



Building and utilising resilience: The challenges and coping mechanisms of care leavers in Ghana

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ABSTRACT

Each year, some young people leave children's homes or orphanages in Ghana to start life on their own. However, little is known about their challenges and the factors that influence their coping mechanisms. Data were collected through interviews with 23 care leavers and analysed using the framework analysis. The findings show that the care leavers were experiencing challenges with employment, housing, and social integration. Risk factors included having inadequate social and cultural skills and leaving care without employment. The protective factors that influenced the participants' ability to cope with challenges after leaving care were social support and self-reliance. Recommendations for practice and policy include extending services for young people leaving care, having a national campaign to reduce stigma towards care leavers, and ensuring adequate cultural socialisation for children and young people in residential care facilities.

1. Introduction

According to the 2010 Population Census, 17% of the estimated 11 million children in Ghana do not live with their parents, because of poverty, increasing adult deaths due to HIV and AIDS, and rural-urban migration, among other socio-economic factors (Ghana Statistical Service [GSS], 2010). In line with traditional customs, the majority of these children live with extended family members in informal foster care arrangements (Twum-Danso Imoh, 2012). Only a small number of children require a formal child care system; almost all (99%) are placed in residential care (Ministry of Gender, Children, and Social Protection, 2014). As of December 2013, an estimated 4432 children (0.0006% of children aged 0–17) lived in 114 residential care facilities (Better Care Network, 2015). Children in residential care are either accommodated in public children's homes or private orphanages funded mostly by foreigners (Author, 2016). Over 80% of children in the orphanages have a living parent and are in care because of poverty and access to education (Csáky, 2009). Other children enter care because they are abandoned, orphaned, or rescued from trafficking or other forms of abuse (Manful & Badu-Nyarko, 2011). Generally, children in residential care are 10 years or younger, and they stay for an average of 10 to 12 years (Way Forward Project, 2011).

Though exact estimates are unavailable, some young people leave care annually when they reach 18 years of age. However, care leavers have largely been ignored in policy and practice. Few residential care facilities pay attention to preparation for leaving care (Manful, Takyi, & Gambah, 2015). Also, transition policies and programmes to enable

youth assimilate into the wider society are non-existent (Casey, 2011). Though Standard 7 of the National Standards for Residential Homes for Orphans and Vulnerable Children, developed as part of the recent childcare reform, introduced specialised support for care leavers, it is not being implemented (Better Care Network, 2015). Despite these conditions, hardly any research on care leavers in Ghana has been undertaken. This study explores the experiences of care leavers in Ghana, and specifically addresses two research questions: (1) what challenges do care leavers in Ghana face? (2) what factors influence the care leavers' ability to cope with their challenges?

1.1. Leaving care in the Global North and Africa

Care leaving has become an issue of international relevance and an emerging social problem (Boldiš, 2014). A significant international knowledge base from the US, Western Europe, and Australia indicates that care leavers cope poorly with health, education, housing, and employment (Cashmore & Paxman, 2007; Courtney & Dworsky, 2006; Kääriälä & Hiilamo, 2017; Smith, 2011). This is because they begin life on their own at an early age (16–18 years) and deal with numerous changes simultaneously, within a short amount of time (Stein, 2012). In addition, many experience unstable placements and are unable to build relationships with workers, carers, and peers who can offer support after they leave care (Unrau, Seita, & Putney, 2008; Ward, 2009). In recognition of their challenges, countries such as the UK and US have legislation providing funding for programmes and services for care leavers (Stein & Munro, 2008). In the US, for instance, Fostering

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Connections to Success and the Increasing Adoptions Act has extended services for youth leaving care up to age 21 (Schelbe, 2011). However, Paulsen and Berg (2016) suggest that care leavers frequently fail to take advantage of these services because of their eagerness to break away from state structures. Leaving care is constructed within values that equate a successful transition to adulthood with the ability to live independently (Pryce, Napolitano, & Samuels, 2017).

