In Britain, an attempt by the Blue Peter show to fund-raise £600,000 for this cause in 1990 resulted in the collection of £6.5 million, the greatest

fund-raising achieved in the history of the show, an amount that proved too large to be managed efficiently in the Romanian context of that time. The money arrived in a poverty stricken country with rising unemployment (Dickens, 2009) where the waiting time for a television was three years and for a car six years (Morrison, 2004). A BBC report a decade later indicated that much of that money was wasted due to corruption (Clarck, 2000).

It is unknown how many children were in institutions in 1989-1990. Figures vary between 48,902 in 1989-1990 according to *Cartea Alba a Copilului* (Fundatia Copiilor Romaniei, 1997) with 11953 babies in *leagan*, 33595 in children's homes and 3354 in institutions for disabled children; and 125,000 (Jinga et al., 2011, 210), 158,078 in 1993 (Kligman, 1998, 228); 170,000 (Silver, 2014). These differences were caused by number of factors: poor record keeping, many institutions were overcrowded and had more children than the number of beds, inclusion criteria (e.g. hospitals or hospitals for dystrophic children or boarding schools for children with special needs that accommodated also children who were there only during term time) as well as a certain desire for sensationalism by Western media (Morrison, 2004) which fueled fund-raising in the Western world.

Although the institutions were popularised in the media under the name 'orphanages', attracting a massive interest in adoption, most of these children's parents were alive (Watkins, 1994) and only 4.2% of them were regarded as abandoned (Jinga et al., 2011). In addition to the many convoys of humanitarian aid, thousands of couples or individuals from the developed world travelled to Romania to adopt. In a country in which critical thinking had been forbidden for decades, nobody's intentions or expertise were questioned at either individual or institutional level. Books such 'Out of the Bulrushes' (McElderry, 1995) or 'The Story of Michael – A Child Rescued from Romania' (Fowler, 1991) or 'To Romania

with Love' (Albanese, 1992) describe the authors' encounters with 1990 Romania and the local people they came across in undertaking the adoption of Romanian children, revealing deep cultural clashes between locals and foreigners.

Intercountry adoption had been established in the 1980s, when Ceausescu would sign the adoption order himself, Romania sending about 100 children a year as a way to bring hard currency in the country (Kligman, 1998; Luca, 2017). Although the media narrative presented 'saving an orphan' as the main motivation for adoption by foreigners, both the literature and data collected in this study suggests that many of the children were adopted by people who had been considering adoption anyway and the fact that these were Caucasian children increased their interest (Kligman, 1998). Some of those who adopted from Romania were people who had been unable to adopt in their countries because they were deemed too old or unsuitable on medical or other grounds, or they had given up as the waiting list was too long (Albanese, 1992). As the prospective adoptive parents did not always find the children they were looking for in institutions, private adoptions facilitated by local middlemen grew exponentially reaching numbers that became concerning to Romanian authorities and international organisations (Dickens, 2002; Kligman, 1998), and leading to corruption and child trafficking. Once again, vulnerable women, who before 1989 had been under pressure to have children and to place their children in institutions during communism, were in the early 1990s targeted, coaxed and coerced by lawyers, family members, medical personnel or other middlemen to have their off-spring placed for adoption. In the book describing her adoption experience in Romania, McElderry (1995, 102) reveals how she observed in court that the birth mother's 'shirt was ... dripping with milk' although she stated in front of the judge that she had not bonded with the baby whom the author adopted. The same author

(McElderry, 1995, 48) describes an American woman travelling to a village to pick up ‘her’ child:

‘the car was mobbed by angry peasants yelling “Mercy! Mercy!” She fled and they had to find another child in another village for her. She says the entire village appeared to take part in the demonstration... They knew someone was coming to adopt a child and the villagers had decided to prevent it. They had a small child dressed in white that they held up and kissed repeatedly.’

In other cases, mothers were threatened that they would have to pay the travel costs of the adoptive parents if they changed their mind (Kligman, 1998). In at least one case, the mother was lied to by the lawyer that signing for adoption meant that she could emigrate and raise her children in France, the receiving country. When she realised that she had been cheated, she started a long legal battle to regain her children which she lost when the lawyer of the French families became justice minister in Romania (Stanoiu, 2002). In the 1990 frenzy, some of the parents believed that this was the best thing they could do for their child. The ‘Orphelins de Roumanie’ website published the letter of a birth mother writing to her baby-daughter at the time she gave her consent for intercountry adoption (<http://orphelinsderoumanie.org/rare-letter-to-a-mother-who-has-just-given-the-child-for-adoption/>):

‘[T]his letter is written by your mother and father, parents who gave life to you and who wanted the best for you. Irina, you, we and your parents, grandparents and brother and sister, we are all Romanian ... Please do not think that we did not want to keep you here with us. After your birth at home, you stayed with us only three weeks before being admitted to hospital and from there in a specialised institution for dystrophic children where you were expected to remain until the age of one year because you were suffering from a severe dystrophy.

But God always helps those in distress and brought us the mother who raised you. She came to our house, she saw how people lived: all in one room ... She asked me if I would agree to give you for adoption and let you live with her in Canada because she had no children and was anxious to have the smile of a child in her home. After discussion with your father ... and your grandparents ... I agreed. We were all in agreement because we all wanted the best for you and we were

sure that you could out there have the best conditions of life and you'd be far better off than here with us ... Please do understand our decision as the only hope for you to have the best and hope that you are well.'

Overwhelmed by this phenomenon, the Romanian authorities were reactive in their attempts to regulate intercountry adoptions by adopting legislation such as Law 11/1990 (Parliament of Romania, 1990) followed by Law 48/1991 (Parliament of Romania, 1991), the latter stating that only children from institutions, and registered with the Romanian Adoption Committee for at least six months, could be adopted internationally. This led to a decrease in intercountry adoption and pressure from the US government (Kligman, 1998) as a result of which the Abandonment Law 47/1993 (Parliament of Romania, 1993) was adopted to declare institutionalised children for whom no family visit had been recorded in the last six months as 'abandoned' and therefore adoptable. In its efforts to respond to international pressure on the children issue, Romania was also at the forefront of adopting international conventions in the field: the UN Convention on the Rights of the Child in 1990 and the Hague Convention on Protection of Children and Co-operation in respect of Intercountry Adoption in 1994, being a test case on how intercountry adoption 'operated to the detriment of the child protection system' (Bainham, 2005, 774).

Another geo-political factor that influenced policy making in the child protection field was the country's status as a candidate country to the EU, a process which started in 1993 and ended with Romania's accession on 1 January 2007. In 1997, the newly installed coalition government created a special government department, the Department for Child Protection, led by a junior minister who redesigned the children protection system by decentralising it (transfer of the child protection institutions to county level) and privatising intercountry adoption by transferring a large part of this process to private entities (adoption agencies).

As a result, each of the 41 counties and the further six sectors that make up the Capital, Bucharest set up a special directorate for child protection under the direct subordination of the county council and methodological coordination of the Department for Child Protection. In a first instance county councils took responsibility in 1997 for all the *leagans* and children's homes, adding later (in 2000) institutions for children with special needs (*camin-spital*) and boarding facilities of special schools. Child protection was the first decentralised sector in Romania and although this was largely appreciated by international organisations as a pioneering step into the right direction. However, some of the research participants' narratives include a few of its side effects such as change of procurement of food (from the institution to the county level), mixing-up 3-7 and 7-18 age groups and the fact that many teachers left the residential care homes, had a negative impact on children's lives.

Without a clear funding mechanism for the new system, partly relying on the funds generated by intercountry adoption through the newly created 'points system' which turned adoption into a regulated market of children (IGIAA, 2002), the reform led to financial collapse and favouring of intercountry adoption over other types of placement (Alexandru, 2008). This triggered a strong intervention from the European Union who conditioned the opening of the accession negotiations on the financial commitment of the Romanian authorities to the child protection system by covering basic costs and committing themselves to undertaking structural reforms in this sector (Jerre, 2005).

The EU took a carrot and stick approach in relation Romania's child protection sector. Romania was the only candidate country in the Eastern European block where respect for children's rights was a condition for accession to the EU (Iusmen, 2014; Jerre, 2005; Lataianu, 2003). During accession negotiations (2000-2006), the situation in the child

protection sector was closely monitored by the European Commission (who provided over 60 million Euro over this time span for the reform process) and the European Parliament whose rapporteur Emma Nicholson, Baroness Nicholson of Winterbourne issued a draft report in 2001 that raised issues related to corruption and child trafficking and called for suspension of negotiations if these issues were not addressed (Jerre, 2005; Neagu, 2015). This recommendation was not included in the final report, following the Government's commitment to address those concerns. Intercountry adoptions were banned in October 2001 to eradicate wide-spread corruption although a limited number of children continued to be adopted internationally as exceptions or 'pipeline' cases (Post, 2007).

Unlike the 1990s when the EU funds had been used primarily for humanitarian aid and little on training or other types of projects, the 2000s reversed this on the basis of the government's commitment to tackle reforms as part of the EU accession process. The funds were used for the creation of alternative services (training of foster carers, setting up of small group homes, mother and baby units and other specialised services) that led to closure of about 100 large institutions. Nationwide public awareness campaigns, training programmes and the drafting of the new legislation for the protection of children's rights and adoption under the guidance of legal experts from different European states, were developed in parallel with the creation of the alternative services.

A new legislative package was adopted in 2004: Law 272/2004 on Protection and Promotion of Children's Rights and Law 273/2004 on adoption (Parliament of Romania, 2004) absorbing the provisions of the UNCRC into domestic law and almost completely banning intercountry adoption. The new legislation banned the placing of children aged zero to three in institutions and extended the support for children in care from age 25 to age 26 if they

continued a form of full time education, and support for two years beyond age 18 if they didn't continue their studies. Intercountry adoption was only allowed to second degree relatives, this provision being modified later to allow intercountry adoption if at least one of the adoptive parents is a Romanian citizen. In addition to these, the legislation banned corporal punishment of children, included professionals' obligation to report abuse, and included provisions on contact for children separated from one or both parents.

The political changes that took place in Romania over a period of 18 years between 1989 (the year of the Romanian revolution) and 2007 (when Romania joined the European Union) impacted on policies and ultimately on interventions that shaped children's lives and care experience. Romania's children in care born in 1989 became adults in 2007. Many of them lived through these changes which affected their transitions to adulthood. The decisions on the type of care they went into and their care experiences were strongly influenced by this turbulent context as '[no] single intervention is free of the context' (Shlonsky & Benbenishty, 2014, 6). The turmoil of the 1990s and early 2000s described above influenced policy, decisions made on the protection of children separated from their parents, the quality of their care and ultimately their adult life. The following stages can be distinguished throughout this time span:

- 1990-1997: an unregulated period dominated by humanitarian aid and unregulated intercountry adoptions from institutions and vulnerable families. Most looked-after children lived in large residential institutions subordinated to Ministry of Health, Ministry of Education or Ministry of Labour. Training of social workers and foster carers and setting up of small group homes started on a small scale in the mid-1990s.

- 1997-2000: decentralisation of the child protection system and the setting up of specialised child protection services at county level under the methodological coordination of the new Department of Child Protection. This was followed by shortage of funding and exponential growth in intercountry adoption through a points system allocating children to adoption agencies with the intention that the funds obtained through intercountry adoption would be a source of income for the child protection system. Foster care was introduced in 1998 but it was mostly used as a short term placement for children that were going to be adopted internationally. During this period, Romania approved the implementation of the Bucharest Early Intervention Project (Nelson et al., 2014), a longitudinal study that suggests that institutionalisation at early age leads to negative long-term effects, and which could not have been done in any country where research is governed by ethics services (Fins, 2014), and which started in 2000, at the same time with the structural reforms that replaced institutions with alternative.
- 2000-2007: reform of the child protection system by replacing large residential institutions with alternative services such as foster care, family type homes or services aiming to prevent the institutionalisation of children; adoption of new legislation on children rights and adoption, excluding intercountry adoption almost completely. Despite being recognised as a model for the region for the reform undertaken prior to the accession to the European Union, critics pointed cases of insufficiently prepared deinstitutionalisation or forced reintegration in birth families to whom they were not attached (Bejenaru, 2017). Currently, Romania's child protection system has an institutional and normative framework that is comparable with those in many other Member States of the European Union.

After 2007, Romania continued the deinstitutionalisation policy, giving priority to extended family or foster care placements. Residential institutions continued to be closed down and replaced with small group homes. Intercountry adoption continues to be limited to Romanian

citizens despite the controversial recommendations of the Committee on the Rights of the Child that Romania should reopen intercountry adoption (Neagu, 2015; CRC, 2017).

In March 2016, Romania had 57,581 children in care, significantly lower compared to 1990, and close to the average for the region (Stanculescu et al., 2014). These children were in different types of placement: 23,267 in foster care or placed with families (of which 18,815 placed in foster care), 20,156 in residential care (institutions or small group homes, including boarding schools for children with special needs) and 14,158 in kinship care (cf. www.copii.ro). Institutions host a much smaller proportion of children compared to the early 1990s (ibid.).

Despite its EU Member State status, the Romanian authorities have not fully taken ownership of the child protection policy and this sector has remained to some extent ‘a foreign question’. A strong feeling of ‘West knows best’ (or at least better) continues to drive policy in this field. Alongside other CEE states that started reform much later, Romania is part of the Opening Doors campaign initiated by international NGOs and supported by celebrities such as J.K. Rowling and hedge banker Arpad Busson, founding chairman of Absolute Return for Kids (Ark), a charity ‘whose purpose is to transform children’s lives’ in Eastern Europe (cf. <http://arkonline.org/>). The campaign advocates the closure of all residential institutions (by 2022 in the case of Romania) particularly in Central and Eastern European countries, channeling EU and World Bank funding and leverage towards that aim. In a country that is heavily affected by migration and economic crises, the complete closure of residential institutions is an ambitious goal that much more affluent European countries will not even consider.

The Current Study

This study aims to capture the perspectives of young people with experience in the following types of placements:

1. Residential institutions: institutions that provided care to dozens of children at any given time, most of them accommodating over 100 children and some as many as 500 children in the early 1990s. Children lacked personal items.
2. Family type homes or small group homes: smaller settings that were created initially by NGOs in the 1990s and later by local authorities as part of the reform process. They could either be grouped together, as in the case of the ‘SOS Children Villages’ model, or integrated in the community such as flats in residential blocks. They accommodate up to 12 children each.
3. Foster care: introduced in the late 1990s, foster care was initially used as an interim placement mostly for children who were going to be adopted internationally. Initially, many of the foster carers were paid by adoption agencies and the costs were taken over by local authorities when the intercountry adoption ban was introduced. Most foster carers are selected, trained and monitored by local authorities.
4. Domestic adoption: the child was adopted by a family living in Romania. Romania has only full adoption. Domestic adoption has been dominated by secrecy, a practice that has only recently started to change.

5. Intercountry adoption: children adopted from Romania by a foreign family and taken to the country where the adoptive parents lived once the adoption was finalised. As explained in this chapter, this type of placement was used on a large scale between 1990 and 2001 after which it was restricted to exceptional circumstances.

The fact that Romania has been in many ways a test case and it undertook massive reforms under the influence of different stake holders, running contested types of placements in parallel with modern ones, provides an important research opportunity to explore the views of those who experienced the changes first-hand and their perspectives on the implications of having lived through these care experiences on their adult lives. The study addresses this gap in the academic literature.

[Field notes]

19 October 2015

Monday morning. My first meeting is with the child protection director. It is more of a courtesy visit to thank her for sending me a long list of contacts of care leavers. She said she knew my name but we had never met as she is new in this position.

As the taxi stopped in front of the child protection offices, I had an epiphany. This used to be the building of the 'leagan'. I remembered visiting this institution in the early 2000s. It had at least 150 babies and toddlers. How irritated the director of the institution was about the visit as she knew that the EU was asking for closure of institutions... The good discussion we had with the president of the county council... And I remembered the endless number of rooms with babies staring at the walls and toddlers trying to crawl out of their rooms... Visiting a 'leagan' was always such an upsetting experience... I stood there and stared at that building with past, present and future getting all mixed up in my mind.

Chapter 2: Care, Dignity and Identity in Different Types of Placement

This chapter describes the types of placement explored in this study and reviews international and Romanian literature on outcomes of the different types of placement. Studies that reflect care leavers' voices are reviewed in a separate subsection. The chapter then explores concepts of care and identity and exams identity theories. It proposes a conceptual framework that combines identity theory with the Capability Approach and links them to the UN Convention on the Rights of the Child to analyse the participants' care experiences in different types of placement and their impact on adult life. The chapter concludes describing the gaps in the literature addressed by this research and formulates the research questions.

2.1 Introduction

On entering care, children who are separated from their families are placed in one of the following types of placement: residential care, foster care or adoption. The extent to which different countries' policies prioritise one type of placement over another is determined by socio-economic factors, cultural traditions and political ideologies (Gilbert et al., 2011; Parton, 2014). Without being categorical, the UNCRC phrasing that 'care could include, inter alia, foster placement ... adoption or *if necessary* placement in *suitable* institutions for the care of children' (my emphasis) suggests a certain hierarchy of these types of placement (UN General Assembly, 1989, Article 20). The increasing preference towards permanency is a challenge to resources that could otherwise be used on work with birth families to prevent the children's removal from them (Boddy et al., 2014). Overlooking the complexities of childhood in different cultural contexts (Boyden, 1999), the UN Guidelines on Alternative Care (UN General Assembly Resolution, 2009) 'seek in particular to ... support efforts to keep children in, or return them to, the care of their family or, failing this, to find another

appropriate *and permanent* solution' (my emphasis), reflecting the Western approach that regards adoption as a gold standard (McSherry et al., 2016). This is a trend critiqued by some scholars who advocate for local policies in this field (Quiroga & Hamilton-Giachritsis 2014).

This study explores care experiences of Romanian born care leavers and adoptees with experience in the following types of placements: residential care, foster care, domestic adoption and intercountry adoption, as defined below.

Residential Care is provided either in residential institutions that host between about 30 to about 200 children, or in small group homes that host up to 12 children. Irrespective of their size, the institutions have staff that work in shifts. In Romania, children in out of home care may remain in residential care until age 26 if they are enrolled in full-time education (Parliament of Romania, 2004). Those who do not continue education receive support for two years after they finished education. In 2005, when new legislation on children's rights and adoption started to be enforced, children under age three cannot be placed in residential care (idem).

Foster care is a type of placement where children are cared for by a family that is not related to the child and which is trained, recruited and monitored by the state to provide full time care for the child, at their home. According to the Romanian legislation, foster care is regarded as a temporary type of placement but, fostered children may benefit from the same protection received by children in residential care beyond age 18 (Parliament of Romania, 2004).

Adoption is a type of placement in which the child's legal ties to their birth family are cut and replaced with those of the adoptive family. It involves change of the child's family name and the adoptive parents may choose to change the child's first name. It is regarded as a permanent type of placement. Closed adoption (in which the child has no contact with the birth family) is the only type of adoption stipulated by Romanian law (Parliament of Romania, 2012). Adoptees willing to access their records during adulthood may do so on the basis of a judicial order.

Intercountry adoption is a type of placement in which the child is adopted by a family living outside the child's country of origin and in which the child is raised in the country where the adoptive family resides. In the 1990s, Romania became one of the main sending countries (Jonathan Dickens, 2002; Kligman, 1998), several international organisations raising concerns that it led to child trafficking (Neagu, 2015) In 2001, Romania introduced a moratorium on intercountry adoption and current legislation, although some exceptional cases were approved by the government. Currently, intercountry adoption is allowed only if at least one of the parents is a Romanian citizen. Intercountry adoptees, adopted as of 1999, lost their Romanian citizenship by default. Since 2001, intercountry adoption of Romanian children has been restricted to exceptional circumstances and currently at least one of the adoptive parents must be a Romanian citizen. Recent legal changes introduced new restrictions for adoptees who wish to search for their birth families using administrative routes.

2.2 Care and Types of Child Protection Placement

Before exploring literatures on outcomes of care, I shall draw on literature situated in moral philosophy to explore the term 'care' in the context of this study. The preamble of the

UNCRC states that ‘the child should be fully prepared to live an individual life in society’ and makes reference to the UN Charter that brings together the fundamental human rights values: peace, dignity, tolerance, freedom, equality and solidarity. In Article 3, the UNCRC requires states ‘to ensure the child such care and protection for his or her well-being’, implying children’s well-being as duty of the state for all children, including children in care. Although there is no agreed definition on well-being (Selwyn, 2015) and different scholars and organisations frame it in different ways, there is a scholarly understanding that it is a broader concept than happiness (Herring & Foster, 2012), which implies functionality (Sen, 2006) and human flourishing (Nussbaum, 2011). Herring & Foster (2012) argue that well-being involves achievement and virtue, autonomy, interconnectedness and valuable life goals, something which many people aim for, ‘not just for themselves but for those they *care* for’ (ibid. 487, my emphasis).

In the child protection field, care is also defined more narrowly as the state’s intervention in family life and where the state takes responsibility for the care of children and in the case of adoption, transfers it to another family regarded as suitable in accordance with set standards. For looked-after children, care is the expression of a relationship between child and adoptive parent or carer, and recent approaches tend to consult children on their understanding of well-being (e.g. Wood and Selwyn 2017; Statham and Chase 2010). Mayeroff (1971) anchors care in the realm of ethics, claiming that the essence of care is to help another person to grow, as opposed to using the other person. According to Noddings (1984) caring should be at the basis of ethical decision making. This perspective is particularly helpful in reflecting on the care of children given that, as mentioned in Chapter 1, vulnerable children can attract a lot of media attention, leading to policies that respond to sensationalism and emotionalism rather

than being based on rigorous evidence about the needs of children and which are built around cases (Warner, 2015).

As a legal scholar, Herring (2013) suggests four specific markers for the provision of care: meeting needs, respect, responsibility and relationality. From an ethical standpoint, both Held (2006) and Herring (2013) acknowledge the role of emotions such as sympathy, empathy, trust and sensitivity in a caring relationship. Feelings or ‘attachment’ are particularly important in the relationship between a child and their carer given the inequality this type of relationship is embedded in (Gilligan, 1988, 5). Gilligan claims that ‘the concepts of attachment and separation, that depict the nature and sequence of infant development appear in adolescence as identity and intimacy and in adulthood as love and work’ (Gilligan, 1982, 151). The empirical data collected in this project covering 20-30 years of 39 lives affected by separation provides a good opportunity to test this hypothesis.

The encounter between children and their carers is always a professional as well as a personal one and successful placements are often related to good matching (Sinclair et al., 2005). While love is often a presumption in adoption, some foster carers were required explicitly not to get attached to the child they were fostering and there was no expectation of attachment in residential care, building an in-depth understanding of how young people perceive the relationships between them and their carers and the feelings that governed them. In that sense, the study offers the potential to test whether love, attachment and empathy ironed out the inequality this type of relationship entailed.

Many studies on different types of placement measure the quality of care using different outcomes (e.g. Kääriälä & Hiilamo, 2017; Osborn & Bromfield, 2007). They tend to be

indicators used to compare what children in care achieve compared to the general population. But defining outcomes and indicators of achievement is a complex exercise. Several authors (Felton, 2005; Jackson & Kilroe, 1995; Parker et al., 1991) note that outcomes may vary depending on the stakeholder's perspective: public, service providers, professionals, families and children. Consequently, the perception of the same service may be very different. For example, service providers may be interested in clear, quantifiable, short-term outcomes but might lose sight of the importance of longer term outcomes (Parker et al., 1991). Their sets of indicators include fairly clear criteria such as those set out in a previous English government's 'Every Child Matters' policy: being healthy, staying safe, enjoying and achieving, making a positive contribution and achieving economic well-being (HM Government 2003; Holmes and McDermid 2012). For the purpose of this study, what matters is the perception of care leavers and adoptees of their care experience. This is why the definition of outcomes proposed by Glendinning et al. (2006, 2) as 'the impact or end result of services on a person's life' is most relevant. According to them, the care experience should respond to the aspirations and goals of the service users. This approach is particularly relevant to this study which implied reflection of the research participants on the impact of care upon their current life.

2.3 Outcomes of Different Types of Placement: Review of the Literature

Despite the fact this study is concerned with the care experiences and current life of research participants rather than specific outcomes that are of interest to policy makers in particular, it is important to understand how the impact of care is reflected through outcomes in other studies of different types of placement.

Much research has been conducted over the last decades to understand outcomes of various care interventions. This section draws on international research as well as research carried out in Romania and is based on searches using Medline, ProQuest and IBSS databases, Central and Eastern European Online Library - CEEOL Journals, and grey literature. The terms searched were, 'outcomes care' and 'outcomes adoption', 'voices care-leavers' and 'voices adoptees'. Research comparing different types of care were considered relevant and reviewed separately. Although the reviewed literature was mostly in English and Romanian, this section covers research conducted in many European countries as well as Canada, USA, South America, Australia and some Asian countries (Russia, Korea, China, Hong Kong), the latter in the context of intercountry adoption.

Compared to the general population, young people with care experience are at increased risk of experiencing homelessness, criminal offences, mental and physical health issues and suicide attempts (Greeson et al., 2015; Jackson & Martin, 1998; Mendes & Moslehuddin, 2006; Vinnerljung et al., 2005). Some studies have attributed negative outcomes to the effects of institutionalisation (Kreppner et al., 2010; MacLean, 2003), but literature on foster care suggests that this type of placement does not come without challenges (Lockwood et al., 2015; Meakings & Selwyn, 2016). It appears that an important feature of the quality of care is the relationship with the carer rather than the actual type of care (Holland & Crowley, 2013).

Concerns with poor outcomes of care leavers in England, USA and other countries have stimulated over the last decade research and interventions that aim to explore risk and protective factors that could lead to improved outcomes and successful transitions to independent living (Healey & Fisher, 2011). Irrespective of whether he or she grew up in residential or foster care, each individual care leaver needs support that responds to his or her

specific needs, so that they are able to deal with the multiple challenges they each face. These challenges may include inadequate support, an inability to identify available support (Melkman, 2017), rushed transitions riddled with uncertainties (Dixon, 2008; Hollingworth & Jackson, 2016; Stein, 2008), and uncoordinated or not sufficiently individualised support (Coman & Devaney, 2011).

According to Stein (2012) care leavers fall under three categories: moving on, survivors and strugglers. Belonging to one group or another depends on the quality of care and on how much support and mentoring a young person received during his or her transition to adult life. While these findings may apply to care leavers in many countries, cultural differences and specific local policies may have a significant influence on care leavers' transition to their adult lives. Such differences became apparent in the study of care leavers in 16 different countries coordinated by Stein & Munro (2008). For example, care leavers in Spain will rely on the extended family much more, whereas in Norway, care leavers will benefit from universal family support services (Stein & Munro, 2008).

Cross country studies such as YIPPEE (Young People in Public Care: Pathways to Education in Europe) which covered five countries (England, Denmark, Sweden, Hungary and Spain) suggest that although the child protection systems differ in each country, the looked-after children have similar difficulties, and only a minority of them managed to follow the normative pathway (Jackson & Cameron, 2012). One of the key scholars in the field, Pecora (2012) made a series of recommendations in order to address the poor educational outcomes of looked-after children. These include placement stability (preference to family placement and as close to home as possible), financial assistance for foster children to access further education, better adult connections to guide them into adult life, better preparation for adult

life by providing concrete resources (e.g. driving license), addressing mental health problems and the option to stay in foster care beyond age 18.

Countries like Canada, Australia, England and the USA as well as some European countries including Romania introduced in the 2000s policy initiatives that aim to ease the care leavers' transitions to adulthood. Some scholars advocate that research in this area should draw more on theory and others propose models for a shared understanding (Coman & Devaney, 2011; Hollingworth & Jackson, 2016; Stein, 2006).

2.3.1 Residential Care

Residential care is used differently in different countries. In many European countries it is a choice (Ainsworth & Thoburn, 2014), whereas in England and in the USA it is used as a last resort (Courtney & Iwaniek, 2009; Petrie & Simon, 2006) preference being given to foster care until the child is reintegrated in his/her family or is adopted. There is a tendency to treat residential care as inferior to foster care, because of its association with abuse and poor outcomes (Gilbert et al., 2011; Jackson & Martin, 1998; Mollidor & Berridge, 2017).

However, these claims are not necessarily supported by research. Individual children in care may have different needs and this will sometimes make it difficult for them to respond to another family (Mollidor & Berridge, 2017). According to Schofield et al. (2016) its place as last resort type of placement needs to be reconsidered. In addition, foster care may pose a question of capacity or availability of places that are able to respond to specific needs.

Exploring multi-country comparisons, Ainsworth & Thoburn (2014) support the claim that some children prefer group care settings where their therapeutic needs are met, and warn that in Australia, the shrinking of the residential care system led to children experiencing multiple foster placements.

The way in which residential care is provided and experienced depends on its cultural context. An Australian study which explored the experiences and perspectives of young people in residential care (sense of safety, normality, support, comfort in general living environment, participation in decision-making and improvements in well-being) found that most respondents felt safe and well-treated, and they were satisfied with the care and support provided by the staff (Southwell & Fraser, 2010). Llosada-Gistau et al. (2014) conducted a study in Catalonia that compared the subjective well-being of adolescents in residential care to that of the general population. They found that adolescents in residential care scored significantly lower mean satisfaction compared to children in the general population. In Portugal, a study that assessed the needs of young people in residential care by their accounts indicated that their needs were related to their living situation, social and family relationships, and education (Calheiros & Patrício, 2014).

In Romania, there is limited research on outcomes of residential care, partly due to the fact that data on care leavers is not collected. Residential care institutions in Romania are mostly occupied by adolescents or young adults and placements in this type of care tend to be long-term (Anghel & Dima, 2008). Despite the fact that the Children's Act (Law 272/2004) provides care until age 26, insufficient resources lead to poor enforcement (Dima & Skehill, 2011). Stigmatised by society, those in residential care tend to perceive the lack of support for transitions to adulthood as 'second abandonment', and many of them live a life of instability and insecurity (Dima, 2014). Research suggests that the lack of support is compensated for partially by the care leavers' informal peer group, which is usually comprised of eight to nine people on average (Dima & Skehill, 2008).

Although most children in residential care in Romania know at least one member of their birth family and maintain some form of contact, they do not regard that to be of high importance. Only a small proportion consider family reintegration as an option, not least because their families may have poorer living conditions compared to the conditions that they have been used to in residential institutions (Bejenaru & Tucker, 2017a).

Not many studies make specific reference to group homes or family-type homes. Although they provide conditions which are closer to those in a family, they tend to be treated as residential care (Schofield & Simmonds, 2015). They are seen as costly and failing to offer enough continuity (James 2011). However, there is some evidence that children in group homes are able to engage better with the staff compared to those in large institutions, and they develop open communication and trust (Rabley, Preyde, & Gharabaghi, 2014).

Moreover, some see them as a viable option at least until a suitable placement is identified (James, 2011). A study based on data collected in 1999 (Rus et al., 2017) carried out in different types of institutions in Romania, found that children in family-type institutions reported as much or more abuse compared to traditional institutions, that abuse in mixed institutions was lower than in gender based ones but peer exploitation was lower in family type institutions compared to old style ones. A study more recently undertaken, based on views of those in residential care in Romania (Bejenaru & Tucker, 2017b) provides more substantial evidence on current life in residential care, pointing out many positive aspects such as strong relationships with staff in particular in small group homes, children enjoying living together, having strong friendships and doing things together, appreciating school supplies and other basic items. At the same time, some staff still use physical punishment (e.g. pulling ears), don't take seriously complaints of bullying, gossip about the children, and

do not always respond to their medical needs. Children were concerned about the risk of being returned to their birth families and they did not feel that their views concerning moves into a different placement (regarded as a very stressful event) were considered. The fact that they wore similar clothing was seen as a factor that triggered their stigmatisation and prevented them from developing relationships outside the institutions.

2.3.2 Foster Care

Foster care may bring challenges despite often being regarded as a more suitable type of placement than residential care (Goemans et al., 2015) as it provides children with a family setting. Foster care requires children to deal with two sets of parents and what might be competing loyalties. This may have impact on their mental health and emotional wellbeing (Chapman et al., 2004). In addition to this, several placement changes may affect children's stability (Oosterman et al., 2007; Rock et al., 2015). It may result in changes of school, which can affect educational attainment (Sebba et al., 2015). Studies on causes of poor outcomes identified that these may vary widely between individual children (Courtney et al., 2016). Several studies exploring risk and protective factors related to outcomes, identified that one-size-fits-all approach is not efficient, and that young people need support that is specific in approaching childhood at their pace (Courtney et al., 2016; Rutman, 2016).

England, USA, Canada and other countries that use foster care extensively have introduced policies aiming to improve the chances of young people in care to reach better outcomes in adult life. Initiatives such as the Staying Put programme (Munro et al., 2012) or measurement of differentiated support policies (Courtney et al., 2016) have shown that when young people have received individual support and when transition happened at a slower pace, they managed to achieve considerably better outcomes (Courtney et al., 2016; Munro et al., 2012;

Stewart et al., 2014). Empowering young people in care by involving them in decisions concerning their life and in policies that concern them is a prerequisite for their success (Affronti et al., 2014; Liabo et al., 2017).

A systematic review (Gypen et al., 2017) on the outcomes of children who grew up in foster care in different countries (USA, Australia, England, Denmark Sweden, Hungary, Belgium) found that foster care leavers struggle in their transitions to adulthood and that protective factors include stable foster care placements, support for educational attainment and having a mentor during the transition to adulthood (Gypen et al., 2017).

A study conducted in France (Dumaret et al., 2009) on outcomes of long-term foster care shows that the majority of those interviewed had managed to overcome childhood adversities. This study assessed care leavers' professional status and social and family relations. It is interesting to note that in terms of family relations, the participants tended to favour the relations either with the birth family or with the foster family and only very few maintained contact with both families. Positive findings on long-term foster care have been identified also in Australia, where the emotional, behavioural and educational outcomes in a longitudinal study have improved as children progressed in their placements (Fernandez, 2008).

Undertaking a qualitative study on functional adaptation to foster care, Affronti & al. (2014) found a number of features that were important for children in foster care: not to feel marginalised, to feel that their foster parents are committed to their well-being, to feel supported and encouraged in order for them to develop self-esteem, to be treated as part of the family and to feel that foster parents accept and respect their birth families. Havlicek

(2011) also draws attention to the fact that research in foster care should explore multiple aspects of the foster care experience and the process that shapes the foster care leavers' future. A recent meta-analysis which included eleven studies showed that children in foster care did not improve their behaviour. This was a concerning finding given that behaviour is an important factor that contributes to placement breakdown (Goemans et al., 2015).

In Romania, foster care started in the mid-1990s, initially with support from NGOs (Lowe, 1993). The limited research to date has reflected largely positive foster care experience. One of the first studies looking at the impact of foster care noted that attachment relationships were very positive, yet about 10% of the children kept 'rocking' (a behaviour associated with disturbance) one year after the placement in the foster family (Groza et al., 2003). A study assessing the success of foster care in two counties, indicated no or very small breakdown rate in both counties (Neamtu, 2006).

A more extensive study done on the first cohort of children placed with foster carers in one county found that 98% of the children had had only one placement (Groza et al., 2003). Another more recent study (Rus et al., 2014) compared the behaviour of previously institutionalised and non-institutionalised Romanian foster children with normative data for non-referred children. This study concluded that in Romania, foster care outcomes may be comparable to those in adoption. The study assessed children between 6 and 12 years old. The study suggests that children are attached to their foster carers and enjoy a stable life despite the fact that state policy introduced 'programmed disengagement' foster care, by which foster carers are not meant to get attached to the children they are fostering (Cojocaru, 2008). However, according to more recent literature one thousand foster carers resigned in 2012 (Preda et al., 2013) out of almost 20,000 foster carers due to budget and benefit cuts. A

clinical trial on parenting efficacy conducted on foster parents in Romania (Gavița et al., 2012) indicated that the placement breakdown rate was lower in the intervention group (4.5% compared to 5.7%) but there were no differences at the follow-up stage three months later. Rus et al. (2014) compared behaviour of children in foster care and examined different pathways prior to foster care. The study concluded that children placed in foster care from residential care had worse outcomes compared to those who were placed in foster care from their birth families. Such studies are important, given the rapid growth of the number of children placed in foster care as a consequence of closing-down residential institutions.

2.3.3 Adoption

Adoption is one of the oldest types of placement, a private business embedded differently in different cultures, varying from complete secrecy to open adoption (Howell, 2009), practiced long before it was regulated by legal systems and human rights paradigms. From an anthropological perspective it places kinship in a new paradigm, challenging and confirming it (idem).

Adoption occupies a special space in modern child protection systems as it cuts all legal ties with the birth family, being a profound and permanent intervention in a child's identity. Although it is regarded as providing the stability and security of a home, adoption is built on loss and the stress associated with it, which may lead to emotional or behavioural problems (Brodzinsky & Schechter, 1990). It can be either domestic or intercountry and each type needs considering separately. In most cases, adoptions are closed adoptions (no contact between adopted children and their birth families) but some countries, such as England, allow for open adoption, so that adopted children can have some form of contact with their birth families. Countries differ in the use of adoption as a way to protect children in care. While some countries such as USA or England use domestic adoption as a way to provide

permanency to children in care, countries in continental Europe place children for adoption only in exceptional circumstances (Gilbert et al., 2011).

Research has shown that it is sometimes very difficult to balance children's needs when decisions are made on whether a child should be placed for adoption or not, and there has been very limited research on outcomes of domestic adoption (Thomas, 2013). Using the 'Longitudinal Study of Young People in England' (LYSPE) database, Wijedasa & Selwyn (2011) have shown that adopted children have better educational and employment outcomes compared to those fostered or disadvantaged, but also that a third of the adoptees were unhappy during adolescence.

A study on the long-term impact of adoption published in 1998 compared twins where the one was adopted and where the other one was raised by the birth family. This study found that adoptees achieved better educational outcomes and were less likely to drink excessively, but they had also higher psychological distress, indicated by measures of neuroticism and alienation (Smyer et al., 1998).

2.3.4 Domestic Adoption (Romania)

The few studies on domestic adoption carried out in Romania provide an overview of the profile of adoptive parents, adopted children and on outcomes. Adoptive parents are mostly educated (with over two thirds having graduated from secondary school, some having a higher education degree as well); over 90% of them are married and over 22% of them have one or more biological children. The main motivation of adoption is infertility or a health condition (almost 80%), a small proportion being single adoption, step parent adoption, extended family or foster family adoption (Bejenaru, 2011).

An evaluation of domestic adoptions (Groza, 1999) found good outcomes of the adoption programme. Most adoptions were stable, parents reporting good relations with the children, with only a few reporting behaviour concerns. Most children had no health problems and made good progress despite the fact that only 8% were adopted from a family environment (birth family or foster family), most were adopted from residential care or hospital (Groza, 2000). The same study indicated that some families hid the adoption and some overemphasised genetic factors or pre-adoption experience. This may trigger conflicts in the child-parent relationship at a later stage.

Secrecy remains a feature of many domestic adoptions. According to a more recent study (Buzducea et al., 2013) that explored communication between adoptive parents and adopted children, 95% of the adoptive families agreed that a child had to be told that they were adopted although only 69% had communicated that to them. Of those who had not told the child, 20% stated that they were afraid of the child's reaction and 61% thought that the child was too young to be told. The profile and the motivation of the adoptive parents were similar to previous research, with infertility being the main reason. Most families (71%) lived in urban areas and had an above-average level of education and income. Most children attended school and had good or very good outcomes (92%). A small number of children kept in touch with their birth family, mainly siblings. According to this study, most adoptive parents had a preference for young and healthy children, while children with special needs tended to be adopted by extended families or foster families. Although other studies confirm that children and parents involved in domestic adoption were generally doing well (Groza et al., 2012), adoption secrecy continued to be a stressor for many families, and there was a need for post-adoption support which adoptive parents were either unaware or did not use (Bejenaru & Roth, 2012). In a study using participant observation with two self-help groups and

interviews with adoptees, adoptive parents and birth parents, March (2000) explored the implications of secrecy in adoption on adoptees' on the physical self (in Canada); March found that adoptees had felt a sense of incompleteness as they did not have relatives who reflected biological sense and who would provide them with a sense of self-authenticity.

Ryan & Groza (2004) compared the behaviour of Romanian adoptees in the USA with that of Romanian children adopted in Romania. Questionnaires were completed by the adoptive parents of 43 Romanian children adopted in Romania and 23 Romanian children adopted in the USA, and explored the similarities and differences between the groups of children and the parent – child relationship. Although the children in Romania spent significantly longer time in hospital settings prior to adoption and a higher proportion of them did so in the first six months of life, the children adopted in the USA exhibited a higher proportion of developmental challenges such as delayed fine motor skills and gross motor skills, delayed language as well as social skills, learning disability, bed wetting, self-rocking, no bladder control during the day, frightened or anxious, self-harming, inconsolable when upset, over-sensitive, under-sensitive, and over-active. Also, US parents reported a lower level of trust than the Romanian parents. The causes of these differences were not explored in the study but it seems possible that this was due to the profound and sudden change which intercountry adoption introduced in the life of the child, to cultural differences, or the different profiles of the adoptive families (the US families were older and had more children in the home) or other associated causes. However, the study noted that the relationships between children and parents were positive in both countries.

2.3.5 Intercountry Adoption

Intercountry adoption is a controversial type of placement from a human rights perspective and is an under-researched phenomenon (Neagu, 2015). Attitudes to it vary, from ‘a wonderful opportunity for children’ to ‘human trafficking’ (Howell, 2009, 162). Not many studies compared outcomes of domestic adoption to those of intercountry adoption. A study that investigated psychiatric contact for stepchildren, domestic and international adoptees in Denmark (Laubjerg et al., 2009) found that adoption carried a double risk for psychiatric contact. This is in line with other studies in the field. But this was not true in Greenland, where children were adopted domestically and remained in the communities in which they were born. This finding requires further research that considers place as a potential element that influences adoption outcomes.

A study carried out in Sweden, one of the countries with a large number of children adopted internationally, compared 5942 intercountry adoptees born between 1968-1973 and living in Sweden with the general population, immigrants (aged matched) and a siblings group, looking at their family situation, education, status on labour market and health as reflected in national records, between 1997-1999 (Hjern et al., 2004). The study revealed significant differences between adoptees and the general population; the group of siblings showed some similarities. It looked at family showing some similarities with the immigrant group. Thus, fewer of the adoptees were married, they had fewer children, and more of them were living with their parents. Female adoptees were more likely to become single mothers; male adoptees were more likely to live with their parents and not to live with their own children. The educational outcomes of adoptees attained the same level as the general population, but this was lower when compared to others with the same socio-economic background and close to those of the immigrant group. Unemployment and longer periods spent on benefits were

also more common amongst adoptees. Men appear to have poorer outcomes than women and the continent of origin had more predictive value than the age upon their arrival in Sweden.

Research reviewed by Dalen (1992) on intercountry adoptees in the Nordic countries found that many of them managed well during childhood but had difficulty in identity formation, and struggled to find their place. Identity formation was influenced by the level of support from adoptive parents and institutions. Review of the studies published at the time indicated that although many adoptees were settled by around age 30, 25-30% had problems related to language, learning, ethnicity, and identity. Adoptive parents under-reported what they were going through.

Similar conclusions were reached in research in the USA (Mohanty & Newhill, 2006), that focused on the association between ethnic identity and well-being. That study found that, in addition to ethnic identity confusion, adoptees faced ethnic bias and discrimination. The authors highlighted the provision of the Hague Convention on Intercountry Adoption that suggests that central authorities in the countries of origin should assess the ability of adoptive parents to facilitate the child's identity development, including their ethnic, religious and cultural background (Article 15.1 and Article 16.1b). They also pointed out the need to further explore factors associated with successful or problematic outcomes in intercountry adoption.

A meta-analysis of research on outcomes of intercountry adoptees (Juffer & IJzendoorn, 2012) looked at physical development, attachment security, cognition, behaviour problems and self-esteem. The comparison between adoptees and non-adopted children showed that those who were adopted had suffered delays in height, weight and head circumference.

Adopted children had a lower IQ than their non-adopted peers and lower educational achievements but those adopted caught-up significantly when compared with their peers who stayed in institutions (Dalen 2012; Juffer & IJzendoorn, 2012). As for self-esteem, no differences were found between adoptees and non-adopted people. However, adoptees were overrepresented in mental health services (Juffer & IJzendoorn, 2012).

Further light was shed on intercountry research adoption in the study conducted by Rushton et al. (2013) that investigated the mid-life outcomes of Chinese women adopted from Hong Kong to England. In addition to factors such as institutional care, this study allowed the investigation of impact at a later stage in life and it took into consideration the experience within the adoptive family. This study found that the time spent in institutional care did not influence the outcome but poor adoption experience was associated with poorer mental health outcomes. According to Howell (2009), identity mediation by intercountry adoptees is rather an issue seen by others in society than by Norwegian adoptees. An anthropologist and adoptive mother, Howell (2006) argues that kinship is a deliberate process rather than a biological one.

Several studies examined children adopted internationally from Romania, in the countries where they have been adopted (England, Canada, USA). The research focus was on the development of children who suffered early deprivation and adversity in early life and to what extent they caught up and adapted (Fisher et al., 1997; Marcovitch et al., 1997; Morison & Elwood, 2000; Rutter et al., 2010). The English Romanian Adoptees (ERA) study (M Rutter et al., 2010) identified effects of institutionalisation such as cognitive impairment, inattention and over-activity, quasi-autism and disinhibited attachment as effects of earlier institutionalisation, with prolonged effects for children who spent more than the first six

months in institutions. However, the results of the study are inconsistent with some children showing no adverse effects despite an extended stay in institution prior to adoption.

More relevant for this thesis is the research exploring the views of the adoptees involved in the ERA project (Hawkins et al., 2007). According to this study, most of them felt secure within their adoptive families but about half of them found it difficult to discuss adoption issues. Intercountry adoption has been called a ‘natural experiment’ (McGuinness & Dyer, 2006) of which not enough is known in terms of outcomes. Research has revealed increased risk of suicide attempts (Keyes et al., 2012) and precocious puberty (Teilmann et al., 2006), in addition to other issues such as stigmatisation or discrimination (Lingblad et al., 2003). Moreover, recent research revealed that even children adopted at an early age, acquire the adoptive parents’ language as a second language and may encounter difficulties due to abrupt change in language exposure (Gauthier & Genesee, 2011).

Research published in 2016 on Russian children adopted in Italy compared their social competence to that of Italian children raised in their birth family (Caprin et al., 2017). The study found that the adoptees’ assessment of their behaviour conflicted with the adoptive parents’ assessment and that there were no relationships between the children’s social competence and age of adoption or the time spent in institutions or in the adoptive families. These findings trigger further research questions related to the weight of external factors ‘such as stereotypes and the representations of the adoptive parents about the social problems of their children’ (idem, 67). Another recent study (de Maat et al., 2017) on Polish children adopted in the Netherlands revealed that Polish adoptees had increased levels of ADHD compared to Dutch children in the general population. These were not associated with

preadoption experience (time in institutional care, early deprivation or prenatal alcohol exposure) but with attachment problems.

Intercountry adoption poses specific challenges of complex cultural identities. With the coming of age of the intercountry adoptees who started to make their voices heard a new perspective is introduced in this field of research which often reflected the views of researchers who self-identified as adoptive parents (Leinaweaver, 2012). The experiences of Korean intercountry adoptees adopted in the USA and Australia were explored as part of a doctoral project (Walton, 2012). This research pointed out the needs which international adoptees have beyond childhood, in accessing information and working on their identities. In a recent report (Long, 2016), intercountry adoptees raise awareness of their needs ‘to find their origins and reconnect with family where possible’ (idem, 93) pointing out states’ inaction in enforcing their right to identity. They also raise the issue of post-adoption support and specialised services in both countries of origin and receiving countries, a weakness also raised by Hjern et al. (2002), Mason & Narad (2005) and other scholars. While adoptive parents’ experiences have been explored in research (Lyness, 2007; Ruggiero & Johnson, 2009), adoptees (especially adult adoptees) have not had the chance to share their experiences, this being signaled since the early 1990s (Brodzinsky, 1993).

2.3.6 Comparative Studies of Different Types of Placement

Comparative analyses are challenging as it is difficult to identify all the factors that influence outcomes and allocate accurate weight to each factor. The very few studies that compare the outcomes of different placement types have contradictory findings. For example, Vinnerljung & Hjern (2011) compared outcomes of long-term foster care and adoption. They noted that educational outcomes of looked-after children were lower for those of children

raised by their birth families and that national adoptees had better outcomes than children in foster care, suggesting that adoption might have better compensatory effects. Similarly, Lloyd & Barth (2011) compared outcomes of children who returned home, those remaining in care and those who were adopted. The study indicated that all groups had outcomes which were in, or near the normative mean range but that adopted children and those returning to their family did better than those in long-term foster care.

In a study comparing locus of control in children in foster care with children in adoption as well as children in disadvantaged families and in the general population, Wijedasa (2017) found that children in foster care and children in disadvantaged families had an external locus of control which might be due to the fact that children did not feel consulted about decisions that affected their life and did not know their rights. The same study indicated that children in adoption have similar locus of control to those in the general population. A study conducted by Selwyn (2006) indicated that the risk of breakdown is smaller in adoption compared to long-term foster care.

In the Netherlands (Leloux-Opmeer et al., 2017) a study that compared small group homes, residential care and foster care indicated that different types of placements required different interventions for an improvement of outcomes. In the case of children in foster care, it was the birth family that needed support to overcome their problems, in small group homes there was a need to address attachment and trauma issues while residential homes required interventions in mental health, behaviour and education.

Several studies have drawn comparisons between residential care (or group homes) and foster care, looking at different aspects of these two types of placements, with complementary

findings. A study in the USA comparing three years of well-being outcomes for youth in group care and non-kinship foster care (McCrae et al., 2010) indicate that there are no large differences in academic, affective and behavioural outcomes between youth in group care and youth in foster care. In analysing the data, the study took into consideration the fact that children in these types of care have different characteristics (behaviour, mental health and previous placement experience). This finding is confirmed by another study (James et al., 2012) which found no significant behavioural differences between youth in group care and youth in foster care. However, another US study (Lee & Thompson, 2008) comparing outcomes for youth in treatment foster care and family style group care found that youth in group care are more likely to be favourably discharged and less likely to return to a placement in the first six months after discharge. This is an interesting finding given that those who were in group care had had more troubled pre-care experiences than those in foster care.

One study produced in the 1980s compared outcomes in adoption with foster and residential care in adult life and it concluded that the important factors for the development of a personal and social identity are ‘the quality of care experienced; knowledge about origins and past; and being part of the wider community with no stigma attached’ (Triseliotis & Hill, 1990, 120).

Other studies found that stability is more important than the type of placement (McSherry et al., 2016) and that longer and multiple placements were associated with more adult emotional and behavioural difficulties (Dregan & Gulliford, 2012). Residential care was associated with poorer achievements than foster care and with increased risk of criminal convictions; so was admission into care after age ten whereas multiple placements were

associated with low self-efficacy in adulthood. Admission to care at an early age and stable and caring placements enabled a positive care experience, stability being an important predictor of later development. The McSherry et al. study also noted that some members of the cohort achieved adult functioning equal to those who were not in care. A systematic review (Kääriälä & Hiilamo, 2017) on children in out-of-home care in Nordic countries suggests that despite those countries lead on general indicators related to child wellbeing, the young people leaving care have nevertheless an increased risk of subsequently accessing social services.

Previous research in intercountry adoption of children adopted from Romania found that adoptees' developmental difficulties were associated with genetic factors or the time spent in institutions (Groza & Ryan, 2002). While Romanian adoptees have been subject to research in several receiving countries in terms of their development, their views about how adoption affected their life have been little explored.

2.3.7 Research Exploring Voices of Care Leavers and Adoptees

Studies that include the voices of care leavers and adoptees are almost always compelling through the powerful terms they use, offering perspectives that scholars and practitioners would not otherwise consider. Underexplored by research in the field for a long time, the views and voices of children in care and of care leavers are included in on-going longitudinal studies such as 'Against All Odds', a study aiming to bring the perspectives of care leavers from four European countries (England, Denmark, Norway) on what 'doing well' means to them (Boddy, 2017) or 'Our Lives, Our Care' (Selwyn, 2017) a study exploring the subjective wellbeing of looked after children in England.

Summarising conclusions of a conference led by young people in Ireland, McGinnity (2007) concluded that young people pointed to their need to be better prepared for entering care, specifying the need for clear and honest information, the need not to be treated like 'parcels'. They also noted the need for improved children's reviews and procedures. Similarly, Snow (2008) indicated that young people want to be treated as persons rather than 'cases' or objects of work and that many of them felt the shame of guilt that is intrinsic to experiences of stigma. In England, a study in which teenagers in foster care were asked about their perceptions of their foster carers' and of their birth parents' parenting styles (Ahmed, Windsor, & Scott, 2015) concluded that fostered children were more positive about their foster carers and they appreciated parental styles that provided every day support. They also welcomed warmth and firm boundaries and disliked arguments, unexplained punishments and neglectful attitudes such as not being told off which was interpreted as not caring.

Folman (2008) explored children's experiences when they entered care and the trauma experienced by children using attachment theory. He found that the children were still attached to their birth parents and 'overwhelmed with feelings of abandonment, rejection, worthlessness, guilt and helplessness' (idem, 11). This study also noted the uncertainty of not knowing what is going to happen at a time when they suffer multiple losses (often being separated from their siblings as well). Drawing on the children's messages, the author suggests the need for guidelines that could overcome such trauma.

As regards transition to adulthood, the study conducted by Pinkerton and Rooney (2014) used biographic narrative interpretive method, and found that care leavers went through different stages (loss of felt security, finding stability and actualising self) in their pathways to adulthood. This study concluded with a number of recommendations for practice such as the

need to help children address their attachments with their birth families while they are in care, help children build relationships with safe others (including carers and social workers), introduction of therapeutic approaches in foster care to address the children's emotional needs, improve their stability in care, promote formation of attachments and the use of narrative approaches in social work. Samuels and Pryce (2008) took a life course approach exploring aging out of foster care in the US and found that identity development was a relevant and underexplored aspect for young people in care. The study points to the young people's self-reliance and resilience which may act as a barrier to seeking support and disconnecting them from others, partly as a strategy to prevent stigmatisation.

In England, care leavers have started to organise themselves in support or advocacy organisations such as the 'Who Cares? Trust' (recently renamed 'Become'). They publish their views on care. This is how care is described in one of their publications:

'Care is where children have a childhood. It is where they learn to laugh, to love, to ride bikes ... have friends. It is where they grow into adolescents and learn to budget... to test boundaries and to have healthy relationships ... [is] about people and the relationships between them.' The interaction between an individual child and an individual carer makes that act of care unique.' Who Cares? Trust' (2015, 7).

Examining these studies suggests that while the ways in which care is perceived differ, there are certain similarities in the young people's discourse. One salient need they transmit is that they want to be treated as persons, as someone with a history (rather than a case) urging for a human approach rather than a 'textbook' one (Snow, 2008). A need for continuity in relationships when entering care (McGinnity, 2007) and within care where changes of social workers affects them since they would like to maintain relationships even beyond care (Snow, 2008). The quote used by McGinnity (2007) as the title of her article, 'Don't be so

formal, I'm normal' is compelling. It is a pledge for normal life in the abnormal context of care.

2.3.8 Gaps in the Literature

Despite the wide ratification of the UNCRC and the child's right to be heard in matters that concern the child as one of its core principles, more needs to be done to bring care leavers' and adoptees' perspectives into the research arena. Studies that take explore outcomes in adult from care leavers' or adoptees' perspectives remain scarce. The difficulty in recruiting such populations is one of the reasons why not many studies use reflective accounts on their care experience. One of the strengths of such an approach is that care leavers are no longer dependent on their primary carers and they can reflect on the relationship with those from that position. As pointed out by Samuels & Pryce (2008) and McMurray et al., (2010), very few scholars explored identity in research with children in out of home care although care is an intervention in a child's everyday life and it interferes with the child's identity formation process.

Moreover, not many studies undertook comparison of different types of placements and there is insufficient theoretical integration of this work. No study to date has explored such comparisons in the same cohort of people, through their perspective. This study contributes to filling these gaps by bringing together the retrospective accounts of young people with care experience and exploring comparatively their insights on how care in the different types of placement affected their identity formation and their capabilities. Although some scholars have attempted to build on the UNCRC to develop children's rights and human rights as a theoretical framework, for example by bridging it to the Capabilities Approach (Biggeri &

Karkara, 2014), these accounts do not encompass care leavers' perspectives on different types of placement.

2.4 Care and Identity: Theoretical Framework

Although identity is a widely explored theorised concept in social science (Cote & Levine, 2002 ; Cote & Levine, 2016; Kroger & Marcia, 2012) and is often a central component of adoption research (Grotevant & Von Korff, 2012; Hoopes, 1990; Mohanty & Newhill, 2006), not many studies have explored identity theories in relation to other types of placement such as residential and foster care. For example, in educational research, Mannay et al. (2017) explored the school experiences of looked-after children and the consequences of being labelled. Findings suggest that young people's capabilities and aspirations to learn should be supported to improve educational outcomes. A recent literature review (Ferguson, 2016) on the use of identity perspective in research with look-after children highlighted a gap in England in research exploring identity development for this group, concluding that studies suggest that identity impacts on children's self-efficacy, self-esteem, sense of belonging which all contribute to positive outcomes in adult life.

