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TRANSITIONING FROM CARE TO ADULTHOOD: REINTEGRATION EXPERIENCES OF YOUNG PEOPLE LEAVING RESIDENTIAL CARE IN GHANA

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Abstract

Studies on the young people's transition from care have gained considerable attention in child protection discourse globally but in the African context, it is beginning to take form. Despite the incessant reintegration efforts occasioned by the quest to reform alternative childcare mechanisms in the Ghanaian context, little is known of the experiences of care leavers while they are leaving, and when they are out of care. This study added to the literature on care leaving and post-care outcomes of young care leavers who have been reintegrated in Ghana. Employing a qualitative approach, underpinned by social constructionism and interpretivism, it explored the lived experiences of young persons transitioning out of care in Ghana, taking into consideration their experience of the care leaving process, challenges and coping abilities outside care, as well as their understanding of reintegration, given their experiences. Using ten (10) participants, the findings revealed that factors such as age at which young persons exit the care system, lack of proper care leaving preparations, absence of comprehensive support and incapacitation of receiving families (hinting of rushed exit and sideline of the 'best interests' principle in care leaving decisions) makes them susceptible to the vicissitudes of life outside care. The study findings showed that while care leavers' coping abilities emerged from a combination of factors, ranging from inherent capacities to external support networks, feelings of acceptance, non-discrimination from receiving contexts (family and community) and extended educational assistance from the facility made transition easier and normal. It was also revealed that care leavers have little knowledge on the purpose of reintegration, and they understood it to mean one of the following: a temporary return to their biological families or a deliberate attempt of residential facilities to transfer caregiving responsibilities to their family due to economic burden. The study has given recommendations for future research, policy making and practice which include the enactment of a national care leaving act, creation of care leavers support groups, and enrolment of eligible families of young care leavers on the LEAP program.

Keywords: *care leavers, resilience, social reintegration, lived experiences, ecological systems theory*

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Dedication

I dedicate this work to myself, my uncle Bright F. Amissah, and my unborn kids.

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LIST OF ACRONYMS

CRI- Care Reform Initiative

DSW- Department of Social Welfare

LEAP – Livelihood Empowerment Against Poverty

JHS- Junior High School

OVC- Orphans and Vulnerable Children

MoGCSP- Ministry of Gender, Children and Social Protection

PWD- Person with Disability

RCF- Residential Childcare Facility

RHC- Residential Home for Children

SHS- Senior High School

UK- United Kingdom

UNICEF- United Nations Children’s Fund

UNCRC- United Nations Convention on the Rights of the Child

US- United States

CHAPTER 1

INTRODUCTION

Several reasons have warranted the removal of children from their families and social environments into alternative care arrangements. The death of parents, economic deprivation, abuse (physical, verbal and sexual), natural disasters and conflicts, are few examples of situations that have increased children's vulnerability around the world (Modi et al., 2020). When a child has been separated from his or her family of origin and placed in alternative care, reintegration is one of the main objectives of the care plan, given that the family is the best place for the child to grow (UNCRC, 1989; UN Guidelines for the Alternative Care of Children, 2009). This is no different in Ghana (see Children's Act of Ghana, 1998; Child and Family Welfare Policy Ghana, 2015; Department of Social Welfare, 2015). Scholars have long observed a change in family composition and roles around the world due to structural forces which include modernization, globalization and migration (see Apt, 1992). In Ghana, like other parts of the world where the first-line responsibility of caring for members rests with the family, the most significant change has been the weakening of the family institution (Apt, 1992; Nukunya, 2003; Abotchie, 2013), which has had far-reaching implications for the care of the vulnerable, including children. The aftermath has been the narrowing of kinship responsibilities. As Abotchie (2013) notes, people have become more concerned with the needs of their immediate relations and shirk their obligations towards their extended family members. This has increased the vulnerability of children, and, thus, the rise in streetism, child labour, trafficking in Ghana comes as no surprise. The family in Ghana has traditionally been the primary unit of welfare for its members, with the state intervening when it has failed. The inability of the state to respond adequately to the deterioration of the extended family network, which has been the conventional safety net of society, has necessitated a proliferation of residential homes across the country to meet the care needs of vulnerable children.

Meanwhile, calls to end institutionalization of orphaned and vulnerable children (OVC) began some hundred years and has intensified in recent decades, given the negative outcomes it has on looked-after children (Jacobi, 2009; in Frimpong-Manso & Bugyei, 2019). Ghana, through the Ministry of Gender, Children and Social Protection and its peripheral Departments of Social

Welfare, has since 2007, intensified efforts toward deinstitutionalization (Frimpong-Manso, 2014). This follows from the conviction that the family is the best place for the child to grow and that institutional care should be the last resort after communal, family-based or foster care options have not been found (UNCRC, 1998; Ministry of Gender, Children and Social Protection [MoGCSP], 2015). In a similar vein, the Department of Social Welfare in Ghana assert that, “in instances where children are separated from their parents, to find loving relatives who can create a caring and stable environment for the child” (Department of Social Welfare [DSW], 2015).

To this end, families are prepared or strengthened to receive their children who once received care, and just as the is the goal. What is not known is how these young persons feel about being reintegrated into their family and community, the care leaving process as well as the aftercare experiences they have.

It is for this reason that this study seeks to bring to light the experiences of young persons in Ghana who have been reintegrated after periods of out-of-home placement. This chapter presents the background to the study and problematizes this area of research. Subsequently, the purpose of the research will be spelt out, research questions to guide the study enlisted and key words defined. It is worth noting that alternative care in this study only focuses on that which is necessitated by child welfare or protection concerns and does not include removals that are made on other grounds as such as juvenile justice, (mental) health, custody disputes, among others.

1.1 Background

Living with and growing in a family environment is an inalienable right of every child. In the event where this is not possible, alternative placement becomes necessary. Separation has been seen to impact psychosocial development of children and young persons. Separation from family is not always involuntary, sometimes it is initiated by the children themselves or their families. This is as a result of problematic relationships, economic hardships, incidents of abuse, among others. As a result, children, become connected to the streets, end up being trafficked, incarcerated, committed to residential care and so on (Delap & Wedge, 2016).

According to UNICEF et al. (2010), separation increases a child’s vulnerability to health problems (inadequate nutrition, risk of disease) and psychological difficulties in forming and maintaining

relationships, building self-esteem and avoiding behavioural problems. In instances of separation, eventual reintegration or return to the birth family is desired. In all these decisions to remove or to return a child, the child's best interest is paramount and should be taken into consideration (UNCRC 1998; Höjer & Sjöblom, 2014; UN Guidelines for the Alternative Care of Children, 2009). The UNCRC (article 39) and the UN Guidelines for the Alternative Care of Children (2009), hereinafter referred to as "UN Guidelines", lend support to reintegration of persons who have been separated into their original families. Article 3 of the UN Guidelines state that:

The family being the fundamental group of society and the natural environment for the growth, well-being and protection of children, efforts should primarily be directed to enabling the child to remain in or return to the care of his/ her parents, or when appropriate, other close family members. The State should ensure that families have access to forms of support in the caregiving role (p.2).

Over the years, residential care has been the go-to alternative care option for vulnerable and at-risk children and young persons in Ghana (Frimpong-Manso, 2014; Frimpong-Manso, 2015; DSW, 2015), while foster care and adoption have been less favoured. While in other parts of the world, foster care means out-of-home placement with a family other than a child's relatives, in Ghana, it is a common cultural practice of kinship fosterage among the different ethnic groups and has not been regulated until recent years. Formal foster care, in Ghana, is a new field that is underexplored and less popular (Mawutor, 2015; Ministry of Gender, Children and Social Protection, 2018). As it stands, Bethany Christian Services and Orphaned Aid Africa are the only organizations (non-governmental) that provide such services (Ministry of Gender, Children and Social Protection, 2018a).

Although child welfare removals are crucial to an individual's wellbeing, they still constitute a sensitive area considering that it involves an intrusion into the privacy of families and tends to threaten its unity (Burns, Skivenes & Pösö, 2016: 1). Research from around the world has shown rather bleak prospects for persons who are committed to residential care, when assessing their physical, social, emotional and cognitive development. The identified effects include attachment disorders, marital problems and personality disorders, as well as difficulty in adapting to or fitting in mainstream society when they leave care (Carter, 2005; Bilson, 2009; Nelson et al., 2011).

However, there are no specific studies on the effects of institutional care on children or young persons who have been in care in Ghana.

In Ghana, like most countries, persons placed in state care must leave after they turn 18 and be returned to their families or assisted to live independently. Also, when the objectives of placement have even been achieved, when reintegration is no longer desirable. Integration forms a crucial part of the entire transition process for persons who leave care. According to Stein & Munro (2008), "[t]he process of social transition has traditionally included three distinct but related stages: leaving or disengagement; transition itself; and integration into a new or different social state" (p.297).

In recent decades, the scandals that have emerged in RHCs in Ghana have become alarming over the years. Physical and sexual abuse, corruption and human trafficking have been previously recorded (Adongo, 2011) and corroborated by recent series of exposé by undercover journalist Anas Aremeyaw Anas¹ from 2015 to 2019. Other reasons that have made institutional care not prudent include reduced contact with birth family and community, lack of psychological care, overcrowding, stigma, reduced opportunity to establish networks in their community, affection deficit² and loss of ethnic and religious identities (DSW, 2015). It is against this background that efforts have been concerted towards promoting family- and community-based care for children without parental care, rather than institutionalization. This path to deinstitutionalization has been underpinned by the Care Reform Initiative (CRI) which emerged from the National Plan of Action for Orphaned and Vulnerable Children enacted in 2007.

1.2 Problem Statement

As at 2015, the number of childcare institutions operating in Ghana stood at 148, housing a total of 3,800 children (DSW, 2015). Currently, the figure has declined to 3,530 across 139 RHCs (Better Care Network, 2021; Department of Social Welfare and UNICEF, 2021). Out of the number of residential institutions, only ten (the three state-run and seven privately-owned) of these

¹ A Ghanaian undercover investigative journalist who works to expose corruption and malfeasance in the country, with support from BBC.

² According to the Department of Social Welfare in Ghana children in RHCs grow up with a feeling that they are not loved.

RHCs are registered and licensed to operate (DSW, 2015). According to reports by the Department of Social Welfare, 1,577 children had been returned to their parents and extended families, as part of reintegration efforts, at the end of the first quarter of 2013 (Country Care Profile, 2015). The CRI has deinstitutionalization and reintegration as one of its four main components and aims to close 90% of the orphanages in the country in the process (DSW, 2015; Frimpong-Manso, 2014). Hence, more residential facilities will be closed, and several children and young persons returned to their families in the coming years.

Meanwhile, research across the world have revealed that young people leaving care are at high risk of social exclusion (Stein, 2006; Stein and Munro, 2008). Not only are chances of poor academic outcomes, homelessness, young parenthood, unemployment, delinquency and mental health issues higher as compared to their cohorts who have not been in care (see Dixon & Stein, 2005; in Stein, 2006), but also that, care leavers, depending on their characteristics, are prone to face other challenges which further exacerbates their exclusion. The lack of stringent monitoring and evaluation systems and the poor enforcement of reintegration procedures as a result of inexistent legal backing have been identified as some factors that impinge on the post-care experiences of young persons, and these are evident in Ghana (DSW, 2015).

Generally, there is little research in the area of care leaving and this has made it difficult to ascertain what successful care leaving implies (Everson-Hock et al., in Höjer & Sjöblom, 2014). Similarly, there is a dearth of research on the outcomes of reintegration for care leavers in Ghana (Frimpong-Manso, 2014). Existing literature look at issues of vulnerability among orphans in Ghana, challenges children reunified with their families after residential care face, the aftercare experiences of resilient young adults in Ghana (Frimpong-Manso & Bugyei, 2019; Frimpong-Manso, 2020; Salifu-Yendock, 2020).

This present study further explores the lived experiences of young care leavers by looking at their living conditions, challenges and coping mechanisms. It also highlights their experiences of the leaving care process as well as their experiences outside care.

1.3 Purpose and Aim

The aim of this study is to understand the lived experiences of care leavers in Ghana when it comes to how they are reintegrated after long periods of alternative care. This study thus explores how care leavers in the Ghanaian context experience re-integration into their families and or societies of origin from the process of leaving care to the extent and nature of support they receive throughout the process.

The objectives of this study are:

1. To explore the lived experiences of care leavers in Ghana and ascertain what the care leaving process involves in Ghana.
2. To explore Ghanaian care leavers' understanding of reintegration.
3. To explore the challenges young care leavers in Ghana face after returning to their families and communities.
4. To explore the resources that foster the coping abilities of care leavers in Ghana.

1.4 Research Questions

For this study, the following research questions will be asked.

1. What are Ghanaian care leavers' experiences of exiting care and the processes around it?
2. What do care leavers understand by reintegration?
3. What challenges do young care leavers in Ghana face while resettling into their original families and societies?
4. How do they cope with the challenges they encounter?

1.5. Definition of terms

Care leaver - Any person who has left state or public care and is either reunified with his/her family, adopted or living independently.

Care Reform Initiative - Reform of the childcare system which emphasis on varied family- and community-based care for children who lack appropriate parental care, in place of the hitherto preferred institutional option (DSW, 2015).

Residential Care - Any form of care that is given in a non-family-based group setting, some of which include emergency shelters, transit centers and all residential care facilities, group homes inclusive (UNICEF & DSW, 2018).

Residential Caregiver- This term is used in the study to refer to the carers at the residential home. In this study, these caregivers are legally married couples. The terms residential caregiver and residential carers are used interchangeably.

Reunification – In this study, means the return of a child or young person to his or her biological family (nuclear or extended) members or community of origin.

Young person – As used in this study refers to a person above the age of eighteen (18) but not more than twenty-four (24) years.

1.6 Conceptualizing Reintegration

Although there is no single, universal definition for reintegration, there is consensus that it transcends the mere return of a child who had hitherto been separated from his/her family back to them (Reimer, Langelier, Sophea, & Montha, 2007), and takes into consideration their place in the larger community itself (Betancourt, 2010). Different definitions place different emphasis on the meaning of the term. While some authors have looked at it in terms of reintegration into one's biological family, others have viewed reintegration as entailing placement into a different family or environment by means of adoption, (long-term) foster care or even supervised independent living (Delap & Wedge, 2016). Moreover, in many cases, reintegration has been misconstrued to mean the return of a separated child to his/her parents or relatives in his/her original society (Delap & Wedge, 2016).

In this study, the definition given by the Interagency Group on Reintegration will be used. According to Delap & Wedge (2016), reintegration is:

The process of a separated child making what is anticipated to be a permanent transition back to his or her immediate or extended family and the community (usually of origin), in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life (p.4).

Therefore, reintegration is perceived as a process rather than an event which, according to DeLay, can only be considered successful when it enables the young person to “re-create a sense of belonging and purpose in all spheres of their life: family, school, peers, and community.” (cited in Williamson 2008, p. 12). It is worthy to note here that, the definition of reintegration presented by the Interagency Group on Reintegration (cited as Delap & Wedge, 2016) is the same definition referred to in national policy documents on alternative childcare in Ghana (see UNICEF Ghana & Department of Social Welfare, 2018, p.8).

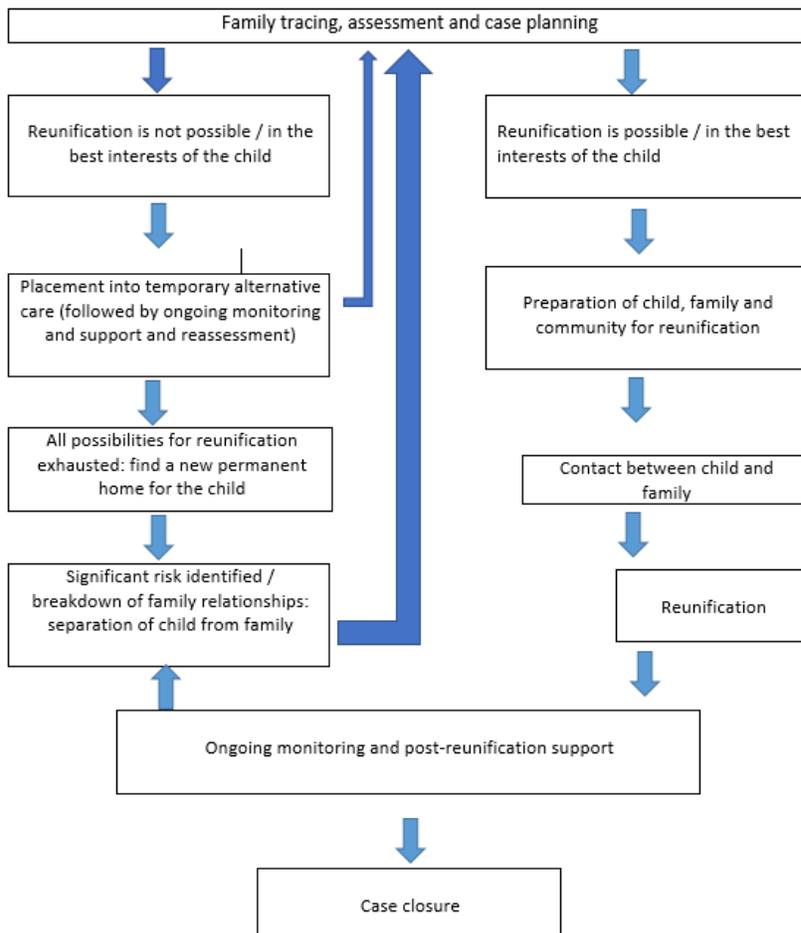


Figure 1 Individual case management of the stages of the reintegration process.³

³ Adapted from Inter-agency Group on Children’s Reintegration, Guidelines on Children’s Reintegration (2016). Available at www.familyforeverychild.org/wp-content/uploads/2016/08/RG_Digital_DC.pdf

CHAPTER 2

LITERATURE REVIEW

This chapter synthesizes knowledge on the reintegration or post-care experiences of care leavers regarding their relationship to birth families, preparation for transition, life outside care and challenges, as well as gaining an understanding of their in-care experiences to know how that impact their reintegration. Literature reviewed spanned different disciplines including anthropology, psychology and demographic studies. Also, grey literature on alternative care and reintegration in international discourse and in Ghana were reviewed. Most of the studies reviewed were exploratory and had qualitative methodologies, while the others used qualitative or mixed methods.

2.1 Research on Care Leavers & young adults (Emerging Adulthood)

Research on care leavers has gained greater attention and has become an issue of global interest over the years. The vast literature on care leavers spans their time in care, preparation for exit, living conditions and post care experiences, and relationship with caregivers, whilst in care and with significant others aftercare (Stein and Munro, 2008; Mendes & Snow, 2016; Mann-Feder & Goyette, 2019; Harder et al., 2020). Notwithstanding the depth of knowledge on this area, the meaning of the term care leaver is generally contested (Stein and Munro, 2008); it is tricky to determine what the term care leaver actually means and who can be classified as one since there are variations in how this is perceived across space. Not only do different authors define it differently, but several countries also have different ages at which people leave care. Also, the legislative documents that support care-leaving processes in various countries set the characteristics of care leavers differently.

Integral in the review of literature on out-of-care experiences of young persons, hitherto in state care, is the publication by Stein and Munro a little over a decade ago. It presents diverse qualitative studies on care leavers and their transition to adulthood as well as highlights the context-specific definitions, legislations on care leaving from 16 countries. According to Stein and Munro (2008), in certain countries such as Netherlands, Hungary and Switzerland the definition is broad;

encompassing all persons, irrespective of their age group, who have left the care system, for varying reasons. While, in some countries in the UK such as England, Wales and Northern Ireland, there is an age limit and a specified period of care that are benchmarks which should be met when considering which persons fall within the care leaver category. Specifically, children between age 16 and 17 who have been in care for not less than 13 weeks after turning 14 and remain in care fit the legal definition of care leavers in the context of the countries mentioned (Department of Health, 2000). However, the authors, define care leavers as young persons who have reached the threshold where the state withholds parental support so they can transition into independence (Stein and Munro, 2008). Legislations for aftercare support for young people leaving care have long existed in many countries. In Norway, the US and Hungary, these legislations have been in force between the mid- and late-twentieth century and have defined the assistance care leaver can access regarding psychosocial support, accommodation, finance and employment, among others (Stein and Munro, 2008).