Research from Africa has made little contribution to the international leaving care literature (Pinkerton, 2011). However, in the last decade, a number of studies have emerged in a few African countries, including South Africa, Zimbabwe, Ethiopia and Kenya (Dziro & Rufurwokuda, 2013; Gwenzi, 2018; Pryce et al., 2015; Ucembe, 2013; van Breda, 2018). These studies indicate that care leavers in Africa experience multiple disadvantages similar to their peers in the developed world, though some are different. In African countries such as Kenya and South Africa, children in care come from contexts of deprivation characterised by high rates of crime, poverty, and lack of amenities (Ucembe, 2013; van Breda, 2014). In care, they have access to resources (e.g., quality of education) unavailable to many children in poor homes (Cooper, 2008). However, leaving care creates vulnerabilities for young people, because they return to the same deprived contexts that brought them into care, with little or no support (Mhonger & Lombard, 2016). The residential facilities are unable to offer aftercare support owing to human and financial constraints (Dickens, 2016). The abrupt end of formal support and resources enjoyed in care puts the care leavers at risk of poverty and social exclusion. Since low-income African countries generally have a weak welfare benefits system, care leavers need to find employment to survive (Quinn, Davidson, Milligan, Elsley, & Cantwell, 2016). However, they have difficulties in getting jobs because they lack social connections (Pryce et al., 2015; Van Dam, Pouw, Aboua, & Koffi, 2017; Ucembe, 2013). Not having jobs affects their ability to meet their housing, education, and health needs, forcing some to turn to crime and prostitution to survive (Mhonger & Lombard, 2016).

Another challenge faced by care leavers in African countries is stigma (e.g., Pryce et al., 2015; Ucembe, 2013). The residential facilities, especially the western-modelled one, groom the children under values that are different from those in their wider societies (Dziro, Mtetwa, Mukamuri, & Chikwaiwa, 2013). Residential care alienates young people from their extended families and communities which are at the heart of the African way of life. The western modelled facilities especially, groom the children under values and life experiences of the directors (Dziro et al., 2013; Gwenzi, 2018). According to Tanur (2012), the care leavers therefore lack the social skills needed in building healthy relationships and accessing resources in poor settings. Dziro and Rufurwokuda (2013) found that Zimbabwean care leavers had problems in their communities, especially with intimate relationships, because they were perceived as anti-social since they did not possess Ubuntu, the African philosophy of realising the personal via the communal.

1.2. Theoretical approach

The study draws on resilience theory as the central theoretical lens. Resilience refers to the capacity to cope positively notwithstanding adversity (Rutter, 2012). Resilience is a context-specific process in which protective factors interact with risk factors to reduce the potential for negative outcomes (Luthar, Cicchetti, & Becker, 2000). Resilience involves protective factors which incorporates resources across personal, relational, and environmental domains (Schoon, 2006). According to Frydenberg (2017), coping provides evidence of the process that contributes to resilience. The current study seeks to contribute to the resilience literature by mapping out the protective factors that influence how the young care leavers cope with their challenges.

Resilience theory is increasingly utilised in research involving care leavers to counterbalance the trend to focus on their vulnerability

(Daining & DePanfilis, 2007; Schofield, Larsson, & Ward, 2016). According to Refaeli (2017, p. 2) “resilience theory can be exploited to help identify and assess the principal determinants of coping behaviours among care leavers who are confronted with the challenges”. Based on the review of the literature undertaken over twenty years, Stein (2008) categorises care leavers into three groups based on outcomes: the moving on (most successful), the survivors, and victims (least successful) groups. Evidence from other research (e.g., Driscoll, 2011; Gilligan, 2009; Hass & Graydon, 2009) indicate that care leavers' personal resources (e.g., optimism, sense of competence) and external resources (social support) serve as crucial protective factors that enables the successful navigation of independent adulthood. Van Breda and Dickens (2017), for instance, used the Youth Ecological Resilience Scale to assess resilience variables predicting better independent living outcomes for a sample of care leavers in South Africa. The authors found that the processes that promoted positive outcomes were located mainly within the social environment and lesser in the personal domain.

