



Building Positive Futures




A Pilot Study on Leaving Care in Africa

Youth
Report

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“SOS CV taught me how to be disciplined and... to endure and be persistent. To work for ourselves and to fight for our rights... and how to be responsible... I am managing to face challenges and be able to solve them. Sometimes we fall and then we rise again”
(Mufaro, Zimbabwe).



1. What was the project about?

Across Africa, there are many young people who do not live with their biological families and grow up in alternative care. Despite knowing that African young people who grow up in care can struggle as they move into adulthood, there is very little research on leaving care in African countries. To help our understanding of care-leaving in Africa, we came together as a group of researchers from Queen's University Belfast in the UK, University of Johannesburg in South Africa, University of Ghana and Makerere University in Uganda to do this research. We tested a range of methods to find out more about the experiences and views of young people leaving care in four African countries. We also wanted to see if these methods could be used in larger studies in the future.



This report is a short summary of the main findings from this pilot study written for youth who participated and other interested young people. It has been co-written together with the care-experienced peer researchers who worked alongside the academic research team to gather and analyse the data. The team would like to thank all those who participated in the study, SOS Children's Villages (SOS CV) for facilitating and supporting the study, the UK Government's, Global Challenges Research Fund (GCRF) and Queen's University Belfast for funding and leading the study.

All of the reports from this study can be accessed on the Africa Network of Care-leaving Researchers (ANCR) website: www.careleaving.com.

2. What were the research questions?

We wanted to explore how best to do research on leaving care in Africa by answering three questions:



1. Could we use revised methods from a previous South African care-leaving study called the "Growth beyond the Town" (GBT) to research care-leaving in Ghana, South Africa, Uganda and Zimbabwe?

2. Could we develop these research tools to be more inclusive of different groups of care leavers, especially males and females, young people with disabilities and young people from different cultures?

3. Could we develop a model for including care-experienced young people as peer researchers on the project?





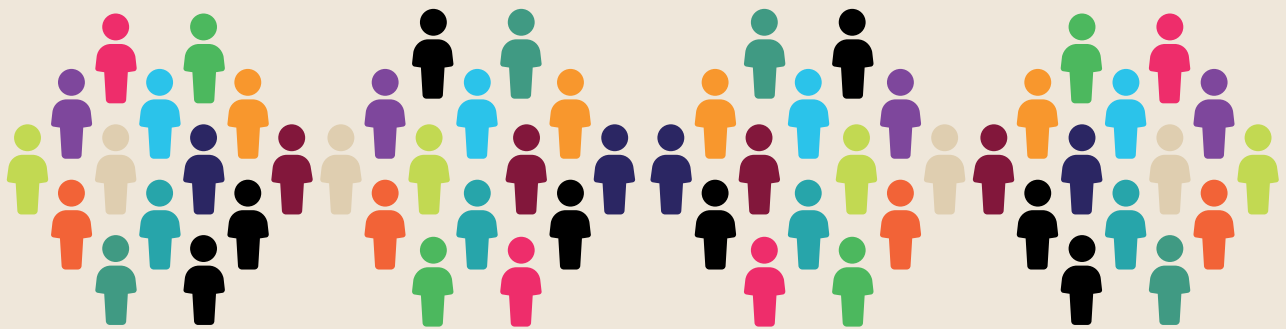
The research team held regular online meetings and also met in person at two workshops to revise the GBT research tools: one in Uganda and one in South Africa. After this, the teams in each country (Ghana, Uganda, South Africa and Zimbabwe) recruited young people who had left the care of SOS CV to be peer researchers.

These peer researchers were trained and supported to undertake interviews with young people leaving care and to analyse the interview transcripts. You can read more about this aspect of the study in our other short report on the peer research experience (Kelly et al., 2020).



We used the revised interviews and questionnaires to find out what it was like for young people leaving care and to measure resilience and wellbeing. Peer researchers travelled to meet young people and carried out face-to-face interviews, often with support of an academic researcher who provided transport or help with difficult interview questions. Peer researchers also administered some of the questionnaires with assistance support from the academic researcher. All interviews were recorded on a digital recorder so that we had a full and detailed account of what the young people told us. Interviews with young people lasted at least one hour.