Both psychological identity and social identity theories approaches have been critiqued and some of the key scholars in the field (Cote & Levine, 2002, 2016) argued that the empirical base of the sociological approach and the theoretical base of the psychological approach are insufficiently developed. However, they acknowledge at the same time the importance of using both of them for the study of agency.

Children in care form their identity in unusual circumstances compared to most of their peers (McMurray et al., 2011; Mohanty & Newhill, 2006). The importance of identity development is acknowledged not only in articles seven and eight of the UNCRC, according to which

every child has the right to a name, nationality, the right to know his or her parents and to preserve these inherent elements of identity, but also in the article 20.3 (on care) which makes a specific point about the desirability of continuity of the child's interpretive background. These articles reflect the fundamental elements of a child's identity: biological identity (e.g. the birth family), legal identity (e.g. name) and political identity which includes nationality (Stewart, 1992; Van Bueren, 1998). By birth registration a child gains identity and becomes a rights holder. As such, the child can be identified and protected against abuse, trafficking or other unlawful interference. From these fundamental elements of their identity derive other elements such as race, sex, religion, culture and language (Van Bueren, 1998). Yakushenko et al. (2009) propose the same identity elements as part of the salient identity model (used for adults) from a psychotherapy perspective: gender, race, ethnicity, social class, sexual orientation, physical ability and religion/spirituality. Depending on the socio-economic context, identity elements can determine disadvantage as argued by Crenshaw (1989) in her work on intersectionality and other scholars of critical race theory.

Given that 'care' in the case of this study, implies long-term or permanent separation of the child from their parent(s), and as such provision of care interferes with child's identity formation, I have explored identities theories and resilience as individual response to adversity.

Identity theories scholars hold that identity formation is a lifelong process having different dynamics at different stages of development and multiple facets (Baumeister, 1986; Grotevant & Von Korff, 2012; Jenkins, 2008) with several key functions: it helps people set goals (Erikson, 1994), to make choices, to build relationships to others, to have resilience

(Baumeister, 1986) and, as such, a healthy sense of identity is salient for development and achieving well-being (Erikson, 1994).

Although identity formation starts in childhood, it reaches a key stage in adolescence (identity vs. identity confusion) when most young people achieve a sense of continuity and unity of the self (Erikson, 1994). Specific circumstances can lead to identity diffusion (inability to make commitments), foreclosure (when identity is dictated by someone else), moratorium (postponing the identity formation), identity confusion (obvious at times when young people need to make commitments for their personal or professional life), or ‘negative’ identity (expressed in hostile attitudes against shared norms (Erikson, 1994; Kroger & Marcia, 2012)).

Potential and fulfilment, interaction with others, continuity and differentiation are all facets of identity (Baumeister, 1986). In developing theoretical work on social identity, Jenkins (2008, 39) claims that the human world ‘can be best understood as three distinct “orders”: the individual with their interpretation of the world, the interaction between individuals and the institutional order, referring to organisations and their normative frameworks. This classification is relevant to the current study, given the rich data on the interaction between individuals and others in specific social contexts. It allows examination of the research findings taking a broader perspective over the entire life trajectory, as reflection of the self and on the self in interaction with others under the broader institutional order of the care system.

et al.

Brygola (2011) suggested the possibility of occurrence of several identities which were internally mediated in order to achieve coherence of narrative. These were not necessarily a threat to each other and therefore they may or may not cause an important loss. I drew inspiration from Brygola (2011) in analysing how each child coped with the conflict between personal needs and social expectations that determined the child's answer to the threat (if the change was perceived as such).

Even when carried out in the interests of the child, separation from the home environment affects the principle of continuity which, together with interaction is important for experience and growth: '[a]s an individual passes from one situation to another, his world, his environment expands or contracts' (Dewey, 1997, 44), and by losing their environment, they lose their everyday routines named by Hundeide 'interpretive background' (1975). By introducing discontinuity in the child's individual and interaction order, care is a radical intervention in their personal and social identity. By being raised out of home, children lose their kin identification (Jenkins, 2008) and become members of a minority. As such, they may become victims of prejudice, stereotype, discrimination (Licata et al., 2012) or labelling and stigmatisation (Goffman, 1990) which affects self-esteem and interferes with the identity formation process.

Stigma was first theorised by Goffman in 1963 in the classic work with the same name (Goffman, 1990). He examined stigma as deviance in relation to social identity and the strategies that the stigmatised adopt in managing their everyday experiences. Goffman identified different types of stigma: those with inborn stigma who grow up in circumstances of disadvantage lacking the protective capsule of the family or community (exemplified by orphan children who learn simultaneously that other children have parents and they do not);

stigmatisation that appears later in life or of which the stigmatised becomes aware later in life; and those socialised in an alien community and who must learn another way of being in order to be validated (for example internationally adopted children adopted at a later age).

Goffman holds that ‘all the other categories and groups to which the individual necessarily also belongs are implicitly considered not to be his real ones’ (Goffman, 1990, 137).

According to him, a person’s identity management depends on how much others know of him and how much the person knows that they know of him. Whether by hiding their status or not, those stigmatised make efforts to come across as ordinary persons, and will try to manage information about their ‘failure’, a process which Goffman calls normalisation. The data collected in my study has provided rich empirical evidence for testing this theory. Moreover, narrative analyses facilitate the positionality of the research participant in relation to others through self-reflection (Bamberg, 2006).

One strength of a life history perspective is that it allows the researcher to analyse the evolvment of one’s identity, as narrated by the research participant, highlighting the fact that identities ‘are not static properties, or finished projects’ (Georgakopoulou, 2006a). A ‘small story’ approach (Bamberg & Georgakopoulou, 2008) allows for understanding the fluidity of identity formation as well as for a construction of the different types of placement from the research participants’ perspectives, given that through their narratives of self-representation as members of a ‘group’, they contribute to a wider narrative of each type of placement from an insider perspective. This type of analysis is facilitated by navigating between a combination between small stories and macro-accounts (Bamberg & Georgakopoulou, 2008). According to Bruner (1994, 53) the ‘self is a perpetually rewritten story.’ Such an approach accommodates what may appear as ordinary events that make up every day, incorporating

detachability and recontextualisation in their description (Georgakopoulou, 2015).

Furthermore, by positioning themselves in different contexts, small stories allow for the study of people's agency (Bamberg, 2015). They allow construction of 'the self' exploring agency or victimhood (Bruner, 1994).

As suggested by (Georgakopoulou, 2006b, 128)'small stories should be central to the intensification of a constructive dialogue between narrative inquiry and narrative analysis around the issues of identity', with storytelling being an opportunity to address identity changes and dilemmas (Bamberg, 2012). It makes possible not only the study of activities, but how they were understood by the people who lived through them (Riessman, 1993),

As stated above, a sense of identity is important for the development of resilience (Sen, 2006), a salient concept that is widely used in child protection studies to examine the children's responses to adversity. Luthar et al. (2000, 543) defined resilience as a 'dynamic process encompassing positive adaptation within the context of significant adversity.' Ungar (2015) identified seven factors associated with resilience: relationships; identity; power and control; social justice; access to material resources; cohesion; cultural adherence, all anchored in either identity theories or in human rights paradigms. 'Resilience has global as well as culturally and contextually specific contexts' (Ungar, 2008, 226). This concept has been helpful for understanding achievement of stability or well-being by some children despite adversity encountered during childhood. In the context of resilience, Gilligan (2009) developed the positive turning points model to capture positive change which is not the outcome of continuous development but occurs when a set of conditions is met (opportunity, readiness, agency and sustaining context). These concepts are relevant in the analyses of life trajectories in order to make sense of how experiences and outcomes are connected.

This study builds on insights from the literature on identity formation in contexts of care and, more widely, in contexts of multiple disadvantage and discontinuity. It focuses on continuity and discontinuity in identity formation over the life course as young people transition between family, care settings and independent life.

2.5 Care, Children's Rights and the Capabilities Approach

Janusz Korczak, who through his work inspired, albeit decades after his death, the drafting of the UNCRC, had as his central idea the child's right to respect (Council of Europe 2009, 7). 'Children are not the people of tomorrow, but are people of today. They have a right to be taken seriously, and to be treated with tenderness and respect. They should be allowed to grow into whoever they were meant to be.' This thinking ultimately led to the child's 'right to be heard', one of the principles enshrined in the UNCRC that is inherent to participation and autonomy as elements of a dignified life. According to the UNCRC, 'inherent dignity and equal and inalienable rights for all members of the human family' form the 'foundation of freedom, justice and peace' and 'dignity and worth of the human person' necessary for social progress (UN General Assembly, 1989).

Dignity is a core value of the rights approach, as expressed by the UNCRC. Following Kant's moral philosophy the concept of dignity implies an intrinsic value in which people are regarded as 'ends in themselves' and is acknowledged by treating every person with respect (Hill, 2013). It is closely connected to autonomy and to a person's freedom to define their concept of good life (Taylor, 1994). On this basis, respect and dignity are seen as central not just in relations between people but also in the way people are treated by institutions.

According to Nussbaum (2011, 31) ‘all ... deserve equal treatment from laws and institutions.’

Exploring the participants’ accounts after their time in care from this children’s rights and dignity perspective can be a contribution to the children’s social care area that has been under-theorised (Nussbaum & Dixon, 2012; Shaw & Arksey, 2004) for a long time. In recent years, some scholars have suggested the UNCRC as a conceptual framework (Cordero Arce, 2015; Smith, 2015; Waldock, 2016) that is specific to children. As a tool, the framework enjoys wide acceptance expressed in its almost universal ratification (Melton, 2005) and takes a holistic approach from a human rights perspective (Freeman, 2011). But despite enthusiasm of children’s rights advocates, sociological critiques of the Convention point out the hegemonic dynamics inherent in its attempt to generalise and to idealise one type of childhood, framed by Western values exported to the South, and disregarding the concept of family in other contexts (Boyden, 1999; Ennew, 1996). Moreover, children’s needs are subject to cultural interpretation and context-dependent, making interpretation of rights challenging (Woodhead, 1999) particularly in view of the fact that ‘children are not an unitary class’ (Melton, 2005, 651).

Despite such criticism, the UNCRC remains an instrument for negotiation of children’s wellbeing across a range of policy regimes and child protection systems. By encouraging societies to allow children to become agents in their own life and contribute to shaping their present and future life, the Convention can be regarded as an indirect recognition of the fact that adults and institutions may fail to understand individual children’s needs and represent their interests (Lee, 2001). To what extent this thinking is negotiated locally, in different cultural contexts and at different times is a subject to on-going academic debate.

As a country with a child protection system that was historically similar to Western European countries before World War II (Bejenaru, 2017) and as one of the first countries to ratify the Convention, Romania belongs socially and culturally to the European space where the UNCRC is a relatively uncontested instrument for children's wellbeing among child protection practitioners. Therefore, its use in relation to the participants' care experiences would not be in contradiction to the country's aspirations and commitments in this field.

In an attempt to operationalise the provisions of the Convention, Hammarberg (1990) proposed a framework known as the 3 P approach, that is often referred to in the literature either as a framework for research (Munro et al., 2011; Waldock, 2016) or as a practice based instrument still in need of theoretical development (Quennerstedt, 2010). Hammarberg suggested a classification of rights in three different clusters: provision, protection and participation with exemplification of each but without suggesting definitive division.

Given that the focus of this study has implications for practice, I drew on the 3 P approach (Hammarberg, 1990) as a framework to mark the differences between different types of placement exploring accounts on 'the right to have one's basic needs fulfilled' (provision of food, health care, education, play and leisure), 'the right to be shielded from harmful acts or practices' (protection from any type of abuse or exploitation) and 'the right to be heard in relations affecting one's life' (participation, e.g to what extent the child felt consulted about their placement and whether their views were taken into consideration).

To structure my analysis of the childhood experiences I have used the UN Convention on the Rights of the Child drawing on Hammarberg's commentary which suggests division of rights

in three clusters: provision, protection and participation. I have looked at how the care experience responded to:

1. The child's physical and basic needs, including those rights clustered by Hammarberg (1990) under 'provision', the equivalent of the fundamental freedom from want (Roosevelt, 1941). Aspects of life related to health and nutrition, education, play and leisure, identity and contact with the birth family belong here. The relevant articles in the UNCRC are Article 6 (right to life, survival and development); Article 9 (right to maintain contact with the birth parents), Article 24 (right to health); Article 27 (rights to standard of living), Articles 28 and 29 (right to education), Article 31 (right to play).

2. The child's emotional needs: whether the child felt safe and protected from abuse and violence while being in care. This examines care experiences that respond to 'protection' in Hammarberg's classification and examines whether children enjoyed life in care without fear. Descriptions of violence and abuse and of emotional wellbeing are grouped here. These correspond to Article 19 (right to protection from all forms of abuse), Article 20 (right to care), Article 21 (adoption), Article 25 (right to a periodic review), Article 32 (freedom from economic exploitation).

3. The need to be treated as a person whose views matter, framed by Hammarberg (1990) as 'participation' can be regarded as the UNCRC equivalent of the freedom of speech and expression and it can convey experiences of participation, discrimination or stigmatisation, choice and consultation. These correspond to Article 2 (non-discrimination), Article 3 (best interest of the child), Article 12 (the child's right to be heard in all matters affecting the child), the right to identity (Articles 7 and 8) and contact with their birth family (Article 9).

Since this approach covered only childhood experiences, I combined it with the Capabilities Approach framework for the analysis of the participants' adulthood experiences and proposed a theoretical framework that brings both of them together in a complementary manner.

The Capabilities Approach was developed by Nussbaum & Sen (1993) as a normative framework looking at what people are actually able to be and do on the basis of individual choice (Nussbaum, 2003). They make the distinction between 'functionings' which are basic provisions necessary to a person's functioning such as food as well as social integration and 'capabilities' which represent the person's capability to choose a number of functionings that will provide that person with a good life (Nussbaum & Sen, 1993). Nussbaum (2011) proposes a list of ten central human capabilities that she regards as important for a life worthy of human dignity: life; bodily health; bodily integrity; senses, imagination and thought; emotions; practical reason; affiliation; other species; play; control over one's political and material environment. This approach is concerned with a central question: What is each person able to do and to be? (Nussbaum, 2011,18), a person's capability to choose from a combination of functionings, whereas functionings are things a person can do or be in life (Nussbaum & Sen, 1999).

Although, in a way like the UNCRC, Nussbaum's ten capabilities failed to acknowledge the diversity of socio-cultural factors (Sen, 2005), this approach has been largely used by other scholars and as public policy framework (Terzi, 2005; Vizard et al., 2011; White, 2015) to bridge between human rights and human development (Biggeri & Karkara, 2014). Therefore, according to Nussbaum's Capability Approach, choice is central to a life lived in dignity. The capacity and the freedom to make choices is important for the identity theory as it is for the

human rights epistemology and for the Capability Approach (Baumeister, 1986; Nussbaum, 2011; Sen, 1999).

I have used Nussbaum's Capabilities Approach as a framework for interpreting the adulthood experiences of my participants and to explore their accounts of what constituted a life of dignity, based on capabilities, opportunities and choice. Moreover, both identity and the Capabilities Approach are theories that value the quality of interaction between self and others as an important part of the human experience whether this is seen as part of identity and identification process and relational self, or as a prerequisite for a life lived in dignity.

Baumeister (1986) defines the components of identity as being self-knowledge, fulfilment of an individual's potential, and relationship of the individual to society, which contributes to their identification. He defined continuity and differentiation as defining criteria for identity and identified the functions of having a clear sense of identity: making choices, 'relationships to other persons' and 'a sense of strength and resilience, so that the impact of a specific misfortune or setback is diminished' (Baumeister, 1986, 19).

As discussed in this chapter, a sense of identity is important for a person's confidence and wellbeing (Sen, 2006) and the concept of identity incorporates self-esteem (Baumeister, 1986). All these concepts are closely connected to dignity, as a core value of the UNCRC and of the Capabilities Approach. Sifting the data through different theoretical perspectives can strengthen and inform both identity theory and the Capabilities Approach and lead to a more profound understanding of the UNCRC beyond a negotiated political agreement, as a conceptual framework whose provisions have their foundations in human sciences and moral philosophy.

The use of the UNCRC as a framework for the childhood experiences of the research participants and of the Capabilities Approach for the analysis of transition to adulthood and outcomes in adult life, allows for a comprehensive analysis of the data collected. Both UNCRC and the Capabilities Approach represent holistic approaches incorporating values for human wellbeing. Both frameworks pay attention to human dignity as a core concept for human rights and for the study of human life. Figure 1 describes the relationship between understanding of the child as person, his/her childhood and care experience informed by the UNCRC, and understanding his/her adulthood experience informed by the Capabilities Approach. As shown in the diagram below, the child's care experience is influenced by the child's primary carers, the professionals managing his/her case and, indirectly, by the wider policy context. Since Romania ratified the UNCRC in 1990, the time when most research participants were born, the care experience was under this wider framework. I interpreted dignified childhood around Hammarberg's 3P operationalisation and then connected it to the ten capabilities grouped in three corresponding clusters: provision and basic freedoms (e.g. food, clothes, shelter, education, health), protection from harm and emotional wellbeing (not being a victim of abuse), participation and control over one's environments basic freedoms (e.g. self-esteem, being listened to).

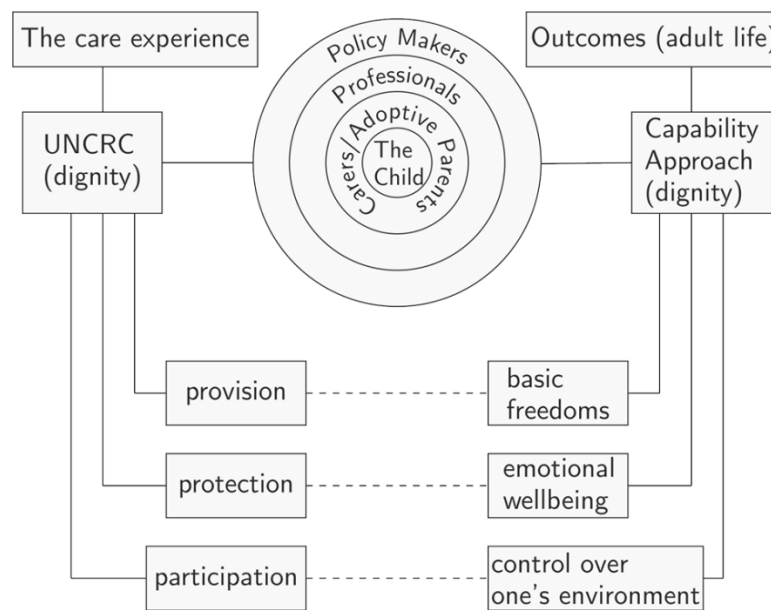


Fig. 1 - Children's Rights and the Capability Approach

Nussbaum regards capabilities as essential and indivisible, a threshold for enjoying life as a person. In her view, persons who do not enjoy the freedoms included in her analysis of capabilities live 'a life not worthy of dignity' (Nussbaum, 2011, 31). The Approach is about people being treated as equal and it is a reaction to 'entrenched social injustice and inequality, especially capability failures that are the result of discrimination and marginalisation' (Nussbaum, 2011, 19). Nussbaum (2011) discusses ten capabilities that constitute a threshold for a life lived in dignity.

Drawing on her proposal, I operationalised the ten capabilities to allow connections to the three clusters of care experiences and thus enable the grounding of this set of concepts that had originally not been operationalised for specific settings and experiences. The three clusters of care experiences provide contextual validity to this theory. In order to bridge those to the UNCRC proposed framework, I grouped them in three clusters, (mirroring the

concepts of ‘provision’, ‘protection’ and ‘participation’), as follows: ‘basic freedoms’, ‘physical and emotional wellbeing’ and ‘affirmation of the person’.

1. Capabilities related to basic freedoms or needs: life; bodily health (including reproductive health; nutrition and adequate shelter); senses, imagination and thought (including adequate education; arts and religion); play and enjoying recreational activities.
2. Capabilities related to emotional wellbeing: experiencing different emotions (Nussbaum enumerates love, grief, longing, gratitude, justified anger); body integrity e.g. being safe from violent assault, including sexual assault, choice on matters of reproduction; avoiding non-beneficial pain.
3. Capabilities related to choices and affirmation of the person. This category refers to making choices and to working towards them: imagination and thought; practical reason, affiliation; self-respect and non-humiliation; control over one’s environment. This is closely connected to notions of agency and participation which allow persons to shape their lives on the basis of choices and opportunities.

The proposed framework allowed me to explore to what extent the each type of placement fostered agency and participation during childhood and control over environment and choice during adulthood, as prerequisite for a dignified life and whether the participants’ accounts suggest that dignity was related to type or to the quality of the placement.

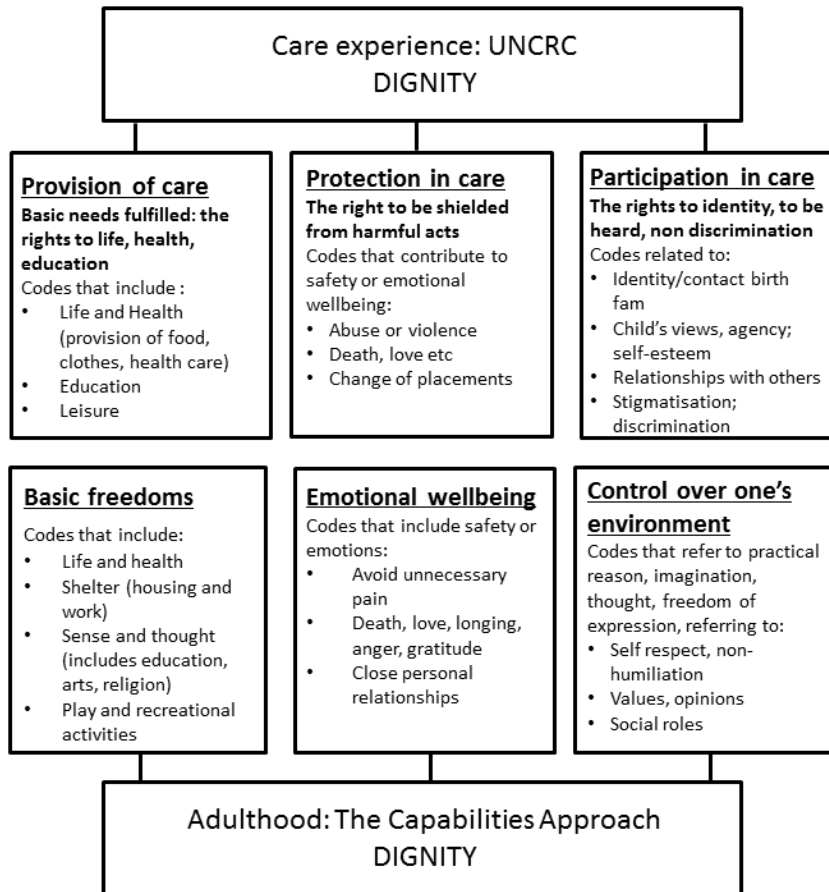


Fig. 2 - Use of the UNCRC and the Capability Approach as Conceptual Framework

Figure 2 shows the employment of the UNCRC and Capability Approach as complementary conceptual resources for the analysis of life narratives in this study. Both the UNCRC and the Capabilities Approach represent holistic approaches towards people and are regarded as a basic threshold for the treatment of people as ends in themselves. None of the cluster classifications represent a hierarchy of values.

A secondary aim of this study has been to explore the extent to which the use of the UN Convention on the Rights of the Child and the Capabilities Approach as complementary

frameworks for the data analysis can enrich the understanding of both frameworks as theoretical paradigms and public policy frameworks.

2.6 The Research Questions

1. In this chapter, I reviewed the literature on outcomes of the different types of placement. I explored care from a philosophical perspective and I identified gaps in literature on the care leavers' and adoptees' perspective on different types of placements. I then drew on identity theories, children's rights and Capabilities Approach (the last two as policy and conceptual frameworks that promote wellbeing) to operationalise concepts of identity and dignity in the care context. This study aims to contribute to literature by exploring the following research questions: How do Romanian born young people who grew up in care understand and narrate their experiences in different types of placement?
2. What narratives of agency are constructed by Romanian-born adults who grew up in different types of placement when they describe their transition to adulthood?

Given that there is insufficient comparative research exploring young people's own accounts of their life trajectories, in, through and out of different forms of care, I considered Romania with its convoluted and controversial history of care provision and policy a unique and as yet insufficiently explored case for the study.

[Field notes]

20 October 2015

I am staying with my friends, Ani and Bobo. Luckily, I am old enough to know someone almost in every county where I can stay overnight. I sleep on the couch in the living room so I can't avoid the morning news on the telly. Today, an incredible piece of news on ProTV: In 1994, some Canadian people went into a Romanian village looking for children. A five year old girl had a blood test done and the nurse said she was HIV positive so the girl was taken to a hospital in Bucharest. After a while, the parents were told she died and they were given a coffin which they were told not to open as it would be dangerous for them. Twenty years later, when the father died, they wanted to bury him in the same place and discovered that the coffin contained no body, just some adult slippers and stuff. The brother of the girl (also in his 20s now) discovered an old document in the home saying that he is HIV positive which he is not. It is believed she was illegally adopted in Canada:

Chapter 3: Research Design and Methodology

‘Life can only be understood backwards but it must be lived forwards.’

Søren Kierkegaard

This chapter explains the research design and the rationale for the methodological approach in order to address the research questions. It details the qualitative approach (life history) adopted in order to explore the relationships between different types of care experiences and outcomes in adult life. This choice of method is justified not only by the constraints imposed by lack of systematic data collection on care leavers in Romania, but also by a need to give voice to those groups of young people that have often been spoken about but rarely spoken to and even more rarely listened to. It provides a detailed description of the data collection process, the data analysis, and the safeguards taken to ensure an accurate reflection of life experiences with the meanings given by the research participants. Finally, it ties in the ethical dimension which was a constant concern throughout the research process.

3.1. Justification of the Research Design and Methodology

As illustrated in the literature review chapter, Romania’s children in care have been research subjects for international scholars for many years, in particular for neuroscientists, who saw in them a research opportunity to study the effects of deprivation in early childhood. They have been described by mass media, state and private actors as ‘orphan’, ‘unwanted’, ‘unloved’, and ‘uncared for’; the narratives about them referred to what they had lacked for their development, with hardly any reference to what had in fact sustained their lives and development (Dickens, 2004). This research explores the narratives of 39 of Romania’s children born in the late 1980s or early 1990s who approached adulthood from different types of placements, bringing forward their understanding of their lives and care experiences. This is a particularly interesting cohort as their childhood experience captures a wide range of

placements, including life in institutions of hundreds of children and intercountry adoption, both of which disappeared almost completely in the 2000s.

By collecting their retrospective accounts on their care experiences and their transitions to adulthood, the thesis contributes to a better understanding of the different types of placement from a former user perspective. Moreover, this appears to be the first study that brings together accounts of domestic and intercountry adoptees.

The study aims to explore the following research questions:

1. How do Romanian born young people who grew up in care understand and narrate their experiences in different types of placement?
2. What narratives of agency are constructed by Romanian-born adults who grew up in different types of placement when they describe their transition to adulthood?

The literature on happiness and well-being as indicators for a good life offered examples of both quantitative and qualitative approaches relevant to the question. Although initially I considered a quantitative study on outcomes of different types of placement, I rejected this approach as it would not have probed in enough depth the research participants' accounts of who and how they are in their adult lives and of who had contributed to these outcomes. For example, collecting information on income or civil status could be open to misinterpretation as it may not reflect nuances such as not being in work as a personal choice or being in a marriage of convenience. In other words, such indicators would provide no knowledge on how the participants feel about their current lives.

While quantitative data can provide information on what has happened, the collection of qualitative data can enable an in-depth understanding of how care leavers and adoptees make sense of their lives and the meanings different life events have for them. These concerns, along with my interest in narrative voice and interpretative understanding as a way to make sense of the data in an in-depth, contextualised way, determined me to undertake a qualitative approach.

I considered several methods such as case studies or ethnographic portraits. Case study research requires multiple sources of data and several methods for data collection, which would have limited the number of cases with the risk of not achieving sufficiently varied experience within each type of placement. The literature on how individual lives can be reflected ethically in research (Jeffrey & Dyson, 2008; Plummer, 2001; Sikes & Troyna, 1991) informed my choice of life history as the research method that would allow me to explore people's own accounts of their life trajectories and to collect rich and subjective information about the participants' care experience, their transition from different types of placement to adulthood and current wellbeing. Compared to other qualitative methods, life history is an appropriate method to collect a large amount of data ('the salient experiences in a person's life') in a relatively short period of time (Taylor & Bogdan, 1975).

Moreover, 'oral history is a powerful tool for exploring and evaluating ... how people make sense of the past and interpret their life' (Frisch, 1990). It gives a 'collective voice' to people who experienced trauma or stigmatisation and who are underrepresented (Atkinson, 2007; Earthy et al., 2016). From a participant's perspective, it has the potential to contribute to the emancipation of marginalised people by showing interest and respect to their experience and, more importantly, for their description of it.

This approach enabled me to explore ‘the inner world of a person’, one which includes personal views and values (Atkinson, 2007). One added benefit of the life history approach is the fact that it allows member checks and collaboration with the research participants in a way in which quantitative studies may not. Such an approach requires establishing a relationship of trust between researcher and research participant and the involvement of the research participant in subsequent phases of the research beyond data collection. This is also important for the clarification of ambiguous data and for the reduction of the possibility of misinterpreting data.

In addition to the individual accounts, this approach can offer a holistic view of the care placements and thus it allows for cross-sectional analysis of a large amount of data and a better understanding of the connections between specific features of the various types of care and outcomes. By conducting life history interviews, I strived to gain access to the subtleties of everyday life in each type of placement as well as to the contexts of moving in and out of care, and to capture those experiences and their influence in the long run. It allows for rich, in-depth understanding about how different types of placement are lived and perceived by their users.

While oral history had been questioned over the reliability or the credibility of the information it provides, its value is precisely in the fact that it provides a ‘subjective, spoken testimony’ (Thompson, 2000, 118). Life history is seen as subjective, although ‘every historical source derived from human perception is subjective’ (Thompson, 2000, 173).

The use of the terms oral history, life history and life story is not always clear cut. Hatch & Wisniewski (1995, 125) suggested clarification between terms drawn from academic literature, defining 'life history' as 'any retrospective account by an individual of his/[her] life in whole or in part, in written or in oral form, that has been elicited or prompted by another person'; 'the life story located within its historical context' and 'life story as the story of our life.'

In the current study, it is precisely the subjective filtering of the care accounts that provides not just the factual information but gives it some weight as to, for example, how a certain childhood event impacted on the person's current life. To ensure authenticity of their voices, I sought for internal consistency; I accessed other sources of information if they were relevant to this project; I continuously reflected on my biases (as described in a separate section of this chapter) and I applied numerous filters to my research, exploring the data from different perspectives and applying and examining the data horizontally by using different concepts as research lenses; researching care leavers and adoptees' literature for how care experiences were presented in different literary styles by some of those who grew up in residential care, in intercountry adoption or domestic adoption. Much of what has been presented in this type of literature supports the findings in the current research study: the separation from the mother, discriminatory treatment (protection or abuse) in residential care, identity issues in intercountry adoption and secrecy in domestic adoption.

Scholars who contest life history argue that recalling past attitudes as noted in some longitudinal studies may lead to somewhat different descriptions of the same event at different points in time. However, research show that memory loss has very little variation over time and Thompson (2000) holds that it is also resilient in the long-term although it

begins to decline after the age of 30, starting with recent memory. As most participants were in their 20s, they were close in time to their lived experiences with many of them still working to integrate them into their adult lives. Life histories remain an important source of information that allows for follow-up and interaction with the living source and they may convey ‘individual and collective consciousness’ (Thompson, 2000, 172). Several interviewees for example felt that it was important to speak about aspects of life in care which did not necessarily concern them but it reflected their observations and views on life in care.

The purpose of data collection in this study was not to create a historical work of life in care in the 1990s in Romania. These accounts will be reflected in the selections that interviewees make when they tell their stories and the decisions they make when constructing their accounts (Sikes & Goodson, 2017), as well as in the researcher’s interpretation which is informed by their evolving knowledge, possibly mediated by follow-up clarifications with the interviewee. As Clandinnin & Connelly (1994, 415) put it: ‘People live stories, and in the telling of them reaffirm them, and create new ones.’ Life history is the appropriate research method for the study of identity and the key narrative themes in the study were often related to the interviewee’s identity. Although several interviewees gave their perspective on the care system, the focus of this study is the individual experience.

According to McAdams (1996, 307) ‘[a] life story is an internalised and evolving narrative of the self that incorporates the reconstructed past, perceived present, and anticipated future.’ What is research data for the researcher is for the interviewee a potential opportunity to make sense of their lives. For example, some interviewees saw in the interview an opportunity to ‘confess’ about life events they regretted such as peer abuse. One participant spoke about

being grateful to her foster carer, with whom she was not on speaking terms at the time of the interview due to a disagreement that occurred in adulthood, beyond the time of the placement. Several interviewees spoke about strong feelings of either fear or anger caused by encounters in adulthood with those who abused them as children. This elicits another ethical issue with regard to member check in the case of people who experienced trauma. Reflecting on this aspect, I decided to avoid even pseudonyms in the summary of research findings that I sent to the research participants. In this way, I provided the research participants with an overview of the research findings and the opportunity to see their claims reflected in the broader picture. This decision was consistent with a sensitive approach, of ‘emotional connectedness’ that Coffey sees as a prerequisite in qualitative research that reflects people’s lives (Coffey, 1999).

Measor & Sikes (2017, 213) claim that ‘life history method involves developing relationships of trust’ that ‘enable us to penetrate several layers of access’. In this study, I connected with the research participants through social media allowing a form of reciprocity, which gave them access to my social space if they needed to get in touch. It also allowed me on a few occasions to check specific technical details in a friendly manner.

In response to critique of oral history being subjective and not accurate, Portelli (1981, 100) argues in a landmark article that although oral history tends to be critiqued for being subjective and not necessarily credible, it is not more subjective than other historical sources, reasoning that the process of writing is also subject to selection and interpretation of information. One of the merits of oral history is the fact that it brings certain insights to events, such as their meaning for those who lived them and their psychological impact on participants. He states:

‘The credibility of oral sources is a different credibility ... Therefore there are no “false” oral sources... [T]he diversity of oral history consists in the fact that ‘untrue’ statements are psychologically “true”, and that these previous “errors” sometimes reveal more than factually accurate accounts.

As regards its questionable ‘objectivity’, Portelli argues that this applies to every source of information. The merit of this approach is that it can complement other sources of information with perspectives that would otherwise be missing.

Thus, I considered that a life history approach could contribute in an ethical manner to a gap in the literature by providing rich accounts of experiences in different types of placement from the perspective of care leavers and adoptees.

3.2 Epistemological Stance: Interpretive Analysis

By taking an interpretive stance, where meanings of events are those articulated by interviewees, the study seeks to bring care leavers and adoptees under the same research framework. As explained in Chapter 2, those who grew up in residential or foster care are referred to as ‘care leavers’ while ‘adoptees’ are those who receive full filiation rights to their adoptive families and are no longer regarded as the responsibility of the state. As discussed in the literature review section of Chapter 2, most research studies in this field limit themselves to one type of placement and very few have used biographies to provide a comprehensive understanding of care leavers and adoptees.

By using a life history approach with an interpretive stance, I bring together meanings which are the result of social interaction. Such an approach seeks to understand human experience by storytelling: knowledge is created and constructed through the stories of lived experience

(Bruner, 1986; Savin-Baden & Howell Major, 2013), as expressed in the research participants' own language.

According to Meltzer (1975), human behaviour is influenced by both internal and external stimuli. Studies in the social field aim to understand social reality and human behaviour which depend on the historical and cultural context (Flyvbjerg, 2006). The interpretive approach is concerned with the meanings which people give and on the basis of which they act, and which are connected to one's social interaction. By empathetic listening, the researcher can account for behaviour using the terms and meanings of those she studies (von Wright, 2001).

Figure 3 summarises the connection between the research questions which led to the choice of life history interviews as research method for this study. The theoretical framework incorporated concepts of agency (dignity and agency), the UN Convention on the Rights of the Child and the Capability Approach, and it was chosen after exploring several theories in the light of data, with a view to accommodate its richness as well as its limitations.

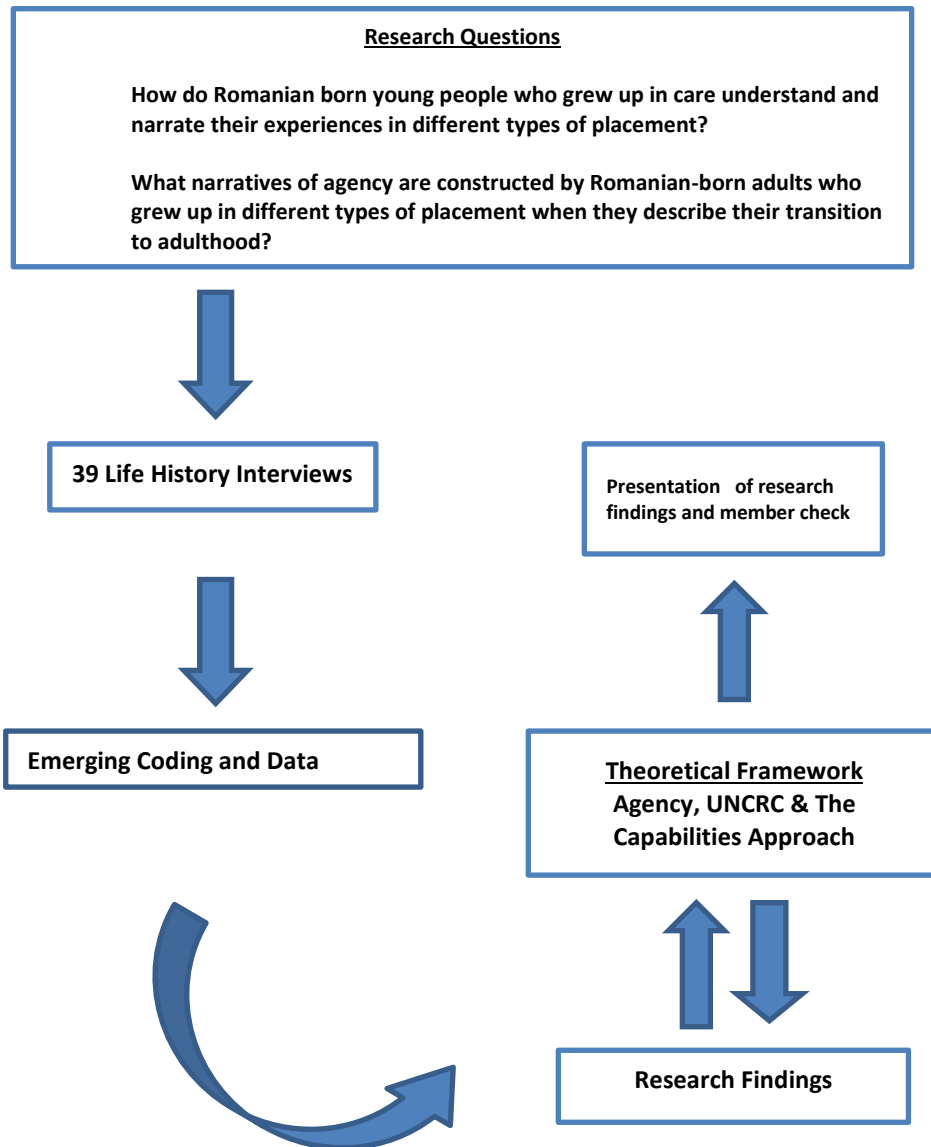


Fig. 3 - Research Design Framework

3.3 Sampling and Recruitment of Research Participants

In my endeavour to understand the features of each type of placement and the challenges they pose to those who experienced them, I intended to interview between five and ten participants in each of the five types of placement, seeking gender balance and aiming to capture a wide range of experience within each of the five types of placements.

Prior to data collection, I organised a meeting with the head of the government agency responsible for children's rights in Romania in order to present my project and seek the agency's support for this research. The government official confirmed the lack of administrative data on care leavers and endorsed this research project by providing me with a support letter that I could use in seeking cooperation from local authorities.

Although I attached the letter to all local authorities that I contacted in order to explore ways in which they could support my data collection, what helped most was not the letter but either their awareness of my previous work in the field or the fact that I was introduced by an academic with whom those local authorities had worked before. This is not surprising, given the fact that child protection is a decentralised sector and local authorities are not subordinated to the government's agency. In fact, my first meeting with a local authority to discuss data collection was not a good start. This is an excerpt of my diary notes describing that meeting:

'[The director] was speaking in a rather condescending manner while he kept sitting back on his soft, comfortable leather, armchair, smoking Kent (the 'currency' of bribes before 1989). This was not just rude but also against the law. The door of his large office stayed open so that his secretary would hear whom she should invite inside when told he her so with a loud voice. The man must be my age but his habits come from another era. He told me that he did a Ph.D. himself and that he could provide me with what is public information (statistics) but not with names. I did not understand the point of inviting me to a meeting at

all if he had no intention of facilitating my contact with potential research participants. I left with a bitter feeling, as perhaps many vulnerable families left that institution after their encounter with the post-communist authority. I had an odd feeling of travelling back in time, to the early 1990s if not before.'

(23rd October 2015. Meeting with the Child Protection Director in X county)

This reinforced my belief that in order to accomplish data collection within the timeline I had set, I had to make use of my professional contacts in this field. This approach worked, allowing me to limit the number of counties and add other recruitment strategies (described below) where I failed to obtain meetings with potential research participants.

The fieldwork took place between June 2015 and June 2016. During this time, I undertook four trips to Romania (of about three weeks each), one to Italy and one within England. Altogether, I undertook 39 interviews (including two pilot interviews) and collected life stories totalling over 1000 years of experience.

The sampling process combined snowballing with purposive and opportunity sampling (Miles et al., 2014) in order to reach people with diverse care experiences and profiles (gender balance and geographical spread).



Fig. 4 - Research Participants' Places of Entry into Care
The flags mark the participants' counties of origin.

The 39 research participants came from 13 out of Romania's 41 counties. These include the counties where international adoptees had been in care prior to being adopted. Most interviews were conducted face to face, at places chosen by research participants, with the exception of three interviews with young people adopted in the USA which were conducted on Skype.

Table 1 below shows the research participants' demographic characteristics and their types of placement: large residential care, small group homes, long-term foster care, domestic adoption and intercountry adoption.

Type of placement	No of interviewees	Gender	Method of Recruitment	Mean duration of key type of placement (up to 18 years)	Mean Age Entry in Care	Age span at time of interview
Residential care	10	3F; 7M	7 LAs; 3 Personal contact	14.3	3.7	24-31
Small Group Homes	6	4F; 2M	4 Snowballing 1 LA; 1 NGO	4.8	4.5	24-27
Foster Care	8	4F; 4M	6 LA; 1 Snowballing; 1 personal contact	8	4	20-26
Domestic Adoption	7	4F; 3M	3 LAs; 2 NGOs; 2 through personal contacts	14.4	1	20-31
Intercountry adoption	8	5F; 3M	5 social media/online 2 NGO	11.6	1.6	22-30

Table 1 - Demographics of Sample by Type of Placement

This table is indicative also of the overall number of years in each of the five types of placement although the overall number is higher as it would include secondary placements before and/or after the main type of placement. The secondary placements were analysed as part of the care experience. The fact that small group homes and foster care have a significantly shorter time is partly due to the fact that these alternatives were introduced later and the children were older compared to the other types. The challenges and decisions taken during the recruitment process are described below.

The following section ('Fieldwork') provides a more detailed description of decisions I made on recruitment of research participants. Given that the recruitment was carried out in stages, decisions were continuously influenced by the narratives I had managed to collect. Use of multiple sources to collect data (care leavers, academics, local authorities, NGO workers, online media, professional and personal contacts) provided multiple sources of recruitment in each cluster, enhancing the potential to capture a wider variety of experiences.

For example, the two pilot interviews were conducted with care leavers whom I had known from their time in care. As they both went into care at school age, and had described positive care experiences, I sought recruitment of young people with longer care experience. In this way, I was able to capture a wide range of care experiences for this cluster. In addition to this, given that residential care was the dominant placement type in the early 1990s, many other research participants from other clusters spoke about their experiences in residential care.

3.4 Fieldwork and Recruitment of Research Participants

The fieldwork was a time when I put aside theory and academic literature and I immersed myself in the data I was collecting by keeping field notes, listening to interviews, transcribing between trips and reflecting on what I had heard. By using public transport between interview locations (train or bus), travelling to the countryside and listening to the participants' rich descriptions of life in their biological families gave me a deep insight into Romania's most vulnerable social layers. Thoughts and ideas were kept in my diary or as memos.

One of the main constraints in identifying potential research participants was the fact that Romania does not collect data on care-leavers and there is no comprehensive database regarding children adopted internationally in the early nineties. Moreover, child protection services have no records on domestic adoption for the studied cohort. Such records could only be found in court archives but given that adoption belongs to the private realm, I did not consider that as an ethical method of recruitment. Domestic adoption (at least for the studied cohort) is dominated by a culture of secrecy (Groza et al., 2012). For example, in one instance, I made contact with an adoptive mother whose adoptive son was in detention. She

agreed that he could be interviewed by me but warned me that she had never told him that he was adopted and had no intention of doing so. She also believed that he may have learned from others that he had been adopted. My decision in this case was not to pursue the interview.

Alternative services to large residential care (foster care and small group homes) have been created unevenly throughout the country, mostly starting in the mid-1990s. Therefore, with the exception of large residential care which was the dominant type of placement in the early 1990s, not all local authorities had foster care or small group homes whose 'alumni' would now be in the age range of this study.

These constraints have made the use of random sampling through national or local databases impossible. In order to address this challenge I decided to use multiple sources of recruitment: local authorities, NGOs and academics in the field, care leavers, professionals, online adoptee groups and personal connections. I contacted seven local authorities, local scholars in the field, NGOs with experience in provision of domestic adoption services and I performed internet searches on Romanian adoptees. Out of the seven local authorities I contacted, four provided me with details of potential research participants, most of them care leavers with residential care or foster care experience. In some cases, the local authority contacted the care leavers, informed them about the study and asked for their permission to pass their contact details to me. In some cases the research participants I met had experience in other types of placement (e.g. kin adoption) than the type of placement that I had expected.

Two counties provided me with contacts for care leavers who had been in residential care, two with contacts of care leavers with foster care experience and one county provided

contacts for two participants who were adopted in Romania. Given that one county gave me a contact list which included a higher number of residential care leavers than the total number of planned interviews for that cluster, I decided to use the information I had on the length of care and contact those with a longer stay in care (institutionalised at an early age). My reason for this was that most adoptees would have been adopted at an early age and therefore the potential to compare care experiences at different stages of life was higher. While amongst the residential care group, many of the care leavers had only residential care experience, the majority of those in foster care also had prior residential care experience.

An approach in stages allowed me to narrow my search in subsequent phases to research participants who had other types of care experience and to ensure gender balance in each group. Amongst those contacted who had not already been informed about the study, I encountered a high reluctance or rejection rate, in particular amongst females.

Not all those contacted wanted to meet with me in order to learn more about the study and consider their participation. Some did not answer the phone, or the text message I sent them introducing myself. In one case, the phone number was no longer valid. For some, the fact that I had their contact details from the child protection service was sufficient to accept a meeting but for others this may have been the reason they avoided participation.

Given that interviews with care leavers or adoptees may involve narration of traumatic episodes, I did not follow-up when I came across hesitant attitudes or excuses. Insistence in such cases can raise ethical concerns (Cave & Sloane, 2014). Although my intention had been to have a preliminary meeting with each potential participant to introduce myself, explain my study and what made me decide to do it, as well as explain what their involvement would

entail and the purpose of ethics and consent, all those who agreed to meet wished to continue with the interview on the same occasion.

In some instances, the preliminary talk that preceded the interview revealed that the participant had experienced a different type of placement than the one I had expected or the interview revealed rich experiences of several types of placement. The multiple placement experience posed a dilemma with regard to what should be considered their main placement experience. While my initial intention was to decide inclusion to a group by the type of care in the last three years before reaching majority age (which is 18 in Romania), during data collection I realised this would have excluded important stages of care during the participants' formative years or could exclude experiences that had led to disruption of care. For example, one challenging case was that of a male participant who had been moved from residential care into foster care at age seven and returned to residential care at age 16. As most of his account referred to his foster care experience, I included him in the foster care group. In another case, a female participant whom I interviewed for her foster care experience (between 14-17 years old) gave a rich description of her previous experience in a small group home (7-14 years old). While not excluding any placement experience during the analysis phase, I included her into the small group homes cluster. Another unusual case was of a female research participant who was adopted by a relative of her biological family immediately after birth although her adoption has never been finalised from a legal point of view. Her account persuaded me to treat her case as a domestic adoption case.



Fig. 5 - Residential Care Institutions, Romania

(Credit: www.mediafax.ro and www.dpcsv.ro)

Research participants in the small group homes cluster were recruited through two care leavers with small group homes experience, one through an NGO worker and one through a local authority. Small group homes were either set up by NGOs as an alternative to large residential care institutions or as half-way homes for transition from large residential care to independent living. In the group of six research participants both types of experiences are captured. Since most local authorities I contacted were not able to facilitate contact with care leavers who grew up in small group homes and in the cases where they did, the individuals were not willing to participate, I contacted two of the care leavers who spent their teenage years in small group homes and one NGO worker with long experience in this field. They all provided me with several names but some of the potential research participants did not appear to be interested in the study. From these three sources, I was able to recruit five participants, two with care experience in small group homes set up by NGOs and three who moved into apartments purchased by the local authorities as part of the reform process. Their participants' care experiences varied not only for having experiences public and private service provision but also in terms of pre-placement experience, as those in small group homes had been with their families prior to these placements whereas the others had experience of large residential institutions.

As foster care is a more recent type of placement and foster care leavers do not tend to stay in touch with local authorities beyond their time in care, I was able to recruit only four participants through local authorities. However, two of those interviewed under the residential care cluster had foster care experience at different stages in their life, and one intercountry adoptee told of her foster care experience prior to being adopted. One participant was recruited with the support of her brother whom I interviewed for the residential care cluster and who mentioned his sister's experience during the interview; and one other participant has been known to me since her time in care.

Due to the secrecy that is dominant in domestic adoption, with many adoptees not being aware of being adopted even in adulthood, recruitment of research participants for this group proved difficult and sensitive. Contact with the research participants was facilitated by two local authorities, a former child protection worker, one NGO with experience in the provision of domestic adoption services, one academic and a personal contact.

In the case of intercountry adoption, my intention was to interview adoptees in several receiving countries in order to distinguish the common features of the intercountry adoption experience regardless of the receiving country of the adoptee. Unlike domestic adoptees, international adoptees born in Romania have set up several social media groups, some playing out as peer support groups while others focus on reunification of the adoptees' with their biological families. Most of these groups are in English and the majority of the adoptees who are members were adopted in the USA and some in England, Ireland or Canada. I submitted an advert to two of these groups and although I did not receive private messages, I contacted those adoptees who 'liked' my message. In this cluster, my intention was to give preference to those cases where I could conduct a face-to-face interview. At the same time, I

did not wish to exclude the USA, the largest receiving country, although financial limitations prevented me from travelling there.

As I had been following one of the groups since before I started my research, I had engaged with two of the members who were seeking information on re-gaining their Romanian citizenship or passport. As the two members I had communicated with wanted to be involved in this research, I decided to conduct the interviews with them on Skype. In both cases, the interviews were detailed enough to be comparable with face-to-face interviews, although in both of these cases the interviews were interrupted briefly for technical reasons but were immediately resumed. The third interview I conducted online was with a male participant adopted into the USA.

In the cases of online interviews, I had a preliminary discussion with each of the participants to explain the study, what their participation meant and answer their questions. I sent the consent forms several days in advance and asked them kindly to return the signed and scanned research form. Another US international adoptee who expressed interest in my research was planning to travel to Romania to meet her biological family and she agreed to do the interview towards the end of her visit.

In my search to identify research participants adopted in different countries, I contacted an NGO worker from Italy whom I had met at a European conference on trafficking. He had told me about a Romanian adoptee to whom he had provided legal aid as reportedly she had been used for domestic servitude by the adoptive family. When I made contact to inform him about my study and ask him to facilitate a meeting with the Romanian adoptee, he responded saying that her sister had also been adopted in Italy and was age appropriate (26 years old at

the time of the interview) for the study and interested in participating. For these two interviews I travelled to Italy, to the city where they both live and work.

Although Italian language is close to Romanian, my knowledge of Italian was not sufficient to conduct the interviews in Italian. I suggested the possibility of a female interpreter but I was informed that they preferred the interview to be conducted in Romanian, with the older sister (who still spoke Romanian) acting as an interpreter for her younger sister. However, to make sure that they both had direct and full comprehension of the research, I provided them with the project documents (summary of the study, invitation letter, consent form and interview questions) translated into Italian so that they could read them before the interview. Even if these interviews were shorter and more difficult to conduct to a certain degree due to the language barrier, they provided sufficiently rich data and I was given access to documents related to their adoption.

As most of the interviewees in the intercountry adoption cluster were female, I started to search actively for male participants. After repeated attempts, I succeeded in arranging two face to face interviews with two male adoptees in England. My further efforts to identify other adoptees that could be recruited (other than online) were not successful. It seems that in adoption there is a silent group who cannot be reached by researchers (Brodzinsky et al., 1992). Although the research participant living in England contacted two other adoptees to ask them if they wanted to take part in the study, none of them responded positively. Another attempt was through someone who acted as interpreter to adoptive families in the early 90s and who put me in touch with one adoptee and one adoptive mother, both living in England. In one case, the adoptive mother said that her son had been involved into another study in the past and he had nothing to add. In the other case, I wrote to the adopted person who initially

responded positively but stopped replying when I inquired about a convenient date and place to meet.

Other interviews which had been agreed in principle were not carried out for various reasons: in one case because of changes in the participant's schedule, in other cases because I wished to give preference to face to face interviewing. In these cases, I agreed to send them my findings and seek their feed-back.

During the recruitment process, I sought to achieve balance in terms of gender, geographical location and care experience. Two groups proved particularly challenging to recruit: female participants with residential care experience and male international adoptees. In my attempt to recruit female participants with residential care experience, one believed it was a joke and one female care-leaver said she could not verify my identity over the phone and was concerned that I could be a trafficker pretending to be a researcher. Another one agreed reluctantly to meet after checking my Facebook account and asking for my ID when we met. Female participants may feel particularly vulnerable to risks of human trafficking.

As regards male adoptees, studies in relation to adoptees indicate that male adoptees (Hjern et al., 2004) fare worse than female adoptees and it is possible that such vulnerabilities and my researcher profile were reasons for their refusal.

3.5 Ethics

Campisi (2014) argues that oral history interviewing allows participants 'to recreate meaning systems' and new identities for themselves which can have a healing effect. In fact, recent research (Pascuzzi et al., 2016) suggests that negative memories diminish their negative

intensity by being narrated. However, although life history interviews are regarded as often being a cathartic or positive experience for the interviewee (Atkinson, 1998), it is reasonable to assume that this may not be the case for everybody. The fact that this study involved interviewing young people whose childhoods may have been affected by trauma, shame and stigmatisation required that additional ethical concerns be addressed. Active listening is necessary in order to be able to understand not only what is being said but also what is not being said and why (Hyden, 2014).

The study received ethical approval (CUREC 2) from the University of Oxford (Appendix 4) prior to conducting the pilot interviews and the methodology detailed there has guided my data collection, data analysis and the overall research process. In addition to the University ethical guidelines, I familiarised myself with the BERA ethical guidelines and the Oral History Society of the UK Ethical Guidelines.

Before the interviews, I explained to each research participant the meaning and the role of the ethical approval and why it is important to have a complaints procedure. This explanation was needed particularly as, with a few exceptions, even in the cases where the research participants had received the documents in advance, they had not read them. After explaining every point included in the consent form, I gave them the time to read and fill in the consent form as they felt appropriate. They kept the project documents and had the consent form in electronic format or took a picture with their phones of the form they had signed. I also emphasised the fact that they could withdraw from the study without justifying their decision.

Keeping a balance between the need for information and the risk of affecting the emotional wellbeing of the participants by revisiting painful episodes of their lives was a constant

concern throughout field work. I showed respect and sensitivity towards their particular accounts and it was rewarding to receive unsolicited positive feedback from research participants about their experience as interviewees.

All interviews were anonymised and the participants were invited to choose pseudonyms for themselves although not all of them had a preference. My attitude during interviews was empathic and non-judgmental which contributed to research participants opening up. One participant who described some delicate aspects of his life related to trust or intergenerational perpetuation of violence in residential care said during the interview that he was surprised that he spoke so much about things he would not normally mention. Given the large amounts of sensitive information, I decided to withhold any geographical or other type of information with the exception of country names.

