

HABILITATION RESOURCES IN FAMILIES WITH HEARING IMPAIRED CHILDREN: SUBSTITUTION AND COMPLEMENTATION OF SHORTAGE SERVICES (REPUBLIC OF MOLDOVA)¹

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Abstract

Habilitation of children with hearing impairment is becoming an integral part of the education system in Republic of Moldova, which remains one of the poorest countries in Europe. The research data presented in this article show that accessibility to education for children with disabilities is full of contradictions. The research focuses on the ongoing reform of special education and assesses the adaptation of democratic values in education from the perspective of habilitation. The families involved in this research were low income full families who had a school age children with hearing impairment, lived in an urban environment of the big city and experienced shortage of services for their children. The assumption was taken, that in search for solution these families tend to compensate for the lack of services by self-creating the resources of habilitation. Results of the qualitative research highlighted two problems: social and economic. The essence of these problems – management of social stigmatization through realization of habilitation resources as a mean to compensate and replenish the lack of services. Research data also revealed the necessity of further construction and conceptualisation of habilitation resources.

KEY WORDS: habilitation resources, families of children with hearing impairment, special education, shortage of services.

Anotacija

Vaikų, turinčių klausos sutrikimų, abilitacija tampa svarbia integralios ugdymo sistemos kūrimo Moldovoje, vienoje skurdžiausių šalių Europoje, dalimi. Straipsnyje pristatomas tyrimas atskleidžia, kad ugdymo negalę turintiems vaikams prieinamumas yra labai prieštaringas. Šis tyrimas atskleidžia specialiojo ugdymo reformos procesą ir įvertina demokratiškas vertybių įgyvendinimą ugdymo procese abilitacijos koncepcijos perspektyvoje. Tyrime dalyvavo dideliame mieste gyvenančios šeimos, turinčios vaikų, kurių klausos sutrikusi, jos disponuoja nedidelėmis pajamomis ir tai riboja profesionalios pagalbos prieinamumo galimybes. Ieškodama išėjimo šeima pagalbos trūkumą kompensuoja pati kurdama abilitacijos išteklius. Atlikto kokybinio tyrimo rezultatai atskleidė dvi problemas: socialinę ir ekonominę. Šių problemų esmė – socialinės stigmatizacijos valdymas per abilitacijos išteklių koncepcijos, kaip paslaugų trūkumo, kompensavimo ir papildymo realizavimo priemonių. Tyrimo rezultatai atskleidė ir tolesnio abilitacijos išteklių turinio konstravimo bei konceptualizavimo būtinybę. PAGRINDINIAI ŽODŽIAI: abilitacijos ištekliai, šeima su klausos sutrikimų turinčiais vaikais, specialioji pedagogika, paslaugų trūkumas.

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Introduction

Habilitation of children with hearing impairment is becoming an integral part of an implementation of a new reforms toward inclusion in education in Republic of Moldova (Resolution, 2011). Statistically, within the period from 1997–2015, the total number of special schools was decreased from 46 (1997) till 17 (2015), the number of learners in them went down in 6 times from 6500 (1997) to 1033 (2015). In 2013–2014 about 1807 children with impairments were trained in 23 special schools; in 2015 – 1033 (in 17 special schools) and 4495 of these children were going to mainstream schools (Statistics, 2016; Statistics, 2015; UN Molova, 2013–2017). However, behind the statistics, is a process of implementation of inclusion itself. Ongoing research is reporting that access to mainstream education for children with disabilities is full of contradictions and is marked by resistance to inclusion (in active and passive forms) from low income families especially (Kalinnikova Magnusson, 2017), differently affecting families and their children with disabilities in rural and urban areas.

Despite that, the most common volume of research within habilitation focuses on pedagogical and psychological aspects of teaching / learning settings of these children in special and mainstream educational institutions (Racu, Popovici, Danii & Racu, 2010). Research in families of children with disabilities is rather modest, but is slowly growing. Recently, scientists turned their interests to issues of education and upbringing children with different forms of impairments in ‘out-of-school’ conditions (Bukun & Antsibor, 2012), where families became a center of focus (Oleresku, 2012). Researchers began to investigate the family institution from different perspectives, analysing family functions, family roles toward child’ rights, etc. In this current turn of research interests to the family, a new social and political reality falls out of consideration, the most significant challenge such as a systemic societal „transition” frame to the market liberal society, is not met and analysed. Contextual conditions of transition are indicated by economical polarization among people and appearance of new groups of poor (such as ‘working poor’), affecting families with children as a whole. Families with children with disabilities need to take care of their children in the context, where social infrastructure for their children has ideologically proven roots as being the most effective one for upbringing citizens in closed institutions (internats) (The Law, 1958). Nowadays, The Republic of Moldova remains as emerging and one of the poorest countries in Europe (Poverty Report, 2012). The interest in this study was caused by the process of reforming of the Soviet system of special education and the adaptation of democratic values in education at the current moment of the process of transition of the Republic of Moldova to a liberal market (2012–2015).

