

UNIVERSITY OF GHANA

COLLEGE OF HUMANITIES

**LIFE AFTER RESIDENTIAL CARE: EXPERIENCES OF CARE-LEAVERS AND
CARE-GIVERS IN LAGOS STATE, NIGERIA**

BY

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DECLARATION

I, Belema Precious Sekibo hereby declare that this thesis is an original work towards the Master of Philosophy (M.Phil.) Degree in Social Work and hereby certify that it has not been submitted in whole nor in part to any institution for any degree.

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ABSTRACT

There is a proliferation of alternative care institutions in Lagos state, Nigeria due to the rise in the number of orphans and other vulnerable children and young people, estimated at 17.5 million. Many of these children who otherwise be absorbed by the extended family are rather growing up in alternative care institutions due to the growing levels of poverty. Children in these institutions, who are not reunified with their families or adopted, have to make a transition to independent living when they reach 18 years. However, there has been no study investigating the aftercare experiences of care-leavers in Lagos, Nigeria. This study explores how the care-leavers fare as independent adults. This study explores how the care-leavers fare as independent adults. The study adopted a phenomenological qualitative design with 26 participants (care-leavers, social workers, and caregivers) purposely sampled from three residential care institutions. Data was collected through unstructured interviews with an audio recorder, after which the data collected were analysed using a thematic approach. The findings suggest that although care-leavers were given preparation for life after care, there were barriers that inhibited them being adequately prepared. The care-leavers faced challenges including job, finance, accommodation, and social isolation. Despite these challenges, the young adults were able to cope by mobilizing both personal and social resources. Personal resources included persistence, hope of a brighter future, fear of failing, and engagement in menial jobs. The social factors, on the other hand, included formal and informal social support care-leavers tapped in for improved transitional outcomes. To improve the plight of care-leavers in Lagos State, it is recommended that the Ministry of Women Affairs and Social Development should provide care-leavers with aftercare support to assist them to adjust to life on their own. In addition, the institutions where the care-leavers transition from should find strategies to adequately prepare them for independent living. Finally, social workers should educate the society on the challenges care-leavers face in the state as well advocate for their rights, so as to lobby for policies that will ensure the provision of aftercare services to care-leavers in Lagos state.

DEDICATION

I am forever grateful to God Almighty for all His faithfulness, unending and ceaseless love I enjoyed throughout this thesis. May His name be forever reign and be praised.

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CHAPTER ONE

INTRODUCTION

1.1. Background

Pre-colonial Nigeria practiced an extended family system which ensured that every member of a family belonged to a home. Therefore, it was uncommon to find people who lacked a home and/or needed a place of shelter outside the family setting (Ibeh, 2011). Ostensibly this is as a result of growing levels of poverty in the country (Oladokun, Brown, Jacob, Osinusi, 2011). This is further compounded by the adverse effects of colonisation with its accompanying factors such as urbanisation, and migration; such actors have led to an increase in the number of orphans and other vulnerable children (OVC) placing a greater burden on families and resulting in the gradual breakdown of the extended family system (Ibeh, 2011; & Oladokun et al, 2011).

According to the Federal Ministry of Women Affairs and Social Development (FMW&SD, 2014), there are about 17.5 million OVCs in Nigeria with 9.7 million orphaned due to the HIV and/AIDS. To manage this problem, various organisations like the United Nations International Children's Emergency Fund (UNICEF), FMW&SD, and NGOs have over the years developed interests in addressing the needs of OVCs in the country through provision of various policies and programmes (Ojelabi, Osamor & Owumi, 2015).

In Nigeria, these out-of-home care mechanisms are provided mainly through residential care institutions (Oladokun et al, 2011). These institutions, commonly referred to as children's homes or orphanages, are owned by government, private individuals and Non-Governmental Organisations (NGOs). They are regulated by the Child Rights Acts (2003), through the Federal Ministry of Women Affairs and Social Development.

The residential care facilities absorb millions of OVCs in Nigeria, who are unable to live with their parents or biological families due to extreme poverty and/or HIV/AIDS. This is because adoption and formal foster care are not commonly practised in the country, largely because of the negative socio-cultural perceptions and/or apprehensions relating to these practices (Graham & Saater, 2017). Adoption and formal fostering are stigmatised and considered taboo (Ojelabi et al, 2015). This means that children who have no home end up in residential care. From the few studies carried out in Nigeria (e.g. Ibeh, 2011; Oladokun et al., 2011; Issa & Awoyemi, 2006), the major reasons for children going into institutional care in Nigeria include abandonment, war, poverty, displacement, urbanisation, migration, abuse, exploitation, false labour and neglect.

At a point in these children's lives, when they reach adulthood, they have to leave the institutions and reintegrate into wider society. It is however necessary to point out the need for their preparation before they leave these homes. For this study, adulthood has been defined as a period when young people are no longer legally looked after, but are entitled to support from former institutions. Ideally, these young people are supposed to be given some form of preparation to enable them become successful as independent adults.

However, there are poor and varying standards between residential facilities in terms of the preparation they provide for young people beginning their independent lives in Nigeria (Connelly & Ikpaahindi, 2016). Connelly & Ikpaahindi (2016) further stipulate that in spite of the Nigerian Child's Rights Act (2003), which incorporates the principles of the United Nations Convention on the Rights of the Child, the African Union Charter on the Rights and Welfare of the Child, and the National Agenda for Vulnerable Children in Nigeria, 2013-2020, there are no standard service delivery guidelines for OVC care and after-care support services in Nigeria. Thus, the care of children in residential care facilities differs among different institutions.

Nevertheless, Nigeria, by trying to promote a better and more effective institutional care system for OVCs, has signed up to various international conventions and declarations to protect children. The primary legislation is the national constitution that stipulates fair treatment of every citizen and mandates institutions such as orphanages to follow due processes in their administration followed by the Child's Rights Act and, more specifically, the National Guideline and Standard of Practice for Orphan and Vulnerable Groups. In 2014, the national standard for improving the quality of life for vulnerable children in Nigeria was introduced based on a National Plan for Vulnerable Children.

Even though the Child Rights Act (2003), the principal instrument of law governing all matters relating to children including those in residential care exists, the mechanisms for enforcing it vary from one institution to another. Added to this problem is the fact that there is a lack of co-ordination at both the Federal and State levels for child protection policy, services and practice. Despite these legislations, many young people in care institutions are not well-prepared by the institutions for adult life and such preparations are sometimes poorly managed due to lack of basic resources to address the needs of children (Olagbuji & Okojie, 2015). Consequently, young people graduate from these institutions too early and without the relevant skills to help them smoothly transition after care. However, as stipulated by the Child's Rights Act (2003), the age at which young people can leave care and emerge as adults is 18 years.

In many senses, young people are vulnerable as they reach adulthood. Quite a few studies (e.g. Osgood et al, 2010; Pryce et al, 2016; Van Bred et al 2012; & Van Breda, 2013) have noted that young people make transitions out of care homes at 18 years of age to further education, explore employment opportunities and begin building networks for optimal development. They further noted that young people experiment with decision-making at this time meaning that they often have to navigate through a series of difficulties and

changes. These complex transitions require support. The difficulties young people experience are often compounded by the series of social dislocations they may already have undergone, sometimes with a history of suboptimal care which ends abruptly rather than a gradual transition to independence (Osgood et al, 2010, Pryce et al, 2016, Van Breda et al, 2012; & Van Breda, 2013).

Many young people are faced with an instant loss of social support with almost non-existent after-care which could help them adjust to life after care. This can mean that such young people are even more vulnerable and dependent after reintegration (Black, Devareux & Salvanes, 2011; Larimore, 2012). For example, if they come to live in a community without skills and/or formal education and have no support system, reintegrated young people are likely to become a burden to the community. In addition, this kind of helplessness may lead to loss of self-esteem and mean that reintegrated young people struggle to cope. Adding to this problem is the fact that there is a lack of coordination at both the Federal and State levels for child protection policy, services and practice.

This background to the study raises the need to explore the after-care experiences of residential care-leavers in Nigeria in order to identify the specific problems they face and changes which should be made to facilitate their reintegration.

1.2. Statement of the problem

Scholars (e.g., Black et al., 2011; Larimore, 2012; Pryce et al., 2016; & Van Breda et al., 2012) argue that care-leavers are among the most vulnerable groups in society. They often face abuse and neglect that are unresolved whilst in care, forced to become independent early and without any support system when things are difficult (Maposa & Louw-Potgieter, 2012; & Van Breda, 2013). In addition, care-leavers in Nigeria are also

neglected in policy, research and practice. There is a lack of policy in relation to their preparation for independent living and no standardisation of provision; preparation to support young people may vary from one institution to the next depending on the availability of resources (Adeboye, Guerrerio & Höjer, 2017). Consequently, many young people exit these institutions without the necessary skills for independent living (Pryce et al., 2016).

Research has shown young people to be highly susceptible to challenges once they leave care because they enter adulthood too early to achieve stability; this is largely because of bureaucratic and institutional age limits (Avery & Freundlich, 2008; Rogers, 2011). As a result, many have poor outcomes in different domains of well-being which include their education, employment, health and relationships (Osgood et al, 2010; Courtney, Lee & Perez, 2011; Höjer & Sjöblom, 2011). The consequences of the lack of preparation and social support after reintegration are further compounded by the fact that most young people raised in residential institutions are most often stigmatised in larger society due to their orphan and care background, especially in African countries such as Uganda, Ethiopia and Kenya (Maposa & Louw-Potgieter, 2012; Pryce et al., 2016; & Ucembe, 2009).

Inadequate preparation in the homes, lack of support, neglect and structural factors such as unemployment in wider society exposes young to care leavers to many challenges. According to some studies (e.g. Avery & Freundlich, 2008; Rogers, 2011; Maposa & Louw-Potgieter, 2012; Osgood et al, 2010; Courtney et al, 2011; Höjer & Sjöblom, 2011; Pryce et al., 2016; & Van Breda et al, 2012), these challenges relate to: unemployment, accommodation, education/continuing education, drug abuse, relationships, mental issues, incarceration, unplanned pregnancies and the inability to build social networks necessary for development.

Amongst these numerous challenges mentioned, homelessness and unemployment were identified as two dire challenges that many young people face across the globe (Maposa & Louw-Potgieter, 2012; & Pryce et al, 2016). Although the acknowledgement of these problems has led to the implementation of programmes and services, they still remain major challenges. This means that a significant number of reintegrated young people in various societies face challenges related to unemployment and homelessness which inhibit their quest for stability outside the institutions from which they have transitioned.

Most of the available literature on OVCs in Nigeria on institutional care settings has centred on the processes relating to entering care, services and life skills acquired while in residential care, including types of alternative care systems, structures and processes governing alternative care and services for child protection in Nigeria (Abraham, 2015; Better Care Network, 2015; Connelly & Ikpaahindi, 2016). However, literature on care-leavers in advanced countries (e.g. United States, United Kingdom, Sweden, Australia & Switzerland), have identified them as being vulnerable after leaving care. Unfortunately, very little is known about the after-care experiences of care-leavers in Nigeria due to limited research related to care-leavers' aftercare experiences generally and what happens to them once they leave care.

The motivation behind this research stems from personal observations and questions. On several occasions, I have visited orphanages and children's homes to contribute to society, as encouraged by my family. Every time I visited, I would ask the 'mothers' to tell me the age at which young people leave the homes, and what becomes of them after they have left. Quite recently, about two years ago, I had an encounter with a social worker at a seminar. I asked her the same questions. Her response prompted this research topic. When I asked, what becomes of young people once they leave the care institution, her reply was, *"This is the most problem we are faced with. It is what we also will like to know."*

In relation to Nigeria, an intensive search identified a study by Adeboye, et al. (2017) who explored the experiences of young people in one residential care institution in the country; they looked at the period when these young people were still in care and preparing to leave rather than what happens to them after they have left.

Thus, there is a gap in knowledge relating to after-care experiences of young people who have left residential institutions in Nigeria. In order to fill the identified gap, this research aims to ascertain how young people have fared as independent adults and what they have done to cope since their transition into mainstream society in Lagos State, Nigeria.

1.3. Objectives of the study

The general objective of this study is to explore the aftercare experiences of residential care-leavers in Lagos State, Nigeria. In particular, the researcher will focus on the following specific objectives:

- 1 To describe how care-leavers in Lagos State are prepared for life after care;
- 2 To explore the challenges care-leavers in Lagos face in their lives; and
- 3 To find out how care-leavers in Lagos cope with challenges they face after care.

1.4. Research Questions

In order to achieve the above objectives, the following research questions will be addressed:

1. How are care-leavers prepared for life after care in Lagos State?
2. What challenges do care-leavers in Lagos State face in their lives?
3. How do care-leavers in Lagos State cope with the challenges they face after care?

1.5. Significance of the study

This study explored the after-care experiences of residential care-leavers in Lagos State, Nigeria. The findings will be very relevant for professional practice, research and policy; it will lead to deep insights into and better understanding of life as a care-leaver in Nigeria. Based on the evidence presented here, social workers, caregivers, volunteers and other practitioners working in the formal alternative care system may be able to drive forward the changes needed in residential care institutions and society that would help to improve the conditions of care-leavers. Additionally, social workers may use the information to create awareness, advocate and lobby the Federal Ministry of Women Affairs and Social Development and State governments for effective child protection services and after-care programmes at the individual, family, group and community levels in order to put in place facilities and programmes that respond to the needs of care-leavers in general.

The issue of OVCs in institutional care is a major concern, not only to policy makers, but also to individuals, families and society at large. This study may justify the need to address care-leaving legislation and policy in this area. The policy may focus on, among other things, providing directories of services and enforcement of national standards governing children's services as well as putting in place standard service delivery guidelines for OVC care and sustainable after-care support services. For example, the processes for entering and leaving care, care-leavers' transition periods, preparation of care-leavers for independent living and the responsibilities of various professionals and other key stakeholders may all be articulated by policy. Policy may also prescribe the types of after-care programmes and kinds of social support that are necessary, who may access them, and how they may be managed, among other things.

The research may contribute to the existing body of knowledge in many professional areas and the social sciences in particular with respect to the leaving and after-care experiences

of care-leavers from residential care institutions in general. The study may also point to the need for more research that may be wider in scope, covering more geographic areas, different types of residential facilities with respect to age, gender, socio-economic background, ethnicity, disability, and educational level. The study may also raise more questions and expose gaps that would require further investigation involving multi-disciplinary approaches and methodologies. This study may also lead to action research with the aim of designing a programme that would make OVCs more assertive, proactive and empowered to stand up for their rights, expose abusers and use available programmes.

There is an urgency in addressing this gap in knowledge as there is little or no research into care-leavers' transition and after-care experiences in Nigeria; this sort of information is required for policy formulation, evaluation and advocacy. This study sought insights into the after-care experiences of care-leavers within Nigerian social, economic and cultural contexts. An understanding of this could help channel appropriate resources to meet holistic development towards permanent independent living in adult life. In addition, describing the experiences of young peoples' after-care could provide a basis for international collaboration.