Data has been stored with password protection on external hard drive and on the REES Centre secure drive.

3.6 Pilot Interviews and Interview Schedule

In order to test this method and the data that can be collected using it, I conducted two pilot interviews with care leavers who had residential care experience prior to starting field work. The interviews confirmed to a great extent that this was an appropriate approach. One of the more specific questions (asked towards the end of the interview) that referred to the most difficult moments in life proved useful as, in one case, it elicited important information connected both to the care experience and adulthood. After the pilot interviews, one narrower

question was added to help address the second research question. This was: ‘What made you be who you are today?’

The interview schedule included the name, date of birth; contact details as well as the care trajectory (Appendix 6). I deliberately avoided adding ethnicity or sexual orientation as these could be potentially sensitive aspects and I did not wish to influence their account by inducing the idea that these are important elements which they should address. I recall that in my professional experience an 18 year old care leaver told me that the local authority had wished to reintegrate her with her natural family, which she refused. ‘On top of everything else, *they are* Gypsies’ she added, obviously refusing that identity herself. All interviews were semi-structured, with open-ended questions. They started with broad questions but narrower questions were asked towards the end to aid possible omissions in the larger narrative. The interview questions were:

1. Please tell me about your life these days.
2. Please tell me about your childhood, before and after entering care.
3. What are your future plans?
4. Which were the most difficult moments in life?
5. What made you be who you are today?
6. If you were to describe your life to me in one word what would that be?

The order of the first two questions was interchangeable, depending on the rapport created with the research participant prior to starting an interview. Interviews were modelled as a conversation (Taylor & Bogdan, 1975) in which I showed empathy when necessary. This is a message I received from one intercountry adoptee who was pleasantly surprised by the fact that we had a conversation rather than what he would regard as an interview:

‘...[It] was an amazing pleasure, and feel beyond grateful for our lives to have crossed paths. My belief when I said that there were no other kinder more compassionate people than the Romanians was totally proven today.’ (Adrian, international adoptee)

Probing was used either by enquiring glance (Bryman, 2004) or by pinning down statements made and where further elaboration or clarification was necessary. Prompting was used systematically to enquire about key aspects of everyday life such as the school experience or, in the case of adoption, questions related to search and reunification if they did not come.

In closing the interview, in addition to thanks, I stated that I would be in touch and I would let them know about further stages of my research I asked them if there was anything they wished to add or if there was anything which they would have liked me to ask and I didn’t.

It was interesting for me to understand the motivations for taking part in the study when views were expressed without me asking for feedback. For some, the interview was a moral act, a contribution which they could make for change: one research participant at the end of the interview contacted another potential participant to seek her participation and justified it as: ‘you can do good’. Another research participant stated at the beginning of the interview:

‘[T]here is no change without people who are willing to talk about their experiences and even the hard things and the good things, you have to get through them in order for anything to change, like... I just feel that research is important...’ (Sarah, international adoptee)

In some cases, the interviewees felt that the interview had a positive effect for them, as speaking about their life trajectory was an exercise they had not done before. After the

interview, I thanked them either using text or Facebook message. In one case, despite the fact that the interviewee gave me positive feedback about the interview, I noticed that the interviewee closed his Facebook account the day after the interview. However, he responded to my concerns when I contacted him and assured me that I should not be worried.

Building up rapport and trust is essential in the life history approach (Bryman, 2004), even more so in the case of people whose life experience involves episodes where their dignity or their body had been harmed. This is why it was important for me as the researcher to establish rapport with the research participants prior to recording the interview. One of the most challenging aspects during my data collection was to find the right words to convince a person to accept a meeting with me so that I could at least present my research purpose and ideas.

Establishing rapport and gaining trust in the researcher are factors affecting the quality of the data. The fact that in many cases I was introduced to them by a person they knew and trusted was a benefit. In order to achieve their trust, I started to speak to them in an informal manner about my previous professional experience and what motivated me to undertake this research.

I did not offer any compensation to the research participants (except their drinks or food during the meeting). This was not just due to financial constraints but the very personal nature of this research method made compensation morally problematic. I was not under the impression that they expected to be paid and I preferred to take the risk of not fulfilling a supposed financial expectation than take the risk of insulting someone for the time spent sharing difficult episodes from their past.

The interview location was agreed with the research participants in the cases where they did not have a preference, such as their home or a friend's or a relative's home where they felt they could speak openly.



Fig. 6 - Rural Romanian home, interview location - domestic adoption (Author's personal archive)

Some interviews took place in cafes or restaurants, in which case I checked the location beforehand to make sure that the level of noise was appropriate, so that discretion (to prevent a feeling of being overheard) and good communication were acoustically possible. One local authority contact provided a room in a local secondary school. In two cases, the interviewees came to meet me accompanied by close friends. In one case, the other person left before the interview started (this being the wish of the interviewee) while in the other case the interviewee invited her best friend to stay. I agreed to that as for me the most important aspect was that the interviewee felt comfortable. For example, in the location shown in left side picture below, I invited the interviewees to sit on the couch and I sat on cushions. Such a set-up could contribute to them feeling in control and in a position of authority.



Fig. 7 - Two of the interview locations (cafes), different cities

Credit: Bobo Burlacianu and www.cafeverona.ro

The interviews conducted in public places were more challenging because they required a higher level of concentration during interviewing and repetitive listening, and sometimes a second listener during transcribing due to background noise. As a rule, I avoided asking the participant to repeat words that I could not hear during the interview, so as not to interrupt their flow of thought and I chipped in when I felt that clarifications were necessary or when a certain aspect was relevant and required further elaboration.

During some interviews, participants became emotional and I felt the fact that these interviews were face to face was important as they allowed me to show empathy. Although I suggested taking a break and reminded them that they could stop if they so wished, they all wished to continue the interview. When aspects which were sensitive for the research participants were being mentioned (such as suicide attempts or sexual abuse or socially stigmatising acts such as begging), I deliberately avoided asking for further details as I wished to respect their boundaries with regard to the degree to which they felt comfortable to share.

Most interviews lasted between 40-80 minutes, four being shorter than 40 minutes and eleven longer than 80 minutes. In the case of shorter interviews, the interviewees were very

articulate and tended to speak faster. However, in one case, the fact that the interview was conducted through an interpreter (even if it was her sister to whom she is very close) affected the degree of detail which she shared simply because she could not communicate directly.

All interviews were audio recorded and transcribed verbatim. Appendix 2 is the transcript of an interview with an intercountry adoptee, conducted in English. As the majority of the interviews were conducted in Romanian, I had thorough discussions with my supervisors as to what would be the best way to balance the need to reflect the voices of the research participants with the fact the research thesis is in English. Following a back translation exercise with Prof Oancea, who is proficient in Romanian (Appendix 1), we agreed that transcribing could be done in English and when local phrases were used, the Romanian phrase was added in brackets. The fact that I started transcription of interviews after returning from each field trip allowed me to listen to how I had conducted interviews and learn from that experience. Transcribing the interviews was a very useful exercise for me to immerse myself in the data and get ideas about possible themes.

While prior to field-work I considered interviews with professionals as well, once I started interviewing, I became increasingly sceptical of the role of such data. Although many accounts include some blurred memories (coded as such) or may be affected by false memory syndrome, this research was not designed for a restorative justice purpose but aims to improve the decision making process and shift professionals' thinking by bringing to light the messages and thinking of those upon whom care decisions were made.

3.7 Data Analysis

Given the wealth of data collected from the research participants, I have used narrative analysis in its wider sense of interpreting stories (Creswell, 2013; Riessman, 2008) that allows for answering ‘why’ and ‘how’ questions. Data analysis was carried out in stages and it comprised a preliminary sample analysis, a data emerging or first cycle coding (Miles & Huberman, 1994) followed by a second cycle coding or thematic coding (Riessman, 2008), as described below.

In the preliminary sample analysis, I read and analysed 20 interviews by hand, four in each cluster, annotating emerging themes. The aim of this exercise was to get a feel for the data and the emerging themes. All transcripts were then uploaded in NVivo as individual sources and an overview of the demographic analysis was drawn.

In my approach to the large amount of data, I employed elements of grounded theory given that coding was not led by theoretical approaches but several theories were visited, revisited and explored after applying descriptive, emerging coding.

During the first cycle analysis I employed descriptive and multiple coding of each interview. Selection (delimitation) of paragraphs was deliberately made broader than the code related paragraph to avoid losing the context in which those statements were made. In the same spirit, ‘early childhood experience’, ‘school experience’, ‘future plans’ and ‘care experience’, were treated as holistic coding, the latter being coded by type of placement to avoid excessive fragmentation of data. At the same time, sub-themes that would appear in several interviews were also marked as codes in this initial stage. The initial stage of codes was made up of 50 different codes.

The second cycle of thematic coding (Miles et al., 2014) grouped the first list of codes (Appendix 7) under six codes themes (pattern codes) as follows:

1. 'Care experience' with 39 subthemes (some specific to each of the five types of placement);
2. 'Life stages' with five subthemes;
3. 'Outcomes in adult life' with 17 subthemes;
4. 'Self and others' with six subthemes;
5. 'School experience and education' with no subthemes;
6. 'Miscellaneous' four subthemes (views about research, social services, reform of the child protection sector, Romania).

I then analysed each theme in order to identify gaps or connections between different subthemes. It is important to note that at this stage coding was avoided in order to reduce the possible artificial boost of any of the concepts to the detriment of concepts which were not considered as potential lenses prior to data collection. As Atkinson (2007) points out, the main concern is with 'getting the entire story of the person who lived it', rather than fulfilling a research criterion. However, in cases where certain episodes were strikingly illustrative of concepts such as resilience or agency these were marked as such.

Engaging in discussion with peers during data analysis was another approach to my bias, as exemplified in Chapter 6 (analysis of answers to the request addressed to participants to describe their life in one word).

One concern at this stage was secondary cases data. During interviews, cases of other peers were reported, mostly someone close (a sibling or a close friend). Instead of completely dismissing this data, I decided to code it under one heading and to see how these narratives affect the rest of the data.

During the data analysis, I constantly asked myself what I was seeing in my data but also what was it that I could not see. In my pursuit of answers to these questions, I decided to search in every interview, for those elements that are regarded by interviewees as good aspects or not contested aspects of care and those regarded as negative aspects of care in each placement they had been through. Application of data emerging coding, multiple coding, looking at structured details in contextual paragraphs and member check have all contributed to reducing bias. In addition to this, I aimed to achieve interpretive triangulation by applying different theoretical concepts to the data (Rothbauer, 2012): identity theories, the Capability Approach and children's rights (the UN Convention on the Rights of the Child). After the first stage of coding, I analysed the accounts from an identity theory perspective, investigating how the identity formation appeared to be affected by the care experience. At a subsequent stage, I analysed the same data from a Capabilities Approach perspective, exploring to what extent the different types of placement enabled the research participants to gain functionings that would provide them with choices in adult life.

For example, drawing on the UNCRC and the Capability Approach I included those narratives that are related to health in adult life, including food and housing situation, health issues, including mental health, depression or suicide attempts or enjoying life in adulthood by social or leisure activities under provision or basic freedoms;

I included accounts of abuse during childhood or marriage of convenience under protection and emotional wellbeing and accounts on agency or lack of it under different types of placement under participation and control over one's environment.

3.8 Member Checking

Member checking has been an on-going exercise that started during the transcription of interviews. When certain details in interviews were incoherent either because recordings were not sufficiently clear or because a certain phrasing was not consistent with the narrative, I sought clarification with the research participant with regard to that specific aspect. Some participants agreed to read their entire transcript, after which we would discuss certain specific details related to matters such as cultural context (especially in the cases of intercountry adoption).

Furthermore, I sent all but two participants a letter enclosing the key findings in the language in which the interview was conducted (Appendix 3), and asked them for comments. The two exceptions were two female participants who were new mothers. Being aware of this crucial turning point in their lives (via social media) and being aware of their care histories, I felt that it would be inappropriate to contact them at such a special moment. A few participants replied with very positive comments. One foster care leaver wrote that he did not feel that I got something wrong as far as he is concerned but that he felt lucky to have accessed higher education after he read the overall conclusions of the study. One intercountry adoptee called me to say he had read it and it is 'spot on'.

A supplementary approach to member checking is also keeping participants informed of subsequent dissemination of findings, in particular those targeting lay audiences and seeking

their views. All these will be carried out with sensitivity, on a voluntary basis, with an awareness of those who may not be willing to revisit the project. In addition, the findings will be disseminated to other young people who have experienced care and who did not take part in the study. Mirela, who grew up in residential care, replied to my letter: ‘The article is very good. I like what you wrote. I think it is important for those who have the power to change legislation to know about the children who grew up in residential and in foster care.’

Gabriela (domestic adoptee), showed interest in the intercountry adoption findings:

‘Good evening, Mariela. I read again the findings of your study and I’d like to say that I think they are very interesting. If I understood correctly, you have not identified successful cases in intercountry adoption or perhaps I’d better say, you have not identified situations in which the adoption was not an obstacle to the child’s full development as it happened in the case of domestic adoption. I would be very interested to read your thesis and understand the causes for this. As regards the other types of placement, I am pleased to say that the findings look familiar to me. I fully agree that these are the most common trajectories for children who are not raised by their families and in my short experience in this field I identified and learned about similar outcomes. Congratulations and every success.’

3.9 Bias and Reflexivity

I have kept a record of my thoughts and reflections in a diary, along with field notes and memos attached to my data analysis, in an endeavour to maintain chronological order on how I have built my knowledge and how my thinking has shifted during this time, not to have my views obstructed by knowledge accumulated in the past, leading to self-discovery (Tufford & Newman, 2012) and construction of researcher identity.

Qualitative research is a subjective undertaking and choosing a research topic can be a statement in itself, stemming from the researcher’s previously accumulated knowledge, beliefs and experiences. I am no stranger to this. I have stated my personal identity and my

professional experience that preceded my doctoral studies on every occasion when I presented my research. The summary paper that was submitted to research participants contained a description of my previous professional positions in the field. From the early stages of my research I was aware that my identity would affect my research in more or less visible ways. Being Romanian, middle aged, married, someone who held professional positions at policy-making level in the child protection field and currently a researcher at a prestigious university are all elements that shape my interaction with others in this research, including research participants. As they are all young people in their 20s, my age is probably close to that of their parents or carers. During my early work in this field I met young people in care and stayed in contact with some of them over. These experiences have given me insights which probably have influenced my interpretation of the care system. By working in this field during the reform process at a level where I attended meetings at the highest level, with policy-makers, experts and the fact that I travelled around the country having dialogues with professionals at a local level added extra lenses to my interpretation of the child protection system in Romania. Although I did not visit residential institutions in the early 1990s, my numerous visits in the late 1990s and early 2000s created images that stayed with me and informed my thinking throughout the years.

As someone with access to information about how the intercountry adoption system operated at different levels before Romania banned intercountry adoptions, and of the consistent political pressure of certain lobby groups through different channels after Romania banned intercountry adoptions influenced my views. I was aware of my bias and approached this side of my research from a different angle than the systemic one. My expectation was that although the system was corrupt, many children ended up in caring families and despite the impact of that system on the Romanian child protection system at the time, I would come

across young intercountry adoptees living fulfilling lives or rather mixed narratives. By following online adoptees' forums of young people adopted from Romania, I came across a large number of people who contested adoption from their own perspective. All these concerns drove my extra effort to search multiple ways of recruitment in this cluster. Recruitment through adoptive parents failed but no participants in any type of family placement (foster care, domestic adoption, intercountry adoption) were recruited through their carers or parents and I believe that may have an influence on the way they described their lives.

I think that my Romanian identity was an asset in my interaction both with research participants in Romania and with those adopted internationally. For the former, I may have represented a potential advocate for change who wishes to bring their voices and their views to the fore. For international adoptees, I was someone willing to help, a potential resource who could offer advice on actions they wished to undertake regarding Romania.

Several research participants expressed views about the child protection system as insider knowledge although not always related to their personal experience. In such circumstances, I have not interrupted their statements and I refrained from engaging in a debate in order not to influence the views they formed on the basis of their lived experiences.

In engaging with research participants, I highlighted certain experiences, such as the fact that in my work I created opportunities for engagement of children in care, giving the examples of a talent competition for children in care that I had initiated. Another aspect which I felt I had to be clear about was the fact that my position in the government had come as recognition of my professional expertise in children's rights and that I had no political affiliation. As young

people in Romania are critical of political elites, I felt that I had to make sure that I was not perceived as one. While I made these remarks in my exploratory discussions with them, after the interview I reiterated the fact that I was available if they had any further questions and comments, or if they simply wanted to get in touch over matters which concerned them if they thought I could help.

Ultimately, I believe that my childhood experience which was a safe one but not one of privilege, together with my background in human rights scholarship and professional practice, translated into an attitude of respect towards poverty and people who are victims of stigma or discrimination. This, together with personal communication skills, contributed to conducting the interviews successfully with all those who agreed to take part in my research.

In addition to my social status, during my past professional career, I have developed views, mainly on the basis of empirical evidence and grey literature. The very seed of this research was an article I read in a Romanian newspaper in 2004 reporting on a Canadian study which compared development of international adoptees from Romania. I found it striking that those children were compared to Canadian-born children and not to children adopted in Romania from the same institutions in order to eliminate the effect of the intercountry element of the adoption on the child and implicitly on the research findings. My professional experience in the child protection field in Romania was accumulated at a time of change, when certain placements (large residential care and intercountry adoptions) were largely contested in favour of others (foster care, small group homes, domestic adoption).

In addition to my past criticism of how the intercountry adoption system operated in Romania, my critique of intercountry adoption from a human rights perspective was the subject of my previously published research (Neagu, 2015).

Inspired by Heidegger's approach of contextual interpretation, I have continuously reflected on my biases, acknowledging my previously held views rather than seeing the total suspension of previously held conceptions, beliefs and values as a viable option (Tufford & Newman, 2012). As Fischer (2009) puts it, '[i]t is not possible to view without viewing from somewhere'.

While the number of interviews conducted in this project was limited by constraints explained earlier in this chapter, I conclude that the project is close to data saturation. This is supported by the in depth and richness of the data collected in each cluster by employing at least two different sources for the recruitment of research participants, and reaching wide geographical coverage, combined with the application of different lenses in data analysis. In addition to this, the fact that every cluster with the exception of large residential care (usually regarded as a last resort placement) included at least a case of failed placement is another indication that a wide variety of experience has been captured.

3.10 Managing Risk of Secondary Trauma

One of the challenges posed by life history interviews is the fact that as an interviewer I ran the risk of being affected by the research participants' accounts. Such situations are difficult to prevent because it is impossible to know before an interview what exactly to expect. While most interviews included emotional segments, I found some interviews more difficult to cope with due to the intensity of violence described, whether induced by others or self-induced. As

a researcher, I found support in several places: the discussions I had with my supervisors, being part of a research centre where there is a culture of understanding for this type of research and where I could discuss with my peers aspects of my work, as well as my hope and aim that this research will influence practice. Aware that engaging with data that contained violence, abuse and injustice may affect me and therefore the interpretation of data, I undertook training in vicarious trauma prior to starting the data analysis process.

3.11 Limitations of the Study

This study is limited to young people born in Romania in late 1980s or early 1990s and who were placed in residential care, foster care or adoption (national and intercountry). The findings are based on analysis and interpretation of their accounts and cannot be generalised. Other types of placement such as kinship care or step parent adoption were not considered. Young people with severe mental disabilities were not included in the study. This study is based on participants' life history interviews and does not include other sources of data collected from others such as carers, adoptive parents or child protection workers.

Another round of interviews would have enriched the individual accounts and possibly enhanced clarification or perhaps supported further co-construction of understanding based on the original transcripts. However, this would have been problematic not only due to financial and time constraints but, given the large number of participants, some may not have had the time or the will for long-term commitment to this research. Given that more than two thirds of the research participants have Facebook accounts, online media attenuated to some extent this compromise as it allowed for maintaining contact, following further life events in a less intrusive manner.

I left at 7am and arrived at [name town] at 10. This time, I dropped my suitcase at Maria's place, my friend from Oxford whose parents live in [name town]. Her anthropological research is about how life in this block of flats changed since communism. So, I'm sleeping in a research site tonight. Her parents cooked for me as only mums and dads do when their daughters come home. I will sleep in her room which is full of poetry and art. That makes it so obvious why we are friends. I went to explore the potential interview places in the city centre. Their noise level and intimacy, their schedule, what would be the best spot, not too loud but not too quiet either...

I have not spent so much time in cafes in the last 3 years as I did in the last five days.

Chapter 4: The Care Experience: Residential Care, Foster Care, Adoption

‘A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State... Such care could include, inter alia, foster placement, kafalah of Islamic law, adoption or if necessary placement in suitable institutions for the care of children. When considering solutions, due regard shall be paid to the desirability of continuity in a child’s upbringing and to the child’s ethnic, religious, cultural and linguistic background.’ (Article 20, UNCRC)

This chapter explores how the research participants described their childhood experiences in different types of placement (residential care, foster care, domestic adoption and intercountry adoption) as well as the circumstances around entering care from an identity and children’s rights perspective.

4.1 Introduction

Although identity formation is a process that marks adolescence, identity is a fluid, lifelong process (Baumeister, 1986; Cote & Levine, 2016; Erikson, 1994). By entering care, the children’s everyday realities change. This chapter captures the interviewees’ childhood experiences of entering care and their care experiences in different types of placement.

A separate section of this chapter explores the experiences of moving into care or changing placements as reflected in the research. They capture the change of the social world from the perspective of the child who experienced that transition. These experiences are discussed in

Chapter 6. Drawing on Hammarberg's commentary on children's rights (1990), I analyse in this chapter the experiences of being in residential care, foster care or adoption from the interviewees perspective. For each type of placement, data is structured around 'provision' to meet basic needs (food, health, education, play and leisure), 'protection' from harm (feeling safe, not living in fear, stress or anxiety), 'participation' and having knowledge of one's history and birth identity, feeling that your views count, that you are part of a social network and contributing to it (agency, non-discrimination, child consultation, peer relations). Data analysis on small group homes is included in the residential care section in order to explore to what extent experiences in small group homes were different from those in large residential care. Moreover, the number of children placed in small homes was much smaller and collected data indicates that flats were created to support the transition to adulthood of those who had been in residential care. These were not regarded by some interviewees as being much different from institutions.

The figure below provides a visual representation of the care experience of each of the 39 research participants, showing: the age when they entered care; the length and type of each placement they experienced; the time spent at home prior to entering care and the time since they have achieved independence (until the time of the interview). Given the importance of the first year of life for human development (Colvert et al., 2008), its representation is expanded.

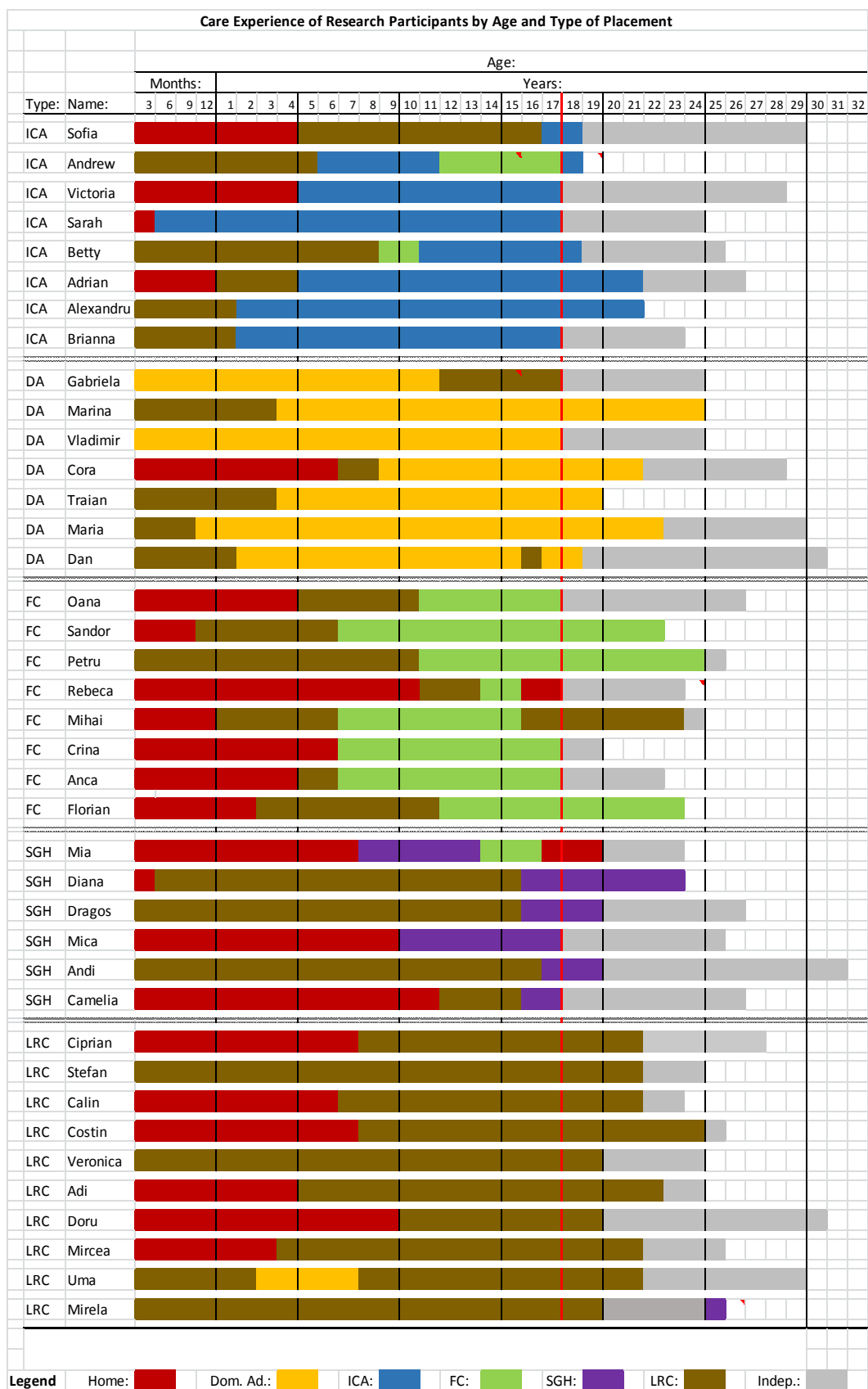


Fig. 8 - Care Experiences of the Research Participants by Age and Type of Placement

The colour code is:

- Brown: large residential care (**LRC**)
- Blue: Intercountry Adoption (**ICA**)
- Yellow: Domestic Adoption (**DA**)
- Green: Foster Care (**FC**)
- Purple: Small Group Homes (**SGH**)
- Red: Home, time spent within the biological family
- Grey: Independent living (**Indep**) until the time of the interview.

The next section presents the research findings for each type of placement: residential care, foster care, domestic adoption and intercountry adoption.

4.2 Residential Care

In Romania, residential care was almost the exclusive type of placement for decades and it remained dominant until the mid-2000s when the number of children protected in foster care became balanced by the number of children in residential care (Autoritatea Nationala pentru Protectia Drepturilor Copilului si Adoptie, 2017). The main reasons why children enter care in Romania are poverty and neglect (Stanculescu et al., 2016). During the period when the research participants went into care, residential institutions were divided by age groups: institutions for babies and young children (age 0-3) called '*leagan*', institutions for pre-school children (age 3-7) and institutions for school children (age 7-18 and over). Children were transferred from one institution to another once they reached an age limit.

4.2.1 Profile of the Research Participants

Out of the 39 research participants, 32 had some experience in residential care. This included participants who entered adulthood from foster care or adoption although most of those who were adopted had no memories of their life in residential care as many of them were adopted

at an early age. Of the 32 participants, 10 entered adulthood from large residential care, and five from small group homes. Thirteen had memories of their life at home, before entering care and recalled their first impressions when they entered care. This includes Uma's case, who grew up in pre-adoption placement between three to eight years old and then had to return into residential care because of her birth mother's refusal to consent to adoption.

The research participants experienced residential care in nine different local authorities. Most of them were between 23 and 27 at the time of the interview, one was 28 and two over 30. This section reflects their recollection of residential care experience in large institutions or small group homes. Their experiences were influenced not only by the geographic location but also by the timeframe in which they experienced residential care given the changes introduced in the child protection system during their childhood.

4.2.2 Entering Care

The reasons why children entered care were mainly poverty and neglect which children did not necessarily perceive as traumatic:

‘[A]s far as I remember it was a simple childhood: I mean we'd play, we had no worries or problems... I mean, for us it was simple. If we had a place to run and scream there, we didn't think we needed anything else... [My] elder brothers would take care of us, I know that my brother would come home during the 10am break, that was a longer, 20 min break and he'd come home to see how we were, if we had food, and then he'd go back to school. And... well, the same thing happened until I was eight... I knew who were my classmates and where I had to go but I would just wait for someone to come and get me dressed and give me the books and the schoolbag... I don't remember lacking food. That wasn't a problem... [My] grandmother would always bring milk, yoghurt from her home.’
(Ciprian, 28)

Most of those who went into care at age seven or older had been told that they were going to be placed in residential care. Doru and Ciprian met the directors of the institutions together

with the family member who took them there prior to moving into care. Moreover, both of them went into care together with their siblings. Ciprian also knew one of the children in the institution prior to being placed there. Although the reason why they went into care was neglect ('disorganised family'), they adapted themselves to the new environment without much difficulty. Here is how Ciprian summarised his experience:

'[Throughout] most of the way my grandmother convinced me, without me crying or feeling sorry. She told me that I would go to school if I go. [That was] the only reason why I liked going there... And after the interview, if I can call it that way, they called us back in one or two weeks so that we could... register in school, start the entire process. And I had no problem in adapting myself. It was very easy for me. In the beginning, I was in the same class with my neighbour because his parents placed him in the *camin* as well.' (idem)

Doru (31) recalls being taken to the institution together with his siblings by his uncle on the first day of the school year:

'[A]fter my father died, our uncles thought it would be better to send us in a placement centre because our mother didn't really take care of us ... Otherwise we would have been in the countryside, having gone to school for 7 or 8 years [and then] I would have taken care of the cows and the geese in the field.' (Doru, 31)

Ciprian (28) and Doru and Sofia (both 31) were grateful for the decision taken for them to go into care. Doru recalls that when he got to the institution, he could see fighting, 'some were being beaten... and I saw that those who were noisy were very badly treated and I sat there quietly.' Referring to his brothers as well, he said: 'we adapted ourselves pretty quickly, we became aware of this situation pretty soon... even if we said 'no, no, no', in a way we knew it was better'. For him and Ciprian, the actual journeys to the institution had some excitement because they were journey to cities, an environment they hadn't come across before.

Entering care meant separation from an environment they knew and from people they were attached to such as siblings, mother, grandmother, and entering an unknown territory. Calin also went into care at school age and for the same reason, to start school. Unlike other research participants, he did not go into care with any of his siblings who were older and remained at home nor did he know anyone in the institution:

‘[M]y mother told me that she would put me into a children’s home. I did not say anything... [T]here was also a young lady next to my mother, with red hair. She asked me: ‘do you want to come with me?’ I asked where. She said ‘somewhere where there are children.’ And I said ‘yes’ but I didn’t know... We were 12 [in the room]. When I got there... I was very scared. I started to cry... heavily that I didn’t want to stay there, that I wanted... home, with my mother. I would look out to see when the minibus was passing by, to see when she would come to take me because that’s what they said, that she would come and take me again.’
(Calin, 24)

He recalled that an older boy wanted to beat him but he was protected by a carer. This made him feel ‘friendlier, more part of the collective, [started] to make friends and to be more talkative.’ Other interviewees remembered being lied to and not told that they would go into care. In Mia’s case, her father took her to the small group home and told her that he was going to buy a watermelon but did not return. According to Mircea, he and Oana were told by their mother that she would take them to town to buy them a cake.

Mica and Uma both tried to run away because they missed their mothers. Mica had lived for a while in the street with her mother and the small group home where she was placed was outside the city but she managed to walk back on her own. The staff told her that if she ran away, she could not go back there and the thought of being back in the street scared her. In Uma’s case, she grew up happily knowing that she was adopted until one day when she came back from school (age eight) and her supposedly adoptive mother told her that she had to take her back to the institution.

‘I was at this family who wanted to adopt me... and I had a beautiful childhood with them... I was in year one and it was the 8th of March [Woman’s/Mother’s Day in Romania] and I bought a bunch of snowdrops and I came home, she was at home. I said “I have a surprise for you” and I gave her the bunch of flowers. I would come home by myself as school was very near, less than two minutes from home. She was very upset; there was luggage in the corridor. And... she said to me “I don’t know how to tell you but I must take you back to the centre”... [A]fter I returned to the centre, for a while, it was chaos in my life... I had lived with them for a few years... since I was little they taught me things and they stayed with me... I started to cry and I kept crying... I know that all children came around me and I was scared and I said that I didn’t want to go back [to the centre], that I loved her and that she was my mother... For about a month, I didn’t want to eat, I didn’t want to sleep... I was a child, I was suffering. And then, little by little, I started to integrate myself.’ (Uma, 29)

Several interviewees mentioned the fear of the unknown when entering or moving placements. Dragos recalls his transfer from the institution where he felt integrated and had a special relationship with his school teacher to another one for older children as a rather violent moment:

‘I came back from school and they took me by hand... ‘You must go’ to [placement] centre [number]. I was given no explanation. And I kept opposing, they would drag me by the hand, I would drag the carpet... hold on all the doors and wardrobes along the walls... I think if anyone had explained to me in an elegant mode perhaps I would have understood better and I wouldn’t have held the carpet, wardrobes... I don’t know... I remember a wardrobe nearly fell on me... doors... they would pull my leg... It was really ugly. (Dragos, 27)

While most the narratives include rather disturbing episodes of fear when entering care, one differs significantly from the others. At age 12, Rebeca and her younger siblings were placed into an institution of about 30 children after living a life of extreme deprivation at home where she had to raise her siblings and beg in order to procure food:

‘We didn’t have anything to eat. My siblings would take day jobs, it was very hard, we were little... the situation became worse and worse. And our grandmother went and talked to them [a charity] and in 2002, when I was 12, it was all sorted out and we, the younger siblings, we went into the children’s home. In the children’s home it was very good... It was a shock in a positive way... My

siblings were very little, the youngest brother was two... my siblings were very sick, I was overwhelmed... When I got there, I had food, I had clothes, I didn't have to go beg in order to look after my siblings and somehow for me it was a shock because I didn't know that this was possible as well. I thought that's life... It was pretty difficult in the beginning [as] I wanted to take care of them... [T]he two years I spent there were the most beautiful years in my life, I think.' (Rebeca, 24)

Interviewees who had enjoyed family life with siblings but did not go into care with them emphasised how strongly they felt about missing their siblings (Calin, Sofia).

4.2.3 Life in Residential Care

Since the early 1990s, institutions started to receive humanitarian aid (food, clothes, toys) and foreign visitors or volunteering groups, journalists or visitors interested in adopting children or facilitating their adoption. This is how some of the research participants recollected that time:

'[T]he photographer would come and take pictures of children in year one, year two, he would take pictures... [f]or a catalogue to present them for adoptions. There was a case... a child... when he was to cross the border he had to say that his name was I don't know what. And of course he said his [real] name and he was sent back [to the institution]... because of forged documents or I don't know what happened. I think he was 7 or 8 years old.' (Doru, 31)

'There were families who came to see which child they liked... to take them... They'd choose young children... Foreigners too, but we knew the Romanians. They would bring sweets. We'd all jump into their arms but we didn't know which one of us would be [chosen]. I remember that since I was little [and] every Saturday, I would not go anywhere, I wouldn't do anything. I would go to see, maybe someone would pick me. I would pray because they taught us how to pray, and I would say 'God, when will my turn come for me to leave from this centre?' (Oana, 27)

Adi considers that he had 'a good and bad childhood'. He and Betty recalled happy memories when sponsors visited the institution at Easter and Christmas. In some instances,

humanitarian aid items created conflict and abuse. Doru recalled that a child who had a pair of fancy trainers was beaten by older peers (at the request of a staff member who wanted his glittery trainers) so badly that the episode was reported in the local media. Diana (24) remembered that a priest would come

‘and bring us gifts, food... we were all happy. I remember when the ladies [staff] would smile and say “I’ll give you some sweets upstairs.” The sweets meant beating. They used codified speech. And in order not to be beaten, I would give the bag of sweets.’

Several participants recalled the institutions in the 1990s as being overcrowded places, with over 400 or 500 children and 10-20 children in a room (Veronica, Doru, Uma, Calin, Adi). Veronica who spent her entire childhood in an institution acknowledges the function of care as meeting basic needs:

‘The mother and father affection was missing but at least, I had some education, I had a meal, I had a clean garment whereas with them, I didn’t have these. (Veronica, 25)

As she was the only one in her family who went into care, she is regarded by her siblings as the only one in the family having a normal life. This is how she describes her brothers who stayed in the family:

‘They actually don’t work, they don’t go to school; they are weird. When they see me they laugh at me because ‘I’m a *‘normalist’* [‘normalista’, jargon].’

The children had clothes and toys but these were not individual belongings (Anca, Ciprian, Oana). Anca recalled that when she was little and in residential care she received the visit of a young woman from the community on a day when she was wearing a long skirt but could not

find any pants in the storage and hence she felt ashamed and refused to stay on her friend's lap. She spoke about how concerned she was that her friend would think that she did not like her anymore. Toys were hardly mentioned as artefacts of their childhoods. When prompted, Oana recalled that she had a doll which was hers but did not want to take anything when she went into foster care.

The reform by which alternative services were created (foster care and small group homes) determined multiple changes, some of which were perceived as improvements, especially regarding the physical conditions: decreases in the number of children which translated into more personal space per child, personal belonging and more choice. Some of these changes were reflected in the interviewees' accounts. According to Veronica, the number of children in her institution decreased to three per room after the institution was refurbished: 'You had your own furniture, your separate wardrobe, all was different.' Mircea recalled that once the institution was refurbished he could choose whom he would stay with and this was regarded as positive change.

Others spoke about negative consequences of the reform process such as the transfer of residential institutions from the Ministry of Education to local authorities in 1997. The decentralisation involved changes in procurement of supplies (food, clothes) and staff changes, with many of those who were qualified teachers leaving the institutions. This was regarded by those research participants who had benefitted from the specialised teacher's support or clubs run by teachers as a downside and they considered that the children who came into care later did not have the same chances they'd had for educational achievement (Ciprian, Stefan, Uma, Doru).

‘Homework would be done at a high standard, as they were teachers. Going to school without your homework done was out of the question, no matter how difficult the questions were. Out of all the teachers in the *camin*, one would be better in math, one in history and we’d write some really good essays... That was different than it was for children living in their families because their parents couldn’t help them with homework in history, chemistry, math and all the rest. From this point of view, the system was very well organised as long as it was under the control of the Ministry of Education. Later on things changed, placement centres were transferred to the child protection directorates, recruitment started to be done under the table... lots of nonqualified staff came.’ (Ciprian, 28)

Provision of food was one critical aspect of residential care and most research participants referred to it mostly as being insufficient and therefore cause for abuse from older peers to younger ones. However, there appeared to be some variation of experience between institutions or between different periods. Some research participants reported that as they grew up the quality of the food decreased and they started to work so that they could buy what they wanted (Doru, Petru, Ciprian).

Supplies in every respect were scarce. A few male interviewees mentioned different strategies they used in their teenage years to buy the kind of food or clothes they liked or which gave them a social status: working, asking the head of the institution to give them the allowance for clothes (this was not the norm), doing small jobs such as haircuts or taking pictures of peers. These narratives reflect the financial crises in the late 1990s (mentioned in Chapter 1) when many institutions had no budget to buy fresh food. This is how two of the older research participants recall the change in those years:

‘The situation was a disaster... at least in the case of our *camin*. At a county level... the tenders were fake tenders... there wasn’t enough food, there weren’t enough clothes and many children had to work on the black market for their food. ... At some point the kitchen ladies brought food from home. One of the kitchen ladies had a garden and she would bring parsley and dill... cucumbers, lots of vegetables. The quality of the food decreased a lot, many [children] did not understand what was going on... and started to blame the kitchen ladies.’

(Ciprian, 28)

‘Before [decentralisation] they would organise the tender, discuss with the [local] providers... and the director [of the institution] would buy from them.... [Afterwards] there started to be some uniformity all over the county. Until '97 or '98 the food was very good. When the child protection took over the tenders, it was a disaster: ‘*Frushtick*’ margarine, the cheapest product on the market... [I]t tasted like detergent. When they ran out of washing up liquid, they would use bleach and hot water, they would boil them.’ (Doru, 31)

Some institutions seemed to have been more accommodating and friendly to children. Sandor (23) recalls that when he did not like the food, he would get bread and butter instead.

However, good memories like this were the exception. Most accounts about food relate to being insufficient or not being good.

‘We had three meals a day: morning [breakfast], lunch, dinner. Indeed, sometimes, you would feel the need to eat more, being a child, growing... Indeed, as I did sports, this was my disadvantage... I didn’t have proper food. I became ill. I did lots of sports and I needed pretty rich food and I didn’t have that... um... it was the same, bread and margarine, bread and pate, bread and jam; for lunch we had potato soup or cumin soup with toast, potatoes or rice... or beans... or peas... and in the evening, rice or semolina, pate... it was ok... I don’t know... sometimes it was ok, sometimes I needed more...’ (Uma, 29)

In addition to meeting a survival need, food can reflect social status and have an impact on peer relations. Here are two accounts of children growing in large residential care who mentioned how their packed lunch affected their relationships with other school mates:

‘At 10 am, during the main school break, the carers from the *camion* would come to school and bring some fresh snack: warm croissants, warm cheese pie or apples, banana, fruits... they would bring very good snacks.... So, from this point of view, discrimination...was not the case... We were the ones helping them [colleagues from families], sharing our snacks. (Ciprian, 31)

In another institution, where the school pack was a pack of biscuits and an apple, this became a marker of the social condition, making the difference between them and other children obvious: ‘[You’d go to school and] you’d see all the goodies the others had; you’d either think of stealing their food, as you were being raised there or beg them to give you some.’ (Oana, 27) According to Oana, food in the institution was good only when there was an inspection. She had forgotten the taste of meat and recalled that when she went into foster care (age 11) she would chew meat as if it were chewing gum and she would instinctively protect her plate when someone would enter the room due to the abuse she had suffered in institution:

‘[M]y food would be stolen sometimes. I didn’t get to eat, or maybe I didn’t like it ... or there was a girl in the group who would beat you up and take your food and there was no one you could tell because... until we explained [to the carer], ... [and] she wouldn’t take us seriously, you see... but anyway we would not starve, we would still eat something... When I was little, I’d work in the kitchen to receive food and I’d do the dishes.’ (Oana, 27)

She recalled how she would hide her bread under her arm when leaving the canteen as she had to give it to an older peer as otherwise ‘she’d beat me... as she had the support of the staff. She would do more than the lady would ask her to do; she was our boss, as it were.’

Andi (32) recalls eating cabbage stubs from garbage and getting hepatitis as a result. He describes a very violent environment with horrendous peer abuse. Even when getting his Christmas gift, sweets and oranges, he would only get to eat the orange peel.

‘We would leave the plates clean and the old ones would take the food and say, “if you don’t give me your bread, you’ll go to hell.” And the educators would look and they wouldn’t do anything. They would give two or three cigarettes to the old ones so that they [the old boys] would keep us quiet so that they’d have no worries.”

The accounts suggest a variation between different institutions and during different times, as reflection of changes in the macro-context and their impact at a local level, with implications on the relationships between carers and children, between children in care and ultimately impacting on children's self-perception.

Abuse was widespread in institutions and the accounts given led to three different profiles: the perpetrators, the victims and the protected. The latter were children who neither committed nor experienced abuse themselves. This was because they were protected by a sibling (Oana, Doru, Ciprian) or by an older resident (Calin), or by a carer who was attached to the child because they considered him/her a special child, good and making good progress in school (Mirela, Florian, Ciprian, Dragos) or even by an adult outside the institution (Costin). Andi, who grew up in residential since birth (1984) recalled:

‘[T]he old ones asked me to wash their socks, to kiss their feet and I said: “I’m not going to do that, not even if you throw me out of the window.” And this is what they did. They threw me out from the third floor, and I happened to fall with my mouth on the railing at the second floor. From here to here, the maxillary was broken. I ate for a few months using a straw. They took me into the bathroom and beat me even more... I can’t even tell how many beatings happened when I was asleep, when I started to be older. ... Then in 1995-1996, the older ones would ask you to do all sorts of dirty things in front of them: to dance in front of them, to get undressed in front of them, to do all sorts of dirty things. I didn’t do those, I was beaten but I would not do such dirty things... When I grew up... I would fight for the little ones, I didn’t leave them. I would prefer that I was beaten instead of them, I said I was the one who did something wrong, just not to see so much pain.’ (Andi, 32)

Other participants recall having lived in fear and without thinking that anyone could protect them. In addition to physical abuse, there was the risk of sexual abuse. One research participant mentioned abuse from older boys to younger boys as well as from male staff. Two of the female participants mentioned rape attempts which they managed to escape. Memories

of abuse have not been forgotten and several interviewees mentioned in their narratives encountering in their adult life, those who abused them as children. A few research participants mentioned meeting their perpetrators in adulthood (older peers or staff) and confronting them. One of them expressed during the interview the spiritual struggle he was going through: 'I can't forgive... I struggle to forgive and I can't.' Strong feelings of anger were described also by Veronica:

'There was a boy, if I was to see him even today, I don't know what I'd do to him. He had boots, as in old times, as soldiers wear in the army, with heels like this [*indicates the size*]. I was on the floor and this is how he'd do on my face [*gesticulates*]. I thought that was it. And the day after he told me: if the director asks you and you tell her, I'm going to kill you [*giggles*]. The director asked, "what happened to you?" I said "nothing" although my face was red, bruised. Besides that boy, I was beaten by others.' (Veronica, 25)

When she grew up, she replicated their behaviour:

"Hit her as she deserves it, hit her as she's bad, hit her as she deserves it" [said a carer]. And I guess this is why I became bad. Because I saw that, I copied, maybe at some point after they left, I started to do what they used to do. Honestly, to beat small children. And then I came to the conclusion: 'What am I doing?' and then I suddenly changed.' (idem)

Mircea also spoke about 'the terrible state of fear' they lived in:

'[T]hey asked us to fight with one another, only for the older ones to have fun and who was new, had more fear because nobody would intervene, absolutely nobody and if anyone from the staff saw, it was still our fault... We'd be beaten by the teachers... as well. This was life... I think this was the time which left marks on me the most' (Mircea, 26)

‘In addition to the peer abuse there were sanctions for poor performance in school or behaviour which included beating with a hose, cold baths or confinement:

‘[I]f we missed school or did something silly, we were taken to a small room and locked up there and we stayed for a day, because these were the rules. If we had a poor grade in school, we did not receive the snack from the canteen or we were not allowed to go out at all, we stayed only inside and we had to study or to write whatever was to be done for the following day at school.’ (Stefan, 25)

Punishments were not always reflected upon as forms of abuse. A sense of fairness and proportionality or lack of it accompanied the way interviewees’ perceived punishments, not only in residential care but in other types of placements as well. Spanking by the staff was regarded as normal by some children (‘deserved’ as Mirela said) but absurd when they were punished for something which others had done. Staff would have preferential relations with some of the children and they lacked the capacity (understaffed) or the competence to manage such large and mixed groups of children which might explain their tolerance to peer abuse. Several participants mentioned special, personal relationships with a particular staff member. In such cases, the staff members would take the children home, would offer them personal incentives to do their homework or would bring them food from home. Several participants spoke of the importance of those visits or of the privileged relationships they had with specific staff members. This is how Mirela recalls her relationship with her ‘special’ carer:

“Mirela, if you are going to learn the times table, you will receive a cake”. And just for that wonderful cake, I would learn it. There were other children in my generation who... would tell me: “Mirela, teach us, too, we also want to receive cake”... I saw the educator’s life beyond her job, I saw this person who wanted something from life, had a family, a job, salary... it depends how much the educator wants to go over this limit if s/he wanted to be only an educator and... if s/he won’t go beyond the barrier, that child won’t know about love or... S/he will be raised like a little robot.’ (Mirela, 26)

Uma remembered how the porter from the institution would bring her cooked food from home and she would share it with her friend. For Dragos, a staff member became like a mother to him and her home became his second home. She had an administrative position in the child protection office and one day he knocked at her door to ask for money to buy some food. This helped him to get protection within the care system and transformed his care experience marked until then with fear, hunger and lack of 'voice' into one where he was listened to, had advice and better food.

The above accounts suggest how complex the residential care system is in terms of relationships between peers and between children and staff. Two participants referred to the institutional culture as being dominated by 'the jungle law':

'It was something like 'dominate in order not to be dominated'. 'The jungle law' as they call it, really applied. If you let them, then you were stupid. When I arrived there, I was part of that generation of 400 children... [I thought] what's this? With bars [at the windows]... I tried to run away a few times..., it was bad but... little by little I started to get used, to dominate. Even nowadays, they rather respect me than the staff. But they respect me also because of my status: I graduated from university... Master's... I am friends with them. I knew how to approach them. We all had to sleep at lunch time but I don't know why, the staff let me do what I wanted to do but the others had to go to bed... The staff would let me look after them.... When I said "Aligned!" they would stand straight in a line. When I'd say "do that!" nobody would comment... I know how to put up with somebody, how to talk to someone and this is something which matters.'

(Costin, 26)

Most interviews with people who grew up in residential care suggest a culture of inequality: privilege and discrimination. This is how Veronica perceived it in the institution she grew up in:

'The placement centre's director... this woman discriminated and... this is how people are these days. They accept only good children, they don't look at the bad one, when on the contrary, it is the bad one who should be listened to. I think that's fair... all the time I heard, it stayed on my mind that "you are a bad child",

she kept threatening me that I would be taken to a different placement centre... I did nothing; I would argue with people, I mean I didn't listen to what they said. Perhaps I didn't like what they said and I kept my opinion.' (Veronica, 25).

Despite the widespread abuses, some children recalled a spirit of solidarity as well as playing and having fun in institutions. Betty recalled: '[O]nly in the evening I was happy because I would play with all the children, we'd play hide and seek... I'd go to bed and that was all. For me, only the evening was nice, the day was bad.' (Betty, 26)

Sandor also spoke about his playtime:

'The children's home was fenced and beyond the fence one could see the school's football ground. Behind that, there were swings, slides, ball play space. There was an open fence there and we had access to the school ground. But I wouldn't stay a lot there. I'd stay mostly within the yard.' (Sandor, 23)

Others chose to speak about summer holidays when they would either climb trees, get food from locals or they would steal and share fruits and vegetables from gardens or, in winter, sing Christmas carols and get some money. Stefan, Adi and Calin all remembered the good times of climbing trees, going to summer camps or different celebrations or having discos.

'I got along with her very well, we keep in touch. We would talk, we would laugh, I would climb in apple trees. She wanted apples. There was an owner and he would come and run after us with the stick. He asked if there was anyone in the tree and I was there with my pockets full of apples. I would tell them [the children], one *leu* for an apple but in fact I would give them for free. We would play hide and seek. I made friends in the camp. There were three placement centres going to this camp. Sometimes she would come and... get me out of the room and there was a corn field there. In the evening, I would go and steal corn. And we'd give it to the cooks to boil it. Or she wanted me to pick tomatoes. I would jump over the fence and I picked up tomatoes... We made tomato salad.' (Calin, 24)

4.2.4 Small Group Homes

There are two main types of small group homes: apartments where children in residential care were placed when they reached teenage years to gain life skills before they start living independently (set up mostly by local authorities), and houses (set up mainly by NGOs) hosting a small number of children from a young age. These were created in the 1990s to provide an alternative to large residential institutions. They would host up to 10-12 children per home. Two of the interviewees in this group grew up in small group homes set up by NGOs while the other four entered adulthood after living for a few years in apartments or half-way homes.

According to Dragos (who went into a group home during adolescence) the practices from large residential care and the same jungle law applied to apartments as well. Dragos remarked that it was the same staff who tried to impose the same rules as in large residential institutions. He managed to correct this by calling his 'social mother' (a child protection worker with whom he had a special relationship) to intervene. The care experience was largely influenced by circumstances and by the quality of care provided and the level of protection the interviewee enjoyed.

Mia and Mica both lived in small group homes set up by charities and enjoyed their care experience and the sense of family which such homes created. Unlike institutions, in small group home there were 2-3 children per room, 10 per house. Their accounts suggest that homes with a smaller number of children in which children grew up together favoured much more personalised care. They both spoke about friendships they built with other peers in the home. However, in Mia's case, the home where she had spent her first years in care was

closed down reportedly due to an investigation of sexual abuse of some of the residents by the male carer. As a result, she was transferred to a foster family:

‘I stay in touch with some of them... It was difficult to say goodbye because we lived together for five years. It closed down because a family came and the man there would lure some of the girls and this is how it was closed down.’ (Mia, 24)

Mica had very positive care experience in a small group home. She described her social mother as being ‘an angel’ for her. She was taken into care with her older sister and had one social mother in addition to a small number of staff. There she played, was in contact with her family and lived in a family atmosphere, received educational support, learned how to cook, how to manage her money and other useful skills. She developed very close friendships and a sense of family with her ‘home’ peers.

4.2.5 Identity and Participation in Residential Care: Self and the Others

This section explores family contact of those who grew up in residential care, their relationships in schools and how they managed their unusual status. All 16 research participants who entered adulthood from residential care know who their parents are and, with one exception, they have all met their families at least once. While being in residential care, some of the children visited their families during holidays. One interviewee described experiences of abuse and exploitation in her family and described how someone in the village put her in a cart that brought her back to the institution. In another case, the interviewee considered that the summer she spent with her mother and sister was the most difficult time in her life. Many of the research participants (ten out of 16) had siblings who were raised by their birth mothers. In some cases, they were the youngest child. Some of those met their families sometime during their childhood and their narratives suggest that they all accepted care as necessary or beneficial to them. In some cases, they were children out of wedlock

(Mihai, Mirela, Florian). Most of the research participants in the residential care cluster were in contact with their parents and/or their siblings at the time of the interview.

In the cases where children were institutionalised at an early age, contact with the family was initiated by the local authority, sometimes at the request of the child (Adi, Mihai). Adi recalled feeling sad during holidays as other children would be taken home by their parents whereas he was the one to stay in institution. He recalled that he was always on the list for camps and, at age 10 or 11, he was taken by the child protection director to meet his birth family in the countryside. He stayed in touch with them ever since.

Those who were not in contact with their parents allocated ‘mother’ identities to women who they felt supported them. They would call those women who gave them support or comfort, ‘mother’. Dragos spoke about a teacher who paid special attention to him as ‘first mother’, the mother of a school friend ‘second mother’ and staff member who fostered him informally as ‘social mother’. Stefan called the director of the institution and his landlady ‘mother’. Mica called her key carer ‘social mother’. When Camelia was taken into care, at age 12, she refused to call the staff of the small group home mothers as she had her mother.

4.2.6 School Experience

Most research participants provided rich descriptions of their school experiences. But school is also a social space and for children in care it also meant acknowledgement of their unusual situation or encountering discrimination at an early age. Oana recalls how ‘it hurt’ seeing other children brought to school by their parents while she had no one to call ‘mother’ and ‘father’. Later, when she went into foster care, she would call her foster carers ‘mother’ or ‘adoptive mother’ and ‘father’, despite the local authority’s advice which she found

impossible to follow. She also remembered how having the same packed lunch every day and understanding that everyone else had a mother and a father made her feel that she had a different status. She felt discriminated against and only a child who came from a poor family would play with her. She felt that discrimination has had a lifelong impact on her.

Petru however felt that he was positively discriminated against and benefitted from his colleagues support. In Florian's case, the fact that school was close to his residential care institution meant that children from care were not a minority and therefore felt included in the school. Several of them pointed out that residential care meant the opportunity for an education which they would not have had otherwise. Doru, Ciprian, Veronica, Adi and Mia regarded their care experiences as the chance to attend school and have access to an education which they would have missed had they remained at home, in the countryside.

