

The Challenges Facing Children Reunified With Their Families From an Orphanage in Ghana

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This qualitative case study explores the challenges facing children reunified with their families from an orphanage in Ghana. Eight children, their biological families, and two social workers participated in semi-structured interviews and shared their experiences and views. The study found that challenges facing the children include educational issues, poor living conditions and social isolation within their communities. The factors causing the challenges included the financial difficulties facing caregivers due to the lack of support, limited preparation for the children and their families for the reunification and the children's limited participation in the decisions concerning such reunification. © 2018 John Wiley & Sons Ltd and National Children's Bureau

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Introduction

The global trend to end institutionalisation of orphans and vulnerable children (OVC) began over a century ago (Jacobi, 2009). Institutions lost their popularity as research undertaken in North America and Europe suggested that they had an adverse effect on children's development (Berens and Nelson, 2015). The harrowing stories of abuse in institutions in eastern Europe that emerged after the fall of communism also intensified the deinstitutionalisation campaign (Braitstein, 2015). As a result of these factors, current policies, such as the UN Guidelines for the Alternative Care of Children, place priority on family-based as a preferred form of care compared to residential care, which is considered to be the last resort (Davidson and others, 2016; Newton, 2017).

Regardless of these policies, residential care is the major formal alternative care option for OVC in Africa (Islam and Fulcher, 2016). After its introduction by Western missionaries and colonial governments, residential care grew exponentially on the continent from the 1990s when it was increasingly used as a solution to the AIDS orphan crisis (Ainsworth and Thornburn, 2014). However, over the last decade, the United Nations International Children's Emergency Fund (UNICEF) and other international non-governmental organisations have been encouraging African countries to reform their childcare systems on the basis that the majority of the children living in institutions are not orphans, but in care because of poverty (Csáky, 2009; Milligan and others, 2016).

Several African countries, comprising Rwanda, Kenya, Ghana and Ethiopia, have undertaken deinstitutionalisation and family reunification programmes (The Way Forward Project, 2011). Despite the growing research on family reunification in sub-Saharan Africa, not much is known about the post-reunification experiences of children who were formerly in residential care. The existing African literature focuses mostly on the reunification of former child soldiers. This paper, therefore, adds to the existing literature by exploring how children, their

caregivers and social workers experience and perceive reunification in Ghana. Specifically, the study explores the challenges facing reunified children and their families, and factors causing the challenges.

Deinstitutionalisation and family reunification in Ghana

Nearly 16 per cent of all children live with neither of their biological parents because of poverty (30% of all Ghanaians live on less than USD\$1 a day), HIV/AIDS and repressive cultural practices (e.g. female genital mutilation), among other factors (Better Care Network and UNICEF, 2015). While the norm is for the extended families to care for vulnerable children, its gradual disintegration because of migration and poverty has resulted in several orphaned and vulnerable children being placed in alternative care, almost always an orphanage (Frimpong-Manso and Mawudoku, 2017).

In 2007, the Ghanaian government, with technical and financial support from UNICEF, initiated the Care Reform Initiative to reduce the country's dependence on orphanages for the care of children (Frimpong-Manso, 2014). This initiative was in reaction to the exponential growth of orphanages which, between 1996 and 2006, rose from 10 to 148. However, only 10 of the orphanages taking care of 4500 children had a license to operate. Furthermore, there were frequent media reports of abuse and illegal adoption of children in the orphanages.

A central component of the reform was to close the majority of the unlicensed orphanages and reintegrate the children with their biological family. As of December 2013, 1557 children had returned to their parents or extended families (Better Care Network and UNICEF, 2015). Twelve years after the reform, the experiences of reunified families are hardly known. A detailed search of the literature revealed only one quantitative study on family reunification in Ghana that compared the well-being of 157 reunified children with 204 children living in residential care (James and others, 2017). The findings of the study suggest that, although the reunified children had high levels of hope, they had difficulty accessing education, health care, nutrition and shelter due to limited follow-up services. Moreover, anecdotal evidence indicates that many reunified children are separating from their families because of the poor conditions at home (Better Care Network and UNICEF, 2015).