The conceptual frame of habilitation with its meaning of ‘normalization’ of life of those who get various forms of impairments addressed to environmental factors such as: ‘access to assistive devices, personal assistants and school bus transportation, access to specially adapted teaching material’ (Brodin & Lindstrand, 2007, p. 133), is a rather new philosophy for Moldavian special education area (scientifically and practically) (Puiu, 2008; Racu, 2006). Focusing on “life long span” perspective, habilitation is seen as a process of creating “normal life conditions” around persons with impairment, as if they could have been not impaired is the opposite one to the institutionalized intervention (Nirje, 1977; Grunewald, 2015). Habilitation is multidisciplinary theory and practice.

The focus of this study was to analyze habilitation resources in low income families with hearing impaired children. It is a well-known fact that families with children with disabilities have a long-term responsibility for them meeting different types of children’s needs, which cannot be satisfied because of different reasons (undeveloped social infrastructure, shortage/ absence services locally or centrally, lack of assistive technologies, etc.). The undertaken research aimed to investigate: what does a family, being affected by poverty, perform to satisfy impaired children’s needs, responding to the challenge addressed to them? What type of resources do they activate or develop, substituting shortage of necessary services for the impaired child? Study questions were built on the assumption that families with a hearing impaired child in the situation of extremely limited opportunities to get professional / social assistance to their child and low family income, will seek to fill these ‘gaps’, replacing / substituting them through the development of particular habilitation resources in their family. The families involved in this research were ‘low income full families’, had school age children with hearing impairment, lived in urban environment of the big city and experienced shortage services for their children.

1. “Normal life conditions” around hearing impaired children

The most accessible data, which can bear witness to institutional changes for children with hearing impairments in the Republic of Moldova today – comes through the system of education. ‘Normal conditions’ of social life for these children were organized around closed institutions during Soviet time. Since understanding of disability had ideological roots and was imbedded into evaluation of the “child ability” to become a worker for needs of industrialization, all children with disabilities, including children with hearing problems, were organized to be trained in special institutions, the dominant part of which had educational internat platform (Kalinnikova & Trygged, 2014). In these institutions children lived under

full state responsibility, their everyday needs and leisure activities were guaranteed and satisfied (indirect economic benefit to the family) (Kalinnikova Magnusson, 2017). Family / parents because of the same reason (work for the aim of industrialization) were liberated from child responsibility. This system was established as a class served system, where children of workers and peasants were prioritized to get access to services, since the number of positions for accommodation of children in special school / internat was constantly limited. It also means that there were a lot of children from low income families in these institutions.

The infrastructural location of these institutions was far away from children’s families, often in small provincial towns and one school-internat within the function for the whole Soviet Republic (special school-internat of Republic significance: *shkola internat republikanskogo znacheniya*). Families often tried to ‘track’ better life conditions for their children even at that time, especially if family lived close to the school/internat, ‘habilitating’ them by available family resources (for example, grandparents support). These initiatives mostly had an individual form. The described frequency and infrastructure of institutional location is testifying more to the volume of discrimination the right of these children and their families “to have normal social life”, but it was Soviet ‘norm of social life’ for them, which Moldova needed to re-create transiting to inclusion.