Although there are volumes of literature on care leaving, a chunk of this ‘international’ literature comes from research done in the Global North and other parts of the world (Stein and Munro, 2008; Mendes & Snow, 2016; Mann-Feder & Goyette, 2019; Harder et al., 2020). Little is known about care-leaving experiences in Africa and Ghana as well (van Breda & Frimpong-Manso, 2020). As such, there are no clear-cut definitions on who constitutes a care leaver in the Africa and Ghanaian contexts. Contrary to countries such as the U.S., U.K and some European countries such as Norway and Hungary where there are legislations that stipulate the age group that fits the category of care leavers (Stein & Munro, 2008), there is no such thing in Ghana, as is the case in most African countries (van Breda & Frimpong-Manso, 2020). Further, in most countries such as Canada, India, Botswana, Zimbabwe, mandatory care leaving begins upon attainment of age eighteen (18), when they cease to be children, and that is the case in Ghana too (Diraditsile & Nyadza, 2018).

2.2 Preparation for transition and the care leaving process

The process of care leaving is a transitional between youth and adulthood (Pinkerton, 2008). This coincides with the period where adolescents have to negotiate youthful responsibilities and make crucial decisions regarding their lives, which Arnett (2010, 2015) terms as “emerging adulthood”.

This period which spans between ages 18 and 25 comes with cognitive, personality and physical development and is marked by crucial, life-changing decisions for all young persons especially regarding education, career, identity, friendships as well as romantic relationships and marriage (Arnett, 2010, 2015). Therefore, care-leaving and aftercare experiences can impact young care leavers' ability to go through this phase of their lives and can result in poorer outcomes for them compared to other people their age, who have never been in care.

Various studies have examined the care leaving process, especially the period before children or young adults exit care (Stein, 2006; Stein & Munro, 2008; Stein, 2012). According to Pinkerton (2008), the care leaving process is influenced by an individual's social and emotional situation. All young persons transitioning out of care or into adulthood are presented with risks they have to negotiate and as such it is important that they are well-suited to adapt to life after care. As if that is not enough, this is happening at the time where there is incessant change in society, which presents stress and increases their vulnerability as compared to young persons who have not been in care (Furlong & Cartmel, 1997; in Pinkerton, 2008). This implies that the availability of a pool of emotional and social resources can impact aftercare outcomes for young people transition into adulthood from care. The irony is that, youths who have been in care for longer periods are expected to move on to adulthood in a short time. As Stein observes this transition, for the young care leaver, is "compressed and accelerated" (Stein, 2004: 53). According to Stein and Munro (2008), studies have shown the importance of transition in young people's move to adulthood. Young people's transition, just like social transition, is marked by three linked stages: "leaving or disengagement; transition itself; and integration into a new state" (Stein & Munro, 2008: 297). These stages help young people who are journeying towards adulthood to space out (exit one stage and enter another), be able to take risks, become aware of themselves and their identity, explore and reflect on the entire process (Stein, 2006). Stein argues that most young persons, they are able to get this experience by acquiring higher education, which is often unlikely for care leavers. The risks and opportunities that abound in contemporary times make the process rather extended and not structured and, as a result, most young people leaving care do not get the chance to prepare and transition (Stein & Munro, 2008). That means care leavers experience instant adulthood. Other studies have showed that instant adulthood is brought about by the inability of care leavers to

return to care when they encounter difficulties (Anghel, 2011; Arnett, 2007; Singer & Berzin, 2015; cited in Frimpong-Manso, 2020).

In addition, Pinkerton notes that the experiences of young people leaving care is “uneven and fragmented” (Pinkerton, 2008). This is because, the experiences (for young care leavers) are different among different age groups and that there is a disconnect between the different milestones of adulthood (Thompson et al. 2004; in Pinkerton, 2008) with regard to the differing contexts within which care leavers exist. This, thus, complicates the care leaving process and could mean that there is the need for concerted efforts to effort to equip these care leavers for the hurdles ahead. This is confirmed by a study done by Daining and DePanfilis (2007), using secondary analysis, to examine the resilience of youths that are transitioning from out-of-home care. The authors emphasize the role age differentials is crucial to how individuals experience transition out of care. Their findings showed that those exited care arrangements at later in life fared better than their counterparts who left at an early age. This could be explained by Dworsky (2005) whose research on foster youth in Wisconsin’s self-sufficiency, using administrative data analysis, revealed that when people leave care at a later age, they are better able to find jobs and earn decent incomes which makes them less dependent on state support. This presents a strong case for preparing care leavers adequately for the process ahead, given that care leaving takes place among different age groups in different countries. Further, the period of leaving care is a difficult one for most people arousing feelings of grief, fear and anxiety, loss of relationships, uncertainty about wellbeing and future outcomes (Stein and Munro, 2008; Smith, 2011; Frimpong-Manso, 2020). Research has shown that the quest of childcare organizations in several less advanced countries to meet timelines of international organizations and donor agencies has led to poorly planned and hasty reunification attempts, with little preparation for those leaving care (Siqueira et al., 2011; Farmer, 2014; Schrader-McMillan and Herrera, 2016; Carvalho et al., 2017). Although the importance of preparation for people readying to exit care has been stressed by several studies, it still has not gained the momentum it deserves in most countries, which Ghana is no exception. In a recent qualitative study by Frimpong-Manso (2020) on the experiences of young adults who have left care in Ghana, all participants unanimously cited the lack of preparation to embark on the journey of leaving care. Regarding relationships, they had less time to prepare for their exit from the residential facilities as well as rekindle their relationship with members of their families after

losing touch for a long time. They also did not have a say in any decision concerning their exit which made them not prepared for the move. Further, there was no proper formal preparation except casual words of advice and motivation (van Breda & Frimpong-Manso, 2020; Frimpong-Manso, 2020), which is likely to negatively affect their aftercare and later life outcomes regarding their survival and integration in society. This lack of participation could be explained from a cultural point of view where, in Ghana, childhood is regarded as an ‘unending’ period of vulnerability, dependency, parental control and ownership, respect and obedience and deference to adult wishes (Twum-Danso, 2010).

2.3 Aftercare support for care leavers

Several studies have stressed the need to provide adequate support and services to persons leaving care to facilitate their transitioning out of care (Stein, 2006; Stein & Munro, 2008). This is because, unlike their cohorts who have never been in care, looked after children lack family-like experiences that will equip them with the necessary skills, traits and mechanisms to cope with adult life and responsibilities that come with it. The existence of legal backing for care leaving and reintegration processes in most countries in the Global North makes a strong case for the wellbeing of care leavers. It is easy to argue that it places obligations, bound by law, on the appropriate authorities to meet the needs of these persons. It also brings to the fore a set of expectations and entitlements for care leavers as they know the responsible agencies to turn to for support whenever possible. These are absent in the African context, specifically in Ghana. There is sufficient evidence to prove this (Frimpong-Manso, 2018). However, the mere existence of legislation on aftercare processes does not necessarily translate into effective care leaving preparation and aftercare support. A national study by Modi et al. (2020) which employed the mixed method approach to assess support for youth leaving care in India confirms this. According to the authors, although the country has a number of legislations (such as the Juvenile Justice (Care and Protection of Children) Act 2015, its Model Rules 2016, and the Revised Integrated Child Protection Scheme) which provide an overarching legal framework for childcare and aftercare support, young people transitioning from care in India still face and remain susceptible to several challenges (Modi et al., 2020). This draws attention to the role national contexts, in terms of socio-political and economic climate, plays in ensuring welfare of its populace especially those leaving care (Stein & Munro, 2008). For instance, the lack of documentation on care leavings, weak political will, financial constraints, absence of

agencies that provide support while they are in transition are factors that should be considered when thinking about the circumstances surrounding care leaving in all countries.

The lack of reunification services has been pinpointed as a reason that has not only led to long-term foster care of children and in most cases the re-entry of care leavers into care (Kimberlin et al., 2009). Thus, sustained aftercare support services are crucial if these group of people will be able to develop skills that make them independent and enhance their reintegration into mainstream society (Häggman-Laitila et al., 2019).

A review of the National Standards for Residential Homes for Children in Ghana (MESW, 2010; UNICEF/ DSW, 2017) adds to the narrative on the lack of legislative backing for aftercare support. The document charges childcare facilities to collaborate with the Department of Social Welfare to provide after support to care leavers “when possible” (p.18). This makes aftercare services a matter of convenience, not a necessity or right. Similarly, a review of the most comprehensive document that concerns family- and community-based child welfare and protection in Ghana, the Child and Family Welfare Policy (MoGCSP/ UNICEF, 2015) reveals that, it sets the grounds for reintegration and care within family and community settings but neglects services needed to both prepare people exiting the care system and foster their wellbeing afterwards. Regarding follow-up, the document suggests that the residential facility “attempts to maintain contact and follow up with the children and young adults when they leave the facility to monitor their progress” (MESW, 2010). The revised version (UNICEF/ DSW, 2017) adds clear dimension to what must be done before, during and after reintegration children in care but fails to point the Ministry of Gender, Children and Social Protection or its Department of Social Welfare as responsible for providing these services. In the absence of state support and aftercare support provided by NGOs, care leavers resort to personal belief and motivation to surmount life's hurdles (Frimpong-Manso, 2020).

2.4 Life outside care: Challenges and Coping Mechanisms

There is enough evidence that portrays care leavers as a vulnerable group (Stein, 2006; Pinkerton, 2008; Stein & Munro, 2008; Modi et al., 2020). These vulnerabilities, among young people transitioning from care, permeate every sphere of their lives. Research from different countries has revealed that young persons who have exited care face a number of challenges regarding

accommodation, employment, health, education, drug (ab)use, creating or sustaining relationships, parenting and inclusion in society, among others (Reilly, 2003; Dworsky, 2005; Jackson 2005; Pinkerton, 2008; Stein & Munro, 2008; Courtney, 2010; Modi et al., 2020; van Breda & Frimpong-Manso, 2020). Compared to their cohorts who have not been in care, young adults experience poor outcomes in the aforementioned areas of life (Stein, 2006; Stein & Munro, 2008). Meanwhile, it must be noted here that factors such as age, disability, absence of aftercare support have been found to impact the reintegration experiences of care leavers and exacerbate their vulnerability (Thompson et al. 2004; Stein, 2006; Modi et al., 2020; van Breda & Frimpong-Manso, 2020).

In the African context, a review of literature on care leaving also showed that areas where care-leavers face problems are similar to what has been observed around the world. The challenges relate to job prospects, education, finance, housing, stigma, discrimination, and integration into society; and these have rippling effects (van Breda & Frimpong-Manso, 2020; Frimpong-Manso, 2020). Although the challenges recorded across the globe faced are similar, the prevailing (porous) economic situation in African countries have put care leavers at more risk than their counterparts elsewhere (van Breda & Frimpong-Manso, 2020).

Contrary to the dominant narrative on the vulnerabilities and poor outcomes care leavers have come to be associated with, some studies from the Global North (such as Stein, 2008) have showed that many young people thrive and succeed, despite their difficult circumstances. Much of the success has been facilitated by social support and assistance made available to the children both during and after care. Similarly, in other contexts like Ghana where support is limited, some research (Frimpong-Manso, 2020; James et al., 2017) have pointed out to the resilience-building mechanisms that see young care leavers through their transitions. These include personal efficacy, good relationship with foster parents, and reliance on family and friends.

James et al. (2017), using quantitative methodology, compares how 157 children who have been reunified with their families fared in comparison with those (204) who remained in care. The study showed that children reunified with their families brimmed with high levels of hope than those still in care, but the latter have better access to the basic necessities of life such as education, healthcare, feeding, accommodation. The children's basic needs were better met while in care as compared to when they were reintegrated. This is corroborated by findings, previously

documented by Whetten et al. (2014). The poorer outcomes outside care was mainly due to the absence, and when it exists, inadequacy, of aftercare services. According to the James et al. (2017), care leavers' hope, on one hand, is caused by the restored relationship between them and their parents as well as the emotional, physical and psychological support and guidance they receive from them. On the other hand, they begin to feel and view themselves as legitimate members of their community and no longer have a stigma-laden identity related to being in an orphanage. This feeling of 'hopefulness' is likely to have positive consequences for them later in life.

Further, an exploratory study by (Frimpong-Manso & Bugyei, 2019) on the experiences of reunified children in Ghana highlights other challenges this group faces. This study uses a purposive sampling technique to select children below age 18, who had lived in the orphanage of choice for at least six months and have been reunified with their parents for not less than six months. The researcher also factored the perspectives of social workers and the children's caregivers into framing the challenges reunified children face. The study showed that the reintegration of children into their families and communities is met with several challenges such as livid conditions, marred relationships, stigma and discrimination. Just a small number of children received aftercare services in spite of the government's claim (MoGCSP, 2015) to provide support to reunified children in the areas of education, stipends as well as social and emotional aspects of life. Most of these challenges exist as a result of the inadequate preparation of care leavers and reluctance of families to receive their members who are returning from care (Frimpong-Manso, 2014). Stress on family's scant economic resources constrains their ability to care for reunified children, making them more vulnerable, and this has been the cause of the unfortunate separation of returned children (Frimpong-Manso, 2014; Better Care Network and UNICEF, 2015).

The qualitative study by Frimpong-Manso (2020) in Ghana pointed out that, care leavers inability to participate in decisions regarding their reunification made the process very difficult. They had insufficient time to prepare for reunification and rebuild relationships with family members from whom they had been separated for a long time. None of the participants cited support from family or parents as a buffer, implying the absence of such support. However, inherent strengths were found to be an adaptive factor, alongside support from peers and staff of care home where they

once lived. Young people outside care develop high levels of self-belief and tenacity to “work hard” and “push on” against the odds (Frimpong-Manso, 2020, p. 20).

Aside the insufficiency of aftercare mechanisms and support, the absence of accurate record of the number of people that go out of care every year in Ghana (Frimpong-Manso, 2020), like is the case in other parts of the world such as India (Modi et al. 2020), has not only made it difficult to properly make budgetary plans and allocations but also hampered the ability to grasp the various challenges and opportunities that stare young care leavers in the face.

2.5 Role of relationships in successful reintegration

The nature of care and post-care experiences are impacted by interaction with people as well as the formation and loss of relationships. Given that, reintegration transcends reunification with extended family members to the formation of long-lasting attachments and bonds by returned persons within their families and communities (Delap & Wedge, 2016), relationships matter when looking at post-care outcomes for young persons. When it comes to foster care, there are three aspects of permanency that are necessary; relational, physical and legal (Freundlich et al., 2006). However, the most important type of permanence that young people undergoing reintegration seek is that of relational permanence (Doucet, 2018). Relational permanence entails the constancy of "love, emotional support, belonging, safety, stability, and a commitment to life-long continuity in the relationship" (Freundlich et al., 2006).

In most parts of the world, care leaving implies a move towards independence, as Stein and Munro (2008) capture in their definition of the term. However, it is also observed that interdependence, rather than independence, has become a characteristic of the lives of young people (see Molgat, 2007; Casey et al., 2010). They depend on their networks such as parents, friends and other older adults within their community for advice, support and comfort throughout adulthood (Doucet, 2018). That notwithstanding, the return from care to one's biological parents and family does not come easy (Casey et al., 2010) especially because of waning ties due to the long absence. Stein (2006) makes a similar observation as he reports that the relationship between young care leavers and their relatives, in the UK, is usually problematic.

Positive relationships between persons in care and their caregivers and peers has a positive effect on their later life outcomes (Sulimani-Aidan, 2014). Outside care, relationship with non-parental adults (Duke et al., 2017) peers (Magson et al., 2016), siblings and romantic partners (Freundlich et al., 2006) are beneficial and could avert risk-taking behaviours, enhance their resilience and foster successful reintegration in the long run. A four-year longitudinal study conducted by Duke, Farrugia and Geramo (2017) with a diverse group of 99 youths from foster care in the Los Angeles County underscored the importance of non-parental adult in the lives of these young care leavers and how this relationship helps reduce negative outcomes for the youth.

Similarly, independent living as a marker in the transition of people leaving care does not fit the African context, but interdependent living which reflects Ubuntu philosophy⁴ (van Breda & Frimpong-Manso, 2020). Social support is key to successful care-leaving as it contributes to care leavers' resilience. Hence, care leavers continue to rely on formal and informal support from care institutions as well as family members and friends (Theron and van Breda, 2021; Frimpong-Manso, 2020). An important aspect is the sustained positive relationships with foster parents (Frimpong-Manso, 2020). Conversely, in Sweden, for example, Höjer & Sjöblom (2014) observe that the relationship between foster care leavers and their carers as well as staff of residential facilities is not a supportive one.

Further, a cross-sectional study conducted on the aftercare experience of Botswanan youths from SOS Children Village by Diraditsile & Nyadza, (2018) highlight the link between child-caregiver relationships and future outcomes for the former. Although relationship with their birth families is often marred or strained due to reduced communication, care leavers carefully form new, stable relationships with people they trust to replace lost ones (Diraditsile & Nyadza, 2018). The study showed that neglect by caregivers, mainly housemothers, resulted in poor academic and transition outcomes for youth who leave care. The impact of in-care relationship, between caregivers and persons receiving care, on the latter's transition is emphasized by Frimpong-Manso (2020) who

⁴ A South African word of Zulu origins which represents humanism and solidarity which has been adopted by most African countries. It translates as "I am because we are".

observes among Ghanaian care leavers from the same SOS branches in Ghana that, loving treatment from mothers positively impacts care leavers' transition out of care.

Conclusion

This chapter reviewed past research on the process of care leaving, care leavers' experience, as well as several policy documents on reintegration and care leaving from Ghana and across the globe. It showed that care leavers had different experiences, and these are impacted by the availability of care leaving regulations, aftercare support, transition preparations as well as the availability and extent of support from social networks.

CHAPTER 3

THEORETICAL FRAMEWORK AND CONCEPTS

This research is a deductive study drawing on already existing knowledge and theoretical considerations around social (re)integration and the interplay between the individual and the overarching social forces. This chapter, therefore, explains the various theories and concepts that form the framework within which this study is situated. To gain a clearer and holistic understanding of reintegration experiences of young people who have left care, it is imperative to, first, explore theories and assumptions in sociology, psychology and developmental science that put aftercare experiences of care leavers in perspective, and how these intersect to give a richer meaning to the experiences of young care leavers. These theories have been used in this study to explain the interpersonal relationships of young care leavers, the significant changes that have occurred throughout their life, the forces that shape their reintegration experience as well as the opportunities and constraints they are presented with within their contexts. It is for this reason that different theories and concepts are used complementarily to interpret the findings of this study. The concept of belonging, resilience, the ecological systems theory, and life course theory thus provide the theoretical framework for this study.

3.1 Ecological systems theory

The ecological systems theory (Bronfenbrenner, 1979, 1992) uses the person-in-environment perspective to highlight the complex interactions between the individual and the environment and how that impact the former's development. The direction of this interaction is two-way as the layers of the system influence one another to determine how the individual develops. Therefore, as Bronfenbrenner argues, assessing an individual's development without scrutinizing the broader social contexts within which he or she develops is insufficient (Salifu-Yendock, 2020). The environment comprises a set of nested structures which are microsystem, mesosystem, exosystem and macrosystem (Bronfenbrenner, 1979). Bronfenbrenner later expanded it to include the chronosystem (Bronfenbrenner, 1992). Where the microsystem deals with the immediate interactions between the child and significant others including parents, siblings, extended family

members, school and day care, the mesosystem looks at how two or more settings within the microsystems where the child is an active participant interact (Bronfenbrenner, 1979; Salifu-Yendock, 2020). The third is the exosystem, which is made up of “one or more settings that do not involve the developing person as an active participant but in which events occur that affect, or are affected by, what happens in that setting” (Bronfenbrenner, 1979, p. 237). The macrosystem represents the broader socio-political and legal frameworks such as laws of the nation, cultural values, the economy into which the child is nurtured (see Salifu Yendock, 2020). The chronosystem refers to changes ushered in by life events over time, that influences an individual’s development (Bronfenbrenner, 1995).

The ecological systems theory is used in this study to examine the nature of interactions between care leavers and these overarching social systems, and how this interplay between the various layers in their systems foster or inhibit their reintegration into their families and or societies. Bronfenbrenner notes that the ecological systems theory as a framework is well-suited when seeking to understand complex, multi-leveled issues in society (Bronfenbrenner 1977, 1994).

The micro level looks at the individual within his or her immediate settings. Within the context of reintegration, and as used in this study, the micro systems entail a focus on the young persons’ interactions within his or her family, particularly the nature and quality of these relationships between them and their parents, siblings as well as their roles within their peer group and home environment, both in care and out of care. At the meso level, this theory adds a dimension to understand the interaction between the care leavers biological family and the residential facility within which he or she lived. At the exo-level, the interaction between the care leavers’ extended family, parent’s workplace, local government authorities and social welfare services, among others, is examined. Then, the macro system considers the wider social factors that affect the care leaver and his or her microsystems. These include national and international regulations on childcare, care leaving and reintegration.