International literature on family reunification

A synthesis of research evidence from 14 developed countries found that 40–60 per cent of children who enter care subsequently return home to their biological families (Thoburn, 2009). While some reunifications are successful, and the children involved enjoy a stable home environment, a significant number breakdown and the children come back into care (Kimberlin and others, 2009; Murphy and Fairtlough, 2014). For example, a study undertaken in the UK found that almost 35 per cent of children who exited care re-entered within five years (Mc Grath-Lone and others, 2017).

Recent reunification studies from the developed world show that, in numerous cases, children who return home experience poor parenting, neglect and re-abuse (Biehal and others, 2015; Connell and others, 2009). Apart from the cost of rehousing children, placement instability emanating from repeated failed reunification profoundly damages children's emotional and social well-being (Wade and others, 2011). Repeated separation from primary caregivers diminishes children's ability to establish secure relationships.

In developing countries, the limited family resources and the absence of social service provision mean that reunification of children represents an additional financial strain on families (Braitstein, 2015; Johannessen and Holgersen, 2014). The economic hardship that reunification brings affect the care that reunified children receive. Several of them

experience challenges with their education, some even dropping out of school which increases the risk of child labour and marriage (Save the Children, 2004). Different studies (Freidus, 2010; Ismayilova and others, 2014; Muguwe and others, 2011; Walakira and others, 2014) have shown children returned to impoverished families suffer social isolation, stigmatisation and maltreatment. A study in Sri Lanka where children reunified with economically disempowered families experienced competition and rivalry among siblings for limited food and resources, leading to antagonism towards the reunified children (De Silva and Punchihewa, 2011).

Some studies (Freidus, 2010; Jordanwood and Monyka, 2014) reveal that reunified children also suffer from a form of reverse stigma. Because of budgetary constraints, support targets only the reunified children, which creates a dual economy in which reintegrated children fair better than other siblings. Moreover, reunified children, particularly former child soldiers and street children, struggle to get accepted when they re-join their communities because of acts committed during their separation, for instance, involvement in sex work or pregnancy out of wedlock (Khondkar and others, 2017; Muller and others, 2017; Tonheim, 2012).

Many children re-enter care after reunification since the issues that caused them to leave home initially are still there when they return. Parents and children have multiple challenges, including alcohol and drug problems, mental health problems, child behaviour problems and financial difficulties (Bellamy, 2008; Fernandez and others, 2017; Malet and others, 2010; Marcenko and others, 2011). In the developing world, pressure from NGOs and donors to reduce institutional care and achieve targets within a short timeframe has resulted in rushed reunifications without proper preparation, forcing children to go back to families who do not want them or are unready to assume parental duties (Carvalho and others, 2017; Farmer, 2014; Schrader-McMillan and Herrera, 2016; Siqueira and others, 2011).

These forced unprepared reintegration results in re-institutionalisation of children. One Romanian study found that majority of the 44 reunified children and young people reported feeling used by their families for work and money. Also, they were not able to cope with the poor living conditions in their family homes compared to care (Bejenaru and Tucker, 2017).

There is a dearth of services for reunified families (Fernandez and Lee, 2013; Stephens and others, 2017). Wrennall (2010) argues that, compared with foster families, reunified families receive less support and more surveillance post-reunification. Moreover, parents of reunified children underutilise services, even when they are offered, because they are afraid to be accused of being incapable of caring for their children (Malet and others, 2010; Stephens and others, 2017). In developing countries, follow-up support is frequently lacking as NGO programmes used in reintegrating children offer short-term solutions due to human and financial limitations (Wedge and others, 2013).

Methodology

A case study design was used for this exploratory study because it lent itself to a study of the real-life situation of a social phenomenon that has not been widely studied previously, in this case, reintegration of OVC in Ghana (Yin, 2003). It was appropriate as it enabled the researchers to delve deeper to learn how and why reunified families face challenges.

Study site

The Department of Social Welfare (DSW), the government institution in charge of care reform, does not have a central database on reunified children (e.g. numbers or locations). This information was available at the residential care facilities, but most of them had closed after reunifying the children. Therefore, the researcher collaborated with one orphanage to

identify children reunified with their families. The facility is a privately-run family-styled orphanage funded by an American faith-based organisation. Located in the capital city, it has the capacity to accommodate 30 children; between five to seven children to live in five family houses with a full-time caregiver (called mothers). The orphanage has its own school and clinic. In 2014, 21 of the children in the orphanage were reunified with their families.