Two research participants, Mica and Rebeca, recalled their school experiences prior to entering care. Their experiences suggest that marginalisation is not necessarily related to the care status but to extreme poverty. Rebeca started school when she was 9 years old and prior to going into residential care, she had to take her two year old sibling she was raising to school:

'[He] would also come with me in the classroom and I didn't like that... I can say that only in... the sixth form I started to talk but not until then. I was very traumatised by my peers who not only would bully me but they would also beat me. ... I was very withdrawn and I refused to make friends, I refused to talk to people, generally... The children put a label on me... I was very shy until I got to the secondary school, I refused to talk to people. ... I was older and already the fact that I was dressed differently, that I was in a way like the others... it was interesting for me and... I started to integrate myself, to have colleagues, make friends... For me it was about clothes. If I was like them, they wouldn't notice the difference and that would help me integrate.' (Rebeca, 24)

Mica kept going to school even when she lived with her mother and sister in the park:

‘Nobody knew. I shut up because I was ashamed to say... otherwise they would treat me badly ... There were days when I did not have anything to eat and I would steal a sandwich from a school bag to eat... and then I’d get beaten, why did I steal the food [giggles]... Or they would leave sandwiches behind... they wouldn’t take them home... and as I was the first one [to arrive] in the morning, I would search the desks to eat, a piece of bread, of crust.’ (Mica, 26)

Their accounts related to school experiences, especially during primary and middle school in which they often described discrimination, bullying or reactions of pity or favourable treatment (positive discrimination). Three research participants (Sofia, Florian, Ciprian) said that they did not encounter discrimination as the schools they attended were located close to the institution and the children in care attended in large numbers. Mircea, Adi, Diana and Mica mentioned humiliation and bullying. As they grew up and moved to the secondary school, several of them preferred to hide their status (Costin, Uma, Mircea, Mia, Mica). Such strategies succeeded only in some cases, as in others the fact that they were in care was disclosed by teachers. Their clothes or packed lunches were in some cases the marker of their different social status. The narratives suggest that the participants experienced limited ‘participation’, having had almost no say in their everyday life in terms of what was provided to them, such as food or clothes. With a small monthly allowance, they could buy some sweets or second hand clothes.

The residential care experiences varied depending on their age, gender and their status within the institution: protected, victim or perpetrator. Those who enjoyed protection from an older brother or a staff member or someone else described their residential care experience as generally positive (Doru, Ciprian, Mirela, Calin, Stefan). They did not experience peer abuse. Stefan and Calin mentioned physical abuse from staff members (cold baths and being beaten with a hose or in Calin’s case, being hit). The abuse was a result of the fact that they would be ‘naughty’ or, in Calin’s case, just like in Veronica’s, for answering back. As Calin was

older when the incident occurred, he hit back and the dispute was settled by the director in his favour.

Their accounts suggest that residential institutions were overcrowded and understaffed which led to rampant violence from staff to children and from older peers to younger peers, with the staff's tacit approval. Their ethos was based on oppression as a form of education, with fear as the main control mechanism. Some of the care leavers even considered violence as an acceptable form of education. Children had to respect the programme, to accept clothes and food without having any choice. They had almost no belongings unless they started to work in order to buy what they wanted. When Camelia went into care, her mother brought her clothes but the director said she would receive new ones and those were not necessary. When Oana went into foster care, she did not want to take anything with her, not even the doll which was hers. In general, those who entered care at a later age (Doru, Ciprian, Costin, Calin, Rebeca who entered after age seven) described their care experience, mainly, in positive terms. For them, residential care was an opportunity to study.

As institutions suffered changes by reducing the number of children and improving conditions, it appears that children's expectations and behaviour changed: some decided not to repeat the abusive behaviour they had suffered or started to challenge the staff (Calin, Veronica, Dragos). Being in care gave many children feelings of insecurity. They lacked the affection and the support which parents offer to their children. Overall, the interviews offered rich accounts of how intricate the relations are within large residential institutions and how different individual experiences can be as a result. Some, like Ciprian, managed to use the system in their interest:

‘I started to understand how the system works. I understood that it was bad. I understood that it cannot be changed and I started to use it. And I started to use the system and that was when several things were in my favour. I knew how to ask for things, how to push to get what I wanted although I manipulated sometimes. But it was in my interest. And that’s why I don’t think anything bad happened to me in the *camîn*, which would affect me in life.’ (Ciprian, 28).

Others regarded their time in residential care as happy (Adi, Mirela, Rebeca) or they felt proud of it (Stefan). With the exception of Rebeca, these were participants who entered care at birth or at an early age. Residential care marked their identity and provided them with a sense of solidarity and brotherhood which most research participants enjoyed recalling.

4.3 Foster Care

Foster care is a type of placement recognised by the UNCRC (Art 20.3). By its nature, foster care draws on elements from both residential care and adoption. The child retained their name (as in residential care), while being cared for by a family (as in adoption). Foster care was introduced in Romania in the late 1990s and was it extended exponentially during the reform of the residential care system in the early 2000s. Foster carers receive training after they are approved as foster carers. The interviewees are amongst the first generation of children who experienced foster care as an alternative to large residential institutions.

4.3.1 Profile of the Research Participants

Out of 39 interviewees, nine provided in-depth description of their foster care experience which lasted between two and 12 years. The nine interviewees were aged between 20 and 27 at the time of the interview.. Four were male participants and five were female participants. Many of them were amongst the first generation of children to enter adulthood from foster care. Most of the research participants in this cluster had spent a significant number of years

in residential care prior to their foster placement. The mean age for entering foster care was ten years old. In one case (Rebeca), the foster placement was atypical. The residential care institution where she had been placed with her younger siblings was going to be closed down and she refused to be separated from them. The NGO running the children's home identified a family who agreed to move into the institution to care for them rather than her and her siblings moving into their home.

In addition to these nine participants, three other participants interviewed within the residential care or intercountry adoption clusters had some foster care experience: Betty who was placed for one year in foster care (from residential care) at age nine prior to being adopted in Italy; Mircea who was placed in foster care at age 10 but who requested to be placed back in residential care after one week and Andrew who was adopted internationally to the USA (at age 6) and who was placed in foster care in the USA at age 12 after his adoptive parents decided to terminate the adoption.

4.3.2 Entering Foster Care

With the exception of Crina who entered foster care from home, all those interviewed about their foster care experience went into foster care after having spent several years in residential care. Despite the fact that they were placed in long-term foster placement, in most cases (except Florian) there was no matching period as would be in the case of domestic adoption. Five recalled being unhappy about going into care (Crina) or transferring from residential care into foster care (Rebeca, Anca, Mircea, Mia) while others embraced the move into foster care (Oana, Petru, Florian, Sandor, Mihai).

Most of those who wanted to go into foster care recalled that they were picked due to qualities such as being good (Florian, Sandor) or for being good and beautiful (Oana) or for being smart and assertive (Petru). They were recommended by carers or by the head of the institution. This is how they described their first encounter in the institution with the people they were going to live with:

‘My heart pounding out of my chest and I thought this is it, I’m going to be adopted, both me and my brother because she [the director] wanted very much that we went together...’ this is Oana, she is an exemplary girl” she gave them details about me. The parents were a little confused because they wanted a small one, I was 10, almost 11 and they didn’t want me because I was old. They wanted a little one... [The foster father] said ‘let’s take her however because look, she is beautiful’. I was blonde at that time [and] when you would be called, you dress yourself smart; you make yourself look different.’ (Oana, 26)

Contrastingly, Anca recalled not wanting to leave the institution and go into foster care at age six:

‘I was very upset... I remember that at the centre there was a loft with toys or something and when I was told that they were going to come and take us from there, I went into the loft and I hid under the bed so that nobody would come after me. And I was crying and I was very, very upset as I did not want to leave there. I liked it there as there were children; I was used to being there. I did not want my life to change... I remember that I cried all the way in the car. (Anca, 23)

Mia and Rebeca were in private residential care (Mia in a small group home) and they both described positive experiences in residential care before the institutions had to close down and they were placed with foster families. Mia felt she was forced to go to a family immediately on induction. In Rebeca’s case, finding a family to stay with her and her siblings in the institution was the only way to keep the siblings together, something she felt very strongly about: ‘They simply came and told us “This is your new family, your new parents.” I took things as they were’. (Rebeca, 24)

Florian was the only one who described a gradual move into foster care. His foster mother intended to take a child only for Easter and subsequently decided to become a foster carer and to look after him. He had spent a few days with her before moving in permanently. He recalled his first time being there as ‘Wow, I thought I would never have enough of living there. It was different.’ He also mentioned that during the first year of his placement, he continued to attend the school he had previously attended. Like Florian, Petru recalled that he was chosen because he was smarter and more confident and this is why the staff member who accompanied the foster mother recommended her to choose him:

‘First she [foster mother] came with a carer from the institution... and we were very many in a room and I was more assertive, smarter and she knew me how I was. And she said ‘choose this boy’, meaning me... [The carer] asked me ‘do you want to go?’ and I said yes. It seemed to me... *camin* life.... family life.’ (Petru, 26)

Sandor recalls vividly when he was told ‘you will stay in the family and you will be ours’ which made him feel secure.

Crina is the only one being taken into foster care from her birth home at age seven. Although she had been told that she would go with someone else and ‘it will be fine’ she burst into tears when she started to recall the moment of leaving home:

‘It was in the evening and I went to mummy’s [place], she was living... with someone and my sister was visiting a neighbour... to watch cartoons as not everyone would have a TV. And I went there and daddy came: “come on, let’s go.” No “good-bye, mummy”, no “good-bye sister”, nothing... As the eagle jumps on the hen... go ahead [*giggling*]. And I [left] my grandmother’s place... I cried [*crying*] and she gave me a tissue. And on the way, I saw my brother [*crying bitterly*]. He hugged me; that was it... it passed.’ (Crina, 20)

4.3.3 The Foster Care Experience

By entering foster care, they started to experience life in a new family. For some, this was the first experience of family life and for most (except Florian and Sandor) this meant changing school as well. This had complex implications in all aspects of everyday life: new relationships, new norms and adapting to a specific home culture). The way they referred to their foster carers during the interview varied from ‘mummy’ and ‘daddy’ to ‘stepmother’ and ‘stepfather’, ‘adoptive mother’ or simply ‘mother’ and ‘father’. This did not necessarily reflect the quality of the relationship but it may have been rather a reflection of the local culture. For example, both Anca and Crina who live in the same region referred to their foster carers as ‘mummy’ although their foster care experiences were very different. The foster carers were sometimes required through their contracts, not to get attached to the children they were fostering or not to be called ‘mother’ or ‘father’, something which Oana recalled in her interview:

‘[W]hen I was adopted [*i.e. taken into foster care*], my mother who raised me was told...that I shouldn’t call them ‘mother’ and ‘father’. But when they [the child protection staff] say that, they do not think that we need these two words... for us not to get attached to them; or them not to get attached to us ... I’m telling you: that was not possible. When I saw her for the first time, I called her ‘mother’.

Most participants got along well with other children in the family, they were supported in getting to know their biological families and started to acquire life skills by becoming involved in household chores or increasing their educational progress as their carers helped them with homework. In these cases, the foster carers showed commitment, were sensitive to their needs and to their opinions, children felt they could discuss their concerns with them. For example, in Crina’s case, the foster mother supported her being visited by her brothers whom Crina met by chance at a local fair, helped her with homework and involved her in decisions when she took new children into foster care.

As Florian commented ‘this is not a profession, it’s being a mother.’ He referred to his foster mother as ‘mother’ or ‘adoptive mother’. Growing up in foster care, he felt like home, a ‘normal’ child. Calling foster carers ‘mother’ or ‘father’ was usually the choice of the child, not something that was imposed on the child. Communication in everyday family life requires the use of titles or names. As in Romanian language first names are not used in communication with older people, the alternative would have been to address the foster carers using ‘Mrs’ and ‘Mr’, which would be awkward in the intimacy and routine of family life.

Generally, the interviewees did not mention food or clothes as problematic in foster care except Anca who felt in school ‘like the ugly duckling’ because ‘I was small and thin [and] mummy would buy me clothes but she would buy them bigger and I didn’t like wearing them but I had to...’

Some children felt supported, protected and part of the families they were in. Florian changed school a year after he moved into foster care and hid his foster care status by pretending that the difference in the family name was due to the parents’ divorce. He felt that the foster mother treated both him and his foster brother in the same way and that their arguments were not different from those in any other family. Betty who was taken into foster care by one of the carers in her institution recalled:

‘I would sleep with her at night, which is what I wanted, a mother. I was sleepwalking and she would take me in her bed in order to sleep peacefully. She had two older children, much older... They protected me, when we went out I felt like a princess, they asked me to tell them if anyone was bothering me.’ (Betty, 26)

Although she went into foster care when she nine, she was not told that her placement was temporary as she was going to go be adopted in Italy. When she learned that, she felt betrayed by the people she loved. Her narrative suggests that she had no say on a fundamental aspect of her life.

Petru recalled difficult moments such as the death of the foster father and hardships in the family. Although he recalled some good memories of being in residential care, he spoke about feeling that he was better protected in the family, that he had more guidance. In other cases, the children suffered emotional abuse which led to depression (Anca), did not feel included in the family (Rebeca, Mia, Mihai, Anca, Andrew) and were treated different from other children in the family (Mihai, Anca, Mircea) or even suffered physical or verbal abuse (Rebeca, Mihai).

‘[W]e had food... we were educated, we went to school, I studied well, but ... what I’ve always wanted and didn’t have was to feel affection... As there were the younger [other foster children] as well, all the time I could see the difference... They offered those more... and if they made a mistake, it was our [she and her two siblings] fault ... We often said that we were like in prison. We couldn’t even walk anywhere in the house or from one room to another... We could watch television when they allowed us. Sometimes we were not allowed to watch television for weeks. [E]ven in the yard, we went when we were allowed. We stayed in our rooms. Me in my room and they [her brothers] in their room.’ (Anca, 23)

‘They were very tough and very strict in anything. You had to do what you were told and there was fear, we were very much afraid of them and if you wouldn’t do that, they would beat you and... it was all done with screaming... We were used to it, it was the same in our family, the same here, just that I was already older, for my brothers it was very difficult to accept...’ (Rebeca, 24)

‘[In the foster family] everything was different. [In the beginning] I would sit, I wouldn’t move anything. She [the foster mother] was a little too strict... I don’t know, I was afraid to ask her permission to do something and then... I was like I’d better not tell her as she won’t let me. Perhaps she would have done but I did not have the courage to ask her permission.’ (Mia, 24)

The same type of experience of not feeling included in the foster family was reported by Andrew who ended up in foster care in the USA after his adoption was terminated by his adoptive parents. This is how he described his experience in the first foster placement:

‘I was just a child who, you know... I wasn’t their own by blood, so it wasn’t the best ... I wasn’t even allowed to have dinner with them in the same room, I had to stay upstairs when guests were over... I was completely separated. (Andrew, 22)

Mihai described being well-received by the foster family but gradually the relation deteriorated as there were four children in the family (another foster child and two biological children) and Mihai had health problems and wanted contact with his mother.

‘They thought that I was perfectly healthy but then the medical problems started and that’s why my relationship with the family deteriorate ... I said they’d rather not taken me but left me there.’ (Mihai, 25)

After repetitive conflicts, Mihai’s foster family placed him with the foster father’s parents in the same village, without informing the child protection services:

‘I grew up at [my] grandparents’ place. They gave me one room and I stayed with them. My grandmother cooked for me, washed for me, she sent me to school and she asked me whether I’d done my homework. It was very good. My grandmother would defend me ... and I keep in touch with the [foster] family more for her sake. [My] grandmother was like a mother for me, she didn’t tell me off, not that there weren’t any arguments, like a grandmother, she let me free. She knew I was a teen... only when I didn’t do any chores she would tell my father from down the hill. She’d say ‘look, Mihai does not contribute to the household work, to give water to the pigs or feed them or pick up [grapes]... but with time she understood me and she let me free and she stopped telling [foster father name] because that would harm me.’ (idem)

These accounts suggest that there were foster placements where research participants felt protected and included in the family and placements in which the foster carers discriminated against them compared to other children in the family. Reportedly, the foster carers showed

abusive and over-controlling behaviour compared to their own children or other fostered children. About half of the interviewees with foster care experience did not feel encouraged to express their views or their needs. Based on the respondents' description of their foster care experience, five of the nine interviewees had a predominantly good foster care experience whereas four of them had predominantly negative foster care experience.

The participants reported that visits were announced and even if children were consulted separately in the foster carer's home, they did not feel they could speak up but rather they said what they were expected to. Monitoring visits were mainly checks on the physical environment and discussions between social worker and foster carers.

'There were times when they would speak [to us] separately. But we didn't dare, for example I couldn't be honest with them because they would talk to me and then they would go to the kitchen to talk to them about what they talked to me. And I knew that I couldn't open up myself. And all the time when they came from the [child protection] direction, I felt pressed because those people expected answers which I could not give... (Anca, 23)'

Three of these placements terminated early: Mihai went into residential care before starting secondary school, Mia who at age 17 asked to be placed with a relative and Rebeca at age 16 moved with her siblings in the parents' apartments where they had lived before.

4.3.4 Identity and Participation in Foster Care: Self and the Others

This section refers mainly to contact with the birth family and school experience for children who grew up in foster care. With one exception, all those interviewed about their foster care experience knew at least their mother's identity and were or had been in contact with their parents and/or siblings. In one case, the child had inquired about his birth family during adolescence and found out that his mother had died. In four of the nine cases, (Mia, Crina,

Rebeca, Florian), the children went into foster care at an older age and they were aware of their birth family situation at the time they entered foster care. In three cases, (Crina, Oana, Sandor) the research participants benefitted from their foster carers' support in searching for their birth family. Sometimes, first encounters happened in an informal and unplanned manner. In Crina's case, she met her brother at a local fair and in Sandor's case a neighbour met one of his natural brothers in the neighbouring city:

'In 2011, a neighbour from the village went somewhere in the city and she met one of my real brothers and that neighbour told my [foster] grandmother: 'I saw someone who looked so much like Sandor.' And she asked 'what's his name?' I did not hear the conversation as I was at school. And one day when I came from school, my grandmother came and said "you know, the neighbour met one of your real brothers?" I said, "Where, how?" I didn't even know I had real brothers; at the children's home, they told me I had but... no one knew the number of siblings and well... I was amazed then. I wanted to get in touch with my brother but I had no telephone number. I had no contact. And through child protection, we had to have meetings only there, never outside. I don't know, it was forbidden, or... somewhat more restricted. And one day he called me and said: I am [name and surname]. They live in a different village. And [another name and surname], the other one... (Sandor, 20)

This is an indication of how space, community impact and local informal networks interfere with the provisions in a realm that sits between the public and private sphere. As for Mihai, his intention to search for his mother became one of the reasons for conflict and emotional abuse. Contact with the birth parents was initiated by the children and not by the child protection services.

4.3.5 School Experience in Foster Care

Unlike children in residential care, children in foster care reported that it was easier to hide their status in order to avoid shame and discrimination (Anca, Mia, Florian).

‘In the secondary school, I tried already to put the past behind me and to hide that I was in foster care [saying that] in fact it was my mother, [that] I lived with my parents. Nobody knew that. I would have felt strange to say that I was in foster care.’ (Florian, 24)

School experience in foster care was influenced by age (they perceived their status differently as they approached adolescence) and the relationship with their foster carers. For example, in Anca’s case, her unhappy foster care experience, led to her gradually losing the motivation for studying:

‘[School] was good. I would study as I liked it. I attended secondary school and I would go to school competitions but after I got to secondary school, I don’t know, I wasn’t that motivated. I didn’t want so much to learn anymore because when I got 9 [out of 10] for example, she would tell me “why didn’t you get 10?” If I got 10, she would tell me “why do you tell me, you study for yourself”. I mean I would study but I needed to feel that I was appreciated.’ (Anca, 23)

Out of the eight participants, five mentioned positive school experiences and having benefitted from help and support from their foster mothers or foster siblings in doing their homework:

‘I remember that I started [school] in 2001, entrance in year one, and she told me after several years: “If I remember from where you came and where you got”... and indeed I remembered. It’s about [the fact that] I couldn’t write. I did not have that patience to sit at my desk, I was freer somehow. ... But little by little it passed. ... [My stepbrother] helped me with mathematics and my stepmother she helped me with grammar, Romanian language, geography, history...so it was very good.’ (Sandor, 23)

Four of the nine participants mentioned feeling ashamed because of their status. They felt that they could not engage in conversations with their colleagues which referred to parents’ or family issues. This led to them being shy, withdrawn and very selective in choosing with whom they would talk to. The fact that they lived in foster care helped some of them to pretend that they lived with their families and hide the fact they were in care.

Having similar clothes, being able to pay any school costs in time or having packed lunch similar to others were factors contributing to feeling equal or different. In Oana's case, she felt that being raised in a family and having a packed lunch which she could share with others provided her with a different social status. Although when she transferred in foster care at age 11 she was new in a class where friendship groups had already been formed, she initiated a group of friends with two other girls whom she identified as being isolated: one for being Roma and the other one for being fat.

Most interviewees had their basic needs (food, clothes) better fulfilled in foster care. With the exception of Rebeca, the physical or sexual abuse which was reported to be prevalent in residential care was not reported in foster care. However, several children suffered from emotional abuse while they were in foster care. With one exception (Crina), in those cases where there wasn't any matching, the foster placement was reported as a rather unhappy care experience from their perspective.

Contrastingly, Mihai, who grew up in residential care from birth until age 7, recalled having a good start in the foster placement but that started to deteriorate as he started to have health issues and wanted to know his biological parents. After three years, his foster parents decided unilaterally to place him with a relative until age 16 when he decided to return to residential care.

4.4 Domestic Adoption

States Parties that recognize and/or permit the system of adoption shall ensure that the best interest of the child shall be *the* paramount consideration...

(Article 21, UNCRC)

The UNCRC does not include adoption under article 20 (that regards care) but dedicates a separate article (21) to it, to ‘[e]nsure that the adoption of a child is authorised only by competent authorities’ (Article 21a, UNCRC). Domestic adoption is considered as a permanent type of placement though it is not a category of care as such. It implies the termination of all legal links with the child’s biological family and the child becomes legally and permanently the son or daughter of their adoptive parents. Unlike residential and foster care, once adopted, the child enters the private realm and with the exception of a post-adoption period established by law, the child is no longer under the attention of the social services. This is why the UNCRC dedicates Article 21 to adoption, this being the only article where ‘the best interests of the child shall be *the* paramount consideration (my emphasis). The state has an obligation to ensure that ‘the persons concerned have given their informed consent to adoption on the basis of such counselling as may be necessary’.

4.4.1 Profile of the Research Participants

Two of the seven research participants were born in 1985 and were adopted after they had spent almost one, respectively two years in residential care (Maria and Dan). One research participant (Cora) was born in 1987 and adopted at age eight, one year after she became an orphan and went into residential care. Three research participants were born in 1991, 1992 and two of them were adopted shortly after birth (Gabriela and Vladimir) while the third one (Marina) was adopted from residential care at age four. The youngest research participant

was born in 1996 and he was adopted at age three and a half from residential care. Thus, four out of the seven research participants spent more than six months in residential care, at ages regarded as critical for human development by several scholars (Bromfenbrenner, 1979; Hawkins et al., 2007).

Two of the seven adoptions were reportedly private: Vladimir, whose adoption was arranged by his maternal grandmother with the adoptive parents, presumably facilitated by staff in the maternity hospital; and Gabriela who was adopted in the extended family but in her case the adoption papers were never finalised. Only two of the seven grew up with a (younger) sibling: Dan, whose mother had a biological son when he was seven and Vladimir, whose parents adopted a baby girl, nine months after he was born.

All of them were adopted by families, with one exception (Traian) whose adoptive mother was single. With one exception (Gabriela) who mentioned poverty as part of her childhood, the other adoptive families had a good socio-economic situation. Two of the adoptees mentioned health problems which were supposedly related to their time in institutional care (Maria, Dan). Maria learned from her adoptive mother that she had been underfed during her stay in institution and she was underdeveloped for her age at the time of adoption.

Reportedly, her mother treated her at home with alternative medicine and massage and she had a quick recovery. Dan also spoke about the multiple health problems he had as a child and about the long periods of time his adoptive mother spent with him in hospital until he recovered. Marina said that she had memory problems but her parents fought for her to attend mainstream education. Strong commitment and perseverance of their adoptive mothers appears in most domestic adoption narratives.

4.4.2 Growing Up in Domestic Adoption

Their relationship with their adoptive parents was different in each case. Although she was adopted at seven, Cora recalled a ‘beautiful childhood’ with her [adoptive] parents. She had a very close relationship with her adoptive mother and she always stayed in touch with her siblings. She described her life as being ‘love, affection, and understanding.’ Her adoptive mother supported her relationship with her siblings both by allowing her to spend holidays at their home and also having them visit. Like other adoptees, she had experienced at least an attempt to be bullied by a boy who came and told her: ‘I’ll tell you a secret that will make you cry a lot... ‘You are adopted, you know?’ And I said: ‘What big secret is this? I know.’

Vladimir also spoke about the fact that his parents were never violent, they did not tell him what to do and what not to do but preferred to use persuasion or ‘subliminal messages’. He remembers family reunions and playing with his (also adopted) sister. He did not know throughout his childhood that he was adopted. The only time when he felt (ethnic) discrimination was in school when he lived with his parents in Portugal for a year. He only found out that he was adopted when he was contacted on the social media by his biological uncle at age 25.

Dan recalled his family life, the music of the early 1990s, holidays, how he would go with his father to buy bread from the bread factory, the love of his grandmothers, the fact that he was expelled from kindergarten due to his behaviour. He believed that his fury was due to the bullying he faced in school because of the colour of his skin and the over-protective and over-controlling attitude of his mother. His nickname in school was the name of the waste collection company and he remembered that when he was seven or eight, he wanted to take a bath in bleach in order to become white:

‘Did you not have friends in your class?’

No. Only once I went to a birthday party, I ran away with the tuition money ... and for that reason I was deeply humiliated at school by my mother. My mother is pathological... I understand this now; then I didn’t.’ (Dan, 31)

His adoptive mother had been with him in five hospitals during the five years before starting school and he described her as being tyrannical in her control over him:

‘My mother [would say] “I fought for you to live so many times.... when nobody would... To see now that you don’t care”...I no longer avoided physical effort, I wanted to play football, I wanted to go in the street, I couldn’t care less that I’d been sick, it had no relevance to me. Plus the fact that my family is a pretty autistic family, where the argument is [that] you don’t need any friends as long as you have your family by your side. That’s why their rejection that I get close to someone.’ (idem)

He described himself as a quick learner but also as someone who would fight at school and feel ‘indiscriminate fury’. The relationship with his mother became increasingly difficult during his teenage years. During an argument, his mother told him to his amazement that they [the adoptive parents] decided to terminate the adoption, adding ‘as we guess that you know anyway.’ The conflict escalated and the child protection professionals placed him in emergency residential care where he lived for almost a year until he moved in with his grandmother. The outrage he felt led him into alcohol and other ‘crazy things’ except drugs which he avoided, due to some awareness activities in which he had taken part.

Like many others, Maria did not know that she had been adopted until being bullied at school and called ‘soul daughter’ (jargon for adoptee). Her adoptive mother became pregnant soon after adoption and decided to have an abortion, developing fury towards Maria whose

childhood was dominated by physical and emotional abuse. She would be beaten and sometimes pushed outside the door naked if her school performance or behaviour had not been regarded as good enough by her mother. Her mother would constantly compare her to other children. During one of the arguments, her mother told her: 'you are not even aware of what I've done for you. I'd better not had taken you instead of taking you and have all this trouble.' Maria found out at age 11 from another child that she'd been adopted and confronted them. She developed mental health issues as a result (stopped talking) and demanded to meet her birth mother.

Marina considered that she was part of a beautiful and 'somewhat normal family' although during her teenage years her parents divorced, her mother lost her job and tried to commit suicide. She appreciates the stability she had while growing up and the support of her teachers. She found out that she was adopted when she was seven from her playmates. She felt shocked and ashamed in school even if her colleagues did not know:

'I was ashamed because all the time I would see my normal peers; I mean their parents were their biological parents. Not for me... I didn't know how those with biological parents would behave...' (Marina, 25)

In addition, she had sleep problems and nightmares seemingly related to trauma accumulated prior to adoption. Like Marina, Traian stressed that when he went to school he felt 'different':

'When I was 7 or 8 in the first or second class, I knew that I had something different than the others... My mother was very busy and I had a friend who was picked up from school by his grandmother every day. And I was picked up very rarely because they were very busy. And little by little, I understood that... I'm not like them; that's his real grandmother...' (Traian, 20)

He was taken to kindergarten early at his mother's intervention, his interpretation being 'to get rid of me', because he was hyperactive. In school he was 'the clown' and had to change schools because of behaviour. He remembered being bullied both in the arts and in the sports school: 'go away, you are adopted', 'go away, your mother is not your real mother.' He spent a long time on the computer or with friends in the park where he learned to smoke and drink at an early age.

Like Marina and Traian, Gabriela (kinship adoption) also mentioned that she found out that she was adopted when she was seven and when her adoptive father died, initially from other children who told her 'your mother is not your mother'. Unlike other adoptees, she said that she did not care and she was not affected. According to her, she gradually learned that her two sets of parents were related and she would visit her biological family during holidays although she would not call them 'mother' and 'father'. The challenges of her childhood were living in the terror of a violent home after her adoptive mother remarried, and living in a boarding school from age 12 and away from her adoptive mother who went to work abroad.

All interviewees mentioned feelings of gratitude to their adoptive families although only Cora and Vladimir spoke about the love between them and their parents. Maria also mentioned her adoptive father's love for her and Dan his grandmother's love.

4.4.3 School Experience in Domestic Adoption

For most research participants, school was not a great experience at least during the first years. It was the place where they acknowledged their difference and where many of them were bullied or stigmatised for being adopted or on racial grounds. Two of them reported having been involved in violent incidents. For Maria school was the source of her physical

abuse as she met her mother's expectations of school grades. In Marina's case, she acknowledged that the support from her teachers and her mother 'saved' her by giving her advantage of staying in a mainstream school rather than transferring to a special school.

4.4.4 Domestic Adoption, Contact and Reunion

These narratives suggest a culture of secrecy in relation to adoption, partly perhaps to avoid discrimination of the adopted children and of their adoptive families. The cases of Cora and Gabriela are similar to cases of open adoption since they were in contact with their biological families throughout their childhood and Cora was aware of her adoption due to the age she was adopted. Out of the other five research participants, two had met their biological mothers at the time of the interview (Maria, Vladimir). Two research participants (Marina, Dan) initiated procedures to search for their mothers but found the procedures too daunting and did not pursue their endeavours to the end. Traian, who is also the youngest research participant, had rejected the search for his birth family as a worker from the institution told him that that his family had taken his siblings home without him:

'Do you think I was a wanted child? ... If I was born and left in the hospital, they didn't come to see me for three and a half years... but they took my siblings... My mummy's friend told me because she works there and she knows... I was angry, I thought what if I'm drunk and I might go and do something there... And that's why I don't want to complicate my life. It's better this way ... it's no point... I am content with my mother, my grandmother, with all these, it's no point...' (Traian, 20)

Dan (31) said that he had initiated the court procedures to find his biological family but he was asked at the end of the process to repeat the procedure as he should have made his request to a different jurisdiction. At the time of the interview he was considering to start again:

‘[T]wo years have passed and the biological parents are getting old. I have to find out this. Well, because it is a piece of information to be ticked. I don’t feel an acute need but I know it is healthy to do that and I do it rather didactically as it were.’

It is interesting to note that in both reunion cases, the search and the reunion were arranged privately. In Vladimir’s case, he was found by his biological uncle on social media. This is how he described his first encounter between him, his mother and his adoptive parents. These extracts capture the sensitivity of the relationships between the birth and the adoptive mother:

‘[W]e met [my birth mother] at a pizza [restaurant] ... [I]t was pretty natural, perhaps also because she is young, she is 37... We were looking at each other and analysing: we both have a space between the front teeth, we both have eyebrows I don’t know how... And then we started to discuss, like “what do you do?” and so on. It felt like we hadn’t seen each other for a long time and “let’s go and have beer and talk”... What I observed then was that my adoptive mother was afraid as if they were going to take me away... [S]he would say “I did this, I did this” and I was like, “stop justifying yourself, it doesn’t matter, let’s get over this, it’s good we have got to know each other” we speak, I find out things... we speak on Facebook almost every day.’ (Vladimir, 25)

Despite describing a happy reunion, he did not call her ‘mother’, and felt that he could not tell her ‘I love you’ in the way he would tell his [adoptive] mother. The above fragment highlights the fear which his adoptive mother felt and which he sensed that the biological mother would take him away. But a happy reunion built on the basis of a happy adoption experience did not threaten the relationship between the adoptee and the adoptive parents although they had hidden the adoption throughout his childhood and beyond. Vladimir said about the adoptive parents that once the secret was released ‘it was like lifting a stone of their heart... ‘[T]hey are totally changed, they are much more peaceful; they are different.’

Maria's reunion was a very different experience. After going through conflicts with her adoptive mother during her early adolescence years and after refusing to speak, the adoptive parents decided to follow her request and take her to meet her biological mother. They travelled to a house in the countryside where her birth mother had signed the adoption papers:

'They took me, we went there... My father came with us... but he said he could not see his child whom he raised and loved with all his heart, to see how she goes there. I had told them that I wanted to stay there. I think they were aware that I was not going to stay there but they were afraid... I remember that I was sitting there [waiting for her biological mother]... [T]he entire village was there with us as everyone had found out... [A] woman with a black apron, a blue gown and with a scarf on her head, with a bright skin, a very beautiful face but hardly walking, dragging her feet, with a crutch, came close to me. 'You must be my girl, aren't you?' And everybody started to cry. Everybody! When I saw my mother, I said '*saru mana, mama*' [Romanian greeting for mothers which translates 'I kiss you your hand, mother'] and I kissed her hand. And she said 'My girl, I look at you, look how well your parents raised you. Look, you have a gold necklace, look how beautifully you are dressed, you have ear rings...' That's why I remember that I had a gold necklace and ear rings. For her, this meant a lot. I asked her "How are you, mum? Where are you coming from?" She said "I have no home, I have nowhere to live, I look after a blind man and I live at his place... I don't even have food. Why did you come here? You are not going to stay here. You are going back with your mother and your father"... My birth mother had tears and in her eyes and she was holding my hands so tightly that it hurt. I didn't tell her that it hurt as I was afraid she would think that I loathed her but I didn't. She was a modest but beautiful woman... And she told me that I had a brother and a sister but they were in a children home and that was all she said clearly. Then she started to speak nonsense ...' (Maria, 30)

For Maria, meeting her mother was an overwhelming emotional experience the narrative suggesting that she drew parallels between her mother's unhappiness and her own. As she got in the car she became silent again: 'I was crying, I couldn't sleep at night but didn't feel like speaking. I would just cry and be silent.'

This long and rich description of reunion highlights how complex and emotionally draining such encounters could be for those involved. It highlights the social inequality between birth

and adoptive parents but also how economic status is regarded as important when her mother reads in the gold jewel she was wearing the fact that she had been raised well. Two research participants were not sure about when a child should be told that they are adopted. Vladimir thought that if he had been told during childhood, he may have turned against his adoptive parents during teenage years and told them that they were not his parents. Dan thought this should be carefully done, with professional support.

Although adoption is regarded by many as gold standard due to its ‘permanency’, these narratives suggest that the experience of being adopted does not go without challenge. Although generally the research participants had their basic needs satisfied, the emotional hurdles of feeling ‘different’ marked their childhoods and, in some cases, their entire life. Some of the seven adoptees were raised by fully supportive parents (especially mothers). However, in the cases of Marina and Gabriela, their childhoods were affected by divorce, economic hardship, mother’s suicide attempt (Marina) respectively death of adoptive father and mother’s migration when she was 12 (Gabriela) in addition to the adoption experience. Despite very close relationships with their mothers in most cases, three of the seven research participants lived in homes with domestic violence (Maria; Cora; Gabriela); Traian was raised by a single mother and felt that he did not know what a father meant; he felt neglected by his hard-working adoptive mother. In Dan’s case, his adoptive mother had mental health problems as a result of which he had to leave the home at age 16. Vladimir is the only research participant who was raised by a family without difficulties. In addition to these experiences, several encountered bullying and discrimination and had to deal with the fact that they learned during childhood that they had been adopted. Despite these issues, all adoptees expressed attitudes of gratitude towards their adoptive parents. Dan, who had to leave his adoptive home, said that he considers himself a successful adoption.

The child protection services intervention was present in only one narrative (Dan) where his narrative suggests that they discussed with him as well about what was best for him. He attended counselling, was given advice and was placed in the best residential care they had in that area.

Once adoption is legally finalised, the child enters the private domain where social norms and beliefs outweigh legal provisions. Neither adoption awareness nor support for finding the birth family seem to have been embedded in institutional culture in Romania in ways that were supportive for those affected by adoption. The culture of secrecy in domestic adoption led to children finding out about their adoptive status from other children in four out of five cases, and the adoptee finding out in adulthood from his biological family in another case. Reunions or contact with the biological family did not affect the quality of the relationship between the adoptee and the adoptive parents. This is an important finding that deserves further attention.

Some of the adoptees found adaptation to school difficult or school was not a supportive environment (Traian, Cora, Dan). In one case (Marina), disclosure of status resulted in support from her secondary school peers. By using different avenues for recruiting the research participants, a wide range of experience, including private, kinship and open adoption arrangements have been reported.

4.5 Intercountry Adoption

**‘Bubble, if you’ve got a second, could you adopt me a Romanian baby?
Oh, you could. Get a selection and I’ll pick some.’**

Jennifer Saunders, *Absolutely Fabulous* (1993)

The above lines from the British comedy series ‘*Absolutely Fabulous*’ satirises the popularity and superficiality of intercountry adoptions from Romania in the early 1990s. The media exposure of institutionalised children triggered the interest of many Western couples or individuals in the adoption of Romanian children either because they did not have their own or as a reaction to the TV images. As Kligman (1998) reports, the fact that they were Caucasian race was one the reasons for the high demand. As demand increased, Romania became a market for children (IGIAA, 2002). Corrupt practices included forged signatures or coercion of mothers to obtain consent (Kligman, 1998; McElderry, 1995). Some of the children were adopted straight from maternity hospitals or from homes as adoption middlemen targeted the poorest or most vulnerable families, sometimes to the outrage of the local community, as described in Chapter 1.

In addition to the widespread corruption, intercountry adoption is very complex from a legal point of view, involving questions of citizenship, jurisdiction and other legal aspects which are not always harmonised between the sending and the receiving country (Kim et al., 2015).

Article 21b of the UNCRC leaves intercountry adoption as an option of last resort by stating that intercountry adoption ‘*may* be considered as an alternative means of child’s care if a child cannot be placed in a foster or an adoptive family or cannot in any suitable manner be cared for in the child’s country of origin’ (my emphasis).

4.5.1 Profile of the Research Participants

The eight intercountry adoption research participants were adopted in the USA (Andrew, Brianna, Sarah, Victoria), Italy (Betty, Sofia), one in the UK and one in Ireland (Adrian, Alexandru). At the time of the interview, they were aged between 22 years and 31 years old. The age when they were adopted varied between three weeks (Sarah) and 17 years (Sofia), five being between 1,5 and 6 years and one at age ten (Betty). Five of them were adopted from institutions, one from foster care (Betty) and two from home (Victoria and Sarah). In one case (Victoria), the adoption was similar to open adoption as she was adopted (age five) together with one of her sisters and an older brother was adopted two years later. She corresponded with her birth father after being adopted. The research participants adopted in Italy are sisters but they were never raised together either in care or in adoption. Five of the eight adoptive families did not have their own children. Sarah's family had a biological son but they wanted a girl after her adoptive mother's miscarriage. Victoria's family had a younger son and older children from previous marriages and after they adopted Victoria and one of her sisters, they adopted a boy from Russia as well as Victoria's older brother. Alexandru's family also adopted a girl from Romania.

Sofia's family had their own (younger) children and they hosted Sofia during summer holidays since she was nine. At age 12, she told them that she would like to have parents and they agreed to adopt her. As the paperwork for her adoption took five years, she went to Italy when she was over 17.

4.5.2 The Intercountry Adoption Experience

Adoption was not a secret to any of these interviewees and most of them grew up with a story they were told by their adoptive parents. Most of them recalled the knowledge they grew up with:

‘I remember that ... my adoptive parents, you know, they used to read a book... called ”Adoption Means Belonging” which was a chance to talk about, you know, just the family and it was a kind of a slow introduction to the idea of what adoption was, and I think I was seven or eight when they kind of told me... they didn’t tell me that I was adopted, they said, ‘oh, you have two sisters in Italy’ so the whole approach was very slow, very kind of nurturing and nothing was a shock.’ (Adrian, 27)

Some referred to the corruption involved in their adoption as their adoptive parents told them:

‘My mum said... she was sort of searching for a baby that had blonde hair, blue eyes and when she saw me I was dark with big, dark, brown eyes and she checked me to see if it was the right baby because she thought that somebody was trying to give her somebody else’s child. She checked my diaper to make sure that I was a girl because she wanted a girl and... There was some trouble with them [US couple who brought her to the USA] leaving the country with a Romanian child... They bribed many people... there were no more seats on the plane but they wanted to leave immediately in case my birth mother had tried to come back and take me... so they bribed them in order to get more seats on the plane...’ (Sarah, 25)

Victoria said that she was never encouraged to ask questions about Romania and she was told that she shouldn’t think about the past as she was American. As regards their childhood experiences, only Adrian recalled a beautiful childhood with an English traditional family life, with many happy memories, growing up with a sibling (biological child) close to his age and later a younger adopted sister.

Alexandru (22, Ireland) also remembered the time his adoptive mother ‘jumped into the bed

beside me with my sister on one side of my mum and me and the other; and... you know, snuggling up to my mummy' but his childhood was marked by his violent adoptive father and his abuse towards the mother: 'Childhood for me was... more a disruptive experience and a violent experience at home; my parents were always fighting, always [stressed], every single night.' Although they all had access to school and health services and nobody mentioned suffering from hunger, their childhood included experiences of bullying and discrimination, abuse or not feeling loved.

Brianna remembered being in a pretty dark house and having a baby doll. Her parents worked for the army. She described her adoptive mother as being cold and her first adoptive father as being alcoholic. Brianna mentioned being seen regularly by a therapist specialised in sexually abused children but she did not remember being abused allegedly by her first adoptive father. She was put on medication at age five reportedly because her mother found it difficult to cope with her and on very strong drugs (lithium) at age nine for being bipolar, a condition which she denies she has.

Two other intercountry adoptees were diagnosed with health issues: Adrian with dyslexia and Alexandru with ADHD and depression. Adrian remembered lots of tests that he had to go through in school for being dyslexic, whereas Alexandru remembered being seen by psychiatrists and being put on heavy medication. Both Brianna and Alexandru said that they stopped taking medication in early adulthood at their initiative. In Alexandru's case, this was at the suggestion of his birth mother. Andrew (adopted at age six) spoke about the fact that he was sexually abused by a neighbour when he was eight. He had been adopted by a very wealthy religious family living in a religion dominated state and had been raised by nannies. According to him, his abuse was interpreted as sin by his adoptive family and he was legally

disowned at age 12 and placed in a 'sex-ed' centre, in a hospital and then in two successive foster families.

Sarah, adopted at three weeks, felt loved by her adoptive father and grandmother but never by her adoptive mother. After her grandmother died when she was ten, she started to rebel and the relationship between her and her mother started to deteriorate.

Victoria, adopted at age 5, recalled a rather chaotic childhood. She remembered news reporters coming to the house to write about the adoption and described living in a small and crowded house with a large piece of land. She lived with the adoptive parents and eight other children (four stepchildren, one biological son and three other adopted children, including one of her sisters and her older brother). She remembered attending children activities with her younger adoptive brother and her mother pushing her to do homework that she'd hidden under the bed. Her childhood included traumatic episodes such as her birth father's death (with whom she was in contact), her adoptive father's police investigation for assaulting the adoptive mother, her adoptive parents' divorce followed by her moving from one to the other in different states, and the suicide of her natural brother when she was 15 and she was the one who had to identify him.

Betty, adopted (from foster care) at age 10 in Italy suffered physical and emotional abuse from her adoptive parents from the first day, even before she left the country:

'[Before leaving Romania], [t]hey stopped in a hotel and I started to watch cartoons because I didn't know what to do and the cartoons were in Romanian and my adoptive mother hit me in the head with a pencil saying: "no, you must already learn Italian fast, fast"... [T]hey wanted me to learn Italian immediately, to forget the Romanian language... They wanted everything immediately, like in the army. They were severe.' (Betty, 25)

Punishment for school grades included food deprivation. She was never given a key for the house and every time she asked about her family she was told that they were all dead. The parents also obstructed her sister's attempt to contact Betty.

Sofia's adoption experience was also not what she expected when she travelled to Italy at age 17. Although she had told her adoptive parents that she wanted to have a mother and a father, five years later, she felt she no longer wanted parents. She was a teenager who wanted more from life than working the land and doing the housework. She wanted to become a beautician and to make friends. The family reluctantly agreed to pay for part of her vocational school and did not want her to go out and make friends. Soon after being adopted, she was forced to live in a storage room out of the house for more than a year, until she contacted the civilian police who obliged the family to receive her back into the house.

4.5.3 The School Experience for Intercountry Adoptees

School was not an easy experience for most intercountry adoption interviewees. Both Victoria and Alexandru mentioned moving around between about seven schools. Alexandru thought that it was due to his ADHD condition but he was also bullied due to the colour of his skin: 'I was always the odd one out at school. I was always the gipsy or the *Pakkie*. I was never the fucking Romanian, you know?' Sarah, who went to Jewish private school in the USA also mentioned being bullied because she was the only child with brown skin in her school. Both she and Brianna were moved by their parents from private to public schools into which they found it easier to integrate. Brianna had been bullied for being fat, possibly a side effect of the heavy medication she was on.

Adrian, Victoria, Brianna and Betty found school extremely difficult in the first years.

Adrian, Victoria and Brianna were adopted at or close to school age which meant they had to learn a new language as well as gaining new knowledge at the same time. Betty went straight into the 4th grade in a competitive school. She received help from her peers in the beginning but as soon as she started to have good grades, she felt marginalised: '[J]ust one girl I made friends with. I felt put aside, marginalised because I had good grades... Children would say: how come, this one came from Romania, she's better than us and she's adopted.'

Several research participants remembered finding it difficult to keep up but for most of them school experience improved in time. Victoria remembered with pleasure when she attended the same school between third and sixth grade and having very good educational attainments as well as being central to her group of friends. Later, her adoptive parents' divorce, moving schools and her brother's suicide led her into depression which affected her educational achievements. Adrian, Andrew, Brianna, Victoria, Alexandru, Betty mentioned being smart or above average despite the fact that most of them had spent their first years of life in residential care in Romania.

4.5.4 Reunion in Intercountry Adoption

Six of the eight intercountry adoptees visited Romania in their adulthood and five of them met their birth families. None of them had visited Romania or taken language lessons during their childhood in order to maintain that element of their identity. Andrew was the only one unsure about contacting his family and said that if he were to meet them he didn't know whether he would 'punch them in the face or... give them a hug'.

To intercountry adoptees, reunion meant not only connecting with their birth families but also with the country and the culture in which they were born. From the knowledge they gathered from various sources, they tried to make sense of the circumstances of their adoption, how Romania was described to them by their adoptive parents and their own discovery of the country in adult life. Although Brianna had not visited Romania, she had been in contact with her brother who was raised by their birthmother and she commented with a note of humour: ‘Those Romanians are supposed to be poor. My brother sends me a picture of a MacBook and I’m like um... [*giggles*] how did you get that? But he has the hard-working gene.’

Alexandru and Adrian spoke very powerfully about their connection to Romania and for both of them the country is very much intertwined with the mother although only Alexandru met his mother. When asked what made him who he is today, Alexandru’s short answer was ‘Romania’. He spoke about how his mother taught him Romanian and gave him advice about how to live. Shortly after his first visit, he returned and this is how he describes the need to return:

‘...I went home. And then I got severely depressed. Because my heart was still in Romania... So, one evening ... I said to my mum, the Irish one now: “I have to go back to Romania”. If I do not go back to Romania, I’m a threat to my own safety”. So, she put me on the next plane back to Romania. She says: ‘Stay there for Christmas. And I said, “I can’t do that. I need to stay there for a year, at least”.’ (Alexandru, 22)

Language is a barrier to reunion in intercountry adoption. Whether they use Google Translate or an interpreter or other ways to communicate, the fact that the adoptee and the birth mother cannot have a direct conversation prevents their access to a narrative that may be essential to their mental health and emotional wellbeing. During her visit to Romania, Victoria spent one day at her birthmother’s place:

‘... [W]e didn’t really talk about like adoption but before we left she wanted to know if I was mad at her?!... But I couldn’t really answer that question because I didn’t know how to explain it. [Name of sister in law] couldn’t explain it to my mum because [name sister in law] speaks English but it’s like... it’s very broken English. So I don’t think I could have explained well enough so I just basically was like... “no, I’m not”...’ (Victoria, 29)

Although Adrian did not meet his birth family he described an almost metaphysical connection to Romania:

‘...[I]t was always the Romanian thing that kind of... when I was alone, got on top of me and would always make me... make me do stuff like this [self-harm]... It’s a funny one because I look at my childhood, I look at the family I’ve got... and everything is so... you would just assume everything is fine... but... there is a fear I can’t put my finger on it, why... why it has such a deep impact on who I am... umm... yeah, it’s something I never want to shake off either, because without it I’m not me ...’ (Adrian, 27)

When asked whether he felt Romanian or English, Adrian replied:

‘I’m English, you know... I speak English, I live in England. I have English friends... I don’t live in Romania, I don’t speak Romanian, I don’t know how Romanian people live ... [but] there’s also, I was born in Romania, I think I have a Romanian way of thinking. When I’m there ... I really get kind of absorbed into people and I don’t know if it’s my mind wanting to see something that’s not really there, I don’t know but I see... not all the people but I see a kind of compassion and a caring for humanity I think it is... in Romanian people.’ (Adrian, 27)

Five interviewees are in regular contact with members of their birth families. Sarah, Adrian and Alexandru travelled to Romania several times in their 20s. When he was 18, Adrian felt he ‘needed to know who this woman is who carried me for nine months and who gave birth to me and made me who I am.’ He visited Romania and started the search on his own but he eventually found out that his mother had passed away. The only members of his birth family he knows are his two sisters, both adopted in Italy whom he contacted before starting the

search for his family. The reunion with his siblings was his birth mother's wish which his adoptive mother had promised to fulfil. One of his sisters only found out from him when they met that she had been adopted.

Some searched for their families online or, in Brianna's case, her family paid an adoption middleman to get a report about the circumstances of her adoption and her birth family's current circumstances. She reconnected with her brother but not with her mother who works abroad partly because they do not have a common language in which to communicate in.

Despite the fact that adoption was not a secret to any those adopted internationally, only some (Alexandru, and to a lesser extent Brianna and Sarah) had their adoptive parents' support in finding their families. Following her online search, Sarah was contacted by a Romanian TV channel that identified her natural family and arranged a recorded reunification online:

'[When I saw the documentary]... I found out that I was sold... for like 10,000 lei... I felt horrible because of the position that I put my birth family in... because to me it seems very much like Jerry Springer... like you flogged somebody's... past and somebody's decision that they may not feel comfortable about. And I felt horrible. Because I saw the pain in my mum's eyes [*her voice trembles*] that she was very sorry.' (Sarah, 25)

At the time of the interview, Sarah was at the end of her first visit to Romania:

'I'm thankful to my adoptive parents for raising me and taking care of me but at the same time... Seeing how all of my [biological] siblings have grown up... I have 11 siblings here [in Romania] and one in Italy. My family is here and my mother raised each and every one of them. And even my birth mum said it; she said "I could have fed you from the same plate that I fed everybody else... I feel like I found myself... um... I have just never felt so much love in my life."
'(idem)

The first visit was followed by another two in less than 12 months. Adrian and Alexandru also spoke of a very powerful need to return after their first visit even if in Adrian's case he did not meet any of his family members:

‘After I went there the first time, I was then hooked on it, the idea of Romania and the idea of my mother... and it became very... really like an obsessive thing...’ (Adrian, 27).

In Alexandru's case, the first reunion was overwhelming. His adoptive mother and someone who helped with his reunion travelled with him to Bucharest. He described the shock he had when he met his brothers at the airport and felt like he was looking into a mirror. When he met his mother, the only words he was able to say were ‘*mama, sunt acasa*’ [mum, I'm home] and both him and his birth mother fainted. During his first visit, he learned that his mother had not given her consent to adoption but her signature had been forged by his father. Soon after his first visit to Romania, he felt he needed to return for a longer time. His mother taught him Romanian, how to cook Romanian soups and she put him off medication. He fell in love with the Gipsy music to which he listens with the same joy he listens to jazz. During the interview, he switched several times from English to Romanian. Although his language is not grammatically correct, his pronunciation is surprisingly good for a new learner. Like Vladimir (domestic adoption), he felt that the meeting of both his birth and adoptive mother was rather uneasy and felt like ‘moving mountains’. The same adoptive parent's anxiety reported by some domestic adoptees was felt by those adopted internationally when reunion was discussed. Adrian hesitated to search for his mother sooner because he felt a deterrent attitude on his adoptive mother's side.

‘I think for my mum, like I said, she's very, very hard, kind of strong woman and she's the most generous person I've ever met... she's very... she wants something, she'll get it! And ... I think she's kind of quite vulnerable as well with that, and she keeps her emotions very hidden... I think deep down she's just as

any kind of adoptive mother would be I presume, is to be wary of that kind of, that child making that decision to go and find his birth mom and she would never admit it I don't think ...but I think she's always been a bit worried that, you know... she's done so much you know, and she's scared that all that work and all that kind of making a family would disappear ...if I found her.' (Adrian, 27)

In Betty's case, reunion actually meant reunion with her sister, Sofia who, with great difficulty, determination and detective type work, managed to find her. They had only met once before, when they lived in two different residential care institutions but she knew that her sister had been adopted in Italy. This saved Betty's life: 'If it hadn't been my sister, yes, for sure, I would have terminated my life.' Sofia was also the one who managed a reunion of all siblings (she, Betty and their two brothers who grew up in residential care and work abroad) with their grandmother in Romania. This was recalled more like a happy memory as both Sofia and Betty were aware of their history before adoption.

A few of the interviewees in this group mentioned difficulties in getting their adoption documents from their adoptive parents. Victoria suspected that her adoptive parents had thrown them away. Brianna and Andrew also obtained them with great difficulty from their parents.

The findings of this section show that although intercountry adoptees had their basic needs fulfilled as they were adopted by well situated families, had access to good quality education and health services, not all of them were protected from abuse: two mentioned sexual abuse, one physical and emotional abuse, two witnessed conflict, violence and divorce. Many felt that they had no agency (Sofia, Betty, Victoria, Andrew) as their voices did not seem to matter.

4.6 Concluding Remarks on Experiences across the Different Types of Placement

The narratives analysed across the various types of placement offer an insight in the research participants' care experiences. This analysis is facilitated by the use of the UNCRC as a theoretical framework. Starting from Hammarberg's classification, I have grouped the recurring themes under three pillars:

- Provision or response to primary needs: food, health, education, play and rest;
- Protection from harm: mental health, emotional wellbeing;
- Identity and participation: acknowledgement of the child as a person (name, family relations, nationality); affirmation of self in relation to others, mainly contact with the biological family and peer relations; having an opportunity to express his or her views freely and being heard.

The participants' accounts suggest certain features of the different types of placement from the perspective of those who experienced them.

Thus, provision or response to primary needs was very different between residential care where most participants spoke about insufficiency and poor quality of food and the other types of placement (including small group homes) where food did not appear to be an issue. With regard to education, all research participants attended school and gave rich account of their school experiences: peer relations, relations with teachers, support they received for homework. One dominant feature of the school experience was discrimination which appeared in all types of placement (31 of the 39 interviewees) although in a few instances (e.g. Crina's case), they were positively discriminated as a response to being in care.

Almost half of the interviewees made reference to health services while being in care or adopted. Two residential care participants had a series of surgeries while being in residential care. A few research participants from residential mentioned being mistreated (Diana) or not being paid sufficient attention because of their status. Although several research participants mentioned being depressed, only a few mentioned receiving professional help (Maria, Dan, Mihai) although in Mihai's case, the psychiatrist supported his wish to meet his birth parents. This may be partly explained by the fact that therapy is a rather new occupation in Romania and interviewees referred to faith and spirituality as a way to deal with every day struggles. The fact that health has a cultural connotation is suggested by the contrast between domestic and intercountry adoption. Several adoptees reported significant health issues. Those in domestic adoption reported a high commitment from their parents which helped their full recovery (Dan, Maria) or reaching their full potential (Marina). In the intercountry adoptees cluster, Brianna and Alexandru had their childhoods marked by strong medication for ADHD and other related conditions while Andrew was taken to a centre to be cured from homosexuality. Some adoptees, in both domestic and intercountry adoption or in foster care did not mention any professional help (Anca, Traian, Betty, Victoria, Sofia, Adrian).

Research participants recalled play experiences in all settings, with positive memories in residential care and small group homes and in some of the foster care placements but not all. The domestic adoption recollection for play and playmates interfered with bullying or stigmatisation due to the adoption status. In intercountry adoption, play varied between those who remembered playing mostly on their own (Brianna) and those who had siblings they could play with (Victoria, Adrian, Alexandru). Discrimination and stigmatisation in peer relations occurred in several narratives.

Protection from harm and emotional wellbeing were not guaranteed in any type of placement according to interviewees' reports. Many interviewees gave accounts of physical abuse they encountered in residential care but there was also physical abuse in foster care (Rebeca), domestic adoption (Maria) and intercountry adoption (Betty); sexual abuse in residential care (two female participants mentioned rape attempts) and intercountry adoption (Andrew). Emotional abuse or witnessing domestic violence was reported in all types of placement (residential care, foster care, domestic adoption and intercountry adoption).