1.6. Definition of Terms:

Care-leaver: An adult who lived in a residential care institution as a child (Care-Leavers Association, 2013).

Care-leaving: The process where care institutions set the grounds so that young people re-enter into the community as adults (Pryce et al, 2016).

Formal Preparation: For this study, it has been defined as meaning preparation involving formal education, vocational training,

counselling and provision of accommodation in the care homes.

Informal Preparation: For this study, it has been defined as unstructured preparatory programmes that involve home management skills acquired in the care homes.

1.7. Organization of the study

This study is organized into five chapters. Chapter one is the introduction and provides the background information on the socio-economic and cultural contexts of why children are placed in alternative care in today's Nigerian society. The chapter proceeds with the problem statement, and exposes gaps in research and justifies the need for further study on the topic. Towards the attainment of the research problem, objectives of the study are determined and research questions derived from the research objectives. The significance and scope of the study are delineated.

Chapter two reviews literature on after-care experiences of residential care-leavers. The chapter further discusses empirical and theoretical literature on care-leavers' preparation for life and how they engage with the process, providing the social and cultural contexts to leaving care. Following this is a look at literature on the challenges and problems facing care leavers and their coping strategies. The chapter ends with the theoretical framework adopted by the study.

Chapter three discusses in detail the method used to solicit data for the study. It begins with a presentation of the research design adopted for the study. It also provides details on the target population and the procedure used in selecting the research participants. The chapter also lays out in detail the various methods and instruments used in the collection

of data and how data were handled and analyzed. The final section discusses the ethical issues that came up during the research and how they were handled to ensure adherence to research ethics.

Chapter four presents the study results which are discussed in the context of the theoretical framework and the literature. Consequently, summary of findings, conclusions drawn and appropriate recommendations made to improve the study's target group situation are presented in Chapter five.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter reviews related and relevant literature on the findings from previous research studies on the after-care experiences of care-leavers, with a focus on care-leavers' preparation for life after care, challenges facing care-leavers and coping strategies after leaving care vis-à-vis the resilience theory.

2.1 Care-leavers' Preparation for Life after Care

Preparation of young people in care has become very important since it bothers on their development as independent adults for a successful reintegration. This is because care-leavers are expected to move from depending on a range of support structures to being self-sufficient (Antle, Jonson, Barbee & Sullivan, 2009; Mares, 2010). Antle, et al (2009), further opined that recent research has focused on the need for preparatory programmes for youth to transition successfully out of care as adults. They identified that common themes among these studies have been the need for employment and educational support, and strong relationships with other adults to form a support network. According to Isakov and Hrnčić (2018), the aim of many preparatory programmes for young people is personal development in areas of education, employment and relationship. In agreement with this, Antle, Jonson, Barbee and Sullivan (2009), asserted that preparatory programmes, run for young people who are about to leave care, are enterprises instituted by care systems to enable young people to gain skills which will help limit the challenges that they could face in wider society as they progress into adulthood.

The need for preparatory training programmes for young people on the verge of leaving care institutions has been necessitated by the realisation that such young people encounter

challenges in wider society. Mendes and Moslehuddin (2006) asserted that young people transitioning out of care require support in order to cope with the pressures of adult life. This transition is a major life event for young people moving on, usually at the age of 18 as legal adults.

A study by Van Breda et al (2012) termed this transitional period as “Leaving Care”. They further posited that, it is the period where young people leave the care institutions and fend for themselves as adults. Research further shows that transition from care to independent living places increased pressure on young people who are already at high risk or vulnerable (Williams, 2011). Such young people face the prospect of losing most of the economic, social, and emotional support previously provided, given that they are now viewed legally as adults and, therefore, presumed capable of caring for themselves. In addition, according to Montgomery et al. (2006), young people who leave care institutions are usually at risk of facing many challenges such as low educational attainment, homelessness, unemployment, and dependency on public assistance. Adding to this, Courtney and Dworsky (2005) opined that some young people, after leaving care systems, are at risk of physical and mental health impairments coupled with risky health behaviour.

Given the clear challenges, it seems pertinent to teach the skills needed to succeed in adulthood before these young people exit the care system. Although there has not been much evidence to prove the effectiveness of programmes geared towards safeguarding the wellbeing of young people who leave these institutions, some programmes are being run to prepare these young people (Montgomery et al., 2006). These programmes are referred to as Independent Living Programmes (ILPs) in some studies (e.g. Antle et al, 2009; Berzin & Taylor, 2009; Isakov and Hrnčić, 2018; Jones, 2014; Mares, 2010; Mmusi & Van Breda, 2017; Tanur, 2012). As the name suggests, these programmes and services are executed with the aim of assisting young people to live purposeful and satisfying

independent lives after they have left the institutions and have been reintegrated into wider society, where there is minimal supervision.

These LLPs are aimed at providing educational and vocational support for young people in their reintegrated communities (Jones, 2014). The advantage of the LLP is the acknowledgement of the fact that, the primary young people in care need to gain freedom and begin a journey of self-discovery as independent adults (Minnesota Department of Human Services, 2012). Mares (2010) highlighted training programmes that are meant to help young people to live independently outside the care system to include job skills, budgeting, seeking houses, utilising community resources and also obtaining legal assistance. Accordingly, Antle et al (2009), also provide an overview of independent living services that are provided for young people as they prepare to be integrated into wider society. These programmes include teaching young people hard skills, such as educational/vocational training, cooking, shopping, money management, and maintaining housing. Soft skills, such as emotional self-regulation, planning, decision making, communicating, networking, and relationship building.

Reviewing a study conducted from the perspective of a developing country like Ghana, by Frimpong-Manso (2012), investigated the kind of preparation put in for young people preparing to leave care, using the SOS children's homes as a case study. His study found that young people used a variety of sources to prepare for adulthood which included the SOS mother, boarding house and the youth facility (Frimpong-Manso, 2012). In relation to the mode of the preparatory programmes, Mares (2010) further asserted that most of the trainings are carried out in group settings. This is important considering that young people's lives outside the homes are supposed to be lived within mainstream society. The group experiences, therefore, provide an avenue for these young people to learn how to co-exist with other people, which is a very important tool in wider society.

While some studies found that young people who leave the care systems are provided with some training prior to their departure, other studies on care-leaving have reported that some young people leave the institutions with limited skills as a result of the absence of preparatory programmes for them. This assertion is put forward by Collins (2004) who opined that some care homes only provide emotional support to children, and that young people may leave the homes without any preparatory skills for the outside world, regardless of their needs when they come of age. This proves that some homes graduate young people into wider society not because they are ready to live independently or able to compete for their livelihood in society but because they have attained 18 or 19 years of age which disqualifies them from being cared for as ‘children’(Collins, 2004).

Brown and Wilderson (2010) added that although independent living programmes are deemed vital to young people who leave the care system, many care-leavers do not get access to such programmes and hence manage their transition into adulthood in wider society on their own. A confirmation study by Oelofen (2015) found that care-leavers were not fully prepared or were not prepared at all for the process of transitioning into adulthood as such most of them experienced feelings of uncertainty when leaving care. In consonance, a study by Mares (2010) also opined that young people leaving care are possibly one of the most vulnerable and disadvantaged groups in society in that they face unique challenges in accessing opportunities necessary for their transition and development.

A study in Ghana by Frimpong-Manso (2012) showed that care-leavers were not given any concrete preparation in terms of resource management. As a result of this, some care-leavers found it difficult to successfully manage the little money that they had at their disposal (Frimpong-Manso, 2012). Citing factors that have inhibited the preparation of care-leavers, he further asserts that the lack of supervision and guidance and the lack of

empowerment in terms of decision-making among young people about to exit the care homes have led to many care-leavers not being adequately prepared for life outside the homes. Finally, the study concluded that, young people transitioning from care to adulthood were not fully prepared to face the hardship of adulthood (Frimpong-Manso, 2012).

In as much as independent living postulates that young people who graduate from care system must possess certain skills or competencies in order to function independently once they are no longer in the care institutions, Antle et al (2009), are of the opinion that interdependent living is a more appropriate framework than independent living for practice with these young people in care institutions. They further assert that, interdependent living programmes including building and fostering solid relationships with former homes while strengthening and creating healthy relationships among multiple social systems after reintegration is pivotal to their development.

The goal is for young people to be able to reach out to and count on others for support to manage the experiences and tasks encountered in the outside world when they do not have sufficient skills, energy, and confidence to do it themselves. Through this sort of interdependent relationship, young people may be empowered to be major contributors to the process of their preparation for adulthood. These authors further opined that young people have been disempowered through several decisions that have been made for them instead of involving them in the decision-making process, thereby creating an environment that hinders their chances of successful independence as adults (Antle et al., 2009).

The acknowledgement of the numerous challenges that young people who leave care systems are likely to face during the period of their transition to independence has necessitated the institution of laws, programmes and services for such a population around

the world. For instance, in the UK, the implementation of the Children's (Leaving Care) Act of 2000 has been instrumental in protecting and promoting the rights and wellbeing of young people in institutional care who are about to leave to integrate into wider society (Department of Health, 2001). According to the Department of Health (2001), the act requires that children in the care system are assessed to ascertain if they are eligible to leave the system before they are given personal advisors who prepare them for life outside the care system. Mendes and Moslehuddin (2006) assert that the preparatory programmes are especially useful for young people leaving the institution as they provide psychological support for them, and also facilitate their transition to independent living.

2.2 Challenges Facing Care-Leavers

Many young people across the globe face myriad of challenges after their transition into wider society as independent adults. These challenges include social exclusion through educational deficits, homelessness, drug abuse, and unemployment, (Maposa & Louw-Potgieter, 2012). In agreement, Courtney and Dworsky (2006) in their study found that, many young people who are reintegrated from the care system have been found to face challenges such as low educational attainment, incarceration, and substance abuse (Courtney & Dworsky, 2006).

A study by HM Government (2016) revealed that, care-leavers are faced with challenging times whatever their circumstances may be when they leave care for their independent living. The findings further showed that, this period for care-leavers, was a rather precarious one in their lives where their future is said to be hanging on a thread especially without any form of social support for them to draw on.

Having reviewed a study by Coram Voice, (2011), it was found that some major challenges care-leavers face when they leave care is financial constraints and planning for

the future in terms of education and employment. A confirmatory study conducted in Ethiopia by Pryce et al (2016) revealed that, care-leavers were faced with many challenges which included, difficulty in landing a gainful and interesting job, lack of basic life skills, non-availability of support network to draw on and most prominently stigmatization as a result of their orphan and care background. The findings further suggest that, these challenges most often lead to other problems such insecurity during life stage leading to inability to obtain employment and good housing.

A study by Oelofsen (2015) revealed that, a major challenge care-leavers face is the lack of social support. Without social support, achieving stability and/or navigating through life successfully as adults becomes difficult for them as their lives are often filled with so much uncertainty (Avery & Freundlich, 2008; Oelofsen, 2015; & Rogers, 2011). Although, it is generally expected that the families and friends of such young people would be a great support to them, Ziotnick (2009) observed that many young people who have lived in care institutions for a long time are estranged from their families, friends and other social support systems which they had prior to their stay in the homes.

A confirmatory study by Osgood et al (2010) further opined that challenges care-leavers encounter are exacerbated by the fact that some young people making the transition to independent adulthood do not have support systems available to them. Accordingly, Wade and Dixon (2006) assert that many young people who come of age and have to leave the care system are reluctant to do so, especially when the conditions in the homes are more appealing. They further opined that these factors have also caused a lot of back and forth movement in the lives of these young people who leave the care system in their bid to successfully transition into adulthood (Wade & Dixon, 2006).

In addition to the lack of social support, many care-leavers are forced to mature much more quickly than their counterparts with family support; they must navigate through many challenges, decisions and opportunities, all of which require very complex transitional processes (Van Breda et al, 2012). They further assert that, compounding these challenges is the fact that many young people have had to go through a series of social dislocations as they move from place to place, experience suboptimal care and instant disruption from care rather than having the opportunity to gradually gain independence. This instant loss of social support, as young people technically become adults, comes about because they are inherently disqualified from protection under the Children's Act.

Alderson, McGovern, Brown, Howel, Becker, Carr, Copello, Fouweather, Kaner, McArdle, McColl, Shucksmith, Steele, Vale and Lingam (2017), and Courtney and Dworsky (2006) in their studies found that, care-leavers face mental health related challenges. They further asserted these mental health challenges stem from a history of abuse, attachment disorders, substance abuse or post-traumatic stress disorders (PTSD), neglect, family disruption and poor maternal or paternal mental health.

Poor educational attainment is another challenge that has been reported by several studies. Many young people who leave care find it difficult to attain high educational levels (Jay et al; 2008). According to the Social Exclusion Unit (2003), children who go into the care system with educational deficits usually exit the system with such deficits neither rectified nor compensated for. With such deficits, it becomes difficult for some young people to adjust to wider society.

Closely related to poor educational attainment is poor economic participation by young people who have been in the care system. According to Courtney et al. (2005), by virtue of their poor educational attainment, many care-leavers find it difficult to get a job through

which they could be active participants in the economic activities of society. This has rendered some care-leavers seasonally employed or even permanently unemployed, leading to their inability to be economically independent (Dixon & Stein 2005).

Drug and substance abuse represent another challenge that is faced by care-leavers. According to Maposa and Louw-Potgieter (2012), young people who have lived in care system for a lengthy amount of time have a high proclivity towards substance abuse. Although many reasons have been cited for substance abuse among care-leavers, Alderson et al (2017) have reported a high incidence of psychological, emotional and behavioural problems experienced by young people during their time in the care system and these can result in a problem with substance abuse. They added that, although drug use as a habit may be inculcated in the care homes as a result of young people's association with peer groups, these habits are augmented when they exit the homes due to certain challenges associated with their reintegration. Although, the acknowledgement of these problems has led to the implementation of many programmes and services to ameliorate them, they still persist (Alderson et al, 2017).

Consequently, few authors (e.g. Osgood et al, 2010; Courtney et al, 2011; & Höjer & Sjoblom, 2011) highlight that all of these challenging factors result in many poor outcomes in different life domains of care-leavers including their health, employment, education, and relationships as adults. This means that a significant number of young people in various societies face unemployment, homelessness, stigma and a lack of developmental skills as challenges that inhibit their quest for healthy living and/or improved outcomes outside the care institutions.

2.3 Care-Leavers' Coping Strategies after Leaving Care

Despite the many challenges care-leavers face, even with the development of programmes and policies geared towards their wellbeing, it is important to note that some care-leavers are able to rise above the challenges in their respective environments through their engagement with several positive factors that bring about good outcomes (Pinkerton & Rooney, 2014). Some young people have been able to build formal and informal relationships in their transition to adulthood which provides them with the resources to cope with their challenges. Wade and Dixon (2006) and Frimpong-Manso (2015), captured the importance of the availability of both informal and formal support systems for the development and smooth transition of young people, as these can help them deal with challenges they may encounter as independent adults. In situations where care-leavers have access to some form of social support, the evidence suggests they have fared better in resolving issues related to housing, finances and life skills (Wade & Dixon, 2006).