3.2 Life Course Perspective

The life course theory is a developmental theory that has been used to study the transitions that occur in the lives of individuals from childhood through adulthood. Throughout a person’s

lifetime, there are significant life events that take place at certain points in time and have unique meanings and impact on their development (Elder, 1998).

The life course theory provides a holistic view of an individual's development across time and contexts. It has historical time and place, the timing of lives, linked or interdependent lives, and human agency as its main principles (Elder, 1998). This looks at how context affects an individual's life trajectory and development, which reflects the first principle of the theory. The second principle emphasize the importance of timing of life events to the individual's later life outcomes. According to Elder (1998), life transitions or events that are poorly timed, either because they happen too early or too late, have negative consequences. The principle of linked lives or fates underscore the interdependence and interrelations between people and how experiences are shared among people. Illustrating this principle with hardship of economic depression on children, Elder shows how a problem in a family seriously affects every other member of the family. Also, central to this theory is the argument that, people can influence their life course; what Elder describes as 'human agency'. According to Elder (1998), some individuals are able to choose the paths they intend to follow within the remits of the social and cultural system within which they find themselves and the opportunities and constraints it presents. They are not just passive participants in the events that take place throughout their life course but rather, are actively involved in defining their pathways in life (ibid.). Although proponent acknowledge the link between past experiences and future occurrences, a deeper understanding is needed to ascertain continuity and change in an individual's development across time and space. As Sroufe et al. (2005: 11) assert, "there always is a complex, ongoing transaction between the person, as developed to that point, and a changing array of challenges and opportunities, stresses, and supports" within the environment. There is, therefore, the need to purposefully alter the timing of events in an individual's life in the bid to build a new life course for an individual (Elder, 1998).

Care leaving and reintegration are transitional processes (Intergroup Agency on Reintegration, 2016; Stein, 2008; Pinkerton, 2008). Hence, the need to consider all life stages when looking at development within an individual's life course. This is because, paying attention to transitions in a person's life helps to understand their "lives in motion" (Elder, 1998: 7).

In this study, the life course perspective is used to highlight the important transitions in the lives of subjects of the study (young care leavers) from their difficult pre-care years to their lives outside care. Important transitions in the lives of these group include their separation from their families, entry into care and their exit from care. Equally important as their transitions is the timing. For instance, the birth of a child to a young person can lead to school dropout, and consequently, is likely to affect his or her ability to find a job, in the same light, the time at which young adults enter or leave care has implications for their future life outcomes. Their entry into care is done to alter their life trajectories and build a new life course for them. This, including the nature and quality of care they receive, impact several aspects of their lives such as their relationships, self-esteem and identity, and how they are able to deal with challenges they face in life. Regarding their post-care experiences, the timing of their transition or exit, the living conditions of the family members to which they return, their ability to influence their lives by furthering their education, taking up some jobs to earn income for themselves.

3.3 Resilience

Inquiry into how people cope with and function normal in the face of stressful life events began many decades ago (see Garmezy 1976; Murphy & Moriarty, 1976; Rutter et al., 1979; Werner & Smith, 1982; in Ungar et al., 2013). It draws attention to the fact that it is not always the case that people crumble under deleterious life circumstances but instead are able to “escape the harmful effects of severe adversity, cope well, bounce back, or even thrive” (Masten, 2014, p. 7). Global events such as the World War II, Economic Depression and natural disasters set the grounds, and sustained the quest, for researchers to understand how some people, especially children, managed to cope well with overwhelming situations in life while other people who faced the same risks developed psychopathology (McFarlane & Van Hooff, 2009; Martin & Narayan, 2012; Werner, 2000; in Masten, 2014). This has been bolstered by notions of self-efficacy akin to that of the strengths perspective which requires seeing people through a different lens; one that focuses on their “capacities, talents, competencies, possibilities, values and hopes, however dashed and distorted they may have become through circumstance, oppression, and trauma (Saleebey, 1996: 297) and how individuals deal with external risks (Rutter, 2006; in Ungar et al., 2013). This hints that people have inherent capacities and resources or strengths that can be harnessed to help them effectively cope with and overcome life stressors.

Over the years, there has been a paradigm shift from conceptualizing resilience in the light of innate individual strengths to an understanding of systemic influences on the coping mechanisms of an individual (Ungar et al., 2013). This means that, rather than a simplistic view of some children as invulnerable or born with resilience, a wider structural perspective is adopted when seeking to understand the factors that help people function better against the odds of life. This viewpoint explains that resilience is fostered through the interplay of different systems and the individual; thus, a bio-social-ecological interpretation (Ungar et al., 2013). In this vein, understanding resilience requires an understanding of what risks and adaptive strategies entail, and these vary across social, historical and cultural contexts. More so, culture plays a role in how children face, respond to as well as what (help) they can look forward to receiving when difficulties hit them (Eggerman & Panter-Brick, 2010; Masten & Narayan, 2012; Ungar et al., 2013; cited in Masten, 2014, p. 13).

Meanwhile, studies (Stein & Munro, 2008; Stein, 2008) have shown that argues that because young care leavers' transition into adulthood occurs rapidly ('compressed and accelerated'), they do not get the space to mentally prepare themselves for the process ahead, and this can affect their ability to cope with problems they face with time. Studying resilience among care leavers, (Stein, 2008) categorizes care leavers into three distinct groups; 'moving on', 'survivors' and 'victims'. The 'moving on' group are those that have shown good resilience, facilitated by stable relationships and secure attachment in and outside care, excelled academically or even doing well on the job market and have witnessed a planned, gradual transition which has made their post-care experiences normal, like that of any other person who had not been in care. Whilst the group surviving life post-care has to rely on a combination of personal strengths and strategies as well as greater dependence on support from other networks (especially the facilities they used to live in) given their unstable placement, unplanned transition and lower academic and employment qualifications, the last group ('victims') fare worst. Not only do they have the most traumatic experiences before been taken into care, but also their maladjustment meant high placement instability, poor educational and career outcomes, which translates into complex needs and deplorable living conditions which aftercare support cannot even ameliorate.

The outcomes for these different groups are impacted by their experiences while in, leaving and aftercare, necessitating a view of resilience among these groups in a holistic and comprehensive

manner. Therefore, supporting care leavers' ability to cope with life and the stressors therein would mean providing "comprehensive responses across their life-course" (Stein, 2008, p.42), which can occur naturally or be fostered through interventions (Masten, 2014). This could be made possible by providing them with the best of care, especially one that is enduring and stable, to make up for the earlier difficult experiences within their family, helping them create a good image of themselves, surmount academic challenges, as well as supporting their gradual out-of-care transition and making aftercare support readily available especially for those with a wide range of needs and mental health issues.

Care leavers, just like all persons who have faced some level of vulnerability, have valuable strengths, resources and capacities; considering that, not only are people harmed by adverse life situations but that they develop resilience from them, which helps them throughout their life course (Healy, 2014). This resilience process is made possible by the skills, abilities, knowledge and support networks that an individual develops over time as they encounter difficult situations. These provide them with a pool of strengths and resources that can be tapped into to deal with any other problems that may come up later in life (Garmezy, 1994, in Saleebey, 1996). The theory of resilience is used to explain how young adults who have left care cope with life within their family and societal contexts, considering the opportunities and challenges they are presented with.

3.4 The Concept of Belonging

The quest to belong is an essential, innate need of every human which is fueled by acceptance and affection one receives within his or her network of relationships (Maslow, 1943). The family as the primary socialization agent is the network within which the sense of belonging begins, given the proximity to key attachment figures (Rutter and Sroufe, 2000). Studies have highlighted the changing nature of what has traditionally been understood as family. Hence, the family has become more fluid than ever (Morgan, 2011; Davies 2015) and this has affected family constellations, relationships, interactions and belongingness in the family network. This has necessitated a paradigm shift from recognizing the family as an institution to emphasizing peculiar family practices as an important ingredient in identifying family relationships (Morgan, 2011). The family forms the basis of society especially in the African context (see MoGSCP, 2015). As such, having

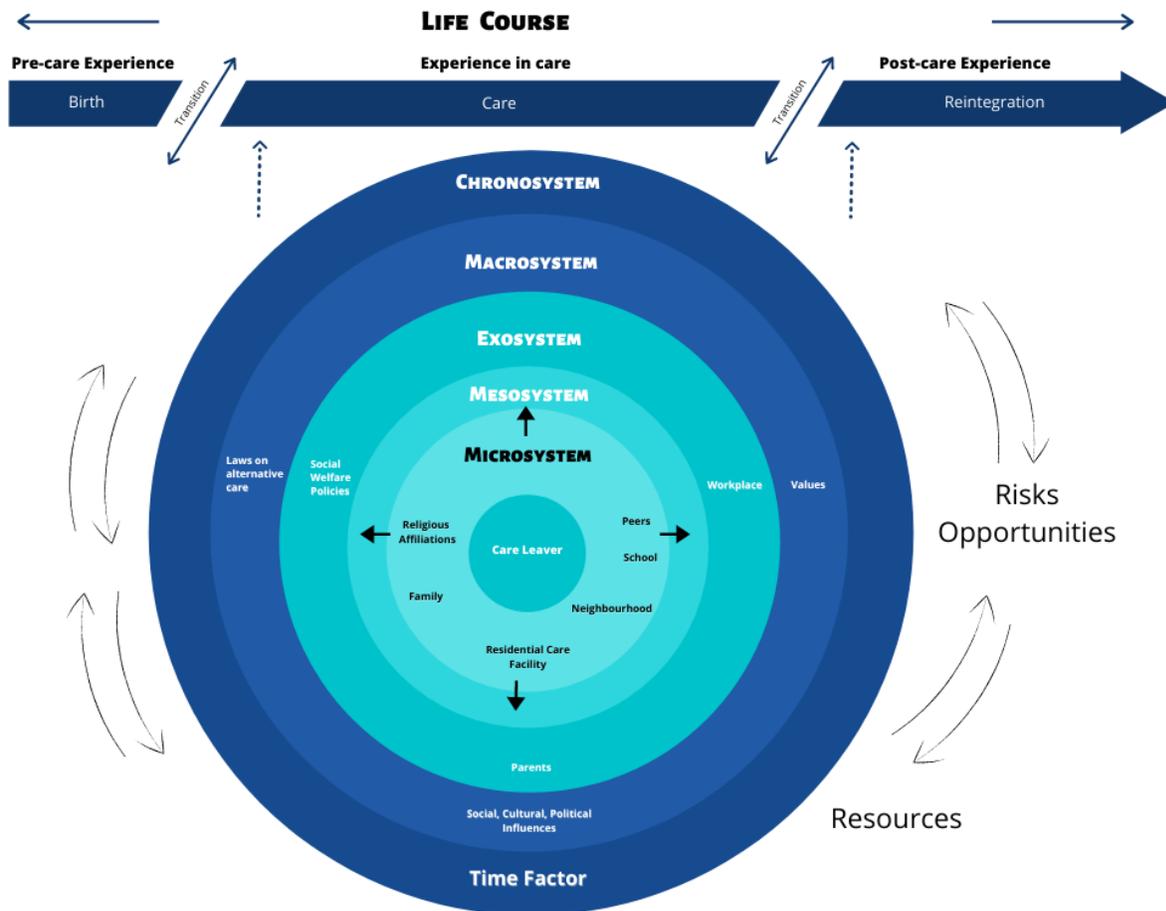
a sense of belonging to a family can be a starting point to understand how individuals, care leavers inclusive, feel a part of their society or community.

The concept of belonging is necessary to understand issues surrounding inclusion and exclusion in a family, what family relationships comprise of and how one fits into the family constellations. According to Hedin, belonging in a family setting entails, “living in a family where one feels at home, together with people one feels close to, whom one trusts and turns to for support” (Hedin, 2014, p. 166). On the other hand, the concept of belonging is linked to the concept of doing or displaying family. Display has become rather necessary in contemporary times where ‘being family’ has moved from identifying with the (family) group in terms of shared location and, even, (sur)names to the need to demonstrate family-like practices and relationship between individuals (see Finch, 2007). As Finch (2007) notes, “the need for display is greater as relationships move further away from those which are readily recognizable as constituting family relationships” (p. 71), and that “contemporary families are defined more by ‘doing’ family things than by “being” a family” (p.66). Therefore, belonging in or to a family does not necessarily mean shared residence but the extent to which an individual identifies with and feels a part of the family and, by extension, the larger society. This is how relational permanence, observed to be the most important need and a factor which has been crucial to life outcomes of children and young persons in and outside care, finds expression within family and community networks (Freundlich et al., 2006). Considering that reintegration is done with the aim of successfully reinserting separated persons into their natural families and societies of origin (Delap & Wedge, 2016), presupposes that helping care leavers fit into, develop a strong sense of belonging and getting accepted within, these social networks is crucial. The concept of belonging is used in this study to highlight care leavers’ perception of the nature and quality of their current family relations, including the extended family networks, and feelings of connectedness or belonging after longer periods of alternative care and examine what impact this has on their wellbeing. It also explains how these young persons, maintained connections with their family while in care and which practices or relational transactions reinforced their feeling belonging to their kith group during their time in care and now that they are out of care.

Conclusion

This chapter has presented theories and concepts that help to understand the experience of care leavers, taking into account the interactions between the care leaver and his or her environments and how that impacts his or her ability to deal with the life outside care. Theories such as the ecological systems theory, life course perspective, resilience have been used, and supported by the concept of belonging to examine these transactions that take place between the individual care leaver and his or her social environment, across changing contexts.

Figure 2 Diagram representing the transitions across the care leaver's life course and the interplay of systems that impact the individual's life.



Source: Developed by the researcher, drawing on Bronfenbrenner's typology

CHAPTER 4

METHODOLOGY

This chapter discusses the method by which data for this study was collected. It begins with a justification for the choice of research method and the epistemological positions that underpin the research. Also included in this chapter is a discussion of the sampling process and technique as well as the data collection and analysis methods. This chapter ends with the description of the demographic information of participants, a reflection on the ethical considerations important to the study, and the scope and limitations of the study.

4.1 Choice of Research Method

The methodological approach for this study is the phenomenological, qualitative research method. Qualitative research is appropriate when there is the need to explore a problem, an issue or a phenomenon (Creswell, 2013). More specifically, a phenomenological study describes the common meanings different persons have of their lived experiences of a particular phenomenon. This description consists of ‘what’ they experienced and ‘how’ they experienced it (ibid.). It is for this reason that both the interview questions and research questions for this study were fashioned the way they are to help in this detailed exploration. This implies that, the design for this research is exploratory. According to Stebbins social science exploration helps to describe and understand social life (Stebbins, 2001). This, therefore, implies that the researcher attempted “to make sense of, or interpret, phenomena in terms of the meanings people bring to them” (Denzin & Lincoln, 2011; in Creswell, 2013, p.44). This approach fits my research focus considering that I seek to find how young care leavers experience reintegration and understand the meanings they give to these experiences, as well as the challenges they face in the process.

Research on the experiences of care leavers in Ghana is in its infant stage as there is not enough studies done on the area (Frimpong-Manso, 2020; van Breda and Frimpong-Manso, 2020; Yin, 2003) and the available ones (Frimpong-Manso, 2019, 2020) ignore some aspects such as the

perceptions of care leavers on the reintegration process. It is against this backdrop that an exploratory design is used in this study to unveil dimensions of the care leaving process and experience for young adults in Ghana, including their understanding and interpretation of reintegration given their experiences of how it is done. This will give a deeper insight into the processes of care leaving and reintegration and provide hints on which other aspects of these areas can be explored in future studies.

It is important to note that social research is underpinned by philosophical assumptions. These pertain to ideas about social reality, its nature and how it should be studied (Bryman, 2012; Creswell, 2013). While ontology ideas deal with the nature of reality and its characteristics, epistemological assumptions deal with issues regarding how the social world and social reality should be studied. According to Creswell (2013), these philosophical assumptions have for their basis several theoretical and interpretive frameworks. For this study, I have adopted different but complementary philosophical assumptions. These are: ontological and epistemological.

My epistemological position is interpretivist, emphasizing “the understanding of the social world through an examination of the interpretation of that world by its participants” (Bryman, 2012 p.401). I believe that to study a complex issue like reintegration, an interpretivist epistemological philosophy is appropriate. This is due to my quest to understand the subjective meanings young care leavers give to their reintegration experiences. On the other hand, my ontological approach was constructionism or constructivism. Here, the focus is on understanding the constructions young persons who have left care give to their experiences. Social constructivism, as Creswell (2013) puts it, gives participants enough room to make meaning of their situation, using open-ended question. These philosophical stances best fit my research design, topic and questions. This is in line with a dominant argument in literature on qualitative research approach which suggests that a close connection exists between philosophical assumptions that guide research, the research method, the topic or area of study a researcher uses and the questions the study seek to answer (see Bryman, 2012; Creswell, 2013); what Morse and Richards (2002) term as methodological congruence.

4.2 Sampling Technique

The non-probability sampling technique was used in choosing participants for this study. This means that not everyone in the population stood an equal chance of being selected. In other words, some sections of the population stand a higher chance of being selected than others (Bryman 2012). Rather specifically, purposive sampling as a type of the non-probability sampling technique was used. The choice of this sampling technique is influenced by my research focus and goals. This is to say that, the respective unit and population purposively selected is done based on their ability to provide information relevant to the study and help answer the research questions (Bryman, 2012). Considering the aim of my research, choosing participants who have been reintegrated after leaving care and who meet the age benchmark of youth is most appropriate to my research interest. This is because, they do not have the characteristics that will aid exploration of the themes I seek to study (Ritchie & Lewis, 2003).

For this study, the population that was sampled is care leavers. Persons within this population were selected purposively on the grounds that, they are above eighteen, had been in care for at least two (2) years and reintegrated for more than one year. The age description is necessary because this study is on young care leavers so prospective participants must meet it to qualify for a chance to be selected. Also, with the criteria on number of years within (at least two) and outside (more than one) care, the reasons are to ensure that participants have been in a considerable amount of care experience and leaving care formalities and also to make sure that participants have had enough experiences outside care in an attempt to avoid a romanticized narrative of their aftercare or reintegration experiences, respectively.

Meanwhile, it is important to note here that, purposive sampling is likely to lead to bias considering how the sample is selected. According to Bryman (2012), using a nonprobability sampling technique creates bias because, it could lead to the influence of human judgement in the selection process since some members of the population are more likely, than others, to be selected. This in Bryman's view could affect the representativeness of the sample. Although bias cannot be avoided, there is the need for the researcher to limit it to the barest minimum (Bryman, 2012). In this study, I dealt with this issue by being meticulous about accessing participants. This has been explained in the next section of this paper.

4.3 Sample Selection

This sub-section describes how the study participants were accessed. Since the responsible child protection agencies in Ghana (the Ministry of Gender, Children and Social Protection and its Departments of Social Welfare), who double as the authority responsible for reintegration, have no central database with information on reintegrated persons (Frimpong-Manso & Bugyei, 2019), I had to begin my search for participants from the various residential childcare facilities since they have information about youths who have been reintegrated from their outfit.

It is important to mention that, gaining access is a matter of politics as it involves mediation by gatekeepers and is likely to bias any study. This is because, these gatekeepers may be “concerned about the researcher’s motives: what the organization can gain from the investigation, what it will lose by participating in the research in terms of staff time and other costs, and potential risks to its image” (Bryman, 2012: 151). Also, having worked as a child protection officer in one residential home in Ghana, I could have had quite easy access to some care leavers to participate in this study due to the good relationship I have with them and the staff that work there. To reduce bias, I decided to go through the Department of Social Welfare office(s) to gain access to participants instead of directly contacting heads or social workers at specific residential care homes. In doing so, I believed the selection process would be fair.