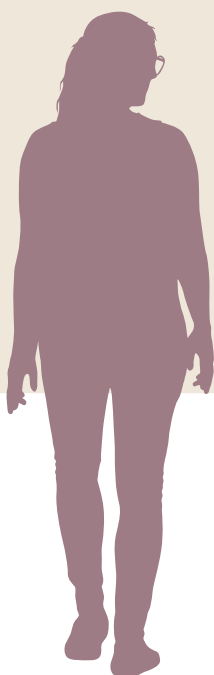


5. How did we choose which young people would take part?

In each country we worked with two SOS CVs to identify young people who might be willing to take part in our study. We aimed to select at least 10 young people per country who were:

1. **In-care.** At least five young people preparing to leave residential care, who had been in care for at least 12 months and who were at least age 18.
2. **Post-care.** At least five young people who had previously been in SOS CV's care for at least 12 months but had now left care and who were aged between 18 and 25 years (in the end, some participants were older than 25 years).

In each country, we tried to capture a range of experiences by interviewing both males and females and at least two young people with a disability. SOS CV provided young people in their village with information about the research. Young people who were interested in participating gave their consent for the researcher to visit and complete the interview and questionnaires with them.





6. What did we find out from our questionnaires?

In total, 45 young adults took part in the study. In Table 1 we describe the young people who participated.

Table 1. Demographic profile of study sample

Country	In-care	Post-care	Disabled	Female	Mean Age	Total
Ghana (Gh)	5	5	0	6	26	10
South Africa (SA)	6	6	3	6	24	12
Uganda (Ug)	5	5	2	5	24	10
Zimbabwe (Zim)	5	8	1	6	23	13
Age range (average)	17-27 (22)	22-42 (26)				
Total	21	24	6	23	24	45

In the total sample, there were similar numbers of in-care and post-care participants and females and males. We met the target of ten participants for each country and had slightly more in South Africa and Zimbabwe, partly to recruit participants with disabilities. Ten participants older than 25 years were included. Most of these were in their late 20s, however, two were aged 35 and 42 and were living in adult residential care for intellectually disabled women.

Below are the highlights of what we found out from our questionnaires:

- Participants from Zimbabwe (77%) were more likely to have one or more previous placements than participants from South Africa, Uganda and Ghana.
- The average age when young people came into care was 4.6 years, with South Africa having the oldest ages of entry into care (around 9 years), Zimbabwe having the youngest ages (1.5 years) and Uganda and Ghana in-between at about 4 years.
- Three quarters of young people came into care due to being orphaned or abandoned and one in five due to poverty, which means some families might need more financial and social help, to prevent their children coming into care.
- Two thirds of participants who were still in care were participating in education, with half currently engaged in third level education. Ghana had the highest rates of in-care participants in higher education (all of them), followed by just under half of Ugandan participants and none in South Africa or Zimbabwe.
- Half the young people were rated by their social workers as having high engagement in education (meaning they were really interested in and committed to their education) and about a quarter as having low engagement.
- Two thirds of young people who had left care had moved on due to turning 18 and/or completing school.
- Two thirds of post-care young people moved from care into independent living. One in five moved into foster care – all of whom lived in Zimbabwe. And one in ten transitioned to family members (all in Uganda).
- Within the post-care group, one fifth of care-leavers were not in employment, education or training.