In terms of formal support, studies have focused on different areas of support. A review by Frimpong-Manso (2015) in his study in Ghana revealed that, care-leavers utilised formal support from former care home. The study found that care-leavers drew on finance and practical support from former home in challenging times for their survival after leaving care (Frimpong-Manso, 2015). Literature further reveals that, there have been ways in which institutions have tried to minimize challenges that could be faced by care-leavers, especially in areas related to homelessness experienced by care-leavers. For example, Stein (2004), asserts that some services leaving have been instituted in some societies to assist care-leavers in their quest to settle in their new communities and manage their new homes. This form of service has been very supportive for care-leavers as it has helped

them to deal with the stress that comes with reintegration outside the care homes (Stein, 2004).

According to Alderson et al (2017), some support services have also been provided for care-leavers in the UK. In terms of formal arrangements, Social services are required by the government in England to assist care-leavers in dealing with drug abuse problems (Alderson et al., 2017). This welfare arrangement has been put in place to help care-leavers in the period of their reintegration and transition into adulthood. As part of these services, care-leavers are referred to specialist professionals depending on their challenges in order to receive help with substance abuse issues (Alderson et al., 2017).

Another form of formal support provided for care-leavers who face challenges in their transition into adulthood is through the Foyer Projects in the United Kingdom. These are expanded services that are available to young people who find themselves in disadvantaged positions. Although this form of support is available to all the youth in a particular jurisdictional area, there is a condition attached to accessing such services: the service is available to vulnerable people only, who must show commitment to attaining their potential as far as their development is concerned (Wade, Henderson, Pearson, 2003).

Specialist drugs and services meant to help alcoholics overcome their challenges have also been provided in some communities. This means that some care-leavers struggling with problems related to alcoholism and drug use have been given support to deal with such challenges through the provision of formal services. According to Alderson et al (2017), these forms of services are being provided by health specialist practitioners including counselors and psychiatrists who are well versed in supporting people with problem of substance abuse and addiction. Such services often take the form of detoxification programmes for such vulnerable and disadvantaged people (Alderson et al., 2017).

Besides, the formal support systems available to care-leavers who face challenges in their transition into adulthood, there are some informal forms of support systems. Some young people have enjoyed the support provided by informal networks through friends or alumni; this kind of support can be emotional, practical, financial, material or informational (Frimpong-Manso, 2015; Rutman & Hubberstey, 2016). It has been argued that informal support is of particular importance to young people considering that the formal assistance provided to them when they are in the homes gradually reduces and eventually ceases after their reintegration (Rutman & Hubberstey, 2016). According to Wade, Henderson and Pearson (2003), the main avenues through which care-leavers have accessed informal support include their friends, partners, family members and previous foster family members. The aforementioned groups are the key sources of informal support for care-leavers. However, this, of course, depends on each individual's circumstances and relationships (Wade, Henderson and Pearson, 2003). This means that, in situations where care-leavers have remained in the care system for a long period they may be estranged from their family members and friends, and their sources of informal support may be limited. In these circumstances, the key avenue of support available to them is their previous care system. However, if they have left the care system in a chaotic manner, then care-leavers may not have any form of informal support available to them.

A confirmatory study by Pinkerton (2014), and Van Breda (2013), revealed that many care-leavers are able to cope with navigating resources and building bridges for their optimal growth and resilience through the availability of support systems, a factor which goes beyond their personal traits or qualities.

Finally, some care-leavers have been able to cope with challenges they encounter through their daily navigations with resources they are able to garner by themselves. Aside from formal and informal support systems, some young people have also been identified as

using skills they have learnt in the care institutions for their survival. Some care-leavers rely on themselves through their application of skills they had acquired in the homes. In agreement, Mmusi and Van Breda (2017), in particular, identified that some young people have been able to cope through the application of skills learnt in the care homes to generate income for themselves and their survival.

2.4 Theoretical Framework: The Theory of Resilience

The theory of resilience serves to theoretically underpin this study. Resilience as a concept was first researched in the 1970s and 1980s in North America by Emmy Werner (McMurray, Connolly, Preston-Shoot & Wigley, 2008). The theory of resilience has become increasingly popular in research, across nations and disciplines (Van Breda, 2018).

2.4.1 Defining Resilience

It is hard to find consensus on a definition of resilience because it is being studied more and more across different fields in innovative ways among diverse groups of different populations (Southick, Bonanno, Masten, Panter-Brick & Yehuda, 2014; Van Breda, 2018). It is noted that the definition of resilience has evolved over the years as the subject has been researched and studied (Earvolino-Ramirez, 2007). The theory of resilience has been defined differently across different fields. Some authors refer to resilience as the competencies or capacities of individuals, while others refer to it as a positive functioning in the face of adversity (Van Breda, 2018). This study looks at a few definitions from different authors but adopts Laura Polk's (1997) theory of resilience titled "Toward a Middle-Range Theory of Resilience for the study.

The theory of resilience suggests that individuals, who go through challenges or hardships, cope by transforming their disasters into personal growth experiences and move forward

in their bid to survive and even thrive by navigating their lives for better outcomes which translate into resilience (Van Breda, 2018). The theory of resilience explains how, despite many difficult hurdles, some individuals are able to adopt protective factors that shield them against risk factors (Pinkerton & Rooney, 2014). For example, individuals who are able to identify their strengths in the face of adversity are better able to cope; often by having an ability to evaluate their situation and further adopt measures to overcome challenges, they are able to make use of protective factors such as ‘problem-solving skills’ that shield them from negative consequences.

Young people’s resilience is enhanced by positive life and educational experiences which enable them to build their capacity for initiative, self-confidence and self-esteem (Gilligan, 2008). This means that most young people work hard in their transitional journeys to connect with others who are able to help them build their lives as independent adults (Van Breda, 2013).

For Polk, “the ability to transform disaster into a growth experience and move forward defines the concept of resilience”. It is termed as middle-range theory because it deals with empirical phenomena as opposed to a broad abstract entity like the social system. Abstracts from the empirical phenomena can create statements that can be verified by data (Earvolino-Ramirez, 2007). Polk further opined that individuals have the ability to rise above adversity through a number of factors including dispositional, relational, situational and philosophical factors, all of which play into the individual’s ability to be resilient.

According to Polk (1997), the dispositional factor(s) is defined by the physical and ego-related attributes of people that build their competence to overcome stressful conditions. This pattern consists of elements which are intrinsic to individuals that grant them the fortitude to overcome unpleasant conditions. Such attributes include a sense of autonomy,

and self-worth, good physical appearance and good health. For the purposes of this study, dispositional factors that have helped care-leavers to be resilient in the face of challenges include their sense of independence and autonomy, and their state of good health. Care-leavers with these intrinsic attributes are more likely to be resilient than those who do not possess them.

Polk (1997) defines the relational factor as comprising the roles played by individuals in their communities and the kind of relationships they have with other people in their communities. This is dependent on how cordial, estranged or tense their relationships with local people are which impacts on their ability to demonstrate resilience in unpleasant situations. In the case of care-leavers, the relationship patterns which could be useful to them include cordial relationships they have and can establish as well as activities they undertake in their neighbourhoods. This means that care-leavers who are employed and/or participate in social activities in their communities will be more resilient than those who do not. Through these relationships, care-leavers are able to navigate resources so that they may be engaged in several jobs that enable them to survive their struggles.

The situational factor, on the other hand, refers to a linkage between an individual who is faced with a stressful situation and the stressful situation itself. Factors that make up the situational pattern under the theory of resilience are the competencies of an individual that can assist them in understanding and overcoming the stressful situation that is being experienced. According to Polk (1997), examples of factors that make up the situational factors include individuals' problem-solving abilities, people's ability to evaluate situations and come up with solutions, and people's ability to react to situations. Care-leavers' situational patterns are comprised by their ability to evaluate their own situations and adopt measures to overcome such situations. It also includes their ability to access

institutions and formal mechanisms which may support them in their bid to transition into adulthood. These factors assist people in overcoming stressful situations.

Finally, the philosophical factor entails the worldview or outlook held by an individual about life, which helps people to overcome stressful situations they encounter. This includes the values and beliefs held by individuals which positively impact on their ability to remain resilient. For example, the belief that there are positives in all situations and the idea that self-development is important are philosophical paradigms which help people to translate unpleasant situations into positive ones and, in essence, demonstrate resilience in stressful situations. This pattern means that care-leavers who have a belief in their ability to change their situation through hard work are able to demonstrate resilience in the face of stressful situations.

Through this theory, the researcher understands how care-leavers are able to survive challenges and even gain some equilibrium in their lives in spite of their past experiences, allowing them to envisage a positive future for themselves. The future they envisage enables them to harness their internal strengths and strive for better outcomes.

In addition, the theory of resilience was adopted for this study because it was found to be appropriate in trying to ascertain how the care-leavers have been able to survive any form of unpleasant situation they have experienced since their integration into wider society. The fact that care-leavers are still alive and trying to improve upon their conditions means there have been some coping mechanisms which they have adopted which have even translated into resilience.

The researcher, therefore, adopted the theory of resilience so that she could understand how care-leavers have survived unpleasant conditions in wider society. The theory is deemed useful in studies meant to understand the challenges faced by people and their

ability to overcome them. It has increasingly become a key theory in social work education and practice.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter discusses in detail the method used to solicit data for the study. It begins with a profile of Lagos State, a justification for choosing Lagos as the study area and a brief description of the study sites. This was followed by the description of the of the research design. It also provides details on the target and study populations and the procedure used in selecting the study participants. The chapter also lays out in detail the various data collection procedures and data handling and analysis procedures. The final section discusses the ethical issues that came up during the research and how they were handled to ensure adherence to research ethics.

3.1 Research design

The purpose of this study was to explore the after-care experiences of care-leavers from residential facilities. Given that this study intended to hear the subjective opinions, experiences and stories of care-leavers, the study employed the qualitative research design as this design afforded the researcher the opportunity to freely and extensively dialogue with the research participants about issues related to the research topic. Patton (2002) defined qualitative methodology as a naturalistic approach that seeks to understand phenomena in context-specific settings, such as a real world setting where the researcher does not attempt to manipulate the phenomenon of interest.

Considering that this study was interested in understanding the experiences of participants, the phenomenological approach of the qualitative design was employed. The phenomenological approach entails how individual participants make sense of their

personal and social environments and the meanings they attach to or make of the series of events that occur in their lives or environment (Smith & Osbourne, 2003).

In addition, it is an approach that identifies the essence of human experiences concerning a phenomenon as described by the participants in a study (Creswell, 2009). That is, the researcher interpreted experiences available to the study participants through interacting with them to establish reality. With this specific approach under the umbrella of qualitative research strategies, the researcher was able to better understand the meaning of events and interactions of people who have been in institutional care as argued by Starks and Brown (2009) as an advantage of phenomenology.

Furthermore, with the phenomenological approach, the researcher was successful in gaining detailed insight into the conceptual world of the institutional care-leavers through which she got understanding into how and what meanings they attached to events that occurred in their daily lives. The researcher did not have prior encounter or experience in working with care-leavers and therefore carried out the study objectively without biases.

3.2 Study area

The study was conducted in Lagos State, Nigeria. Lagos State has a high proliferation of residential institutions both government and private/NGO owned which is typical of what you find in other parts of the country. Lagos State is a metropolitan city and is one of the biggest states in Nigeria. The principal inhabitants of the State are the Yoruba and significant number of people from other ethnic groups within and outside Nigeria. Lagos State is known for its high level of commercial activities, high population, low living costs and relative peace. It is also the city's commercial centre which attracts young people to partake in commercial activities for their survival.

This research was conducted in different areas of Lagos State, namely, Epe, Ikeja and Oshodi-Isole local government areas respectively. The study made use of three residential facilities in Lagos namely, Destiny home, Faith home and Hope home. These residential institutions were used as study sites because it was convenient for the researcher.

Destiny Home is a child-focused organisation that provides direct services in the areas of care, education and health for children at risk of losing parental care, or who have lost parental care. It is the largest global child care organisation, established in several other countries and territories. The capacity of the home is large enough to accommodate at least hundreds of children. Within the facility, there is a kindergarten, a large playground, a farm, offices, apartments for both mothers and children and as well as social workers. As an important element, there is security in the facility as the facility is fenced round and has one major entry point. In addition to these, the home offers various training programmes including formal education, from the kindergarten level to tertiary level; various vocational training, and counselling to the young people within its walls. Finally, the mothers, social workers and other service providers are all trained professionals in their various fields.

Faith Home on the other hand, is a non-governmental indigenous organisation founded by a couple and located in Ikeja, equally privately owned. It has about five branches in other parts of the country. The major concern of this home is to ensure that it rehabilitates, reforms, and unifies its young ones under its care. What the home lacks in structure, it makes up for in care. Faith home can accommodate at least 25 to 30 children in its facility. Like Destiny home, this home equally offers various training programmes to its young ones. The facility is well fenced and has a security guard who protects the facility on the outside.

Finally, Hope Home is a government owned facility located in Yaba. The facility from the outside looks a hundred years old and in a state of serious neglect. It has short fences, most of which have already been destroyed. The facility faces many challenges including funds, security, staff members, water, and electricity. The facility is quite large in size. However, it has scanty members of staff and about 50 to 60 children accommodated in it. The home's trainings programmes are as scanty and non-coordinated as the building itself and relies more on volunteers from outside the facility to help with few of these programmes when they are available.

3.3 Study population

The population for this study comprised care-leavers from government and private residential homes in Lagos state. These homes are institutions that operate in Lagos and take care of young care-leavers who are now residents of Lagos. Within these homes, caregivers and social workers were also engaged in the study. The care-leavers were included in the study because they have first-hand experience of their life after institutional care. Additionally, they constitute the primary target of this study, so it was important that the researcher interacted with them directly so that she would understand their challenges in life after care and as well the coping mechanisms they have adopted, directly from their point of view.

The inclusion of the caregivers and social workers was also important because as officers of the homes, they could give the researcher valuable information concerning programmes run by the institution to prepare people before they exited into the wider society as young adults.

3.4 Target population

The study targeted care-leavers, their former caregivers, and social workers in three selected residential institutions in Lagos state. This study targeted young people who have transitioned from the three selected residential facilities and currently living as independent adults in Lagos State. The researcher chose these homes for convenience as they were the homes ready to participate in the study. In addition, caregivers and social workers who have worked in these homes where these young people have transitioned from were also included in the study.

3.5 Sampling

Purposive and Snowball sampling technique was used in selecting participants for the study. Purposive sampling was employed in the study because the researcher was interested in engaging people that were experienced and knowledgeable in issues related to institutional care and life after that (Tashakkori & Teddlie, 2003). The researcher was also interested in recruiting participants who were willing to participate in her study. Accordingly, the selected care-leavers who were willing to participate in the study and also care institutions which had caregivers who she deemed had sufficient knowledge and experience about the issue that was being investigated (Patton, 2002).