In addition to direct accounts of violence, several interviewees mentioned secondary cases of abuse such as sexual abuse in institutions (Dragos, Andi, Doru), small group homes (Mia) or intercountry adoption (one of Adrian's sisters adopted to a different country was sexually abused by the adoptive father). Other secondary cases of abuse referred to other peers or siblings in unhappy foster placements (Oana, Stefan, Costin, Anca), with three of those they mentioned having ended their lives while in care or soon after that. Two interviewees mentioned secondary cases of peers returned from foster care to residential care in a way that did not suggest that this was the children's wish.

Another secondary case of suicide (in early adulthood) was Victoria's brother (adopted internationally by her adoptive family) who left a note saying 'everywhere is the same, thanks for trying'. Also, Alexandru mentioned another adoptee from Romania who had been physically abused by her adoptive mother. These secondary cases mentioned by interviewees provide further insights into foster care and adoption which should not be ignored.

Identity and participation there varied widely within as well as between types of placement. As described in the theoretical framework, identity in particular is affected to different

degrees by different types of placement. Residential and foster care did not change the children's legal identity. In some cases children were supported either by their foster carers or by professionals to get or stay in contact with their birth families. Adoption, by its nature, changed the legal identity of children, except the kinship adoption case where the legal paperwork had not been carried out. In the case of intercountry adoption, in addition to the change of legal identity, the cultural identity of the child is lost. At least half of the interviewees adopted internationally would have liked to regain their Romanian citizenship but found the hurdles of re-establishing their status too complicated.

Almost all the interviewees, in all types of placement either knew their birth families or expressed an interest in knowing them. Only two interviewees who were in their early 20s were unsure of whether they wanted to meet their families as they did not know why their families had placed them in residential care.

Narratives suggest that listening to children was not a norm in residential care, with two research participants reporting that they were punished for voicing their opinions and only a few interviewees managing to have food or clothing of their choice during teenage years by employing different strategies. Mostly, the child protection services supported the children in residential care to meet their birth families and in some cases this was in response to the child's desire to do so. Mica's case reflects good practice in residential care as she described being consulted and being given options and support throughout her placement and her transition to adulthood.

In foster care, in some of the placements, the interviewees felt consulted and advised in matters regarding their life or life in the family (Crina, Florian, Sandor, Petru) whereas in

others they did not feel encouraged to express needs or desires (Mia, Anca) or their views gave rise to conflict and verbal abuse (Mihai). Florian described fair treatment which his foster mother consistently applied to him and his foster sibling, something which he appreciated.

In adoption, participation is closely related to how children perceived their relationships with their adoptive parents. In Maria's case, her wish to meet her birth mother was only met after she got depression. Most domestic adoptees reported good relationships with their adoptive parents with the exception of Dan whose adoptive mother was over-protective and controlling.

Several accounts of intercountry adoption suggest that the adoptees did not have a meaningful participation to family life and they were not listened to by their adoptive parents. In addition to being a victim of physical and emotional abuse, Betty never had a key to her adoptive parents' house. Sofia was obliged to live for almost two years in a storage room in her adoptive parents' bed and breakfast; Victoria's account suggests also that there was no consultation about her custody preference when her adoptive parents divorced; and Andrew's claim of being victim of sexually abused was ignored before his adoption was terminated and he was placed in different forms of care in the USA.

Peer relations varied depending on the context. Bullying occurred when children were younger, if their status (adopted or in care) was an exception in that school environment, on the basis of ethnicity or race. Stigmatisation or marginalisation was reported particularly by some of the children in residential care and some in adoption and it included private schools (Brianna and Sarah). In Brianna's case, at her request, her adoptive mother moved her to a

public school where she ‘could just blend in’. It is interesting to note that adoptees who reported persistent bullying were also those who suffered emotional abuse or did not report a good relationship with their adoptive parents, or lived in homes affected by domestic violence (Dan, Maria, Sarah, Betty, Alexandru).

One important strand of findings which is relevant to the child’s right to be heard refers to how research participants recalled their experiences of going into care. Many of them gave rich accounts of what they felt when entering care or when they were moved between placements. Most interviewees, who recalled such moments, recalled also their desire or opposition to that change. It is worth noting that most of those who did not want a certain placement to happen (residential care to foster care), with one exception, recalled those placements as unhappy placements (Anca, Betty, Rebeca, Mia, Mircea, exception Crina). Also, those who wanted the changes to happen with one exception spoke positively of those placements (Oana, Florian, Petru, exception Mihai).

The above findings confirm that the UNCRC can be used as a comprehensive theoretical framework for understanding and analysing the children’s experiences in different types of placement.

After I switched off the recorder we chatted for a few more minutes. He told me that care was a good thing because he would have never had an education if he hadn't gone into care, instead staying home, eating potatoes and doing nothing. He mentioned his sister during the interview and it turned out that she grew up in foster care. I asked him if he could ask her to talk to me. So far it has been impossible to get names of young people who grew up in foster care. He called her and she agreed but again I need to reconfigure my trajectory. I need to find a car and visit her on Sunday. After the hopeless and useless feeling I had exactly a week ago, I feel that this research is truly worth all the effort.

Later on I got in touch with X who is living and working as a model in Italy. He would like me to interview him and was very pleased to hear that this research is limited to the voices of care leavers and not professionals as well. He grew up in two institutions. He wanted to speak about abuse and immediately recalled how he and his siblings were obliged to go home despite extremely harsh conditions, alcoholism and physical abuse from the father. This happened during the reform years, when institutions were under pressure to cut costs and reduce the number of institutionalised children. He is obviously a very bright young man and would make a great interview.

Chapter 5: Adolescence and Transition to Adulthood from Different Types of Placement

This chapter opens with a description of the macro context in which the research participants in this study entered adulthood. It then explores their perspectives about how they lived adolescence and entered adulthood from different types of placement and how the care experience affected their identity formation and social identity during transition to adulthood. It then concludes with a summary of the findings across all types of placement.

5.1 Introduction

The fact that the research participants were born around 1990 meant that there were multiple macro-contextual factors that impacted on their early lives (end of the Cold War and opening of Romania's borders, adoption of the UNCRC and, coincidentally the invention of the World Wide Web) and on their adolescence and emerging adulthood (Romania's accession to the European Union, new and affordable communication technologies, economic crises). The world was about to change dramatically, not the least for Romania's children in care.

As discussed in the introduction chapter, the research participants' transitions to adulthood in 2007-2008 were affected by the adoption and enforcement of children's rights legislation (2005) that allowed extended care until age 26 if they continued to attend education.

Romania's accession to the European Union (2007) provided freedom to work and move within the EU space. These political developments were extended by technological ones such as (affordable) mobile communication devices and social media. At the same time, the start of the economic crises in 2008 influenced gradually the labour market. Many of these factors

influenced their adolescence and early adulthood and are reflected in the interviewees' accounts.

According to a recent study (Sandu et al., 2014) in Romania's general population, almost 75% of the young people (14-29 years old) live with their parents; the average age for leaving the parental home in Romania is 28 (30 for men and 27.2 for women); the young people in the rural or poor areas have less chances to graduate post-secondary schools or to go to university; almost 40% of the young people want to emigrate at least temporarily; personal relationships are considered essential for finding a job; two thirds of young people believe in God. In addition to this, cocaine consumption is one of the lowest in Europe, with a mean of 0.2% compared to an EU mean of 1.2% (cf. <http://www.emcdda.europa.eu/edr2016>).

In this wider context, this chapter explores the adolescence and transition to adulthood of the research participants as reflected in their accounts. Data analyses are carried out in the light of literature on identity (Baumeister, 1986; Cote & Levine, 2002, 2016; Erikson, 1994). It looks at aspects such as identity formation, self-concept and agency or self-efficacy as reflected in the research participants' narratives. It then looks at the support and challenges they had during transition to adulthood from different types of placement. These lead to the last section of the chapter: outcomes in adult life, which investigates the current life of the research participants at the time of the interview. Starting from Nussbaum's Capability Approach, I analyse to what extent the interviewees enjoy their basic freedoms (life, health, shelter, adequate education, experiencing religious events of one's choice; recreational activities), emotional wellbeing (avoid unnecessary pain, close personal relationships, love, justified emotions) and to what extents they have control over their environment (self-respect;

non-humiliation; values; opinions; ability to live with and towards others) in order to live an independent life, preferably one which reflects their choice.

5.2 Accounts of Adolescence in Different Types of Placement

Adolescence is represented in Erikson's (1994) work on identity as the stage of 'identity vs identity confusion'. Irrespective of when they went into care, it was during adolescence that they became aware of who they were and knowledge of their personal history became an important issue to many of those who did not know their families.

Erikson (1994, 124), arguably the main theorist on adolescence, regards adolescence as 'a way of life between childhood and adulthood' (ibid.) when young people are preoccupied, 'sometimes morbidly ... with what they appear to be in the eyes of others as compared with what they feel they are' (ibid.). By the time they started secondary school, some reported stigma and developed a sense of inferiority as they learned that the colour of their skin or their care status influenced their worth and identity as ascribed and perceived by others. In addition to this, childhood experiences in care and pre-care experiences contributed to the way in which the research participants shaped their identity formation during adolescence.

5.3 Adolescence and Transition to Adulthood in Residential Care

Before discussing how interviewees who spent adolescence in residential care framed their narratives, I shall summarise a few elements related to their care experience. Of the 15 research participants who experienced residential care, seven entered residential care at birth or shortly after being born, seven when they were of school age (age seven or older) and one at age four. Those who entered care at birth, stayed in an institution for young children until

they were three and were then transferred to institutions for pre-school children (3-7 years old), respectively school children (7-18 years old). Those in the small group homes cluster (Mia, Diana, Dragos, Mica, Andi, Camelia) had passed their 10th anniversary when they entered the homes.

By the time they reached adolescence, all those in residential care had some knowledge of their birth families and all but three had met their birth families. Although some of them were in contact with their families, none of them spoke about conflict with or rebellion against their families which suggests that they had accepted and internalised the status quo. Costin (who entered care at age eight) was the only one who mentioned that he stopped visiting his mother as he turned 18 because he did not know who his real father was and she had refused to answer that question. What appears to preoccupy those in residential care is their 'stigma management' (Goffman, 1990), their attempts to manage information regarding their care status in their social environment outside care, mainly in the school environment.

Many of the narratives are related to efforts to hide their social status, particularly in secondary school, which suggests that for children in residential care, identity formation focuses on the relational self (Lucey, 2010) and the interaction with others.

Irrespective of whether they felt discriminated or bullied during primary or middle school, several of those in residential care started to employ different strategies to hide their care status 'to be like every [other] child', as Uma said. Change of school from primary to secondary created that opportunity. But in the cases of Uma, Ciprian, Costin and Mircea their secondary school teachers disclosed it.

‘[T]he secondary school started, at the beginning of the year, when the teacher called out the names, he mentioned that I was in care and everyone turned their heads to me. “And what’s the problem?” I asked. ”Mind your own business...” I also explained to him afterwards. You can’t do this.’ (Costin, 26)

Ciprian (28) also described in detail his attempt to manage the stigma associated with someone’s care status when he started secondary school:

‘I was at an age when it mattered for me that people didn’t know certain things about me because by and large people didn’t have a good opinion about those from the protection system. They would call us *nefamilisti* [the non-family people], *caminari* [the ones from the institution] or other names... And I waited for the teacher to tell her. The longer I waited, the more the tension increased... [I told her that] I’d prefer that this is treated as confidential and she assured me that it would be confidential. Because I’d found it difficult to share this with her, I asked her to let me go to the toilet to calm down a bit. While I went to the toilet, she told the entire class: “Be careful how you behave to Ciprian because he comes from the *camin*”, and so on... I don’t know what she meant when she said ‘be careful’, perhaps she wanted to protect me ... I only found out when I was in year 11, a school mate told me. For three years, I did not use the word ‘home’, I would say ‘I go to my place’. I remember that I was very careful in order not to raise questions, so I didn’t have to lie more; I avoided bringing about certain subjects ... I avoided to mention parents in conversations although they’d say: “Look, mum bought me these trainers” or things like this. I would avoid certain discussions in order not to attract questions like “what do your parents do, what do they work?” or ‘what is your room like?’ or things like this. I would avoid this subject completely and I was very careful. I did this for three years, not knowing that they already knew my situation.’

However, in all these cases, disclosure did not appear to have been followed by pity or discrimination. As they were older, those affected managed to communicate with their school mates and most of the interviewees in the residential care cluster reported positive social experiences in secondary school compared to primary or middle school (Uma, Costin, Rebeca, Ciprian). This is in line with Goffman’s (1990) theorisation of stigma according to which stereotyping is reduced and replaced by sympathy and understanding when persons become closer to each other. Costin who had more agency considered that he was ‘superior to

them, grades in school, when it was some work to be done in the workshop [I'd do it]. I had authority, I was one of the cleanest, most civilised. If there was something was fashionable, I had to have it.' His account suggests their awareness of what was required in order to gain equal status to others and Tajfel's (1978) group identity according to which the value of belonging to a group is dependent on its status relative to other groups.

Despite the fact that adolescence is a time of reflection and formation of personal identity, birth family was not an adolescence theme for most residential care leavers. This may be due to the fact that most of them had met their families, two of them had spent some time with them but they both regarded return to the institution as something good for them. Only two (Uma and Costin) spoke about confronting their birth mothers with identity related issues or questions related to their care (in Uma's case, she wanted to know why her mother had neither released her for adoption, nor took her home) and in both cases, they stopped contact on the same occasion.

Some participants mentioned that they would take temporary summer jobs that would allow them to earn money which they could use in order to feel equal to their peers: wear fashionable clothes, have the same type of packed lunch, go out with them, have fun. These were mainly male participants who had not suffered abuse in care. Moreover, it extended their identity capital not only by gaining new skills and self-confidence but also by providing them with access to a network in the community (work colleagues) where their status was known from the beginning as jobs were facilitated by the head of the placement centre or NGOs working in institutions and the work experiences reported during secondary school were positive ones.

‘They knew my situation since I started work. It was not a problem. I integrated very well and because the atmosphere at work was very good, very pleasant... I preferred to go to work instead of going to school... Many of my colleagues there were pretty friendly, we would meet outside working hours, I would visit them at home, I met their families, we would go out to have a beer, [go on] small trips...’ (Ciprian, 28)

Many would take summer jobs or would work during the school year as well. Veronica asked the institution director to find her a job and she got a summer job in a clothing factory, Mircea got a job wrapping meat, and Costin had several jobs during his secondary school years: barman, selling food, in the construction industry and others. In addition to earning an income, employment was a social opportunity to enhance their social capital by gaining membership of a more valuable network. Veronica got attached to her employer whom she considers as ‘mother’ for all the help she received from her. Moreover, she received a job at the same factory after she graduated from secondary school. Ciprian’s first job was facilitated by an NGO and the company owner had been a volunteer in the placement centre during his school years.

Doru, who recounted his care experience as a positive one, became entrepreneurial. He learned from a staff member how to do haircuts and operated a small business in the institution, doing haircuts and taking portrait pictures for his peers who would pay him money or give him notebooks. These and other work opportunities helped him buy a computer and learn programming. He spoke about how he had gained knowledge in computers from a teacher who inspired him to study individually. He was ambitious and had a desire not to disappoint his physics teacher who gave him access to an old computer. Later, this knowledge helped him to earn a prize of 2400 Euro when he was 18 which he described as a challenge as well as an opportunity.

The fact that from part time jobs some managed to save money in order to buy equipment (Mircea, Doru, Ciprian) suggests that they had good skills or motivation to plan and achieve their objectives. This also suggests good living conditions if they could keep their equipment in their rooms (space and safety).

There is very little narrative about conflict or violence at these ages. Irrespective of their status in residential care during childhood (victim or protected), these themes no longer appeared in descriptions of their teenage years. Two of them mentioned being violent to younger children, one of them being a former victim of peer abuse. She said that all of sudden she realised that what she was doing was wrong and stopped it. The other interviewee said that this is not something he is proud of but admitted it almost in a confessional manner.

Veronica and Calin are the ones who mentioned conflicts or disagreements with certain staff members during adolescence. Here is how Veronica reflects upon her teenage years in a large residential institution:

‘I was a little more rebellious and she [the director] didn’t like that. If I didn’t like something, I didn’t agree to something, I would not do what they demanded and probably they didn’t like this. This is what I saw when I was little that the big ones were doing and I probably copied in my memory and probably these things stayed with me. I suppose that’s why I was marginalised. ... Because they did not understand me ... I thought about it for a long time. On the contrary, those children who are more rebellious should be a little listened to and protected, let’s teach them something, let’s get close to them. But it’s not like that. This is where the director was wrong. She did the other way round. She liked the clever child but she did not listen to the other child. This has marked me a lot as I thought if she’d give me that chance, maybe I would have gone to the university, maybe I would have done a Master’s maybe I wouldn’t have been under this stress. (Veronica, 25)

Veronica perceived a preferential treatment by the director of the institution to some of the children. Several interviewees mentioned having had a special relationship with certain staff

members. These relationships appear to have been based on mutual interests (skills related) or human compatibility rather than being organised. Often, the staff member or a teacher with whom they had a special relationship played a mentoring role and they were the ones to advise them or help them in their transition to adulthood. Uma lived temporarily at the place of her favourite staff member until she gained access to a council flat. When Doru (living in England) visits Romania, he stays with the carer with whom he had a special relationship.

Transition to adulthood posed different challenges. Some of them became financially independent or went to university but for others the prospect of having to manage without having a safety net was recalled as one of the most difficult moments in their lives, of stress and depression. In the way several participants described it, leaving care was a new identity threat. For years, they had been identified as children from the children's home. Losing that status would strip them of that identity, creating a void. This is how Mircea described his identity crises as he reached age of majority:

‘[W]hen I had to graduate secondary school, I no longer saw any reference point in my life... I didn't know where to go or what to do considering that I didn't have a relationship with my family. I didn't know anything about them. It was as if I were alone in the desert. At that moment it was harder. Then there was a time when I started to be depressed because of this.’ (Mircea, 26)

The research participants were one of the first generations to benefit from the legislation adopted by Romania in 2004 (enforced since 2005) that allowed young people to remain in care until age 26 if they attended any form of full time education or for another two years if they did not successively gave up jobs that they were offered. This smoothed their pathways to adulthood, a concern some had had in mind for a long time:

‘I always had this thought... what am I going to do when I finish school and for how long will I be in the centre? I had seen so many times... downstairs in the placement centre, I saw a big panel with the rules in the centre and the “beneficiary” rules: “After 18 years old, the beneficiary will leave the placement centre and I counted on my fingers how long was left until age 18 and I asked myself this question: there are four years left and I shall turn 18 and I leave the centre, the orphanage and I didn’t think about this... Another gate opened to me when I heard I would continue the secondary school, move to [name city] and to another placement centre, other friends, other new colleagues, other collective, other life style, other activities... To be honest, when I left the centre, I started to cry for the staff of the centre of whom I was much attached, for my friends, all the way from [town] to [city] I cried all the time.’ (Adi, 25)

Their narratives suggest that those who did not find a job when they graduated secondary school and did not go to university either used the new legal provisions as a buffer. They enrolled in post-secondary schools not necessarily in order to use those skills but rather to gain time and prepare their exit from the child protection system (Mircea, Diana, Stefan, Adi).

‘We were advised by Mrs [name of head of residential care service] to go to post-secondary school because otherwise we shall be kicked out from the system. That’s the law. So, I started that just not to be kicked out, mechanical section at [name school]. I was supposed to graduate last year but for health reasons, I couldn’t... I should have suspended but I couldn’t think about it and I returned to my studies. I shall finish my studies in February, then in autumn I might pass the baccalaureate as I am taking math tuition.’ (Diana, 24)

Only two of the fifteen interviewees left care at age 18: Camelia and Mica. Both of them had spent their teenage years in small group homes. In Camelia’s case, she had asked to move into a half-way home (without supervising staff) before being 18, against the advice of her carers and then struggled to manage with a small benefit to cover her expenses. She was involved in a difficult relationship with a care leaver and started to work as a night club dancer.

In Mica's case, she moved with her sister into a semi-independent arrangement, in a flat where she was given modest amounts of money by the charity that had protected her until then to cover the bills and for food. She spent two years there until she found a job and moved in rented accommodation closer to where her job was and benefitted from regular guidance from her social mother throughout this period.

Some research participants received a one-off benefit stipulated by law that was meant to help them at the start of their independent life but others said they never received it despite the fact that they were entitled to it.

At the time of the interview, seven of the 15 interviewees in this cluster lived in rented accommodation. Two of the seven lived in council flats which they could buy but many others did not succeed to obtain this privilege; one lived in a house sitting arrangement; two lived with their partner/spouse; two lived in work-related accommodation. Camelia risked being homeless after splitting up from her partner but was helped by a stranger whom she befriended and was living at her place at the time of the interview while applying to jobs abroad. Two were still living in care arrangements at the time of the interview (Mihai, 25 and Diana, 24).

Of the 15 interviewees in this cluster, six had started university prior to the interview (and one after the interview) but two of them dropped out of their university in order to get into employment. While some of the interviewees saw leaving care as gaining freedom and autonomy (since they no longer had to report the time of leaving and returning to the institution), for others this came with the fear of living an independent life. Uma wondered whether she would get used to living on her own. Mirela was concerned about moving to the

student campus when she started university and she remembered that even independent travelling by train worried her at the time. She describes the rite of passage from institutional life to the wider world by moving from her residential care institution to the student campus:

‘I was so closed... when I had to live with another four or five persons, it was a nightmare as I had got used to my comfort in the institution and... I had arguments with a colleague who was much older... By living with other girls, I learned what to wear... the things to use, language but also other things: for example to buy a deodorant or... In time, I learned, I started to like going by train... it made me be [feel] brighter. Then during the university, I would go to church, I met another community... This is what helped me to no longer have that rigid institutional thinking, “oh, everyone feels pity for me”... I knew that friends ... liked me not for what I had been but for who I was...’ (Mirela, 26)

Some, who had not managed to gain sufficient identity or social capital that would allow them to construct their own pathways to independence, were helped by directors of the institutions to find a job or a place to live (Adi, Veronica, Calin, Andi, Stefan). For many of them their employers became also their mentors or befriended work colleagues. Employment was for some a protective environment in which they could build a new social identity. Calin was offered temporary free accommodation by his employer and one of Veronica’s work colleagues facilitated a house-sitting arrangement for her.

Although many of them had learned how to cook, managing money was more difficult for those who did not have access to regular amounts of money while they were in the system. The child allowance (24 lei/month equivalent to less than £5/month) or the pocket money (even less) they would get, were not sufficient to help them understand how to manage them. Adi recalled having been explained at the institution how cards and banks worked but he stated that he did not trust banks. He prefers to keep the money he saves with his employer as he finds banks too complicated. Some came across abusive employment situations in

Romania or abroad being underpaid and entering illegal work arrangements (Mircea, Uma, Andi). Four of the sixteen interviewees had worked temporarily in European countries at the time of interview and returned once they saved some money while another two were established in England with their families at the time of the interview. They had a variety of jobs: bookbinder, maintenance/administrator (England), car mechanic, event photographer (self-employed, England), factory worker, courier, night supervisor in a residential home. Some had started with low paid cleaning jobs. Before getting his current job as night supervisor, Stefan slept in a cellar with another peer and he would do cleaning jobs even for 10 lei a day (£2) to buy bread and salami. For him and others, transition involved uncertainty and getting a job was a turning point.

Out of the four who had graduated from university at the time of the interview, three were doing jobs which did not require a university degrees (Uma, Mirela, Dragos) . Although she had a degree at a good university, Mirela was working as a courier and stated that she was content with her job because she enjoyed the people she worked with. Reportedly, Uma studied to be a sports coach but failed to get the job because she did not have the connections and she retrained as a hair-stylist.

‘My plan was to become a coach but I did not succeed at that ... I realise [that] you need some people to back you... If you don’t belong to anyone and you don’t have relations to favour you, it’s very, very difficult. I don’t want to complain. The director from the sports secondary school knew me very well, I had results... my coach tried [to help me] many times. If you don’t have connections...’ (Uma, 29)

As regards personal life, nine of the 16 interviewees did not speak of any meaningful personal relationship with a partner. They reported that they were sceptical about relationships or lacked the confidence that they could have one. Five of the 16 research

participants were married or in a long-term relationship at the time of the interview. Two had recently started relationships that they were not sure about.

Although many of those in this cluster were single, most of them spoke about their social lives, friends, work colleagues or peers from care with whom they would socialise with. In fact, during almost every interview the interviewee's phone rang at least once. Two of them mentioned times when they started to drink (one while being depressed) and one smoking weed but he gave up at his girlfriend's firm request.

One of the interviewees had been incarcerated for forging documents. Doru, who had good computer skills had been asked by a carer in his institution to help someone by producing a fake document. This was followed by other requests in exchange of money. After a while of being part of a network he decided to get out of it by emigrating. He was arrested a few years later in Europe when he was living a settled and independent life with his wife and young children and released six months later. He said that being in prison was not an issue for him given his residential care experience but he was affected by the fact that he could not help his wife. According to the National Authority for Penitentiaries, only 2.5% of the prisoners have a child protection history (self-declared).

Many of the interviewees in this cluster who entered adult life from residential care spoke about being content with their current lives. Faith had helped many of them as 11 of the 16 interviewees mentioned being grateful to God, praying or attending church since they were young. Religion, liberalised after 1989, helped them through times of difficulty and their accounts suggest that it contributed to their attitude about life (Mirela, Andi, Stefan, Adi). Some were still hoping to find ways to achieve changes in their lives such as homes or jobs

which they would enjoy better. Veronica and Andi did not feel satisfied in their jobs as they would have preferred jobs in which they would engage more with people and where they could save money to buy a home. After the interview, they emigrated and started work in Western European countries.

When asked about their future plans, most of the interviewees in this cluster said that they would like to own their homes. Some dreamed of having just a studio as a place of freedom and stability, or just their own marked space. Mica who shares the house with her parents in law, wanted to decorate two rooms just for her and her husband. Dragos who had a flat wished for a bigger one, Stefan wanted to buy a house by the forest and Doru who was living abroad, wanted to build a house in Romania.

Just over half of them mentioned family (getting married or having children if they were married) as part of their future plans. Andi, whose childhood was affected by trauma, did not think that he could be with anyone. He did not have any plans for the future but stated that he would like to have a stable job, preferably a job where he engages with people.

As the majority of them were in employment at the time of the interview, less than half of them mentioned jobs as part of their future plans and they referred to having better jobs which they would enjoy more or stable jobs (Camelia, who was seeking a job at the time of the interview). Some mentioned emigration as a way to achieve sufficient income for buying a house, but they also expressed anxiety about leaving the places where they built an independent life already:

‘I am afraid to fly... to leave... by myself... to go somewhere else and try to do something but just on my own I shall never be able to. I don’t know why... I would like to go somewhere and have a better job, to save for something which is

mine... even if it's just a room, I want it to be mine... I hope... I no longer have plans.' (Uma, 29)

Andi, the oldest research participant who had experienced residential care (since birth) in the 1980s and whose childhood was affected by severe violence and trauma, was more modest about his future:

'That's what I think for the future: to have a more stable job. We, people, are used to rights. I am not so much into rights. There are two rights I want: the right to privacy and the right to life. I have not married and I don't think anyone will marry me'... (Andi, 32)

In addition to employment, home and family, a few added other aspirations such as getting involved in projects, helping others or intending to continue their own training (Costin, Doru). Two of those who spent most of their childhood in residential care and stayed in contact with their families stated that they had a better education and standard of life compared to their siblings who stayed at home and who lived a precarious life without education or employment (Veronica, Adi).

5.4 Adolescence and Transition to Adulthood from Foster Care

Although nine of the research participants were interviewed for their foster care experience, only six of them entered adult life from foster care. Three of the placements terminated early and the research participants went into other types of placement: Mihai went into residential care at age 16, Mia into kinship care at age 17, and Rebeca went home with her younger siblings at age 16, under a neighbour's guardianship. Out the 39 research participants, nine spent at least two of their teenage years in foster care, before being 18. In addition to them, Andrew who was interviewed as an intercountry adoptee to the USA and whose adoption was dissolved when he was 12, spent his teenage years and early adulthood in foster care in the

USA. Their experiences of adolescence are diverse in the way they interacted with their foster carers and others in the household.

When they reached adolescence, they had already been in their foster placements for a few years, three being placed at age seven, three at age 11-12. Rebeca and Mia were placed with foster families when they were 14, in both cases because the small group homes they had been in, closed down. Neither Rebeca nor Mia adapted to the foster families assigned to them. Rebeca and her siblings were placed with an abusive foster family, by the charity that had run the children's home she was in. Mia was placed in a family whom she, a shy person, perceived as very strict and became withdrawn. They both left their placements at 16 (Rebeca), and 17 (Mia) respectively and experienced a semi-independent life under the supervision of a neighbour or in kinship care. As they left foster care, they reported being able to build more autonomy by managing life in residential care or semi-independent living. Such changes are preferable to adolescents who show low resilience to chronic family conflict (Coleman, 2011). During secondary school, Rebeca said that she was able to communicate with others and she made a few friends who were a great help to her. She no longer depended on her foster carers. Mia met her future husband, initially online and later started a relationship with him and felt cared for by his family. Making friendships and strengthening them outside the school setting, and requiring more autonomy is a task of adolescence (Coleman, 2011).

As regards the trajectories of the other female participants who were placed in foster care at 7-11 (Crina, Anca, Oana), both Crina and Oana had good communication with their foster mothers. In Anca's case, the same authoritarian parenting style (Maccoby & Martin, 1983) continued during teenage years. All three of them married at 18 years.

For Crina, who felt included in the foster family, adolescence was a time of enjoying her everyday life as a vocational school student, friendship with her school mates, the prom at the end of the school years followed by a party at her teacher's place. She was consulted by the foster mother on fostering other children and felt that her view was taken into account. She was excited to narrate how she fell in love with her husband (who lived in the same village), 20 years her senior. This is how she describes the relationship with her foster mother whose parenting style was authoritative, but not authoritarian:

‘With mummy [foster mother] I had a very good relationship... Oh, well, sometimes we'd argue like any child and mother but other than that she was both tough and good. So, each at the right place! So, I told her everything, and so on....

Why would you argue?

Well, I was kid with my nonsense, she'd say I wasn't allowed because I don't know what... well, things like this... but there weren't any big fights and well... I told her about him, she knew about the age difference and well, she had no objection. She only told me that ... people are going to talk about this in the village. I don't care about the people, I said. If I love him, the people are not going to find me a better one, anyway. The boys of my age smoke, drink or gamble, smoke weed, come home, become violent and [then] what do I do? ’ (Crina, 20)

The interviewees with positive foster care experience did not idealise family life in foster care and they admitted there were hardships or arguments as in every family but these were not regarded as central or problematic to their care experience:

‘There are discussions between natural siblings as well. There were, of course, but it wasn't a problem.... we were treated like it didn't matter that you were that one. No... Or, for example, if we wanted to play at... [she might say]: ‘I won't let any of you. Sometimes maybe a bit more than necessary...’ (Florian, 24)

Similar to the interviewees in residential care, some of them were concerned with hiding the

care status in secondary school or when they went to university (Anca, Florian, Petru, Mia):

‘How was secondary school?’

It was already normal. I was already like I was at home, a normal child.... The only problem was that I had to give my parents’ names. The [birth] certificate said one thing, the parent; the guardian [foster carer] had a different name. There were small problems there but... At the university I was in control. Over 18 years old, I didn’t need to have a guardian or anything else so I was relieved. This was a burden after all.’ (Florian, 24)

For Petru, who went to university but continued to spend weekends with his foster mother, leaving the system meant getting rid of the bureaucracy entailed by the care status:

‘They would help me with money when I needed, things like this, not discrimination or... no. I was lucky to have kind colleagues wherever I went. Now it depends... how you behave. That matters a lot. I had in school colleagues [who came] from families, also in the [university] campus, colleagues from families... and in university. So, I was mostly in an environment with children from families. I really wanted to get rid of this system. I could not bear it anymore, so to say... how shall I say? Their demands... You had to do things... for example to give them the bus tickets... For reimbursement ... then you had to prove I don’t know what.’ (Petru, 26)

Anca was the only interviewee who remained in the foster family until age 18 despite the fact that she felt unhappy throughout this placement which lasted over 10 years. She was not allowed by her foster carers to work. It was only towards the end of her placement, at age 18, that she started to rebel against her foster carers.

‘I grew up and I wanted more freedom ... I wanted for example if there was an anniversary and that would take place in the evening I wanted to be able to go but I couldn’t... they wouldn’t understand me ... I wanted pocket money because all my friends had some and I started to work. In the beginning they did not agree to me working because they said “when you’d have your own money, you’ll drop school”... And I started to work ... as a waitress. And I started not to listen as I couldn’t get to an agreement with them.’ (Anca, 23)

The fact that some placements that had been regarded as unhappy by the interviewees were replaced by other types of placement (Mia, Rebeca, Mihai) suggests that the children had been listened to and supported during teenage years when they had sufficient agency to know and communicate what they wanted. Mia moved in with her aunt and a year later she went to live with her future husband. She stayed in contact with her foster mother and regarded their present relationship as better than when she was in her care. Rebeca took again responsibility for her younger siblings at age 16 with financial support from a charity while attended secondary school and then went to university. Mihai went to a vocational school followed by secondary school, and then, followed by university studies in social work at the theology faculty. This choice was inspired by his time in foster care when he used to go to church and had a confessional relationship with the priest in the village. All three of these young people proved capable of managing their new care arrangements until they became fully independent.

After graduating from the first module of a local vocational school, Oana was not encouraged to continue her education. She stayed at home helping her foster mother with home chores and working the land. A very religious person, she was content with what she would be given and grateful to her foster parents for raising her in a safe environment, and was considering becoming a nun. At her foster mother's and foster sister's insistence, she started to go out and met her first husband:

'My [foster] mother said, "Look, he is a good boy, hard-working". It wasn't that I fell in love with him or that I loved him or that... I was a child, I was not even 18. But you know why I pushed myself and went so far? Also because they insisted that "you'll be a virgin at my place" and things like this but more than that, I went because I was inclined to have my own family. Because, I thought, if I didn't have it, I should have it ... My mother allowed me to go to the disco with him. I didn't have much to talk to him about because ... he was the kind of shepherd type to say so. He liked alcohol.' (Oana, 27)

For those who remained in foster care, trajectories seem to have been influenced by gender. Crina and Oana got married when they were 18 and moved in with their husbands. At about the same age, Anca became pregnant and was asked by the foster carers to move out. She later had the child and with no place to live and no support to raise her child, she married someone who accepted her situation. While Crina married the man she fell in love with, in the other two cases, the marriages appear to have been influenced by the interviewees' vulnerable situation and lack of perspective. Oana explained her decision as a result of both her foster mother's pressure that she should not start her intimate life before getting married, and her own desire to have a family. There is no suggestion that she was in love with the man she married.

At the time of the interview, Anca was raising her child, separated from her husband; Oana had divorced and she had received the support of her foster carers when she decided to file for divorce. She later remarried by choice and had a full-time job in the same village where she was living and where she had grown up. Crina was a housewife by choice and was considering getting a job in the future although her first priority was to have a child. For all three of them, their transition to adulthood is strongly influenced by their foster care experience, in Crina's case simply because she met her husband in the village where she had been placed.

At the same time, transition to adulthood for the male interviewees (Sandor, Petru and Florian) was different. They all remained in their foster placements beyond age 18. Before graduating secondary school, Sandor was helped by one of his teachers to get a job in a local factory. He planned to stay with his foster family until he could save enough to buy a flat.

Petru and Florian both went to university. At the time of the interview, Petru was reading for a Master's and had a job that had been facilitated by one of his professors. Florian had graduated and was working in a supermarket. He had a girlfriend who was still studying. Both of them appreciated the fact that once they started university, they no longer had to be accountable for the bureaucracy or the shame/stigmatisation.

Unlike residential care, there is no mention of child protection services getting involved in facilitating their transitions to adulthood, the role of the child protection service being limited to checking the condition in the foster placement, preparing termination of the placement or change of placement if this is what the young person asked for.

With the exception of Mihai, no other interviewee spoke about open conflict with their foster carers. Although the concerns expressed by several interviewees in this cluster were described as similar to those in residential care, namely to overcome their care status and become autonomous, their pathways towards adulthood and outcomes in adult life tend to differ from those in residential care. They either obeyed their foster parents' demands or they asked to leave their placement. Transition to adulthood appears to be strongly influenced by gender: all three female participants left their foster placements shortly after they turned 18 by getting married. This requires consideration given that while 18 is the minimum age for getting married, the average marriage age in Romania was 27.3 for women in 2011.

Food and basic needs appeared to be fulfilled in foster care. While for those who were still in placement at 18 the foster carers seemed to have influenced their pathways to adulthood, the interviewees' narratives included a wide range of emotions. The extent to which their current outcomes are the result of their choice depended on the quality of their placement and the

relationship they had with their foster carers.

5.5 Adolescence and Transition to Adulthood for Domestic Adoptees

Amongst the seven domestic adoptees interviewed, two did not know that they were adopted until age 16 (Dan) and 25 (Vladimir) respectively. Four of them were raised as an only child, one had an adoptive sister, close to his age and one had a brother, seven years his junior (biological child). One adoptee who was adopted from residential care when she was eight, stayed in close contact with her siblings and her adoptive parents supported continuously one of her sisters. For most of those who knew that they were adopted, their teenage years were marked in different ways by their adoption identity which to some became central to their inner and outer world: the need to have knowledge of their birth family as an important element in identity formation, the relationship with their adoptive parents and the impact of their status on relationships with peers or partners.

For adopted children who knew that they are adopted, teenage years were related as the years when they started to be curious about who their birth families were and that need seemed to be intensified by other traumatic experiences within the adoptive family. In her teenage years, Marina was affected by her parents' divorce and by the fact that her mother lost her job and tried to commit suicide when she was 17. Since the age of 14, she wanted to know more about her birth family.

'I've always wondered who I am, where from have I got these features ... if I resemble one of the parents but later I found out that your character is shaped along your life and within the family you have ... Of course you have some genes but you form your character yourself. Indeed, I had difficult moments; it was the [adoptive parents'] divorce... The arguments in the family, you know what it's

like in every family... money... each fight for survival. The thing with my mother, the suicide... (Marina, 25)

Like the interviewees in residential or foster care, she felt ashamed when she started secondary school and a bureaucratic exercise disclosed the fact that she was adopted but this incident helped her get closer to her colleagues. She expressed the same surprise as Rebeca that once she was no longer shy, she gained her classmates support.

Traian spoke about the arguments he had with his (single) adoptive mother during adolescence when he had accused her of not having spent enough time with him. Both he and Marina said that they were not able to understand what adoption meant until their teenage years. Understanding that he was adopted was regarded as the most difficult for him. Feeling singled out was an experience that he conveyed had continued in secondary school as well. He felt that a girl he started to go out with turned him down because of his adoptive status and that others had done the same. Not having had a father added to his feeling of difference during his identity formation years. Although he regarded his adoptive mother as ‘the best thing which happened to him’, when he turned 18, he started to wonder about his family.

‘Since I didn’t have a father, I didn’t feel the absence of a father. But when I got to know girls, relationship, they’d say “my father wants to meet you”. And then I thought “hang on a second, that’s what a father is in a real family”, I didn’t have that... Well, that’s it... 15 or 16 years that’s when... Then for two years I was very [down], I can say that I drank a lot, I don’t mean being an alcoholic, drinking daily... When there was a party, I’d drink a lot, I would drink to forget and yes, until I accepted this it was difficult, because I didn’t like people a lot, I didn’t like this town, I couldn’t understand why I was born, why my [adoptive] mother took me.’ (Traian, 20)

Adoption affected their ego identities but also their relationships and for several of them school was an environment where they felt awkward. Dan, Traian, Maria and Vladimir (who

did not know until age 25 that he was adopted) mentioned rebellious or defying behaviour during their teenage years but their motivations and their adoptive parents' reactions were different. After years of physical abuse from her adoptive mother, Maria played truant and started to smoke during secondary school (boarding school). As she 'became interested in boys', she wanted to know who her siblings were to avoid starting a relationship with someone she could be related to. She wanted to see her mother again but her adoptive parents and a family friend lied to her by telling her that her mother had died. When she found out that her birth mother did die (when she was an university student), she went to help with the funeral after asking the permission of her adoptive mother indicating the tension adoptees navigate in moments which involve both birth and adoptive parents.

Maria's narrative shares some common features with Dan's. They both spent longer than their first six months of life being institutionalised and they both had highly committed adoptive mothers in their childhoods. According to them, overcoming their early childhood health issues was mainly thanks to their adoptive mothers' determination. After adoption, Maria's mother became pregnant and had an abortion. Dan's mother had a biological child when Dan was six. In both cases, the adoptive parents kept the adoption secret but the mothers became very controlling in their parenting while the adoptees started to rebel as they approached their teenage years and disclosure of adoption did not improve the relationship. When Dan met his first girlfriend, his adoptive mother started an argument in which she informed him that he was adopted and that they [the adoptive parents] had decided to terminate the adoption. He went temporarily in residential care and later moved with his adoptive grandmother. Dan benefitted from the support of the child protection services and support from one of his teachers. His narrative suggests that as of age 16, he started to decide for himself. He started to work, started to have intimate relationships. He started drinking and

gave it up only when he was 24. He decided what to study at university. This is how he described his experiences after leaving home:

‘Thank God somehow out of the despair I felt then, all the fears and the madness a child feels when at 16... I got out of it somehow and I got into a “let’s see who’s stronger” policy, with files at the child protection services, with evaluation after evaluation, with legal advice. At some point I had my own lawyer, the social worker, the psychologist, the secondary school head teacher who knew my situation. I was lucky because I was always surrounded by women who loved me. Each in her role, from the class teacher to the head-teacher, the Romanian teacher; the woman who is now my wife, my [adoptive] mother who... in her own way... but my great chance from one end to another is connected to some key women who loved me... my grand-mothers... an entire female chain.’ (Dan, 31)

Both Maria and Dan went to university, got married and were in full time employment at the time of the interview. They were in regular contact with their adoptive families expressing a duty of care towards them.

Vladimir (who only learned in adulthood that he was adopted) commended his adoptive parents’ parenting skills, advising him on what they regarded as the right choices without imposing them on him. He was the one to choose which secondary school and later his higher education subjects. When his parents did not like the young people he would hang out with in the neighbourhood they suggested to him and his sister to choose different friends without being aggressive:

‘[I]t was a little complicated to remove ourselves from our circle of friends. In a way it was much better because we found other friends who were indeed persons whom I appreciated. I was a very rebellious child... I wanted to go out, I wanted to draw graffiti, I wanted to throw eggs at windows but they were like “no, don’t” and not by hitting the table with the fist but saying “you know... wouldn’t you better I don’t know what” and... I was like yeah but not on that day. I first was like “I don’t want it, leave me alone” like all children and two days later I understood and said “yeah, you’re right”... I also did some silly things and bad choices [and they were like] “but if that’s what you want, go ahead.”’ (Vladimir, 25)

During his adolescence he realised that he was gay and started his first relationship. Although he did not disclose this to his parents, they were supportive of his friendship with another boy and his volunteer work for an NGO doing advocacy for LGBT rights. Vladimir's transition to adulthood was a smooth one. When he was 18, his parents bought him a flat and a car. They continued to pay his bills until he started to work, after graduating from university. At the time of the interview, he was working for a multinational company, studying and continued to be involved in the same NGO where he had been volunteering since his teenage years. Although he testified that finding out that he was adopted at age 25 was a shock to him, the reunion with his birth mother did not alter his relationship with his adoptive parents. This is an important finding as it suggests that the actual reunion need not be a threat to the relationship between the adopted child and his adoptive parents if the parenting relationship was a good one.

Cora, Marina and Gabriela all spoke about how close they were to their adoptive mothers. They all expressed empathy for the hardships their mothers had gone through, including divorce (Marina's mother) and domestic violence (Cora's and Gabriela's mothers). Gabriela's mother emigrated for economic reasons when she was 12, something which Gabriela appreciated as it meant that she stepped out of an abusive relationship. She was already in a sport's boarding school at the time. Her mother continued to support her financially but her mentor was her sports coach and she had a school mate with whom she was also close friends. When she was 16 she started a relationship with her partner and was warmly welcomed into his family. Cora spoke about how lucky she was to be adopted by her adoptive family. This is how she describes her adolescence years:

‘How shall I say it... I was allowed to do what I wanted... with limits, of course but I wasn’t forbidden... If I wanted to go to a disco they said go but at X time you are at home. But they let me. Probably the fact that we communicated... Apart from being an [adoptive] mother, she was also my best friend and that counted a lot. She supported me in everything. I went to the pedagogical secondary school, I liked it a lot.’ (Cora, 29)

Despite some difficulties as those described above, all domestic adoptees expressed gratitude and sense of commitment to adoptive parents. Even Dan, who left adoptive family at 16 said that he considered himself a successful adoption.

They all went to university, including the interviewee whose mother fought to keep her in mainstream education. Three of them studied social work, Cora studied special psycho-pedagogy, and the others languages. At the time of the interview, Marina was studying and doing care jobs. The other interviewees were in full time employment. Four of them were married or living in a partnership. At the time of the interview, one was a home owner, one owned property with the adoptive mother and one with her adoptive father. Those who were married were those who were closer to age 30 at the time of the interview (Cora, Maria, Dan).

Although adoption is a salient experience to identity development, these narratives suggest that what seems to matter just as much as the knowledge about the birth family is the relationship between adoptee and their adoptive parents. Some adoptive parents, in particular adoptive mothers had overprotective, controlling or neglectful parenting attitudes which contributed to mental health issues of the adopted person. They all considered adoption as a positive experience. Knowledge of the birth family was to different degrees for some of those adoptees who did not know their families but interest was higher when the relationship with the adoptive parents was under threat: After she learned that she had been adopted and her adoptive mother had been physically abusing her, Maria interpreted the fact that she was

adopted as the source of abuse. Marina after her mother's first suicide attempt:

'I have the adoption papers... Well, my parents hid them very well. I only found out after I was 18, I mean at 17 when mum tried [to commit suicide] ... I was very afraid. It was that feeling that maybe I would lose my mother and there won't be anyone who would know. This activated instantly my self-defense mechanism and I tried to investigate a bit but to be honest I decided I would not do it illegally.' (Marina, 25)

Both her and Dan who tried to follow the official route to find their birth families, found the procedures daunting. The fact that they had not met their birth families did not appear to be something that was central to their life at the time of the interview. Three interviewees mentioned having been depressed and one having had suicidal thoughts. They are the ones whose adoptive mothers were over-controlling or abusive or neglectful. Even the three of the seven interviewees who were single at the time of the interview, had all mentioned at least one intimate relationship they had been involved in.

5.6 Adolescence and Transition to Adulthood for Inter-country

Adoptees

In inter-country adoption, adolescence and transition to adulthood is embedded not only in the act of adoption but also in the receiving country context (USA, Ireland, England, Italy) and parental attitudes towards (adopted) children in those countries. Adolescence and early adulthood were, for most research participants in this cluster, a time when they started to seek information about their birth family and country of origin. At the time of the interview they were between 22-31, most of them being 25-26 years old. The age of adoption varied from three months (Sarah) to 17 years (Sofia). Sarah and Victoria were adopted from home at three months, and four years respectively. Betty and Iulia were adopted in Italy at ages 10 (from

foster care), and 17 from residential care respectively. Arguably, intercountry adoption is the strongest intervention in a child's identity as it introduces discontinuity not only in the child's name and immediate environment (family, peers) but also in its wider one (country, citizenship, language, religion). The challenge of this section is to interpret their narratives also within the wider context of other societies with cultural and socio-economic macro-contexts that influence parental, professional and public attitudes towards children and towards adopted children.

Conflict with the adoptive parents was common in the intercountry adoption narratives, in particular between female adoptees and their parents. Sarah, Brianna, Betty and Sofia all described controlling adoptive parents and the fact they were not allowed to go out at all to make friends or because their parents did not like their friends.

Both Sarah and Brianna spoke about rebelling and sneaking out at night:

'Because I wore comfortable clothing to school ... so I just throw on whatever I had... I listened to music, you know... I guess was a little more rough ... she assumed that I was in a gang, and things got really bad... our fights got really bad

...

I would sneak out at night, I did drugs... I lost my virginity early, I rebelled, I did everything I could to make her angry because she made me angry so why shouldn't she feel how I felt?' (Sarah, 25, USA)

'I used to be the type of teenager that would... [*sighs*] I mean I don't think I can boil it all down to my adoption but ... I used to sneak out... my mum and dad didn't like the people I hanged out with so I was grounded and I wasn't allowed to see anybody, so I hated having to wait two-three weeks to be allowed to get an answer whether or not I could see somebody, a friend or anything, so I started sneaking out, going to meet people but I'm not gonna lie, that was the best year of my life. I only got to get socialisation and I... I just... [pause]... teenage years were... interesting...' (Brianna, 24, USA)

‘I wanted to go out for a pizza on my own, with my friends, for a coffee but I couldn’t because I wasn’t allowed. They wouldn’t allow me to have a boyfriend, they kept me inside. It had to be them, only them, nobody else, no friends. I had to be only theirs and that was it.’ (Betty, 26, Italy)

At the same time, all three of them mentioned being bullied in school for being adopted, for being Romanian or dark skinned or, in Brianna’s case, for being fat:

‘As I got older ... I asked my mum and dad if I could go to a state high school and I had more friends there than I ever had anywhere else because you could just blend in... I used ... to be called fat... I was fat... my mum and dad had put me on like six or seven bipolar medicines which... I’m not bipolar... And at home ... I was bullied a lot, originally.’ (Brianna, 24, USA)

Some initially went to private or competitive schools and had to move. Another similarity between these three narratives and some other interviewees is the fact they did not feel loved by their adoptive mothers.

With the exception of Sofia (adopted at 17) who proved resilience and agency in the conflict with her adoptive parents, all interviewees in this cluster mentioned mental health issues: depression or suicidal thoughts. All female participants left home or separated from the adoptive parents around age 18. Sarah left her adoptive home the day after she turned 18, following an argument with her adoptive mother in which the mother told her that it was impossible for the two of them to continue living under the same roof. Brianna decided to leave her adoptive home a few months after she turned 18 and her parents put a legal guardianship on her which she managed to have removed after four years in court.

When Betty was found by her sister, her adoptive parents asked her to choose between them and her, and they asked her to leave the house. She described knocking repeatedly at the door

and eventually being allowed to live there until the end of her [last] secondary school year. She had never had the key of the house. A few months after her 18th birthday, Victoria was also told by her adoptive father that he was going to sell the house and she had one month to move out.

In their efforts to live an independent life, Sarah and Victoria moved in with partners and they both got married to abusive husbands from whom they then divorced. Victoria joked that the only good thing about that was the fact that following the divorce she took her Romanian name back. In fact, most of them kept at least one of their Romanian names at least in their social media profiles.

The two male interviewees who lived with their adoptive families during teenage years did not speak about conflicts with their parents during teenage years. The third one, a victim of sexual abuse during his adoption placement was legally disowned at age 12, after he told his adoptive mother that he believed that he was gay. He was placed for a few years in therapeutic residential care (to be 'cured') and then he then in two foster care families. His second foster family adopted him when he was 18.

Of the eight interviewees, only Adrian had graduated from university at the time of the interview. Victoria and Brianna had started college but none of them had financial support from their adoptive parents for their education and they struggled to work and study at the same time. At the time of the interview, Sarah was working as a special needs aid (live-in carer) for a child with special needs; Victoria was living in a women shelter and Brianna in a student campus. They had taken various jobs in order to pay for their costs.

Sofia found a job as a beautician and despite the tension between her and her adoptive parents remained in the home until she managed to rent a flat and start an independent life. She also searched and found her sister, Betty, who she knew had been adopted in Italy and helped her live independently. At the time of the interview, they lived in the same town, each of them with her partner and worked for the same company. She said that ‘if it hadn’t been my sister, yes, for sure, I would have terminated my life.’

At the time of the interview, Alexandru was living with his adoptive father whom he described as authoritarian and was struggling to get a job. Andrew was running a deli shop and intended to study law in order to address injustice such as the one which happened to him when he was disowned. Both he and Betty said that being rejected by their adoptive parents were the most difficult moments of their lives. Betty had sued her adoptive parents in court and she had already obtained an overall compensation from her adoptive parents for moral and physical damage. The judge considered that only two people helped her: her sister and her employer.

As regards personal life, the two who had married when they were forced to leave their adoptive homes as age 18 had divorced, four were single and four were in a relationship.

Identity and reunion was an important topic for most interviewees in this cluster. For them, reunion was recounted to mean not only the reunion with their birth families but also with the country where they were born. All of them except Sofia had forgotten the language which made their searches for their parents more difficult. With the exception of Brianna and Andrew, they had all been to Romania although for Adrian it was only to visit the country as he had been told that his parents had passed away. Although all those in the intercountry adoption group grew up with the knowledge of being adopted, none of them was brought to

Romania or was given Romanian language courses. Most narratives were those of rescue from Romania, a country that continued to be represented in the international media as being poor and incapable of protecting the most vulnerable children throughout their childhood (Sheehan, 2005). Their life stories could be regarded to some extent an outcome of that failure. Victoria said that if she would ask about Romania ‘they would just brush me off and tell me “it’s a crappy country” like “don’t worry about it, you are here, you’re an American. This is what you are... Don’t worry about that part of your past.’ She received letters from her father when he was still alive but throughout their childhood, the main source of information of Romania reported by the adoptees was that of their adoptive parents’ and their interpretation of the country. Their adoptive parents’ narratives might have been influenced by international media and by their interactions with adoption middlemen and in some cases with vulnerable people, such as birth parents.

Given the wide and sensational coverage of ‘the Romanian orphans’ (Nicola & Georgescu, 2002) subject, the biased views which the adoptive parents had, may have been extended to other professionals the children came in contact with in their adoptive countries, such as the teachers or medical staff. This is how Adrian (England) recalls his early years in school:

‘I think my parents had gone into the school and explained the situation and then there was the kind of... small school so they kind of sat with the kids there and said, you know... he’s from here, so just you know... My first year in school, I remember being very... very welcomed, and the kind of, looking back, in a way... maybe too much, and that kind of a think ... why is everyone so nice and as I kind of got older you realise that it was because of that, you know? ... I just couldn’t keep up with anything and I was, I constantly had, about the age of four to ten lots of dyslexia tests and some people coming and doing... you know... a lot of examining, you know... and yeah... so I felt always kind of a bit inadequate at school but not socially, but it’s all very internal in myself ... But I think as I got older though, I kind of found my strengths and I started feeling more comfortable with who I was and I kind of ended up just being a bit of a free spirit and treating school how I wanted to.’ (Adrian, 28, England)

Alexandru and Brianna adopted in Ireland and USA were diagnosed with ADHD and bipolar disorder respectively, diagnostics that became popular in some Western countries in the 1990s and which were often the response of parents and doctors to behaviour issues (Coppock, 2002, 2005). They were both prescribed heavy medication throughout childhood. In addition to traumas of loss and institutionalisation, they were both adopted into different cultures by couples whose family life was affected reportedly by domestic violence, and alcohol and divorce respectively. They both gave up their medical treatment in adulthood at their own initiative and, in Alexandru's case, at the advice of his birth mother.

‘When I went to Romania [for the] first time and my mother told me this, well, kind of managed to tell me, I didn't quite understand so google helped a bit... a lot ... I've come off the tablets as my Romanian mother she took me off my tablets for the ADHD and she says: "let's see how this works out." And, as crazy as it may seem and as desperately dangerous it may seem, it actually worked out perfectly, you know?’ (Alexandru, 22, Ireland)

‘I was 5 when I started medications. My mother said I was too hard to handle. She started with stimulants and had me put into psych at the age of eight. I do not know what led up to it or whether it was valid but I spent 13 years on at least 6 medications. Doctors when I was eight said I had bipolar but it is impossible to diagnose an eight-year-old. I am grateful I got off the meds. I feel happier and it turns out I never was bipolar. I was born normal. I asked my mother before I left. I am at least grateful for that information. The meds I was on though... Lithium destroyed my kidneys. Ritalin reacted like speed and the many more I was on made me a zombie. I regret the meds and I regret adoption but I am grateful for where I am now.’ (Brianna, 24, USA)

The above quotation describes the ambivalence and complexity of intercountry adoption. It is possible that recruitment of five of the eight research participants through social media narrows to some extent the typology of intercountry adoption narratives. However, efforts to recruit adoptees with closure through other channels failed because the adoptees did not wish to take part in the research at all. This is not a new or unusual issue in adoption research (Brodzinsky et al., 1992).