2. Methodology

A phenomenological design was used for this exploratory study. The approach was appropriate because of the study's focus on exploring the subjective experiences and perceptions of the young care leavers. Though a different approach, such as a quantitative survey, could have been used, the one that was chosen made it possible to capture the participants' lived experiences (Creswell, 2009). The phenomenological design was ideal for understanding and discovering new knowledge.

Purposive sampling was used to select the care leavers from two residential care facilities. Residential care facilities in Ghana are either stated owned children's homes or private orphanages funded by non-governmental organisations. To get a balanced view of care leavers' experiences, a children's home and private orphanage were selected for the study. To be selected as a participant, the young person should have been: (1) 18 years and above; (2) spent at least a year in care; and (3) been out of care for not less than a year. The choice of 18 years and above was made as that is the legal age that children exit the care system. The two other criteria meant to ensure that participants had enough care and post-care experiences to share.

Soliciting participation of the selected young people began in January 2011 on a voluntary and opt-in basis. Findings from preliminary visits to the residential facilities showed that they had little information (contact details or location) on former residents. Based on this knowledge, snowball technique was used in recruiting participants (Padgett, 2008). Staff of both facilities identified and discussed the research with potential care leavers. Once a young adult expressed interest, consent to be contacted by the researcher was ascertained. Also, recruited participants reached out to other care leavers and invited them to participate. The researcher contacted the young person initially through a telephone call to explain the research, give them space to ask questions, and arrange an interview. Eight care leavers who were contacted refused to take part in the study.

Twenty-three participants, 9 men and 14 women, took part in the study. The age of the participants at the time of being interviewed ranged between 23 and 30 years. Fourteen participants were admitted into care because of poverty, four were abandoned, three orphans and two due to parental illness. Almost all the participants (20) were admitted to care before six years old, and stayed averagely for > 10 years. Most of the participants left care between 21 and 23 years. The median age for leaving care was 21 years. Ten participants had a tertiary level qualification (university or high national diploma). Table 1 presents detailed descriptions of the participants involved in the study.

Data was collected from September to November 2011 using semi-structured interviews, with the aid of a guide. The development of the interview guide was based on the research questions, current literature and consultations with social workers in the Ghanaian child welfare

Table 1
Participants demographics.
Source: Fieldwork data, 2011.

Item	Category	Number (n = 23)
Sex	Male	9
	Female	14
Age range (years)	23–25	6
	26–28	10
	29–30	7
Educational	Junior High School	3
	Senior High School	6
	National Vocational Certificate	4
	HND/Degree (Bachelor's or Masters)	10
Reason for admission	Poverty	14
	Orphaned	3
	Abandoned	4
	Parental illness	2
Age at admission (years)	< 3	8
	4–6	11
	> 6 years	4
Age when leaving care (years)	18–20	4
	21–23	3
	> 23	3

system. The guide was organised around the risk and protective factors of care leavers across important developmental domains (employment, education, and housing, relationships). It included questions such as “what challenges do you face with employment?”, “what do you think contributes to the challenges you face with employment?”, “what resources do you draw on to address challenges with employment?” Pilot interviews were undertaken with two care leavers to ensure that questions would elicit information relevant to the aims of the study. Based on feedback from the pilot interview and reflection, some questions were amended. Interviews took place in participants' houses and workplaces. The interviews were conducted in English and lasted between 45 min and 1 h. All the interviewees gave permission for the interviews to be tape recorded. The interview were transcribed verbatim and cleaned for mistakes and identifiable information. Information on reasons for admission and other demographic information of the participants was collected from case records.

The textual data from the transcripts and documents were analysed using the framework approach (Ritchie & Spencer, 1994). The analysis process began with the researcher familiarising with the data through repeatedly reading of the transcripts to identify recurring initial key ideas and themes. The next stage was the development of a thematic framework based on recurring and essential themes identified at the familiarisation stage. The framework was organised into two main themes and a number of sub-themes, which were given numerical values for indexing. The framework was then used to manually code all the transcripts. The data was reduced by comparing and contrasting data, cutting this up and pasting similar, original quotes into theme-based matrix charts, which were then used to find associations and provide explanations for the findings. Inter-rater reliability (Yardley, 2008) was employed in analysis process through comparisons with supervisor's analysis of six transcripts to ensure that the themes emerged from the data.