The inclusion criteria required participants to be care-leavers who were 18 years and above and had left care at least three months previously, during which time they must have had some independent living experiences. Also, for care givers and social workers, their inclusion criteria required that they must have worked in the institutions for at least one year. Caregivers and social workers were included in the study because they prepared the care-leavers while they were in care.

A sampling frame was obtained from the selected institutions which contained their phone numbers and possible places of residence. Most care-leavers could not be reached to participate in the study. The researcher therefore fell on the identified care-leavers to get in touch with others whom they knew. Together, the purposive and snowball sampling techniques were very useful as they helped the researcher to recruit the right participants for this study.

According to Patton (2002), qualitative research typically focuses on collecting in-depth information on relatively small samples, even single cases, purposefully selected. Hennink, Hutter and Bailey (2010) also emphasized that qualitative research aims at in-depth and holistic understanding of a few cases instead of a general understanding of many cases. With the help of purposive and snowball sampling techniques, the researcher was only able to sample 26 participants for the study. Out of this sample size, 20 were care-leavers, four were caregivers, and two were social workers. The selected sample size for the study was as a result of participant's availability especially among care-leavers.

3.6 Sources of data

The study made use of primary data and this was derived through in-depth interviews with participants (Denzin & Lincoln, 2005). The interviews were carried out with the aid of an interview guide. This aided the collection of the necessary information needed to inform the study.

3.7 Data Collection Technique

The data collection process included the researcher first contacting the institutions by an email to request their assistance to be used as study sites. The researcher's proposal, introductory letter from the Department of Social Work at the University of Ghana, Legon, and interview guide were attached to the email. After the request was granted, the

researcher contacted care-leavers who were willing to participate in the study and scheduled for meetings.

Subsequently, the researcher had an informal interaction with study participants to earn trust before interviews began. The interviews were scheduled at the convenience of care-leavers such as their homes, public places and work places. The interviews were semi-structured because although there were sets of structured questions which were asked, the researcher probed further to get more information on issues (Harrell & Bradley, 2009). The interviews were conducted in the local dialect or in English, depending on the language proficiency of care-leavers. The interview guide used to aid the interview was framed under the following themes; Preparation for life aftercare, Challenges of reintegration and Coping strategies. Preparation for life aftercare dealt with the form of preparation given the care-leavers while at the residential homes getting ready for independent living. Challenges and coping strategies dealt with how care-leavers handled or managed the challenges or obstacles they encountered since they started living independently.

Interviews were audio recorded, after permission was obtained from the participants. Before the interviews began, participants were informed of the purpose of the study and signed a written consent letter. Interviews with study participants lasted about 45 minutes. Field notes were taken on all observations made during the interviews to enrich the study. Finally, the interviews were carried out between June and August, 2017.

3.8 Data Handling and analysis

Qualitative data obtained from in-depth interviews were transcribed verbatim. Interviews conducted in the local language were transcribed and translated into English. The researcher cleaned up the data so she can better understand and identify significant

elements belonging to the different themes. The researcher began the analysis of the qualitative data by going back to the objectives of the study, to ensure that the process of data analysis is systematic and verifiable (Macdonald, 2012).

The above procedure ensured that “scattered pieces of data” on the same sub-topic were put together for a complete review. The aim was to provide some coherence and structure to the data while holding on to the original accounts and observations. According to Easterby-Smith, Thorpe and Lowe, (2002), qualitative researchers need to communicate the findings in an honest and systematic manner, disseminating the richness of the findings. The analysis should also be open to verification as far as possible so that the others are free to repeat what has been done and check the conclusions (Breakwell & Rose, 2006).

Data analysis was done using Attride-Stirlings’ (2001) thematic networks. The recorded files were transcribed from audio to text format. The six basic steps proposed by Attride-Stirlings (2001) for qualitative data analysis were adopted to analyze the data. First, the researcher coded the transcribed interviews with care-leavers and key informants by dissecting the text into manageable and meaningful text segments based on the theoretical interests guiding the research objectives. The researcher read the data over and over again so that she got familiarized with it. Through this familiarization, several words and or sentences found to be very similar after the coding were used to identify themes and sub-themes. Furthermore, with the identified themes, the researcher constructed the connection (networks) between each of the themes and sub-themes. The researcher further described and explored the connection between the themes by going back to the whole text in which the basic, organizing and the global issues and/ or themes were identified. Subsequently, the connections between the themes were then summarized to depict the major themes that emerged in the description of the network, and then identified patterns in which the data

emerged in the exploration. Finally, the researcher interpreted the pattern of the data by further exploring the themes using existing literature to bring out their connectivity.

3.9 Ethical considerations

Participants were assured of their privacy, confidentiality and anonymity. The researcher for anonymity sake ensured that the real names of the participants, institutions and other places that are likely to leave traces to them were replaced with pseudonyms. With regards to confidentiality, the researcher did not give out information gathered to third parties without participants consent. Also, appointments were made with participants at places and time they were most comfortable with. Finally, the researcher made sure that the information given to her by the participants of the study was kept safe.

All authors of literature used to aid this study was dully acknowledged and referenced. Finally, to ensure trustworthiness, the researcher carried out member-checking and peer-debriefing to ensure the validity of the study. Member-checking involved sending the transcribed interviews for verification. In addition, this work was checked by supervisors and colleagues to ensure its rigour.

3.10 Limitations

There were two main limitations to this study. First, one of the languages used to collect data was the local dialect which is spoken by both educated and non-educated people in the country. However, translating some of the sentences and key words into the English language proved to be very challenging; as a result, some of the meanings may have been lost. To minimize this challenge, the researcher employed the forward and backward translation. After the data was translated from the local language to the English language, the English translation was then given to another person to translate to the local language. A third person was also employed to translate the data back into English again. These two

English translations that is, the first and second English translations were then compared by the researcher to see the differences in the translations and then reconcile them. Secondly, this is a small qualitative study, which makes the findings not generalizable to the experiences of other care leavers in different parts of Nigeria.

CHAPTER FOUR

PRESENTATION OF FINDINGS

4.0 Introduction

This chapter presents the findings derived from the analysis of the data, starting with a presentation on the socio-demographic characteristics of the study participants.

On the demographic information on care-leavers, eight were females while 12 were males. In terms of their ages, care-leavers were between the ages of 20 and 35 years. With respect to their level of education, three participants had junior high school education, nine had attained senior secondary school education and the remaining eight care-leavers had tertiary level certificates. Thirteen of the care-leavers were unemployed and seven were engaged in some form of employment. Regarding their religious affiliation, five care-leavers were Muslim and fifteen were Christians. Twelve care-leavers were married and eight were unmarried.

Out of the six other participants interviewed, five were females and one was a male. Four had tertiary level education and two had senior secondary education. In terms of their ages, two caregivers were 35 and 36 years respectively. The remaining four were between the ages of 55 and 60. Two of the key informants were social workers and four were care-givers. There were five Christians and one Muslim. Finally, for their work experiences, one care-giver had had eight years working experiences, three care-givers had 11 years of experience in working with young people. Finally, the remaining two social workers had 15 and 17 years working experience with young people respectively.

4.1 Preparation for Life after Care

This enquiry sought to find out the sources or types of preparatory methods used for care-leavers by their care institutions, prior to their exit and reintegration into wider society as

independent adults. Preparations for young people with the help of the care-givers and social workers in three institutions, took two main forms, namely informal and formal preparations. In this study, it was found that two out of the three care institutions used as study sites for data collection ran similar preparatory programmes for care-leavers. Faith and Destiny homes, both privately owned, carried out formal and informal training in their facilities, Hope, a government or public owned home, could only provide informal training. Under the formal preparation, Destiny and Faith Homes ran various programmes including formal education, vocation, counselling, and seminars. The homes provided its young people with kindergarten, primary, secondary and tertiary levels of education. In addition to this, both homes equally carried out several skills acquisition trainings programmes in their respective homes. These programmes included bead-making, shoe-making, baking, carpentry, electrical and wiring and many more.

The study further identified a few barriers that restricted some homes in terms of providing some preparatory programmes for their young people before their final exit into mainstream society as adults.

4.1.1 Informal preparation

The care-leavers from Destiny, Faith and Hope homes performed domestic chores as part of their everyday informal training. Care-leavers further identified that they performed age appropriate tasks while they were still in care. Although, some care-leavers indicated they didn't really care for going on errands and to the market, however, they grew to like it because the experiences they got in the homes taught them on how to negotiate prices on goods and services for themselves. Besides, the errands they ran, were in fact, for their own benefit. In fact, most female care-leavers highlighted that they performed stereotypical domestic roles such as cooking, sweeping, cleaning and taking care of the young ones. Some of the male care-leavers, on the other hand, performed masculine

chores such as fetching of water and sometimes escorting their female counterparts to the markets to buy grocery items as part of keeping them (females) safe.

Participants from the three homes had these to say:

“In the homes we were taught to do the normal chores like sweeping, cleaning and cooking ... there is a roaster with our names on it ... we performed age appropriate chores in the homes... this has benefited me a lot being on my own” (Esther, care leaver DH).

“Personally, I learnt to cook and clean in the home ... I am not much of an errand person and I particular hated going to the markets ... you know as part of the training, they told us that it was imperative that we all experienced going to the markets to learn how to negotiate but my dear that was never me ... I always tell them I don't like it or sometimes I feign being sick” (Jack, care leaver HH).

“We fetched water because you know how heavy it is to carry a can of water on the head...the girls in the home were not allowed to carry because they were not as strong as the boys....we also used to escort the girls to the market so as to keep them safe because we are men” (Dawud, care- leaver FH).

In addition, a care-giver in Destiny home indicated that aside the training in domestic chores care-leavers performed; care-leavers were also prepared through African Folktales imbedded with lessons or morals:

“We tell them stories of the old days like ‘The Value of a Person’, and ‘The Cheetah and the Lazy Hunter’. These stories all have good lessons in them ...it is one of the ways we prepare them” (Mama Shola, caregiver DH).

Two care-givers equally from Faith and Hope Homes indicated that they took care-leavers in the homes through some domestic chores:

“You know this place is like a normal home, what we can do for our natural children, is what we do for them. You know we are here 24 hours except when we go for off duty. So just like normal way, we prepare our natural home, our natural children. We wake up in the morning, every child has his own house chores like a normal home, people that will sweep, lay bed, prepare food, prepare for your school” (Mama Fatima, caregiver HH).

“In this place we teach our children how to take care of the home because it is very necessary that they know how to perform house chores” (Mama Peace, caregiver FH).

It is evident in the above quotes that care-leavers experienced what their counterparts with family support would normally experience in an everyday setting.

Some care-leavers identified having been encouraged to take on volunteering positions with the Nigerian Red Cross and other civil organisations such as the Nigeria Association of the Blind. It was further explained by a social worker at the Destiny home that this was done to raise an awareness of conscience of giving back to the society. One participant in his response about being a volunteer said: “Some Saturdays, our overall mother comes to take us out to do volunteering” (Mie, care-leaver FH). In agreement, a social worker added:

“The moment a child gets to this Centre, we start to prepare them. We don’t wait till they are 18 before. As a matter of fact, we make them to volunteer with Red Cross, Nigeria association of the blind where, they deal with braille books and publishing for the blind so that they see the other side of life and also to see that their situation is not worse than that of others and so they do not have any excuse. We make them to understand that they are responsible for

their actions and words and decisions ... We talk about drug addiction because we know it is a social menace. It is a global issue, the issue of taking drugs ... Then, we also do what we call community service; we encourage them to do volunteer work” (Mrs. Bumi, social worker DH).

Some of the institutions laid emphasis on the need to give back as important members of the society through volunteerism.

4.1.2 Formal preparation

More than half of the care-leavers identified being provided with formal education. One of participants in his response about preparation said: “I went all the way from kindergarten to the university. The home helped me in that regard” (Funsho, care-leaver DH). Another female participant also made the point that:

“The home makes it a point for you to go to school even with a selected vocation. I have the best of both worlds....even though there is no white collar job for now; at least I bake cakes to sell” (Adaobi, care-leaver FH).

However, while some studied all the way from basic to tertiary level, others were not able to. One female participant highlighted that she dropped out of school due to her inability to withstand the pressure that came with being educated:

“I went to a polytechnic but I struggled a lot while I was in the school. I dropped out because I could no longer withstand the pressure that came with education” (Grace, care-leaver DH).

However, about half of the care-leavers showed their appreciation by commending the efforts of the institutions they had transitioned from for the degrees and certificates they

now have. Care-leavers felt prepared as they now have the capacity with which to search for jobs as adults. The following are what some care-leavers had to say:

“I am very grateful for the education I had. At least I have a degree now with which I can get a job if I want. I am prepared for that part of my life” (Adaobi, care-leaver FH).

“They make it a point to send you to school because they know how important education is and that it builds the future. I am truly grateful for all their efforts” (Funsho, care-leaver DH).

The statements above were supported by caregivers who confirmed that some care institutions ensured that children in their care were enrolled as soon as they attained school-going age:

“Before care-leavers can leave here, Faith Home tries to at least push them to go to school so that they can build their futures as adults in the outside world... Education is key and very important that every child here is enrolled” (Mama Peace, caregiver FH).

“The moment a child at Destiny Home here reaches school going age, we ensure to enroll him or her in school because formal education is one of the best forms of empowerment tool for life... we believe that with education, young people will go very far in life” (Mama Shola, caregiver DH).

Two care-givers highlighted the importance of formal education as a powerful tool that could help build a future for care-leavers.

“Education is such an important tool especially for those that have left care. This home ensures that they all go to school even if they insist on just

acquiring a skill. With going to school, they can at least express themselves confidently outside of this home” (Mama Bukola, care-giver DH).

“We cannot negotiate not going to school... Education is power and anyone educated always stands out in a crowd... The key to success lies within the confines of the classroom” (Mama Peace, care-giver FH).

Another formal preparation took the form of training in specific vocations especially those who were not academically inclined. More than half of the care-leavers especially those from Destiny and Faith homes, also identified that, in addition to their formal education, they also received vocational training. These two homes decided to be proactive thereby insisted that their young people received both types of training so that they didn't just sit and wait/look for employment, but could rather create jobs for themselves and others in society. Two participants indicated:

“I went to a technical training school in Yaba. I acquired a skill in sewing...the training course was for a year and after which I attached myself to a fashion designer in this area for 3 months to learn practically the intricacies of fashion and designing” (Adaobi, care-leaver FH).

“Alongside my tertiary education, I got a skill in wiring and painting. I am actually quite happy with myself” (Sunday, care-leaver DH).

Some care-leavers highlighted that because they acquired vocational skills before they left the homes, they were able to fend for themselves as adults in the mainstream society using the skills they acquired. Two care-leavers indicated:

“Due to the skill in fashion and designing I acquired, I am able to fend for myself. So in terms of job, I am so okay” (Joyce, care-leaver FH).