7. What did young people tell us about leaving care?

- Young people are grateful for the care, support and opportunities they were given at SOS CV.
- SOS CV is family for many young people. Staying in contact with SOS Mothers and siblings when they leave care was really important for participants in the study.
- Young people in our study felt it was important to have information about their life history before coming into care. They felt this would help to understand their past and possibly build connections with their birth family (including extended family) and culture during their time in care and as they leave care.
- Young people who grow up in care face stigma from others; this can be difficult to deal with. Some young people experience further inequalities because of their gender, culture or disability. It would be helpful if SOS CV could start a campaign to raise awareness of the positive stories of young people living in their care, so that people can see them as equal and accept them in society.
- It is important that young people become part of their local communities whilst in care. This will help them make friends, build relationships and find opportunities for employment as they leave care.
- Leaving care is difficult. It can be a challenge to begin to look after yourself outside SOS CV. Young people need extra help to build skills, such as cooking, budgeting and how to find a job. It might be a good idea to connect those who are preparing to leave care with others who have already left care. The care leavers could share information about the realities of life after care and offer mentoring and advice.
- Gradual, well planned transitions from care is best. This would slowly phase out support from the SOS CV family as young people become more independent.
- Participants in our research would also like SOS CV to contact them now and then after leaving care. This would show they care for the young person's future welfare and also to check on longer-term outcomes for young people who leave their care.



It was very tough and I didn't want to leave the village at all... I found it very difficult. Leaving friends behind, going into tough days. The village is very great and when I got here, I was very worried that I will never see friends again.

(Siphesihle, South Africa)

You live work, and there is no money, you even don't know what you are going to eat at home, you have no sugar and you even to ask friends about what to eat, so you have to bear with the situation like that so sometimes if there is a small job, I go out there and do it... It is not every time I get some money so, sometimes you have to sleep hungry.

(Joseph, Uganda)

Life in SOS was good; in fact, SOS helped us a lot. They provide us with everything we need especially our feeding and school fees. In terms of our needs they provide everything so SOS helped us a lot and it has built me.

(Mantse, Ghana)



8. How did young people cope and be resilient when they left care?

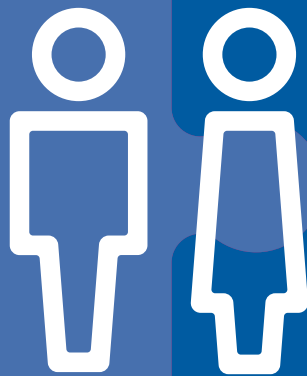
- Young people faced lots of difficulties when they left care. Our participants often found it hard to deal with memories and issues from their past life, and to live without much money and little family or social support. Young people with supportive relationships with friends, family or community connections were more resilient.
- Some young people engaged in activities that could put them in danger, such as hustling to make money or using alcohol or drugs to help them sleep. However, most young people approached their independent lives with hope, self-discipline and hard work.



SOS taught me how to be disciplined and... to endure and be persistent. To work for ourselves and to fight for our rights... and how to be responsible. They taught us to think big and do great things... I believe we are nurtured in that way... I am managing to face challenges and be able to solve them. Sometimes we fall and then we rise again. Sometimes we pass through tough times but that is what we get to learn and know real life. For me, I do not see that as a challenge but as a lesson and as life.

(Mufaro, Zimbabwe)

9. Can leaving care be different for males and females?



- Both males and females need more male role models during their time in SOS CV to build their understanding of positive male roles in families and personal relationships
- Females may face more challenges than males to access finances and secure accommodation and an income when they leave care. They may need additional support.
- Males may need more support to avoid drugs and crime.
- Both males and females need extra support to build social and community connections and increase opportunities for employment when they leave care.
- Young people develop an awareness of gender equality in SOS CV, however, their experience of gender inequality in the real world when they leave care can be challenging.

I always wonder how a woman is supposed to behave maybe when they get into a relationship with a man or they marry... because we have not had male figures like in a family... I have not seen it practically because we have just grown up in a family of ten with our mother. (Pauline, Uganda)



- Culture and religion were important to our study participants. Young people want to have a clear sense of their identity as they move to independent living and make decisions for their future.
- Young people's language, spirituality and religion can be influenced by their experiences in SOS CV, particularly by their relationship with the SOS Mother.
- Young people should be encouraged to keep their own culture, language and religion and this may help when they move back into their own communities and families after care.