Table 1. Statistics of a number of hearing impaired children in educational institutions in Republic of Moldova (Statistical Year Book of Moldova, 2014)

Number of children	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
deaf	40	33	135	97	88	84	71	74
hearing problems	385	362	247	249	252	236	221	200
Number of schools	7							3

The data in the table1 are showing different trends of statistical dynamics among hearing impaired children (deaf and hearing problems) and have to be analyzed more carefully. The evident trend of changes is that the total number of children recognized as ‘deaf’ and with ‘hearing problems’ was decreased. For the group of ‘deaf’ children, this process has a more complicated tendency, which is rather unclear for interpretation. Around the year of economic crises of 2008

the number of deaf children in educational institutions was rising in more than 3 times (2007–2008). It is rather meaningless to interpret this ‘wave’ from medical reasons, since deafness has a clear clinical identity as hearing system disorder. The proportion of hearing impaired children among other groups of disability and among general child population is a ‘constant variable’ over the world. Within 2007–2008 and some years upwards, the system of special education represented itself within the same institutional frame as in Soviet time, but functioning in a new ideological context, adopting inclusion and habilitation as a new social norm². Economic crises ‘returned’ some of these children back to special school-internat, and some other children, whose families didn’t have enough resources to satisfy their everyday basic needs. This trend is likely marking the *pattern* of the “indirect economic benefit” from the state to support low income families in these extreme economic stagnation years. Children from these families could be accommodated in such schools temporary (just because of the available positions for that); these children usually didn’t have any type of disability.

Within the period of project realization, there were 16 000 children with disabilities in Moldova (totally, with all types of disabilities). Inclusive processes in education resulted in oppositional extremes: from one side, the new experimental types of educational institutions as alternative forms for children with disabilities have appeared and the first children with disabilities were graduated compulsory education in mainstream schools (39 – in 2012 and 77 – in 2013) (The Third Millennium, 2013). From another side, these children got into circumstances of significant social and economic insecurity. A process of adaptation of the ‘new social norm’ was going on in the context of high poverty among Moldavian children: the general percent of poor children was 85%, about 28.2% children lived below poverty rate (UN, 2013; Poverty Report, 2012). The process of closing special schools for hearing impaired children was going on, in 2013 the special school-internat of Republic significance (*shkola internat respublikanskogo znacheniya*) was closed. Still there were functioning 3 schools (2 of which were located in rural areas) and 1 kindergarten. The transition of these children to mainstream education met a number of social and economic barriers, which became a hard burden for both: for the society and the families. The most argued of them are professional and public attitudes to inclusion for children with hearing impairments and their families, access to transport mobility and sign language communication accompanying, etc.

² In Moldova, from 1997 till 2008 the number of special school-internats wasn’t diminished significantly: from 46 till 38 accordingly. At the same period more than 2500 children with different disabilities were replaced to mainstream education.

2. Habilitation resources: theoretical implications

“Habilitation resources” in families with children with disabilities, is a many dimensional concept, which has its implications from different subjects and methodological approaches, studying these families. The mainstream line of all of these studies, enlightened by interdisciplinary research foundations and applying that these families, meeting ‘impaired child situation’, develop their own ‘way of life’/ ‘life style’ targeting ‘normalization of life’ for their children in the society (Powers, 1993; Barakat & Linney, 1992; Antonovsky, 1979). Family life of these children has its daily engagement, intentionality and influence on the family situation as a whole. Emotional, cognitive and behavioral components of family life are determined by a number of subjective and objective conditions, where cultural, social-psychological and social-economic factors set family life context (Obuhova & Shagraeva, 1999). From this conceptual frame, habilitation resources in families of children with disabilities could be understood through a number of strategies, which parents develop to cope with emotional, physical and economic ‘costs’, providing ‘normal life conditions’ for their impaired children, such as: building new skills, collecting new experience and knowledge responding to child needs, etc. (Sheeran, Marvin & Pianta, 1997)

Sociological theories of human capital and its forms, introduce another set of meanings of habilitation resources. In these theories family resources are constructed out of different forms of capital: cultural, social, financial, human etc. ‘Family life’ is seen from the developmental perspective of building ‘blocks’ out of different forms of family capital (Belcher, Peckuonis & Deforge, 2011). In families with children with disabilities, resources are structured and formed individually in conditions of insufficiency and limitation of certain blocks of family capital. It is acknowledged that children with disabilities bring certain instability and economic burdens to family functioning. The necessity of taking care of the child, when societal resources are limited or absent, everyday caregiving and responsibilities affect the individual family member opportunities (further on education, get job, etc.). Social capital becomes a crucial source for low income families (Miller, Buys & Woodbridge, 2012). Habilitation family resources from sociological theories mean family intentionality to influence the habilitation process, strengthening / building different forms of family capital.