I sent my consent form, information letter about my research and an introductory letter I got from my supervisor to the head office of the Department in Accra. I also got in touch with other social welfare officials at the head office to expedite the process. This is because, without having connections with people in the Department, my request could delay. The initial list I had was on PWDs who had graduated from a training school for the disabled in Accra but that did not satisfy my requirements. This suggests that even some social welfare officials do not understand what ‘care’, ‘care leaving’ really meant and which type of assistance is fit to be termed as care. After several weeks of back-and-forth, unattended correspondence and delays, I resorted to getting participants as a matter of convenience, since I did not have much time. I then contacted a few other organizations (residential homes) directly, namely, Ghana Make a Difference, Hope Children’s Village, The Ark Foundation and Challenging Heights. The first organization, Ghana Make a Difference, did not have care leavers who fit the age category I needed whereas, The Ark Foundation only worked with abuse persons for short periods so I could not have gotten participants who fit my inclusion criteria. The only options were Hope Children’s Village and

Challenging Heights but uncharacteristic delays and bureaucratic procedures from the latter meant I had to get my participants from the former. I was concerned about ethical issues and bias because I once worked at Hope Children's Village as a social worker. I contacted the current social worker via email and sent my documents (consent form, information and introductory letters) to her. Many persons expressed interest. I then created a google form with brief information about the study, names of interested participants and through which means they wanted to be contacted. Meanwhile, in the form, I omitted any identifying information about myself so that I do not influence anyone's decision to partake in the study. From the numbers who showed interest, ten (10) were selected because they filled the form. Meanwhile, these difficulties I faced in accessing participants were mainly the reason of the Covid-19 pandemic and may not have been encountered if I had been able to travel back home for data collection.

That notwithstanding, the chosen sampling method is the most appropriate for this exploratory study taking into consideration my research topic or focus and questions. Also, given the ethical and methodological challenges work with this population poses, gaining access to participants through the aforementioned means was appropriate for this study.

4.4 Demographic Information on Participants

In this study, there were ten (10) participants interviewed. Out of this, five were males and five females. The participants were aged between 19 and 21 and hailed from five different regions across Ghana, namely: Greater Accra, Central, Ashanti, Northern and Eastern. They entered care when they were between 1 and 9 years and had been in residential care for an average of 10 years. When they were leaving care, participants were aged between 14 and 17 and have been out of care for not less than 3 years. Meanwhile, the researcher had to doublecheck the number of years mentioned by participants during the interview in order to get the exact years care leavers entered and exited care, respectively; to aid analysis.

Further, the participants had an average of 5 siblings. All ten participants had lost at least one parent. All of them had lost their biological fathers and two had lost both parents. Out of this number, two have never known the whereabouts of their father and could classify them as dead. Only one lost his father recently; that means the rest lost their father before they entered care. Most (8) of the participants lived with their mothers before being taken into care. One lived with an

uncle and another with the grandmother. All participants cited harsh living conditions and difficulty of mothers singlehandedly fending for them and their siblings as reasons for their institutionalization.

Regarding education, nine of the participants had completed the secondary level of education. Eight, out of this number, are in the university, either first or second year, and one is in vocational school. The other participant completed basic level of education (what is termed Junior High School in Ghana) and is in vocational school.

4.5 Data Collection Procedures

Data for this study was gathered using semi structured interviews, with open-ended questions (appendix 1). This gave participants the opportunity to express themselves in depth as they make meaning of their situations and enabled the researcher to probe further to get a deeper understanding of what the participant are talking about. This is choice of data collection procedure is in line with my philosophical stances and research method (see Bryman, 2012; Creswell, 2013).

All interviews were done in the English Language but on a few occasions when participants wanted to drum home certain points, they used the native language, Twi. This, the researcher believes, is because some words said in English may lose its intensity. It must be mentioned here that the researcher is fluent in three native Ghanaian languages, Twi inclusive, so he could understand and interpret rightly the few points made by participants in vernacular.

Also, considering that the researcher has prior experience working with children and young persons especially those with street-connections and in residential care, he was familiar with the context from which the participants spoke. This insider position helped the researcher to reflect on and make meaning of the experiences of these participants. Further questions were asked to clarify points made by participants so that the accurate meanings of what they are saying are captured.

All interviews were done in line with the theoretical framework, philosophical positions, research questions, aims and objectives of the study. The researcher conducted all interviews independently, based on the availability of respondent. Interviews were done online and lasted between thirty-five (35) and one hour.

4.6 Data Analysis Procedure

4.6.1 Transcription of Data

The interview was audio recorded and transcribed using a denaturalistic format where idiosyncratic elements of speech (e.g., nonverbal cues, stutters and pauses) were omitted (Oliver, Serovich, & Mason, 2005). The reason for this is that the researcher was rather concerned with people's perceptions and the meanings they made of their experiences rather than how they conveyed their views. Moreover, since the study sample consisted of people from different ethnic and regional backgrounds, a naturalized transcript which incorporates geo-ethnic accents, did not suit the objective of this research, which was concerned with people's perceptions and experiences (see Oliver, Serovich, & Mason, 2005). The interviews were first transcribed verbatim, after which the researcher re-worded sentences by removing repetitive words or phrases but made sure the original meanings the participants wanted to convey were not lost. Illustrating with an example, the following is the original statement made by a participant: *"eh social life, I've seen... you see as we keep on growing nu we adapt some lives, like lifestyle into it... we adapt some lifestyle maybe which goes against what the rules in the community so sometimes we were seen as what social eheenn vicers or some emm... recalcitrant emm... children or something like that"*. This was transcribed as: 'Regarding social life, you see as we grow, we adopt certain lifestyles that do not conform to the rules in the community so sometimes we are seen as recalcitrant children or something of that sort'. Hence, the participant's point has been made clearer by modifying his or her statement in a way that makes it clearer without distorting its original meaning. Also, in the transcripts, participants were anonymized with the use of pseudonyms.

4.6.2 Thematic Analysis

The interviews were interpreted using thematic analysis. Thematic analysis, which involves identifying, analyzing and extracting themes in transcripts, is a common approach in the analysis of qualitative data (Bryman, 2012; Braun and Clarke, 2006). A theme is a category that relates to a research focus and builds on codes deduced from interview transcripts which provides the researcher with a basis for a theoretical understanding of his or her data (Bryman, 2012). The researcher chose this method of analysis because it is flexible, easy to use, and gives a detailed and

complex account of data (Braun and Clarke, 2006). Central to thematic analysis is the Framework strategy which, according to Ritchie et al. (2003 cited in Bryman, 201, p. 580), is a ‘matrix-based method for ordering and synthesizing data’. Thus, themes should reflect the phenomenon under study, and this explains why some themes are chosen over others. Ways the researcher used in identifying themes included looking out for repetitions, similarities and differences, paying attention to metaphors and analogies, transitions as well as the use of indigenous typologies or local expressions by participants that are either unfamiliar or used in unfamiliar ways (see Ryan & Bernard, 2003 in cited in Bryman, 2012, p.580). However, none of these is a sufficient condition unless it is relevant to the research questions and the focus of the study (Bryman, 2012).

Identifying themes began with coding or indexing (see Bryman, 2012). Themes and sub-themes presented in this study emerged on the back of rigorous and repeated perusal of the interview transcripts. This was to make sure the researcher familiarized himself with the empirical data from the research participants. Coding was done manually, by highlighting keywords in the interview that were relevant to the study, noting possible themes that have emerged and making comments in the margins of the word page using Microsoft Word. With coding, the interview transcripts (or texts) were downsized to identify associations between them and categorize them into themes. After careful review of the transcript, some codes that were initially identified were taken out. Remaining codes were categorized into themes and subthemes. Eight broad themes emerged but were later modified into four themes and eighteen subthemes, which the researcher modified and re-categorized while analyzing the findings. Meanwhile, coding, theme extraction and analysis of findings were guided by the research questions of the study as well as the theories and principal concepts that provided a framework for this study.

Table 1- Sample Thematic Analysis

Codes	Sub-themes	Themes	Quotes
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Feeding, accommodation, Provision of needs, Sense of safety	Living Conditions	Challenges outside care	<i>My main challenge is, up till now, I haven't got a place to call a home. Sometimes too, it's the institution or the orphanage home I call as home... - Kwadwo</i>
Friendships, support from church, educational support	Support Networks	Coping Mechanisms of Care Leavers outside care	<i>They pay my university school fees for me and when I go to school, they give me provisions and pocket money. They send us pocket money every month to buy certain things we need at school. They also give us books and other things that we need for school. - Jason</i>
Social welfare rules, residential home policy, non- participation	Formalities of care leaving	Care Leaving Process	<i>I completed JHS, and when you complete JHS, you're no longer residential, so you go and live with your family. It is not like they came for me or I was sent away, but that was the rule there that once you complete JHS, you go and live with your family. So, on my graduation day, my parents came for me and took me away. – Agnes</i>

4.7 Literature Search and Keywords

For this study, I used a range of databases for the literature search since studies have shown that doing this produces extensive or far-reaching search results and prevents missing out on some important literature (Grayson & Gomersall, 2003; Holden et al., 2008; B. Taylor et al., 2007; in McGinn et al., 2016; 267).

The principal databases I used for my literature search was the Social Sciences Citation Index (SSCI) and Sociology Collection, which were accessed via the University of Gothenburg library. These were complemented with other databases and search engines such as Scopus and Google Scholar, respectively. I began by creating a search structure that fits the respective databases to be used, and as McGinn et al. (2016) notes, it begins by selecting the key concepts and terms in relevant articles. The journal articles were sourced by using search formulae. Search formulae, according to Taylor et al. (2003; in McGrinn et al. 2016), refers to putting together terms that are related to a particular research topic or question. These formulae comprised ‘concept groups’ (grouping terms or concepts that are related to the topic under study) and Boolean algebra (AND, OR, and NOT) that were used to join these terms (ibid.). The search terms keyed into the databases included: “coping mechanism”, “care leavers”, “resettling”, “living conditions”, “reintegration” and “experiences”. These were keyed into the SSCI database using the Boolean algebra ‘OR’ and ‘AND’ to retrieve literature. The results of the search were limited to only peer reviewed articles. Further, the articles were checked for other key words that can help me refine my search, perused for information regarding care leaving and reintegration of youths. Also, I checked the bibliography to find other relevant articles.

In addition, Google scholar was used to find other articles that were of importance to my research topic. Given that Scopus is “the largest abstract and citation database of research literature and quality web sources” (Bryman, 2012, p. 115), I entered the keywords from articles I get from my Google Scholar search into Scopus to verify if those articles are peer reviewed and also to ascertain the number of times a journal article had been cited.

Most of the articles reviewed for this study were recently published, between 2010 and 2020. However other important articles and books that were quite old but still relevant were used, especially those that were seminal works on specific topics such as child development, the interplay of systems, care leaving, reintegration, among many others.

4.8 Ethical Considerations

Not only is the social work profession an ethic-laden one but social science research is, too (IFSW, 2018; Bryman, 2012). Ethical issues permeate the entire research process and cannot be overlooked since they have to do with the integrity of both the research and the institutions involved (Bryman, 2012; Creswell, 2013). These ethics regulate the relationship between the researcher and the research subjects and has become highly necessary due to sensitivity of research areas as well as the quest of stakeholders to uphold good ethical standards (Bryman, 2012).

As Bryman (2012) notes, the nature of ethical issues inheres within the methodology used and the study population. For instance, studying young persons who once were in care can have a lot of ethical issues. Here, ethical considerations require that the researcher maintains a balance between his or her quest to know about a specific phenomenon and the likely harm this could cause participants. A good researcher, thus, prioritizes reducing harm to participants over the quest to know (*ibid.*). Despite this, there is no consensus on what is and what is not acceptable when it comes to research. Bryman (2012) highlights two distinct ethical viewpoints that guide social research, which are: universalism and situation ethics. Whereas universalism posits that ethical standards should always be upheld and not violated regardless the circumstances, the situation ethic viewpoint makes it a matter of discretion. Inherent in it is the notion that unless ethical principles are breached sometimes, researchers will not get the information they seek from participants. These ethical perspectives reflect deontological and consequentialist viewpoints, respectively. In a similar vein, for deontologists, acts are morally right or wrong in themselves whilst consequentialist consider the consequences of an action to determine whether an action is good or bad (Bryman, 2012). This study was approached from the deontologist or universalist point.

Due to the risk of harm to research participants and the quest to maintain integrity of a research paper, the researcher and the institutions involved, there has been the need for ethical committees to issue guidelines against which a research is measured (Bryman, 2012). Ethical clearance and approval were gained from the Department of Social Work at the University of Gothenburg. Given that the participants were young adults, there was no need to get clearance from the Department of Social Welfare and Community Development in Ghana. Meanwhile, this was on the back of

hindsight since the researcher initially contacted officials of the Department who indicated that the researcher could proceed with his research, once he has approval from his university.

Since topics in social research often cover issues that are sensitive and require participants to talk through hard and, sometimes, traumatic experiences, these are likely to upset the participant or stir up emotions that could be disturbing, difficult to control or even affect the participant adversely. Therefore, they should be protected from harm. This was an important ethical concern the researcher prioritized. Care leavers sharing their experiences about their lives could trigger feelings that are difficult for them so in the event where this could lead to greater harm for the participant, his or her wellbeing was prioritized above my desire to obtain information. Participants were given the option to withdraw from the process whenever they so desired, keeping their information confidential and ensuring that they cannot be identified after findings have been published (see Bryman, 2012). They were also made aware that should there be any question they found disturbing, they could skip it or refrain from answering. This is closely related to another ethical consideration is which surrounds the invasion of privacy. This is concerned with the extent to which the researcher can delve into issues that are considered private. This was resolved by seeking the informed consent of all participants and respecting their right to self-determination; to decide whether they want to take part in the study. According to Bryman, “informed consent is given on the basis of a detailed understanding of what the research participant’s involvement is likely to entail, he or she in a sense acknowledges that the right to privacy has been surrendered for that limited domain” (Bryman, 2012, p. 142). All the participants received an information letter (appendix 2), which introduced the researcher and his research focus together with the consent form (appendix 3) not less than three days before the interview. This was to make sure that they had read and understood the purpose of the research and the nature of questions that could be asked. These include information about the researcher, the research topic or area, the research process (Bryman, 2012: 138), including duration of interviews and how data was going to be handled. During the interviews, the researcher reiterated the participants’ right to withdraw from the study or refrain from answering any question whenever they deem necessary. Participants were made to sign and return a scanned copy of the informed consent forms. These have been kept for future reference.

More so, confidentiality as an ethical concern was of prime interest to the researcher. Names or identifying information of participants were taken out of the interview transcripts. Pseudonyms to conceal participants' identity. Also, those who took part in the research were not disclosed to any staff of the organization from which they once received care or any official of the social welfare department in Ghana. Interview tapes, transcripts and demographic data on participants were stored on a flash disk and secured with passwords. Further, the use of internet for data collection has ethical issues especially related to confidentiality and privacy (Bryman, 2012). I avoided using WhatsApp since it has come under criticism recently due to data protection concerns. Participants were contacted through direct phone calls, since that is what they preferred (based on their responses in the google form), and recordings were made with my laptop, instead of call recording apps, for privacy reasons.

Regarding the use of secondary data, all scholarly pieces used have been duly acknowledged to avoid plagiarism and ensure the integrity of this research.

4.9 Trustworthiness of the study

The importance of judging the quality of all scientific data have been highlighted by several researchers (Shenton, 2004; Bryman, 2012; Creswell, 2013). In response to critiques from researchers in the natural science, the quality social science research has to be assessed using distinctive terminologies (Shenton, 2004; Bryman, 2012). Trustworthiness is a term that has been developed by Lincoln and Guba to examine the quality of qualitative research (Bryman, 2012; Creswell, 2013). Trustworthiness entails credibility, transferability, dependability and confirmability, which are equivalent to internal validity, external validity, reliability and objectivity, respectively, in quantitative research (Bryman, 2012; Creswell, 2013). Bryman (citing Hammersley, 1992) adds that another element of trustworthiness in a piece of research is the contribution it makes to the literature in a particular field. These five elements will be used to highlight the trustworthiness of this study.

4.9.1 Credibility

This concerns how believable the results of the study are (Bryman, 2012). That is, to examine how the study findings are congruent with reality (Guba, 1985; Shenton, 2004). According to Shenton

(2004), credibility emerges from measures that ensures honesty of participants. This include their ability to decline partaking in the study, being able to withdraw when necessary. Credibility also emerges from repeated questioning and probing, the researcher's reflections, detailed description of the phenomenon being studied as well as making reference and comparisons to past research (Shenton, 2004). In this study, participants had the right to decide whether they wanted to take part and could withdraw their participation as and when they deemed necessary. Also, the use of semi structured interviews allowed for probing. The research contained sufficient background on reintegration and problematized it. In addition, earlier research from several authors and contexts were referenced, and this study confirmed the realities of care leavers that had been revealed by past studies.

4.9.2 Transferability

This concerns whether the study findings apply to other contexts, populations and situations too (Shenton, 2004; Bryman, 2012). This research has produced findings similar to that from different authors in different countries. Importantly, it corroborates a study conducted by a researcher on older care leavers from a different facility in Ghana. Hence, the findings are transferable. In addition, according to Shenton (2004), the researcher has to provide detailed information so the reader can judge if the study can be transferred and compared to other situations. This research report has provided sufficient information, especially on studies from different contexts which produced similar findings as the ones in this study.

4.9.3 Dependability

This aspect looks at the likelihood with which the findings apply at other times (Bryman, 2012). That is to say, whether the same findings can be obtained if this study was repeated with the same or similar participants in the same or similar context (Shenton, 2004; Bryman, 2012). According to Shenton (2004), given that the phenomena of interest in qualitative research is not static, providing sufficient detail on the data collection process, research design and a reflection of how appropriate these methods are, result in dependability. In this study, sufficient information has been given on the data collection process and the research design has been motivated and justified. Hence, the findings of this study are dependable. Also, if the same design is used and process followed, the same or similar results will be obtained.

4.9.4 Confirmability

With confirmability, it focuses on whether or not the study is objective (Shenton, 2004). That is, the degree to which the findings represent the participant's view as well as the degree to which the researcher's personal values and biases have influenced the study findings (Bryman, 2012). Since absolute objectivity may be difficult given that the study questions and design are produced by the researcher, admitting one's predispositions as well as making it easy for readers to follow through the research process, what Shenton refers to as 'audit trail', makes the study confirmable (Shenton, 2004). In this study, I have mentioned how I was familiar with the research context given my past role as a social worker in the facility. Also, I have been transparent about the entire research process and data analysis. In addition, several quotes from participants have been used to support my discussion and analyses. Hence, the study findings reflect the views of the participants and are, thus, confirmable.

4.9.5 Relevance

Social work is an empowering professional practice that has advocacy and enabling as some of its key components. This is because it seeks to empower and liberate people so that their social functioning is enhanced (IFSW, 2018). This study has brought to light the living conditions of care leavers in Ghana, adding to the literature on care leavers' experience and reintegration in Ghana. It has also made recommendations to improve policy and practice so that the many challenges care leavers face will be ameliorated. Specifically, in the field of social work with families and children, this study revealed family complexity (the intersecting needs and problems within family systems that contribute to vulnerability), participation and power relations, which are central to social work with families and children (Penelope, 2012).

4.10 Limitations of the study

There were some limitations to this study. The first had to do with the limited time the researcher had to collect data for this study. This affected the possibility to get in touch with as many participants as possible. This was compounded by the corona virus pandemic and the restrictions that has been placed in many countries, including Ghana which provided the context for this study. Also, participants were chosen from a residential childcare facility that is privately owned and ran

by a church. This organization is well-resourced and that implies that care leavers may have more support than the average care leaver in Ghana. As such, their experiences may not reflect that every care leaver in Ghana. Finally, the researcher believes that there is the possibility of recall bias considering that all the participants had exited residential care for 3 years or more and could have forgotten some aspects of their experiences, especially regarding their time in care and the care leaving procedures.

CHAPTER 5

FINDINGS AND ANALYSES

This chapter presents and discusses findings from the study, taking into consideration theoretical viewpoints and earlier literature that provide a framework for understanding and interpreting these findings. These analyses are guided by the research questions of the study and seek to integrate empirical findings with theory to gain a richer understanding of the experiences of young persons who have left residential care in the Ghanaian context. To do this, several themes that emerged in the study are discussed in the subsequent sections and supported with relevant quotations from interviews with care leavers in Ghana.

Four broad themes emerged from the analysis with several other sub-themes. These themes reflect an understanding of the experiences of care leavers during the process of care leaving, their perceptions on reintegration and leaving care in Ghana, and their post-care experiences which include their challenges and coping mechanisms.

5.1 The Process of Leaving Care in Ghana

This theme had care leaving formalities, preparation for care exit, and exit concerns as its three main subthemes. It captures the experiences and understanding care leavers have regarding the reasons why they are no longer in care, the decision-making process, some fears and concerns care leavers had as well as how they felt when leaving care.