“Personally, I am enjoying my hand work because it is helping me a lot. I do a lot of wiring around my area ... It is very useful because it has provided me with employment” (Nonso, care-leaver HH).

In addition to the assertions made by Joyce and Nonso, two caregivers from Destiny and Faith Homes added that children who did not have interest in the formal education were allowed to learn a trade or vocation of their choice:

“We do life skills and vocational training for them and so it is not all about school... especially for those not interested in going to school, we try to empower them for the life ahead and so we take them through psychosocial care to physical empowerment. Also knowing that if they have hope and passion for what they find themselves doing then it is even a plus to boost them as they move on in life” (Mama Bukola, caregiver DH).

“Learning hand work (vocation) is very important especially in times like this now... you see that there is recession in the country and things are not easy...white collar jobs are not even easy to come by...so we ensure that they learn a skill or two before they leave here.. Some of them have actually come back to tell us how happy they are with the skills they acquired here” (Mama Ibis, care-giver FH).

Furthermore, a few care-leavers from Hope Home also indicated the usefulness of their attachments to some restaurants and hotels as it had helped them to acquire some skills as well. Voices of two care-leavers from Hope Home are presented below:

“Although I did not attend a technical school, I attached myself to a hotel where I learnt how to manage people and attend to their needs by serving them.

I also did a lot of cleaning...you know cleaning and cooking were things I did a lot while I was in the home...now I do it to get paid” (Bisola, care-leaver HH).

“I do restaurant job. I cook in their kitchen to help myself...I learnt how to make continental dishes during my attachment time with this restaurant” (Dawud, care-leaver HH).

Technical training through which care-leavers were able to acquire amazing skills in different fields was among one of the most important training programmes provided for them. Its importance was seen in the way some of the care-leavers expressed themselves in the quotes above. Even though a few care-leavers from Hope Home did not attend technical school, they still highlighted the importance of having a skill or two through which they survived as was heard in their voices.

Another form of formal preparation that was provided was case-counseling which has been further elaborated on below;

4.1.2.1 Counseling

Some care-leavers, while still in care, received counselling from social workers before they left the home. This is usually an on-going process from the time of their admittance as children into the institutions. In Destiny and Hope Homes, care-leavers who reached the ages of 14-17 years were taken through talks, camps and seminars to prepare them for their exit. During these exercises, issues about life were explored so that some care-leavers were aware of some situations they might be faced with after their exit. Other issues were explored through films or discussions on hygiene, sexual education, abstinence, protection, drug addiction, role models and a host of other things in preparation for adulthood. Unlike the former, Hope Home had no structured counselling sessions with

care-leavers prior to their exit from the home. Two social workers from Faith and Destiny homes had the following to say:

“We had discussions and talks with care-leavers ... We showed them films, videos of people that who made it... people who have added value to their lives, role models... Films that will develop them, their intellect...we teach morals, respect for elders, communication skills, how to attain their life goals. It is not all together; it is in each group then aside that they go for camps. We talk about sexual education and below 18 is abstinence. We talk about drug addiction because we know it is a social menace. It is a global issue, the issue of taking of drugs... So these are the things we expose to them so they can live an independent, responsible life, and integrate successfully into the society” (Mrs Bumi, Social worker DH).

“We sit them down and we counsel them from their youth. We teach them reality of life because life in the home is just the beginning, the umbrella which at a certain time can be taken away...So we normally have time to talk to them once a week. We go through books and pamphlets, we go to a place called tomorrow and discuss a lot about that, making them to see that they must have vision, they must dream and they must fulfill their dreams and aspirations through their hard work” (Mr Nwankwo , social worker FH).

Life after care is an area most institutions are concerned with. That is, they try to understand the difficulties care-leavers might likely face including building relationships. Which is why, it is important that young people in their care are well equipped with what pertains to the outside world through counseling.

4.1.3 Accommodation

Data revealed that accommodation was partially provided formally and informally for care-leavers after leaving care institutions. Care-leavers indicated that they were provided with accommodation at the initial stages of their reintegration. For Destiny Home, this accommodation was called a ‘partial resettling home’ or ‘a youth home’ provided for semi-independent living before the care-leavers left for their independent living. In the semi-independent living apartment, some care-leavers identified being supervised by a youth leader who usually reported back to the institution on how they behaved. Youth could stay in these apartments depending on when they graduate from the tertiary institution.

Care-leavers from Faith and Hope homes on the other hand, were provided with apartments paid for by the institutions for a year or two, depending on the resources available. Care-leavers indicated that the provision of accommodation was vital because they had stayed for such a long time in the care homes that, they would not have been able to sort out their own accommodation by themselves.

While at the rented apartments, care-leavers highlighted that, they could contact the homes if they faced any challenges. With the accommodation, some care-leavers were able to adjust to their new environment as independent adults. Responses from participants have been presented below:

“When I left the home, I went to the partial resettling home, provided by the institution. I stayed there till after graduation from the university” (Susanne, care-leaver DH).

“They tried to help us by renting an apartment for us. This was very important because we had stayed in the orphanage for so long a time that it would have

been difficult for us to find our first accommodation when we left into the real world. They paid for a year. We really appreciated this help from the home” (Michael, care-leaver HH).

“With the rented apartment, I was able to relax and not have anxiety over accommodation for at least a year. They told us to behave ourselves, and if we faced any challenge we could go back and explain to them. After this period, we were expected to cater for our accommodation ourselves” (Tunde, care-leaver FH).

Responses from care givers from the three institutions also supported the assertions made by the care-leavers:

“After they are done here, the institution provides an accommodation for them called the partial resettling home for at least a year so that they are able to learn to stand on their own” (Mama Peace, caregiver FH).

“It is our primary concern to provide them with accommodation so that they do not wonder about the streets after they leave here” (Mama Bukola, care-giver DH).

“We try our best to provide them with a place to lay their heads at least for a year because that is all we can afford” (Mama Fatima, caregiver HH).

Care-leavers expressed their appreciation at the provision of accommodation in their transition to adulthood. They felt that without it, they would not have known where to go to. They highlighted this gesture on the part of the institutions to be particularly special to them as seen vividly in their expressions.

4.1.4 Financial Barriers to Preparation

Data indicated that there were barriers that inhibited some care institutions from providing some care-leavers with some preparatory programmes while they were still in the homes. Even though this finding was originally not in the objectives, it came up repeatedly during the interview sessions. It was further highlighted that the existence of these barriers affected preparations in the care institutions and mostly became the underlining cause for the challenges encountered by care-leavers. The researcher deduced from interactions with care-givers that the barriers they encountered emanated from structural factors including unpaid labour.

Finance was a major factor that inhibited some institutions from providing care-leavers with preparatory programmes prior to their exit. Care-leavers from the Hope institution lamented at the fact that they did not receive any training apart from the normal household chores they performed. Care-leavers further indicated that, they would have liked it if they got trained on at least one skill. They attributed deficit in their training to be the lack of finances on the part of the institution they had transitioned from. In spite of this however, some care-leavers indicated that they had something small doing to at least help themselves survive. Two care-leavers had these to say:

“There was no money so I did not acquire any skill in the home... I just did the normal house chores. You know anything government, that is how it is. I was not given any training which would help me secure a job. I have heard that some homes train people in catering, carpentry and others, but I was not that lucky... it would have been nice to be trained on a skill at least” (Dawud, care leaver HH).

“Look I did not learn anything skill apart from the normal housework we did in the home...this work I am doing now is just by the grace of God... at least I survive with it... we were in that orphanage for a long time but because there was no money it was sometimes not possible to eat well ... How can you say it is a government owned orphanage when even basic things are not even there to take care of people...this is just upsetting” (Suzanne, care leaver HH).

To further support the comments made by Dawud and Esther, a care-giver from Hope Home explained that, due to insufficient funds or the lack of them, the institution was crippled in providing some basic developmental skills for their young people, apart from the home management chores that care-leavers performed.

“As you can see this place we lack a lot of things ... the little we can, we try to teach the children because we know that they will not be here forever... we do not have instruments for baking anymore and other things even though we know how important it is for them to learn a skill or two apart from the normal chores like cleaning and cooking they do. We have not been paid by the government for more than three months. Thank God for our volunteers” (Mama Fatima, caregiver HH).

From the above quotation, it can be said that the reason some care-leavers were not provided training programmes was due to financial constraints. As a consequence, it crippled what plans the institutions originally had for the development of the care-leavers before their exit.

4.1.5 Lack of Trained Personnel

Hope and Faith institutions were reported to have limited of number of workers especially trained personnel in the institutions. They identified that; they could not afford to employ more workers even though this was a need. They indicated that, they mostly relied on the

assistance of volunteers who came to the institutions to help them. A few members of staff at the Hope institution further complained that this need tripled their work load as one mother or social worker catered for at least 25 to 30 children in the home. Two caregivers from Hope and Faith institutions had the following to say:

“The work load is too much...we have asked for more members of staff from the Ministry but up till today they have not answered us ... if we say to get people then it will be from our own pockets...the government is not trying at all...in this big institution we have only 5 members of staff looking after so many children all by ourselves. Like now I alone care for 25 to 30 children”
(Mama Shola, caregiver HH).

“One major problem is the limited number of people working here especially trained workers. You know in this our job hardly before money comes. We need more workers because the numbers of children we care for rise daily”
(Mama Ibis, caregiver FH).

In some of the homes, care-givers highlighted the fact that they had limited number of workers. This posed a barrier to them because the number of children in these homes continued to rise on a daily basis. This challenge had translated into a problem of lacking skilled carers to cater for care-leavers and adequately prepare them before their exit.

4.2 Challenges Faced by Care Leavers

Data analysis revealed that care-leavers in Lagos faced four main challenges in their transition to adulthood. These include, leaving and surviving alone, job and finance, accommodation, and social integration.

4.2.1 Leaving and surviving alone

Few care-leavers lamented at the fact that they found leaving care and surviving by themselves challenging and terrifying especially for care-leavers from Destiny and Hope Homes. They indicated that they could not reconcile having people to talk to in the homes as against being on their own after their transition to independent living. Hence they found this to be very challenging and difficult to manage. Responses from two male participants are as follows:

“It is terrifying by just being alone especially in challenging times. I grew up in a home with many others just like me. Even though, we are all not blood relatives, there was this sense of friendship and companionship to say the least....Please the topic of ‘independence’ is really overrated” (Funsho, care-leaver DH).

“Living and surviving by oneself is not an easy thing to do especially when you were with a lot of people. But coming to stay on your own even though you have been told that a day like this was inevitable, it was still not an easy one ... I had straight nightmares non-stop for weeks because everywhere was dark ... I did not know that things were like that on the outside because in the home there was constant light and food...I almost burnt the first house I lived in because of candles and lanterns I was forced to use and did not even know how to operate a stove ... there were so many things I still struggle with in this place” (Mie, care-leaver FH).

Some care-leavers further indicated that they hardly knew what to do on their own because they were used to being told what to do. This was especially challenging for the male care-leavers as they indicated being lonely most of the time. One male participant lamented “I

am most of the time alone...I do not know what to do on my own” (Tunde, care-leaver DH). In addition to this, a female care-leaver indicated that living alone entailed difficult decisions she could barely navigate through. She added:

“I still have not understood why we had to leave the home ... Look I have an issue with making decisions for myself. Many decisions I have taken and made have always resulted in a lot of problems for me here” (Fumi, care-leaver DH).

Looking at the quotes above, it can be seen that some of the care-leavers did not want to leave the institutions, because, they felt safe and protected while still at the homes. Leaving the homes and starting afresh became however terrifying as they had to fend for themselves alone in a completely new environment that seemed rather strange to them.

4.2.2 Job and Financial challenges

Care-leavers revealed that they encountered challenges in their bid to find jobs. While some care-leavers made an effort to change their situation by working to earn an income, others had not been able to secure jobs. The lack of jobs for some care-leavers caused them frustration. One male care-leaver had this to say:

“It has been difficult because you know even in trying to get a job, the normal job we do, it was difficult to get. I have been trying to find a job. I talk to people but they cannot help me. That is how it has been for me. It’s been very difficult without work” (Jack, care-leaver DH).

Another care-leaver also added that the difficulty of finding jobs was frustrating and brought about by the current administration of the country:

“Do you know how difficult it has been without a job? It means you cannot afford some small things for yourself. It is particularly frustrating when you are

a graduate...I cannot count the number of times I have had to walk the entire Lagos in search of a job... Nigeria is really difficult especially with this new administration” (Okafor, care-leaver FH).

Lack of job on the part of care-leavers meant that they faced financial constraints. This affected their quest to survive after care, leaving some unable to afford a square meal daily: two care-leavers had the following to say:

“Everything is costly and it is not easy here especially when we can barely afford even basic things. Because of the financial problems I have, sometimes I eat in the morning and there is nothing to eat in the evening” (Adaobi, care-leaver FH).

“Lagos is not an easy place to live in without cash... common small food to buy and eat is a problem because now things are very expensive to buy... imagine one cup of garri [local food] now is going for 100 naira from 40 naira [11-28 US cents] ... hmmm!” (Taye, care-leaver HH).

A caregiver attributed the lack of jobs on the part of care-leavers to insufficient job opportunities in the mainstream community as well as care-leavers’ inability to put their skills and talents to efficient use:

“They finish university and they cannot get the job or maybe they have the job but the money is not enough for them to live on and they will come back. Some of them are still looking for job but they cannot get job, but they don’t want to use their skill and talent too” (Mama Fatima, caregiver DH).

Following the quotes above, it is evident that care-leavers felt rather insignificant in the community because they could not find gainful jobs. As a result, they could not afford basic things which cost them the place they wanted in the society as active members.

4.2.3 Accommodation problems

In addition to job and financial challenges, some care leavers also were unable to afford good accommodation. As they struggled to meet their basic needs, including shelter; and having no family ties, decent accommodation became difficult to come by. Most care leavers interviewed lamented on their inability to secure for themselves proper accommodation:

“Accommodation was really tough. I was a young man with no accommodation so I was sleeping in a car, a friend’s car.... After I moved from the initial accommodation I was provided by the orphanage, I could not pay rent for a room because things were tough. There was a filling station just opposite where the car was parked and I spoke with the security guys, so very early in the morning around 5 o’clock I would just sneak there, take my bath clean up. And do my normal things. I was living like that for 2 years” (Ishmael, care-leaver HH).

A female care-leaver also added that accommodation was in fact a major challenge for her:

“My major challenge is related to my house. There are so many things wrong with the house. When it rains, there are so many leakages. We have tried to solve them but things are not easy... Take a look at the environment and the houses. It is a shame but this is where we sleep at night and wake up in the morning. In this world, it is when you have something doing that you will be

able to progress but without anything it is very hard” (Susanne, care-leaver FH).

From the voices of care-leavers above, it can be understood that they encountered a challenge with regards maintaining and/or affording a place to stay. This was particularly difficult for some of them because they were not economically active in their respective communities.