The School of Sociology, Social Policy and Social Work in Queen's University Belfast, Department of Social Welfare in Ghana, and the residential facilities all granted ethical approval for the study. Each participant was provided with information about the study, including their rights to refuse participation or withdraw at any time, before giving their written consent at the interview. Three participants refused to sign the written consent form but agreed to give oral consent which was tape recorded (Mack, Woodson, Macqueen, Guest, & Namey, 2005). The raw data collected was anonymised and stored in a password protected folder on the researcher's computer. To assure the

confidentiality and privacy of participants, pseudonyms were used in place of their real names and information that could be used to identify them was removed in the final report. The researcher ensured that participation in the research did not cause harm to any participant. The comfort of participants was paramount throughout the study. Participants were provided refreshments after their interviews, and reimbursements of transportation costs were offered if they travelled to the interview venue. A counsellor in the children's home was at hand to provide support and counselling to those who were distressed because of interview sessions.

3. Findings

3.1. Challenges

The challenges that the participants experienced after leaving care included those relating to housing, employment, and social integration.

3.1.1. Employment

The main challenge the participants were contending with was employment. At the time of the study, six (26%) were not in employment, training or education compared with 11.9% of the general population (GSS, 2014). Of the participants who were employed, twelve described their jobs as unsatisfactory since they were paid low wages and were overqualified. Though they did not reveal exactly how much they earned, their statements indicated that they had problems with finances. A sample response from 24-year-old Marie was: “I enjoy my job but the salary is a problem. It is just too small”. Peter, 26 years, who lived with his partner and baby, said: “Things are difficult. We go hungry for a long while before my next paycheque. It's enough to pay for the electricity bill and upkeep money, but there is nothing left to save.”

The main reason given by the care leavers for their employment challenges was a lack of support. Due to the limited opportunities in the Ghanaian job market, young people tend to rely on parents and older relatives to assist them to secure a formal job or start a small business (Langevang, 2007). The young people in the study had similar expectations of their ‘corporate parents’. A participant who was unemployed for two years after leaving care made the following comments: “They [the orphanage] have contacts with different organisations and ‘big men’ who can help us get employment. So I don't understand why we suffer so much to get a job after school”. Another 27-year-old participant shared his expectations: “The children's home promised to open a barber shop for me after my apprenticeship, but this did not materialise. If they had opened the shop for me, I would be doing well...”

In spite of their expectations, only 11 participants got assistance from their affiliated residential facility to find a job. From the analysis of the data, these participants were allowed to stay in the children's home longer to finish school and get a job before leaving care because of their superior academic abilities or good behaviour. The other participants, however, had to find jobs on their own, which they felt it was not right. Alisa, for instance, who was sacked from the institution for getting pregnant said: “I struggled a lot to find work after leaving the yard [orphanage].” Another participant commented:

“I feel it wasn't the right time for me to leave. They called the place a home, and they let me leave without being prepared [...]. My thinking is that they [name of institution] should have made sure I was working before weaning me off.”

(Brian, 27 years)

Difficulties with finding employment made the participants vulnerable to employers. Employers took advantage of their situations to exploit them, paying wages that were lower than what was agreed on or constantly threatening them with dismissal. One interviewee vividly describes their situation:

“At [name] industries, I was not paid for three months. That's why I quit and I went to [name] ventures. There too they weren't paying me, so I left. In the communication centre job, the pay was bad... At the electrical company the pay was good, and I was really working hard, but someone was stealing, and the owner accused me. I became afraid that the he would arrest me, so I quit.”

(Alisa, 27 years)

3.1.2. Housing

Every participant mentioned getting support from the residential facility to rent an apartment when they were leaving care. This helped them avoid homelessness, at least for the first year. However, housing issues began for the participants (10) after their initial tenancy expired because they could not come up with the money they needed for their rent.