Sampling and recruitment

The participants in the study were recruited using the purposive sampling technique (Patton, 2002). This sampling technique was employed for the reason that it afforded the researchers the opportunity to collect detailed information from people who were deemed to be experienced and knowledgeable about the issue being researched. To be included in the study, the child should have: (i) lived in the selected orphanage for at least one year; (ii) be less than 18 years; and (iii) have been reunified with their parents for at least six months. The first criterion was to make sure that children have an experience of living in an orphanage as well as the processes that led to their reunification. The second criterion was because children are defined in Ghana as anyone below the age of 18. The third criterion ensured that children had enough experience of life after reunification that they could share.

The orphanage did not have accurate and updated information on the reunified children, so the researcher used several sources to recruit the participants. The social workers and other staff of the orphanage were asked to assist in accessing the reunified children who met the inclusion criteria. Using an information sheet prepared by the researchers, they passed on information about the study to the selected children and their caregivers and obtained permission for the researchers to contact them. The children who were recruited passed on information about the study to other children who met the inclusion criteria. Lastly, information about the study was posted on the notice board of the orphanage.

Eight children and their caregivers took part in in-depth interviews (Table 1). The children, five boys and three girls, were aged between 12 and 16 years. Over 80 per cent of the children entered the orphanage when they were above five years. The children had been in care for an average of eight years. Three children were reunified with their parent(s), and the rest with extended family. Five of the children's caregivers lived in a rural area. The two social workers working in the orphanage were interviewed. Below is a brief description of the study participants. All names are pseudonyms:

Bernice, 14 years, was sent to live in the orphanage with two siblings by her extended family when she was four years for her mother's illness. She reunified with her parents two

Table 1: Demographic information of reunified children

| Name of child | Age | Sex, M/F | Reason for admission into care | Number of years in care (years) | Number of years reunified (years) | Educational level | Caregiver |
|---------------|-----|----------|--------------------------------|---------------------------------|-----------------------------------|------------------------------------|--------------|
| Wendy | 15 | F | Poverty | 7 | 3 | Senior High School (SHS) | Mother |
| Bernice | 14 | F | Parent's chronic illness | 9 | 2 | Completed Junior High school (JHS) | Parents |
| Moses | 16 | M | Abandoned | 6 | 2 | JHS | Aunt |
| Daniel | 14 | M | Poverty | 8 | 4 | SHS | Grandparents |
| Abigail | 13 | F | Orphan | 6 | 2 | SHS | Aunt |
| Kwame | 16 | M | Orphan | 8 | 2 | SHS | Grandmother |
| David | 12 | M | Poverty | 10 | 1 | JHS | Sister |
| Michael | 14 | M | Poverty | 6 | 2 | JHS | Parents |

years ago. Moses, a 16-year-old boy with a physical disability, has completed junior high school. He was abandoned, resulting in his placement in an orphanage when he was eight years old, but has been living with his aunt for two years. Daniel, 14-year-old senior high school student, lives with his retired grandparents after returning from the orphanage where he lived for eight years after being rescued from trafficking. Kwame, 16 years, reunified with his grandmother in a slum in the capital city. He was placed in the orphanage when he was five years old after his parents died from HIV/AIDS. He stayed in care for eight years. Wendy is 15 years and in senior high school. Her childhood was filled with severe poverty and was placed in care when she was five years old. She remained there until she was 12 years old and was reunified with her mother in a rural area. David, a 12-year-old boy, was placed in the orphanage because his parents were facing severe financial difficulties that impaired their ability to provide their needs. He was reunified with his sister two years after both his parents died while he was in care. Michael, 14 years, is currently waiting to enter senior high school. He came home after six years in the orphanage after being placed in care when he was six years old owing to poverty. Abigail, 13 years, is a junior high school student who lives with an aunt after she came back from the orphanage two years ago. When she was two years old, her uncle placed her in the orphanage after her parents died in a motor accident.

Ethical considerations

Ethical approval for the study was obtained from the Research Ethics Committee at the University of Ghana. Participant confidentiality and privacy was assured by removing the identifying information and anonymising data using pseudonyms. They were informed of the limits to the confidentiality principle in the study. Where information given by a participant suggested that they or another person might be at risk, the researcher gave such information to the appropriate authorities (Wiles and others, 2008).