As they were growing, Victoria, Sarah and Betty came to understand that they had been lied to about their adoption stories or about their birth families: Victoria was told by her adoptive parents that she had been placed in a children's home by her birth family, which was not confirmed by any of her older siblings; Sarah was told that she had been born on a farm and when Betty asked about her sister she would be constantly told that everyone in her family died and they (the adoptive parents) are her only family. Brianna also distrusted the narrative her adoptive mother had given her:

‘She told me that my mother never saw me when I was born and she put me into a hospital because I was born like one and a half pounds... um... but that sounds odd because a mother always gets to see their child when they are born.’
(Brianna, 24, USA)

With the exception of Betty and Sofia (who had knowledge of their care history and their birth family) most intercountry adoptees wanted to have knowledge about their pre-adoption history. Andrew was the only one who had mixed feelings about reunion. Aged 22, he was also the youngest interviewee in this group:

‘I have a legal document stating the names and that is it but it doesn't have anything else. And so, I was able to look just at the legal name of my brother, my biological brother who I was able to find is in prison right now [brother's name and surname]. And that was what I was able to find.

Right... do you have any intention to get to know them or learn what happened?

Not really, to tell you the truth... It's probably like if I were to meet them, would I punch them in the face or would I give them a hug?’ (Andrew, 22, USA)

Like Maria and Marina in domestic adoption, Sarah decided to connect to her birth family at a time of crises in her life, after leaving an abusive marriage that she started when she had to leave her adoptive placement:

‘During that marriage I felt very... there is no other way for me to say this without being blunt, I feel like a piece of shit. I felt like I was nothing but trashed, [by] everyone and anyone; that if my own parents could give me away everybody else would. And... so... that kind of started it because I needed closure more than anything else. I needed to know that I wasn’t trash [*crying*].’ (Sarah, 25, USA)

Despite being adults, several interviewees in this cluster did not have their adoption papers and did not know whether they still had Romanian citizenship (Victoria, Brianna, Andrew):

‘I think that our final straw before I ended up moving out was when I stole my birth certificate from her. ‘

‘How old were you then?’

‘18.’

‘And why did you that?’

‘Because I always wanted my own copies... She kept them locked up. I had all of my originals and now they’re missing.’ (Brianna, 25, USA)

Those adopted in the USA and the research participant adopted in Ireland were particularly interested in regaining their Romanian citizenship and Sarah, Victoria and Brianna considered living in Romania in the future. For them, meaningful reunification with the family or with the country would require more financial and time resources compared to those adopted in European countries.

5.7 Conclusion

Findings of adolescence in intercountry adoption are fraught with conflict between adoptees and adoptive parents. Stripped of almost every element of their initial identity, their identity

formation stage is even more complex. None of the interviewees mentioned professional support or post-adoption services as conflicts occurred. Following adolescence conflicts, several of them had to leave their adoptive placements at age 18 which pushed some of the female adoptees into abusive relationship or marriage affecting as such, their bodily integrity and emotional wellbeing. Others had made suicide attempts which they interpreted as related either to their adoption experience (Betty, Andrew) or an unaddressed loss of the birth family (Adrian). Mental health issues in adolescence or adulthood came at the end of a long range of experiences at the heart of which was identity loss Sarah, Betty, Alexandru and Adrian all spoke about being depressed. Their narratives suggest many of the adoptive parents had controlling attitudes and were constantly unsatisfied with their adopted children. One adoptee described her adoptive parents as follows: 'They are not bad people; they just probably shouldn't have had a kid.'

One participant had graduated from university (England) and another two were enrolled in higher education (USA). Four of the eight interviewees were living independently, one in a women's shelter, one in work-related accommodation and two with their adoptive parents. Two of the eight interviewees in this cluster had started university studies at the time of the interview. Four of the eight were in stable relationships and the other four were single. Two of them had been through a divorce. Four had full time jobs, one was a full time student, one was studying and working part time, one was self-employed and one was unemployed. The two interviewees in the USA who had started University had no financial help from their adoptive parents for their studies.

Unlike many in the domestic adoption cluster, all those adopted internationally grew up being aware of the fact that they had been adopted. Like in domestic adoption, most of them wanted

to have knowledge of their pre-adoption history and meet their parents but only three of them had some support from their adoptive parents in searching for the birth family. Alexandru was the only one whose mother fully supported his reunion and she travelled with him to Romania when he first reunited with his birth mother. He recalled the meeting between the two mothers as being like trying to move a mountain and described the cultural differences in the limited time they spent together.

Only three of the eight interviewees (Adrian, Alexandru and Brianna) were in contact with their adoptive families at the time of the interview. For the other five, adolescence conflicts proved insurmountable although the conflicts were similar to others in other types of placement, mainly related to the tension between a desire of affirmation and identity formation by the adoptee side and the strong will of the adoptive parents to control the adoptee's behaviour and choices. It is difficult to say to what extent these are cultural attitudes and whether they are connected to expectations of intercountry adoptees in those countries. Arguably, the narratives of rescue with which the children grew up influenced their adoptive parents and may have determined higher expectations of gratitude on the adoptive parents' side. Indeed, such discussions would have appeared at times on the social media adoptees groups where some adoptive parents were members as well. Adoptees were very sensitive in being portrayed as being someone the parent had invested in. At the time of the interview, about half of the interviewees in this cluster were still struggling to build a stable future. Four of the eight interviewees wanted to move and live at least for part of the time in Romania (one of them to Romania or Europe). Three of these had been adopted in the USA and it is possible that the longer distance and cultural differences triggered this desire. The two female adoptees living in Italy said that 'life goes as it goes' (one of them) and 'to find happiness' was the wish for the future of the other one. Two of the three male adoptees had

future plans that were professionally related: one said that he wanted to paint for the rest of his life and the other that he wanted to become a lawyer.

It is difficult to say how many of them lived an adult life of their choice but the challenges they've had helped many of them build resilience and an independent life. Findings in this chapter suggest that the type of care influences identity formation in different ways: for young people in residential care the dominant themes are related to hiding their care status and identifying ways to participate to social life with their peers. Another theme relates to the social capital around residential care and the type of support they receive from different people inside and outside the institution in building an independent life. In the absence of such capital, interviewees in foster care had a stronger participation than those in other forms of care in determining their own trajectory and that appeared to be gender influenced.

Accounts from those adopted, recorded similarities as well as differences between domestic and intercountry adoption. Although parents adopted different strategies in communicating the adoption to the adoptees, the need to know the birth family comes across in all types of placement but is treated differently. Meetings between adoptive and birth parents were particularly complex in the few instance when they happened.

While other studies connect challenging behaviour to institutionalisation, the cases diagnosed with mental health disorders in this study are also those where the adoptive families were involved in alcohol abuse, emotional or physical abuse, domestic violence, divorce.

Narratives also suggest that the parenting style is salient to the relationship between the child and the new family, with authoritarian or abusive parenting leading sometimes to termination of that placement.

[Field notes]

31 October 2015

My first domestic adoption interview was with a 30 year old woman, at the place. It was such a warm and beautiful house in the countryside and I was so warmly received that I instantly felt at home. The house had toys, icons, quince scent from all the quinces near the beautiful terracotta stove, hand-made rugs... This was the only interview when I had tears dripping down my cheeks when I heard the story of her birth mother.

My friend Gabi, who drove me there, played with the interviewee's daughters (who were four and six) in the other room while we talked. At the end of the interview he asked the mother who looked after them during the day as they were so bright. 'I leave them food on the table and they are on their own between 9 and 4', she answered. She works as a social worker for the mayor's office. In England, her children would be taken into foster care if she left these young girls even for a half a day on their own. Child care is so cultural...

Chapter 6: Life Courses In and Out of Care: Identities, Dignity and Capabilities

The previous chapters provided insights into the participants' care experiences during childhood, teenage years and early adulthood. This chapter explores the research questions by taking a holistic approach to re-examine those trajectories that share several specific similarities; exploring the data through the identity theories theoretical framework; and exploring the data on dignity, through the perspective of the UNCRC and of the Capabilities Approach.

6.1 Introduction

Protecting children is a cross-disciplinary field that has preoccupied theorists from sociology, psychology, law, neuroscience and others with interest in children as research subjects (Woodhead, 1999). The rearing of children in institutional settings has raised increasing scientific interest over decades. In 'The Ecology of Human Development', Bronfenbrenner dedicated one chapter to children's institutions as a context of human development in which he points out the risks of growing up in institutional care where children lack interaction, opportunities to move and engagement in spontaneous activities, particularly for those spending the second half of the first year in institutional care (Bronfenbrenner, 1979). Further studies on the long-term effects of institutionalisation have been subsequently carried out, looking at children who were adopted from Romanian institutions. This study's contribution is to capture the reflections of young people raised in institutions or in other types of placement throughout their childhood until the present time. It aims to address the following research questions:

1. How do Romanian born young people who grew up in care understand and narrate their experiences in different types of placement?
2. What narratives of agency are constructed by Romanian-born adults who grew up in different types of placement when they describe their transition to adulthood?

In telling their life stories, the research participants constructed shifting identities resulting from the interaction with changing contexts as well as their self-evolvement, often describing experiences of transitions from agency to victimhood or vice versa, sometimes using moral values to describe themselves or others they interacted with.

The previous two chapters presented findings about what being in care or adopted meant to each of them: accounts of how they acknowledged and managed their care status throughout childhood and adolescence and how it affected their transition to adulthood and independent life. Starting from an overview of the research findings, this chapter explores the data through the lens of identity theory, bringing empirical evidence on how social identity and identification affect identity formation, how the relationships and functioning of young people are affected by the unusual circumstances of care.

In addition to this, I look at the care experiences using the UN Convention on the Rights of the Child as a conceptual framework and the Capabilities Approach as a theoretical framework on wellbeing. Investigation of the large amount of data through different conceptual perspectives is another way (in addition to member checks) to test the authenticity of the research findings.

Whether the interviewees went into care or were adopted directly from their birth families, the common experience of the 39 narratives is the sudden and long-term disruption and separation from the birth family and the environment into which they were born. Further data analysis and reflection upon prevalent themes revealed that many of their experiences related to their interaction with others from inside and outside the child protection system (carers or adoptive parents, other significant adults, peers or schoolmates, siblings, friends), and to their interest in finding out about their birth family or gaining knowledge of their pre-care history. Many of them, across all types of placement, spoke about experiences of stigmatisation or discrimination (including positive discrimination), mainly in school and mainly due to their unusual care status. When entering care, many of them were confronted not only with dislocation from the natural environment but also with new challenges such as violence or stigmatisation in the new placement. Consequently, they had to identify strategies to manage in often unknown territories, in some cases with little or no bridge from the past.

The rich data that emerged from interviews confirmed the relevance of adopting identity theories on the relationship between self and others in interpreting the life history narratives. Moreover, since in adoption the identity threat is more radical and explicit (compared to residential and foster care), much of the literature on adoption addresses adoptive identity as a salient concept. In addition, bringing into the academic realm the young care leavers' and adoptees' perspective through the identity theories lens, can contribute to strengthening this theory from the child protection perspective. Unlike in the parable of the three blind men and the elephant cited by Cote & Levine (2002), where the men drew different conclusions of what an elephant was by sensing different parts of the elephant, this study seeks to bring forward the elephant's point of view.

The examination of life trajectories allows the bringing together of care and pre-care experiences through the research participants' reflexive accounts on the impact of care across all types of placement. This is where reflections on the most difficult moments in life, 'becoming' (what made you the person you are today?), and expressing their life in one word or one phrase also appear. That section pinpoints the connections between different life stages and current life.

Last but not least, the care and current life experiences are analysed in a complementary approach stemming from the conceptual framework built around dignity (on the basis of the UNCRC and the Capabilities Approach), as presented in Chapter 2, looking at whether the young adults' basic needs were satisfied, whether they felt secure and whether their views were considered during their care trajectory. In interpreting the early adulthood accounts, I explore to what extent their current life is the outcome of desire-fulfilment or choice (Sen, 1999), in other words whether their accounts suggest that they enjoy basic freedoms, emotional wellbeing and exercise control over their lives.

6.2 Care Experiences and Identity Formation in Different Types of Placement

This section addresses the first research question on how the Romanian-born young adults who grew up in different types of placement recount their care experiences.

The fact that Romania adopted the UNCRC almost simultaneously with the regime change can arguably be seen in the wider context in which the entire nation had new aspirations of treating people as holders of human rights rather than servants of a totalitarian regime that

attempted to control every aspect of their life. By ratifying the Convention, the scope of child rearing was changed from raising children ‘in conformity with the aims of the socialist state, in order to make them useful to the collective’ (Art. 101 Family Code 1953)’ to one in which ‘the child should be fully prepared to live an individual life in the society’, in *dignity* (my emphasis) and worthy of the human being and the other values of the UN Charter: tolerance, freedom, equality, solidarity as outlined in the preamble of the UNCRC. Seeing children as ‘a site of investment for the future, a future which states were keen to control’ (Lee, 2001, 22) was also a desiderate of the developmental states concerned to shape their citizens as they grew up to become ‘fit for state purposes and ambitions’ (idem).

The Convention produced a shift in the thinking about children by acknowledging their right to be active agents of their lives and having self-worth rather than as merely becomings, to ensure the future and continuity of the state (idem). In this new paradigm, they are regarded as beings as well as becomings (Uprichard, 2008) and concepts such as development to the ‘fullest potential’ (UNCRC, Article 29), which is closely connected to identity (Baumeister, 1986) and capability, place them into a framework of individual freedom, self-esteem and well-being. By exercising choices, they are treated as beings rather than belongings and stand better chances of becoming functional adults in a globalised world marked by uncertainties not only in employment but also in personal life (Lee, 2001).

This section examines the care experiences using identity theories, social identity theory and stigma management in relation to their experiences of growing up in different types of placement. Being raised by one’s parents is the salient norm of childhood. By entering care, children leave the ‘normality area’ and start being identified as ‘children in care’ and

regarded as such in both public and private circumstances. Often, they are identified as bad or weak or dangerous, undesirable features that engender stigmatisation (Goffman, 1990).

Irrespective of the causes or circumstances of entering care, children lose contact with elements that formed part of their identity, such as contact with the birth family, the social environment including people to whom the child was attached to, the places they knew. Different types of placement interfere to different degrees with a child's identity background. Children in foster and residential care lose contact with their families and communities but preserve their name, nationality and often the region if not the community they grew up in prior to care. They may remain in contact with members of the birth family. Adopted children lose their name and (in most cases) the contact with the birth family and community. In addition to these, children adopted internationally lose also their cultural background and their mother tongue.

Entering care is a discontinuity in a child's life. From that perspective, care changes the child's interpretive background (Hundeide, 1975) that was the basis of their everyday learning. Even if in many cases children were placed in care voluntarily by their families, entry into care was not carried out with the child's consent. In anthropological terms, passages from one social world to another are accompanied by rites of passage which entail rites of separation, transition rites and rites of incorporation, as theorised by Van Gennep (1960). Very few participants spoke about cycles of activities that prepared them for such moves. The child's place and social environment often changes at ages when the child lacks concepts of space and time.

Narratives suggest that children may live in confusion or fear before they find ways to adapt to the new life. Although they did not point out the change of language as such, Victoria and Adrian, both adopted internationally at age four, spoke about feeling confused during their first school years. Mircea's recollection of entering an unknown territory, in his case residential care (also at age four), is self-explanatory:

'[My father] used to drink very much and what I remember from that time is that my mother came and told us [he and his five year old sister] that she would take us out for a cake and she took us to the children's home and I cried for a week I think, continuously.

Why? What did you find most difficult when you entered there?

I don't know if there was something, I suppose I was used to the environment in which I was on the one hand, and on the other hand, it was the unknown, where she took me and I've always been afraid of the unknown, to say so, and probably this is what... when I saw so many people there and I didn't know anyone at all. At least at home I knew what was going on and when I wanted to speak to someone, I had someone to talk to, whereas there I'd just come in the *camin*, I didn't know people, I didn't know how to behave to other people, let alone them understanding me. That's what I remember before I entered the system.' (Mircea, 26).

Several interviewees spoke about being afraid, missing their siblings from whom they had been separated, crying and feeling shy when they first went into care. Data coded under entering care suggests that when this experience was prepared as a rite of passage rather than an unexpected event, it affected the way in which the child or the young person incorporated the change.

Some interviewees spoke of being told about, convinced of or even prepared for their entry into care. In the cases where the talks were followed by some institutional preparation (e.g. a discussion with the head of the institution or an assessment of the child's abilities), involving the child together with an adult from their previous environment, the interviewees did not

describe the separation from the family as traumatic. Those preparations may be regarded as a rite of transition to residential care, the equivalent of the matching process that sometimes takes place in foster care or in adoption.

Many accounts suggest that when the children from residential care visited the foster family (in the case of Florian, Sandor, Betty) or the adoptive family (Cora) they were going to live with, or when they already knew and liked their prospective foster carer, they embraced the new placement. They pointed out during the interview that they felt safe and wanted and experienced the joy of being part of those families. By becoming members of the new family, a change in their identity occurred but the rite of transition attenuated the threat. They all maintained at least one connection to their previous placement: the contact with her siblings in Cora's case, the same school in Florian's case, the same carer in Betty's case, the same community in all these cases. The matching process plays the role of a rite of transition that ensures the necessary support for the child to overcome the change and to take part in it.

Not all narratives follow this pattern. In Oana's case, going into foster care was the fulfilment of a strong desire that she had communicated to the director of the institution. The fact that she did not want to take her personal doll from the institution, only wanting her brother to accept a foster placement in the same village as her, is indicative of how much she wanted this change. Although she only met her future foster carers briefly in the director's office, she embraced them from the beginning and wanted to move in with them. Moreover, the change was suggested by the director, someone whom she was fond of and trusted. Her account suggests that she adopted compliance as her accommodation – assimilation in a family placement not as a response to a threat but as her strategy of cooperation in an environment in which she perceived that her self-esteem increased. She had felt marginalised in her old

school due to her residential care status and in the new school she formed her own group with two other school mates whom she identified as being stigmatised by the others.

Another pattern of experience emerges from those cases where children did not wish to change the placement they were in: Mia (then 14) did not wish to leave the small group home she had been in for seven years; Rebeca (then 14) did not wish to be separated from her siblings and had to accept a family that was identified to look after all of them. In both cases the children's homes (run by charities) were to be closed down. Anca (then 6) did not wish to leave the institution and go into foster care; Mircea (Oana's brother, then 10) did not share his sister's wish of going into a (foster) family; Dragos (then eight) did not wish to go to another institution and lose his school teacher whom he regarded as a mother; Betty (then 10 and in foster care) did not want to be adopted by an Italian couple she'd only seen once. With the exception of Mircea who (at his request) returned to the institution after just a few weeks in foster care, the others remained for several years in the placements into which they were moved, reportedly against their will. Analysis of their accounts suggest that the identity strategies they adopted when moving into the new placements were of isolation in Mia's, Dragos' and Anca's case, followed by negativism during Anca's teenage years.

Isolation strategies, present at the beginning of the placement, are suggested by Mia's statement that she would not move anything and would not ask for anything as she was afraid that she would be turned down by the foster mother whom she perceived as strict, as well as by Anca's account of being scared of her foster carers who shouted at her. Dragos would hide under the bed to escape the bigger boys. The exception was Crina who described her foster care experience in positive terms despite the fact that leaving home was for her a traumatising experience and one of the most difficult moments in her life. The other placements into which the interviewees did not wish to go were described as poor quality placements riddled with

violence or depression. Some of these placements terminated early (Mia, Rebeca) or abruptly at age 18 (Betty). In Crina's case, although the separation from home was described as an act of aggression, pointing out the power relations, she also described rites of incorporation: being taken by the foster mother in her arms, taking a bath, meeting the 'grandparents' (the foster mother's parents) and doing activities together such as picking flowers. Several participants described activities that facilitated their adaptation to the new environment. For example, after entering the institution with fear, Calin was assigned an older peer to show him around and protect him, and one carer from the institution intervened when an older peer became violent towards him. In Dragos' case, the fact that he became the protégée of the child protection worker, whom he regarded as his 'social mother', transformed his care experience.

Others spoke about being told that they would go into care (Calin to residential care, Victoria and Betty into intercountry adoption) but they did not feel they could have a say or that they understood the implications. For Uma (whose prospective adoptive mother was obliged to take her back into residential care after five years, when Uma was eight) and Mica who had lived with her mother and sister in the street, separation from their mothers or the female figures whom they regarded as mothers came across as a deeply traumatic experience. They both ran home and then returned to the institution.

Speaking of her feelings during the journey to Italy with her new parents, Betty said that she felt she wasn't herself anymore, that she was 'terminated'. Uma's and Mica's narratives suggest that the first strategy they each attempted (at ages 8 and 10 respectively) was negativism.

, It appears that children taken into care feel powerless if they are not given options; in other words, if they are not consulted and listened to on matters that affect their lives, as required by Article 12 of UNCRC. However, what the narratives in this study suggest is that compliance does not exclude agency and children's cooperation. When children feel included in their new environment, they appear to accept or even enjoy their new status. The narratives of those research participants, whose moves into the system were prepared, reflected agency. For example, Ciprian remarked twice in the interview that he used the system to his benefit since he understood that he could not change it. Both he and Doru went into care at school age, together with siblings, appears to have contributed to the way in which they accounted for their experiences in residential care.

These accounts of moves into care and between care placements are suggestive for how research participants described their agency or lack of it. . Empirical data suggest that in cases where members of their families or adults they knew spoke to them about the institution as an educational opportunity, the fact that they entered residential care together with their siblings and in one case knew a child who was in care in that institution made a positive difference to the way in which the change was perceived.

With the exception of Sofia, who left Romania when she was 17, intercountry adoptees lost their ability to speak their mother tongue. This affected experiences of reunion and communication with their birth parents. For example, Maria's story of reunion in domestic adoption cited in Chapter 4 is a rich description of the only meeting with her mother and the atmosphere that surrounded it, whereas Victoria's reunion was hampered by the fact that they were not able to communicate directly:

‘We didn’t really talk about like adoption but before we left she wanted to know if I was mad at her?!... But I couldn’t really answer that question because I didn’t know how to explain it. So [Name of oldest brother’s wife]... couldn’t explain it to my mum because [name of oldest brother's wife] speaks English but it’s like... it’s very broken English. So I don’t think I could have explained well enough so I just basically was like... ‘no, I’m not...’ (Victoria)

In time, Alexandru was able to communicate with his birth mother because he decided to move temporarily to Romania and learned the language by living with his birth mother.

Contact with the birth family appears to have been easier in residential care where most participants (13 out of 16) met one or both birth parents after entering care and the other three had some knowledge of their birth families. Also, 14 of the 16 participants in this cluster had met or were in contact with their siblings. Six of them had been placed in residential care with at least one sibling. Only two participants in this cluster recalled visits from their parents when they were in residential care but 11 of the 16 visited their birth families at least once while they were in care. Children in residential and foster care were placed in the same county.

All the research participants in residential and foster care maintained their names, their language, and their citizenship while most adoptees had their names changed. During adulthood, some intercountry adoptees chose to replace their full adoptive name with their Romanian one, or to add their Romanian first name to their adoptive first name, either formally or informally, and several were interested in regaining their Romanian citizenship.

From an identity perspective, adoption poses greater complexity to adoptees, for their identity formation runs in parallel with processing the meaning of adoption. The fact that adolescence is the key stage in identity formation and one of its features is ‘de-idealisation’ of the parent

(Coleman, 2011) can easily lead to conflict between adoptive parents and adoptees during that time. As I suggested earlier, in some adoption cases, the identity threat, which in other types of placements occurs when the child moves into care, in adoption involves a lengthier process of making sense of the full identity change. Research in adoption and identity holds that communication about adoption and the quality of parenting have an impact on how adoptees overcome the challenges of dealing with their dual identity (Hoopes, 1990).

Analysis of the contexts in which adoptees spoke about their interest in gaining knowledge of their birth families suggests that this was often connected in adoption with critical moments such as conflicts with the adoptive parents, a suicide attempt by the adoptive mother or the need to know their siblings to avoid intimate relationships, as one research participant explained.

Many accounts in domestic and intercountry adoption indicate negativism manifested by open confrontation or rebelling, and mental health issues such as depression, suicide attempts and self-harm. Negative identity or identity diffusion appeared in cases where adoptees did not find a sense of belonging in their adoptive family or supportive adoptive parents.

While participants in residential care and foster care were supported to meet their birth families, most adoptees did not feel supported by their adoptive parents in getting knowledge of their birth families. For intercountry adoptees, the fact that Romania continued to be presented in international media throughout their childhood as a country failing to protect children (Bejenaru & Tucker, 2014), and the fact that their adoptive parents' narratives involved elements of corruption in adoption, made their identity baggage even heavier.

Although some narratives suggested strong relationships between female adoptees in domestic adoption and their adoptive mothers, many participants in the adoption clusters spoke about conflict with their adoptive parents during their teenage years. However, this shows a contrast between domestic and intercountry adoption. While conflict was overcome in domestic adoption in all cases, this was not the case in intercountry adoption where conflict had led to termination of placement and in many cases had not resumed since then.

At the same time, the accounts of those confronted with extreme identity challenges and adverse adoption experiences also suggest resilience (Sofia, Betty, Andrew, Sarah, Brianna, and, Victoria). After being disowned by his adoptive family and placed in residential and foster care in the USA, Andrew (22) described his identity crisis as follows: 'I am still trying to find myself. I don't even know who I am, a lot of people say I'm charismatic and a social butterfly and very flirtatious and empathetic'.

Another striking difference between domestic and intercountry adoption is the fact that in domestic adoption, with one exception all interviewees benefitted from their adoptive parents' support during their transitions to adulthood, whereas most intercountry adoptees did not.

The varied experiences in both domestic and intercountry adoption back theoretical claims that identity formation appears to be more challenging in adoption compared to other types of placement, that it can span beyond age 18 and that parental attitudes appear to be decisive in whether conflicts are overcome and the relationship maintained (Brodzinsky et al., 1992; Hoopes, 1990). Compared to other types of placement, it seems that adoptees use negativism more often as a strategy in their identity formation process. This is not a surprising finding,

given that rebelling is not an unusual experience during adolescence. However, exploring the accounts in domestic and intercountry adoption, negativism was limited to those whose accounts described abusive or neglectful parenting as well as mental health issues (depression, suicide attempts, and low esteem).

Mental health issues were prevalent in intercountry adoption irrespective of the type of parental attitude the research participants described. With the exception of Sofia (adopted at age 17) who demonstrated agency in her relationship with her adoptive parents, all intercountry adoptees mentioned mental health issues (depression, suicide attempts, ADHD, bipolar diagnosis), identity crises or very low self-esteem at ages varied from pre-teen to post-teen years, irrespective of the relationship they had with their adoptive parents. Teenage conflict led to strained relationships with the adoptive parents and five of the eight interviewees in this cluster had to leave their adoptive placements at age 18 and, in Andrew's case, at age 12.

Looking at identity formation experiences during adolescence in other types of placement, it appears that different strategies are prevalent in different types of placement. Although contact in foster care had to be mediated by the child protection services, in at least two of the eight cases, sibling contact took place with the support of the foster carers and was facilitated to some extent by the fact that the foster placement was located in the same geographical area.

In some cases (Florian, Sandor and Betty) the foster placement was in the same locality where they had been in care and that allowed them to adapt gradually to the new placement. In Betty's case, the move was with her favourite carer in the institution. All these placements

were recalled in very positive terms by the interviewees, who mentioned the pre-placement visits and evoked feelings of safety or happiness in their new placements.

The findings of this study provide rich evidence that knowledge of the birth family, whether followed by contact or not, appeared to be of interest to most participants as part of their identity formation and reconstitution. From an identity perspective, it reflects intergenerational continuation of that dimension of the self, supporting other international research (March, 2000). In stories of reunion, several adoptees emphasised the similarities they identified to their birth parents by physical resemblance or other features they had in common. Ethnicity and social class (between birth family and adoptive family) add new strands which the adoptee must negotiate internally (Hoopes, 1990) during the identity formation process. At least two international adoptees embraced their Roma identity through reunion, although they had been discriminated against in school due to their skin colour. As language was an obstacle in communication for intercountry adoptees, several of them started to make an effort to learn the language.

Out of the 39 research participants in all types of placement, seven had not met their birth families (birth parents or siblings) at the time of the interview: four adoptees and three interviewees from the residential and foster care clusters and only two of the 39 interviewees (both domestic adoptees), had no knowledge at all about their birth families.

The strategies for gaining knowledge of the birth family varied between different types of placement. For children in residential and foster care, reunions were mostly initiated at the children's request in their pre-teen years and were facilitated by their social workers. In two cases, the reunions were initiated by birth parents and in one case by the local authority

(when the participant was close to age 18) with a view to reintegrating the interviewee with her birth mother. Some foster carers played an active role in the contact that the children they were fostering had with their birth families, in particular siblings. In one case, the pre-teen's need to know his birth family contributed to conflict between him and his foster carers which ultimately led to termination of the foster placement.

In domestic adoption, dominated by secrecy, three of the adoptees had not met their families. In three cases the adoptive parents supported or facilitated contact: in the case of open adoption (sibling contact), kinship adoption and in one case at the strong and constant request of the adoptee. In intercountry adoption, seven of the eight adoptees had been in contact with at least some members of their birth families (siblings in four cases and parents and siblings in the other three). For both domestic and intercountry adoptees, search and reunion were achieved using private routes without the involvement of the public institutions. When adoptees tried the official routes, they found them daunting and gave up.

In both domestic and intercountry adoption, a very strong need to know the birth family occurred in some cases when they were in identity crises either due to conflict with the adoptive family, or the adoptive mother's suicide attempt or other life crises. The reunion experiences were varied. Sarah, Maria and Alexandru's accounts contain very rich and powerful descriptions of their reunion experiences whereas accounts from residential or foster care were more briefly explained. In particular, most female accounts in residential care described rather convoluted reunions with their birth mothers. Two of them spoke about brief periods of time spent with their birth families and they both regarded their time at home as being traumatic. As they had been in care since birth, the disruption in continuity and self-esteem was introduced by their time at home. Several interviewees wanted to learn from their

mothers the reasons why were in care and compared themselves with their siblings who stayed at home. Several interviewees (all male and in all types of placement) spoke about regular contact which they maintained with their birth families.

Experiencing stigmatisation in school and in other social circumstances was reported by interviewees in every type of placement. School was the first setting where interviewees became aware of their status and differences, from what they had in their packed lunch, to the fact that other children had mothers and fathers would take them to and from school while they did not or that other parents were ‘real’ parents. Many participants spoke about their school experiences recounting feeling different, confused or out of place, supporting Goffman’s conceptualisation of the stigmatised that they do not feel that any other groups they belong to are their real ones. Oana said that discrimination left a long-lasting mark on her despite the fact that she had an educator in the children’s home who would tell the children they were a family and that they should not feel different.

The previous chapters presented situations in which school peers, play mates or teachers disclosed publicly the research participants’ care status as adoptees or children in care. Such identification triggered various reactions, from stigmatisation and discrimination to pity or positive discrimination and led to development of different coping strategies, such as hiding, confronting or isolation. Stigma was reported primarily in relation to primary school experience and in particular in private or elite schools (which some adoptees attended), or in schools where children in care were a minority (in residential care). The ways in which several of them described being bullied in school or suspected of antisocial behaviour (stealing, begging) corroborates Jenkins’ (2008) hypothesis that ‘[i]n identification, the *collective* and the *individual* occupy the same space’. Very few interviewees with experience

in residential care reported having friends amongst the ‘normal’ population of children during their childhood. It appears that, stigmatisation did not occur in schools located close to residential care institutions where children in care were in large numbers. Discrimination was not only related to their care status but it was sometimes racial. It was reported in several environments (at the playground, in hospitals, when looking for employment, in Romania as well as in the USA, in Ireland and in Italy). In domestic adoption, when the adoption was kept secret from the adoptee, it appears that the adoptive parents tried to control the social circle of the child and therefore control the information related to possible stigma as a way to manage it (Goffman, 1990).

The ways in which children managed their experiences of stigma varied depending on the children’s age, agency or the support they had from adults (professionals or adoptive parents). Findings in this study indicate that as children grow, they start to become aware of ways in which they can control information and manage their identities. Several participants tried to achieve normalisation by hiding and carefully controlling who had access to information about their ‘failure’ (Goffman 1990). Such efforts were described particularly in relation to secondary school, mostly by participants in residential and foster care.

Those in foster care hid their status by creating a narrative to justify the name difference when circumstances made that difference obvious. In residential care, it was those who described a good care experience and who had agency, like Ciprian who spoke at length (see Chapter 5) about his efforts to avoid stigmatisation, suggesting the importance of this subject for him. In his case, stigmatisation by a teacher made him consider leaving school. In other cases, their efforts were spoiled by a teacher who would make reference to their status in front of the entire class.

These incidents, however, which took place during teenage years, were in none of the reported cases followed by stereotyping. Several interviewees reported that disclosure supported them in making friends amongst peers, something they had avoided before in order to escape the threatening position of stigma. This finding supports Goffman's claim that when people become closer, stereotyping is replaced by sympathy, understanding and a realistic assessment of the person. Several interviewees mentioned establishing meaningful friendship relationships during teenage years, a stage that is classified as the ideological state by Erikson when they start to form social relationship independently from their parents (Coleman, 2011).

Analysis of the narratives through an identity lens suggest that the boundaries of care are broader than the relationship between child and carer or adoptive parent and that care affects the child's interaction with every other environment s/he engages with. It also suggests that knowledge of the birth family or pre-care history is important to most young people irrespective of the type of placement they grow up in. Therefore, assessments of the quality of care or care plans need to take into account these aspects and regard care as a holistic life experience that touches upon every aspect of a child's life.

6.3 Life Trajectories: Bridging Care Accounts to Adult Life Experiences

This section explores the response to the second research question: 'What narratives of agency are constructed by Romanian-born adults who grew up in different types of placement when they describe their transition to adulthood?'

After having investigated how care experiences shaped their childhood, adolescence and emerging adulthood in previous chapters, in this section I take a holistic approach to explore the participants' reflections on how care affected their adult life. Although the research question is related to the way in which the research participants connect their care experiences to their current life, it would be an omission not to take into consideration the pre-care history of those who entered care at an early age, given the plethora of studies warning of the negative effects of institutionalisation at an early age, in particular after the age of six months.

Almost half (19) of the research participants were placed into care shortly after birth and almost all of these spent at least their first year of life in residential care, with some staying in residential care throughout their entire childhood. A first examination of the trajectory of those who spent their first year of life in residential institutions shows that they are spread across all types of placement. Looking at their educational outcomes does not suggest any clear-cut division between them and the others in the different clusters. It appears that all those in 'the 19 group' who were adopted domestically went to university (including Marina whose adoptive mother struggled to keep her in mainstream education), two of the three who later went into foster care went to university (including Mihai who went back into residential care at age 15); four of the seven in the residential care group went to university (Diana started university after the interview) and two of the five in the intercountry adoption group were enrolled in university at the time of the interview. This finding suggests that the subsequent types of placement contributed to overcoming the effects of adversity in early life had irrespective of the time they spent in residential care. It suggests that longitudinal research on outcomes should perhaps consider the quality of the subsequent placements from the young people's perspective.

The following sections explore the participants' reflections on how the overall care experience affected their current life. Trajectories are grouped by the type of placement from which they left care.

Data collected in this study indicates that care experiences were influenced by the participants' relationships with their carers or adoptive parents and, in the case of residential care, they were also influenced by peer relations which placed participants on a 'victim' or 'protected' trajectory. Knowledge of their birth families and peer relationships were other dominant themes in all types of placement that contributed to the participants' identity formation. A closer look at trajectories within clusters showed similarities between some trajectories with regard to participants' circumstances of entering care, care experiences and current life experiences which I used as an opportunity to explore connections between those participants' accounts on childhood experiences and whether similar care experiences reflect any similarities in adulthood experiences.

6.3.1 Residential Care Experienced Adults' Reflections on Life

As discussed in Chapter 4, two distinct types of experience were prevalent among participants who experienced childhood in residential care: those who were victims of abuse and those who were protected from it. Starting from that perspective, I explored similar life trajectories around these types of experiences, pointing out contrasts and similarities. By taking a holistic approach I sought to distinguish similarities in the associations the participants made between care accounts and their adult lives.

Such similar trajectories are those of Ciprian and Doru. They both entered residential care in the mid-1990s, at the age of eight and ten, mainly for reasons of neglect and some physical abuse (by his stepfather) in Doru's case. They described their years at home largely as a time of freedom. Their entry into care was arranged by relatives and they were both told that it was a good thing for them. They both went into care with their brothers. For both of them, the journey to the institution was the first journey to a city. Neither of them reported being abused in the institution and they appreciated their residential care experience as an opportunity to gain an education which they would not have received, had they remained at home, in rural areas. Ciprian experienced some stigma during secondary school from one teacher and was discreet about his care status among his school mates. Other than that, neither of them spoke about being marginalised or discriminated against. They both had good relationships with certain teachers or educators which contributed to them gaining computer skills at a time when computers were relatively new in Romania. During adolescence, both Ciprian and Doru started to earn money by doing different jobs. And they both started university but gave it up in favour of employment. At the time of the interview they were both in control of their personal and professional lives.

Reflecting on what made them the people they are today, Ciprian said it was good luck and his educators who helped him because he was 'a good boy', who wouldn't talk much and studied well. Doru said that he could not name one reason but explained that what contributed were the children's home, his perseverance, the fact that he is self-trained and he thinks he is 'the sum of all the decisions I took at some point and all the mistakes and successes, things I failed at or I did not.'

In the same family of narratives would be Costin who entered care at school age. He was separated from his siblings when entering care but had a protected status, worked and earned since an early age and proved agency in his relation to others. He went to university and at the time of the interview had two jobs and was in a long-term relationship. Their trajectories suggest that those who entered residential care at a later age and were not victims assessed their care experiences in a positive way. For them, residential care was an environment that fostered educational, employment and social opportunities.

They can be contrasted to those interviewees' who were placed in care at birth and remained in residential care until adulthood (e.g. Andi, Veronica, Stefan, and Diana) or who entered care during pre-school (Mircea, Adi) and whose accounts do not suggest that they had anyone to protect them from abuse in residential care. They are former victims and they all reported forms of physical abuse in residential care. Their care accounts conveyed experiences of physical and emotional abuse in care from older peers or staff members although several of them spoke also about solidarity between children or play and happy times in residential care. Andi (born in 1984), who spent his entire childhood in residential care and whose narrative is fraught with hunger and violence, provides another perspective on what residential care meant for a vulnerable child (who did not recall having had constant special protection within the institutions) in the 1980s when the economic crisis reached its peak. The research participants in this group did not mention work or education opportunities but rather regrets for what they could not study and experiences of discrimination or stigmatisation. Although they benefitted from some support in their transition to adulthood, such as post-graduate training courses that allowed them to stay in care beyond 18 or social workers facilitating their first jobs, the descriptions of their transitions to adulthood were riven by uncertainty, having underpaid or unstable jobs or entering abusive work situations.

At the time of the interviews, several of those in this group had low paid jobs, except Diana who was still studying and living in a small group home and Mircea who was self-employed. All of them knew their histories and most of them had met or were in contact with family members. For them, family contact during adolescence does not come across in interviews as a preoccupation. A few of them mentioned the fact that they were doing better compared to their siblings who stayed at home. None of them, except one (who entered care at age four) mentioned any intimate relationships during the interview, past or present. Whether explicit or implicit, all the narratives in this cluster suggest that these research participants had faith and several of them interpreted positive turning points in their life through a religious lens (as God's help). While they appeared to have a stable life, most of them still had a lot to achieve to achieve their desired life. When asked to describe their lives in one word, Stefan said it was magic (possibly influenced by the fact that he had started to work for the institution where he had grown-up and was enjoying the job) while Andi, Diana and Adi were less positive. They described their lives as: 'unforgettable road', 'sadness', respectively 'good and bad'. Mircea described his life as a 'story'. Their accounts suggest that experiences of abuse and low self-esteem in childhood may lead to stability in adulthood but not to fulfilment of one's potential.

While these trajectories seem to suggest a clear division between those who grew up in care from birth and those who entered care later, with the former experiencing more instability and uncertainty in their transition to adulthood, other narratives point out exceptions to this pathway. Trajectories such as Dragos' suggest that negative care experiences dominated by fear of abuse, sudden and unprepared placement changes and separation from attachment persons can be overcome if followed by intense and personal support from one or more

adults. At the time of the interview, he had graduated from university, worked as supervisor for a small group home and had managed to obtain a social flat. He was hoping to find a job in the field in which he qualified. He described his life as a 'protecting angel' and he regarded his becoming due to the fact that he always had someone who protected him and due to his ambition. His narrative suggests that a substitute mother (who offered him food, included him in her family and offered him protection) within residential care and support in transition to adulthood, can lead to pathways which are not fraught with labour exploitation, uncertainty and lack of opportunity as in the other narratives described by other interviewees who grew up in care since birth.

The claim that the quality of care experienced in the institution had an impact on adulthood is supported by Mirela's and Veronica's contrasting narratives. They both entered care at birth, each being the only child whom the mother placed in care. They both spent their entire childhood in a large institution, but Mirela had a special relationship with one carer from the institution whom she visited at home whereas Veronica didn't. She had suffered peer abuse and ethnic discrimination. At the time of the interview, Mirela had graduated from University whereas Veronica was working in the garment industry. Mirela expressed satisfaction with her life and she wanted to find a better job and start a family in the future. Veronica felt that life was hard. Mirela considered that what contributed to who she was, were her faith and the people around her and the director of a charity that advised her 'like a father'. Mirela described her life as being a 'miracle'. Veronica's plans were for a better job and to have a home. She considered that she was who she was thanks to the factory owner (whom she met before she left residential care). Her summary of life in one word was 'beautiful'. These two trajectories share many similarities but differ in the way the two interviewees were treated in

care and how they experienced stigma, backing the claim that the quality of the care experience impacts upon the person's transition to adulthood.

Similarly, Camelia and Mica shared similar care trajectories (small group homes from a later age) but had different pathways to adulthood. While Mica's care experience was one in which she was cared for by a social mother, Camelia lived in a flat supervised by staff until age 16 and then moved to a semi-independent small group home. Mica was supported by her social mother and the charity that ran the small group home until she became independent. Camelia decided to leave the care system at an early age. Her transition to adulthood was fraught with difficult intimate relationships, uncertainty and fragmentation while Mica's was rather linear. Their answers to the question 'what made you who you are today' are suggestive for the way in which they perceived their care experience. Mica was specific 'God and the social mother', while Camelia regarded herself as the outcome of the family, the child protection system and her self-trained.

The residential care narratives suggest that those who benefitted from preferential caring relationships and were protected from abuse had managed to achieve at least partly, a life that was the result of choices they made, whereas the ones whose childhoods were affected by abuse had fewer educational achievements and more sinuous trajectories to adulthood. Their current life was the result of support rather than choice.

6.3.2 Foster Care Experienced Adults' Reflections on Life

The foster care cluster includes the experiences of nine interviewees who started their foster care placements at age seven (Crina, Anca, Mihai, Sandor), at 11 (Florian, Petru, Oana), or at 14 (Mia, Rebeca). Examination of their care experience described in Chapter 4 suggests that

their foster care experiences can be classified depending on the type of parental interaction between them and their carers: those whom the participants perceived as being supportive (indulgent or authoritative) and those whose description suggests an authoritarian (controlling or abusive) parental attitude. Narratives also suggest that this interaction influenced when and how the foster placement ended.

Mia, Rebeca, Anca and Mihai were placed with foster families who they described as very strict or abusive. The narratives suggest that, with the exception of Mihai, none of them wanted to leave their previous residential care placements to go into foster care but they had no choice. All these placements terminated during teenage years and after two years for Rebeca (who went into a guardianship arrangement), three years for Mia (who asked to go into kinship care) and seven years for Mihai (who went into residential care at age 15). The accounts regarding the teenage years suggest that they preferred these changes and they had more control of their lives in the new arrangements. Rebeca and Mihai went to university while Mia met her future husband and she felt included in his family. Anca remained in the foster placement until age 18. She felt manipulated by her foster mother and convinced her brothers to leave the foster placement and move in with the birth mother whom they'd just met. She gave birth to an unplanned child and her trajectory was dominated by uncertainty.

As regards the group with supportive foster parents, all the male interviewees (Florian, Petru and Sandor) were still living with their foster carers at the time of the interview. Two of them had gone to university; all of them were in employment. They believed that their becoming was related to the environment (Petru), education and faith (Florian) or teacher and family (Sandor). They described their lives as 'ambition', 'good luck' and 'simple' respectively.

In foster care, pathways to adulthood appear to be embedded in the socio-cultural context in which the participants were raised. The female participants in this cluster graduated from vocational schools, got married and left their foster placements after getting married at age 18, an outcome which may be interpreted as being influenced by the local cultural environment. In Crina's case, marrying her husband was the fulfilment of her wish, while the decision to get married at age 18 in other cases comes across as a socio-cultural choice or marriage of convenience in Oana's case. Her marriage ended with divorce. Oana considers that it is her experience that made her who she is, while Crina believes it is her foster mother and the way in which she raised her. When asked to describe their life in one word, Crina said laughingly 'total chaos' while Oana said that her life is at 6 on a 1-10 scale (where 10 would be rated as best).

These trajectories suggest that when foster parents took a supportive approach, the participants felt secure and feel included in the foster family. For placements in which the foster carers were authoritarian, children's emotional wellbeing was affected and those places terminated early, which allowed the research participants to become active agents in shaping their future. In the one case when this did not happen, the transition into adulthood was riddled with instability and unplanned outcomes such as pregnancy. Stigma was less of an issue in foster care as the interviewees were able to hide their status.

6.3.3 Domestic and Intercountry Adoptees' Reflections on Life

This section and the next examine life trajectories in domestic and intercountry adoption. Understanding of individual trajectories posed an extra challenge for interpretation them given that parenting styles and attitudes towards adoption are embedded in cultural and social frameworks of each society. The two sets of narratives of domestic and intercountry adoption

reflected those differences in attitudes on child rearing and on communication with regard to the adoption. These are aspects that had an impact on the adoptees' identity formation as well as on their transition to adulthood.

Domestic adoption narratives confirmed other studies that indicated that secrecy was prevalent in domestic adoption. However, this did not modify the relationships adoptees had with their parents and the interest in knowing their birth families did not appear as crucial to their development. While those adopted internationally grew up being aware of their adoption status, the narratives about the circumstances of their adoption were limited to their adoptive parents' interpretation of it. Obtaining the adoption papers from their parents was in several cases difficult in both domestic and intercountry adoption.

Several adoptees explained that processing the meaning of adoption was a lengthy process that took years. Understanding of the adoption meant in the case of most intercountry adoptees, also an understanding of their ethnic identity and incorporation of an additional cultural background. Their adoptive parents' support, in particular that of adoptive mothers who appeared to be the key figures discussing the adoption was crucial to the way adoptees managed this process. In some cases, conflict between adoptive parents and adoptees led to separation during teenage years. Other circumstances of separation were the adoptive parents' decision to terminate the adoption or simply lack of interest in continuing the relationship with the adoptee beyond childhood. While conflicts were temporary in domestic adoption, they appeared to be permanent in the case of intercountry adoption.

In addition to the complex challenge of understanding and incorporating the adoption identity, several interviewees in both domestic and intercountry adoption had to cope with

additional challenges posed by their adoptive families, unrelated to the adoption which affected their emotional wellbeing: divorce, death of an adoptive parent, remarriage, domestic violence, adoptive mother's suicide, alcoholism, economic hardship, economic migration of the adoptive parent, single parenting. Most of these events, which come across as additional hardships in adoptees' narratives were not reflected in foster care accounts where the state maintains responsibility for the child and families are regularly checked. Had they occurred in foster care, in most circumstances the child would not have been left in that placement. Given that adoption is entirely in the private domain, with almost no state intervention at all once it is finalised, how it is experienced depends entirely on the chemistry and interaction between the child and the adoptive parent(s), with their behaviour and set of beliefs. This makes comparison between different accounts particularly challenging.

In terms of parental attitudes and adoption experience, domestic adoptees described either supportive/authoritative (Gabriela, Marina, Vladimir, Cora) or supportive but indulgent or neglectful (Traian) or abusive/authoritarian (Maria, Dan) attitudes. Intercountry adoption accounts were dominated by descriptions of controlling, abusive or neglectful parental attitudes with only two adoptees describing loving and supportive parents.

Also, domestic adoptees expressed commitment to their adoptive parents even in the cases where conflict had to separation and mental health issues during adolescence: the cases of Maria and Dan. The complexities of their adoptions were expressed in the way they summarised their lives, Maria describing it as 'a novel' whereas Dan used the phrase 'the show must go on'. The same level of commitment was expressed by Gabriela who went to a boarding school at age 12 and whose adoptive mother emigrated but continued to support her.

She summarised her life in the words ‘resilience’. Despite difficulties related to adoption and family life, Maria and Traian framed their lives as ‘stability’ and ‘beautiful’ respectively.

Most intercountry adoptees showed a high interest in Romania in addition to the interest in their family which intensified in early adulthood and was associated with critical moments in their lives or caused mental health episodes. Several of them included Romania in their future plans. The adoptees’ accounts suggest some similarities but also very striking differences between domestic and intercountry adoption with regard to the impact adoption has had on their lives. They do not support claims such as those made by (Howell, 2006) that intercountry adoptive identity is not an issue for adoptees. They summarised life as being ‘confusing’, bizarre, ‘with many spikes’, or an ‘unpredictable adventure’. Andrew, who is struggling to make sense of his identity, described his life as ‘monumental’ while Betty described it as ‘good luck’.

Research in the adoption field holds that the age of the child at the time of the adoption is a predictor for successful adoption. Cora’s and Sarah’s narratives do not back that claim. While Cora, who was adopted domestically at the age of eight, had a successful adoption, Sarah who was adopted internationally as a baby left her adoption placement at 18, following persistent conflicts between her and her mother during adolescence. At the same time, Betty’s and Sofia’s narratives were similar to studies that correlate age of placement with the success of the adoption placement but such studies disregard the adoptees’ perspectives. In both cases, the expectations the adoptive families had of the two adoptees appeared to be deeply unreasonable.

6.3.4 What Mattered in the End - Reflections on Becoming after Care

When reflecting on what made them the person they are today, the following patterns emerged from their answers: some considered that crucial to their development were specific people who were significant to them or certain qualities which they themselves had, or a combination of the two. Only a few participants believed that their becoming was mainly due to external influences: ‘the entourage’ (made up of other stigmatised children) for a domestic adoptee, having educational and employment opportunities for a residential care leaver, people that were situated outside the system or the care experience such as the interviewee’s spouse or family (foster care leaver), the sports coach (residential care leaver). For many, it was a combination of their qualities and the significant adults in their lives, as has been noted in other research (Berridge, 2017). Certain differences appear however between different types of placement. In residential care, only five of the 16 interviewees believed that their qualities such as ambition and perseverance made them the person they are today. Most participants in the residential care group related their becoming to the care experience: educators or carers with whom they developed a special relationship, or their faith in God or the care experience.

In foster care, two participants attributed their becoming exclusively to their strength while for the others it was a combination of personal qualities, significant others, environment, faith and education. Only one mentioned the foster carer specifically.

In intercountry adoption, more than half of the interviewees (five of the eight participants) considered that they are who they are due to their strength, two to their experience, one to his adoptive family as well and one to Romania (meaning his reunion experience).

In domestic adoption, the dominant theme appears to be the adoptive family in five of the seven interviewees (four of them referring specifically to the adoptive mother) and for one the adoption experience (her parents' faith influenced her choice when she got married and her mother's abuse made her stronger). Three of the seven interviewees added qualities that they had (strength, character, motivation) and two mentioned external factors: opportunities, and 'the entourage' (the latter being mentioned by the adoptee who felt neglected by his adoptive mother).

It seems that while for those in residential care it is the institutional order that has a primary contribution to their becoming, in domestic adoption it is the relational self and the adoptive parents whereas in intercountry adoption, it is the self (personal qualities) that is dominant. This could be explained by the fact that intercountry adoption is the strongest identity intervention and the research participants felt they had to invest more of their personal resources (strength) in overcoming the challenges and making sense of different strands of their identity.

The narratives suggest connections between quality of care, identity formation and agency. The quality of the relationships participants had with their significant others while in care placed some on adulthood trajectories where they live their life and others on trajectories where life happens to them (Erikson, 1994, 169). Some live in ways they choose while others can only grab the support they are offered. To them, care was not an act of growing but rather an act of maintenance. Despite the fact that adoption interferes strongly in a child's identity formation process, those participants who reported positive adoption experiences were also low in their identity exploring status, whereas those who reported negative adoption experiences attached great importance to search and reunion.

Narratives also appear to confirm Gilligan's claim (1982, 151), according to which the attachment and separation dichotomy reappears in adolescence as identity and intimacy, and in adulthood as love and work. While they are functional and in employment, most of those in this group who went through separation in early childhood and missed a strong care relationship during childhood did not speak about experiences of intimacy (romantic relationships) and love at the time of the interview. About one third of the interviewees in the residential and foster care group did not mention any exclusive intimate relationship. With the exception of one interviewee who had a very traumatic childhood at home before entering care, all of those in this group entered care at birth or at an early age and spent their entire pre-school life in residential care.

The type of placement they experienced appears to have played an important role in identity formation, in the way they gained knowledge of their birth families, the way they connected to others and the extent to which they felt they were agents of their own lives. In most cases, the narratives suggest a strong connection between how the research participants perceived the quality of their care placement and their current life.

However, Betty's care trajectory refutes many of the above. With the exception of one year in foster care, the other 17 years of her childhood are dominated by abuse in residential care and in intercountry adoption. At the time of the interview she was in a long-term relationship, living with her partner and in full time employment. Her sister's intensive and consistent support was a turning point. Her account finds support in Bronfenbrenner's (1991) famous words that every child needs at least one adult who is irrationally crazy about him or her. Her story leaves hope that even in a case where professionals get it profoundly and systematically

wrong, there is still a chance that the child will find the person who will make all the difference to them.

Despite the relatively small and varied sample, the similarities between individual accounts provide a new perspective in exploring the data. They contribute to a more in-depth understanding of trajectories and of what interviewees highlight as being their key concerns, at different stages in life and in different types of placement and how these have been managed by different young people.

Analysis of the data, using the identity and stigma framework, highlights that the pathway for entering care, the quality of the care provided (as perceived by the person receiving it) and the type of placement, affect identity formation at every life stage (childhood, adolescence and early adulthood). As described in the findings chapters, the research participants' trust, autonomy, initiative, industry and later identity formation and intimacy are affected by their interaction with others inside and outside the care and education system as well as by their knowledge of the natural family.

Building on knowledge from the previous section on care experiences and exploring adult life accounts through the Capabilities Approach, it appears that all research participants managed to achieve some functionings during their life in care. However, the quality of care had an influence on the participants' autonomy in and beyond care and in the absence of targeted support during their early adulthood from at least one adult, the lack of autonomy and limited functioning in care led to a lack of choice in their transition to adulthood. Some of the accounts on adulthood suggest a life of choice, that they enjoy basic freedoms, emotional wellbeing and exercise control over their environment (such as Ciprian or Doru in residential

care, Crina the foster care cluster, Sofia from the intercountry adoption cluster and most domestic adoptees). They made romantic choices in their personal lives and made their own choices in their professional lives as well. Sofia's account suggests that it not the quality of her care placements, but rather her resilience and agency that led her to live a life of choice.

In other cases, the participants have achieved some functionings but their accounts of adulthood and aspirations for the future suggest that they live only to some extent a life of choice. For example, the fact they would like to have a family but they had not experienced a romantic relationship suggests that they still need to work on achieving capability and wellbeing.

Other accounts suggest that embarking on adulthood was more of a drifting experience where participants followed the only paths that they saw available to them at the time. These included underpaid jobs or, in some cases, marriages of convenience that ended in divorce for some female participants. In these cases, their care experiences did not help them achieve sufficient functionings that would allow them to make choices in adult life.

From a placement type perspective, it appears that domestic adoptees had the most choice in shaping their adult lives. Some of them benefitted not only from a functionings and capabilities but also from social capital through their adoptive families who supported them in their transition to adulthood.

The fact that most research participants were in their 20s makes comparison of different accounts difficult given dynamic changes at that life stage but also the continuously changing context.

6.4 Identity and Dignity in and Beyond Care – Commentary on the Research Findings from the UNCRC and Capabilities Approach

Perspective

Placed under the children's rights epistemology, children in care fall within the intersection between care and justice, an area which, according to Lee (2005) is marked by tension. Care and justice can be in competition with each other, the former being founded on connectedness while the latter is founded on separateness (Lee, 2005). Gilligan (1988) is one of the main theorists who explored this dichotomy and the association between moral orientation and gender as reflective of experiences of inequality and attachment. In the field of protection of children in out-of-home care, justice and care can be complementary since rights can be invoked when care fails. Lee (2005, 88) argues that 'neither the terms of justice nor care can fully capture the human experience' and that love and rights should co-exist peacefully in children's lives.

Adoption of a children's rights paradigm can be interpreted as an attempt to introduce a moral response to the tension created by a child's inequality status, by understanding of the child in their own terms. The provision of care in such terms is key to development not least due to its repercussions in later life.

Both identity and the Capabilities Approach are theories that value the quality of interaction between self and others as an important part of the human experience whether this is seen as part of identity and the identification process and relational self, or as a prerequisite for a life lived in dignity. Self-knowledge, fulfilment of an individual's potential, and relationship of the individual to society are key components in the identity development process.