The most common value of building habilitation resources associates with the care capital of a family. Care capital is linked out of social capital and defined as “a nexus of available, accessible, and experienced resources for child care” in the form of ‘child care arrangements’ (Loft, Hogan, 2014, p. 238). ‘Care capital’ is family ‘informal’ and ‘formal’ connections with various social networks: relati-

ves, friends, neighbors, groups etc. Family positive functioning is significantly influenced by these connections (Chou & Kröder, 2013). Research findings remain that families seek to combine different forms of care capital undertaking ‘child care arrangements’ to cover parental expectations regarding the child situation and family life. For families with children with disabilities, these connections extend family borders, bonding (close and frequent contacts) and bridging (connection with groups) family habilitation resources. From the framework of care capital, family habilitation resources defined as a set of arrangements toward impaired child needs, which a child cannot receive due to shortage appropriate services.

Substitution of shortage services by building habilitation resources in low income families with hearing impaired children takes its meaning out of the impossibility to ‘satisfy child needs’ by the prevailing welfare regime. Shortage services signify an existing ‘gap’ between the needs of a child with hearing impairment and adequate services for their satisfaction. Families develop habilitation resources to assist their children and substitute shortage services.

3. Methodology

Design of the study. This study was a part of a larger project, where human resources in poverty and disability were investigated from a family perspective in the Republic of Moldova and Ukraine during 2012–2014. There were five ‘low income full families’ involved in this sub-project and all of them had a school age child (three pupils were from the fourth class form and two pupils – from the sixth class form). All children had two-sided deafness with a developmental delay accompanying it. Children were recommended education in a special school for children with hearing problems and they visited this school. Families lived in an urban environment of the Chisinau city and experienced shortage services for their children.

Participants of the study were randomized as a ‘purposive sampling’ with the key characteristics: families recognized as low income families; common clinical picture of the child’s hearing system impairment; children visiting the same special school and had similar age; families lived in the big city and were ‘full families’ (with both parents), etc. The total income in each family was about 4000 lei³, which corresponded to 340 \$; average income for one family member was 1100 lei (about 100 \$), that in 4.5 times less of average income per person in Chisinau. The level of unemployment in these families was higher than the medium one in families in Chisinau (Table 2). Mothers didn’t work, except in Family4 (both of parents were deaf and employed). Fathers were employed in all families, but their

³ Original currency in Moldova.

employment was characterized as being ‘low-skilled labor’ and so low paid for: shoemaker, driver, plumber, one-time work. Just in two families the average of the earnings reached 100 \$ a month.

Table 2. Family structure and employment

Families participated in research	Family members	Number of children		Employment of the parents	
		totally	deaf	Employed	unemployed
Family 1	3	1	1	Father	mother
Family 2	4	2	1	Father	mother
Family 3	5	3	1	Father	mother
Family 4 Deaf parents	4	2	2	father mother	–
Family 5	3	1	1	Father	mother

Method. This study had an integrative qualitative approach, through which various data were collected. Phenomenological Husserl’ ‘Life world’ research theory was the core line of the study process. Families with impaired child, overcoming the child ‘diagnose event’, develop their family life being under this influence (Isenina, 1996). ‘Life world’ methodology approach has its particular value, when research aims to understand family life ‘existence’ with the impaired child, to understand family experience of child’ habilitation process. The application of this approach intended to open up the ‘life world’ experience of these families as a valuable experience for ‘others’ and to reach its intentionality in the form of family descriptions/narrative as it is in its own perception and vision of their life. Research methodology had its implications to create conditions of high therapeutic value, when everything what parents were narrating was met and listened (Moor, Beazly, Maelzer, 1998; Walmsley, 2001). The procedure of recording the receiving narrative, stressed the value of its preservation, became a central in the relationship between the researcher and the ‘bearer of experience’. The voice of the parents became important and expected. Such a research model empowers the “bearer of experience” by strengthening and releasing their inner voice, carrying out positive therapeutic outputs.

Phenomenological semi structured interviews were organized as a part of three meetings with both of the parents in school conditions and were conducted with each family individually. The duration of each meeting was about one hour, totally, meetings with families and including interviews with them continued about four hours for each family. Interviews were recorded and transcribed into the text, then – analyzed through the ‘in lineal’ process of interpretation and understanding essential meanings of the habilitation experience of families with hearing impaired child. The empirical phenomenological analysis was based on G. Karlsson’ (1993)

model (five steps of analysis). Research ethics was determined by the basic principles of openness to the family individual experience through listening, confidentiality, trust and anonymity. A codification system for collected findings was created.