4.2.4 Social Integration Challenge

Adding to the issues is the challenge to socially integration within the communities due to the problem of stigma. Care-leavers indicated that they had difficulties socializing with the community due to demeaning remarks which led to their loss of confidence. Care-leavers also identified their inability to interact with other people on both personal and economic levels. One participant added:

“I believe we face discrimination and it still is a tag on me. When you tell people you were raised in a care home, they look down on you because they think you don’t have a father and mother. I remember when I was in secondary school, a very close friend of mine on our way to the hostel with one of our female colleagues. We had an altercation and he pushed me and I pushed him back. He said, ‘I don’t blame you, you don’t have training, you don’t have a father or a mother’. I felt so bad” (Okafor, care-leaver FH).

According to a social worker, people in the mainstream society discriminate against people who have left care. They subject them to stigmatization and go to the extent of using insulting words to describe them. The social worker added:

“One challenge that some care leavers face is stigmatization from other people who did not grow up in care institutions. Even after years of leaving the care homes, some people still see them to be different and sometimes pass derogatory comments about them. I think it is one of the reasons why some care leavers find it difficult to build their confidence and work together with others” (Mr Nwankwo, social worker FH).

Besides the above, a few had also been confronted with unfortunate incidences of their possessions stolen as well as being attacked leaving them with injuries. They further indicated that as they tried to get integrated into the mainstream community, some became the victims of robbery attacks by community members, which negatively affected their community integration. Two participants lamented:

“Living in that neighborhood comes with some dangers. Sometimes, if you are not lucky, people in the community attack you. They take the little money and resources you have on you away and if you try to fight back, they can hurt you. It is a dangerous neighbourhood, a ghetto. My primary concern is to find a better accommodation” (Bukky, care-leaver DH).

“The major challenge is also about theft issues because when they attack us they take everything and people will also not come to help you. It is very painful when people attack you and take the little you have and as a human being people are not coming to your aid to help you even when they know what is going on” (Taye, care-leaver HH).

Compounded with these is the fact that they have no one to help them deal with challenges they face outside the homes. They perceive people in the community to be less caring as

compared to what they experienced in the care homes. As a result, integrating with the mainstream community becomes extremely challenging: Two participants explained:

“Things have not been easy out here. I think worse than what I experienced in the home...at least people showed care in the homes. Now I don't have people I can fall on for help. Even people to talk to when you have a problem is a challenge sometimes. For some people, when they hear that you stayed in a care home, it is as if you are not a human being...the support is simply not there” (Joyce, care-leaver FH).

“Life for me I will say has been rough, after my reintegration. I noticed people here do not care for anyone but themselves...there is a way you will greet someone and they will instantly think that you want something from them...with that they avoid you like a plague” (Fumi, care-leaver HH).

Few care-leavers went further to indicate that they had challenges understanding the language and culture within the communities they had been reintegrated into. One participant added: “Yorugba is a very difficult and stressful language. I do not understand it” (Musa, care-leaver HH).

Finally, another adjustment issue on the part of the care-leavers had to do with instability in provision of social amenities, such as electricity in the community. Two participants from Destiny Home lamented:

“One major issue for me personally is this light issue ... As in more than 3 days will pass by and you will not even catch a glimpse of the light ... I was so frustrated coupled with heat everywhere ... I remember that particular period like yesterday, I used to cry like pikin [child] every day. It still isn't funny o

but it was terrible then because at the home there was constant light unless when they have to put fuel in the generator” (Grace, care-leaver DH).

“I do not understand why there is no electricity because in the home where I lived, there was constant power” (Funsho, care-leaver DH).

A care giver also added an explanation to the problem of load-shedding in the country:

“Like in Nigeria now our light is not regular but this village we have light at least six or twelve hours in a day but inside the community they have light problem...nobody is tolerant with this light issue where maybe a week or even a month you will not see flash not to talk of the light itself” (Mama Shola, care giver DH).

Some care-leavers from their expressions indicated that they found it challenging to adjust to their new environments for a number of factors as seen above.

4.3 Coping Strategies Vis-à-vis Care leavers’ Resilience

Although participant care-leavers spoke in some detail about the challenges they faced, they also conveyed a capacity to navigate through difficulties towards better outcomes; that is, they showed resilience.

In this study, care-leavers have been identified to have both personal and social factors that aided them in their resilience. The personal factors include; care leavers’ persistence, hope of a brighter future, fear of failing and engagement in several menial trades and savings. The social factors included both formal and informal social supports.

4.3.1 Care-leavers’ Persistence

Care leavers spoke passionately about how they would not give up despite the challenges they faced. Most of them said that they would do whatever they could to survive in their

communities. To one of the care-leavers, giving up meant death and since he is alive and strong, he has decided to keep moving on with whatever job he finds to help himself:

“I have to keep struggling for my survival. I have to move from different places to find something to do. It is not my style to stop. I just keep pushing without looking back. It has made me who I am today. I am comfortable today, at least I can afford to care for myself and another” (Sunday, care leaver HH).

Another participant had this to say:

“My spirit is very strong and will not give up... my conscience will not even let me ... I have learnt that in this world you have to make it whether by force or by anyway ... I am a man and someday I will need to tell my children my story and if I give up now when I barely even started, because of small frustration; with whose eyes would I look into? Even God will not forgive me... so I have to be strong and take everything I face as a man ... it is part of the experience of our everyday struggle ... I always say what does not kill you only makes you stronger” (Dawud, care leaver DH).

Two Social Workers shared their experiences by commending the good efforts exhibited by some care-leavers as they try to improve on their situation. However, one insisted on the need for care-leavers to not give up but to be resilient:

“Some care leavers are so filled with passion of becoming everything they could be and that is what we try to teach them here ... quite unfortunately too, some of them delve into activities that are not good but others as well become good people by constantly trying and not to quitting ... we tell them here that

we do not like quitters and those who quit do not make it to the history books”
(Mrs Bumi, social worker FH).

“You see when you persist in life about things that can help develop you personally that is being resilient ... the word resilient means the ability to keep moving despite the many challenges. You cope with what you as a human being can offer in terms of the skills you possess and how you are able to manipulate these skills into your own benefit makes you survive, hence comes your resilience ... Are you going to sulk or are you going to keep climbing till you get to your destination ... Look, it is a matter of choice you know but I know that there are a lot of difficulties especially in this recession time... Everything is sky-rocketed and not in a good way... However, sometimes they come here seeking our help, we do our part by encouraging them to not give up ... They can make it only if they understand what they want first...As I was saying I think that to our best ability we support however we can to help them but they have to try to be resilient” (Mr. Nwankwo, social worker DH).

Underneath the constant everyday struggle is the strength and determination in some care-leavers’ voice to keeping moving no matter what they face.

4.3.2 Hope of a Brighter Future

Most care-leavers, for example, had a strong sense of hope for brighter futures that awaited them. They believed that if they kept their faith and never gave up, their situation would change for good. Even though some of them had been forced to abandon talents or skills they had acquired in the homes due to life’s demands, they were still hopeful of a better tomorrow. This is evident in the way they spoke. They were not satisfied with their

station in life but were encouraged by knowing that a brighter future awaited them if only they worked toward achieving their goals.

“What makes me resilient is that I know there is hope for the future. I do not have connections and so anything I see, I manage it like that because I still have it in mind that I can make it. For as long as I am alive, I live in hope that my situation can change ... I am still breathing and once I’m still breathing I can’t give up, so that’s just it. I must survive I must be responsible for one thing or the other so you know my breath is still there, I’m still alive I am not sick so life goes on” (Mie, care leaver FH).

A female care leaver also added:

“I have a strong hope that everything will be fine soon. I do what I can every day to see that at least I eat something. Other times I go with a friend to clean the market after about 6pm when the people have all closed and then at the end of the week the market people will give us money and then we will share it. Also during the day, I engage myself in washing clothes for people for money which I add to the market cleaning work. So that is how I survive” (Sandra, care leaver DH).

Another female care-leaver, who had been forced by the pressures of life to abandon skills acquired in the home also added:

“Since I could not find support to help me start off my baking career, I had to result to doing things I am not even proud of ... I do prostitution and this helps me get by... I am able to afford some things for myself ... but seriously, the

one thing that keeps me alive is the hope that soon everything will be okay”

(Bukky, care leaver HH).

A male social worker also pointed out that having hope is an important tool which care leavers should endeavor to have in their navigations. He said:

“It is very important to keep hope alive because without it then where are we all headed? Hope makes you do things, tells you to struggle more not minding what you are passing through but having in mind that God sees everything and sees the heart of every human being on earth ... hope is a driving force for almost everything one does” (Mr Nwankwo, social worker FH).

In some care-leavers’ voices, having hope meant the world to them as seen in the quotes above.

4.3.3 Fear of Failing

Some care-leavers identified that behind their hopeful and persistent demeanour was their fear to fail. Some went further to indicate that this fear for them was a mechanism they adopted that helped to push them beyond settling for anything less than what they actually want in life.

In addition, they feared that if they do not work hard, they might be termed as ‘losers’ by their families. They further indicated that if they failed, they might not make for a good example for their generation yet unborn. I deduced from my interactions with participants that their level of persistence was fuelled by their fear of failing. The fact that they are now responsible for the future of the families they have, and expect to have become the reason for their decision to not give up no matter what. The fear of failing here became for

them the driving force that enabled them to persist in their navigations for a better future for them and their families. Responses from care-leavers have been presented:

“Look I refuse to give up because I fear that my family would be disappointed even though they will not say it to my face; the fact that they might even perceive it scares me... I do not want to be called a loser or a failure but successful so that my children yet unborn will be proud of where they have been born” (Jack, care leaver FH).

“I did not have much growing up...I did not have a father nor a mother, I was taken care of by a wonderful woman who trust me to do well in life...see the reason I do all these things is so I do not disappoint her...sometimes I am afraid that I will fail her but again it is this same fear that has made to do what I have to do...so I mind myself and just do my thing as I move on” (Bapakaye, care leaver HH).

Some care-leavers particularly indicated how terrified they were to even perceive the word ‘fail’, which was not an option in their world.

4.3.4 Engagement in Menial Jobs and Savings

A little over half of the care-leavers have been able to navigate themselves to finding resources in their new environment for their survival by engaging in several menial jobs and making savings. A few others have found themselves engaging in negative social vices such as stealing, smoking and the sale of drugs. One male care-leaver added:

“I do many menial things just for me to be able to survive [scavenging, brick-laying and load-carrying]. Without the menial jobs, I would not get any money to feed on. I have to struggle for money. I have to move from one market area

to the other to find something to do. It made me know how to struggle for myself. So man tries to survive through all the hardships. I'm still very young and agile; I don't see any reason why I shouldn't be able to fend for myself. I don't steal, out of the way, I don't fraud people, that's out of the way but when it comes to hardworking I'm so much there" (Sunday, care leaver FH).

Another care-leaver indicated she was surviving on the profit of her business:

"I have a small shop I managed to get by saving small money that was given to me from all the jobs I did for people here in the market ... see if you are not lazy, money will definitely come even if it is small... serious! ...we thank God for everything" (Adaobi, care-leaver HH).

However, one of the social workers revealed that some care-leavers resorted to illegal activities to survive:

"Some of them have been knocked into activities that are illegal. Sometimes we hear of cases involving care leavers who are into armed robbery and others ... Having been in the care system is not an excuse but sometimes when things are very difficult, illegal acts become an option to some people. It is unfortunate" (Mr. Nwankwo, social worker DH).

As evident above, some care-leavers survived their daily challenges and struggles by not sitting idly by and letting these struggles over-shadow their need to make it in life.

4.3.5 Informal Social Support

In addition to drawing on personal resilience resources, care-leavers in Lagos mobilised informal social supports in their navigation for better outcomes. Data identified that some care-leavers who had reintegrated well into their communities resorted to borrowing from

their friends, neighbors and associates. One female participant indicated: “I have people I can turn to now” (Suzanne, care-leaver HH). In addition, two participants pointed out:

“I can still rely on my brothers and sisters to help me in times of need...when they also need something I can help them with; I do not also hesitate to do...like the other day one brother from the home called me to help him with something in Alausa which is very far from here, I dropped what I was doing to attend to him...he is one of the good ones who is also always there for me” (Okafor, care leaver DH).

“In this ghetto where we stay we are just managing. Sometimes we take money from each other because we are friends in similar situation. Sometimes too, we sell gala (a local snack) and other times when some work comes in the neighborhoods close by, we do it to earn something little to help ourselves and each other” (Ishmael, care leaver FH).

Some also indicated to have received support from their religious brethren.

Three participants pointed:

“Well the people in the church I attend try their best to encourage me not to give up. There were times when I attempted suicide because I was depressed, I called the orphanage to try and get some help but they wouldn’t because I was out of the system and their budget is not for people that are out of the system. So I kept encouraging myself that I can make it” (Bukky, care leaver DH).

“Sometimes too the church I attend helps me with some donation of clothes and even food stuff. They always tell me to not allow pressures of life get to

me... so I focus on the word believing that one day I will be okay as I want to be” (Susanne, care leaver HH).

“Most times after our meetings some of the people here at the mosque help me with some money and items for me to use ... some of them call me so we get together and I follow them to do what they do ... their support has been good for me” (Musa, care leaver HH).

Few care-leavers indicated that they and their alumni (siblings) practiced what was called ‘reciprocity’ where they supported each other in times of need. One said: “In this place, we do a lot of give and take things....you-do-for-me-I-do-for-you” (Okafor, care-leaver DH). In addition, some of the married female participants acknowledged that most of their support came from their husbands without whom their lives would have been frustrated. Two female participants said:

“If not for my husband I don’t know where I will be today. He is the breadwinner of the family. We have two children and he takes very good care of us...I really wanted to continue going to school but with this family plus the kids’ fees and all, I don’t see how that will possible” (Esther, care leaver FH).

“Not long after I left the care home I met a man who wanted to marry me, after studying him for some time we got married and I must say he has really been of help ... he is a good man and has been good to me and the children ... my dear I am sure without him I would have been really frustrated” (Susanne, care leaver HH).

Informal support provided for some of the care-leavers meant quite a lot to them as seen in the way they expressed their thoughts in the quotes above.

4.3.6 Formal Social Support

Some care-leavers, in addition to the informal social support, also received formal support from their former homes and care givers. Some have had opportunities where their former homes linked them to some jobs and services they rendered and got paid.

“The mothers at the home have also been helpful. Even though I am no longer there, whenever I go there to talk to them about my challenges, they listen to me and encourage me. They do not have enough money to give me but their kind words of motivation helps... This job I do now, one of them spoke to her friend to help me get it. So personally, they have helped me even now that I do not live there” (Nonso, care- leaver DH).

One care-leaver added that she received support from her former home through counseling in challenging times:

“When things become so unbearable I go to the home to see my mother... she always welcomes me and helps me out with the little she could spare... herself and the home also give me small money whenever I go there. They as well give me thorough advice on how to manage the little fund that comes my way and not to follow bad gang” (Joyce, care-leaver HH).

