

Stories of Care Leaving: The Experiences of a Group of Resilient Young Adults on Their Journey to Interdependent Living in Ghana

Emerging Adulthood
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Abstract

Emerging adulthood is the developmental period from 18 to 25 years of age when young people explore the possibilities of life with support from their parents. However, young people with an out-of-home care background usually navigate this life stage with little or no support. As a result, many care leavers experience poor outcomes including homelessness and low educational achievements. These narratives fuel low expectations and a negative stereotype toward care leavers. This study offers an alternative perspective by sharing positive stories of care leavers. Specifically, it explores the factors that promote the successful transition to emerging adulthood for care leavers in Ghana. Four key themes emerged from the thematic analysis: networks of social support, personal capacities, preparation for adulthood, and positive relationships. These are the factors facilitating the care leavers' successful transition into emerging adulthood. The study has offered recommendations for policy-making and practice including extending the statutory leaving care age.

Keywords

care leavers, resilience, emerging adulthood, out-of-home care, Ghana

According to Arnett (2015), emerging adulthood is the developmental period between the teenage years and mid-20s, roughly between the ages of 18 and 25, when young adults explore and make important decisions relating to marriage, career, employment, and housing. Most young adults navigate this challenging and fluid phase gradually, with support from their parents and other adults (Lloyd, Behrman, Stromquist, & Cohen, 2006; Settersten & Ray, 2010). The same situation does not exist for young adults with an out-of-home care background. Care leavers experience instant adulthood because they have to leave care at the age of 16–18 years without any possibility of returning if they encounter hurdles (Anghel, 2011; Arnett, 2007; Singer & Berzin, 2015). The nature of their transition to independent living renders many care leavers ill-equipped to handle the responsibilities of young adulthood.

Consequently, studies from developed and developing countries indicate that many care leavers face poor outcomes including homelessness, low educational achievements, unemployment, early parenthood, substance abuse, and mental health problems (Dickens, 2017; Dutta, 2016; Frimpong-Manso, 2018; Gypen, Vanderfaillie, Maeyer, Belenger, & Holen, 2017; Kääriälä & Hiilamo, 2017; Lee & Morgan, 2017; Pryce et al., 2015; Shang & Fisher, 2017; Sulimani-Aidan, 2014; Van Breda, 2018). These accounts have fueled

low expectations and a negative stereotype of failure toward this group of young adults.

Obstacles to the care leavers' positive development emanate from multiple sources (Mendes, 2009). Before their entry into care, many children and youths have suffered abuse and neglect as well as distress from their separation from their parents (Mitchell & Kuczynski, 2010; Pinkerton & Rooney, 2014). These traumatic experiences result in physical, emotional, and behavioral problems such as memory deficits (Avery, 2010). In care, frequent placement moves and other systemic issues, like high staff turnover, adversely impact children's education and their relationships with their peers, carers, and birth families, reducing their social network (Gaskell, 2010; Havlicek, 2010; Koh, Rolock, Cross, & Eblen-Manning, 2014). Care leavers often do not get preparation and support for entering emerging adulthood because the support services are nonexistent (Bond, 2018). They lose the services that they

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enjoy in care during their transition to adulthood, making them vulnerable to poverty and other challenges (Mhonger & Lombard, 2016; Pryce et al., 2015).

In spite of the seemingly insurmountable risks and challenges confronting them, there is research evidence that some care leavers are successful during the emerging adulthood period (Courtney, Dworsky, Lee, & Raap, 2010; Van Breda & Dickens, 2017; Yates & Grey, 2012). For example, by age 24, more than half of the 584 youths involved in the Midwest longitudinal study in the United States successfully transitioned into adult roles (Courtney et al., 2010). However, the experiences of these young adults and the factors that enable them to thrive have been underresearched.

This study offers an alternative perspective by sharing the positive stories of a group of Ghanaian care leavers. Specifically, the study explores the factors that enable care leavers to succeed during emerging adulthood.