Ample information about the study was made accessible to each participant at the start of their interview before they gave their written consent to take part in the study. Apart from getting consent from their parents to take part in the study, the assent of the children was also sought (Waligora and others, 2014). Gaining consent or assent was an ongoing process, as they were informed they could withdraw from the interview at any stage or refuse to any answer questions they did not want to without any consequences.

The participants had the chance to ask any question pertaining to the research and their potential involvement in it. The interviews took place in a convenient location that was chosen by the participants. The researcher was careful not to disrupt or harm any existing social relationships between the participants and other people they were living with or those working in the orphanage. As recommended by Kaiser (2009), this was ensured by keeping all information confidential and avoiding accidental disclosure.

The interviewer ceased a line of questioning or terminated the interview when the participant appeared to be upset or distressed discussing sensitive issues, such as domestic abuse (Dempsey and others, 2016). At the end of the interviews, there were consultations with the participants on difficult issues to help them de-stress and release negative feelings resulting from the interview. Participants who needed further assistance were given the numbers of University of Ghana Careers and Counselling Centre to obtain counselling services.

Data collection and analysis

Data were collected using semi-structured interviews between May and July 2017. An interview schedule was used to ask participants questions about their time in the orphanage, the reunification process, the challenges and needs after reunification, factors contributing to

their challenges, and coping mechanisms to deal with challenges. To enable the children to express themselves freely without interference from their caregivers, they were interviewed separately from their parents, in locations such as their school or a friend's house.

The interviews with the social worker took place in their offices and those with the children's caregivers in their homes. All the interviews were undertaken by the principal investigator, in English, and audio recorded with permission of the interviewees. The interviews were transcribed word for word and cleaned for mistakes and identifiable words. Braun and Clarke's (2006) six-stage thematic analysis was used in analysing the textual data from the transcripts and field notes. The analysis process involved the researchers familiarising with the data through several readings, generating initial codes, searching for themes, reviewing the identified themes, defining, and naming the themes and writing the findings. The employment of investigator triangulation and member checking enhanced the credibility and rigour of the findings (Lincoln and Guba, 1985).

Findings

The participants identified several difficulties impeding the children's successful reintegration into their families and communities, which included educational challenges, poor living conditions, loss of relationships, and stigma and discrimination. These challenges were caused by the financial difficulties, lack of support and participation in decisions, and limited preparation.

Educational challenges

In the accounts of all the participants, education-related issues were the greatest challenge facing the children and their families after the reunification. Of the eight children, only two were attending school regularly. Two children had finished Junior High School (JHS), but were at home, while four others were regularly absent or late for classes since they did not have books, uniforms, transportation and other school-related items. Abigail noted: 'I have challenges with school. When I am going to school, I am not given pocket money or provisions like I used to in the orphanage. So I often go hungry at school'.

Apart from one caregiver, the others mentioned that the financial constraints they were facing were threatening their children's education. They indicated that all the children's school-related costs came out of their limited finances. Michael's father, a low-income farmer who was taking care of five other children, described the challenges he was experiencing providing for his school needs:

His education is a big problem for me. There is no help from anywhere. Where he attends school is far, so a car needs to take him to school. His transportation costs are draining me financially. I bear the cost alone, and I am not doing any proper work. It's just the farming.

Bernice's parent had this to say:

Bernice has finished JHS almost a year now. We are struggling to send her to the senior high school. Her junior sister also finished JHS last month. There is no money. When they were leaving the orphanage, we were told that the white people would help them continue when with their education, but no help has come.

Due to their caregivers' limited resources, several of the children were working to obtain the resources needed for school. Engaging in these jobs was, however, disrupting their studies. Kwame had stopped schooling and was working long hours at a tomato factory to support the family's income due to his sick grandmother's inability to work. David, Michael and Moses reported that they did not have enough time to study or were often late for school as they helped their parents with their work, before or after school. David shared his

experiences: 'I have to go and help the man who spines flour mixing machines before I get some money for school. Most times I am late for school and the teachers punish me'.