According to some of the caregivers, most of the care-leavers survive in the mainstream through their help and/or that of the institutions’:

“They cope through our support. Sometimes when they pass by, they tell us what their challenges are and we see how best we can help them. We have helped some to change their jobs through this. Sometimes too through our

informal follow-ups, we get to understand some of their challenges and we try to help them, financially or through advice” (Mama Ibis, caregiver FH).

“It is not easy out there for young people especially when you are a care leaver. Even though we train them they still face some difficulties. We over here do the little we can to support them, no matter how little it may be regarded, it helps them cope” (Mama Fatima, caregiver DH).

This form of social support came in handy in dire challenging times for some of the care-leavers as evident in their expressions.

CHAPTER FIVE

DISCUSSION OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter begins with discussion of the findings, where the findings have been compared with existing literature on institutional care and life outside care institutions. Also, a conclusion based on the findings and their discussion is presented in this chapter. Finally, the researcher has made some recommendations which have been informed by the findings of this study.

5.1 Discussion of Findings

This study sought to explore the aftercare experiences of care-leavers as well as the views of their former care-givers in Lagos, with much emphasis on how care-leavers fare in life outside the care system and the things they did to cope.

Data collected from 26 participants from three residential institutions in Lagos State identified that generally, care-leavers in Lagos State were prepared formally and informally for life after care. However, it was also found that one out of the three care institutions only carried out informal preparation for its care-leavers. The study further identified a few barriers that hindered some institutions from providing preparatory programmes to some care-leavers while they were in the homes.

In the study, it was found that care-leavers with the help of caregivers and social workers went through varieties of preparatory programmes before their departure as adults. This finding supports Frimpong-Manso's (2012) study in Ghana that found that care-leavers employed a number of sources to prepare for adulthood and these include the SOS mother, boarding houses and youth facilities. The study also found that even though some care-leavers didn't enjoy some of the tasks they performed while they were in the homes, they

came to enjoy performing them in their adulthood as was heard in Jack's voice. Interestingly, it was also found that roles were assigned to care-leavers while they were still in the homes based on their gender as was heard in Dawud's voice.

Formal education was one of the key tools used to prepare young people in some care institutions. It was found that more than half of the care-leavers had the opportunity of having formal education during their years in these care homes. This finding on formal education corroborates the assertion of other studies such as Collins (2004) and McCall, Groark, Fish, Muhamedrahim, Palmov, and Nikiforova (2013) about provision of formal education as a major preparatory tool in some care institutions in Russia and other countries. In addition, this formal education was meant to prepare them for a better life after the care system. However, some care-leavers could not withstand the pressure that came with education and hence dropped out while some had no secondary or tertiary education due to reasons of not being academically inclined.

Even though, formal education was found to have helped some care-leavers after their reintegration into the society, some care-leavers were not able to get gainful and satisfying jobs.

In addition, some care-leavers were also given the opportunity to choose a vocation alongside the formal education. While others who did not want to go to school also had the opportunity of choosing what skill or vocation they desired. Some of the skills care-leavers acquired were electrical works, sewing, baking, shoe-making, bead-making and fashion design. These technical or vocational skills are designed to help care-leavers become self-reliant and help them engage in meaningful businesses and trades where income can steadily come in. Another reason is that these skills could help minimize challenges care-leavers may face in the outside communities. Furthermore, it was found

that for some care-leavers, these skills have been very useful in helping them become self-reliant as they delve into different possible things that have helped them survive. Some are able to feed from what skill they had acquired while in the care institutions. This finding supports Mmusi (2013) who asserted that due to on-going challenges many care-leavers face, they are forced to mature much more quickly than their peers with family. Hence, they have often relied on the skills learnt while they were still in the institutions so as to cope in their communities. The finding also supports Mares (2010) report that skills training programmes that were undertaken in care homes helped people leaving such homes to be able to settle in mainstream society and also be able to cater for their needs through their active engagement in economic activities. Furthermore, this finding agrees with the view shared by Montgomery, Donkoh and Underhill (2006) who asserted that skills training, when run for young people in care institutions, aid them in their reintegration process.

Furthermore, the study revealed that care-leavers received counseling while in the institutions. It was found that prior to care-leavers' exit from former homes, some were engaged in one-on-one counseling sessions, seminars and other programmes where issues concerning life after care were discussed in detail, so that care-leavers were aware of some important issues in the society before their reintegration.

Subsequently, care-leavers when of age were provided with accommodation at the initial stages of their reintegration. These accommodations were meant for their semi-independent living as they make transition to adulthood and eventually reintegrate into the larger society. This finding supports Frimpong-Manso's (2012) study in Ghana which found that care-leavers were provided with accommodation at the initial stages of their reintegration for independent living.

Consequently, the study identified a few barriers to the preparation of some care-leavers before their reintegration as adults. It was found in the study that some care institutions were unable to provide adequate preparatory programmes due to financial constraints and the lack of trained personnel. As a result, some care-leavers were unable to economically integrate successfully. This finding supports Collins (2004) who asserts that some care homes do not provide concrete preparatory skills for the outside world regardless of care-leavers' needs when they come of age.

It was further found in the study that whereas some care-leavers received both formal and informal training, others had only informal training. This deficit was largely due to lack of resources in some care institutions to prepare their young people for independent living. For example, while Destiny and Faith Homes had resources to provide care-leavers with formal and informal trainings; Hope could only provide informal training. Hence, this has resulted in some care-leavers having to depend on their friends and alumni (siblings) for their survival. The finding supports Brown and Wilderson's (2010) position that inadequate preparatory programmes run in residential institutions have accounted for some of the dire challenges many care-leavers face thereby making them dependent rather than being independent when they arrive in the mainstream society.

The study further revealed that care-leavers encountered four major challenges. These challenges include leaving care and surviving alone, job and finance, accommodation and social integration.

Some care-leavers reported that they were terrified of leaving care and surviving by themselves after their reintegration. To them, this posed a big challenge as they tried to navigate through series of changes and decisions all of which involved very complicated transition too challenging to adjust to daily. From interactions, I deduced that some care-

leavers were rather not ready for independent living. However, in the United Kingdom, the establishment of the Children's (Leaving Care) Act of 2001 ensures that young people in the care systems are assessed to ascertain if they are prepared for independent living. Unfortunately, this is not the case in Africa, especially in Nigeria where leaving care policy does not even exist. It was clearly established in some quotes that some care-leavers were not properly prepared for independent living. However, they exited the homes simply because they had attained 18 years. Perhaps, if care-leavers in Lagos State had been assessed before they left care, some of these issues may have been identified and tackled.

Almost all care-leavers indicated that they encountered difficulties in trying to secure employment which resulted in serious financial constraints. This supports the study by Pryce et al (2016), who found that care-leavers are most likely to encounter a dire challenge such as unemployment. Care-leavers' inability to find employment has also been confirmed by Courtney and Dworsky (2006) who found that unemployment is a major problem faced by many care-leavers. This finding also is in consonance with Montgomery, Donkoh and Underhill (2006) who further opined that many care-leavers are usually at risk of facing unemployment related issues due to the fact that they lacked adequate preparation while they were still in the care institutions.

Most care-leavers identified employment and financial constraints as two major challenges they faced. This was especially more challenging for those without who didn't receive any formal education and or vocational trainings while they were in the care institutions. Some went further to blame the difficulty in finding jobs and other related challenges they faced on the current administration of the country. At the time of data collection, there was a social issue in the country referred to as 'Recession', a period of temporary decline in the economic condition of the country where trade and agricultural activities had been reduced. This brought about great depression to some care-leavers as they lamented the

very unaffordable cost of goods and services. Lack of training further compounded some care-leavers' inability to compete and/or participate economically in their communities. It was found that the lack of some care-leavers' participation in the economic activities in their communities further translated into their poor state as care-leavers. This agrees with Mhongera and Lambard's (2016) assertion that due to the lack of resources, care-leavers unlike their counterparts with family support are among the poorest in their communities.

It was further identified that some care-leavers encountered accommodation problems especially after the expiration of the initial rent paid for by the institutions. Some indicated to have slept in cars, while others took cover at night in dilapidated structures of face-me-I-face-you compound houses. Care-leavers aired their frustrations and shame in residing in such accommodation which to them never represented who they were and or wanted to be in life. This finding supports Maposa and Louw-Piegeter (2012); and Pryce et al (2016); studies in Ethiopia and South Africa which found that care-leavers are most likely to face the problem of homelessness after reintegration due to their lengthy stay in care homes. Furthermore, few care-leavers who indicated to have been unified with their families explained that they left their families and went to the streets because they no longer had anything in common with their family members. Also, care-leavers asserted that their families could barely fend for its members and were even worse off than they (care-leavers) were.

Compounded with the above-mentioned challenges is the problem of stigma. It was found in the study that many care-leavers had been labeled due to their care and orphan backgrounds. This made reintegration a rather difficult and unpleasant one. Some indicated that because of demeaning remarks, they were unable to economically and socially interact with their respective communities. This is consistent with the findings of by Maposa and Louw-Piegeter (2012), and Pryce et al (2016), who asserted that due to

care-leavers' orphan and care backgrounds, they are most likely to encounter significant stigma after their reintegration. These authors further asserted that community's reactions may impact negatively on care-leavers' quest for a successful reintegration.

Moreover, some care leavers went further to indicate that they had challenges understanding the language and culture of the communities they had been reintegrated into. Some care-leavers indicated that they communicated in English or pidgin languages while in the homes, but the communities after reintegration spoke the Yorugba language. As a result, this made reintegration a bit of a difficult one, especially at the market places where they needed to negotiate on goods and services. This language barrier further made socializing with the community difficult. Some care-leavers also saw the culture of having to prostrate when greeting in the community a rather weird and strange phenomenon.

Furthermore, some care-leavers complained of having to adjust to the problem of load-shedding (shutdown of electricity) in the community especially for those who had gotten used to electricity in the care institutions. They went further to lament the fact that sometimes it took a week or more before they saw electricity power. Moreover, some care-leavers also indicated that they had been confronted with unfortunate incidences of being attacked and their possessions stolen. Through some of these unfortunate incidences, some-care leavers had sustained injuries. In addition, some care-leavers pointed to the fact that they did not have people to help them deal with the challenges they faced outside of the homes which further compounded their challenges of isolation.

However, in spite of these challenges, it is worth noting that care-leavers mobilized protective factors that shielded them from risk factors as some even thrived as they navigated their way through their new lives. The study found both personal and social factors as resilience factors that aided care-leavers in Lagos State. Personal factors include

persistence; hope, fear of failing and their engagement in menial jobs and savings as strengths within which they tapped into for improved outcomes.

The theory of resilience explains that individuals who go through challenges cope by transforming their disasters into growth experiences and move forward for improved outcomes. Such resilience was found in many of the care-leavers from the Lagos State study, in spite of the inadequate preparation and structural challenges such as unemployment care-leavers experienced in the mainstream society, which is further compounded by lack of policy to aid them in their transition to the mainstream society where after-care services are almost non-existent. Even with the challenges and struggles they endured, I was particularly impressed with the strength many care-leavers displayed as we interacted.

However, from the voices of some care-leavers, I deduced their disappointment at the lack of concern/care shown by the care institution they had transitioned from. Whereas, few care-leavers indicated that their former homes kept in-touch a few times after their reintegration, many others lamented the absence of care. Most care-leavers emphasised how very disappointed and frustrated they were that the institution they had transitioned from had not as much as even checked on them, considering the many years they had lived in the institution. This made them feel completely alone. This finding supports Ucembe's (2009) study in Kenya which found that most care-leavers felt utterly alone and abandoned yet again by former institutions which translated in their loss of confidence to actively interact with their community.

Interestingly, this same finding for some care-leavers in this study fuelled their strength and determination to make it in life, focusing them on the future which they perceived to be optimistically bright. This supports Van Breda's (2010) study conducted in South

Africa on a group of young people in a foster home, which found that despite their disadvantaged backgrounds and deplorable state; they showed resilience as they looked at themselves and envisaged amazing futures.

What is particularly interesting is the fact that care-leavers were passionately driven by their hope of a bigger and brighter future which gave them confidence to strive continuously for better outcomes. This finding supports Van Breda (2015), who asserted that young people who are optimistic and hopeful for better days may yet experience positive outcome. Care leavers' tenaciousness in their fight against poverty and its related challenges came out in the way they expressed themselves in phrases such as the followings below:

“What does not kill me makes me stronger” (Funsho, care-leaver)

“I will not give up” (Jack, care-leaver)

“As long as I breathe” (Bukola, care-leaver)

“I will keep fighting” (Shola, care-leaver)

“I am hopeful” (Yemi, care-leaver)

With these words, they expressed their deep passion to move from their disadvantaged state to a better place in life. It was found also that some care-leavers became self-reliant as they ceaselessly engaged in several menial jobs and savings in their navigations for better outcomes. This supports findings by Frimpong-Manso (2018) and Mmusi (2013) who asserted that in most cases care-leavers often rely on themselves after reintegration.

Behind this hopeful demeanour, persistence, and engagement in several menial jobs and attempts to put together savings was the fact that they were terrified of failing or being

called “losers”. This finding supports Bond’s (2017) study on a group of young people who were about to exit for their independent living. Her study found that the fear that some young people had of becoming less than what they hoped to be in the future (their feared possible- self) motivated them to behave in constructive ways in the present.

In addition to these personal resilience factors was the fact that, care-leavers also tapped into supports they were able to harness in their respective environments. It was found that, some care-leavers who were able to build informal relationships as well as those who had formal support from their former care-givers, were able to survive through these support systems. This finding is consistent with findings of Frimpong-Manso (2017); and Rutman and Hubberstey (2016), who asserted that care-leavers in their studies utilised both support networks in their independent living. The finding also agrees with Wade, Henderson, and Pearson’s (2003) view that through these sources of social supports some care-leavers are better able to deal with their problems and even become successful. This finding further supports Ungar (2011)’s argument on the need to move beyond the personal factors or traits of individuals, but as well include environmental factors so that they are better able to navigate, through their interactions for improved outcomes.

The informal support included taking and borrowing from their friends and neighbors. Some care-leavers indicated that they and their alumni (siblings) practiced what they referred to as ‘Do-for-me-I-do-for-you’ which is referred to as ‘reciprocity’ where they supported each other in challenging times. In addition, religious groups that some care-leavers belonged to also assisted them financially and in many other ways. Also, some of the married female care-leavers acknowledged that most of their support came from their husbands without whom their lives would have been frustrated. Furthermore, it was interesting to find that some female care-leavers went into marriages and other kinds of relationships not because they were ready, but because they were tired of being frustrated

and wanted to share this burden of life with their partners. To them, these relationships will help shape their futures beautifully, hence their total dependence. Subsequently, for some care-leavers, these informal support systems helped them view the world around them in a positive light.