Theoretical Background

Resilience is defined as the ability to recover from adversity and move forward in a positive manner (Rutter, 2012). Early researchers (Masten & Garmezy, 1985; Werner & Smith, 1992) considered resilience to be a trait that only certain individuals possess. However, subsequent research has found that few people are resilient all of the time. Rather, resilience fluctuates over time, indicating that it is subject to developmental or environmental changes (Ungar, 2008). Thus, resilience is now viewed as a process involving the interaction between risk factors and protective factors (Cicchetti, 2010). In the face of hardships, those with more resilience enablers are able to draw on personal, relational, and environmental resources to achieve positive adaptation.

Over the last decade, resilience has been applied as a theory to explore care leavers' transition to adulthood (Stein, 2008). Studies indicate that care leavers who are resilient exhibit resourcefulness by tapping into both their internal strengths (e.g., optimism, faith) and external resources to deal with the risks that they face (Refaeli, 2017; Schofield, Larsson, & Ward, 2017; Van Breda, 2015). Samuels and Pryce (2008) found that care leavers in their study exhibited higher levels of self-reliance, or "picked themselves up by their bootstraps," to overcome their challenges.

Aside from these personal strengths, resilient care leavers rely on positive relationships and support from multiple sources including partners, peers, social workers, and foster parents to face adversity and challenges (Antcil, McCubbin, O'Brien, & Pecora, 2007; Daining & Depanfilis, 2007; Drapeau, Saint-Jacque, Lepine, Begin, & Bernard, 2007; Geenen & Powers, 2007; Van Breda & Dickens, 2017).

Child Protection and Leaving Care in Ghana

The main out-of-home care option for children in Ghana is residential care (Frimpong-Manso, 2017). As of 2013, 114 residential homes were in operation; 3 state-owned and the rest private

facilities owned by faith-based groups and nongovernmental organizations. The state homes and four SOS children's villages are classified as children's homes and can admit all categories of vulnerable children (such as abandoned children). The children's homes are large facilities, accommodating over 100 children. The private facilities are orphanages that take in only orphans and accommodate between 20 and 50 children.

It is government policy not to fund private facilities. Thus, they raise their finances through donations and income-generating activities. Almost all of the private facilities (96%) are not registered or monitored by the Department of Social Welfare (DSW), resulting in poorly managed and badly operating institutions (Darkwah, Daniel, & Asumeng, 2016). They lack qualified childcare workers and other professionals (social workers) and have inadequate infrastructure and funding (Abdullah, Cudjoe, & Manful, 2018; Alhassan, 2017).

At the end of 2013, 4,432 children were living in residential care, representing 0.0004% of the Ghanaian population below 18 years of age (Better Care Network & United Nations Children's Fund [UNICEF], 2015). Although orphanages are for orphans, most children in these institutions have a living parent (Csáky, 2009). Children enter care primarily because of familial poverty and, to a lesser extent, abandonment, orphanhood, and disability (Manful & Badu-Nyarko, 2011). A recent mapping study of children in residential facilities found that the children were mostly between 11 and 17 years old (Displaced Children and Orphan Fund, Ministry of Gender Children and Social Protection, & UNICEF, 2017). The majority of them (87%) enter care before 5 years of age and stay for an average of 3–5 years.

Data are not available on the numbers of young people leaving residential care to go on to independent living each year. According to Section 20 of Ghana's Children's Act (1998), children are expected to exit the care system when they are 18 years old. Standards 6 and 7 of the National Standards for Residential Homes for Orphans and Vulnerable Children 2011 spell out the responsibilities of the institutions, including preparing and supporting youths leaving care. However, these standards are rarely implemented (Frimpong-Manso, 2017). Most residential facilities lack well-planned and structured programs to prepare young adults for independent living (Manful, Takyi, & Gambrah, 2015). Nascent Ghanaian research on leaving care indicates that care leavers experience stigma, unemployment, and housing problems, among others (Better Care Network & UNICEF, 2015; Castillo, Sarver, Bettmann, Mortensen, & Akuoko, 2012; Frimpong-Manso, 2012, 2018).

Method

Study Site

The participants were sampled from care leavers from one of the four SOS Children's Villages in Ghana. SOS Children's Villages Ghana is a member of SOS-Kinderdorf International, an international nongovernmental organization that provides family-style residential care for abandoned, orphaned, and

Table 1. Demographic Information of Participants.