5.1.1 Care leaving formalities

This sub-theme touches on the arrangements that precede exit from care, especially regarding the purpose of reintegration and the decisions around it.

5.1.1.1 Care leaving reasons

The study revealed that most of the participants did not have concrete idea about their reasons for leaving care. For those who had an idea, there were three differing views: they either knew it was

a policy peculiar to the organization, a yearly routine backed by social welfare laws, or the purpose was for family reunion.

Six participants mentioned that they had heard that it was an instruction from the child protection authorities in the country, that is the Department of Social Welfare. Some of them mentioned that:

they say according to the laws of social welfare, if you are 18years or complete JHS, you are no longer supposed to be in residential care. You are supposed to be sent to your family and they (referring to the family) would continue with the care taking. – Raphael

Another mentioned how it was a rule to leave care as soon as one finishes his or her basic level of education.

It is not like they came for me or I was sent away, but that was the rule there that once you complete JHS, you go and live with your family. – Agnes

The participant's mention of care leaving as a rule implies that there could be no option for them other than to leave. In Ghana, basic school education lasts for nine years and the regular age at which children start school (pre-school and kindergarten not inclusive) is around 6 years, basic school completion age is around 15 years. However, it could be earlier or later due to an individual's level of intelligence and ability to successfully rise through the lower classes. Since reintegration begins when they finish basic school, they exit care when they are still children. This is confirmed by participants having revealed that they left care when they were between 14 and 17 years.

Unlike some participants who knew they had to leave due to social welfare regulations or that of the residential facility, there were others who could not point to the reason for their exit.

... I think I heard that they wanted you to be with your family after JHS, but I do not know why. I don't even know about that. - Queenstar

This means she had no idea why she had to be reintegrated. The lack of clarity on the reasons for care exit or reintegration is an issue of concern. From the accounts of these care leavers, it can be deduced that they had been made to believe that reintegration is mandatory once someone attains

majority or completes the basic level of education, regardless of what is stipulated in his or her care plan or the conditions at home. This contradicts provisions in the UNCRC (1989) and the UN Guidelines (2009) which stipulates that care leaving and reintegration should be in the best interest of the child.

For some care leavers, because they did not clearly know why they can no longer be in care, they found the ‘excuses’ to take them out of care flimsy.

The reason they gave didn't really sound good to me. It is not that I didn't want to leave but the reason they gave didn't make sense. – Mike

Mike further expressed his dissatisfaction with the ‘excuse’ behind their reintegration.

Because, if you say we have to know where we come from, during vacations or when we were on a break from school, we used to go back to our parents so what is the excuse? At least give something better. - Mike

5.1.1.2 Care leaving decisions

All ten (10) participants mentioned that they were not involved in the care leaving decisions, as to whether they would want to leave care or where they want to go. One participant mentioned that:

It was compulsory, I was not involved in any decision or anything of that sort. They just brought some papers for our parents to sign, saying we are non-residential, but I was not actively involved in anything that concerns me leaving the home. - Mike

Exit from care was compulsory, and care leavers not having the chance to participate in the decision making meant they were powerless and had no say in the entire process. This means, once the decision has been made, the only thing left to be done is to hand over children to their families. This violates the principle of participation in UNCRC (1989) and the several provisions on care residents’ participation highlighted in the main policy on residential care in Ghana, the National Standards for Care of Residential Homes for Children (UNICEF & DSW, 2018). However, this finding confirms the observation by Frimpong-Manso (2020) who notes that the vulnerability of care leavers in Ghana is compounded by their powerlessness in the decision-making process when they are about to exit care.

5.1.1.3 Preparations for care exit

Regarding preparations when leaving care, all ten (10) participants mentioned that there were no formal programs to prepare them for the journey ahead and life outside care. Three participants recounted that, the only preparatory support were words of advice and encouragement from some staff of the facility. According to one this way:

we were given forms to sign that we had been reintegrated and we were advised and given some words of encouragement by the managing director. – Meshack

One participant, Agnes, mentioned that she received some foodstuffs and clothes. According to her:

Initially, they spoke to us that we have to know that we have a family... just to know that we still have a family out there and physically we were given stuff. – Agnes

In the absence of any preparation, some participants mentioned that they had already psyched themselves up because they knew from past occurrences that there will come a time when they will leave care. According to them, they got this knowledge because they saw people leave the facility every year.

That's why I told you it looked normal, because I know that after JHS I have to go back to my family, so that idea is already there... those who were ahead of me that's the same process they went through so it was something that I already had an idea about it. – Jason

This means foreknowledge about care leaving made the process less tensed and less worrying for some participants. Despite the mental readiness of this participant, looking back on the years, he mentioned the stark contrast he has observed between life in care and outside care, and confesses how unprepared he was for post-care life.

I think the life outside and life inside here are two different things altogether, so I didn't get that preparation for the life outside. - Jason

The findings corroborate earlier studies that have pointed that there are hasty reunification attempts, with little preparation of those leaving care (Siqueira et al., 2011; Farmer, 2014;

Schrader-McMillan and Herrera, 2016; Carvalho et al., 2017). The findings of this study also affirm studies on care leaving in Ghana and other African countries that there is no formal preparation, except casual words of advice and words of motivation, (van Breda & Frimpong-Manso, 2020; Frimpong-Manso, 2020), which often has a negative effect on their aftercare and later life outcomes, regarding their survival and integration in society. This is because, studies have shown that transition into home and community can be difficult considering that children in residential care have peculiar risk (factors) which include psychosocial problems, difficult family relations and history of abuse (Casey et al., 2010). Therefore, the absence of preparation could have detrimental effects on the post-care outcomes of care leavers.

5.1.1.4 Exit concerns

The study finding revealed that most persons who are leaving care have a lot of concerns, fears and worries. This is mainly because of apprehension about the living conditions and home environments they are being returned to. Their main concerns were related to survival (meeting their basic food, shelter and housing needs and finding jobs), concerns over relationship and belongingness due to reasons such as insufficient contact with their families and community members, loss of language, and burden on receiving caregivers, guardians or parent.

One care leaver shared his experience:

After they informed us that we were supposed to go and gain some experience, physically I was okay but mentally, I was not, because looking at my mother's condition and also, the community which I come from, mentally it was like a state of distress. One of my concerns was that how to survive outside there. It was a major issue. I had to get there and survive in the community. Like how to earn money for living. That's what I mean. – Kwadwo

Kwadwo has a mother who is mute and as a result have resorted to petty trading since she has been struggling to get a job. Because she cannot speak or hear, Kwadwo feels it is difficult for him as well as his siblings to reason with their mother. This shows that there are complex factors that impact the before and after care.

Aside parental condition, other concerns that care leavers had include security (physical and financial), relational issues. These were mainly due to the long absence and diminished contacts between care leavers and members of their families and communities and loss of language.

Well, going back was not easy since I spent almost all my childhood inside the orphanage. Out there, I have to start everything over again, we didn't have any friends. Also going back to your family that you've left for a longtime, for them getting to know you and how things have been with you was quite difficult. - Pamela

This made transition out of care difficult as care leavers feel they have to restart life outside care and rebuild family and community networks, which will not come easy. The long separation weakened relationship with extended family members and other community members and had also resulted in the loss of their native language. This had far reaching implications for the sense of belonging and relational successes of care leavers within their families and communities.

Raphael shed light on this:

...I couldn't even speak the local language, so communication was a problem and I felt like if communication is a problem, how am I going to relate with these people and so I felt lonely. Since most of them are illiterates, speaking the English language was difficult for them. So, I didn't feel belonging and even food was a problem and I felt I was going to add up to the burden, so I wasn't feeling really good. - Raphael

This narrative by Raphael on his concerns while leaving care and were based on his experience with them during vacations. If care leavers temporary stays with their families are difficult, it is normal to think that longer or even permanent stays due to reintegration will not be so different, if not more difficult.

Two participants clearly spelt out their concerns regarding how their needs were going to be met while with their families.

One of them illustrates it this way:

Okay, so how my needs are going to be provided since I'm leaving, and considering [the] condition within which I was brought up, going back to the condition that I used to be in and what if nothing has changed? - Pamela

She added that:

You see, it's not everybody that is coming from a rich home. So, to get food, maybe some accessories, your clothing may get torn, you can't come back there [referring to the orphanage]. - Pamela

According to Pamela, post care experiences for care leavers depends on the circumstances of their families. This suggests that difference in receiving families' economic capacity is a strong determinant of the quality of life, wellbeing and post care experience of persons who have been reintegrated. This reflects earlier studies done by Frimpong-Manso (2014) in Ghana, which showed that not only are receiving families not ready to receive their members who were once in care, but also reintegration places great strains on the economic capacity of receiving families, adding to their problems and impoverishing them. This has also been a factor in why most persons have re-entered care after being reintegrated with their families, as observed in international studies on foster care and reintegration (Kimberlin et al., 2009).

Conversely, other participants expressed delight at leaving care. It was interesting to note that, unlike their fellow care leavers who expressed worries, these persons prized being with their biological family and staying in their communities over being in institutional care. Three participants shared this sentiment. According to one care leaver:

I didn't really have any [concerns] because my mum used to come for us a lot during vacations, so we were used to our community. I feel people within the community thought we were going to school and we were in the boarding house, so there wasn't any fear, we just lived like normal children that had gone to school and just came back. – Queenstar

For Queenstar, being acquainted with her community through regular visits and the fact that her stay in care is unknown to members of the community makes her transition back into her community a less tensed one.

5.1.1.5 Emotions during care leaving

One subtheme that was predominant in this study concerned the feelings of care leavers about their exit from care and re-integration within their families and communities. Participants, while recounting their experiences, made explicit comments on how they felt about exiting a place they have called home for several years and being taken back to their original families and communities. The feelings ranged from happiness to anger. According to research, preparations for the transitional journey has important consequences for care leavers wellbeing (Stein, 2006; Frimpong-Manso, 2014, 2019, 2020) and, as Pinkerton (2008) notes, the care leaving experience is a complex one; shaped by an individual's social and emotional situation (Pinkerton, 2008). Findings from this study revealed that care leavers expressed ambivalent emotional responses to leaving care. How care leavers felt about their transition out of care reflects the conditions of the environment to which they are being returned, and whether they had fears or concerns about leaving care.

While some participants expressed specific emotions, for other there was ambivalence. Some participants shared how they had mixed feelings about their journey to transition. For instance, one participant summed it up this way:

Okay, when I was leaving care, I felt like there's nothing out there for me to do, there was nothing out there for me to go and depend on for survival... On one hand, I was not pleased but on the other hand too I was like, then it's okay if the decision is for me to stay outside so I have to go there and experience some life outside there.
- Kwadwo

The researcher reasons that, residential care often means confinement to a particular setting, with little mobility and experience of the outside world. This could be because out-of-home care is strictly regulated, and care facilities try to minimize risk-taking behaviours for children and young persons within their care as well as to meet legislations and Standards of Practices (SOPs) that regulate their operation. This would mean that persons in care could face a lot of restrictions and not have the opportunity to be adventurous whilst in care. Hence, exiting care would mean being free from such restrictions.

On the other hand, feelings of unhappiness were brought about by the survival concerns participants had, regarding accommodation, feeding, friendship, belongingness and so on, as presented in the earlier section.

Agnes added that:

I wasn't so happy, due to the reasons I have given The food is one thing, and somewhere to sleep was also another thing; like a comfortable place to sleep. Since I came to stay in the orphanage, most of my friends are people in the orphanage and it's really easy to relate with. I didn't know people in my hometown and since I left at a very young age, so there was really no one to relate with. - Agnes

Further, these feelings of unhappiness about leaving care as well as fears and concerns care leavers had about their reintegration outcomes, led to deeper feelings of despair, dejection, powerlessness and sorrow. One participant recounted her sorrow due to loss of family relationship:

I was very sad because it felt like a family you were leaving behind; I was going to miss them. - Doreen

This remark draws attention to the point that, for some care leavers, exiting care or reintegration implies the loss of family relationships that have been carefully built and strengthened over the years they have been in care. The mention of 'family' suggests that some, if not all, persons develop feelings of safety, trust and affinity to residential care staff and other children in care, suggesting a sense of belonging in care (Hedin, 2014). The strong attachments and relationships people form while in care have effects on their reintegration outcomes. While it makes care leaving difficult for some persons, since there is a created dependency on the facility, for others, positive relationships with caregivers means a network of support to fall on in times of difficulty which can enhance their resilience (ability to cope with life outside care).

Contrary to experiences of most participants, one participant recounted how he felt 'normal', without eliciting any positive or negative emotions, which was interesting to note. On how he felt, he mentioned that:

it was normal because all my friends I was here with were also leaving the orphanage because it was time for them to also go back to their family. Because all

of us were leaving, I felt it was a tradition that when you reach some stage you have to go back to your family. Unlike I'm the only one leaving and the rest are staying, that one it will make me feel maybe I'm going, and I won't come back again but the situation where all of us were leaving, it looked normal to me. – Jason

For Jason, the normalcy in leaving care boiled down to exit of the group. This prevented any feelings of apprehension because he was not the only one being returned to his family and that means since he is not leaving because of an offence, there is still the possibility of returning for support, when necessary. This viewpoint shows that care leavers appraise the conditions under which they leave care and reasons for their exit. From Jason's response, it can be inferred that care leavers show less worry when they are not the only ones taken off the care system as well as when they have not left on bad terms so that they can maintain good relations with the facility. These diverse emotional responses revealed by participants confirm earlier research on care leaving that pointed out that the process of care leaving elicited different feelings in care leavers due to grief, loss of relationships and uncertainty about future outcomes (Stein & Munro, 2008; Smith, 2011; Frimpong-Manso, 2020).

5.1.1.6 Care leaving plans and desires

Meanwhile, the findings showed that a lot of care leavers had other wishes than being reintegrated. For most people who shared these sentiments, a little longer stay in care was necessary. Participants mentioned that they had other plans or wishes which they would have shared had they been involved in the decision-making process around their exit from care. For those with no concerns about leaving, who had also expressed excitement over their reunion with their family and the need for a different experience and exposure, reintegration was desired.

I was also happy to go and live with my family because my mom was alone, so we had to go and see her. It had been long, and we only saw her during vacations when she comes to visit. I think it was nice too, I wouldn't say I had any other choice. - Queenstar

The study findings therefore revealed that there were different underlying motivations for care leavers quest to be reintegrated.

However, for those who were not enthused about being reintegrated, they expressed the desire for extended stay in care, as described below. Majority (6) of the participants mentioned their desire for longer stay in care.

my plan was that since they knew my parents could not take good care of me, and that was the reason why I was brought to the orphanage, if they are still sending me to those parents who are unable to take care of me, then how do they expect them to fend for me? So, I expected that they will keep me there and, at least, help me... - Raphael

For them, their reasons for longer stay in care were many and included poor conditions at home or within their family which will affect how their needs will be met. Capturing the need for long term care in brief words, one participant, Kwadwo, revealed that; “For me, the conditions in the orphanage were better than the conditions at home.”

5.1.2 Analyses and Reflection

This theme has shown that, the care leaving process is the product of complex interactions, mainly between the micro, exo and macro systems within which the care leaver is situated, as the ecological systems theory posits. While in care, one major actor in the individual’s microsystem is the residential facility. The interaction within this microsystem across time, produced a network of relationships with residential carers, staff of the facility and other children in care which affects one’s sense of belonging in care and impacts how care leavers feel when exiting and how they move back into their biological families. This is because, the extended stay in care (right from their formative years of infancy) meant these young persons not only had the residential home as their primary socialization agent but also developed attachments to their residential carers (Rutter & Sroufe, 2000). Subsequently, their interactions with their caregivers and other children in care, coupled with the exchange of family practices, over time, means this attachment becomes stronger. For instance, their carers at the residential facility may be responsible to see to it that they have eaten, taken their medicines when sick, done their homeworks, completed their chores, and done their daily devotion since it is a faith-based childcare center. These responsibilities are typical of parents. As these parent-child roles and responsibilities are exchanged, it creates the home-like feeling, trust and affinity which is a necessary ingredient in achieving a sense of belong (Hedin,

2014). The nature and quality of these relationships can either foster their resilience or leave them vulnerable since studies have shown the importance of interpersonal relationships and social networks in buffering people from shocks and enhancing their ability to deal with adversity (Saleebey, 1996; Healy, 2014; Masten, 2014). This is because there is enough evidence on the impact of in-care relationships on the wellbeing of care leavers (Sulimani-Aidani, 2014).

During care exit, the individual's experience is shaped by the interaction between his or her exo and macrosystems. Reasons for care leaving and the decisions around the process are impacted by the policy residential's facility's policy on reintegration as well as national and international laws on reintegration and care leaving. As care leavers noted, exit from care was a regulation by the residential facility and is sanctioned by the Department of Social Welfare. Hence, not only did they have to leave care compulsorily but also, they were left out of the decision-making process. This undermined the care leavers' (human) agency, which the life course perspective shows is crucial for their wellbeing and subsequent transitions (Elder, 1998). Participants disclosed not being involved in the reintegration decision-making process and not knowing the reason for their exit. This corroborates research by Frimpong-Manso (2019; 2020) and Draditsile and Nyadza (2018) conducted in Ghana and Botswana, respectively. A look at this from the macrosystem reveals two things. First of all, it reflects the dominant cultural view of children in the Ghanaian context as vulnerable, dependent and having to respect and defer to adult wishes (Twum-Danso, 2010). It also shows the enormous power child protection officers wield, which they derive from their professional and statutory roles, organizational positions and legislations. Social workers' obligation to help determine what is considered best for the child attests to how powerful they are, and they sometimes fail to balance their power with the consciousness that comes with their role as advocates, to ensure that children and young persons participate in child protection processes. It is thus not surprising that Healy (1998) observes how reluctant child protection officers are "to relinquish their professional power and status in order to engage in more equitable and participatory relations with service users" (p. 903).

5.2 Challenges outside care

One predominant theme that emerged from the findings of this study is the challenges reintegrated care leavers face. These challenges are related to the concerns that they had prior to leaving care.

Just as they raised fears about leaving care, their experiences were not too different. The findings revealed that challenges that care leavers faced outside care were mainly related to infrastructure, finance, safety, religion, adjustment to their new settings as well as meeting basic food needs.

5.2.1 Accommodation and Infrastructural challenges

Several (4) participants disclosed that a major challenge they face is where to put their head. While some mentioned the lack of a proper place of abode, others lamented the lack of utilities, especially water, and other important amenities such as toilet facilities.

This is often because for some care leavers, the building in which they live is not conducive. Kwadwo shares his ordeal:

Because the house itself is not safe. [It] is an old house that was built long ago. When I go there, I have to perch in one of the rooms with one of the children of the people living in my house because myself I don't have a room there. The room is not safe. Sometimes when you are sleeping and the rain starts, you have to get up and wait until the rain stops. ... how the place is, anybody can enter the house at any time even when you are sleeping because we have an open place which we don't normally lock. - Kwadwo

Not only does this care leaver not have a room of his own, but the house needs repairs. According to him, the building is usually not under lock and key, and the roof leaks which creates an unpleasant scene when it rains. Other participants mentioned challenges related to access to amenities and utilities such as toilets and potable water.

We do not have a place of convenience and we have to make use of bush... we also do not have potable water. - Meshack

Another participant adds that:

At the orphanage, we have water which we use anytime we want, but in the house where I live with my parent, we have go to a place where they sell water to buy... so with such things, you have to minimize it when using it. So sometimes when taking your bath, you have to use half bucket of water ... - Jason

In Ghana, it is not common for houses to be fitted with water supply. Hence, most people do not have access to potable water in their homes (Afriyie & Ferber, 2018). As a result of this, it has become a merchandise as persons who can afford connecting pipe-borne water to their homes, allow to people to fetch the water at a fee. They have to walk depending on the nearest sale point to get water for domestic use.

5.2.2 Financial challenges

Other challenges mentioned by participants were related to money. All (10) participants revealed facing financial difficulties now that they are out of care.

There are a lot of challenges especially financial challenges- Raphael

According to the participants, financial handicap was the root cause of all the challenges they faced outside care, as it affected the availability and frequency of meals, the quality of their accommodation, access to clothes and other accessories. This reflects the material disadvantage that Stein (2006, 2008) observes as common with young care leavers. This corroborates international research as well as research in Africa and Ghana which revealed that financial difficulty was one challenge that impinged on care leavers wellbeing outside care (Stein, 2004, 2006, 2008; Stein & Munro, 2008; Frimpong-Manso, 2014; Frimpong-Manso & Bugyei, 2019; Frimpong-Manso, 2020; Salifu Yendock, 2020; Modi et al., 2020). Care leavers described different experiences outside care.