4. Findings

From the data analysis, two themes were emerged: ‘social-economic assistance: dignity in poverty’ and ‘building multi modal family-competence’ (Table 3). The particular meaning of ‘habilitation resources’, which families were developing experiencing shortage services for their children corresponded to the main idea of the concept of ‘normalization’:

F1: “...we understand that our child will never be the same like ordinary children are... but we want that our child will learn how to leave among ‘normal’ people... and ‘normal’ people will accept our child as he is...”

Table 3. Themes and meaning of habilitation resources in families with hearing impaired child

Theme	Sub themes	Meanings
Social-economic assistance: dignity in poverty	Parental child assistance	Parental protection of the child’s rights; Monitoring the necessary for child development professional support; Squeezing and mobilizing ‘fancies’ for ‘child impairment’ expenses
	Family members as child assistants	Mother’s full availability for the child; Father’s involvement; Relatives as assistants
Building multi modal family-competence	Education	Informal and formal education within the ‘hearing’ impairment area; Management of approbation and usage of hearing prosthesis/aids; Sign language and spoken communication competence;
	Social inclusion	Conditions for social inclusion of the child

Social-economic assistance: dignity in poverty. ‘Parental child assistance’ and ‘Family members as child assistants’ were key sub-themes which described shortage social assistance and families’ experiences of its substitution.

‘Parental child assistance’. *Parental protection* of the child’s rights on his/her life is one of the parental actions and built resource. Families have collected various experiences of fighting against wide spectrum of violation of their children’

rights: from the right to be grown up in the family till the right to be accessed by the adequate to hearing impairments assistive technologies.

F5: "... when she was 2 years old and experts found that she is deaf, surdologist suggested us to refuse the daughter in favor of children's home/orphanage... we were shocked by this recommendation and just strengthened our fight for the child..."

F3: "... we got hearing prostheses / aids from humanitarian fund for free, but it was very bad quality and was impossible to use for the child... we didn't have money to buy new hearing aid ourselves, the price of the aids was about 60000 lei, we didn't have that volume of money, we decided that we will fight for the child right to have this assistive technology and we applied to the court... it was long and difficult process of proceeding, but we won... the policlinic, by the court decision, was obliged 'to pay damages'... the daughter got adequate hearing prostheses, but very late, one year before to start the school education..."

Monitoring the necessary professional support for child development. The main service, by which children were regularly supported, was a special school for children with hearing impairments. Parents were grateful to school teachers and surdologists for the work they do for their children. At the same time parents aware that school experience was rather limited for their children and that children needed more varietal settings for their development, such as: dancing, physical training, painting, electronic devises, general health therapy etc. These developmental settings were not 'freely accessible', parents needed to pay for them, but families didn't have financial resources for that. *Monitoring* also meant that parents looked for 'additional devises' and experts for developing child personality and supporting functionality of the child' hearing system:

F5: "...our daughter aware that she has 'disability' that she doesn't hear well, so she clamps and is shy... she negatively reacts on the inadequate behavior of others and can't understand such a behavior...she needs support from psychologist and she needs general health support therapy..."

Families indicated their responsibility for the situation of the child development and 'opened up' their own resources:

F3: "...we began to paint... my husband, I myself, our children... we would like to develop her creativity... she is painting already... now she is interested in sewing, and I plan to teach her how to do that..."

F1: "...at home we play in chess and father teaches our son how to use computer... we do our best... our child has everything what he needs... we are trying to do everything what we can for him..."

Squeezing and mobilizing 'fancies' for 'child impairment' expenses. Parental realization of the child's needs met extremely strong financial burdens and instability in their families. Reallocation of the family economic capital into the child "impairment" perspective squeezed family life conditions till the level of the everyday fight for the satisfaction of the basic family needs:

F1: "...but we can't afford something 'extra'... we don't have enough incomes... nothing supernumerary... we deny ourselves... the most complicated is to pay communal expenses in winter time... we try to be economic and to do everything for the child..."

F2: "...our expenses for the child are higher than the income we get, the living wages not full filled...the one time help, which we can get from the social insurance is 'barricaded' by bureaucratic barriers, that it became unobtainable for us... this help is useless... two hundred lei we got once – but what can we buy for these money?... we 'squeeze' and 'get out' ourselves..."