The formal support, on the other hand, for some care-leavers included their former caregivers linking them to menial jobs and services. Also some care-leavers got counseling to help them through challenging times. Through these support systems, some-care leavers were better able to cope with challenges they faced and this coping translated into resilience as they persisted.

The study further found that some care-leavers adopted negative coping strategies as they engaged in illicit acts such as stealing, smoking and the sale of drugs to survive their daily struggle. This confirms the Mhongera and Lombard (2016) study in Zimbabwe which found that care-leavers resorted to negative livelihood outcomes beyond care as a surviving strategy because unlike their counterparts, they lose larger of their stocks which make them poorer.

Even though some care-leavers fell off the road on their way to stability by engaging in illegal activities, their acknowledgement of these acts and willingness to want to change and get back on the right path in hope of better outcomes kept them from settling for less. This supports van Breda's (2013) study that although sometimes young people may take a detour on their way to self-discovery, their determination to get back on the right track may yet shield them from negative consequences.

In conclusion, the finding that care-leavers had both personal and social factors, which helped some to cope and even thrive, despite the challenges they encountered, supports the argument by the resilience theory.

5.2 Conclusion

Residential care has become an important alternative form of care for young people, especially orphans and other vulnerable children, due to the gradual disintegration of the extended family system. Care institutions such as children's homes, orphanages and others have helped to rid the streets in many countries of many children who would have been homeless. This they have done by absorbing the children and providing a home and taking care of them. The study concludes that although care-leavers were prepared for life after care, some care-leavers were not adequately prepared for independent living. It is, therefore, concluded that whereas some care-leavers were able to utilise skills acquired in their former homes to engage in economic activities for their livelihoods, others had anxieties and were bewildered by the many challenges they encountered. In addition, the study also concludes that due to a few barriers such as finance and lack of trained personnel, some care-leavers, prior to their exit, had been inadequately prepared for independent living.

Furthermore, it is concluded that care-leavers faced many challenges. These included: leaving and surviving alone, jobs and finances, accommodation and social integration challenges.

However, in spite of these challenges, the study concludes that many care-leavers have been able to cope, and some even thrived, given their persistence, hope, fear of failing and engagement in menial jobs and making savings. Added to these factors is the fact that some care-leavers also tapped into informal and formal support networks for optimal development and resilience.

Based on these findings, it is concluded that, although care-leavers' lives were marked by many difficulties and challenges, given the inadequacy of their preparation for

independence, care-leavers' tenaciousness and relentlessness through their persistence and navigation of their interactions with their new environment shaped them to be optimistic about the possibility of better outcomes for their futures.

5.3 Recommendations

Institutional care undeniably has become part of the society especially in contemporary societies where the extended family is gradually being disintegrated. It is therefore important that measures are put in place to ensure that young people who are raised in these institutions are not denied the opportunity to develop and or grow like their counterparts who grow up with the help of their families. In order to ensure this, it is incumbent that the stakeholders in institutional care adopt certain mechanisms through which the challenges faced in the institutional care system and those faced by the care-leavers outside the institutions are resolved. The following recommendations have been made from the study.

5.3.1 Recommendations for Institutional Practice

Care institutions should prepare young people under their care to ensure that they are ready to face life as adults before their exit from the homes and reintegration into mainstream society. It was revealed that some care homes could not provide adequate preparatory programmes for young people before their unavoidable exit. Due to the inadequacies in the preparation of some care-leavers, their lives had been marked by difficulties thereby making it challenging for them to settle in properly in wider society and adjust to the demands of independent living. In order for care-leavers to be able to adequately settle into mainstream society, it is crucial that they are prepared adequately so that they will acquire not just technical skills but cultural skills as well for their independence.

Care institutions should bring the upkeep of the care children as close as possible to the cultures/communities in which they are situated. Considering the culture of prostrating and the problem with electricity, it is recommended that the care institutions should make them experience as close as possible what happens in the communities before they leave.

Furthermore, Following the British example, care institutions in Lagos should equally adopt the system of assessing care-leavers, ensuring that they are fit and ready to leave before care-leavers can graduate from these homes.

Even though care-leavers are provided with accommodation, this is usually for a stipulated period, and is often not long enough for some care-leavers as they struggle but do not succeed in paying their rent when the first year expires. This resulted in some care-leavers sleeping in churches and cars, and others moving to dilapidated structures in slum areas that further endangered their lives. It is, therefore, recommended that care institutions try to extend the provision of accommodation to two years so as to afford care-leavers time to settle in and feel relaxed without having the anxiety of thinking about money for rent almost immediately. At least this would enable care-leavers to have time to scope their new environment for opportunities that could enhance their chances of better outcomes.

In addition, care institutions should also train young people on the management of resources as part of the routine training given to young people. This training would be useful to them after they have reintegrated into mainstream society. There is a general financial crisis in contemporary society and this means that care-leavers, like other people usually will have scarce resources at their disposal. The management of scarce resources then becomes a vital quality which shields some young people from poverty. If care-leavers are given this training, it will help them to control the financial challenges they

face because they will be able to exercise control and manage their resources including their time.

Finally, besides the training, it is important that there are after-care services to ensure that care-leavers are better able to adjust to life outside care. From the findings, it was revealed that care-leavers were abruptly left on the side lines as the care homes moved on with almost non-existent follow up calls or checking in. With this, some care-leavers felt alone and abandoned and as a result, delved into groups that led to them become involved in all kinds of negative acts, while others wandered about in their desperate need to survive in a society that seemed unfriendly to them. It would, therefore, be appropriate if care institutions ensured that they maintained contact with care-leavers even after they have left the homes for independent living.

Care-leavers on the other hand, must establish networks in their communities. As people who have been raised within the confines of care homes, they are often excluded and usually have limited connections in wider society. This makes it difficult to access assistance in their communities, compared to people who have connections. It is, therefore, important that they establish networks with people and structures in society so that they can explore such networks for support. Through this means, care-leavers can have support systems at their disposal, which will help them overcome challenges that are encountered in their reintegration. The study revealed that one of the things that helped build care-leavers' resilience was the availability of social support through friends. This further stressed the importance of both formal and informal structures.

Additionally, care-leavers should learn not to abandon skills they acquire in the care homes. It was revealed that some care-leavers abandoned skills they had acquired due to lack of capital to start on their own. Some of the skills that were abandoned included

hairdressing, catering and sewing. It was also revealed that most of the young people who abandoned their skills faced difficulty in finding jobs hence the resultant financial challenges. It is therefore important that care-leavers who are lucky to have been given some training, utilise their skills in order to have a source of livelihood. Even if they cannot start their own businesses, they can work with/for other people who already have a business so as to get paid and have more training.

Finally, it is important for care-leavers to learn the culture of the communities they find themselves in as this is very crucial to their development and network building. It was found that the majority of care-leavers had serious difficulty in understanding what went on in the communities in their first encounter. Language and the culture of prostrating to greet elders were major factors in the Yoruba community. Because most care-leavers did not understand this, they could not integrate successfully into the societies. This, however, posed a major challenge for them and it was worse when they had to go and shop. It is recommended that care-leavers try to make efforts by blending in successfully so as to reduce the challenges they encounter.

5.3.2 Recommendations for Policy

The government should make efforts to regulate the operation of institutions in the care system in Nigeria. The important role played by the care system in the country has manifested itself in a situation where many care homes have been established in countries across the globe, with Nigeria not being an exception. Considering that Lagos state is one of the largest cities in Africa, with a large population, there are many orphanages and care homes that seek to provide alternative care for vulnerable persons. Data obtained from the field revealed that there are many discrepancies between the various care homes with regard to their preparatory programmes. It is, therefore, important that the government, through the Ministry of Women Affairs and Social Development (FMWA&SD)

responsible for the regulation of these institutions, monitors their activities so as to ensure that children in these homes are well prepared for independent living. This will enable the government to regulate their programmes and operations such that they can be streamlined and ensure that the primary focus of such institutions is the growth and development of the children.

The Federal Ministry of Women Affairs and Social Development (FMWA&SD) should be mandated to provide standard service delivery instruments for all residential institutions alike. Furthermore, the government should ensure that enforcement of these legislations would be top priority for all residential institutions.

Also, the government must support the care homes in executing their mandate of providing care for young people. This it can do by providing resources (human, financial and material) for the homes so that such resources can be used in the development of young people under their care. One major factor found to have constricted some care institutions in Lagos from providing adequate preparatory programmes for young people was resource constraint. This means that although some care institutions may have planned for such programmes, the lack of resources impeded their ability to offer them. The government should offer assistance to these institutions by providing resources. This would present an opportunity for the young people to acquire adequate training before they leave the homes for their independence and survival.

Finally, the government should promulgate a policy that prioritizes the wellbeing of care-leavers after their transition into the mainstream society.

5.3.3 Recommendations for Research

The body of literature on care-leaving in Nigeria is sadly a scanty one. This paper is however calling on all researchers in the country to carry out more studies on care-leaving in other parts of the country. The directions for future research should include a lifecycle tracking of care-leavers which will inform social workers and care-givers about the challenges and successes of care-leavers. This will in turn help reshape and reorganize care institutional programmes.

5.3.4 Implications of the study for social work practice

By the nature of the social work profession which seeks to promote the wellbeing of marginalised people in society by assisting them to cope with their challenges and enhance social function, social workers have a role to play in ensuring that the lives of young people raised in the care system are improved. In order to achieve this, social workers should have to assume certain responsibilities. The roles social workers can play to assist care-leavers is discussed in the subsequent paragraphs.

It is of great importance that social workers educate the public, care-givers and care-leavers on matters that are related to the lives of care-leavers. With regard to the public, social workers must educate them on the need to desist from stigmatising care-leavers. It was found that some care-leavers had been stigmatised in their attempt to access to resources and search for jobs. With such treatment, some care-leavers found it difficult to mingle with the general public, which would have helped them to build networks and engage in social life. Social workers must, therefore, raise awareness of the challenges care-leavers face as a result of stigmatisation and other negative treatment meted out to them by the general public. Through this means, the general public can be sensitised against negative treatment and encouraged to accept care-leavers as part of mainstream society. If this is done, some care-leavers will not only be accepted into the wider

community but also supported to overcome their challenges, thereby engendering their reintegration.

Social workers must also make an effort to educate care-givers and the administrators of care homes on the rights of the young people in the homes. The demographic characteristics of the participants revealed that some care-givers had not had specific education and training on taking care of children, and also did not understand the specific rights of children. With such ignorance, some care-givers could engage in acts that trample on the rights of young people without knowledge of it. However, such abuse of rights would have an effect on the children. Social workers should, therefore, make frantic attempts to educate and train care-givers and the administrators of care institutions so that they can appreciate the rights of young people through knowledge acquired and skills required in promoting the development of young people.

Social workers should also counsel care-leavers on their reintegration for independent living. It was revealed that some care-leavers were not given any form of counseling prior to their exit from the homes. As a result of this, they lacked some rudimentary skills such as resource management. Additionally, some care-leavers became overwhelmed with the task of living independently which is contrary to the situation in care homes. Social workers, therefore, have a role to play in educating care-leavers on how to live their independent lives without the supervision of any care-giver. If this is done, care-leavers will become comfortable with living independently over time and also embrace the responsibility of making decisions on their own, as a result of the confidence they will gain from the education and counseling given to them by social workers.

Besides education and counseling, social workers must also link the care-leavers to resources that are available to them. At the initial stages of their reintegration, many care-

leavers do not have adequate information as to the resources and structures in their communities which could be of help to them. This is as a result of their confinement in the care institutions for many years. As social workers, we must link care-leavers to the institutions they can access for specific services such as healthcare, recreation, financial support and others. If this is done, care-leavers will become aware of the opportunities available to them and how such opportunities can be explored for their benefit.

Social workers also have a role to play in assisting care institutions in the acquisition of resources. The lack of resources is one of the major challenges that was found to have impeded care homes from running more preparatory programmes, and also offering support to care-leavers who fall on them for support. This means that if they are assisted to acquire more resources, care institutions will be able to offer more support to care-leavers. Social workers should, therefore, train the institutions in processes such as grant application writing and other means of soliciting funds from both corporate and donor organisations. If this is done, the institutions would be able to acquire more resources that could be utilised to cater for the needs of their young people and this, to a large extent, would contribute to the preparedness of young people who graduate from the homes in the future. In addition, some of the acquired resources can be utilised to cater for the needs of care-leavers who still need support from their former homes.

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APPENDICES

APPENDIX A: INTERVIEW GUIDE

Interview guide for care-leavers in Lagos State

This study set out to explore the after-care experiences of young people who had transitioned from residential care facilities in Lagos State, Nigeria. I would be grateful if you could respond to the Questions by sparing some minutes of your time.

Your responses will be treated with absolute confidentiality since this work will be used purely for academic purpose only.

Background information

- Sex
- Age
- Education
- Religion
- Marital Status
- Employment Status
- Age of resettlement
- Years after resettlement

A. Preparation for Life after Care

1. How were you prepared in the home?
2. What are your feelings regarding your preparation in the home?
3. What were your experiences in the home?
4. What sort of programmes did you engage in while in the home?
5. Did you attend school?
6. What level did you get to?
7. What vocational skill did you acquire?

8. Did you receive any form of support before you finally left care?
9. How do you feel about the support?

B. Challenges encountered by Care-leavers after Reintegration?

1. What are your experiences leaving care?
2. How has life been since you left care?
3. How does the general public treat/see you?
4. Do you feel at home here?
5. What major challenges have you encountered/faced since reintegration?
6. What is life like as an adult?
7. How do you feel about your independence?

C. Coping Strategies Adopted by Care-leavers

1. How do cope with challenges you face?
2. What measures do you take to ensure you rise above the challenges you face?
3. What makes you resilient?
4. What is your major strength?
5. Do you have any kind of support?
6. What are these supports?

APPENDIX B: INTERVIEW GUIDE

Interview guide for caregivers and social workers

This study set out to explore the after-care experiences of young people who had transitioned from residential care facilities in Lagos State, Nigeria. I would be grateful if you could respond to the Questions by sparing some minutes of your time. Your responses will be treated with absolute confidentiality since this work will be used purely for academic purpose only.

Background information

- Sex.....
- Age.....
- Level of Education....
- Marital Status.....
- Profession.....

A. Preparation for life after Care

1. How do you prepare young people for life outside this home?
2. What are some programmes you run here?
3. How do these programmes work?
4. Are there any supports you render to young people before they finally exit the home?
5. Are there after-care services for care-leavers from your home?
6. How do they work?

B. Challenges Care-leavers face after Reintegration

1. What are some challenges care-leavers in Lagos face?
2. What in your opinion contributes to the challenges care-leavers encounter?

3. How in your opinion do you think the general public react to care-leavers after their reintegration?

C. Coping Strategies/Mechanisms Adopted by Care-leavers

1. What in your opinion helps the care-leavers cope with life after care?
2. What do you think makes some care-leavers resilient and even thrive in their day-to-day lives?