“When the rent expired, I had to leave the house because I was not working. I kept moving from one place to the other... If I was working, I could have saved to rent my place.”

(Esther, 29 years)

“The landlord in comm.4 kicked me out of the room. I needed US \$140 but I did not have any money.”

(Mark, 24 years)

Aside two participants who returned to live with their relatives, the rest could not do same because of two reasons. First, the majority did not have a relationships with their extended family and therefore unable to claim their right to live in their family house¹ like other young people. Second, some of their relatives lived in rural areas which were far away from where the participants currently resided and provided few employment opportunities. Without the safety net of a family, those unable to raise their rent (12) moved to neighbourhoods where accommodation was cheaper. However, these neighbourhoods were unsafe and lacked basic amenities (e.g., electricity), which consequently affected the participants' social relationships. As one young lady put it “who would visit me here?” Another participant commented that:

“The living conditions in [name of neighbourhood] are bad. I would not recommend such a place to anyone. I had a problem, that's why I ended up in such an environment. My brothers and sisters don't want to visit me because of where I live.”

(John, 27 years)

For some participants (39%), housing challenges were caused by their limited social competence. Prior to leaving care, they had only lived in the orphanage. Prior to leaving care, all the young people had only lived in the orphanage. They had no experiences of living in a rented or shared accommodation or knowledge of what their rights and responsibilities were as tenants. However, after leaving care, 70% of the participants could afford a room in compound houses where they had to share amenities and chores. The participants reported having constant fights and arguments with landlords and other tenants over the sharing of these things.

“With landlords, there are issues with electricity and water bills, taking care of the compound, and all those things. These are issues that you don't experience in the children's home. How do you take care of these things? Do you accept it or reject it? If I had prior knowledge about it, I would be better prepared when confronted with it.”

(Michael, 25 years)

3.1.3. Social integration

The participants had problems with family and community integration. Three participants chose not to have any contact with their extended family because they felt they had deserted them when they were in care. Eleven participants attempted to rebuild absent relationships with relatives, but rarely resulted in success since they felt unaccepted and unsupported. Two participants said: “I have tried to catch up and fill the spaces of losing touch, but they [family] didn't grow up with me, so it is difficult for them to accept me. I feel like an intruder” and “They don't know me because I haven't stayed with them. Our relationship is not too good. Nobody cares about me, I think they consider me as an outcast.” The analysis of the interviews revealed that the participants' inadequate cultural and social skills contributed to the problems they were having with family members.

“Even my biological mum can't stand me. Maybe because of that [name of institution] thing in me, I am very blunt. I say it as it is. I am the type that would tell you that don't come to visit me, and people feel it is an insult... In the children's home we had our own culture and were brought up very European. As someone would say, I have white values in me. I see things from a different perspective, and they also see it from a different angle. So, we are always clashing...”

(Trudy, 28 years)

“I didn't grow up with them [family] so I don't know their lifestyle and they don't know mine. My siblings and I, we fight because they often want to take advantage of me. They [family] tell me I am wicked. When they do something wrong, I point the act out to them and tell it is not right because it wasn't like that at the children's home...”

(Anna, 24 years)

Grace mentioned that: “it is really hard adjusting to the new communities we find ourselves in. It is so different from what we were used to”. After a sheltered and secluded life in the children's home, the participants had difficulty interacting with people in their communities. One young man explained: “Kids from the orphanage can't make friends easily. It is because of our training. In the orphanage you cannot bring your friends. No, they will stop you”. This situation was not helped by the negative perception and prejudice held by the community towards the care leavers. More than half of them mentioned going through failed relationships because of their care background:

“Some parents think about family issues. They want to know your family. They want to know why your family sent you to [name of institution]. If they were a good family, why would they send you to a children's home?”

(Prince, 27 years)

“I remember I was dating a guy who wanted to marry me. When I told him I was an orphan, he didn't keep in touch with me again... It is not only him. It's everyone [...] once you disclose you are from an orphanage, they behave differently. Because of such incidents, we feel ashamed to tell others we are orphans...”