Name of Child	Sex M/F	Marital Status	Age at Admission	Reason for Admission into Care	Number of Years in Care	Educational Level
Doris	F	Single	11	Orphan	12	Higher national diploma
Kwame	M	Married	5	Poverty	18	Masters
Anna	F	Married	2	Poverty	21	Bachelors
Tracy	F	Single	8	Poverty	13	Bachelors
Florence	F	Married	5	Abandoned	17	Masters
Francis	M	Single	2	Poverty	17	Masters
Gloria	F	Single	4	Poverty	16	Bachelors

destitute children. The children's village is made up of 15 family homes. In each family house, four to eight children of different sexes and ages live in the care of a full-time professional caregiver, known as the SOS Mother. An "aunt" assists the SOS mother. The mother raises the children to see themselves as siblings. Biological siblings live together in the same family house. When a child is 14 years old, he or she moves to a boy's or girl's youth home which is supervised by a youth leader. The children stay in the youth home for 4 years. The young person can move into a semi-independent accommodation in the community until they are 23 years if they are in school. The children's village has a psychologist and social worker who support the SOS mothers. The facility also has a clinic and school, including an international college that is open to the public.

Participants

Purposive sampling was used to select the care leavers for the study. The inclusion criteria were that the young adult was not incarcerated or homeless, had graduated from university, and was in active employment. Thirty-seven care leavers from the selected residential facility met the inclusion criteria. Due to the lack of updated information, the staff of the children's village assisted in recruiting the participants. Additionally, the snowballing technique was used to assess the care leavers (Patton, 2002). Once a young adult agreed to take part in the study, he or she was asked to pass on information about the study to other care leavers who fitted the inclusion criteria.

Ultimately, seven care leavers—five women and two men—agreed to take part in the study (Table 1). The young adults were between the ages of 26 and 29 years old. Poverty was the main reason why the participants entered the children's village, and most were admitted above the age of 3 years. All but two participants entered care with a sibling(s) and had just one housemother during their entire stay in the children's village. Their average stay and age for leaving care were 12 and 23 years, respectively. Seven were now married, five had children, and all had completed a postsecondary education.

Data Collection

Data collection took place from October 2016 to March 2017. The interviews with the participants took place in their office or

workplace and lasted between 40 and 60 min. The interviews focused on capturing the participants' experiences from the period during and after leaving care. They were undertaken using a semistructured interview guide which had open-ended questions such as "What was it been like to leave care and live independently?" "What did you do think made the transition successful?" and "What has been most helpful to you during and after leaving care?" The interview guide was inspired and developed from similar research projects (Muller, Jansen van Rensburg, & Makobe, 2003; Nho, Park, & McCarthy, 2017) but adapted to suit the theoretical aspects of this study. All of the interviews were in English, audio recorded, and transcribed.

Data Analysis

The transcripts from the interviews were analyzed using Braun and Clarke's (2006) thematic analysis. The analysis began with the researcher familiarizing with the data by repeatedly reading all of the transcripts while making notes of their initial observations of any meanings and patterns. The next step was to manually code the data using a highlighter to identify portions of the data that indicated a potential theme or pattern relating to the research questions. Extracts of the data demonstrating each code were photocopied and placed in file cards. Once all of the data were coded and collated, similar codes were combined into a potential theme. The themes were reviewed and refined with some of the themes being put together. Lastly, the themes were defined and named based on its essence and how it fit into the entire story about the data.

Ethical Considerations

The study received ethical approval from the DSW, the state agency responsible for children in out-of-home care. As discussed earlier, each interviewee signed a consent form to voluntarily participate in the study. To ensure the confidentiality and privacy of the interviewees, pseudonyms and anonymized quotes were used instead of their real names. All identifying information was removed from the study. The transcripts were encrypted and assigned a unique code and kept in password-protected folders on the personal laptop of the author. The interview tapes are to be destroyed 2 years after the interview. The participants were provided with

refreshments after their interview and any transportation costs were reimbursed.