All the children in the study expressed a strong desire to go to school because they knew it was vital to their future. Bernice explained that going to school was important to her as it was the only way she was going to become 'somebody' in future. Like the other children, she was worried that, without support from the orphanage, she was staring at bleak a future. Almost in tears, she explained that:

What I want is to go to school because it will make life easier and I will achieve something. I have contacted the orphanage on several occasions, but nothing has been done to help me go back to school. Without their help, I won't be able to go any time soon.

Furthermore, some children were having difficulty adjusting to their new schools. For Wendy and Abigail, this challenge related to finding an appropriate school in the rural areas where they were currently living. David was having problems with the curriculum in his school and had been taken to a class lower than his age. This was because the orphanage followed a curriculum that was different from the one used in the mainstream schools:

I had a problem with their system of education. The school in the orphanage I heard was different from the normal schools here. When I wanted to send him back to school after he came home, it was not easy. His academic level was not good. When he was tested on mathematics and English it was not encouraging, so I brought him to JHS instead of SHS.

(David's Sister)

The children were living like they were in America. Even the academic programme that they were running was from the US. It was a video home school programme they were using to prepare them for SAT [American College exams]. They are not doing well in school now because it is a big transition. They do not know the syllabus.

(Social worker)

Poor living conditions

The living conditions of five of the children were inadequate. They lacked basic amenities (e.g. electricity and pipe-borne water), and struggled to get food, clothing and other basic needs. They had difficulties adjusting to these conditions as they were used to having these things readily available in the orphanage. The children indicated that, when they compared their current living conditions with their privileged life in the orphanage, they wished they were still in the orphanage. Wendy indicated: 'I wish I had not left the orphanage. I did not struggle to eat, wear a new dress or shoes, but now I struggle even before I eat'. A sample response from the caregivers was:

...We sleep with all the children in the same room. It is not a good situation at all. If I had some help to buy some cement and blocks I would expand the house and get an additional room for the children.

(Michael's Father)

Four of the children attributed the hardships they were facing to the reluctance of their caregivers to contribute financially to their needs. Abigail said: 'My aunt pretends not to have money even though she has. She does not buy anything I ask her'.

On the contrary, the caregivers interviewed felt they were doing their best to take care of the children. They expressed concerns about how they were struggling to provide for the needs of the reunified children under their care. Moses's aunt stated: 'It is burdensome caring for Moses because of my meagre income. I am doing my best, but I am really struggling, and I don't think I can do it for long'. Kwame's grandmother shared a similar sentiment:

Ever since my grandson came from home, I have faced challenges taking care of him. The problem is that I am not working. I was hoping that I will get help to take care of him. However, there is no one to help me. Kwame goes to the orphanage to help in the kitchen before he gets something to eat.

The social workers confirmed the caregivers' accounts of their economic difficulties and lack of support. According to them, several families initially refused to take back the children because of the extra financial responsibility that this would bring. According to the social workers, the caregivers agreed to accept the children only after the orphanage promised them financial support to help them take care of the children. The support, a monthly stipend, stopped, however, a few months after the reunification. One of the social workers noted:

We realised from our assessments that the many of the families of the children had financial difficulties. Based on that, we were against reintegrating the children, but DSW insisted that we should let them go and provide them with support. However, all they received was a small discharge package from UNICEF, which included cooking utensils, buckets, blankets and mats and something to keep them going for a short while.

The social workers explained that financial and human resource constraints hindered their ability to provide aftercare support to the reunified families. The orphanages did not receive any resources from the DSW to provide support for the reunified families. The orphanage depended on funds from donors, but this was not always forthcoming. In addition, the orphanage had only two social workers, making monitoring of the reunified children difficult:

We have donors who helped the orphanage take care of the children. After we sent the children home, we wanted the donors to continue helping the children. Unfortunately, the donors made us aware that they will only support the children if they are in the orphanage. So, the moment the children went to their parents, they withdrew their support.

(Social worker)

Loss of relationships

Another challenge the children spoke about was the loss of relationships they had formed in the orphanage. After a long stay in the orphanage, the children had created relationships and attachments with the staff and other children. They saw the absence of these relationships as a loss to them, especially as they were unable to maintain contact with these people after their reunification. Wendy, for instance, said: 'My family is the people in the orphanage since I stayed there for a long time. They know me, and I understand them', while Moses said: 'I really want to be with my brother. He was taken to a different home when we left the orphanage and I came to stay here. I miss him so much'. Their feelings of loss were also tied to material benefits provided by the adults in the orphanage. Michael stated it most poignantly when asked why he missed his caregivers in the orphanage:

...the mothers were good people. They gave us all we needed. We had everything like shoes, books and gifts. We were very happy over there and I cried a lot when I was leaving. If am asked to go back, I will, because it is better there.