(Grace, 27 years)

3.2. Coping

All the participants had developed strategies for getting on in the world. From the interviews, social support and self-reliance were the factors that influenced their ability to cope with challenges.

3.2.1. Social support

All the participants mentioned that they relied on informal social networks to deal with challenges. Almost all of them (17) mentioned different instances when they relied on a care peer for emotional and practical help. A common strategy employed by the participants was to

¹ It is traditional for most extended families to have one or several house(s) that has passed down from one generation to another where family members can stay for free.

borrow from each other when they had money issues. According to Mark: “I have friends from the home and we contribute money from time to time to help one another in times of need or when other friends from the home are jobless”. Other participants, mostly the females, shared apartment with a care peer(s) to reduce the financial burden of raising their rent. For instance, Helen reported that: “my sibling [care peer] and I put our money together to rent a nice place when our rents expired.” Others received emotional and other practical support from sponsors, volunteers, and other care staff:

“I call my sponsor when I have nothing to survive on and he is always ready to help me. He is a big source of support. He supports me to date.”

(Daniel, 30 years)

“There are so many problems I share with her [house mother] and even when I want to give up she always encourages me. This is true love because though I left the children’s home, her heart is still following me. If you don’t care about your child, you won’t do this.”

(Diana, 23 years)

Several of the young people (12) also mobilised support from new relationships that they formed after leaving care. They were strategic in forming these relationships, preferring to associate with those who could help them achieve goals and deal with difficulties. Seven participants joined a church because it provided a varied range of support. Being members of the church provided friendships and a sense of belonging. According to Mary, joining a church “is like marriage. It’s a fresh start. They [church members] don’t care about where I come from. I feel I have a family”. The participants also received encouragement, advice and information about jobs and accommodation from different people in the church including pastors, church elders, and other members. Below are the views expressed by two care leavers regarding the support they received from church members:

A certain man at church, an accountant at a certain company, told me they had opened a new branch and needed employees, so if I was interested he would help get me a job there. I said okay. He took my CV and I was taken on.

(Stephanie, 27 years)

“Recently I gave to my biological sister my blender because she is not working. My children’s service president in church bought me a new one.”

(Suzette, 23 years)

Eight female participants named their intimate partners as someone who provided support. While some young women were in these relationships because of love, some used them as a coping mechanism. Grace, who was staying with her boyfriend and studying at the polytechnic, said: “I am with him because he is good to me. He pays my school fees and I have a place to sleep for free, so I have stuck to him. Whether I love him or not I don’t even know”. Another lady also said: “some of the girls are living with their boyfriends because accommodation is a problem”. However, not all of these relationships were unhelpful, as Trudy explained:

“I wasn’t ready to take a boyfriend, but I had no option than to go into a relationship with him because money was a problem. Going into a relationship with him made me worse off because he was always beating me.”

(Diana, 23 years)

3.2.2. Self-reliance

Self-reliance was a theme that was echoed in the accounts of eight participants. They felt that coping with challenges depended on one’s ability, to “encourage yourself” and “be determined”. A female participant expressed that: “I have my own ways of managing. If I had it so easy I won’t be this strong. The struggles help you learn”. The accounts

of the two participants below also illustrates why they thought they needed some self-reliance to manage challenges:

“People can help you, but you also must push yourself. Without pushing yourself, even if you are given room full of all the things you need, you will waste it. The whole thing depends on you.”

(Doug, 24 years)

“I am the type who normally likes to face challenges on my own. Up till now I haven’t found myself in a situation where I have not been able to handle on my own. Challenges are bound to happen. You psyche your mind and face them.”

(John, 27 years)

More than half of the participants suggested that they resisted asking for help, especially from the residential facility, because it would show they were not “managing on their own”. For those who self-reliance was a key strategy, more than three-quarters indicated that it was underpinned by having a faith in God and prayer. Three of them made the following remarks:

“Yeah I always talk to God and it seems he listens to me when I have a problem. He is the only one when I talk to he listens and helps me find a way to manage.”

(Trudy, 29 years)

“I would say that with the little prayer I say to God, he hears me and provides my needs.”