Findings

The analysis of the interviews with the participants revealed four key themes that aided in their successful transition during emerging adulthood: positive relationships, preparation for adulthood, social support, and personal capacities.

Positive Relationships

When asked what contributed to their successful transition to adulthood, six participants attributed it to the positive relationships they had in the children's village. According to them, there was at least one adult in care who they experienced as being caring. This adult was usually the SOS mother, but others who were mentioned included the village director, nurse, and social worker. According to the participants, these member(s) of staff acted beyond their professional roles, showing genuine interest and care which enabled a trusting relationship to develop between them and the participants. The adults helped the participants to also expand their social networks by finding them mentors, encouraging sibling relationships among the children, and introducing them to their friends and family. The relationship that was formed helped the young adults to remain in contact with these adults even after leaving care. These relationships helped the participants to adjust to care, as illustrated by the following participant quotations:

My SOS mother was a mother to me. She was more than a mother! Our relationship continued till she died. Even when she left the children's village, I stayed in touch with her. I became part of her biological family. (Florence, 28 years old).

I had a good relationship with Daddy [village director]. He was always welcoming. He checked on me every morning before I went to school. He was the person I opened up to . . . (Doris, 26 years old).

Doris went on to explain why her relationship with the village father was so important to her: "It was helpful because I could talk about any problem or issue with him [. . .] and if he could do something about it, he did it. That was helpful."

Preparation for Adulthood

The participants mentioned that the guidance and motivation from the adults they had a relationship with facilitated positive turning points in their lives. They emphasized the importance of this assistance not only to their education but also to the development of life and social skills.

Gloria, for example, was placed in the children's village because of her parent's financial difficulties when she was 8 years old. Before coming to SOS, Gloria was not attending school. Therefore, when she started school, she found it very difficult adjusting and catching up. She recounts that because of her

frustrations in school, she started skipping classes and became very stubborn. However, her situation changed when the social worker in the children's village took an interest in her. According to her, through the social worker's encouragement and support, her academic learning began to improve and by the time she got to secondary school, she was among the best students.

Anna, a 26-year-old vet, also explained how her house-mother fought for her to go back to secondary school after being sacked for misconduct:

Though the village father said that he would not look for another school for me, my mother went to all lengths to make sure that I went back to school. She was able to get a testimonial from the national director which she used to get me into [name] Secondary School. You realise that she was bent on getting me an education. Other mothers wouldn't have done it, but my mother was different . . . (Anna, 26 years old)

Another participant, Tracy, also explained how the advice given by her housemother positively impacted on her educational trajectory:

When they [village authorities] started pushing me to go for the college interview, [name of social worker] called me and told me that I need to think it through because if I am not able to make it in the college, I will be messed up. She was like, if this happens and you don't have Senior High School background, how are you going to build your education? She encouraged me. I knew my limits, and I knew the kind of grades they wanted there. She is so dear to my heart because the advice that she gave me has really impacted on my life. (Tracy, 28 years old)

Five participants reported that they had the requisite life skills they needed for the transition to adulthood. While acknowledging that other sources such as living in university accommodation played a part, they felt that the key element in their preparedness was the training provided by their house mothers. Epitomizing the views of the other participants, Anna commented that, "Being prepared for adulthood depends on the SOS mother and how well she trains you to deal with the world." The participants indicated that the training by the SOS mothers, which included undertaking age-appropriate chores and duties, gave them the confidence, attitude, and skills to manage life on their own:

I would attribute it [being able to cope] to the training in the children's home. Our SOS mother gave us chores that we needed to undertake. When I was in my teens, I could wash my clothes, cook, and take care of my younger siblings. I think such training has made me not shun work because now I manage three shops and still undertake my full-time job. The training prepared me to deal with the world. (Gloria, 28 years)

My SOS mother was influential. She taught and directed me in doing the basic things of life in the family house. It helped shape my life from an early age. I am disciplined with my time because of the training I got from her. (Kwame, 26 years old)