(Baumeister, 1986). Continuity and differentiation were defining criteria for identity and are

closely linked to a person's capacity to make choices, build relationships with others and have a sense of strength and resilience (Baumeister, 1986).

The interpretation of data through the identity theory showed how the quality of care influenced the children's self-esteem and relations with others. I shall now explore the data on different types of placement from the perspective of the relevant provisions of the UNCRC and the Capability Approach.

The main UNCRC provisions in relation to special protection and care are articles 7 and 8 (on identity), article 9 (contact with parents), article 19 (protection from neglect, abuse or violence), 20 (on the right to alternative care), 21 (on adoption), 25 (on right to review) as well as its four principles: to non-discrimination (article 2), the best interest of the child (article 3), the right to life (article 6) and the right to be heard (article 12). In addition to these, article 27 sets out every child's right to a 'standard of living adequate for the child's physical, mental, spiritual, moral and social development' including nutrition, clothing and housing. While these have an unquestionable function to meet children's basic needs, data suggests that they also have an identity and self-esteem function that plays out in social contexts. For example, Mica's account suggests that the homelessness experience and lack of food influenced her behaviour in school. As described in the findings chapter, clothing and school lunches are also markers of the children's care status affecting their self-esteem and peer relationships. Oana spoke at length about the lack of food in residential care and how she felt different when she saw the packed lunches of her school mates, and when she spoke about discrimination, she said that this is something that marked her up to her present life.

With regard to children in care, the Convention states in article 20 that children who cannot be cared for by their parents shall receive care in accordance with the national laws.

Placement of children in foster care, or ‘if necessary ... in suitable institutions’, are suggested possibilities. This phrasing suggests that family type placements such as foster care (not adoption which is subject to a different provision) is to be preferred to institutional care which applies ‘*if necessary*’ and needs to be ‘*suitable*’. Data in this study does not necessarily hold this claim given that foster families can also be unsuitable and hamper a child’s healthy development through abusive or over-controlling parenting. Anca’s and Mihai’s cases illustrate that. During the interview Anca stated that her foster carers treated another group of siblings placed with them as their own children, suggesting that discrimination or unfair treatment can happen within foster families as well and that the same foster carers can be suitable for some children but not for others.

Article 20 also states that ‘due regard shall be paid to the desirability of continuity in a child’s upbringing and to the child’s ethnic, religious, cultural and linguistic background. According to the *travaux préparatoires*, the aim of this provision was to support interpretation of the ‘best interest of the child’ principle with regard to children in care (Detrick, 1999). By giving preference to continuity, this provision holds that one of the identity principles, continuity, is important when considering placement of a child outside their family.

Adoption is subject to a separate provision given that it is a profound and permanent interference in a child’s identity. Unlike the other types of placement, in closed adoption (which is the practice in Romania) all legal ties with the birth parents are cut and official routes of search and reunification proved discouraging to those adoptees in this study who attempted to use them. This is why the Convention determines that adoption can be decided

only by competent authorities, that the child's status is considered not only in relation to the child's parents but also 'relatives and legal guardians' and that 'the persons concerned have given their informed consent to the adoption on the basis of such counselling as may be necessary' (UN General Assembly, 1989, Article 21a). Moreover, intercountry adoption is regarded as an acceptable option ('may be considered as an alternative means of child's care') if the child cannot 'in any suitable manner be cared for' in their country of origin and provided that the child 'enjoys safeguards and standards equivalent to those existing in the case of national adoption', and that the placement 'does not result in improper financial gain for those involved in it.'

From a theoretical perspective, these provisions, together with those regarding other aspects of identity stipulated in articles 7 and 8 of the Convention (on having and preserving name and nationality), and article 9 (on contact with their parents), aim to ensure that a child's sameness and continuity as condition for development are respected even when separation from parents is decided to be in the best interest of the child. Findings in this study support the child's need for a good sense of identity across all types of placement. The fact that the UNCRC has non-discrimination, the child's right to be heard, the child's best interest, continuity, the right to identity and to contact with parents as tenets for children in care, in addition to satisfying basic needs and protection from violence, makes the Convention a legal instrument that is in consonance with the identity theory. It also has the potential to provide children in care with a healthy sense of identity when decisions and provision of care follows its requirements.

The findings discussed in the section on entering care suggest that continuity of identity such as linguistic, religious or ethnic identity was maintained in most cases in residential care,

foster care and domestic adoption but not in intercountry adoption. Moreover, when placements were with families that the children got to know and approve, those placements were described in positive terms by the research participants. Intercountry adoption was the type of placement in which the UNCRC requirements do not seem to have been followed: several interviewees spoke about corruption issues around their decisions or believed that they may have victims of child trafficking. Comparing two adoption narratives (Cora and Betty) in which the adoptees were adopted at ages eight and ten years old respectively, it appears that the domestic adoptee visited her future adoptive parents before the adoption was finalised, whereas this did not happen in intercountry adoption. Such practices are not compliant with the Convention which supports continuity, identity and requires that intercountry adoption should have the same standards and safeguards as domestic adoption.

Exploring the data by types of placement and from the provision, protection, participation perspectives, it appears that certain needs such as education and health could be fulfilled in all types of placement. At least two interviewees in the residential care cluster who needed repeated surgery benefitted from the required medical treatment. As regards protection from abuse and violence, it appears that no type of placement had full safeguards and that physical or emotional abuse occurred in each type of placement, being more prevalent in the residential care cluster.

With regard to children's participation, which involves their relationships with others (peers or significant adults) this was more limited in accounts of childhood in residential care and for children who were victims of abuse. Several reported that they were punished for being vocal. In family type placements (foster care and adoption) the children's participation depended on the relationship between adoptee and the foster or adoptive parents. In other

words, agency and participation were largely influenced by the quality of the placement rather than the type of placement. One participant in the foster care placement made a point of being told by her foster mother not to cry when she learned that her brother (with whom she had shared the foster placement) committed suicide. Several accounts suggest that some carers had insensitive expectations of them, e.g. Camelia was expected at age 12 when she went into care from home, to call the small group home carers ‘mother’.

At the same time, there are several examples of situations in which children’s views or desires were met by social workers, foster carers or adoptive parents and these referred to change of placement, the desire to meet their parents or to move from a school in which they felt discriminated.

As argued in the earlier section of this chapter that brings together parallel life trajectories, highlighting their similarities and contrasts, many cases suggest a chain reaction between the way in which the research participants perceived their entry into care, the way they experienced care and the extent to which, at the time of the interview they lived a life which was at least partly the outcome of their choice, rather than of constraint or circumstance. The concept of choice, as an attribute of a life lived in dignity, is central to Nussbaum’s Capability Approach. As described in Chapter 2 of this thesis, one way to interpret the current lives of the research participants is to explore the extent to which they enjoy basic freedoms (housing, work, education, health, sense and thought or play and recreational activities); emotional wellbeing (avoid unnecessary pain, intimate relationships based on choice, experiencing justified feelings and not living in fear); having an intrinsic worth and ability to control one’s environment (using practical reason and freedom of expression; self-respect; non-humiliation, social roles).

As regards basic freedoms, housing was a topic addressed by many research participants and one which shows a clear division between different types of placement. While in domestic adoption and foster care clusters, most interviewees lived in family accommodation (either with their adoptive or foster family or with their partners) and a few had their own house, most of those in residential care and in intercountry adoption lived in rented accommodation. Only two experienced precarious living situations: one interviewee in residential care and one in intercountry adoption. Most of those in residential care and about half of those in foster care mentioned that having their own house was one of their priorities for the future. Some of them mentioned that they were saving money or considering temporary migration in order to earn enough to buy a house. For adoptees, this did not appear a key issue for the future. Most domestic adoptees had their homes or lived with their parents or parents in law. This was not the case in intercountry adoption where most of them lived in rented accommodation but did not mention having their own home as part of their future plans, describing their aspirations in broader terms, such as finding happiness, following a vocation, moving to Romania and in one case, no future plans.

Work and education seemed to reflect more of a choice in adoption whereas in foster and in residential care, for most interviewees, it was more a matter of opportunity than a matter of choice, in particular for those who did not go to university. In terms of intimate relationships, more than two thirds of domestic adoptees and half of the intercountry adoptees were, or had been, engaged in a long-term intimate relationship, whereas in foster care and in residential care, about one third of the interviewees were or had been in a long-term relationship. Those engaged in long-term relationships tended to be those with positive care experience with the exception of the intercountry adoption cluster, where five of the eight adoptees were or had

been involved in a long-term relationship regardless of their adoption experience but those included marriages of convenience which ended in divorce. Four interviewees, all female (from the intercountry adoption and foster care clusters) had divorced or were going to divorce. They had entered marriages at a turning point in their life as they had to leave their adoptive or foster placements.

As regards emotional wellbeing, some of the interviewees with a history of particularly traumatic events in residential care and intercountry adoption (physical or sexual abuse or being legally disowned) were still affected emotionally by them. At least one interviewee in each cluster mentioned having been depressed while in care or after care, with four having attempted suicide (three intercountry adoptees and one domestic adoptee).

Although most research participants have managed to achieve stability in their current life, many of those with negative care experiences had their transitions to adulthood affected by these. This was reflected in mental health issues, loneliness or unemployment and it affected some of the participants in residential care and intercountry adoption clusters. However, they all seemed to have achieved self-esteem and were continuing to work on shaping their future.

These findings support to some extent the Capabilities Approach as a framework for a life lived in dignity. The research participants grew up in different cultural settings and this appears to have influenced their outlook on life as well as their strategies to tackle challenges into adulthood. Societal attitudes towards adoption, care leavers or towards their ethnicity, their set of beliefs and social identities have all contributed to their self-esteem during the process of identity formation. Placing the data under different theoretical lenses has shown some limitations to the identity theory and it has pointed out connections between identity

and dignity and how the use of different conceptual frameworks can reinforce interpretation of the research results and reduce researcher bias.

The unusual trajectories, which included disruption placements after long placements with families (Uma, Mihai, Betty), suggests that family experience during their formative years still had a positive contribution to their growth as adults. At the same time, those who were in long-term abusive or insensitive placements encountered challenges in their transition to adulthood such as: depression, unplanned pregnancy in Anca's case and labour exploitation and precarious living arrangements.

While many studies focus on the impact of care and outcomes, other aspects of care such as the child's perception of pre-care and the child's feelings about entering care are rarely the subject of research. The narratives suggest that the sudden interruption of continuity is something which many children felt strongly about and it may have influenced the way in which they perceived the new placement. The accounts in this study suggest that during their care trajectories, children's feelings or emotional needs were often overlooked or disregarded entirely. Examination of the overall life trajectories suggests that deprivation in early life can be overcome by good quality care and highly committed parenting or support from a trusted person.

By drawing on identity theories and then viewing the data from the children's rights and Capabilities Approach perspectives, this study can improve the understanding of the UNCRC as a legal framework with a rationale that comes from human sciences and is indicative of the benefits of a multi-disciplinary perspective in the child protection field.

[Field notes]

1 November 2015

Gabi drove me to the village for my first foster care interview. We set off at 9 am. I called the woman I was going to meet but she did not answer and I assumed she may not hear the phone (she lives in the countryside so she may well be in the garden) or she might be at the church as it was Sunday. Many of my interviewees mentioned Christian faith during interviews. I called her but no answer. Her brother told me that her house is on a street close to the mayor's office. I stopped at the shop in the village and told the shop assistant that I was to meet X. The shop assistant knew her and told me where her house was not before telling me she is a wonderful girl and that she grew up in foster care although she had no idea why I was to meet her. I was surprised to notice how open people were. We found the house but there was nobody at home. It was a new, two floor house, with a huge front garden. Her neighbour called the husband but he did not answer. They might be at the church. The church was next to their house so I decided to go and attend the service anyway. It was a small church of a fairly small village so I and my friends were clearly strangers. When the service finished, I wanted to be as discreet as possible. When an old man came out of church, at the end of the service, I asked him whether Mr X (her husband) was inside. He turned to the teenagers' group outside and pointed to the tallest young man in that group saying he was the brother of Mr X. I told the young man that I had to meet his sister in law and he went back into the church to tell her. It was clear that she expected me. So, all my worries had been unjustified. She told me she had spoken to her best friend whose husband was not at home and we could talk in peace in her friend's kitchen. As with the others, I told her my story. She immediately understood what I needed and why and was happy to talk. She was such an amazing story teller and such a beautiful human being in every sense of the word. I do not think I have ever come across such a pure Christian spirit, so honest, so pure. At the end of the interview, two hours later she was happy she had remembered so many things and was thankful to me. She said she had never shared so much with anyone else. I left feeling so humble and overwhelmed. I realize more and more what a huge responsibility there is to analyse all the interviews...

Chapter 7: Conclusions and Implications for Further Research and Practice

This chapter places the study in the wider context of research on types of placement, the life history approach and draws attention to how Romania as a setting and this particular cohort provided a unique research opportunity. It sets out its limitations, summarises the findings framed around the research questions in light of the conceptual frameworks used and highlights how the study makes an original contribution to knowledge.

7.1 Introduction

For almost three decades Romania has been at the heart of international debates on the provisions of care, initially for how it failed to offer protection to children in out-of-home care and later for the way in which it pioneered structural reform of the sector in the region. From being a subject for the international media, Romania's looked-after children became subject to international studies, debates and polemics between the European and the US perspectives on what types of placement were and were not acceptable (Iusmen, 2013; Nelson et al., 2014; Post, 2007). The Bucharest Early Intervention Project (Nelson et al., 2014), an ethically controversial study conducted in Romania (Fins, 2013; Wassenaar, 2006) and the associated reforms undertaken in the country have been used as reason to promote the closure of institutions in other countries (Penner Hall & Buciu, 2012; Quiroga & Hamilton-Giachritsis, 2014). Reportedly, the change produced by Romania inspired the promotion of the UN Guidelines for the Alternative Care of Children (Browne et al., 2013) that make permanency the gold standard in protecting children.

Against this background, the current study brings a new perspective: the voices of the Romanian born adults who grew up in different types of placement. Their subjective ‘version of the truth’ (Patel, 2005) on how they felt in the different types of placement they experienced makes a unique contribution to advancement of knowledge in the child protection field unparalleled by any other study to date.

The methodological approach used in this study represents a contribution to knowledge by introducing an unusually large sample for life history approach in order to explore the varied experiences within each type of placement. The narrative analysis of the 39 life trajectories capturing the reflexive accounts of care leavers and adoptees, describing events or small stories on how residential care, foster care or adoption affected their individual development and shaped their social world at different stages: childhood, adolescence and early adulthood provides a unique insight on different types of placements from the perspectives of those who experienced them. Their unusual childhood experiences involved shifting between identity threats, identity loss and reconstruction, which affected their self-esteem and relationships with others and which they had to constantly negotiate. The identity formation process was affected by the characteristics and the specificity of the placements they were in. The life history approach shed light on how the participants were affected by them, the different strategies they used and what influenced their actions. From a methodological point of view, the study contributes to what life history can offer in researching vulnerable populations that are difficult to identify and recruit for the purpose of quantitative research.

One of the challenges has been to analyse a large and diverse amount of data covering a total of over 1000 years of life, paying constant attention to reduce my bias and to identify ways in

which the authenticity of their accounts would not be lost within the collective while looking for intersections, similarities and contrasts that were at the basis of the research findings.

These included the use of references to individual research participants that back up different statements (which would allow a second examination of the data), exploring the data through individual theoretical frameworks and member checks.

In addition to the information collected during interviews, some research participants provided clarifications, updates or supplementary information after the interviews, which enriched and diversified my understanding of their accounts. For example, two participants informed me of books that reflected their story from an adoptive families' perspective, others provided me with documents related to their search for their birth mothers. Social media was another source of information which allowed me to observe further developments in their lives such as migration, starting relationships or having children. These events were not included in the analysis and if further reference was made to them (e.g. starting university), the phrasing clarified that that development occurred after the interview.

Out of concern towards maintaining authenticity of the research participants' accounts, I used emerging coding. Narrative analysis generated the themes that were prevalent in accounts across all placements: the relationship between children and their significant others (including key carers or adoptive parents), experiences of stigma or differentness in relationships outside care, interest in having knowledge of the birth family. The decision to use identity, dignity and capability as tenets of the theoretical framework was the outcome of this interpretative approach.

7.2 Limitations of the Study

The main source of data in this study is the accounts of care leavers and adoptees, their interpretation of their care histories, and how it impacted on their transition to adulthood. This was a deliberate choice as multiple sources of information would have changed the research paradigm from subjective accounts to other types of analyses.

Despite a relatively wide variety of experience captured in all types of placement, one cannot claim that all possible experiences were captured and therefore the study cannot be generalised. For instance, my attempts to use purposive sampling and recruit intercountry adoptees that absorbed fully their assigned identities and had no interest in knowing their birth family or country of origin failed. Even if this is common in adoption research, I struggled with the fact that my expectation to reach a wide mix of experience in a type of placement on which I had specific views (albeit from a professional and legal angle) prior to starting my research, failed to some degree.

Another limitation was the fact that three interviews were conducted on skype. Although the interviews provided me with rich data and I was in contact with the participants prior to and after the interview, I felt I missed a certain understanding of the geography that is part of their current life. These were participants that lived in different states in the USA, a country that I have never visited. To compensate for that I did extra searches on the particularities of cultural, educational and social settings they lived in. In addition to this, most participants stayed in contact on social media after the interview, which facilitated clarifications request when necessary.

7.3 Contribution to Knowledge

This is a unique study for a number of reasons: while much of the debate in protecting children has focused on features of different types of placement and outcomes, studies comparing different types of placement from a care leavers' and adoptees' perspective are scarce. Moreover, it brings together accounts of domestic and intercountry adoption from an adoptee perspective, making it possible to explore commonality and difference between these two types of accounts in a way that has not been done before. The fact that Romania embarked on reform of its child protection system allowed co-existence of contested types of placements such as large residential care and intercountry adoption with more broadly accepted ones such as foster care, small group homes and domestic adoption, provided a research opportunity.

Care leavers and adult adoptees are a population that is difficult to access and recruit into research for a number of reasons that include for example: their contact details are not collected once they leave the child protection system, research in this area may be perceived with suspicion by participants whose trust may have been breached by others in the past, detailed conversation regarding an essentially private domain (family life) may be sensitive and that an interview might reopen 'wounds' where a closure strategy has been used to cope with traumatic past events or stigma. The use of a wide range of professional and personal contacts made it possible for me to identify and recruit participants within a reasonable length of time for a doctoral thesis.

While the subject is expected to be of interest to researchers and policy makers in other countries, it has a particular relevance for Romania since this is a unique cohort: it captures the retrospective accounts of the first Romanian generation of children placed in foster care

and the experiences of those adopted internationally from Romania after 1989. The fact that the interviews took place in locations that were not connected to their childhood experiences, at a time when most of them no longer lived with their carers and the recruitment was not done through their primary carers increased the chance of their accounts not being affected by those silent voices (Phoenix, 2015). The fact that most participants were in their mid or late 20s meant that they had overcome their immediate post care uncertainties and had tried different strategies to achieve independent living, meant they were able to reflect upon connections between childhood experiences and their current lives. In addition to its value on the quality of care, as expressed by those who experienced it, the study has the potential to continue as longitudinal research following these life trajectories in subsequent stages of adulthood.

From a theoretical perspective the study brings the following elements of originality: inspired by Van Gennep's (1960) work, I analysed narratives about entering care or moving placements from a rite of passage perspective and, I identified placement types by the degree to which it interfered with the child's identity. Moreover, by placing data under two different lenses of identity and dignity (children's rights and capabilities) contributes to the enhancement of the reliability of data interpretation. The complementary analysis suggested that elements of the identity theories were mirrored in the dignity conceptual framework: for example the continuity is a principle of identity as well as a provision in the UNCRC in relation to care (Article 20c) and stigma is closely connected to Article 2 of the UNCRC on non-discrimination.

The study tested assumptions by using empirical data to reinforce theoretical validity. The indirect connection created between these two theoretical frameworks (identity and dignity)

has the potential to enhance the understanding of the UNCRC provisions on care as having a scientific foundation and being more than the outcome of a political agreement between states.

7.4 Summary of the Research Findings

Some of the findings corroborate findings in other studies while others raise further research questions. The first research question, ‘how do Romanian born young people who grew up in care understand and narrate their experiences in different types of placement?’ led me to analyse the childhood and teenage years’ experiences, from an individual perspective as well as placement type.

The findings shed light on circumstances and feelings around entering care or moving between placements. Holistic life course analysis indicated that placements that included rites of passage when the participants had been told of the moves and where they had either threads of continuity (e.g. entering care together with their siblings) or felt welcome and included in the new placement, those placements tended to be spoken about in positive terms. In most cases, positive care experiences were connected to stable and supported pathways into adulthood irrespective of the placement type. When that was not the case, most placements were reported in negative terms which led to transitions to adulthood fraught with uncertainties.

The narratives suggest that an important element of the quality of care meant carers or adoptive parents that were supportive and, in the case of residential care, a personal relationship in and beyond life in institutional care. A sense of fairness or discrimination in their treatment by carers or adoptive parents was described as important by many

participants. Rewards and punishments were appreciated as long as they felt they were fair. The carers' mentoring role was regarded as important and supported the participants' school experience. Contrastingly, controlling or abusive carers' attitudes led either to placement breakdown or unsupported transitions to adulthood.

All types of placement interfered to some extent with the children's personal and social identities. To children in care and to adoptees, school was an environment in which they became aware of their unusual status. Regardless of the type of placement, many participants spoke about stigma experiences, bullying or feelings of being different. Such experiences depended on the type of school and not on the type of placement. They identified different coping strategies (depending on their age and circumstances), such as isolation, joining groups of stigmatised peers or negativism. Knowledge of their origin was of interest to most participants although the degree of interest varied. The study suggests that once they have knowledge of their families, they tend to lead on whether they wish to stay in contact with their families.

Analysis of the care experiences by placement type suggested a division in residential care between victims of abuse and those protected from abuse, with the latter tending to be children who went in care no younger than school age, often with siblings. In all family type placements (foster care, adoption, and intercountry adoption) there were cases of positive care experience as well as some cases of abuse which persisted in time. Abuse went unnoticed and unaddressed in all placement types.

The second research question: 'what narratives of agency are constructed by Romanian-born adults who grew up in different types of placement when they describe their transition to

adulthood?’ was explored by analysing the participants’ pathways to adulthood and their accounts on their current life, aspirations for the future and how they regarded the key factors that contributed to who they are. Findings suggest a close connection between the quality of the placement and the support they received during transition to adulthood in foster care and intercountry adoption. Lack of support led to abrupt termination of placement around age 18 in several cases and even 12 in one case. With one exception, all participants in domestic adoption received support from their adoptive parents in their transition to adulthood, this being in sharp contrast to intercountry adoptees where only one was supported by his family during transition to adulthood. In addition to this, most intercountry adoptees made efforts to find their birth families, travel to Romania to meet them and several wish to reconstruct that part of their identity.

The type of placement in which participants spent their teenage years had impact on the type of support and challenges into adulthood. Many of those who turned 18 being in large residential care used the relatively recent legal opportunity and enrolled in vocational colleges or other types of education to extend their stay in institution until they managed to identify solutions for independent living. Life in residential care provided them with social capital through staff members of the institution and peers who supported them in finding jobs or, in the case of peers, in renting accommodation together. For those in residential care crossing of the public and private boundary by establishing personal relationships with certain staff members to whom they were attached and who offered them protection was important to them, while they were in care and during their transition to adulthood.

In foster care placements, transition to adulthood was influenced by the relationship with the family and it was embedded in the cultural context. Gender differences appeared mainly in

foster care and intercountry adoption with female participants using early marriage (age 18) as an exit strategy particularly in placements riddled with conflict or tension during teenage years. Several placements disrupted before age 18 but the participants were supported by the child protection services to move into placements they felt would be good for them. All those used their agency and gained autonomy to their transitions to adulthood more independently than the foster placements allowed. The study suggests that termination of placement leads to good outcomes if the young person is consulted and involved in their next placement. At the same time, participants who remained in poor quality placement until age 18, had no support and therefore faced very difficult pathways to adulthood.

Irrespective of their gender, domestic adoptees benefitted from the support of their adoptive families in all cases with one exception where the adoptee moved out of home at age 16. Those in positive residential or foster care experience spoke about their current life trajectories which were largely the result of choices they had made in their personal and professional lives. The finding that experiences of reunion with birth families did not affect the adoptees' relationship with the adoptive parents may be of interest to professionals in the adoption field. The study suggests that those who had positive care experiences were able to construct lives that were at least partly the outcome of choices they had made. That was the case for most domestic adoptees, and for some of the participants in the other placement types.

These findings corroborate with those from other studies such as McSherry et al. (2016) in Northern Ireland, Holland et al. (2010) in Wales, and Triseliotis & Hill (1990) in England that the quality of a placement and continuity of care are more important from the children's perspective than the type of placement.

Exploration of overall life trajectories, as described by the research participants, indicated that while most of them were experiencing stability at the time of the interviews, in some cases these were rather fragile. Some of those with negative care experiences (in the residential care cluster) experienced labour exploitation from their employers. Long-term institutionalisation led to different educational outcomes but most of those who reported abusive care experiences did not mention any intimate relationships in their adult lives. In some cases, negative care experiences throughout their childhood were outweighed by intense, constant and unconditional support from a significant other in their adult life. The findings suggest that aspects like feeling cared for, or feeling included and protected mattered most to children in care.

These findings support the UNCRC provisions such as the importance of children's views being heard and taken into account and concern for continuity for elements of children's identity that have an impact on the quality of care for children. Good care experiences in which children feel respected and their integrity is not infringed lead to adults with a good sense of identity and self-esteem, able to live a dignified life.

7.5 Implications for Further Research and Practice

The rich findings in this study provide new angles for further research, policy and practice, filling gaps of knowledge that cannot be answered by employing quantitative methods and yet employing an unusually large sample for qualitative research.

In addition to its findings, the study highlights new areas that have been under researched, such as the importance of place during care trajectories. In several accounts, place and

geography appears to bear a number of practical and symbolic implications in care and reunion experiences that deserve further exploration.

The role of private persons or informal interventions in care (e.g. facilitation of sibling contact by foster carer) that were not rationalised and were sometimes sanctioned by child protection professionals, is another area that deserves further research attention. This study seems to suggest that private arrangements although outside the law often had a positive contribution, precisely through their private nature in an area that, outside the care system is by definition a private one: family life.

The findings in the adoption cluster challenge previous findings in international studies that measured outcomes in intercountry adoption and which seemed to associate poor outcomes solely with early institutionalisation. Comparing experiences in this study, it appears that many of those who adopted internationally had unrealistic expectations and were not prepared to respond to the challenges posed by children that had suffered not only separation and institutionalisation but also displacement. Outcomes in domestic adoption suggest that highly committed parenting throughout childhood and possibly the fact that the children continued their mother tongues and cultural background, led to good outcomes in adulthood and a less hampering identity struggle. Attempting to associate these causes may lead to misleading results.

Given Romania's specific circumstances as described in the introduction chapter, it would be of interest to explore how vulnerable mothers made decisions on care placements and adoption in the 1980s and 1990s, the choices they had and the impact these decisions had on their identities. A better understanding of their circumstances may contribute not only to their

empowerment but it may have a therapeutic role for these historical cohorts of children in care.

In addition to the academic world, the findings of the study could be used by policy makers and professionals in the child protection field. Although the collected data came from the child protection system in Romania, many findings corroborate other international studies that used different methods to investigate different types of placements, care experiences and outcomes.

This study suggests that placement types are as good as those who care for children on a daily basis: foster carers, adoptive parents, residential care workers. Their selection is often dictated by resources, policies and politics and rarely by the voice of the children who live in those placements. They remain largely the unheard voices. Inspired by Simone Weil's words, that 'morality is the silence in which one can hear unheard voices', this study was a moral endeavour to step gently into that silence. Taking their words further into the academic world, to decision makers and to the people in the street is a moral duty. How children in care feel depend on the people and peers they meet throughout their childhoods and beyond.

At the time of writing, Romania is focusing its human and financial resources in this field to close down the remaining institutions in an overambitious timeframe of three years. There is no suggestion that the children in those centres have been consulted. The children will be reintegrated into their families or placed in foster care. Several participants in this study preferred residential care to reintegration into their family. Several of those in residential care wanted to be in (foster or adoptive) families where they felt safe, cared for and listened to. The accounts in this study suggest that not all the families recruited and trained to be foster

carers responded to children's needs. Anca's case suggests that the outcomes of remaining in an abusive foster placement may be as harmful as unsuitable residential care.

This study suggests that children should be moved into placements they understand, try out and accept so that the move is the outcome of a desire and not an imposed one. Their positive attachments should be maintained as much as possible, whether they are located in their birth families, schools or peers in the institution. Children in residential as well as foster care should be consulted about how that type of placement can be improved.

In addition to those in care, Romania has a duty to those who suffered from abuse while being in care. Those with traumatic care histories and who suffered discrimination are at risk to remain in fragile stability or vulnerability throughout their lives. Access to social housing and therapy would increase their chances of gaining the self-esteem and dignity they lost during their care experience.

Accounts of both domestic and intercountry adoption suggest that procedures regarding searching for the birth families are too complex and reunions are often achieved only through private routes. All adoptees must have the right to know their birth families and procedures for search and reunification should be simplified and supported.

Intercountry adoptees must be supported to regain their Romanian citizenship through legislative changes that acknowledge their special status. Many of them wish to learn the language and reconstruct the damaged part of their identity. There should be services to provide support and guidance, sponsoring language learning programmes, offering peer support and educational or career advice or opportunities.

By placing the focus on care leavers' and adoptees' perspectives, this study is a reminder that children should be treated as human rights holders and service users, not beneficiaries. They should be listened to emphatically and their views and concerns should be respected and responded to. Regardless of the circumstances that led them into the care system, children have the right to live dignified and fulfilling lives.

Betty's story is a message of hope. Even when the different types of placement failed, one's person's deep commitment can bring the one who suffered and lost hope back to life. Efforts of finding the right adults for the right children would be the best investment, whether they are foster carers, adoptive parents or residential care workers. This study suggests that even prolonged adversity in early childhood and poor quality care experience can be overcome with intense, highly committed and long-term interventions from at least one caring adult. In their absence, years of abuse and stigma hamper young people's capacity to explore themselves, to use their potential, to use reason and make choices about the lives they wish to live.

Despite a long chain of negative experiences that involved extended institutionalisation at an early age, multiple health issues, stigmatisation and an emotionally abusive adoptive mother who decided to terminate the adoption when he was 16, Dan is nowadays a busy businessman and a benefactor who supports children in residential care. While any quantitative study would have counted his case as failed adoption, at age 31, he considers his story one of success. During his interaction with child protection professionals, he met his future wife, who supported him during years of struggle and alcohol addiction. Dan anchors his story

within a 'chain' of determined women; his reconstructed past becomes a story of entanglements between strife and love:

'My great chance from one end to another is connected to some key women who loved me. My [adoptive] grand-mothers, an entire female chain ... My [adoptive] mother's fight for me... I don't know another human being who fought or who is ready to fight so much for someone... the chance to meet [name], my wife who fixed me by loving me. There is no other magic in repairing the trauma and wound of an abandonment other than tenacious and relentless love, persistent, untiring.'

Other participants narrated their past and present and imagined their futures in different ways. A life history approach taps into the idiosyncrasies and serendipities of these journeys, to indicate the multiple facets and ever changing meanings of growing up in out-of-home care.

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APPENDICES

Appendix 1: Back Translation Exercise with Prof. Alis Oancea

Black font: my English translation from the original interviews in Romanian.

Red: Prof. Alis Oancea's translation from my English translation back to Romanian.

Green: Prof. Alis Oancea's translation suggestions based on a comparison between her Romanian translation and the Romanian of the actual interview.

Tell me what your life is like, when you wake up in the morning, what you do and from morning until the evening.

In the morning I wake up at five, at half six I must arrive at work and all day I work. Almost all time I spend at work.

Dimineata ma trezesc la cinci, la sase jumatate trebuie sa ajung la munca si lucrez toata ziua. Imi petrec aproape tot timpul la munca.

And what do you work?

At tailoring, clothing [name of place]. Most of the time I spend mostly at work to earn my existence, so that I earn some extra money because overwork/extra hours is paid.

Croitorie, haine [nume]. Cea mai mare parte a timpului mi-o petrec la munca, sa-mi castig existenta, sa castig un ban in plus pentru ca orele suplimentare [how informal were her words here? I'd choose the English version that keeps close to the register she used] sunt platite.

And until what time do you stay at work?

I stay until five, five thirty so there are many hours every day.

Stau pana la cinci, cinci jumatate, deci sunt multe ore in fiecare zi.

What time do you start the schedule?

I start work in the morning at half six and I leave at five – half five. Everyone asks me: 'Vero, can you still do it, can you still do it? And me 'yes, yes'. And everyone asks me 'where from have you got so much energy?' Given how thin I am, everyone is surprised.

I say 'probably because I'm too good and that's why'.

Incep lucrul dimineata la sase si jumatate si plec la cinci-cinci jumate. Toata lumea ma intreaba: 'Vero, mai poti, mai poti? Si eu, 'da', 'da'. Si toata lumea ma intreaba 'de unde ai atata energie?' Dat fiind ca sunt atat de slaba, toata lumea e surprinsa.

And after work?

After work, I get home, I cook for the following day, then I lie in bed, maybe if I have time I pick up the laundry or I put them in the washing machine or I clean, then I get myself to sleep and the next day the same thing, so the entire week goes on like this. Myself, I would like something better for my life, I mean lighter, not too all of a sudden, I am 25 and there are other children who maybe don't work as hard as I do, i.e. to have a little bit of happiness, I mean not all, all week I spend only at work, there must be a moment of joy and

perhaps this, I don't know puts a mark one way or another, because all the time I stay there. I mean I want something lighter, something to be better, more... not quite staying like this from morning until evening for a few penny.

Dupa serviciu, ajung acasa, gatesc pentru ziua urmatoare, apoi stau in pat, poate daca am timp adun rufele sau le pun in masina de spalat sau fac curat, apoi ma culc si a doua zi la fel, si astfel trece toata saptamana. Eu as vrea ceva mai bun pentru viata mea, vreau sa spun mai usor [I would have translated as: 'as vrea o viata mai buna... mai usoara', had the English text been 'I would like a better life'], nu dintr-o data, am 25 de ani si sunt alti copii care poate nu muncesc la fel de mult ca mine, adica [I would not use 'i.e.' for 'adica', if that is what she said, as it seems too scholarly; 'that is' or 'I mean' sound more colloquial] sa am un pic de fericire. Vreau sa spun nu toata, toata saptamana o petrec doar la munca, trebuie sa fie o clipa de bucurie si poate lucrul acesta, nu stiu, marcheaza [ce? pe cine?] intr-un fel sau altul, pentru ca stau acolo tot timpul. Adica vreau ceva mai usor, ceva care sa fie mai bine, mai... nu sa stau chia rasa de dimineata pana seara pentru cativa banuti [I would not change the currency into 'pence', given that in Romanian 'ban' can mean both 'money' and the subdivisions of the national currency. Maybe say 'a few lei', keeping the Romanian term for the currency, or maybe 'for very little money'].

Do you live alone?

Yes, I live alone, I live in a house, rented, when I finished with the 'camin' (residential institution), I stayed in rented accommodation for the first five months. I working in a different work place, also a tailoring shop and winter time came and there isn't much work during winter time and I had no work for two-three months. I didn't know I would be without work for two or three months and I moved with my grandmother at [name small town].

Original language (Romanian)

Spune-mi cum e viata ta cand te trezesti dimineata, ce faci de dimineata pana seara.

Dimineata ma trezesc la cinci, cinci jumate, la sase jumate tre' sa ajung la serviciu si toata ziua lucrez. Mai tot timpul mi-l petrec la serviciu.

Si ce lucrezi?

La croitorie, confectii, si majoritatea timpului mi-o petrec la serviciu, sa-mi castig existenta, sa castig si eu un ban, mai mult pentru ca orele suplimentare mi-s platite.

Si pana la ce ora stai la serviciu?

Stau pana la cinci, cinci jumate, deci sunt multe ore in fiecare zi.

La ce ora incepi programul?

Incep dimineata la sase jumate si plec la cinci, cinci jumate. Toata lumea ma-ntreaba 'Veronica, mai poti, mai poti' si eu 'da,da' toata lumea ma-ntreaba 'de unde ai atata energie'. La cat de slaba sunt toata lumea se mira. Eu zic 'probabil is prea buna si de aia'...

Si dupa serviciu?

Dupa serviciu ajung acasa, imi fac mancare pentru a doua zi, dupa aia ma pun in pat, eventual daca mai am timp mai strang o haina, ori o pun la spalat, ori fac curatenie, dupa aia ma pun sa dorm si a doua zi la fel, deci toata saptamana se petrece asa. As vrea si eu ceva mai bun pentru viata mea, adica mai lejer, asa, nuuu prea dintr-o data ca am douascinci de ani, se poate spune ca sunt alti copii care nu muncesc cat muncesc eu, adica sa am si eu un pic de fericire acolo, adica nu toata... toata saptamana mi-o petrec numa' la servici, tre sa existe si-un moment din ala de bucurie si poate chestia asta... nu stiu, ma marcheaza intr-un fel sau

altul ca tot timpul stau acolo. Vreau ceva... mai lejer, ceva care sa fie mai bun, mai... nici chiar asa sa stau de dimineata pana seara pentru cativa bani care...

Stai singura?

Da, stau singura, stau intr-o casa, cu chirie, am stat de cand am plecat din camin... am stat... am stat cinci luni de zile in chirie, primele cinci luni am stat in chirie, munceam in alta parte, tot la o croitorie, ei, si a venit perioada asta de iarna si in perioada de iarna la croitorii de obicei nu prea este de lucru si-am ramas fara lucru in perioada aia, am ramas cam vreo doua trei luni. Eu n-am stiut ca raman fara lucru doua trei luni de zile si m-am mutat la bunica la [numele satului].

Appendix 2: Interview Transcript: Intercountry Adoption MAFCW

Pseudonym	Adrian
D O B	08.07.1988
Entry in care /type of care	3 yo –residential
Type of care at 18	ICA
Other types of care	Residential
No of placements	1988-91 home 1991-93 residential care 1993 – private foster care, 4 months prior to ica
Length of care	18+
Most difficult moments	-early 20s : turbulent -suicide attempt
Current	- Artist, self-employed
What made him who he is	-where you grow up -relationship with your parents -siblings, people you meet + identity (English but Romanian way of thinking)
Future plans	I want to be a painter for the rest of my life
One word	An unpredictable adventure
Words	9755

I hope I'm not intruding, this is your Sunday.

No, I am happy to make time for you.

And let's hope that we can make together a difference for other children, to make professionals them aware that it is important to treat everyone with respect.

Absolutely!

Could you tell me about your childhood, what you remember of it?

Umm... from the beginning, umm..., I suppose my first actual memories were in [name of city in UK] actually where both my parents lived and I remember being in a really nice kind of family home and having a brother whose a similar age and an older sister as well, I mean I just lived this kind of English traditional kind of family life by the [name of river] and yeah, there is nothing I could really kind of fault 5:42 about it, I was very happy, lovely place and so many memories from that, I mean the childhood spent to an adult when you look back, I think I really kind of treasured a lot of those kinds of early memories and I do remember at the beginning though arriving in [name of city] and being very confused... I suppose about, I mean I remember people talking to me and thinking, you know something didn't....

Different language?

Yeah, there was a kind of some language yeah, confusion I suppose but, I mean after, you know, probably two months, three months being there... it all phased out and... you know... but I do remember that kind of confusion and... I suppose do remember as well feeling very... a bit different... you know, as a child you don't really voice your opinion, you feel kind of... slightly different you kind of keep... very internal and there were times I did feel, I remember, you know, going to bed very early and it's still light outside and remember lying there thinking... you know, something is different and I remember that [name of adoptive mother] and [name of adoptive father], my adoptive parents, you know, they used to read a book... there, me and my brother and they had a book called 'Adoption Means Belonging' which was a chance to talk about, you know, just the family and it was a kind of a slow introduction to the idea of what adoption was, and I think I was seven or eight when they kind of told me... they didn't tell me that I was adopted, they said, 'oh, you have two sisters in Italy' so the whole approach was very slow, very kind of nurturing and nothing was a shock.

So, you were about four or three when you came here...

Yeah, yeah, I think I.... yes, three or four...

And your brother is...

He's six months younger than me.

Was he adopted as well?

No, he was their biological son... basically my mum and dad were married before... my mother had an older... a daughter called [name] who's now 41 and my dad had two sons who are in their 50s now and they kind of got together as they were business partners and friends and... they got together through kind of being just friends really and having two broken homes and saying 'let's... let's join forces and then... they kind of fell in love and then they tried to have children and my dad was 55 and my mum was... you know... there is a 13 year gap between them... my mum was early 40s and yeah, they couldn't have children and... so, I think that's how they... they started to kind of look into adoption stuff and they'd seen there the Romanian Revolution kind of blow up on TV and stuff and that kind a bit of a miracle... my brother... turned up... and that was kind of...

So, the two went in parallel, the pregnancy and the adoption?

Uh... I think the adoption they'd been obviously considering the adoption but I suppose it's obviously two years later after they actually got out to Romania and started the process but I remember they said they remembered kind of watching the Christmas Day and... you know and... thinking, you know, they needed to do something, and... yeah...

When you went to kindergarten or school or in other settings than home, did you feel any different?

Umm... yeah... I... couldn't keep up, it wasn't until I kind of entered middle school that I kind of was held back a year and... I think my parents had gone into the school and explained the situation and then there was the kind of... it was a kind of small school so they kind of sat with the kids there and said, you know... he's from here, so just you know... my first year in school, I remember being very... very welcomed, and the kind of, looking back, in a way... maybe too much, and that kind of a think gave me a bit of you know... why is everyone so nice and as I kind of got older you realise that it was because of that, you know? So, school was pretty... I hated it because sometimes I didn't want to learn or I'm a very determined person but I just couldn't keep up with anything and I was, I constantly had, about the age of four to ten lots of dyslexia tests and some people coming and doing... you know... a lot of examining, you know... and yeah... so I felt always kind of a bit inadequate at school but not socially, but it's all very internal in myself, I kind of gave myself a hard time. But I think as I got older though, I kind of found my strengths **12:10** and I started feeling more comfortable

with who I was and I kind of ended up just being a bit of a free spirit and treating school how I wanted to, you know... and... yeah...

And how was the relation with your brother?

Umm... we were raised as twins, basically... well, everyone assumed we were twins and everyone else treated us... very strangely we somehow have the same nose, the same cheeky grin and, I don't know, for an English person he's a kind of, he's a bit darker, and everyone thinks, aaa, you know, and we like to kind of confuse people a lot you know and, 'ah, you're twins, aren't you?', 'no, he's six months younger' and then 'all right, yeah, yeah, yeah... what? How, how is that possible?' and then we'd say 'work it out' and it takes them ages but yeah but we're very, very close and yeah, he's one of those he's kind of, he's always looked after me and I've always looked after him. I mean they kind of, I don't know, if my parents actually meant to do that but it was like a beautiful kind of good work basically that really did kind of help me, I had him through my whole life, you know and it's still there and it's... yeah...

How were they as parents?

So, right now my dad is 83 tomorrow and my mum will be 70 in August. We do have a younger sister who was adopted. From Bosnia... and she was adopted in 1992 and she lives here and her name is [name of sister] and... she kind of... she was a bit of, a bit of surprise because my mum was working for... she's a writer and she was working for [name of charity] and she went out there with a doctor to do some kind of research about the crises out there and she was looking around this hospital, this orphanage and there was this little girl who'd been caught up in the massacre and had survived and they basically said... you know, 'the Serbians are coming, go, take her'. So she got her over the border to Croatia and then you know, that was in November '92... '93 and we had a little sister. And we kind of... yeah, I remember me and my brother, being looked after by my dad' and running around the kitchen table with the dog going everywhere and saying 'we're getting a baby-sister, we're getting a baby-sister' and, and that was amazing. She was a lovely addition to our family. Very different to... she came a lot later and she had a lot more, a lot more physical injuries, she had a kind of mild brain damage but, had a lot of speech therapy and now she's... they said she'd never write, talk, never go to school, never drive... never have boy-friend... she's done all of it, she's massive inspiration to me. She is 24 and she's the strongest person I've ever come across in my life and so, I have my brother I'm very close with and then I have her, I look up to her more than anyone in my family and... and we have that kind of bond where, we're both adopted so when you have your days when everything kind of... when you

think ‘what the hell is going on?’ (16:36) we look at each other and, yeah, we give each other, the... just a look... so that’s... they’ve done a really good job there, my parents... yeah... and I’ve been out to Slovenia with her and Bosnia and kind of met with her side of family.

Has she managed to trace her family?

Yeah, because it was such a quick, you know, ‘take this little girl’, you know, about three years later, her family got in touch and found her and we ended up going to... they were in Switzerland, Bosnia and Slovenia. Growing up we had to go to Switzerland four times a year. So all, we went to her family and visited her uncles and stuff... but she lost her parents and her brother so it’s always just been uncles, aunties, cousins...

It’s amazing that your family has done that, all that effort...

Yeah, I think it was one of those things that kind of had to happen..., there was a lot of negotiating, you know, but they would take us all as a family...

You mean negotiation about who to go?

Yeah, yeah, right... but you know my mum who is a very strong woman and she said ‘look, we’re a family, she’s our family, they’re her family, so... we all go.’ And, yeah... which was good... I’ve never had that kind of, the volume of family she has. I have my two sisters whom I’ve been in touch with since I was young but it was really nice... I don’t know, she, at the time she got very scared by it going out there (18:49) became... obviously I was a bit older having that kind of side view of what it’s like to meet kind of your adoptive family I suppose, so yeah...

How old was she when she was adopted?

She didn’t actually get to be adopted until she was 18 because legally she was a [Bosniac family name] and the court said she has to be raised Muslim, keep her name and she is basically, she had a guardian called [name of guardian] who was basically her guardian but you know, she’d come and... do visits but we raised her, you know... and... and at 18 [name of adoptive sister] could make a decision. So...

How old was she when she came here?

I think she was a year and a half old.

All right, so she was really a baby...

Yeah, yeah she was a baby, yeah... she had such a bad story. So, her family lived in [name of town in Former Yugoslavia] and you know, there was a warning that the Serbians were coming and, you know... wipe everyone out, and so... her grand-father sent all the women,

children to this abandoned garage, so... there's 27 of them and everyone, they'd obviously the Serbians thought they'd gonna go there and, they just... you know, blew the place up and only two people survived, my sister and her cousin [name of cousin] who's... I think she's passed away now, as she'd ... she didn't know that she'd got infected, I can't remember what the disease is she had that she developed you know, the rocking and... she lived I think until, she only lived until she was 21 but she developed that in Switzerland after so I don't know if it was like a post-traumatic... so yeah. But [name of sister] has a scar on the top of her eye and she has kind of this.... shrapnel and, you know, for the first five years she was, you know, in and out hospital kind of getting examined and people saying that... you know they're travelling through her brain and they're going to hit nerves but luckily she developed quick enough and her body got used to kind of the English way of living and my parents were giving her love and attention, you know and she grew and grew and then the tissue grew around and the shrapnel and **23:00** stopped it moving and... yeah... she's got a crazy story. She doesn't... she's very stuck in her ideas, she... she sees it as 'this is my past, I'm here now and I've made my life', you know... and she is in touch with her family but she never lets it bother her and she never lets it upset her or affect her everyday life and I look at that... and I'm like, 'Wow, how do you do that?'

So your parents told you when you were about 7 or 8 that...

I had sisters... and... and then they got the address of them and so we started off sending them letters and then I think when I was 8, maybe 9, we took a trip out to Sicily. They were adopted by two separate Sicilian families which was... you know... I mean trying to find one of them [name of biological sister 1] for ages and we couldn't find her and there was all this confusion, 'no, [name biological sister 2] is in Sicily and then it worked out they were both in Sicily but they weren't in touch even in Sicily so, [name biological sister 2]'s background was she was 7 when she left Romania' and... she... she remembers everything. And... she's very kind of... she got adopted by two Sicilians, by a couple and... she was fine until she was about 10 and then she started being abused by the father and.... So she ran away to a convent when she was late teens and... yeah, then she kind of left the convent and met a Sicilian man, had two children and, you know... and [name of biological sister 1]'s family didn't tell her that she was adopted. They told her, you know, it was a very Sicilian Roman-Catholic, if you can't have children you don't tell anyone... So, we... it is funny, to... growing up for me like from 9 onwards. I think I met her twice we went out and we had to pretend that we weren't, I couldn't say, 'look, you're my sister'. And we'd write them letters

and... they would... you know, ignore us and then... it was really strange but I think deep down she knew because every time we were together there was a...

How did you meet her?

My adoptive parents here were very forceful in the fact we had to keep what my birth mother said 'just promise me one thing, that you'll keep the siblings, three of them, together' and you know, they shook her hand and said 'yes, of course' so my dad was very instrumental in all of that. He's a very quiet reserved English man but, my God, he's got heart [*he puts his hand at his heart*], you know he's got a lot of passion and love... you know... He's a business man but very compassionate as well. When I was 19, I met up with [name of sister biological 2] in Sicily and we drove to [name of biological sister 1]'s town and 26:00 , and we were 'Right, we're gonna go to find her and tell her and... so we drove around this small Sicilian town all day and we knocked at the doors... do you know [name & family name] and it was like 'no, why, who are you?' and I remember at 3 o'clock in the afternoon the whole town went phew [*whistles*]... shut down and there was not a soul to be seen and... you know, the word had spread and... and then we ended up with my sister was crying, she was like 'right, we're gonna have to leave it, we've gonna have to go home'. I said 'oh, come on, let's just try one more place and there was a group of young people hanging outside a hairdresser's and went up to them and spoke to them in Sicilian (26:44) and this guy... there was a lot of people on circling around and this guy wearing sun-glasses came up to me and pulled my sun-glasses down and he said something in Italian and I was like [name of sister biological 2] and she said: 'oh, he says he knows who you are' and then he said 'I know who you both are', he said 'wait for one hour, wait here, I'll be back', 'don't go anywhere'. So, he comes back an hour later with [name of biological sister 1]... and yeah... she was, obviously I hadn't seen since I was kind of 12 or something, you know and... I was 19. So, we went for a drive and we sat on this bench overlooking this meadow... lavender fields, really purple, it was beautiful, we sat on this bench me in the middle, my two sisters, we were talking, you know [name of sister biological 2] was translating and she said, 'oh, why are you here?' 'Well, we've got something to tell you' and she was like, 'Oh, ok, is it about... I hear... you know... about Romania and all this stuff and she said 'yeah, about Romania and... you know, you are adopted'... and she went 'waw, waw, waw, waaaw and then got very excited' it was like 'what do you know, blah blah blah, and what about my parents?' I said 'your mother is still in Romania, your father has passed away and she was like 'Do I have brothers and sisters, brothers and sisters?' And [biological sister 2] looked at me and kind of bent over at her and nodded and said 'well, you have a brother and sister, and your sister, she's well, she's living

in Italy and she has a daughter, she's married and yeah... and she's like, 'and my brother?' And she said 'well, your brother's sat next to you' and she was looked and went like 'no, no, no, no, no [*excitement*] and then a lot of kind of theatrical Italian kissing and pinching and yeah, ... the repercussions of that, we all promised to never drift apart, to always stay in touch and never let us kind of leave each other and then [name of sister biological 1] got home and lived kind of shock of not knowing everything, she ran away from her... you know, she was very upset with her adoptive family... after three months she realised that they'd had raised her, given her a good life and... she went back to them [29:43]. And I haven't seen her for 10 years. I speak to her but I haven't seen her in 10 years...

How could you communicate because you spoke English, they spoke Italian.

[Name of adoptive sister 2] before she went to the convent, she came and lived here for three months and my parents kind of took her in, got her a job in a hotel and she was 19 at the time and, so, it was nice, we kind of bonded, made a relationship with her when I was about 13-14 maybe and yeah, that was good and she learned English and so through her... we could communicate and I'm trying to learn Italian which is not going very well and... so, but the kind of situation right now is that... I've always tried to keep, stay in touch and contact them and [Name of adoptive sister 2] after having... she's got two children, daughters, she's got this very kind of... 'I don't want to be like my mother, I don't want to be like my mother' [*repeated*], you know and this massive... with her past as well, this massive depression and pressure of wanting to... that fear of 'how could you abandon your children?' you know... it has really psychologically caught up with her and 31:00 made her kind hard and cold person, not cold but she is very emotional but very stuck in her own way of thinking and it's hard to get through to her sometimes and she sees my... she believes that my opinion of... well, I'm not sure but this is how it feels to me, my opinion of where I'm from and my relationship with Romania and the past is because I'm so young. And she takes a lot of kind of pressure of, you know, and she puts it all on herself and I think she kind of she wishes she could have done more but she was only seven years old, you know and... she takes the role of the head of the family and [name of biological sister 1] is not interested at all, she hates the idea of her mother and I mean it's really sad, about three days ago after a year of being in touch with lots of people through a charity [name of charity] trying to find my birth-mother, I found out three days ago she passed away in January, you know, I was saying to you, it's been a mad week... yeah she passed away in January 2012 and I kind of wasn't ready to conceive the idea that she was dead, I was so excited for the coming adventure of finding her so... you know, I messaged my sisters, [Name of biological sister 2] fell to pieces, I mean she always

said she hated her and she'll never forgive her for what she did but you know she was absolutely heart broken and [Name of biological sister 1] was 'I don't have time for this in my life, I'm too busy and, you know, I think that's the way she's been raised and it's a... very Sicilian mentality where, you know, it's not... I don't know, I think they are both quite, [Name of biological sister 1] is quite religious and, you know, anything that would upset her, her God or her faith is, you know, anything to damp that... I mean maybe it's a good thing because she hasn't got the concerns and worries in her life but, for me I always feel, you need the negative to have the positive in life and I think it's always one of those things that's... sometimes you're up, sometimes you're down and it builds you as a person and I feel she misses out on that, I think. And so...

When was it that you were trying to find your parents or learn about what happened?

From about 18, I've been always curious...

So you were not curious during your teenage years...

I dipped in and out of it. I think I was more focussed on my relationship with my sisters but when I was 18, I started think the mother issue as I was kind of slowly turning into a man, I kind of needed to know who is this woman who carried me for nine months and who gave birth to me and made me who I am and... and so my relationship... the only person I really had to talk to was [name of adoptive mother] my adoptive mum who gave me... you know, lots of advice and... lots of kind of... you know... she'd take me off once a month and we'd sit down and have a lunch and she and she would do it to... you know, 'it will be nice, we'll go for lunch' but it was really about to come and talk to me and see what... and she always... at first... until I was about 18 to 21 she put me off it, you know 'don't go to Romania, you're not ready, ... you know, I'll come with you... it was a lot of this. And being young and a bit naive, you just wanna go, you wanna run 100 miles an hour [35:00] so I kind of then, I then at 21 decided, I just needed to do something and I feel like 'I need to do it, you can't wait for somebody else to say you can do something, it's up to you.' So I kind of started taking it a bit more in my own hands and, decided to go out with my friend, you know... I'd listened to advice from everyone so I took it slowly... but after I went there the first time, I was then hooked on it, the idea of Romania and the idea of my mother... and it became very... really like an obsessive thing and... yeah, I kind of...

It surprises me because your parents were really very special in connecting you with your siblings, so what do you think prevented this reunion?

I always have this side of me where... I don't know, it's a very strange example... but I used to play a lot of football when I was younger and I was very sure and I was very quick, I was

good but... you know, I was playing against people that are twice the size of me and... it never stopped me, I was most determined and, you know... I wasn't scared of anything, I had a very kind of ruthless attitude to achieving I think and... I found it... it's a very unique part in me where I feel I'm different in that way to my family here and so if I have something in my head, an idea, I want to do it as well as I can, as beautifully as I can and I feel there is something in me which is kind of like, I think maybe a genetic thing or just maybe individually who I am, I was born with this kind of... you know... this 'go for it' attitude.

What I don't understand is that your parents who encouraged so much the family ties and that's very unusual in my experience, why didn't they support this reunion with your parents?

Um... I don't think it was them not supporting, I think for my mum, like I said, she's very, very hard, kind of strong woman and she's the most generous person I've ever met. However, she... she has this like... she's not, I'm not being critical, but there is this side where she's very... she wants something, she'll get it! And... I think she's kind of quite vulnerable as well with that, and she keeps her emotions very hidden... and with this big front but I think deep down she's just as any kind of adoptive mother would be I presume is to be wary of that kind of, that child making that decision to go and find his birthmom and she would never admit it I don't think ...but I think she's always been a bit worried that, you know... she's done so much you know, and she's scared that all that work and all that kind of making a family would disappear if I decided to go, you know...if I found her.