Their experiences were closely linked to the conditions at home and the financial situation of their receiving guardians and their ability to access opportunities that improve their lives. Although participants mentioned an improved economic situation at home due the ability of older siblings to support them, as compared to the period when they entered care where they were all little and depended solely on help from their parents or guardians, they still faced financial issues which affected how their basic needs were met. Recounting their challenges, participants opined that life outside care was complex: one that is fraught with difficulties, and different from what they experienced in care. None stated otherwise. One participant presents a detailed description:

I will say it's different, because when we were at the orphanage, we weren't really out into the world, it was like we were in our own community, so we saw life differently from what we are experiencing now in the outside world. - Queenstar

According to participants, the difference in post-care life lies in the sense that care leavers now face 'the realities of life' unlike the fancy and easy living conditions they had while in care.

Everything is given to you, the nice houses you live in, but if you go out you realize that that was not really your home. you are now facing the realities of life. For instance, now you are with your family, you know the struggle they go through. You now actually understand life; that your mother would have to go and sell in the market before you get food to eat. - Queenstar

These accounts corroborate research by James et al. in Ghana that revealed that care leavers' needs are better met in care and that they fare worse after their exit (James et al., 2017). Aside from home conditions and economic status of receiving parents or guardians as strong determinants of care leavers' wellbeing, the challenges care leavers faced is also linked to diminished support from members of the extended family system. One participant highlighted this.

... the residential care is better than depending on your family because not all of them are willing to help you, so life out of residential care is worrying. – Raphael

The waning support from extended family members have long been observed in Ghana and has been as a result of economic pressures and overwhelming responsibilities which have made people concerned with the needs of only their immediate families members (Nukunya, 2003; Abotchie, 2013; Kpoor, 2015). This is not to say support from family members is nonexistent but that the nature and extent of this support is dependent on the economic standing of these family members. According to one participant, Mike, their parents and relatives are now finding their feet and given that they were all taken out of care at a very young age, there was little they could have done to fend for themselves, so there was no need for the rushed exit.

I don't know but I really think we should have stayed here for a while, because some of us, our people are now picking up; they are now getting jobs and preparing

themselves. So, there was no need to rush us out because JHS 3 was too early. You're young, you can't do anything for yourself. It was too early. – Mike

The unpreparedness of relatives and age of care leaving make care leavers vulnerable and have far reaching impact on their wellbeing.

5.2.3 Challenges pertaining to religion

Another challenge that emerged from this study was one that concerned religion. Some (2) participants shared how differences in the faith they are exposed to and that which is accepted by their families raised issues and affected their relationships.

Also, when it comes to church, I am not able to attend church most of the time because my family does not attend the church I attend. So, there is a bit of a conflict there... I feel I am being forced to attend their church. – Agnes

Another participant noted that:

Let me talk about one of the discriminations I face when it comes to Christianity, the beliefs and religious acts. ...even in the community, at the orphanage institution, because I'm not baptized, anything I do that seems to break the law, they will say that it's because I have not baptized but not necessarily that. - Kwadwo

This difference in faith is because care residents are often exposed to religious practices that may be different from what they were used to before coming into care. When they go out of care, they struggle to adapt to the seemingly different religious activities and practices that are upheld by their families and this could cause relational problems. Hence, there is the possibility that care leavers not only get exposed to different faiths, within the same religion, but also get introduced to religions that are different from what they were socialized into while with their families. There could be instances where persons in care lose their religious identities and are converted into different religions, depending on the religion that is accepted within the residential facility. This is likely to occur in the facility where these care leavers once received care, since it is a Christian faith-based one.

Contrary to earlier studies from different countries which revealed that care leavers faced stigma and discrimination outside care, were socially excluded and failed to complete their education, used or abused drugs (Dworsky, 2005; Stein 2012; Modi et al., 2020, van Breda, 2020), participants in this study did not report any of these. No participant had experienced any form of post-care stigma or discrimination within the receiving families or communities. Excerpt from one participant reveals this:

In the community we are in, people don't know us because we have relocated, and everyone sees us as normal kids with their mom. The university is a big place, and no one knows about your life so I would say there is not stigma...So at SHS, we were known to be from the orphanage, but no one knows us outside of the orphanage. – Janet

For some participants, they think they do not suffer discrimination because community members, including friends do not know about their care experience. A contrary viewpoint for others was that, even when community members knew about their care experience, it did not result in ill treatment. Some participants rather mentioned how they are treated special, with respect and how their peers envy them due to the better conditions they had enjoyed in care and the progress they have made, especially regarding education.

They treat me a bit special, they all want to get close to me. At least I can speak better English, and they want to know what I went through there. They want to come around me and talk to me because I have been to the better part of Ghana. They feel like that place is good, it's heaven and there is something better there. They feel the need to get close to know more. That's how it is. - Raphael

These in the long run affect the sense of belongingness that care leavers feel within their communities.

Meanwhile, contrasting their experience, in care, participants mentioned that they faced discrimination within the care homes, from their carers, and at school. Three participants described the nature of the discrimination in the home, which is perpetrated by their caregivers, and how it affected them. These mainly concerned special treatment when it comes to dietary preferences,

chores and disciplinary measures and happened in relation to the ‘real’ children of the caregivers. According to one participant:

These are your guardians’ biological children and sometimes there would be some special treatment, maybe there is a cooking roster, and they are not part, there may be chores to perform, and they would not perform because they are hiding in their parent’s room. Sometimes there is food, but while you are eating banku⁵, you would find them eating rice, like some special treatment and it happens in all the children’s homes. By this I mean that I spent time in different homes in the orphanage, there was rotation or shifting and this happened throughout. – Raphael

Although some participants suffered discriminatory treatment while in care, the lack of it outside care has important consequences on their reintegration within their families and communities. This is because, research on care leavers across the globe has hinted that one other thing that contributes to their survival and resilience is the sense of normalcy they attach to their transition into their families and communities (Stein, 2006, 2008, 2012; James et al., 2017). This is reinforced by the absence of discriminatory and stigmatizing treatments from relatives, guardians, friends and community members. Most care leavers in this study revealed that they face no discriminatory treatment outside of care and rather see themselves as normal members in the community. This affirms the study by James et al. (2017) who found that, care leavers’ ability to shed the stigma of residential care, legitimizes their status as a normal member of the community.

5.2.4 Difficulty in adjusting to family and community life

Another subtheme that emerged from this study concerned relations within their family and community settings. The nature of the relationship between care leavers, their guardians or parents and their siblings, community members and how they perceive the communities within which they lived impacted their sense of belongingness within these contexts.

5.2.4.1 Relationships within family

⁵ Banku is a staple food in Ghana which is made from corn dough and cassava dough.

Although many participants disclosed that they had cordial relationships with the guardians and siblings. Experiences of care leavers regarding family relationships varied greatly. While some (7) felt the relationship remained the same as the period before care, others noticed an improved relationship. This was because they had maintained contact and constant communication even when they were in care. On the other hand, some participants revealed disturbing relationships with their guardians outside the orphanage.

The relationship between our mother and us is not really cordial or like a parent-and-child relationship. It's because of her condition. ... So as at now, none of my siblings is living with her because of her behavior. - Kwadwo

Another participant who was resettled with his aunty also recounted that:

It's [referring to the relationship] not good at all. That's why that's why I don't go there. Because they make you feel like you are a burden. it is not always that you would be given food, you would ask and the behavior she puts up would make you feel someway but her child has eaten, and she doesn't care about you. - Mike

It can be inferred that guardians' response to meeting care leavers needs is a starting point to establishing good relations and developing a sense of belonging. These participants mentioned that reactions from their parents or guardians made them feel they are a burden to them, and this does not result in positive relationships. As a result, they often try to distance themselves from these guardians. One thing these findings draw attention to is the differing quality in relationships based on biological ties. Two of the three participants who experienced a bad relationship with their care givers live with persons other than their biological parent(s); an aunty and an uncle, respectively. It is also interesting to note that the participant who disclosed a 'cool', transactional relationship with her guardian lived with an aunt, and not her biological parent. Another observation is that, disability of guardians affects their relationship with care leavers. When talking about his relationship with his mother, he mentions that the relational problems they have is "because of her condition".

5.2.4.2 Perceptions and feelings within community

Another component that affected care leavers' sense of belonging was concerns how they feel within the community and what they think about community members' attitudes toward them. Participants gave different views about their experiences within their community. While some fit in and felt accepted, others had difficulty in adjusting to the expectations in their communities.

Persons who had relocated or resettled in communities other than the ones they lived in before going into care had a different experience. They neither felt any special attachment nor belonging, and struggled to fit in. This also affects their ability to make friends. There participants had similar experiences.

According to one of them:

As I said, we just left the earlier place we were to this new place. We were in senior high school when our family moved. We have not been around for long, so we do not know the people around and we do not have friends like the community were in at first. Where we were at first, we used to have friends, like childhood friends before we left to the orphanage. We do not know people around here and there are no children of our age like that, so we don't have friends. We are almost always at home or in school because senior high school is like a boarding system so come home only on vacations. Right after that, we came to the university and only home during vacations, so we don't really have that type of relationship with people around. - Queenstar

Furthermore, some participants mentioned the difficulty they have in adjusting to life in the community. For them, not only are the community expectations different from that inside the care facility but they find it challenging to relate with members of their community.

You see, in the home where we were, we are not used to a lot of people... And we have our way of life but outside there, in the community, they expect some things from us, as in our dressing, speech. There are certain things that I will say in the home that may not be offensive. It's like maybe I will say something then the person wouldn't take it lightly. The person might misunderstand me. - Pamela

Another viewpoint that was interesting to note, was the difference in the environments; that is, the residential facility and the communities these young persons live in. Since these young persons have been out of their communities for a long time, they had lost touch with the realities there and had become accustomed to the environment at the care facility, and this had accounted for their difficulty to adapt, after care.

*Over there in the community, and living with new or different people, is a bit challenging. The way you speak to them and relate with them and because it is a rural area when you come out people see you differently. The way they look at you when you step out is a bit **weird**. - Mavis*

This was to some extent related to their inability to communicate with their community members since they had lost the ability to speak their native languages while in care. Several participants shared this sentiment. According to one participant:

I have been taken away from my people for a very long time and I couldn't even speak the local language, so communication was a problem. – Raphael

5.2.5 Analyses and Reflection

This theme on the challenges care leavers face outside care has evinced the interaction between the care leaver and several systems around him or her, like the ecological systems theory reveals (Bronfenbrenner, 1979, 1992). It has been seen that at the micro level, conditions within the home determines how the care leaver fares and is influenced by meso systemic interactions such as income of parents or guardians. They explained that these challenges were as a result of the financial status of their parents and receiving relatives as well as their inability to engage in income-generating activities since they were very young at the time they left care. In addition, poor conditions in their families also mean poor living conditions for care leaver reflecting the principle of interdependent or linked lives that the life course perspective put forward (Elder, 1998). Further, participants mentioned how this early exit contributed to their vulnerability, since they could not make any meaning contributions to their lives, especially regarding finding jobs to get money for their upkeep. This, thus, draws attention to the importance of timing in the lives of individuals and the effect it has on subsequent transitions and their life course. This is because

poorly timed transitions will have negative impacts on care leavers (Elder, 1998). Care leavers exit the care system at very young ages (eg. between 14 and 17) as shown in this study, and at a time where their families are not well prepared to receive them. This has been the reason for the material disadvantage, vulnerability in terms of difficulty accessing necessities of food, shelter and clothing, as well as affecting their ability to secure well-paying jobs (Stein, 2006, 2008; Stein & Munro, 2008). This is because studies have shown that there are better outcomes for care leavers when they exit care at a later time when they are old enough (Daining & DePanfilis, 2007) since they are better able to find employment and earn decent salaries at that time (Dworsky, 2005).

In addition, looking at challenges related to religion, it can be noted that the mesosystemic interaction between the care leavers' family and religion has consequences on their interpersonal relationships and can affect their feelings of belonging within the family unit. Further, on the challenges care leavers faced with regards to relationship with families and adapting to their receiving contexts, it draws attention to the interaction between several systems (the macrosystem, the chronosystem, the mesosystem, the exosystem and the microsystem) around the care leaver and how that impacts his or her wellbeing and experience outside care Bronfenbrenner (1979, 1992). The findings showed that participants went into care when they were little and had remained for several years. What happens in between is important in determining how strong their relationship with their families and communities will be. The display of family practices through calls, visits and vacations meant that relationships with birth families could be repaired, if not restored. These visits are made possible given the regulations and policies of the residential facility, regarding how frequent a person in care can visit his or her relatives, and vice versa. In the absence of these (that is, for care leavers who had little of these while in care) their relationships with their family and community members waned, as they, instead, form relationships with their caregivers and other persons within the residential facility, over time. This highlights the influence of time factor or the chronosystem as Bronfenbrenner (1979, 1992) puts it. They also lose the ability to speak their native language since they are introduced to a different language (that is, the English language), which will make communication difficult when they are reintegrated. These have a cumulative impact on care leavers transition into their families, the nature and quality of their relationships, the availability of support, and their feeling of belonging within their networks. Considering that good relationships within the receiving contexts (that is, family and community)

and a strong sense of belonging is necessary to enhance reintegration outcomes (DeLay, cited in Williamson 2008) friction between care leavers and their guardians or parents, as a result of faith differences, could affect their relationship and may not make them feel accepted within the family setting. However, how care leavers respond to the various challenges will determine how they fare (that is, their resilience) outside care.

5.3 Coping Mechanisms

An important subtheme in this study concerned how care leavers dealt with the various challenges they faced. This study revealed that their coping mechanisms ranged from personal, inherent capacities to external support systems.

5.3.1 Self-efficacy and Personal responsibility

Personal efficacy, which encompasses innate skills, strengths and virtues that care leavers possessed, played a key role in how participants responded to adversities that they faced outside care. For most of them, they were able to make crucial decisions which comes from the awareness that their lives are in their own hands. While some have reported finding part time jobs while on vacation to be able to raise money to meet their needs, others too have learnt to cope, be strong and make do with the little resources they have. Given their age, levels of maturity and education, they are able to access opportunities that otherwise could not have been accessed.

...Also, I have learnt to do certain things for myself. Now I know that, growing up you have to also make some plans for your future. It's not everything that people have to decide for you. Being in the home you have everything on a platter but now I know that I have to work for this, put this thing here so that as I move on, I will be able to get the foundation to establish myself. So, like, the part-time work I'm doing it is helping me to get something to put down to add to the support that I'm getting- Pamela

The above excerpts reflected the experience of most participants on how they deal with hardships that come with being out of care. Although participants showed eagerness to work, two revealed how difficult the work is. According to one person, despite how difficult the work is, it does not pay well. Two participants revealed that:

And usually the work is tedious, but the pay is small, as little as 3cedis or 5cedis which is not enough, so we just have to manage what we have. - Agnes

[If] the person is not muscular like I am, the person would not be able to work to care for themselves... - Mike

Agnes disclosed that she received between 3 and 5 cedis (which is less than 1 euro) daily. This raises concerns about the nature of work and what they get in return. It could be that due to economic hardship in the home, care leavers are desperate to get a job to support themselves and may end up in very risky yet low-paying jobs and are susceptible to be exploited economically.

However, participants showed a high sense of responsibility and the readiness to look out for and exploit opportunities around them to improve their conditions, instead of depending on others. This evinces the (human) agency that care leavers have; their ability to influence their conditions positively by decisions and acting upon them. This has been crucial to fostering their resilience and ensuring that they thrive regardless of their circumstances. One participant captures this in his remark: “When I was in the institution, it was like my life was straight forward to become successful but when I was reintegrated, it was like everything began to shut down. At the moment, I’m gaining my hope and aspirations back.”- Kwadwo

5.3.2 Support Networks

Participants also mentioned that they manage to deal with the problems they encounter aside care because of the different support available to them. These are provided through their family, friends, the residential facility and sometimes, the church.

5.3.2.1 Support from the Residential facility

All ten participants mentioned the residential facility as their main source of support. However, this support was mainly directed towards their education. All participants (eight in the university and the two in vocational schools) have their educational needs covered by the residential facility. According to the participants:

They pay my university school fees for me and when I go to school, they give me provisions and pocket money. They send us pocket money every month to buy

certain things we need at school. They also give us books and other things that we need for school. - Jason

Excerpts from the interview revealed that participants had their tuition fees, food needs, stipends, stationery provided by the residential home. As soon as the reintegration process begins when these persons complete JHS, educational support is made available to them by the facility through SHS to the tertiary level.

Two participants also mentioned that on few occasions, they received extra help from the facility.

Me, for example, I have more clothes than I use to have, and on a few occasions, I was given food stuffs to go home with. – Agnes

Meanwhile, the only time staff or officials met them was when they brought them foodstuffs on campus. Aside that, there was no form of visit and follow-up, especially by the Social Worker and the Managing Director, while they are with their families to know how they are faring. All the participants had similar responses:

no there is nothing like visit, but they visit me in the middle of the semester to check if my things are done and replenish them. They also check up on how school is going and how you are coping, but the main purpose is to give you some food stuffs. – Raphael

This shows that aftercare follow-up was lacking. All forms of physical visits happened when care leavers were in school rather than in the settings where they were reintegrated. Rather, contact was mostly initiated by care leavers themselves, either through visiting the facility or calling the staff and caregivers there. This was disclosed by nine participants. According to one:

When I'm in school, they can visit, and when I come home, I will come and report that I'm back from school. Sometimes too, they can call you on phone and ask how you are doing. - Jason

Other times too, some care leavers mentioned that their caregivers at the facility call or visit them.

Sometimes I call them, and they advise me, and sometimes they call me and ask me how things are going. - Kwadwo

This throws more light on the strength and nature of relationship between care leavers and their caregivers at the residential facility. This reciprocal relationship has positive implications for care leavers experience outside care. However, the lack of aftercare support affirms past studies on the experiences of care leavers in international literature and Ghana as well (James et al., 2017; Diraditsile & Nyadza, 2018; Modi et al., 2020) which further exacerbates care leavers' vulnerability. On the other hand, participants comparing their relationship within and outside care, they revealed that relationships with the residential caregiver, whilst in care was a positive one. Accounts from participants revealed that the experience in care was one that had a family feel and this contributed to making their placement a rewarding one. Care leavers, looking back on their time in care, they use expressions such as 'welcoming home', 'good form of parenting' and 'family environment' to describe the experience. One participant succinctly puts it this way:

The form of parenting is also good.... It's a couple that take care of us, comparing it to other orphanages that have two females taking care of them, here it is a couple, legally married couple, so you have that family environment, that welcoming home.
– Mike

Comparing the mode of parenting to what happens in other residential homes across Ghana, Mike believes that the system within the facility where they lived was better and normalized their experience in care since they lived with a couple, just like other persons outside care have both parents taking care of them. This creates an atmosphere akin to a biological family environment where one lives with his or her mother, father and siblings under one roof. This caregiving arrangement is particularly interesting given that the normative style in most residential homes for children in Ghana is a caregiver, mostly female, taking care of many children.

This family feel is strengthened by the affective relationships that exist between the caregivers in the home and the children under their care. According to one participant, Pamela, it is one that is characterized by affection.

As I got used to the place, it became a wonderful experience, providing my needs and everything, and then giving me all the love I deserve – Pamela.

Therefore, not only are the tangible needs met but intangible needs (emotional, need to be loved) are fulfilled through residential care.

In a similar way, one participant's lumps up the family-like experience this way, suggesting the normal life care residents had:

I think it was the best thing that ever happened to us... It was kind of a home and boarding house expectation – Queenstar.