F4: "...we are extremely economic... we are surviving, hardly make ends meet... we are not the only, who live similar... there are no external assistance to make our life better..."

F5: "...our monthly family income is three thousands five hundred lei (two hundred fifty US\$), we can't afford appropriate conditions for child development... state assistance is very low, disability pension is two hundred sixty lei, we don't get any other material support..."

Striving for "normalization" of the child's life, parents were clearly aware that the assistive devices of high-quality auditory prostheses are of a high importance. Distribution of the hearing aids that was provided to the children through the humanitarian sources, put families in a situation of non-accepted of 'bad quality' equipment and forced them to search resources for the purchase of the most suitable prosthesis for the child, allocating their own financial resources.

F1: "...hearing prostheses... we waited for hearing prostheses, the child got it through humanitarian distribution, but it was very bad quality hearing aid... we collected 'money' from different sources and now child has good quality hearing apparatus... but new problem appeared... the batteries to keep the hearing aid running is extremely expensive for our very limited incomes..."

F2: "...unfortunately, the first hearing prostheses didn't improve son's hearing... we, ourselves looked for the new prostheses and the 'money' to get it... the cost of the hearing aid were extremely expensive, we were not able to afford it, we didn't have possibilities to get loan or to borrow money from someone... we mobilized resources through our relatives..."

F5: "...we financed hearing prostheses ourselves and we have difficulties to serve this aid..."

Additional economic stagnation of these families was addressed to the health child problems. Each family expressed their worrying that they can't afford any extra resources to support child physical wellbeing through the regular health recovery process and access to appropriate the child' situation professionals:

F5: "...our daughter needs regular help from different doctors since her health has chronic disease, but to get treatment support for that is impossible... the daughter gets just regular investigation of the hearing system, which confirms the status of "hearing impairment", but not the investigation of her chronic disease health problems..."

F1: "...doctors say us that our child doesn't have any problems, except the hearing problems, and that he doesn't need any health recovering support... my child has chronic laryngitis... he had problems with the health when he was born... his hearing system health dependent on his general health... so he is refused to be recognized as a boy who needs regular health support..."

Family members as child assistants. Describing family' everyday life situations, all families stressed structural adjustments in their families. *Mothers* by the 'joint engagements' with their children, were the most involved in carrying sets of habilitation arrangements, substituting shortage services. Mothers didn't work, devoted all their time to the family, volunteering the role of being personal assistant for their child. They took this role as a natural responsibility in such situation, building specific competence to be able to respond to the child' particular hearing impairment needs:

Mother F3: "... I am devoting her all my time... I left the attempts to look for job... I sacrificed my interests... I would like to help her to grow up, I would like to make as much as possible... maximum... to bring her to a real life..."

Fathers' involvement and influence on their child progress was based on strengthening family economic capital, supporting family financial stability and sharing his parental responses to the child (arranging different activities within the family) such as teaching computer, playing chess, etc. In some families, role of the assistant were shared by grandparents and sister:

F2: "...we live together with our parents (grandparents)... relationships with them are warm and they help us, when we need it... but grandfather he has serious difficulties to understand his grandson... grandmother understands him easy... we get real support from them, when we ask for that..."

F5: "...my sister comes to us often that my child and she can communicate with each other and my sister learns sign language and doesn't afraid of to use it with my child..."

Building multi modal family-competence. Meeting with the 'child hearing impairment situation' and shortage appropriate services, families were building habilitation resources in the form of multi-modal competence in child development, complementing 'educational' system as the only available for their children, and which was corresponded to different aspects of this complementation.

Education. Meaning of education had its variations in each family and was described on individual level (mostly and especially mothers' level) from formal and informal perspectives, aiming wide spectrum of issues, the central among which were: *hearing prosthesis management/usage and sign / spoken communication.*

Informal perspective of parental education:

F 3: "...I feel that my child needs more developmental support then she gets from the school... when she is at home, I need more skills to cope with negative influence of hearing disorder on her development... I read a lot, I learn different methods... even she is my third child, I need to learn a lot... I have developed the whole individual program for her, I have tried to identify target and ways how we can reach them... mostly I focus on her creativity... creativity in the form of handicraft is always asked... It takes all my time..."

F2: "...when the son was smaller, he was going to the special kindergarten... he was there five days a week... I had a time to go to special school to get sign language training, which was organized there for parents..., it was very important for me and our family to assist the child situation..."