So, I don't think she's ever been like you shouldn't 'don't ever do this' you know, it wasn't like 'you're not allowed' and... but she's always been like 'I'd like to be there with you' and I've always been like 'No, I can't because...you'll make it your journey', you know... and I think that's... I mean I don't know... but I imagine that a lot of mothers, adoptive mothers there's that kind of that protection, you've saved, this thing whose fate could have been completely disastrous and you've done something really good and you've given them a life and you've given them hope and, you gonna hold that and look after them forever and I think, when they grow up and have these other ideas and curiosity about where they come from, it's gonna scare you, isn't it, and so I think it's a very natural response and I completely... like... understand and well... I have a feeling I know what kind of goes on in her head, so... but, I mean without her and my dad you know, there's no way I'd be here now and I'll always look at what they've done for me, not necessarily adopting me but the upbringing they've given me and I will love them and cherish them and respect them always for what they've done... So...

And your teenage years?

Absolutely fine, until I left school, I didn't really... I was too busy with my friends and having fun and then, yeah, like I said, when I was 17-18 things started going on in my head and I kind of... I've never really... it did affect me, quite you know, I got this obsession and I don't know if it's... I mean having seen lots of, speaking to other people who have been adopted from Romania and other places and you know... when I first said I want to look for my mum everyone said, 'I got advice, I know someone who did and then it completely screwed them up and... I did go a bit... I went a bit off the rails and got into drinking and drugs and... and did a lot of kind of... kind of self-pitying... and... not in an... attention-seeking way, not in a 'look at me' thing, I felt lonely and I would do... you know... I would kind of be with people... but they'd all be having a social time and I would... and then I'd get to a point where I think I would snap and then I think my mind would go very dark and it became like this, a burden... not a depression but a... I don't know, it was just always there. Yeah, I think I'm coming out the tail end of that..., yeah... I don't know what triggers it, and I go through phases of really, you know, beating myself up about it, I always try to keep that idea that it's a good thing, I'm here now and I should celebrate where I come from and all this but I think it's this... again, I don't know if it's a kind of mentality of what I've learned or... what is in me. I'm always kind of battle between this idea that it's a good thing to fail because if you're failing you can only ever grow again, you know? And I always feel if there's nothing wrong, it's like a vicious cycle, if it's nothing wrong, then, you know, something is not right. And then I think when you don't have 'that thing that's wrong, I think then you start drinking and taking drugs and you try and make this this problem 46:55iph And then, I think now, I really think I kind of grown out of that but it's still... it's all these things keep happening at this age now which I wasn't expecting, became... I thought... you know... you get the teenage years out of the way and then you know... I'm 28 in a month and I was kind of thinking 'good, yeah, you know, I'm out of this now' but everything piles up now, so this... you know my dad, he's got dementia... and then my mum's working a lot and she's very, very like a stressful woman and my brother lives away... I never see him... my older brother and my older sister are very successful in what they're doing and... I don't know, and this relationship with my sisters which is on and off and, and having spent the last year trying to search for my mum, and it's just that, you know... everything just seems to implode at once and I suppose no longer finding the reasons for things that are... things that are wrong... they are there and I have two sides where... I have like a sensible side and the kind of... an attitude where nothing matters and I'm just gonna... I'm going to self-

destruct... you know and... and they conflict so much you know and it's like I know which direction I should be going in but there's is still this this little side path I like as well, you know... what's down there... and... it's yeah...

So, how did you decide to go into arts? What drew you?

I was always, above average at school, I actually liked that kind of solitary you and your mind and... then it kind of got to a point where I read an interview the other day. They interviewed this old artist who I think passed away but they interviewed him just before he died and he summed up what being an artist is about perfectly **48:00** you know, even after all these years what is your obsession with making work? Why do you need to make work? And he said 'I tried to give up 1000 times and it is no good for your head but you know, the mind always picks up the pen or the paintbrush or the pencil and you know, your head always tells you to do it and I think that was really nice and it's pretty true the way I look at it, I mean I went through phases of... you know, I can be really like... on the ball and wanting to do it or I can be a bit lazy with it **50:29** but I'm always doing something and...it was only this year that I thought, 'Right, I need to get on with this now'... I studied at [name of art university in the UK] and did really well there... but being in a place like this, you kind of ... it's the perfect life-style I think.

So you moved here?

I moved here when I was 14.

With your family obviously...

Yeah, yeah... and I've kind of done stints in London, I lived in Manchester, in Brighton... in Bath...

With you family or just yourself?

No, just myself... But I always kind of ... yeah, these things... my mind would kind of take on all this stuff and then I'd get lonely in all these places and think, you know, all I want is some fresh air and sea...

What made you move?

I suppose like when I finished the art school and stuff, there was this the capital is always there, I'm gonna hit the city, make it Big and basically I'm very much a city person, I love the movement of it all but I need the kind of tranquillity as well... and I always come back, you know, I always find myself getting into a rut and not being productive enough or... hanging out with the wrong people and... and I always just think here's the family here, here's everything I want and need here, and I'm not saying that I'm not going to all these places again but for now I'm going to stick down here until I have in my head this I think the

understanding there, this sensibility of knowing what it is I'm trying to achieve in that place rather than going and trying to achieve something.

So how long have you spent in Romania?

So, the first time I went was three weeks, then I went a year after, when I met [name of Romanian artist] for my dissertation, I went for two weeks then by myself and then a year off and I went back, I got back in touch with the family who used to kind of take care of me when parents had to fly back to the UK and stuff, and when I went to visit, and when I got back, I got in touch with their daughter through facebook, which was mad... I was living in Manchester at the time and spent all night on the computer trying to find anything to do with my connection and then I just typed in her name and I'm like, loads came up and then I just clicked 'add, add, add, add, add, add, add, add... you know and then I got a message about 10 minutes later: 'you are the boy, aren't you?' and I was like 'oh, my God'. ..

So that's your cousin?

No, these are... so basically my parents when they went out to Romania to find me, they met this man [name of middleman] at the airport who said 'I can show you around if you pay some extra money...' and you know, whatever, Western people going in that situation at that time and there's people out there just seeking a bit of extra money if they can but he then kind of turned up to be... he got really emotionally attached and I think he always says he never meant to. He did for money and then they found me and then he couldn't believe what kind of state his country was in... then he tried to help a few other people but just couldn't do it, he got offered, he got sponsorship to America through this other couple he helped, I think he moved out there for a bit and then they all ended up coming back to Romania.

So were you able to find cousins or...

No, no, no, I mean... people I've been in touch with through the charity, they've been looking for my mum but they've also looking for other leads as well... and they've gone back to [name of town in Romania], in Eastern Romania. So, my father was from there so they've kind of gone there and tried to... but then obviously I got the news.

[misunderstanding as I thought he was in an institution in a different city which he visited last year]

So your father came from [name town] and your mother [name of big city] and they met in [name of big city] and you were in an institution in [name of big city]. Ok, I'm with you now. Right... and then you weren't able to trace your mother's family.

No, no, I think she didn't have any 56:33iph brothers and sisters or anything, I don't think and she... she had a bad relationship with her mother I think, who lived just outside of [name

big city] and... basically I think, I was under the impression my mother had three older children with a separate father and myself and [name of biological sister 1], [name of biological sister 2] with our father and she then remarried or left my father before he died... and then she has a younger ... so here's seven children, but she sent the youngest one to go and live with her mother and yeah... I don't know what happened there but I think he then got out placed into an orphanage... but I think the people there were looking for my mother I think they are going to come back with as much information as possible around relatives and...you know...

May I ask you about your current life?

My current life... like I said, I'm very kind of... I think for myself, I wanna live here and have this kind of... I need this place to have that side where I can relax and not think about anything but... um... I'm currently just wanting to focus on being the best artist I can be I think and looking after myself more than anyone and, yeah, I kind of, I spend a lot of time helping my mom, look after my dad and...

Do you live with them?

No... I live by myself **57:36**, I've just got a flat, at the top of the town and... yeah... I get at this day when I'm like 'what am I doing here? There's so much more on the world and... you know... here's nice people down here, it's basically it's a small town where everyone kind of knows everyone but if you kind of keep yourself separate enough from the... the clique I suppose, you know, you can make some really nice friends and you live in a beautiful place, I mean... you can get a bottle of wine with a friend and go sit on the beach and watch the sunset here and those things in life I think you need to cherish, you need to do because you're kind of like watching a sunset can actually... it makes you appreciate a place so much more and it becomes special and it's safe and... you know...

So you are on your feet now, you've got your flat, you've got a settled life...

Yeah, I suppose my flaws in my life at the minute are... I'm financially awful, I'm just not very good at looking after money... so I don't worry about that too much... I just...kind of...

Do you manage to sell enough for a living?

Yeah, yeah, I pay my rent, I pay my rent, I can have one dinner a week with a friend and I get by... whereas my brother, [brother name] he's a musician and he travels the world and he makes lots of money and my parents are very proud of him, my other sister is a doctor in [name of city] she works for [hospital name] and you know, she's married to a lawyer... and I've always been ... the kind of, the one they worry about because I'm kind of, yeah, never

really settled anywhere and I've never really... I don't really make enough money and I don't really... they are not criticising me but they're like... they worry.

But you're the one who is close to them...

Yes, yes... What's lovely is I have very unique relationships with my parents and all my siblings as well. It's kind of funny, we don't all see each other enough all together... when we are, we're a very traditional family that bicker and love each other, you know, but individually I have really special ties with them all... umm and I mean, out of everyone I speak to my sister who's a doctor, she's very kind of you know, straight minded and doesn't do the whole emotional stuff very well she's very clever, so when I'm kind of feeling that I need to solve something in my head, I'll talk to her, because she's got that kind of mind where she can get, she has a completely different opinion and it's always a sensible one. I mean I have that with her, with [name sister] I have the bond where we can completely just look at each other when things are being a bit... a bit disjointed and be like I get it and then with [name of brother in the adoptive family] I have... my best friend, you know, the man I've grown up with in my whole life, you know, he taught me to walk and stuff like that, you know? And I have my parents, I have my mum, you know she's always been that woman that's always wanted to smother me and make sure I'm ok and... I always know she's there, and I use that sometimes and then with my dad, he's the most quiet, reserved man... and he's not well now and obviously just looking back to when, you know his mind is completely gone, you know, he's not the man he was in any shape or for... but I look at him, I just have this idea, I just know how hard he worked to get me out of Romania and you see photos of me like... and it's always hard to get a smile out of him, always has been, but you know, you look at the photos and he's there looking at me and there's nothing but love in that face.

We've always had a nice little bond as well, so that's great... um...

Relationships with girls...? Yeah, they are a bit of a problem... I was with a girl for six and a half years and she the... she was the one, you know but I always kind of seem to sabotage it, I'm always kind of social person and... like, I really love women, like I get along a lot better with them, and that just kind of gets a bit in the way if you're trying to... you know... and it's not that I'm seeking to have like affairs or anything like that, it's just the jealousy and... I feel like my mind-set towards women is a lot different than kind of this English woman's kind of, you know, they want the... I don't know... they want a very kind of easy mellow, stable relationship... but, I think yeah, I kind of... I do... I think... the Romanian side of things always does get in the way. I mean one of the reasons I broke up with my girlfriend of six and a half years and... I mean we went through a lot together, we saw a lot

but she was never interested in talking about it, doing anything about it with me or... She was supportive to a certain point and then she said I can't do this, I think it was a mixture of what she couldn't understand and she can't handle seeing myself getting into these kinds of states of it, you know... And she was like I love you but I can't do this part of your life and... that was, I was kind of well, 'I am who I am' and it's really sad but we're now best friends so it's kind of good and... but... I think life right now it's completely fine, everything is gonna be ok, it's about... kind of... keeping everything bubbling and just not letting anything, get in your way. I mean, just enjoying it... yeah... I'm not like completely in a place where I'm 100% happy but I don't know if you can ever really get to that place so right now I'm not gonna try to get to something that I don't know what it is, you know? I live in [name of region in UK]... I live in a nice place, I have nice people around me and just exist I think and whatever happens opportunities can crop up at any time, can't they? So, just doing what I love, being around good people, you know..., I think that's all you can really aim to do...

1:06

And do you have any thoughts about what you want to do in the future?

I want to be a painter for the rest of my life and I'll work at that ... forever, you know, I tried to..., I worked with my brother in the music industry and... but found myself being very... it wasn't me, it wasn't who I was. I loved it and there was good money, it was good fun but...

So you were trained as a musician?

No. No, no, I... my brother is a musician and so it was him and a couple of his friends and they said 'oh, why don't you come on a couple of tours and... I was taught how to set the equipment up and be a roadie... but I did that for two years and I was like, these aren't my people, these aren't my... you know, and the money is good but it's not that important to me. I didn't get enough kick out of it and I wasn't doing what I really loved so I decided to stop it... you know...

If you were to look back in your life, what do you think were the most difficult moment?

Um... I suppose, early 20s... when I felt kind of curiosity got the better of me... um... it's mad to think like it hasn't been as turbulent but... the last three years have been a very kind of lonely three years in... my relationship with it all where I haven't known of what I wanted to, I know but I didn't want to be what I was when I was younger you know ... I suppose I approached it in a mature way but a kind of ... those things are still there, that kind of annoy me, so... when I was... last year, last August because... **1:21** I was in hospital for two days I tried to... [*he showed me his arm, pointing out to his wrist, the multiple scars*]

Did you try to...?

Yeah... and yeah, it was one of those days... I was living in London and... I didn't have a place to live, I was staying on people's sofas and didn't really know what I was doing and I met a girl who you know she was kind of my drug... and we weren't in any kind of... we were friends and she had been in a 10 year relationship...and then I... we kind of hung out all the time and kind of not meaning to, their kind of relationship ended and... because we were so comfortable with each other we... yeah but I was... yeah, we... just ended up drinking all day and I was so lonely I would take myself off and spent a day writing, drawing and being in city [big city], walking around and some nights I didn't have where to go so I stayed out drinking until 4-5 in the morning and then find the earliest places that sell coffee... and then yeah, drink coffee until I was sober and then... yeah, was just a really... and it was just before that time it was, just before doing this charity thing, I've been kind of looking back how long I have been trying to get on with this and I couldn't figure out what was stopping me, what wasn't working, why I didn't have a good relationship with my sisters, and why was everything... why... and why... why is everything, why is my dad ill... why... you know like I said, it gets to that boiling point where, you just snap and I mean... the situation you know that I was in London and living with that girl **1:11:20** didn't help but it was always deep down, it was always the Romanian thing that kind of... when I was alone, got on top of me and would always make me... make me do stuff like this... It's a funny one because I look at my childhood, I look at the family I've got... and everything is so... you would just assume everything is fine, he's got everything and I feel selfish sometimes but... then I look at it myself and think 'what am I doing?' and there is a fear I can't put my finger on it, why... why is has such a deep impact on who I am... umm... yeah, it's something I never want to shake off either, because without it I'm not me **1:12:29**...

I think it makes sense even if it sounds like it doesn't make sense... I've spoken to other adoptees... May I ask what made you the person you are?

The person I am now?

Yeah.

Pause. I suppose it shared over a number of things, I mean it's lots of factors like where you grew up , the relationship with your parents..., umm, siblings, the people you meet... and... I'll tell you what, I was asked by [name Romanian artist] 'are you Romanian or are you English?' so I said to him 'I think you know the answer to that' and he was like... 'come on, you tell me' and I was like 'I'm English, you know... I speak English, I live in England, I have English friends... I don't live in Romania, I don't speak Romanian, I don't know how Romanian people live, you don't know how English people live, you know, it's... and he said

yes, that's the right, that's what I was thinking, that's the right answer...' But no, there's also, I was born in Romania, I think I have a Romanian way of thinking. When I'm there I have this kind of... I really get kind of absorbed into people and I don't know if it's my mind wanting to see something that's not really there, I don't know but I see... not all the people but I see a kind of compassion and a caring for humanity I think it is... in Romanian people would show, I mean I've been all around Eastern Europe, the Bosnians don't have it, the Hungarians definitely don't have it and the further West you go, you lose it but it's this kind of... yeah, you don't... there's caring there I haven't found in any other nation, it's really strange. Once I was in [name of city in Romania] actually, for the first time I went I was with my friends and we sat having coffee in the morning and this guy called [name] comes out and says, 'Guys, speak English? I speak English' you know, he was like 'What are you doing? Can I join you?' and it was like no choice about it. He sat down and we were thinking like, 'what does he want, really, what's he after?', and then he went like, 'Ok, I'll show you around, we'll get a taxi and we looked around and then we started going out of [name of city] and I was like 'oh, my God, what's this guy doing' and he took us to the shopping mall, he bought us lunch, bought us cigarettes and we were like... and he goes 'ok, this weekend we're gonna go up in the mountains and stay with my friends in a cabin, we have a party' and I said 'no mate, seriously thank you but we need to get back to the city centre now'. He said 'no, no, come on, we go'. I said 'no, no and then again, going back into the town, into the city and then we're turning round and I said where do we go?' and then he said 'we're going to my house, so I change', and I stayed in the taxi and my friends looked at me... after this, he went in, got changed, got taxi back into the town... 'it was so lovely to meet you, I'm glad I could show you my city, thank you very much, if ever I'm in England, I'd love to see you guys again, you are really cool guys' and we were just like... there we go. You know... and that's Romanian people to me. And I think that's the kind of... the thing I love. And the place is just... the first time I went to Bucharest, I've got out of a taxi and there was a child in the street sniffing glue, grabbing my shirt and... there were roads dug up everywhere and stray dogs everywhere there were lots of children just trying to annoy you and that kind of really shocked me. I was warned about it but when you see it... and then every time I've been back Romania, became more beautiful, people become a bit more... I mean the problems are slowly disappearing and the last time I went, I went with a charity, I took a couple of English girls I'd met in Bucharest for the day and xxxx they kind of... obviously I knew where I was going and stuff, I showed them the Palace and took them through the gardens... and had some dinner in the old town... and they were like... 'this place is, I mean they've been to

Croatia and all these places... and they were like, yeah, they were so blown away... 'we didn't think there would be bars here' and you go to the old town and there's all this night life, you know people are just socialising, you know. They just thought it would be just this kind of run-down East European... and you know, the stereotypical... for a bar to have neon lights, they just didn't think that would exist but... yeah I just...

My last question is... if you were to put your life in one word, what would that be?

Pause... um... good question... oh, it's really hard... an on-going adventure, I know it's few words but... an unpredictable adventure, I think, I didn't predict what was gonna happen, I can't control what's going to happen, I don't know what's ahead of me and so, it's all and adventure to me I suppose and I think that's a good thing and...

I'm so grateful to you, thank you so much.

You're welcome. It's lovely to meet you.

It's lovely to meet you too.

After the interview he told me that

-he was bullied during teenage years for being Romanian;

-that on the day he was 21 he went on a cliff and cried for an hour wondering whether his mother thought about him.

-that he found a paper saying that his mother adopted a girl from Bulgaria which she denied.

Received the day after the interview

Mariela it was an amazing pleasure, and feel beyond grateful for our lives to have crossed paths. My belief when I said that there was no other kinder more compassionate people than the Romanians was totally proven today, it was lovely to meet your family and I will definitely be coming to visit very soon if that is ok. Thank You for taking the time out to read my poetry not many people get it or bother to try and relate to it, I have several times try to put together a book to be published but no one is interested, oh well it will never stop me from writing more! I would quickly like to thank you for your journey down, listening to my story, and being there as the most comfortable person I have ever been able to talk to. Also my gift thank you. They will be treasured forever! Hope you all got home safe! I'll be in touch.

Appendix 3: Member Check Letter

UNIVERSITY OF OXFORD
DEPARTMENT OF EDUCATION
15 Norham Gardens, Oxford OX2 6PY
Tel: +44(0)1865274024
www.education.ox.ac.uk

CONFIDENTIAL

Oxford 9 September 2017

Research project:
**‘What Matters to Children in Care? Outcomes of Different Types of Placement
(residential care, foster care, domestic adoption, intercountry adoption) in Adult Life’**

Dear Research Participant,

Thank you once again for taking part in my research. Your contribution was extremely valuable and much appreciated. As I am approaching the end of my study, I would like to share with you some of the conclusions I have reached on the basis of the 39 interviews with young people who grew up in residential care, foster care, adoption in Romania or who were adopted internationally from Romania. I would be most grateful if you could take time to read my findings and share with me your thoughts or comments, especially in relation to those types of care that you have experienced.

Residential care

Fifteen of the young people I have interviewed started their adult life in residential care (institutions or small group homes). Some grew up in residential care since birth while others were placed in care later, at pre-school or school age.

Many of the interviewees who grew up in residential institutions spoke about food being insufficient or not good but this varied between institutions and between different periods of time. Physical and other forms of abuse from staff or from older children were mentioned in many interviews. However, not all those who grew up in large institutions were victims of abuse. Some were protected by older siblings or by a member of staff or someone outside the institution. For some, residential care was an education and social opportunity. A few said they were grateful to those who decided to place them in residential care. Education, health

and play needs were largely met. Several research participants felt stigmatised or discriminated in school but this was not the case in schools where a large number of children came from a children home.

During adolescence, some of those with more positive care experience started to take part time jobs which allowed them to earn an income to and gain social access to in the same circles as their school or work peers. During secondary school, several interviewees chose to hide their care status.

With a few exceptions, most interviewees in the residential care group had knowledge of their birth families and met them during their childhood. Most of those in this group remained in care beyond age 18. Seven of the fifteen interviewees went to university but two of them dropped education in favour of employment.

Those who did not go to university had some support in getting a job. These were generally low paid jobs. While some interviewees had employers that were supportive, in others cases, these took advantage of the care leavers' vulnerability and paid them less than the minimum salary. Those had been temporary jobs they had left, some after the time of the interview through emigration.

Those who went to university had jobs for which they were overqualified. Most of them were living in rented accommodation and a few managed to obtain council flats which they could buy. Having a home was mentioned by most of those interviewed in this group as an important part of their future plans. Only a third of the interviewees in this group were married or in a long-term relationship at the time of the interview.

As regards those who grew up in small group homes run by NGOs, they reported strong peer relations and the overall care experience was good. Food for example was not a problem. However, one of the homes was closed down due to abuse from a carer. Not the same close relationships were reported by those who moved from institutions to flats during their teenage years.

Foster Care

Most of those interviewed in this group entered care between 7-14 years and with one exception they went into foster care from residential care. Some of them wanted to go into foster care and met the foster family before moving in with them while for others this was an imposed move. In three cases, the interviewees preferred to terminate the foster placement before age 18. One moved with a relative, one went back into residential care when he started secondary school and one moved home under special guardianship and they all gained more autonomy. Some interviewees spoke about being attached to their foster carers, feeling protected and supported by them. Others had authoritarian or abusive parents and they felt intimidated or, in one case, entered into conflicts with them.

As regards school experience, most of them chose to hide their foster care status, particularly during teenage years and were selective when they chose with whom to share that knowledge. With the exception of one participant whose mother had passed away, most of them had met their birth mothers or other members of the birth family with the support of the foster carers or the social workers. In one case where the interviewee was raised by abusive

foster carers, the transition to adulthood was riddled with unstable jobs, relationships and an unplanned pregnancy.

Most male participants who entered adulthood from foster care went to university and all of them remained in the foster family beyond age 18. All female participants who entered adulthood from foster care married at age 18. At the time of the interview one had divorced and remarried and another one was considering divorce.

Domestic adoption

Adoption in Romania was characterised by secrecy. Most of the interviewees in this cluster learned that they were adopted during childhood from other children and others only found out during teenage years or adulthood. Several of them said that it took them years to process the meaning of adoption. Four of the seven interviewees had met their birth families by the time of the interview. Two of those who had not met them, had attempted official routes which they found daunting and they had given up.

As regards the adoption experience, two had abusive or highly controlling adoptive mothers despite the efforts they had made to overcome the children development and health issues accumulated during their stay in institutions; one felt neglected by the adoptive mother and the others spoke about highly supportive adoptive parents, mothers in particular. Some witnessed domestic violence, economic migration, divorce or death of adoptive parents. In one case, the adoptee went into residential care at age 16, following adolescent conflict with the adoptive mother. Despite these difficulties, all domestic adoptees went to university and they all expressed commitment towards their adoptive parents. Reunion with the birth family, when it took place, did not modify the relationship between adoptee and the adoptive parents. In most cases, the life they lived was the result of educational, professional and personal choices.

Intercountry adoption

The interviewees in this group were adopted to the U.S., England, Ireland and Italy at ages that varied between three months and 17 years.

Although they all knew they were adopted, none of them were taken to Romania during childhood or learned the language. Six of the eight interviewees had met their birth families at the time of the interview and all but one (who was also the youngest interviewee) had searched for their birth families. To them, reunion meant also reconnection to the country and culture they were born in and six of them had visited Romania at least once. With the exception of the adoptee who left the country at 17, none of them spoke Romanian at the time of the reunion. Most of them took back their Romanian names, either formally or informally.

In several cases, teenage conflict led to strained relationships with the adoptive parents and five of the eight interviewees in this cluster had to leave or decided to leave their adoptive placements at age 18. In another case, the adoptee was placed in residential care (in the USA) at age 12 when the adoptive parents decided to disown him legally. Two adoptees had been in court with their adoptive families, one to have the guardianship order removed and the other for abusive treatment and they both won their cases. Several interviewees in particular those adopted to the USA and Ireland wanted to regain their Romanian citizenship and some considered moving to Romania or to Europe. Six of them described long-term intimate relationships that they were or had been involved in, including two marriages that had ended

in divorce. In addition to adoption, some had to face divorce, brother's suicide, domestic violence, over-controlling or abusive parenting and one was a victim of sexual abuse while living with the adoptive family. One of the eight had graduated from university and another two were enrolled in higher education.

Conclusions

While the types of care contributed to the way in which the research participants set on the journey to adulthood, it was the quality of care in each type of placement and the support they received during their early adulthood that shaped their current lives.

Knowledge of the birth family was important to most interviewees although not all of them stayed in contact with their birth family. Reunion was achieved through child protection services for those in residential and foster care and through private routes for adoptees, some of which found the official procedures daunting.

When children were placed with families they met and accepted prior to moving in or visited the institutions before entering care, those placements were regarded as good in almost all the cases.

The interviews reported both good and poor care experiences in each type of care. Several of those with very traumatic experiences spoke about the resilience they developed by saying 'what does not kill you make you stronger'. Faith as well as education helped several of them, especially those who grew up in residential care. Despite adverse experiences in childhood, and for some difficult transitions to adulthood, at the time of the interview, all research participants showed strength and control over their lives. The study suggests that even some traumatizing experiences in care were often overcome by an intense, personal intervention of a significant adult such as child protection worker, social mother and the interviewee's older sister in one case.

The study has implications for practice, such as:

- Children should be informed and consulted and their agreement should be sought as much as possible, prior to being moved into a long-term placement.
- There should be ways in which children in foster care or residential care are consulted on ways to improve the placements that they are in.
- Housing was an important concern, in particular for those who grew up in residential and foster care and they should be supported in accessing council homes and protected against economic exploitation at the time they leave care.
- Procedures to search for the birth family should be made easier so that both domestic and intercountry adoptees use official routes rather than private ones.
- Intercountry adoptees who wish to regain their Romanian citizenship should be supported to obtain it through specific legal provisions.

Should you have any other questions, please do not hesitate to contact me. Please use any preferred means of communication:

Email: mariela.neagu@new.ox.ac.uk

Facebook: Mariela Neagu (Oxford)

Telephone: 0044 7583068647.

If you prefer to communicate over the phone, please let me know what your number is and I shall contact you at a time that is convenient for you.

With many thanks and all best wishes,

Mariela Neagu

Appendix 4: CUREC Approval and Application

- Liam Gearon
- Apr 21 2015

To

- Mariela Neagu
- Judy Sebba
- Alis Oancea
- Education Research Office

Dear Mariela,

Many thanks for the clarification, thought I should just ask.

Given the other documentation forwarded we can certainly say it meets the CUREC requirements for ethical approval.

I hope this note satisfies the requirements and enables you to proceed.

Every good wish,

Liam

Cc: Alis Oancea <alis.oancea@education.ox.ac.uk>, Mariela Neagu <mariela.neagu@new.ox.ac.uk>

I attach an application for ethical clearance for Mariela Neagu one of my doctoral students. The fieldwork will all be in Romania and hence all letters and consent forms have been translated and checked by Alis Oancea the other supervisor but only the English versions are attached.

Look forward to hearing from you as soon as possible

All the best

Judy

UNIVERSITY RESEARCH ETHICS COMMITTEE (CUREC)

CUREC /1A Checklist for the Social Sciences and Humanities

The University of Oxford places a high value on the knowledge, expertise, and integrity of its members and their ability to conduct research to high standards of scholarship and ethics. The research ethics clearance procedures have been established to ensure that the University is meeting its obligations as a responsible institution. They start from the presumption that all members of the University will take their responsibilities and obligations seriously and will ensure that their research on human subjects is conducted according to the established principles and good practice in their fields and in accordance, where appropriate, with legal requirements. Since the requirements of research ethics review will vary from field to field and from project to project, the University accepts that different guidelines and procedures will be appropriate. Please check the CUREC website to ensure that you have the correct checklist for your project.

ONLY TYPE-WRITTEN CHECKLISTS WILL BE ACCEPTED. PLEASE DO NOT SEND HANDWRITTEN CHECKLISTS.
ONLY EMAILED APPLICATIONS WILL BE ACCEPTED. PLEASE DO NOT SEND APPLICATIONS BY POST.

What this checklist will not assess

This checklist does not cover research governance, satisfactory methodology, or compliance with the requirements of publishers when administering their tests or questionnaires. As principal researcher, it is your responsibility to ensure that requirements in these areas are met.

CUREC does not review studies classed as *audit* (see glossary and Decision Flowchart for CUREC on our website).

The use of an *asterisked word underlined* in this checklist indicates a phrase defined in CUREC's glossary. The glossary and further information on the University's research ethics procedures are available from the CUREC website: www.admin.ox.ac.uk/curec

What this checklist is designed for

This CUREC /1A checklist is designed largely for research that falls within the Divisions of Social Sciences and Humanities where ethical issues are relatively few and straightforward. Interviews, field work and oral history are also included in the CUREC process.

The full CUREC /2 application is only required where certain project characteristics (eg type of participants, or procedures) result in a more complex set of ethical issues. It is expected that only in a limited number of cases will it be necessary for researchers to complete a CUREC /2 application. The checklist below will direct you to a CUREC /2 application if needed.

Office use only: IDREC Ref. No. _____

Date of confirmation that checklist accepted on behalf of IDREC: // //

Please complete the sections that follow and follow prompts to stop completion and/or submit other documents.

Please indicate your answer to all the Yes / No questions with a type-written "X".

Example:

1) By taking part in the research, will participants be at serious risk of criminal prosecution (e.g. by providing information on drug abuse or child abuse)?

YES

NO

X

SECTION A: filter for CUREC /2 application.

This section determines whether your study raises more complex issues which require the completion of a full application for ethical review, known as the CUREC /2 application.

1) Are research participants classed as "*people whose ability to give free and informed consent is in question*"? (This may include those under 18 (though see FAQ C12), prisoners or vulnerable adults)

YES

NO

X

Note: sometimes participants aged 16-17 are regarded as "competent youths" and may be able to consent for research themselves. Please consult the FAQ C12 on the CUREC website. However, if any of your participants are aged 16 or under, please answer 'yes' here and also answer question 4) below.

2) By taking part in the research, will participants be at serious risk of criminal prosecution (e.g. by providing information on drug abuse or child abuse)?

YES

NO

X

3) Does the research involve the *deception* of participants?

YES

NO

X

If you answered NO to all of the questions above please go to SECTION B. If you have answered yes to any question above continue to question 4 below.

4) Is your project covered by one of our approved research protocol(s)? (see CUREC website)

YES

NO

If yes, please give protocol number(s):

If you answered Yes to ANY of questions 1-3, and answered No to question 4, please STOP COMPLETING THIS CHECKLIST and do not submit it for ethical review.

Instead, please complete the CUREC/2 application form, available to download from the CUREC website. Then submit the CUREC/2 for ethical review.

If you answered Yes to ANY of questions 1-3, and answered yes to question 4, please go on to SECTION B.

SECTION B: contact details and project description (NB must be typed not handwritten).

Contact details	
1) <u>*Principal researcher*</u> / supervisor (if student research):	Prof. Judy Sebba; Dr. Alis Oancea.
2) Name of student (if student research):	Mariela Neagu
3) Degree programme, e.g. DPhil, BA, MPhil, BSc, MSc (if student research):	DPhil
4) Department or institute name:	REES Centre, Department of Education.
5) Address for correspondence (if different from 4):	15, Norham Gardens, Oxford OX2 6PY
6) University email address and phone contact:	mariela.neagu@new.ox.ac.uk
7) Name and status of others taking part in the project. E.g. 3 rd year undergraduate; post-doctoral research assistant:	N.A.

Project description	
8) Title of research project:	Outcomes of Various Forms of Child Protection in Adult Life
9) List location(s) where project will be conducted:	Romania
10) If your research involves overseas travel or fieldwork, by the time the research starts, will you have completed and returned a travel risk assessment form? (This may be necessary to ensure that the activity is covered by the University's travel insurance – see http://www.admin.ox.ac.uk/finance/insurance/travel/)	YES / NO / N/A YES
11) Anticipated duration of project:	__30_ months
12) Anticipated start date:	01 / 04 / 2015
13) Anticipated end date:	31 / 10 / 2017

14) Title and brief lay description of *research* (about 150 words), plus description (about 200 words) of the nature of participants.

When describing the research, please include your methodology, how you are applying professional guidelines, and the use to which results/data will be put. Please also declare any conflicts of interest here.

When describing participants, please include criteria for inclusion/exclusion, method of recruitment, and processes (as appropriate) for consent to participate. To support your description please attach documentation such as:

- *recruitment and advertisement material eg a poster or invitation letter*
- *information for participants to read before they agree to take part eg participant information sheet(s)*
- *a document to record informed consent eg written consent form(s) or oral consent script in case of an oral consent process*
- *a guide to interview questions (this may be a list of questions to be asked, or a preliminary scope of questions) or sample of other instruments such as a sample questionnaire*
- *debriefing document after participants have taken part (if relevant)*

Detailed guidance is found on the CUREC website

Title and brief lay description of research (150 words)

Outcomes in Adult Life of Various Forms of Child Protection

This research aims to explore questions related to the quality of various forms of child protection in Romania by listening to the voice of those who were users of these services during their childhood. The research questions are:

1. Is there a relation between different forms of care and outcomes in adult life?
2. Which are, in the opinion of the research participants, the factors related to their childhood, which have contributed to their current wellbeing or lack of it?

Using semi-structured, life story interviews, mostly face to face and some on skype, I shall interview at least 25 young adults who were in one of the following different forms of care after 1989:

- Large residential care
- Family type homes
- Foster care
- Domestic Adoption
- Intercountry adoption (adopted internationally from Romania)

Year 1989 represents the collapse of the communist regime and the year when the institutions for children in Romania were exposed in the international media for their conditions.

By using the biographical-narrative interview technique, I shall ask young adults broad questions about their current life and childhood and avoid interruptions in order to be able to reproduce accurately their perspective on their care experience. The structured part of the interview will be mainly related to the types and length of their placements. With the permission of the interviewees and of the relevant local authorities, I shall seek access to their files archived by the local authority in order to identify any major discrepancies between the knowledge of the care-leaver about her/his life and the official records. In addition, I shall interview child protection professionals and policy-makers in order to gain knowledge on the contextual background of the child protection system in Romania as of 1990.

By preparing the interviews, ensuring free, prior and informed consent and the right of the interviewee to withdraw both in face to face and skype interviews and by following all the procedures described in this form, I shall apply the BERA, Oral History Society and Socio-Legal Studies Associations guidelines for ethical research.

Description of participants and obtaining informed consent (200 words)

The participants are young adults from Romania (around 25 y.o.) who became adults (18 y.o.) after having spent at least the last three years (from 15 to 18 years of age) in one of the following forms of protection: residential care (large institutions or family type homes); foster care; domestic or intercountry adoption. In order to draw some comparisons, preference will be given to participants who spent the last three years before become 18 years old in the same setting (institution, home or in the same foster or adoptive family). Participants will be recruited through child protection services or through other care leavers whom the researcher knows or through social media (eg facebook groups of adoptees adopted from Romania). The criterion for adoptee participants will be for them to be adopted before the age of 15 years old so that they share the same characteristic of being in that form of care for the last three years before age 18. Participants will be informed of the nature, the purpose and the aims of this research and will be asked for their written consent prior to the interview. The interview schedule will be given to participants in advance. While participants may regard their care experience as positive one, various sensitive aspects may occur during a life-story interview, such as child abuse. The researcher will offer the options of pausing the interview, stopping the interview or offering advice on the types of help she or he could access.

15) What are the ethical issues connected with your research and what steps have you taken to address them?

Please do not answer "none".

The committee wants to see evidence that you have identified potential ethical issues with respect to your research and have taken steps to address them. These issues could relate to your own safety as a researcher, participant burdens/risks, and data protection/confidentiality. For more guidance on ethical issues, please see www.admin.ox.ac.uk/curec/resources/

1. What are the benefits to the participant in taking part in this research?

As researcher, I intend to advocate for the findings of this research to be taken into consideration by policy-makers in Romania and I intend to present them in international academic fora. Although there are not any direct benefits for the participants, by contributing to this research, the participants may influence improvement of the quality of decision-making in child protection. Their experience is valued and respected and although it may have been a negative life experience, this study offers the interviewee an opportunity to use his/her experience to make a difference in the life of other looked after children if the quality of care will be improved as a result of the findings of this research.

2. What if a participant finds that having to speak about his or her life is traumatising or embarrassing?

First of all, interview questions will be given to participants prior to the interview for them to have some time to reflect upon their answers and not to be taken by surprise. The questions will be handed at the same time they are given the information sheet and the informed consent form. Participants will be informed before the interview that they can withdraw at any point without any consequences and that they can pause the interview simply by informing the researcher. Should a participant wish to raise sensitive issues that may affect him or her, the researcher will offer a number of options:

- pause the interview and resume it when the participant feels ready;
- stop the interview;
- discuss with the participant the possibility of receiving professional help and refer her/him to such a professional if he or she wishes.

3. Interview burden and researcher's safety.

I shall minimise the burden to participants by conducting interviews at a time and location convenient to them. In cases where I shall conduct the interviews in participant's home, I shall provide password protected location details to my supervisors and agree a procedure for contacting them before and after the interview.

4. What if she/he discloses issues related to a breach of law?

Research participants will be informed prior to the interview that all interviews are confidential. Participants will be informed prior to the start of the interview that according to the Romanian law (Article 266 of the New Penal Code), I am obliged to report a murder or crime against life, should such a crime be brought to my attention. Given that the research participants are adult, I am not under a legal obligation to report child abuse experience. However, should the participant report abuse, I shall inform him/her of any possibility available in that area to obtain help or to report the abuse to the police.

5. What if the professionals who will be interviewed will express critical views or will disclose sensitive issues in relation to the protection system?

The interviews with professionals will also be anonymised and the knowledge would be reflected in such a manner to ensure that their identity cannot be revealed. The purpose of interviewing child protection professionals will be to gain an overview of the system at the time when a participant was in care. Professionals to be interviewed will receive an invitation in writing as well the interview schedule. They will be asked to sign consent forms prior to the interview.

6. Protection of information. All transcripts will use pseudonyms and the audio files will be encrypted and stored on the REES Centre drive which is password protected. No document connecting the real names of the participants with their pseudonyms will be included in any of the research documents. The only person holding that information will be myself as researcher and I shall store it in one single document, on a separate hard-disk, with password protection. Audio files will be destroyed once the interviews have been transcribed. Transcriptions will be stored on a secure server.

16) Will you obtain informed consent according to CUREC guidelines and good practice in your discipline <i>before</i> participation?	YES	NO
	X	

If you have marked No, please give a brief explanation and justification for this decision here:

17) Will your research involve discussing sensitive issues? <i>This could be information relating to race or ethnic origin, political opinions, religious beliefs, physical/mental health, trade union membership, sexual life or criminal activities.</i>	X	NO
<i>If you have marked Yes, please make sure that you have included some supporting information (as directed in qu 14 of this section) showing the range of questions covering these issues.</i>		

18) Will you ensure that <u>*personal data*</u> collected directly from participants or via a <u>*third party*</u> is held and processed in accordance with the provisions of the Data Protection Act?	YES	NO
	X	

19) How will you ensure that any personal or sensitive data are captured, transferred and stored securely? <i>In particular if data are to be captured electronically, please consult with your local IT department and, with respect to University IT security policies, please comment on how you will capture such data in the first instance, how you will transfer them over networks or via portable media and how and where data will be stored. For more information please see the University's web pages on research data management: http://researchdata.ox.ac.uk/university-of-oxford-policy-on-the-management-of-research-data-and-records/</i>
<p>All participants in interviews will have their anonymity guaranteed and the confidentiality of the provided information, in compliance with the Data Protection Act 1998 (UK) and Law 677/2002 for protection of person and management of personal data and its free movement (Romania).</p> <p>All personal information, recordings, databases and interview transcripts as well as any other documents containing identifiable information will be safely stored and kept on external hardware disks protected by passwords with a high degree of security during field work. The electronic files will then be stored on the REES Centre secure drive. The data collected will only be used for research purposes, and any possible identifying information will be anonymised completely. Pseudonyms will be used and no document connecting the real names of the participants with their pseudonyms will be included in any of the research documents. The only person holding that information will be myself as researcher and I shall store it in one single document, on a separate hard-disk, with password protection. All audio-files will be encrypted and stored on the REES Center drive which is password protected. Audio files will be destroyed at the end of the project. Transcriptions will be stored on a secure server, password protected.</p>

SECTION C: methods and procedures to be used.

In this section, please mark X against as many methods or procedures as apply to your research. (This section will help the committee understand the nature of your research and may be used for audit).

	Please mark "X"
1) Analysis of existing records	X
2) Snowball sampling (recruiting through contacts of existing participants)	X
3) Use of casual or local workers eg interpreters	
4) Participant observation	
5) Covert observation	
6) Observation of specific organisational practices	
7) Participant completes questionnaire in hard copy	
8) Participant completes online questionnaire or other online task	
9) Using social media	X
10) Participant performs paper and pencil task	
11) Participant performs verbal or aural task (eg for linguistic study)	
12) Focus group	
13) Interview	X
14) Audio recording of participant	X
15) Video recording of participant	
16) Photography of participant	
Other (please specify):	

SECTION D: professional guidelines and training.

In this section, please mark X against at least one of the following professional guidelines. You should use the principles listed in your chosen guideline(s) in conducting your own research. Note this is not an exhaustive list.

Research specialism/methodology	Association and guidance document (active links below)	Please mark "X"
Anthropology	Association of Social Anthropologists of the UK and Commonwealth	
Criminology	British Society of Criminology: Code of Ethics for Researchers in the Field of Criminology	
Education	British Educational Research Association Ethical Guidelines for Educational Research	X
Geography	Association of American Geographers Statement on Professional Ethics	
Geography	Royal Geographical Society: Research Ethics and Code of Practice	

History	Oral History Society of the UK Ethical Guidelines	X
Law (Socio-Legal)	Socio-Legal Studies Association: Statement of Principles of Ethical Research	
Management	Academy of Management's Professional Code of Ethics	
Political Science	American Political Science Association (APSA) Guide to Professional Ethics in Political Science (Section H)	
Politics	Political Studies Association, Guidelines for Good Professional Conduct	
Psychology	British Psychological Society Code of Ethics and Conduct <ul style="list-style-type: none"> British Psychological Society: Conducting Research on the Internet: (Guidelines for internet-mediated research) 	
Social Research	Social Research Association: Ethical Guidelines <ul style="list-style-type: none"> Social Research Association : Data Protection Act 1998 : Guidelines for Social Research Social Research Association: Code of Practice for the Safety of Social Researchers 	X
Sociology	The British Sociological Association: Statement of Ethical Practice	
Visual Research	ESRC National Centre for Research Methods Review Paper: Visual Ethics: Ethical Issues in Visual Research	
Other professional guidelines <i>Please specify the other guideline(s) used here:</i> ESRC framework for research ethics		
1) Please indicate what training in research ethics the researchers involved with this study have received, e.g. the title of the course and date completed (online training available at www.admin.ox.ac.uk/curec/training/) If no formal training has been received, please indicate any discussions of research methodology between researchers and supervisors here.		

I attended the training in research ethics provided by Dr. David Mills and Dr. Nigel Fancourt as part of the FER course (week 6, Michaelmas and week 3, Hillary).

I also attended training in research ethics and CUREC provided by the Research Training Seminar, Department of Education, University of Oxford (since October 2014).

In addition to this, I discussed ethical dilemmas of this particular research with my supervisors, Professor Judy Sebba and Dr. Alis Oancea and how they should be addressed.

Professor Judy Sebba wrote the ethical guidelines used across the social sciences in University of Sussex in 2005 (which have since been amended) and chaired the Education and Social Work Research Ethics Committee at that university. She ran and participated in three research ethics workshops per year for six years covering topics such as informed consent, data archiving, assessing risks and benefits, legal requirements, research misconduct, safeguarding researchers, who owns the data, etc.

Associate Professor Alis Oancea published a book on Research Methods in Education (with co-author Keith Punch) which includes a chapter on ethics in education research.

SECTION E: signatures.

Please ensure this checklist is signed by:

<i>For staff research:</i>	<i>For student research:</i>
1) <u>*Principal researcher*</u>	1) <u>*Principal researcher*</u> (project supervisor)
2) Head of Department (or nominee)	2) Head of Department (or nominee)
-	3) Student researcher

1) Principal researcher signature / supervisor signature (if student research)

I understand my responsibilities as *principal researcher* as outlined in the CUREC glossary and guidance on the CUREC website.

I declare that the answers above accurately describe the research as presently designed and that a new checklist will be submitted should the research design change in a way which would alter any of the above responses so as to require completion of CUREC/2 (involving full scrutiny by an IDREC). I will inform the relevant IDREC if I cease to be the principal researcher on this project and supply the name and contact details of my successor if appropriate.

Signed by principal researcher / supervisor:.....

Print name (block capitals).....

Date:.....

2) Departmental endorsement signature

I have read the research project application named above. On the basis of the information available to me, I:

(i) consider the principal researcher to be aware of her/his ethical responsibilities in regard to this research;

(ii) consider that any ethical issues raised have been satisfactorily resolved or are covered by relevant professional guidelines and/or CUREC approved protocols, and that it is appropriate for the research to proceed (noting the principal researcher's obligation to report should the design of the research change in a way which would alter any of the above responses so as to require completion of a CUREC/2 full application);

(iii) consider that the principal researcher/supervisor/student researcher is aware of her/his ethical responsibilities in regard to this research. I am satisfied that: the proposed project design and scientific methodology is sound; the project has been/will be subject to appropriate *peer review*; and is likely to contribute to existing knowledge and/or to the education and training of the researcher(s) and that it is in the *public interest*.

Signed by Head of Department or nominee:.....

(example nominees for student research include the Director of Graduate Studies / Director of Undergraduate Studies)

Print name (block capitals) Date:.....
<p>3) Student signature (if student research)</p> <p>I understand the questions and answers that have been entered above describing the research, and I will ensure that my practice in this research complies with these answers, subject to any modifications made by the principal researcher properly authorised by the CUREC system.</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> Signed by student:..... Print name (block capitals) MARIELA NEAGU Date: 27.03.2015 </div>

SECTION F: final check before submitting your application.

Please use this section to check that you have completed the following tasks:	
	Please mark "X"
Have you completed Sections A-E?	x
Have you included copies of any documentation produced in support of your application? <i>If the appropriate supporting documentation is not included with your application, you will then be asked to provide this separately. This may well delay the ethical review process, and thus the start of your research.</i>	x
Have you signed as principal researcher and gathered signatures of the student (for student research) and department nominees as appropriate?	x
Have you declared conflicts of interest (if any) in Section B qu 14?	N.A:
Are all pages (including supporting document attachments) numbered?	x
Have you defined all technical terms and abbreviations used?	x

How to submit the completed checklist

- *If your department has a Departmental Research Ethics Committee (DREC), submit this checklist and supporting information to the appropriate departmental officer. To see a list of DRECs, go to www.admin.ox.ac.uk/curec/about/sshidrec/drecs/*
- *If your department does not have a DREC, submit the checklist and supporting information to the SSH IDREC (email ethics@socsci.ox.ac.uk). NB applications must be sent by email. Please do not send applications by post.*

Note on how to send signatures needed in Section E

- *If you have obtained handwritten (wet-ink) signatures, please scan them plus the rest of the checklist pages to create a single PDF document and email through.*
- *Alternatively, we accept “electronic signatures” sent as email confirmations from a University of Oxford email address. Separate emails should come from each of the relevant signatories as outlined in Section E, indicating acceptance of the relevant responsibilities.*

IDRECs and/or CUREC will review a sample of completed checklists and may ask for further details of any project.

Appendix 5: Information Pack for Research Participants and Consent Form

Invitation

Dear Mrs/Mr

I am inviting you to take part in a study on outcomes in adult life of different forms of child protection which I am researching for my doctoral thesis at the University of Oxford. This study has been approved by the Ethics Committee of the University of Oxford.

Your participation will involve a life-story interview which will be audio-recorded and it will take place at a mutually agreed time and location. Please find attached a summary of the study, the consent form and the interview question. Please do not hesitate to ask me any further questions which you may have.

Yours sincerely,

Mariela Neagu
Doctoral Student

Former Care Users

Outcomes in Adult Life of Various Forms of Child Protection Information for Participants

You receive this information because you were for at least three years in residential care or foster care in Romania or you were adopted from Romania prior to age 18. Please read below the summary of the research and feel free to ask questions if there are any aspects of the project that are unclear or if you would like more information. Please note that any proper names from interviews will be anonymized and all information will be confidential. The only exception where the researcher is obliged by law to disclose information is when the participant will report that he/she committed murder or a crime against life. The interview is expected to last for about two hours and it may be paused at your request.

About this research

This research aims to explore the well-being of young adults from Romania who were for at least three years in out-of-home care (residential care, foster care or adopted) prior to becoming adults (18 y.o.). In order to explore the challenges of transition to adult life and the well-being in adult life, I shall ask questions about childhood, the child protection experience, be it in an institution or in foster care or in adoption and about current, and about current, every-day life. I shall be interested to know what or who helped you get through difficult moments. Please find attached the interview questions.

Why would you take part? What are the risks and benefits of taking part in this research?

You are under no obligation to take part in this study. If you choose to participate, you can decide to stop at any time without giving a reason, and without any consequences – please see the consent form for how to do this. There are no known risks to participating in the study. While the information will be analysed as part of a doctoral thesis at the University of Oxford, I shall use the findings of this research in order to make the messages of young care leavers known to policy-makers in order to inform policy decisions in the future in Romania and possibly in other countries as well. By taking part in this research, your views and experience can contribute to a positive change in the lives of children who may be in similar situations to yours.

Who will interview you?

My name is Mariela Neagu. I worked for many years in the children's rights field in Romania and I have always considered that work for children in care requires dialogue requires dialogue with the children. For example, as part of my previous work, I strongly supported the setting up of the child helpline in Romania as an independent service for children and I initiated the Edelweiss talent competition for children in care whose winners became advocates for children in care. After working as children's rights programme coordinator for the European Commission Delegation in Romania, and as Secretary of State for the National Authority for the Protection of Children's Rights in Romania, I started a doctorate at the University of Oxford, aiming to influence change using research and by making the voices of those who were in care heard at the highest political levels. I shall be pleased to answer any questions that you may have about my work.

What will happen to the results of this research?

The results of this research may be published in academic publications or presented at academic conferences in the future. You will not be identifiable in any of the publications or presentations. No one but me will have access to your name. All materials will be kept on a secure drive of the REES Centre within the Department of Education, University of Oxford, and all electronic data will be password-protected. Audio-files will be kept encrypted during the life of the project and they will be destroyed at the end of the project. Anonymised electronic

data, with any potentially identifying words removed, will be kept indefinitely in order to be used for later research by me or other researchers. Only one document with your real name will be kept by myself on an external hard-disk, password protected for possible future research. This will not be included in any documentation submitted to anyone at any point in time. Should you not wish for your name to be stored even in this secure manner, please mention that in the consent form.

Contact for further information

Mariela Neagu, Department of Education, 15 Norham Gardens, Oxford, UK OX2 6PY ; mariela.neagu@new.ox.ac.uk; Phone: (004)0758 232 482. Your inquiries are most welcome.

Contact for comments or complaints

If you have any comments about the project, you may contact the supervisor: Professor Judy Sebba, the Director of the REES Centre at the University of Oxford, at Judy.Sebba@education.ox.ac.uk on +44(0) 1865 274 001. If you are not satisfied with any of the answers provided, please contact the divisional chair of the Department of Education Research Ethics Committee at the University of Oxford (using the contact details below) who will seek to resolve the matter in a reasonably expeditious manner:

Divisional Chair, **Department of Education Research Ethics Committee**; Email: research.office@education.ox.ac.uk; Address: 15, Norham Gardens, Oxford OX2 6PY, United Kingdom.

Former Care User

Outcomes in Adult Life of Various Forms of Child Protection Confirmation and consent: to be completed by the former care user

This study has been approved by the University of Oxford Ethics Committee.

	Please tick if you agree
I have read and understood the information sheet about the project and have a copy to keep.	
I understand that I don't have to take part if I don't want to and that I am free to withdraw from this study at any time or decide not to answer a question without giving a reason.	
I have had an opportunity to ask questions, and I have received satisfactory answers to any questions I have asked.	
I understand that the results of this study may be published and that quotes may be used but neither my name nor any other identifying information will be included.	
I understand that the information I give will be kept in a secure place in accordance with the Data Protection Act 1998 (UK) and The Law for Protection of Personal Data (667/2002, Romania) and I understand that the audio-files of the interview will be encrypted and then destroyed at the end of the project while the anonymized transcriptions will be securely stored under password protection.	
I agree that the researcher will keep one document with my real name on a password protected hardware disk for possible future research and that this document will not be submitted to anyone at any point in time. PLEASE WRITE 'NO' IF YOU DO NOT AGREE.	
I understand that everything I say will be confidential. The only exception to this is if I declare a murder or a threat to life which I committed. I understand that if this happens, you will need to report that to the police.	
I agree to take part in "Outcomes in Adult Life of Various Forms of Child Protection" project by taking part in a life-story interview.	
I agree to the interview being audio recorded and to its contents being used for the research purposes stated above.	
I give permission to the researcher to seek access to the official records related to my child protection experience.	
I understand that this project has received ethical approval from Oxford University.	
I understand how to raise a concern or make a complaint.	

The University of Oxford takes ethical conduct of research seriously. We therefore ask you to read the information sheet thoroughly and take the opportunity to ask the researchers any questions you may have before signing this form.

Your signature confirms that you are happy to participate in the study. You may stop being involved at any time, without giving a reason and decide what happens to any information you have already given. We will always help with a request to withdraw information; however, sometimes it is not possible, for example, if a report has already been published.

Signature: _____ Name: _____ Date: _____

Name of former care user: _____

Signature of researcher: _____ Name: Mariela Neagu Date: _____

If you wish to participate, please complete both copies of this form. Keep one copy and return the other copy to the researcher.

If you would like to discuss any aspect of the research, or the details of this form, please contact:

Mariela Neagu, Doctoral student, Rees Centre
Mariela.neagu@new.ox.ac.uk
0044 758 3068647

Appendix 6: Interview Schedule

Outcomes in Adult Life of Various Forms of Child Protection

Indicative Interview Questions for Young Adults

1 Personal information

1.1 Name and surname/ previous names (in cases of adoption)- to be anonymized

1.2 Date of birth

1.3 Occupation

1.4 Contact

Telephone:

Email:

Address:

1.5 Placements (dates entering and leaving each placement and the type of placement):

1.6 Age leaving care (the last placement):

2 Questions for interview

2.1 Current life

Please tell me about your life these days.

2.2 The Childhood Years

Please tell me about your childhood, before and after entering care

2.3 What are your future plans?

2.4 Which were the most difficult moments?

2.5 What do you think contributed to who you are today?

2.6 If you were to describe me your life in one word what would that be?

Appendix 7: Codes and Sub-codes

	Code	Sub-code
1	Care (Placement) experience	<ul style="list-style-type: none"> • Change of placement • Entering care • Domestic adoption experience • Intercountry adoption experience • Residential care experience • Small Group Homes experience • Foster care experience • Home experience • Contact with natural family • Identity and reunion • Being chosen and fate • Christmas • Community • Death • Family relations • Feelings • Health • Lies deceit betrayal • Love and attachment • Most difficult moments • Normal • Public private boundary • Space perception • Turning point • Abuse or violence • Resilience • Agency • Belonging • Child consultation
2	Family Relations	<ul style="list-style-type: none"> • Mothers • Fathers • Grandmothers • Family (adoptive or foster) • Parenting style • Biological family • Siblings
3	Life stages	<ul style="list-style-type: none"> • Adolescence • Early childhood memories • Exiting care; transition to adulthood • Blurry memories • Pre-Care at Home
4	Outcomes in adult life	<ul style="list-style-type: none"> • Current Life DA • Current Life FC • Current Life ICA • Current Life SGH • Current Residential Care • Impact Reflection • Becoming • Addiction, Depressed • Aspirations & Future Plans • Conflict And Law • Values, views, opinions • Religion and spirituality • Identity Capital