In other words, for some care leavers, the residential facility was a home away from home. This corroborates a study conducted on children in residential care in Mexico (Khoo et al., 2015). This helps persons in care to compensate for the bad experiences they may have had before coming into care and the relationships they have lost or never had with their biological families. One thing that is interesting was the use of words that suggest family relationship to describe other people within the residential facility. When referring to their caretakers in the facility, instead of saying guardians, caregivers, or residential caregivers, participants or used the word "parents", which depicts strong family ties. Similarly, when talking about the other children they have been in care with or those still in care, they used "siblings". This was observed from all ten (10) participants. For example, one participant made remarks such as:

...You see, in the home where we were, we are not used to a lot of people. We are just used to a particular group of people; our parents and our siblings.... - Pamela

These suggest that persons in care develop a strong relationship with their caregivers and vice versa. This fills the void caused by parental loss for those persons who are totally orphaned but for those who have one parent alive, it gives them another set of trusted parental figures they can rely on. For example, this can be seen when Jason says, "*the parents I have at the orphanage*" when referring to his caretakers while he was in care. This strong relationship between care leavers and caregivers could be attributed to the stable placements they had, which allowed them to forge that bond over time. These findings contrast earlier studies on residential care and care leaving which showed that persons in care have poor placement stability and are moved multiple times before their care plan comes to an end (see Stein, 2004, 2006; 2008). In this study, participants entered care before age ten and remained in care for at least six years, averaging 10 years. This suggests that their extended stay in care, at one facility, was beneficial as some entered care during their formative years, where they had need for attachment. This finding, however, corroborates research that points out that, an enduring positive relationship with an adult, such as a caregiver, has positive

effects on the post-care transition and experiences of people who have left care (Duke et al., 2017; Sulimani-Aidan, 2014) and gives them the relational permanence they seek (Doucet, 2018; Freundlich et al., 2006; Stott & Gustavsson, 2010).

Interestingly, however, all participants mentioned frequent stays in the residential facility although they are no longer in care, when the challenges back home are unbearable. According to them, they go to visit and “stay there for some time” as and when they desire because temporary stays are allowed. For example, two participants mentioned that:

Sometimes when I feel the difficulty is too much, I have to come and stay here for some time and go back again. - Kwadwo

And in instances where I realize times are tough, I go to the orphanage to stay for a while. - Raphael

I go to live there once in a while and during the Christmas holidays, we all come around to spend the Christmas holidays. - Janet

As at the time of the interview, four of the participants were living in the residential home, as part of their routine visits, and accounted for the use of ‘here’ when referring to the residential facility during the interview. This, the researcher believes defeats the purpose of their reintegration since it has a strong probability of creating dependence on the institution and can negatively affect care leavers transition and re-settlement into their families and communities.

5.3.2.2 Family Network

One important source of support for care leavers is the family. Since most of the caregivers were returned to their biological mothers, the primary caregiving responsibilities rested with their mothers and older siblings. However, four (4) receiving help from either an aunt or an uncle. This support was mainly around meeting their food needs, safety, shelter and providing extra support with care leavers’ educational needs, when possible, to complement the help provided by the facility.

Almost all participants (8) mentioned that the conditions at home were slightly better, compared to the time they were taken into care. This could have implications for how they fare now that they

have been resettled. For most of them, this better living condition was as a result of improved financial status of older siblings, lessening the burden on their primary caregivers, as well as their ability to support themselves. Three participants explained how their sources of support have broadened due to growth of siblings and their employment. One care leaver disclosed that:

The living condition as compared to before has become better because where we live now is a self-contained [house] and now my brothers are grown, and they are able to support us. So, the support doesn't only come from my mother because she trades in the market. ...but my elder brothers as well, now that they have something going for them helps so now living has become better because before we left, it was only my mom that was working, and we were all young. - Doreen

This finding has shown that one aspect that has important consequences on the aftercare experience of care leavers is birth order and number of siblings. This means for those care leavers who are the older children (i.e., first borns) of their parents or only children, life aftercare could be different from what has been seen in the excerpts above; there could be less support and more stress on them. This brings an understanding that one factor that determines the wellbeing of care leavers is the number of dependents that their parents or guardians have to cater for.

Similarly, better economic and employment outcomes of parents or guardians affect the post-care experience of persons who have left care.

I would say there has been a little bit of improvement because before I was taken to care, my mother didn't have a job, but things have gotten just a little bit better.
– Agnes

Caregivers' employment would mean a stable source of income and that will affect how the care leavers need are met. Meanwhile the nature of job and the amount it fetches is what is important here. On support from relatives other than those in their immediate settings. For some, their relatives come in when help from their care givers and immediate family is not forthcoming. According to one participant:

So anytime our mother tries to ignore us, there are other extended family members who takes us to their side and provide us with food sometimes- Kwadwo

Meanwhile, it was interesting to note that only (1) one participant mentioned having received support from relatives while living with someone else. Three out of the four participants who got help from their relatives were, living with and, in the care of these relatives. Nonetheless, support from distant relatives reflects an aspect of doing and displaying family which goes a long way to legitimize care leavers membership to the family and affects their sense of belonging positively. This is captured in one participant's response.

My family accepted me, they welcomed me home, my uncle's support makes me feel I'm part of the family and that he will do the rest from here and take care of me. - Raphael

5.3.2.3 Community and other social networks

Almost all participants (9) mentioned receiving no support from members of the communities, in which they live, such as older adults and community leaders. One participant had this to say, and that resonated with the answer the other eight (8) gave:

I do not get any support from the community, nobody at all. - Doreen

One person mentioned that the only form of support he receives from the community is intangible and is always advice.

The only support I get from the community is they advise me sometimes...- Kwadwo

The lack of support from community members in the Ghanaian context had been attributed to the effect of social change and the weakening of traditional values that knitted families and communities together (see for example, Frimpong-Manso, 2014). Unlike in the pre-colonial days where there was collective responsibility for raising and maintaining children, reflected in the local adage that 'it takes a village to raise a child', it is no longer the case in recent times (Abotchie, 2013; Frimpong-Manso, 2014; Kpoor, 2015). This has been a reason that explains the incessant entry of children into care and, I reckon, has consequences on how they fare after they have left care. Also, the availability of support, I believe, is dependent on the economic condition and living standards in the communities where care leavers are returned. When one has failed to meet his/her needs and that of his/her dependents, it will be impossible to extend a helping hand to other people. Inferring from some care leavers' previous accounts on how community members treated them

special (and sometimes with envy) because they came out of residential care better than them reflects the seemingly poor living conditions in these communities. This could be why community members look on without being able to provide any tangible support to young persons who have been reintegrated.

One participant mentioned how members of the community inform the church about his needs.

Because of how she treats us, sometimes those living in our neighborhood communicate it to the church members and they have to come in. In instances where the church knows nothing about these things, sometimes we have to struggle and try to fend for ourselves. - Kwadwo

This implies that community members knowing their inability to help contribute to the care leaver's wellbeing by referring him to where he can get help. Although only one person mentioned this, it could be the case for other care leavers.

Some (6) participants, however, mentioned that friends and the church form an important support network outside care which cushions them against difficulties.

I have a very good friend in the community. When I was young, I could even sleep over at his place. I sometimes call him, and he gives me some money. If I need any help, I feel safe calling him and he helps me when he can. - Raphael

Aside financial assistance, participants revealed that friends played a crucial role in their ability to know about and access job opportunities. One participant puts it this way:

I work around and live with friends... If I need a place to stay, if I need a job to give me food, it is friends that I would go to. – Mike

Therefore, external support systems that lay in the community are crucial for the survival of young care leavers in Ghana.

5.3.3 Analyses and reflection

The theme on care leavers coping mechanisms has brought to light several resources that enhance care leavers resilience. Important here is the interaction between the individual and the different

levels and systems and how these help the care leaver to deal with the challenges he or she faces outside care. This has pointed out to resilience as both a combination of innate, personal strengths as well as a product of external interactions (the bio-ecological model of resilience) as put forward by resilience researchers (Saleebey, 1996; Ungar, 2013; Masten, 2014). Additionally, personal strengths and capacities to thrive in the face of adversity is bolstered by external resources available to the individual. These which emanate from the intersystem interactions, that the ecological systems theory advance (Bronfenbrenner, 1979, 1992). Firstly, care leavers' ability to cope was related to their ability to take responsibility for their lives and influence their life outcomes by making important decisions concerning their lives. This concerned taking up part time jobs among others reflect their agency; the fourth principle of the life course perspective (Elder, 1998). This sense of responsibility and decision-making ability can be understood by looking at the effect of time (that is, their growth, physical development and maturity) and their cognitive skills which have been sharpened through education they received in care. This level of individual responsibility that comes up as people grow is difficult for care leavers to handle. This is because it had been noted earlier that the period of care leaving coincides with emerging adulthood where these young care leavers have to make important life decisions concerning their lives (Arnett, 2010, 2015; Frimpong-Manso, 2020).

Looking at external influences, support available to care leavers comes from the interaction between systems such as the exo, micro and chronosystems. Care leavers received support from parents, siblings, relatives, friends, the church and the residential facility. The chronosystem influence can be seen in the positive changes in the living conditions at home as well as the growth of older siblings and their ability to support. This hints that care leavers wellbeing is tied to the interaction between systems within which he or she is not an active participant but affects him or her. These include the employment and income of care givers, their siblings and resources of the residential facility. This represents a meso-level interaction. This also resonates with the principle of interdependent and linked lives that the life course perspective posits (Elder, 1998), which highlights interdependence and interrelations between people and how experiences are shared among people. This therefore means that, the social and economic situation in the care leavers' families and communities determined the extent of support available to them. In a similar vein, this study has confirmed that the availability of support from family and social networks is key to

resilience-building and successful care-leaving. This corroborates recent studies by Theron & van Breda (2021) and Frimpong-Manso (2020). Elsewhere, especially in the global North, young persons aging out of care often move to independence and have government authorities and other aftercare agencies as their main sources of aftercare support (Stein & Munro, 2008) but the case is different in Ghana and most African countries (van Breda & Frimpong-Manso, 2020). In current times, where social forces such as economic hardships have impinged on the extended family system and other social safety nets, care leavers are still able to receive support from these networks. This can be explained by the predominant values of reciprocity, altruism and collectivity that are embodied in the Ubuntu philosophy. In addition, care leavers' dependence on social networks also shows how independent living as an aftercare option does not fit the African context, rather interdependent living, as studies have shown (van Breda & Frimpong-Manso 2020). Hence, underscoring the role of several sources of support within an individual's ecology as crucial to better care leaving outcomes; one that is in line with the ecological systems theory by Urie Bronfenbrenner (1979, 1992).

In addition, care leavers in this study do not experience instant adulthood like other studies identified because they received educational support through senior secondary level to the university, which gives them the space to transition (Stein & Munro, 2008). This buffers them against the accelerated and compressed nature of social transitions, as Stein puts it (*ibid.*). A similar study by Frimpong-Manso (2020) showed that extended stay in care (up to the university level) helped care residents to transition gradually and prevented instant adulthood. Although, participants in my study did not stay in care till university, they received some sort of support or care throughout senior secondary school and university or vocational education, albeit under non-residential arrangements.

Further, family practices that care leavers did and displayed between themselves and their biological families affected their relationships, mostly positively. While in care, practices that they exchanged with biological family members such as calls, visits and vacations helped to create a sense of identity and belonging. It also helped them to repair and rebuild their relationships. This had impact on their experiences within their families after care. It was not surprising that most participants reported good or even better relationships with their families, especially members of their immediate family.

Comparing the result of this study to a similar study on young care leavers in Ghana (Frimpong-Manso, 2020) one striking difference that was observed concerns support from biological parents and family members. In the study by Frimpong-Manso, no participant disclosed having gotten support from their biological family relations, both immediate and extended. However, in this study, one strong support network that participants mentioned (aside the residential facility) is their families. Care leavers received support mainly from their mothers and older siblings. However, at the same time, they revealed that they did not want to be a burden on their parents and guardians and also had concerns about how their basic needs will be met. When possible, other extended family members supported, albeit only few participants could mention that. Similar to the study by Frimpong-Manso, care leavers ability to establish positive, enduring relationships with caregivers and staff had impact on their post-care experience, and corroborates earlier research (Stein, 2008; Sulimani-Aidan, 2016). Also, both studies showed longer stay in care and stable placement which was as a result of reduced occurrence of behavioural problems unlike is observed in other parts of the world (Stein, 2006).

5.4 Understanding of reintegration

This theme concerns participants' understanding of care leaving and reintegration. The study showed that the participants lacked a clear understanding of what reintegration and leaving care meant. While for some, reintegration meant temporary return to their biological families, others thought the purpose was for acculturation. However, some mentioned that they had no idea what reintegration was at the time of leaving, and even now. Participants shared diverse, almost conflicting views.

One participant disclosed that:

I understand that maybe we were going to stay out there for some time but the guardians in the orphanage home will still be taking care of us. But I don't really understand. Also, as I said earlier that we go out to get some cultural influence and social life influence so that maybe in the near future, we might not suffer. -Doreen

This participant felt although they have been returned to their families and community, the caregivers at the facility are still responsible for their care. Another participant thought it was a way to lessen the caregiving obligations on the facility.

And on my understanding of reintegration, I thought they felt the work was becoming too difficult and so they wanted us to go back to our parents to experience how hardship is like so that when they give us something, we will learn to appreciate it. That is how I felt. – Raphael

Three participants revealed that their understanding of reintegration was synonymous to family reunion. Hence, its purpose was to help them acquire important life skills and one's native language. One of them had this to say:

In simple words, I will say, I was 6 years old in 2005 when I came, so, I had stayed here for a long time and had even forgotten how to speak my local dialect, the Twi language. So, with reintegration, they just needed me to know my relatives and how the system works there. - Janet

Another participant who initially mentioned that she understood reintegration to mean spending time with one's family, reflected on her response and added that:

Well, it's confusing. If that was the reason why they are sending us off, then the vacations were not even necessary. Because, at least, a time will come for us to go back and then, socialize with our people so what is the need for the vacations. - Pamela

According to Pamela, if they would eventually leave care one day for the purpose of getting to know their family members, then there was no need for them to visit their relatives during vacations. Meanwhile, this is an erroneous understanding of the purpose of reintegration.

Meanwhile, for others, it took a while for her to realize she was no longer in residential care. She explained that:

I am not sure I understood it at that time because after we left, I really didn't know we weren't residential children again. So sometimes you come around then maybe

visitors come, you would hear something like the total number of residential children is this. So, after some time, I got to know I was considered nonresidential because they used to mention it, but as of that time we were leaving, I didn't really know it. So, it was after some time, that I got understand that when you complete JHS, you are not a residential child again. - Queenstar

It was interesting to note that some of them mentioned that they did not know they were no longer in care. This was also evident in some participants' comments on how they were treated anytime they stayed longer during their routine visits to the residential facility. According to them, the caregivers at the facility asked them so many questions and were fed up with them staying over. One of the participants said:

There is a limited time you can stay there when you go, it appears you are being sacked because everyone seems to be questioning why you are there and what you want, so you do not feel free to move about. – Raphael

It is interesting to note here that, while participants shared their understanding of reintegration, their responses birthed a sub-theme. This concerned how care leavers defined the success of their reintegration. Participants in this study revealed different criteria with which they appraise their reintegration. These ranged from strong familial ties to cultural awareness and identity (through imbibing values and acquiring native language). Some participants noted healthy family relationships as a marker of successful reintegration.

I have a stronger relationship with my family now because since I left them, I was not really in touch with them, but the reintegration has helped me know more about them and they are getting to know more about me too. – Agnes

For some, successful reintegration means re-learning or re-acquiring lost cultural values and identity. Six participants had a similar view.

I'm able to speak my language and now I've seen social life, negative influence that society can have on you and the positive influence, so I've seen many things that have helped me a lot. - Kwadwo

However, one participant gave a different account. According to him, the markers of successful reintegration are the ability to find a job, earn income as well as have a decent accommodation. Anything short of this is not successful.

let me put myself away for a moment, if we have someone who has completed and is supposed to be reintegrated and the person is not muscular like I am, the person would not be able to work to care for themselves. I do not know if there is someone I can use for an example, but if there is someone who is not muscular like me and that person has to work, it will be tough. Imagine what I do and what I am saying, I do not live at one place and I move from one place to another, it is not easy at all, carrying things here and there, how do you feel the person would term this as? You are just hurting the person in some way. So, for me it's not good at all. It's not a successful thing they are doing. - Mike

According to him, post-care experiences and outcomes will vary for different persons because they are left to fend for themselves since not all of them can manage that. This draws attention to the role of care leavers' age at the time of exit, (dis)ability, receiving contexts and the timing of care transitions on the aftercare experiences of persons who exit the care system. Thus, suggesting that post-care experiences will be uneven and fragmented for care leavers (Pinkerton, 2008). It also makes a case for the role of aftercare supports as crucial for care leavers survival and wellbeing outside care.

5.4.1 Analyses and Reflections

The theme on care leavers' understanding of reintegration has shown the role of time factor (chronosystem) across their life course (Bronfenbrenner, 1979, 1992; Elder, 1998). According to the care leavers in this study, the passage of time has shaped their experiences and thoughts about what the purpose of reintegration is. However, the lack of common understanding about the purpose of reintegration raises questions about their involvement in the case management process, during their time in care and when leaving care. Just as care leavers were not involved in the exit decision making, it is also likely they may not be involved in any care plan reviews. According to the Case Management protocols made available by the Department of Social Welfare, under the Care Reform Initiative, care leavers must be involved in reviewing their care plans (UNICEF &

DSW, 2018). This should take place throughout their time in care as well as when they are readying for exit, they should take part in drawing their transition or aftercare plan.

CHAPTER 6

CONCLUSIONS AND RECOMMENDATIONS

This chapter summarizes the key findings of this study, in line with the research questions, and make recommendations for policy, practice and future research.

The questions that this study sought to answer were:

1. What are Ghanaian care leavers' experiences of exiting care and the processes around it?
2. What do care leavers understand by reintegration?
3. What challenges do young care leavers in Ghana face while resettling into their original families and societies?
4. How do they cope with the challenges they encounter?

6.1 Summary of findings

6.1.1 Care leavers' experience of care leaving and the processes of leaving care in Ghana

The key findings of this study showed that exiting the care system is particularly difficult for care leavers. Although care leavers expressed ambivalence over leaving care which was were two opposites; the desire to leave and experience life outside and the quest for longer stay in care, one thing that was certain is that care leaving evokes several emotional responses from care leavers. These responses were linked to care leavers' perceptions, fears and worries about life outside care, on one hand, and the loss of family-like relationships with the caregivers and other persons in care (foster siblings). This has important consequences for the mental health status of persons who are leaving or have left care.

The care leaving process comprises three stages: leaving or disengagement, transition and integration (see Stein and Munro, 2008). Regarding the leaving or disengagement stage, there were no formal preparations for care leavers, and they were sidelined in the decision-making process. Although this violates article 12 of the UNCRC, it reveals how children are sidelined, with their

agency undermined in child protection cases and has implications for social work with families and children, which has child-centeredness and participation as one of its key focus (Penelope, 2012).

However, the findings of this study contradicted earlier studies on care leaving which present compressed and accelerated transitions, and instant adulthood as common outcomes for young people leaving care, as compared to other young persons regarding their journey to adulthood (Frimpong-Manso, 2020; Stein and Munro, 2008). This is because care leavers in this study had received educational support through senior secondary level to the university, which according to Stein (2006), affords care leavers the opportunity to “space out” (exit one stage and enter another), be able to take risks, discover themselves, create their identity, explore and reflect on the entire process. This means the experiences of care leavers in this study is similar to the experiences of young persons who have not been in care, and thus will make their transition into adulthood, not only normal but easy. This corroborates Frimpong-Manso’s study which revealed that showed that extensive care (up to the university level) helped care residents to transition gradually, normalize their experience and prevented instant adulthood (Frimpong-Manso, 2020)

On the third stage, that is concerned with the integration into a different or new state (in this sense, their re-integration), care leavers experience different outcomes. These different experiences were related to the conditions at the settings where they are re-integrated into, networks of support available to them, their relationship with their birth families and guardians, as well as their individual capacities. Regarding care leavers’ relationships with their biological families, are determined by the nature and frequency of contact and activities exchanged between them, whilst in care. Their (re)integration into their families and societies also depends on how they feel within their settings, and this is influenced by quality of their relationships with their families and members of their community. The study showed that care leavers’ relationship with their families differed in quality. Those who lived with their biological family (biological parent and siblings) often expressed better relations than those who lived with distant relatives. Regarding relationship with community members, the loss of native language, infrequent visits and relocation means care leavers struggle to cope with community life and interact with members of their community. However, in general, care leavers in this study reported high sense of belonging and in some cases respect and special treatment by community members, which makes their transition normal.

However, since the facility is a faith-based organization, care leavers who belong to a religion other than Christianity, lose their religious identity and could affect their transition into their families and communities.

6.1.2 Challenges faced by care leavers in Ghana

Another major finding relates to the challenges that young people who have left care face in Ghana. These challenges emanate from the return of these young persons to incapacitated families. This puts a lot of burden on the families who are already struggling to fend for their members. The main challenges care leavers face is linked to meeting their basic food, clothing, shelter needs as well as access to income-generating ventures. Therefore, care leavers are at risk of material disadvantage but not marginalization, contradicting research by Stein and Munro (2008) who assert that care leavers are at risk of both. Hence, care leavers in this study denied experiencing discriminatory and stigmatizing treatment outside care.