F 5: "...the management of the hearing aids takes time and extra skills. we have learnt to use it, and lean the child to use it... and then we learnt how to serve the work of it... batteries... cleaning... taking care in more general sense..."

Formally, mothers were getting education as a professional training:

F4: "...both of us, as parents, have hearing impairments... and our children also... so I decided that I need to get education within this area... Now I participate in distant teacher learning education program and will become a special teacher and hope to work in the special school where my children learn now..."

Families learned to manage both sign and spoken communication and have developed communicative patterns with their children in different environments, mediating social process between child and communicators:

F3: "...we work a lot to develop communication, it is extremely difficult... I learn all the time how to develop different sides of our communication... especially, when we communicate and I help her with homework she gets from school..."

Social inclusion. Parents experienced social inclusion for their children and found it rather complicated, since the infrastructure for inclusion was undeveloped. Some of the families tried to start educating their child in mainstream educational institution, believing that the child with the individual support from the surdologist will succeed his/her education in such environment. The experience from these settings didn't satisfy families, and all children, who experienced mainstream educational environment failed:

F1: "...we hoped that it will be possible for the child to go to the mainstream kindergarten... but, no, it was not for him... after half a year, son went to the special kindergarten, where was possible to get regular support from surdopedagogue..."

F2: "...we found for him the best kindergarten, as we thought, but when he was four years old, we decided, that special kindergarten will be better for him and then together with the other children from this kindergarten he when to special school..."

Families overcoming uncertainty of the attitudes to their children:

F2: "...people look at my child as being totally wild, when they see us using sign language... but in many ways I would say that these reactions of people are not negative, may be more they are more curious..."

F4: "...we wanted our child to develop his communication with ordinary children and he was visiting mainstream kindergarten, but parents of these children negatively reacted to the involvement of their children in the communicative situation with our child..."

Discussion and conclusions

As the literature review analysis highlighted, the Republic of Moldova inherited a key social infrastructure 'body' for children with hearing impairments out of a closed special internat educational system from the Soviet time. Adoption of new concepts such as habilitation and inclusion as an integral part of educational reforms occurs in complicated socio-economic conditions, where Moldova is recognized as being one of the poorest European countries. Transitioning to the new society, Moldova represents <...the current social assistance... poverty targeting, can be explained through the survival of old institutions, tracking evolution

back to a particular history> (Ratzman, 2014, p. 418; Mahoney, 2000). The legal patterns of implementation of new concepts introduced a process of decreasing the number of special educational institutions and the development of alternative forms of education for these children. Despite that, this process met economic stagnation and was unable to respond to the different needs of these children and their families professionally and socially. It was identified as shortage appropriate services.

The undertaken study (project duration between 2012–2014) aimed to analyze the current situation in families of children with hearing impairment and investigate what type of resources these families develop to fill in these ‘gaps’. The assumption of the research came out of the research questions and assumed that these families with hearing impaired child in the situation of extremely limited opportunities to get professional assistance for their child and low family income will seek to fill these ‘gaps’, replacing / substituting them through the development particular habilitation resources in their families.

Research findings have shown that families, have taken participation in this research legally were low income families. The school teachers and families themselves identified this situation as a ‘normal’ or ‘the same as others live’. Such interpretation could be rooted in Soviet legacies, where from one side, poverty was considered as an ‘alien phenomenon’ contradicting with the ideal model created by the welfare system (Milanovic, 1999) and so ‘not existing’, from another side, – poverty was associated with specific needs of certain population categories (Ratzman, 2014) and so was seen as a ‘norm’.

By applying the concept of ‘habilitation resources’ the study described two main themes of families’ experience: ‘social-economic assistance: dignity in poverty’ and ‘building multi modal family-competence’. Both of the themes conceptualized ‘habilitation resources’ in families with hearing impaired children and brought understanding the meanings of such resources from the substitution and complementation of shortage appropriate services perspectives. The first theme is representing the ‘substitution’ of shortage services and is associated with the aspects of social-economic assistance, <...conceptualizing group of factors related to child care...> (Loft & Hogan, 2014, p. 250) and child protection. The second theme is affording “habilitation resources” from the aspect of complementation, where built by families ‘multi modal competence’ is complementing both: the available limited / existing special education practice and parenthood in families of hearing impaired children. In this way the concept of ‘habilitation resources’ in these families’ needs its further investigation and conceptualization.

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