(Michelle, 26 years)

“I read my bible and pray about it [problem] and I get strength to deal with problems.”

(Paul, 29 years)

They also employed various problem-solving skills to deal with challenges. To broaden their income, for example, five of them engaged in part-time jobs. The narratives of Paul highlight this coping strategy: “Is what I earn from my workplace and a little bit of work I do around.” A quarter of the participants choose to keep to themselves to protect themselves from hurt and pain of failed and exploitative relationships. Trudy, for instance, said: “I don’t trust people. I have had my experiences that make me not trust people. I feel if I am not too friendly I am better off.” Three care leavers hide their care identity in their relationships, especially those that were intimate.

“I do not want anybody to hurt me. I don’t discuss my intimate stuff [being an orphan and from care] with anyone so they don’t use it against me.”

(Stephanie, 27 years)

“I have had problems in my relationships. Because of this I hide the fact that am from an orphanage. If you let people know that will be the end of the relationship...”

(Suzette, 23 years)

“...if you tell people you are an orphan, the way and manner they behave towards you wasn’t the best. They make it seem as if you are not human, so I don’t tell people. Even where I live, nobody knows am an orphan...”

(Diana, 23 years)

4. Discussion

This research sought to increase understanding regarding leaving care as a form of transition to adulthood in Ghana. The aim was to explore the challenges facing our leavers, and factors influencing their abilities to cope with these challenges. The young people in the study were facing multiple challenges, similar to findings from international literature (Pryce et al., 2015; Rome & Raskin, 2017; Sulimani-Aidan, 2014). However, there are also points of discrepancies from the worldwide studies. Unlike evidence from the UK and US (Ajayi &

Quigley, 2006; Cameron, 2007; Cashmore & Paxman, 2007) that consistently demonstrate poor educational outcomes for care leavers, this cohort were well qualified educationally (34%) when compared with the proportion of young people (14.7%) with a degree nationally (Ghana Statistical Survey, 2014). Perhaps this is due to the selection and recruitment process that resulted in high achievers taking part in the study. It could also be because young people often leave care later in Ghana than they would in the US or UK. Having an extended stay in care allowed them to finish their education, corroborating and enriching the evidence from a longitudinal studies (Courtney & Hook, 2017). Islam (2012) explains that in the global South, education is a central focus of residential care as it is considered a key route to provide a better future for children who enter care predominantly because of poverty.

In spite of the good educational outcomes, however, unemployment was more common among the participants than the national average (GSS, 2014). While all young people in Ghana face difficulties with employment, the care leavers faced greater challenges because they lacked formal support and social connections to leverage the few opportunities. Challenges with employment affected the care leavers' abilities to meet housing and other basic needs and susceptible to job exploitation. The study reveal that stigma is a significant challenge in the unfolding lives of the care leavers because of their care or orphan background, consistent with findings from other studies (Gwenzi, 2018; Islam, 2012; Nho, Park, & McCarthy, 2017; Pryce et al., 2015).

Alongside research results from studies (Barn, 2009; Ibrahim & Howe, 2011; McDowall, 2016; Söderqvist, 2014), this study highlights the influence of culture on leaving care in Ghana. The accounts of the young people, detailing their in-care experiences, comprising of a 'westernized' upbringing and limited interaction with the outside world, provided few opportunities to develop the appropriate cultural and social skills. The children's home's environment did not permit the participants sufficient exposure to real life situations where skills such as independent living in a compound house could be practiced and acquire normative culture values and norms. According to Darkwah, Daniel, and Asumeng (2016, p. 167), the use of westernized child rights principles as a yardstick of good childhood in the residential facilities in Ghana, reinforces a sense of foreignness among the children in care.

Without adequate knowledge of the culture and social skills, the care leavers struggled to re-establish ties with family members, leading to stigma and rejection in different life domains. Within a collectivist society, the care leavers' social exclusion inhibited their use of Afrocentric forms of coping revolving around kin-group membership (Pryce et al., 2015). For instance, the young people face problems with intimate relationships because they lack a family identity. According to Takyi and Gyimah (2007) marriage in Ghana is not based only on love but by one's family and one's position within. Therefore, care leavers unable to trace their ancestry or estranged from their families are likely to be considered unsuitable marital partners. Risk was also characterised by the nature of their transition. Leaving care without employment increased their vulnerability, making their lives complicated and insecure. Added to societal discrimination that they experienced, it played a big part in reducing the life chances of these young care leavers.