What is worrying is that these persons are made to leave care when they are still very young, with no concrete aftercare services. Since there are no aftercare programs and services rolled out by the government, support towards care leavers wellbeing remain the responsibility of residential facilities that have been taking care of their needs since their time in care. Therefore, the availability of aftercare support is dependent on the resources at the facility's disposal. In most cases, aftercare support is minimal, if not non-existent. Care leavers in this study mentioned the lack of aftercare follow-up and monitoring as well as comprehensive aftercare support. This further deepened their vulnerability. While care leavers feel they have been forced to leave or rushed out of care hints that such returns are not in their best interest.

Further, there was difficulty in classifying care leavers who took part in this study, according to Stein and Munro's typology of care leavers ('moving on', 'survivors' and 'victims') (see Stein and Munro, 2008). They shared characteristics of both 'moving on' and 'survivors'. While they had stable placements, secure attachments, chalked academic successes, and are still involved in higher education; which is typical of the group that are moving on, care leavers had a view of themselves as coping or surviving and doing things by themselves after care, but depended more on the residential facility for assistance; which is characteristic of the 'surviving' group.

6.1.3 Coping mechanisms of care leavers in Ghana

The study findings showed that care leavers' coping mechanism emerge from a combination of factors, ranging from inherent capacities to external support networks. An important consideration here is care leavers' agency and sense of responsibility. In this study, care leavers mentioned how they actively influence their reintegration outcomes by making crucial decisions regarding their lives especially that which concerns finding sources income to meet their needs. Aside this, the strong support networks such as family, friends, the residential facility and the church buffer care leavers from difficult situations. Within the family, care leavers were supported by their parent and older siblings. On some (rare) occasions, they received help from some members of their extended family. The study findings showed that the main source of support for care leavers was the residential facility. while their families saw to their basic needs, the residential facility tailored their support to cover all needs care leavers had regarding their education. The facility paid their tuition fees, accommodation needs in school, provided them with foodstuffs for school, stationery and monthly stipends. Care leavers received this support throughout their educational milestone after care.

Stable care placement means care leavers develop a strong relationship with foster carers, receive all the benefits of care (which include educational support to the highest possible level and life skill acquisition). Foster carers played an important role in supporting the coping abilities of care leavers through intermittent contacts, especially via phone. The positive relationships care leavers had with the caregivers at the residential facility as well as their biological parents or guardians provided them with the relational permanence they need, and this is an important ingredient in their ability to cope with life outside care. Conversely, unlike in other countries, where in Stein's words, care leaving is a "final event" (Stein, 2008: 296) with no option to return in times of difficulties, this study showed otherwise. Care leavers had the privilege of returning to the residential facility whenever possible, albeit for short periods. This temporary stay however is likely to negatively affect care leavers' transition from care, as it could breed dependence and stronger attachment to the facility.

Other support networks care leavers mentioned included friends and the church. They complement support care leavers receive from their parents and the residential facility. The researcher

concludes that, given that the facility is a faith-based organization, care leavers also could receive help from congregations that are affiliated to the residential facility. However, the role of the church has not previously been identified by research on care leavers' experience outside care. This gives insight to a new area within care leaving that could be explored further.

Although several factors including age at care exit and difficult home conditions, present care leavers with vulnerabilities, this study has shown that they a resilient group, with several mechanisms through which they respond to the challenges they face outside care.

6.1.4 Care leavers' understanding of reintegration

The study showed that care leavers have little knowledge on the purpose of reintegration. This could be seen from the varied and conflicting views care leavers shared on their perception. The study participants understood the purpose of reintegration as one of the following: a temporary return to their biological families, acquaintance with family and community acculturation, a deliberate attempt of residential facilities to transfer caregiving responsibilities to their family due to economic burden. That notwithstanding, some care leavers had no idea what reintegration was at the time of leaving, and even now. These accounts contradict the main reason why reintegration is done. The process entails a permanent return of an individual hitherto in care to his or her biological family and the community for the purposes of receiving care and protection as well as gaining a sense of belonging and purpose in all aspects of his or her life (Interagency Group on Reintegration, 2016). However, these understanding care leavers had of reintegration, the researcher believes, is as a result of their post-care experiences and what they make of them. Reintegration is only done when desired and that means an end of an individual's care plan goals.

6.2 Implications for Policy and Practice

In this study, it was revealed that care leavers, while in care, face discrimination from residential carers and when leaving, are overlooked in the exit decision-making, which do not comply with acceptable standards or practices as well as national and international legislations (such as the 1998 Children's Act of Ghana, the 2018 National Standards for RHCs in Ghana, the UNCRC and the UN Guidelines). The researcher suggests that residential homes should put measures in place to check discriminatory treatment and create clear lines of reporting. An important step here, is

regular meetings by the social worker with children in care and making available suggestion/complaints boxes so persons who are discriminated against or face any other challenge in care can report. Also, there is the need to enact and implement policies that outlaw discrimination within the care facility.

Residential facilities should ensure that persons in care have the opportunity to speak their native language, if possible. Hence, when placing children in homes, an important consideration should be the mother tongue of the child and, at least, one caregiver. However, measures should be put in place to prevent the formation of ethnic alliances within the facility.

Further, social workers and other support staff (including para-social workers) must recognize the child's agency and evolving capacities, and consequently, involve them in every decision that concerns them, including care exit or reintegration. Similarly, social workers or child protection officers must ensure that children and young persons leaving care participate in drawing exit or transition plans, in line with the Case management Standard Operating Procedures implemented by the Ministry of Gender, Children and Social Protection in 2018. Case Managers at the district level should ensure that this is done, in line with their duties spelt out under the Children's Act of Ghana. Also, in line with accepted national and international laws, social workers in RCFs must ensure that reintegration is in the best interest of the child or young person. In the event where it is undesirable, appropriate options such as long-term care and supervised interdependent living must be considered.

Furthermore, RHCs must create aftercare support groups (comprising older children who have successfully transitioned out of care) so that new care leavers can receive assistance and guidance as to how to navigate life outside care. This will go a long way to validate care leavers' post-care experiences and make their transition easier.

In addition, RHCs must endeavour to provide comprehensive aftercare support, include regular follow-ups and visits of care leavers in the settings where they have been reintegrated. This will give staff of the care facility a fair idea about the post-care outcomes of care leavers. Similarly, the child protection agencies must partner RHCs in this in order to reduce the burden on the facilities.

At the national level, it has become urgent to enact a Care Leaving Act, like is the case in countries such as Norway, the U.S. and the UK. This will place binding obligations on the government to

see to the needs of the ordinary care leaver. The Government of Ghana must prioritize child protection (including aftercare services) and make budgetary allocation for residential care facilities in the country. Also, the Ministry of Gender, Children and Social Protection and its Departments of Social Welfare should enroll eligible families of children in care on the LEAP⁶ program. This can contribute to family strengthening and can have positive effects on the lives of families and then young persons when they leave care.

6.3 Recommendations for future research

This study has thrown light on the care leaving and after-care experiences of care leavers in Ghana. For future research, the researcher recommends that a comparative study on the aftercare experiences of care leavers from two distinct (in terms of economic resources) residential homes is needed. This will present richer experiences that may not have been covered in this study. Also, future research can explore the role of faith-based organizations in the reintegration experiences of persons who leave care.

Further, a study in the future can examine social workers' and biological families' appraisal of reintegration efforts in Ghana.

6.4. Conclusion

The life course of care leavers is marked by crucial transitions which affect their wellbeing. The quality of care experience, care exit preparations, age at care exit, social capital and the existence of aftercare support influence post-care outcomes for care leavers. Hence, either enhancing their resilience or heightening their vulnerability, given that they are affected by the transactions in their external environments. The interplay of these systems thus determines how care leavers experience reintegration, respond to the challenges they face and thrive outside the care home. Reintegration has gained momentum in Ghana and looks to continue in the coming years. Meanwhile, the blatant lack of political will, which has translated in no legislations on care leaving or national aftercare

⁶ The LEAP is a social protection program, rolled out by the Government of Ghana, which targets the most vulnerable households, providing them with bi-monthly cash transfers and free enrolment onto the National Health Insurance Scheme (and exempt them from payment of premiums). These households must have at least one orphaned and vulnerable child or one person who has a disability. Source: MoGCSP (2018b)

support means care leavers would fare worst when support from residential facilities is not forthcoming since they cannot depend solely on their families; defeating the purpose of reintegration. It is therefore important that the responsible child protection authorities in Ghana concert efforts to make reintegration a wholesome experience, taking into consideration the findings from this study and the recommendations that have been made.

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Appendices

Appendix 1:

INTERVIEW GUIDE

Personal Characteristics

Age:

Sex: M / F

Years in care:

Life status of parents:

Number of biological siblings:

Education (highest level completed):

Perceptions on care experience

1. Who did you live with before you were put in state care?
2. How would you describe your care experience?
3. When did you leave care and how old were you?
4. Can you tell me about how you had been in touch with your biological family while in care?

Care leaving arrangements

5. a. What was the reason why you were taken out of care?
b. Can you tell me about you the process involved when you were leaving care?
6. Could you tell me if you had any other plans or wishes other than being reintegrated?
7. Could you tell me about how you felt when leaving care?
8. What did you understand by leaving care and reintegration?
9. How did you prepare to leave the facility?

- a. Could you tell me if there was any support or help you got from staff of the facility to prepare you?
- 10. Can you tell me if there were any immediate concerns you had when leaving care? (E.g. Employment? Schooling? Shelter? Family? etc.)

Reintegration experiences

Family Practices and Relationship with family

- 11. Who do you live with now?
- 12. What is the relationship between you, your siblings and your parent(s) or guardian(s)?
- 13. Where who do you get help or support when you face a problem?
- 14. Could you describe to me how life is outside care?
- 15. Can you describe if there are any changes in the home environment compared to the time before you were taken into care?
- 16. How safe do you feel here compared to your experience at the residential home?
- 17. What are your plans?

External resources

Community

- 18. How do you feel about living in this community?
- 19. Can you tell me if you have friends in this place where you currently live?
 - b. How did you make them and how are you getting along?
 - c. Could you tell me if your friends know that you were once in care?
- 20. Could you tell me if there is any support you receive from the community members or any other association?

After-care support from RHC

- 21. Could you tell me how you keep in touch with the residential facility where you used to live?
- 22. Could you tell me about visits from the staff of the facility and how often that happens?
- 23. Could you tell me if there is any support you get from the facility?

Challenges and Coping Mechanisms

24. Could you tell me if there any challenges you face outside care?
25. Do you face any discrimination or stigma within your family or community? Explain
26. How do you cope with life outside care and any challenges you face?
27. Are there any other ways your family, community and the facility have contributed to your reintegration?
28. If you are to describe your reintegration, would you say it has been successful or not?
And why?

Appendix 2:

INFORMATION LETTER

My name is Frederick Godwill Amissah, a Ghanaian by nationality, pursuing a European Master's degree in Social Work with Families and Children, at the University of Gothenburg, Sweden.

As part of requirements to complete my master's degree, I am undertaking a research project which seeks to explore the lived experiences on young persons who have left institutional care within the Ghanaian context. It is dubbed, "HOW DO CARE LEAVERS EXPERIENCE REINTEGRATION? EXPLORING THE LIVED EXPERIENCES OF YOUNG CARE LEAVERS IN GHANA".

What inspired my choice of research focus/area is the global call for deinstitutionalization, in the bid to ensure that children and young persons grow in their natural families and within mainstream society. Therefore, I am interested in knowing what the experiences of such persons are when they have been taken back to live with their families or other fit families, where necessary. Hence, I hope to provide additional knowledge in this area from the perspectives and lived experiences of young persons who have left care.

This sheet contains information about my research and what any prospective participant must know before agreeing to take part in this research. Kindly read the information below carefully.

Why does the researcher want to study the experiences of young care leavers in Ghana?

In Ghana, little is known about the experiences of young persons who have been reintegrated after long periods of institutional care. My aim is to bring to attention the lived experiences of these persons within family and social settings. A research in this area will therefore inform interested readers on what the experiences of care leavers are, what opportunities and challenges they meet and what can be done to ensure that they thrive within their families and societies.

How will I benefit from this study as a participant?

There will be no direct benefit from the study for the participant. You will provide information that contributes to knowledge on the post-reunification experiences of care leavers in Ghana.

How will I give my inputs?

A one-on-one interview session will be conducted with the researcher, only on the aforementioned research area. The interview will be recorded, subject to your approval. This is because, I will have to transcribe (type the recorded voice into script).

How long will the interview last and where will it be held?

The interview is estimated to last between 30 minutes and 1 hour. Given the prevailing global health situation, the interview will be done online through whichever means convenient for the participant; either by phone call, zoom, skype, Microsoft Teams, where necessary.

How will the information collected from me be handled?

Your information will be kept in confidence. Any information you share with me will be strictly for academic purposes and will not be shared with anyone. I will be the only one working with the information you provide. Your identity will be anonymized by using pseudonyms, instead of your real names, in the transcript so that your identity is not revealed or traceable. Interview tapes, transcripts and demographic data on participants will be stored on a flash disk and secured with passwords. I will present a written report of my findings for the purposes of grading, and when I have passed, all the data (with reference to recordings of your voice and transcripts) will be destroyed. However, the findings from my research may be published in a journal, later, so that people in academia and interested persons can read and know about the experiences of young care leavers who have been reintegrated, in Ghana.

Will I be in trouble if I do not want to participate?

No, you will not be in any trouble if you do not want to participate. This research is voluntary, meaning the decision to be a part solely depends on you. You can either say yes or no and this will not have any consequences for you. Even, if you agree to participate and at any time of the research process you feel that you do not want to go ahead, you can withdraw your consent or quit without giving me any explanations. Meanwhile, if you find it necessary, you can share with me the reason(s) for not wanting to continue participating.

Will I be rewarded for participating?

No, you will not be rewarded for participating. However, call credits will be reimbursed when necessary.

Will the research cause me harm?

It is unforeseeable that the research will cause you any harm or have any negative outcomes. However, such topics are sensitive and may require participants to talk through hard and, sometimes, traumatic experiences, which are likely to stir up emotions that could be disturbing for the participants. Therefore, you may withdraw from the interview when you feel upset or disturbed and unable to continue.

Thank you for sharing your valued time in reading this guide. Kindly refer to the attached consent form for further information and agreement to participate in the study.

For any further questions please find below my contact details.

RESEARCHER: FREDERICK GODWILL AMISSAH

SIGNATURE AND DATE:

CONTACT DETAILS: +233241664992

amissahfredwill@gmail.com

Appendix 3:

INFORMED CONSENT FORM

I am Frederick Godwill Amissah, a Ghanaian international student reading a European Master's degree in Social Work with Families and Children, at the University of Gothenburg, Sweden. In partial fulfillment of my master's degree, I am required to conduct a research and present my findings for academic purposes. A written report of my findings will be examined, and when I have passed, all the data (with reference to recordings of your voice and transcripts) will be destroyed. I must note here that, results from my study may be published later for wider access or to reach a larger audience.

My research topic is mentioned above, and I require your voluntary participation to complete this study.

Before, throughout and the after the research process, your identity will be protected and anonymized. This means that no one will know who you are and the information you give will by no means be traceable to you, even if the findings are published since your real name(s) will not be used when reporting my findings.

Please note that, you can either accept or decline to join this study and this will not affect you in anyway. Should you agree to participate, you are also free to withdraw from the research without any consequences at any time you feel appropriate.

Feel free to let me know if you are interested to participate in this study. The consent form is an integral part of my work; to prove that you willingly agreed to participate. Please do not hesitate to contact me for any questions.

Kindly tick the box corresponding to the information provided and sign to give consent to participate, should you decide to:

1. I confirm that I have read and understood the information given in the information letter.

2. I understand that my participation is voluntary, and that I am free to withdraw at any time without giving reasons.

3. I understand that the information gathered will be used solely for academic purposes and that the findings may be published.

4. I agree that I can be audio-recorded during the interview. Yes No

5. I understand that my identity will be protected in this research

PARTICIPANT'S NAME

SIGNATURE.....

DATE AND PLACE.....

RESEARCHER: FREDERICK GODWILL AMISSAH

SIGNATURE AND DATE:

CONTACT DETAILS: +351938220646 (Whatsapp)

amissahfredwill@gmail.com

SUPERVISOR: ELIN HULTMAN (PhD.)

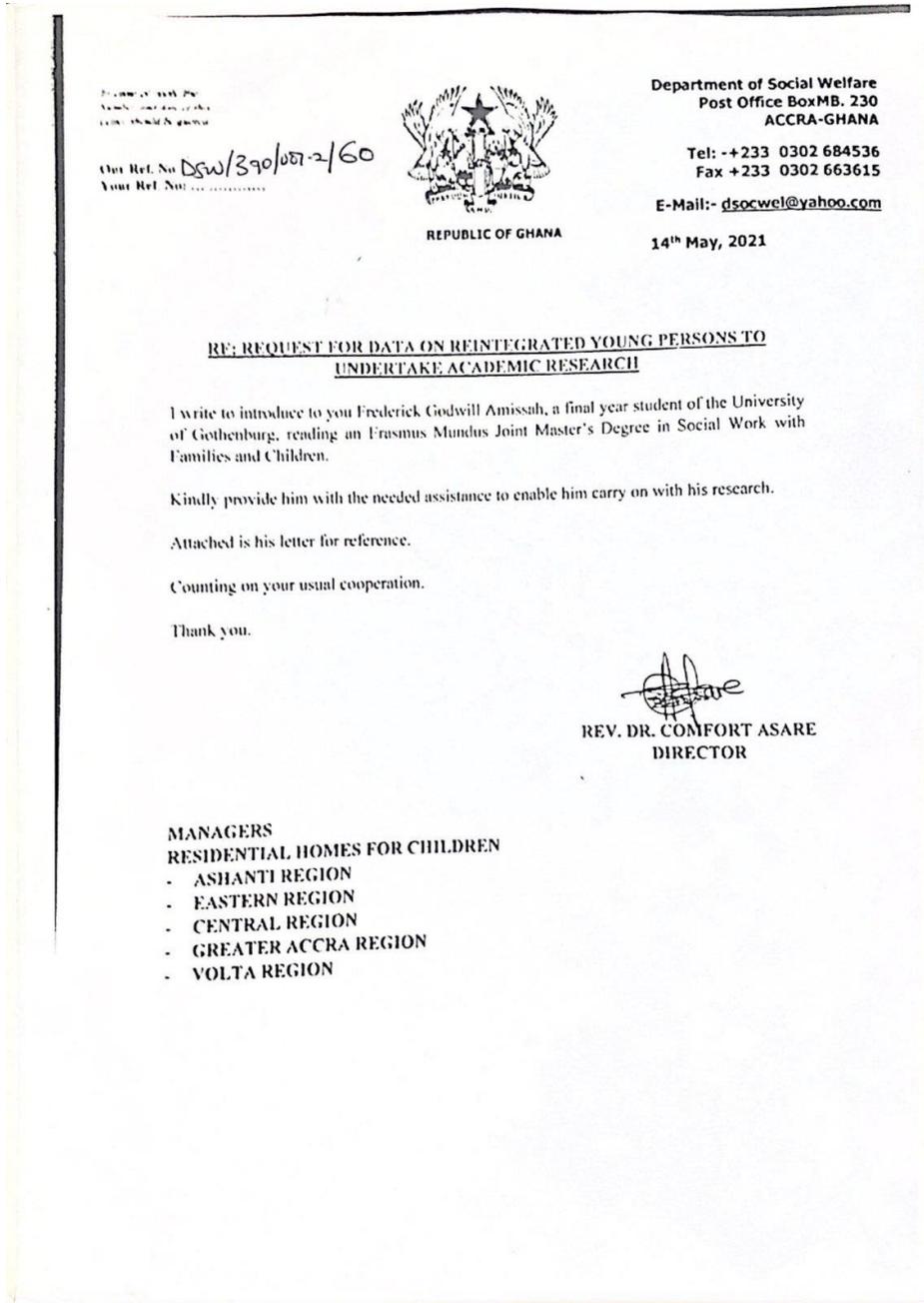
LECTURER, DEPARTMENT OF SOCIAL WORK

GOTHENBURG UNIVERSITY

elin.hultman@socwork.gu.se

Appendix 4:

Correspondence from Ministry of Gender, Children and Social Protection



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