Personal Capacities

After leaving care, all of the participants went through challenges and periods of instability as they tried to find their feet in the outside world. Anna and Kwame, for example, struggled to find work. Doris became a single parent, while Francis lost all of his savings after a bad investment. In spite of their challenges, the participants displayed self-belief, perseverance, and the determination to achieve their goals. They mentioned that their success was based on their ability to “work hard” and “push on.” Anna said, “I have what it takes to succeed. With the effort I’m putting in, I can only become the best that I can, and achieve my goals in spite of the odds.” The young adults did not give in to the obstacles they faced but devised several strategies to enable themselves to deal with them. Tracy’s narrative is a typical example of the determination exhibited by these young adults:

I did not complete my schooling before leaving the children’s village. I wanted to go back, so I discussed it with the village director to help me with my fees. He didn’t give me any help and told me to go and look for work. I told myself that I would do it on my own. I worked for the money and did it. (Tracy, 28 years old)

What came through from the interviews was that the young adults made good decisions at important times in their lives. For example, Kwame and Anna commented that they recognized the educational opportunities in the children’s village and took advantage. They made sure they stretched their stay in care to its utmost limit, so they could finish their master’s degree:

I realised early that education was important and that if I had my Master’s, I would get a good job after leaving care [. . .]. I knew that the SOS would pay, so I made use of the opportunity. If I hadn’t moved on to do my Master’s right after the Bachelor’s degree, I would have had to use my own money to pay for it after being resettled. That would have been difficult! I stayed on and had their support to finish my Master’s. (Anna, 26 years)

Being in school meant that the participants enjoyed an extended stay in care (semi-independent living) and did not leave until their mid-20s. Having this prolonged stay in care meant that they had no worries with tuition and accommodation while undertaking their studies. It also made them feel better prepared for their transition into wider society. According to Francis, “It was good that I stayed on because I didn’t start life all at once.” Agnes also reported feeling ready for her transition because of her extended stay:

Of course, when I departed the Village, I was prepared. In my mind, I was ready to move and was looking forward to it. The children’s village rented a place for me, and I was already working before being weaned off the system. I was able to save some of my income for my future rent advance. It was not a difficult period. (Agnes, 26 years old)

Network of Social Support

Significant in the accounts of the participants was the influence of social support. They considered the support that they got from the children’s village as the platform for their success after leaving care. The young adults were especially appreciative of the educational support that they received in care and the housing support given when they were transitioning into wider society. Florence commented:

The good side of living in the children’s village is that I was educated. I can face educated people. I have an opportunity to get jobs to take care of myself with or without a man. We really had a quality life in the Village. (Florence, 28 years old)

Kwame also shared his feelings about the support provided by the children’s village:

I have been given every opportunity to go through the best education. I think that I have built myself in a way that is not just about academics, but that I have learnt other skills that could possibly help me as I try to make it in this world. (Kwame, 27 years old)

Very few participants mentioned receiving support from the institution after leaving care, however. Nevertheless, they identified several people from whom they informally received help or could count on when needed. These people included adults and peers they had established relationships in the children’s village. The support they provided ranged from telephone calls and visits to financial assistance and babysitting.

Among us [care leavers], we sometimes borrow money from each other and then pay it back when we get the money. That is what we do. (Francis, 29 years old)

I met Linda when she volunteered in the children’s village. She started to mentor me from there. She visited me in the college, invited me to church programmes, and stuff like that. She was the one person from outside that I could talk to when I had a problem. She even bought me my first mobile phone. (Tracy, 28 years old)

Having built positive relationships in care, the care leavers had the confidence to form new relationships in their communities which provided different forms of practical and emotional support. Gloria mentioned that:

My colleague at work is a sister, friend, mother, and everything. I appreciate her more than anyone in my life. In my difficult moments, she is there with me, pushing me on. She taught me how to go about things when I didn’t have a clue about what to do. She helped me get my second job. (Gloria, 28 years old)

They were strategic in forming these relationships, preferring to associate with people who would help them to achieve their goals. Doris explained how she chose her friends.