The children's sense of loss was compounded by their feelings of powerlessness and lack of control regarding the reunification process. From the accounts of the children, their inability to participate in decisions regarding reunification made the process very difficult. They had insufficient time to prepare for the reunification, including rebuilding relationships with family members from whom they had been separated for a long time:

The madam at the orphanage said we had to come home to our parents. No one asked me if I wanted to come and live with my parents or stay in the orphanage. They just asked me to pack my things and the social worker brought me home.

(Wendy)

They informed us that we had to go back to our families. We were not told why or asked whether we would like to go home. They gave us about two weeks to leave. I did not want to go because I did not know my aunt, but Uncle D [social worker] told me I had to go.

(David)

During the interviews with Abigail and Kwame, they explained that they did not want to come home because they resented their family members as they allowed them to be placed in the orphanage and did not visit while they were there. Therefore, they kept their distance and avoided their relatives, even though they were living with them. Kwame stated: 'I am angry with them [grandparents]. They never looked for me even though they knew where I was. They try to be nice, but I don't want it'. Abigail noted: 'I can't be friends with someone who did not want to care for me when my parents died. It feels like I am living with a stranger not a relative'.

Stigma and discrimination

Six children noted experiences of stigma and discrimination in their daily lives within their families and communities. Neighbours and other community members gave them strange looks and called their names relating to their past. For instance, Kwame, whose parents died of HIV/AIDS, mentioned that: 'People insult me with my parents' death and my past experiences every time. It makes me very sad'. Bernice reported: 'The kids here wear nice clothes and we don't, so they don't want to be friends with us. They feel embarrassed that people would see them walking with us'.

The children mentioned that they did not always feel they had a place or were welcomed in their new homes. The children reported that their siblings doubted their relationship with them since they had not been part of their family for many years. They were told to 'go back to their family' (referring to the orphanage) when they quarrelled with their caregivers or their children:

Nobody has been friendly to me since I came back home. My siblings behave as if am not part of the family. I do all the work in the house. My sister just finished JHS; my father has taken her to SHS. I finished JHS last year, but am still in the house. I feel like am not part of the family.

(Daniel)

Kwame also mentioned:

It hurts that my father blamed me for agreeing to come home, even though he had not seen me for years. I felt he would be so happy to see me, since the last time he saw me was more than 7 years ago. He did show an interest in my return.

Three children, all living with extended family members, mentioned that they were treated differently from their caregivers' own children. They were received warmly, but things changed and life became difficult when the support from the orphanage stopped. They complained that they were shouted at, punished or insulted for the least fault, especially when their caregivers had to provide something they needed. David reported that:

Almost all the people in my neighbourhood know that my aunt is not my real mother because she treats me differently from the other children in the house. She complains so much anytime she has to get me something I need.

Moses also reported that:

My aunt expected the orphanage's support will always come. When it stopped, she started shouting that I should find my own food. I cry most of the time because I feel lonely and helpless.

Discussion

This study was undertaken to ascertain the challenges facing children after reunification and the factors causing these challenges. The children in the study suggested diverse ways in which family reunification made them vulnerable to socioeconomic challenges, including limited access to education, poor living conditions and discrimination. To cope with their challenges, several of the children in the study had to work to support themselves, exposing them to situations in which their labour could be exploited. These findings are consistent with those from Ghana and other developing countries (Bejenaru and Tucker, 2017; Corcoran and Wakia, 2016; Gjermeni and others, 2008; James and others, 2017; Kuehr, 2015). The challenges the children in the study are experiencing with education could increase their risk of reinstitutionalisation given that access to education is a primary reason children enter care in the developing countries (Dozier and others, 2012). Emond (2009) explains that, in the developing countries, families in poverty have a positive inclination for residential care because of the educational opportunities they provide, especially as education has been promoted by governments and NGOs as the main route for a better future for their children and themselves.