According to the resilience literature, protective factors including personal, relational and environmental resources facilitates coping during or after experiencing challenges (Schoon, 2006). In this study, the protective factors that promoted the care leavers ability to cope were social support and self-reliance. Several researchers have found that care leavers rely mostly on support from personal relationships to deal with their challenges, and that their role in the transition should not be underestimated (Anghel, 2011; Dima & Skehill, 2011; Dutta, 2016; Shang & Fisher, 2017). Similarly, the results of this study indicate supportive relationships with other care leavers and previous care staff was a significant source of financial and housing assistance in crises, encouragement, guidance, and advice for the young people. In addition,

some participants were strategic in building relationships with church members and intimate partners to fill the gaps in their social networks. These relationships provided them instrumental support which was often unavailable within their immediate circles. In addition, the young people's resistance to seeking help, their self-reliance, and belief in the notion that "struggles help you learn" directly relates to Rutter's 'steeling' effects of adversity (Rutter, 2012). Rather than experiencing adversities as debilitating, the care leavers develop the belief that they can draw on the inner strength they accumulate due to their experiences to cope with their challenges.

4.1. Implications for practice and policy

This study has messages that might be valuable to the development of policy, practice and policy, especially during this period where Ghana is reforming its child care system. The study found that the care leavers' inadequate cultural socialisation contributed significantly to their challenges and hampered their coping abilities. Therefore, there must be national policy that practices in residential facilities must be underpinned by local values and norms. Whenever practicable, children's links with their families must be maintained through supervised weekend and holiday visits. For children with no identifiable family, the facilities can prepare volunteer families to have children for visits. In addition, activities should be developed to assist youth with community integration. This can be done through participation in social and sports programmes including cultural activities, youth camps, and excursions as well as inviting the local communities to regularly interact regularly with the youth in care. The holiday visits and community participation would increase the sense of belonging and identity, create networks of support and reduce negative perceptions on the part of community members. Practitioners must also prioritise and focus on nurturing and developing relationships between the care residents and their staff as well as peers so they become a viable source of support after they leave the care system.

There must be an initiative to reduce the stigma against care leavers. This can be undertaken through a campaign spearheaded by the Department of Social Welfare to educate and sensitise the general public about the effects of the stigma young people encounter after leaving care through radio and television documentaries and articles in the newspapers. The care leavers should be assisted to form a national association that will be an avenue for providing each other with support, and act as a medium through which they can advocate for their rights.

The study has highlighted that extending services for care leavers leads to gains in educational outcomes. Thus, the statutory age for leaving care should change from 18 years to 23 years. The extension of services must also involve assisting the young people to gain employment before leaving care through partnerships with private and public organisations. A certain percentage of jobs in these organisations can be reserved for qualified care leavers, or interest-free loans can be given to those who want to start self-employment. The care leavers should be assisted to form a national association that will be an avenue for providing each other with support, and act as a medium through which they can advocate for their rights. Care leavers can be offered support through existing social protection programmes including cash grants from the Livelihood Empowerment against Poverty.

4.2. Limitations

The study is an important first step in providing research evidence about the leaving care experiences of young people in children's homes in Ghana. However, the study had certain limitations that have to be considered when interpreting the results. First, the data is not current, and the study investigated the status of care leavers as of 2011. Second, there is the possibility that there is some bias in the selection and access process. Though the recruitment process aimed to include a sample that

reflected the population of care leavers from the children's home, the hard-to-reach nature of the targeted population made it difficult to access those who were coping badly with the transition to adulthood. These young people had little contact with their residential facilities, and the snowballing sampling technique failed to yield positive results in accessing them. Third, the results cannot be generalised since it is based on the experiences of young people from only two residential facilities.

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