If you can't impact my life, then I don't see why I should be friends with you. Friends can waste your time and money, and now that I am a single parent, I want to dedicate my time to my son. (Doris, 26 years old)

Discussion

This research study sought to increase our understanding of the resilience factors that contribute to care leavers' success during the emerging adulthood period. What emerged from the findings of the study was that the young adults' ability to form meaningful relationships with staff and their peers contributed significantly to their successful postcare adjustment, a factor that has also been established in other leaving care research (Collins, Spencer, & Ward, 2010; Schofield & Beek, 2009; Sulimani-Aidan, 2016). The staff served as substitute parents whose encouragement and support facilitated positive turning points for the young adults. They provide a "felt security," which enhanced the young adults' emotional maturity and resilience. In addition, the relationships with the staff members were part of a secure base which the young adults used to build other positive relationships after leaving care.

One reason that could explain the participants' good outcomes is their long and stable placements, which contrasts with the experiences of many care leavers in the international literature (McSherry & Fargas Malet, 2018; Ward, 2009). The stable placement gave them the opportunity to develop supportive relationships and to finish their education before leaving care. The participants' placement stability could be because youths in residential care in Ghana enter care mainly because of poverty within their families of origin. They appear to not to have the behavioral problems or hallmarks of physical and emotional abuse that is experienced by most youths in residential care in the United Kingdom and United States (Thoburn, 2009). This makes it easier for care workers to handle them and reduces the need for replacements in different facilities. In this perspective, it is quite logical that there is a difference between the experiences of youth in Ghana and the experiences of youth in other countries. Also, it appears that the unique organizational structure of the children's villages creates a family-like environment that enhances the youth's ability to form positive relationships with staff and their peers, adding weight to the findings in other studies involving SOS graduates (Dumaret, Donati, & Crost, 2011; Muller et al., 2003).

The young adults identified the love of the staff as a key ingredient enabling and supporting their relationships, like the findings of other studies (Lausten & Frederiksen, 2016; Thrana, 2016). The love given by the staff was expressed through their interest, commitment, and care for the participants, which went beyond the procedural tasks of providing for the physical needs of the young adults. Vincent (2016) explained that while love in professional relationships may raise ethical concerns including boundary issues, the love demanded by children and young people is not intimate love.

It is an emotional connection based on unconditional acceptance and empathy.

The availability of both formal and informal support in the lives of the care leavers came forward as a crucial factor in shaping the successful transition experienced by the young adults in the study. Preparation for leaving care and gaining useful life skills has been acknowledged as being essential to the young adults' readiness to leave care and better long-term outcomes (Dinisman, 2014; Dixon & Stein, 2005). From the narratives of the young adults in this study, having an extended stay in care was a key element that contributed to their preparedness for emerging into adulthood. It normalized the transition process, ensured that the young adults acquired the needed life skills, and meant that they completed their education before leaving care. The participants felt ready and mature enough to deal with the expectations and responsibilities of adulthood, promoting their resilience and coping abilities (Stein, 2008).

The transition to adulthood for the young adults was based on an interdependent relationship with their "corporate parent," a situation that several authors (Antle, Johnson, Barbee, & Sullivan, 2009; Propp, Ortega, & Newheart, 2003) contend is better than the instant adulthood experienced by most care leavers. The extended stay in the children's village ensured that the youths had a gradual transition to adulthood. The exemplary support offered to the participants normalized the transition process for them as it became similar to the experiences of young people in the general population.

As in other studies from the Global South (Islam, 2012; Nho et al., 2017; Novozhylova, 2013), formal support in the children's homes provided opportunities that helped the participants to cope adequately with the challenges associated with the transition to adulthood, something which would not be possible for most coming from predominantly low working-class families. For example, given Ghana's high youth unemployment and limited social welfare provisions, finishing school and gaining employment before leaving care was crucial to the care leavers' ability to meet their health, housing, and other needs, which has been found to be a challenge for care leavers in low-income countries.

After leaving care, the young adults in the study relied mostly on informal sources for emotional and practical support to deal with their challenges, which is consistent with the findings from other countries where there are no statutory after care interventions for this particular age-group of young adults (Dima & Skehill, 2011; Dutta, 2016; Ibrahim & Howe, 2011). What was striking from the results of this study was that none of the participants mentioned receiving support from their parents and family members after leaving care. This could suggest a weakening of family links as a result of the loss of regular contact with their biological families due to their prolonged stay in care.