The children in the study experienced the move out of the orphanage as a form of loss. They lost family-like relationships that they had formed in the orphanage, which they found difficult replacing after their reunification. According to the findings, the children's relationships with families tended to weaken as a result of the loss of regular contact with parents during the prolonged stay in the orphanage. The lack of family coexistence and emotional connection made the birth families resistant to the reunification, taking an attitude of 'you left, why are you coming back now?', leading to the children feeling isolated and rejected. The children's stigma was compounded by the condescending looks and unfriendliness they experienced from peers and other people in their communities. These findings are consistent with those from other studies (Guntzberger, 2013; Save the Children, 2004). The children's experiences of stigma and resulting discrimination and rejection could have a detrimental impact on their self-esteem, identity, and sense of belonging.

The findings show that poverty was the major factor contributing to the challenges the reunified families were experiencing. It seems that, although most of the children were in the orphanage as a result of poverty, minimal reunification was directed at strengthening the household economy due to the lack of funds and social workers' challenging workloads. The lack of sustainable livelihoods adversely affected the well-being of the reunified children, including the lack of basic needs and maltreatment from financially stressed relatives.

From the findings of the study, it appears the preparation of the children and their families for the reunification was inadequate. This is characterised, for instance, by the children's inability to cope with the living conditions within their new homes compared to the orphanage or the child and family adjusting to each other. These findings are similar to other studies carried out in Ghana (Frimpong-Manso, 2012; Manful and others, 2015) which also found that children and young people who leave residential care find it difficult to cope with life in the wider society.

The study contributes to the literature on childhood agency and participation in family reunification. Article 12 of the UNCRC establishes children's right to voice their opinion and participate in decisions affecting them (UN General Assembly, 1989). Evidence suggests that

involving a child's wishes in decisions about their reunification after out-of-home care placement enhance their motivation, cooperation and faith in the future (Minkhorst and others, 2014). However, evidence from the study shows that the social workers failed to consider the children's wishes during their reunification, consistent with the findings of other studies (Balsells and others, 2017; Mahuntse, 2015; Mateos and others, 2016). When referring to their experiences of the reunification, the children used words such as 'us' and 'we', suggesting that they were treated in the same way in the reunification process. The children's inability to participate in decisions contributed to their unpreparedness for the reunification and community integration.

Recommendations of the study

There is a heavy reliance on studies from the developed world in the literature reviewed for the study. While this is a limitation given the differences in context between the developing and developed world (e.g. the reason for placement), it suggests a gap in the literature which this study is attempting to address. Another limitation of this study was that it was based on a small sample from just one orphanage. As such, its findings cannot be generalised to represent the experiences of all reunified children in Ghana. However, the study offers some recommendations that can be used to improve the reunification in Ghana as well as other similar contexts. First, residential care facilities should focus on preparing the family and community before reunification so that they can provide good quality and sustained care for children. Social workers should develop an exit plan for each child reunifying with their families.

Having an individualised plan can help ensure that children actively participate in the case-planning process and their needs and wishes are addressed before their reunification. The children should have supervised trial visits to their parents' home before permanently reunifying. These visits would offer the child the opportunity to gradually adjust to the conditions at home and rebuild relationships with family and community members after lengthy periods of time in the orphanage. Educational campaigns by DSW through the media and traditional leaders (e.g. queen-mothers) should be used to explain to relatives and community members the benefits that children accrue from living within their families and communities.

Second, the findings of the study have shown that reintegration can exacerbate familial poverty, which affects the care of the children, especially with regard to their education and living conditions. Therefore, dealing with poverty should be a central part of the preparation of families for reunification. Social workers should link the reunified families to the Livelihood Empowerment against Poverty programme, so they can get cash transfers to help them pay for the child's school-related costs and living expenses. Measures to provide economic strengthening by assisting the families to start income generating activities (e.g. agricultural training, savings groups) must be encouraged since this is a more sustainable approach. Increasing the family's incomes and material assets builds the household's resiliency (Chaffin and Kalyanpur, 2014). Social workers working with reunified families should undertake continuous follow-up visits, for at least two years, to monitor the children's progress. Third, an area of further research could be a longitudinal study that assesses the well-being and functioning of reunified children over a longer period of time.

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