To compensate for the loss of formal and familial support, the care leavers were strategic in building networks of supportive relationships. They utilized established networks and ties with friends, former carers, and work colleagues to achieve

goals, a strategy that Van Breda (2015) refers to as networking for goal attainment. Similar to the care leavers in van Breda's South African study, the young adults in Ghana exhibited resilience by being able to build a network of supportive people within their limited social network.

As far as decision-making is concerned, the participants display confidence and the motivation to identify personal challenges and to take steps to address them. For example, they recognized that going back to school or staying in care longer to gain a higher education level would mean having a better chance of gaining a job and a stable income. Accordingly, they took the steps needed to implement their plans. In fact, the participants also demonstrated a high degree of perseverance, self-belief, and resilience when confronted with challenges and problems. What was common in the accounts of the participants was that they all viewed challenges as temporary situations which they would be able to deal with and learn from. This finding is inconsistent with those of other studies that revealed that care leavers lack decision-making skills and the initiative to affect their future outcomes (Gomez, Ryan, Norton, Jones, & Galán-Cisneros, 2015; Olsona, Scherer, & Cohen, 2017).

Limitations

While the findings have implications for policies and interventions in order to improve the success rates of young adults who leave care, they need to be interpreted with caution since there are limitations. First, the care leavers were selected from a private residential care facility located in an urban area, which has more resources than most residential care facilities in Ghana. There is the possibility that other care leavers may face challenges or have support that is peculiar to the geographical region where they reside or the available resources of their residential facilities. Second, the sample is biased with only two male participants, which may not reflect the wider gender distribution within the child and care leaver population within the Ghanaian child welfare system. Third, there is the possibility of recall bias since most of the participants had left care by more than 6 years and may have forgotten some of the details of their experiences.

Implications of the Study

The study's findings have implications for leaving care policies, practice, and research. There must be a policy ensuring that each child and young person in residential care has a meaningful relationship with at least one staff member who acts as their mentor and role model. From the evidence of this study, the relationships between the staff and young adults occurred informally. However, given the importance of these relationships to the youth's positive development, they should not be left to chance.

The ability to preserve relationships is a skill that youths leaving care could be taught. Staff in the residential facilities need relationship building skills to undertake such a task, but

most of them lack such training (Abdullah et al., 2018; Castillo et al., 2012). Therefore, the DSW or any of the social work training universities in Ghana (e.g., University of Ghana) can organize training courses that can provide child-care workers with the requisite knowledge needed to carry out their tasks effectively.

Leaving care preparation should focus on helping young adults in care develop interdependent living skills, including help-seeking attitudes in order to aid their ability in creating a social support network. The young adults should be assisted in identifying an individual(s) within or outside care who could provide ongoing emotional and practical support after they leave. The leaving care age should be extended to 21 years. This policy would ensure that the care leavers have support in finishing their postsecondary education or vocational training. It would also give them the psychological space to prepare for the challenges of emerging adulthood. A challenge that may hinder the implementation of this policy recommendation will be the financial constraints facing the residential facilities in the country. Therefore, the Ghanaian government has to provide funding to the private orphanages to assist them in extending the duration of the youths' stay in their facilities. A future study should repeat this study with young adults who grew up in other residential facilities. This would lead to a comprehensive understanding of the factors that contribute to the success found in this population of young adults in Ghana as they transition into emerging adulthood.

Conclusion

Unlike many young adults who experience emerging adulthood as an exciting phase of life, care leavers miss out on this phase as they often have a compressed transition to adulthood without support, leading to negative outcomes. This study has, however, shown that care leavers who have social support, adequate preparation for adulthood, and positive relationships are able to overcome their challenges and transition successfully. The identification of these factors will assist practitioners and policy to improve outcomes not only for young people who leave care in Ghana but also those in other countries with similar contexts.

Author Contribution

Kwabena Frimpong-Manso contributed to conception, design, acquisition, analysis, and interpretation; drafted the manuscript; critically revised the manuscript; gave final approval; and agreed to be accountable for all aspects of work ensuring integrity and accuracy.

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