I came SOS at a very young age... My mom who took care of me is a [tribe B] so it is quite difficult to... learn the [tribe A] language... I lost the tongue along the way... I'm still learning to integrate and learn the [tribe A] language... It is quite tedious for me being an [native of tribe A] who doesn't know how to speak the language. it's been very challenging... I need to learn it and it is a gradual thing for me. (Paa, Ghana)



11. What did we find out about disability?

I have faced just a few discriminations... While I was still in care... I was counselled that you can stay harmoniously with people in the community when you're disabled or discriminated, isolated, stigmatized... Cause I was always feeling like that and I grew to accept myself who I am and that's how I have prevailed... I learned that I am different and had to accept that I am different.. and... love yourself for who you are for what you are...
(Michelle, Uganda)



- Young people with disabilities should have their needs assessed and met. This should include accurate diagnosis as part of child development screening. They also need extra help with education, employment and accommodation to promote their inclusion in society.
- SOS Mothers and Teachers should be trained on how best to meet these needs.
- Some young people with disabilities do not know their rights. Help should be given so that all young people understand their rights and what help they should receive.
- Care leavers with a disability can face additional stigma and discrimination. Such attitudes and behaviours should be challenged.
- Meeting other young people with disabilities who have left care may be helpful.
- Moving to independent living quickly can be difficult for young people with disabilities. For these young people, an individualised approach to leaving care would be helpful. This could allow for a slower pace of transition and for drawing on a range of community support systems.
- Young people with disabilities moving into specialist adult disability placements should have these placements reviewed to ensure they are offered a range of post-care opportunities to help them reach their full potential in adult life.

12. What's next for leaving care practice and policy in Africa?



This was a small pilot project, so it had just 45 participants and recruited care-leavers from only one organisation, SOS CV. However, the findings do tell us more about the experiences of care leavers in different African countries and what they find most helpful as they transition from care.

Here are some of the key messages for policy and practice development:

1. Provision of care-leaving services requires more attention in **national child-care and youth policy**, with clear plans to support for young people as they leave care.
2. Young people should be **involved** in any plans and decisions about their lives after care.
3. Young people value the SOS CV **family approach** and support provided past the age of 18. In addition to financial and practical support, some care-leavers also need emotional support as they prepare to leave care. A **steady and planned** reduction of this post-care support helps to facilitate a smoother transition out of care towards independence. This will help to avoid young people feeling abandoned. Young people would also like SOS CV to **follow up** on how well they do in adult life, to show their ongoing care and also to monitor longer-term outcomes.
4. **Community-based approaches to care**, where young people are brought up in family-like settings within local communities, would help young people to integrate into local communities and establish connections that can offer social support and future employment opportunities.
5. Young people need support to build **relationships with biological family** (including extended family) throughout care, if possible. They should have the opportunity to engage with and learn about their biological family's **culture, language and faith** throughout childhood.
6. Support for care leavers should be sensitive to the particular needs of **females and males** as they navigate gender roles practiced in the community. **Youth with disabilities** may need extra care or support for independent living and social inclusion.
7. The **stigma** associated with coming from care leads to exclusion and discrimination in various settings. This is heightened by other inequalities, linked to gender, culture and disability. SOS CV and other organisations caring for young people should raise awareness of the rights of young people leaving care and actively challenge negative stereotypes in society.

13. What's next

for research

on leaving care in Africa?

This project has revised the GBT tools and methods to ensure they are: relevant and meaningful in different countries; accessible for youth with disabilities; and more inclusive of issues relating to gender, culture, disability and resilience. The study has also tested the use of a peer research method, which has been very effective. These research tools and approaches can now be used in future studies on leaving care in Africa.

We have also identified the following important messages for future research:

- 1) Future care leaver studies need to be sensitive to **gender, culture and religion** in how they are designed and in the further developing our understanding of their impact on care-leaving experiences.
- 2) We need to know more about the experiences of **children and young people with a disability** living in and leaving care in Africa and how best to meet their particular needs as they leave care.
- 3) A **multi-country perspective** helps to show differences and commonalities across countries, but also needs a strong research team with a high level of support and funding.
- 4) More research with young people coming from a **range of care providers** would be helpful to widen the sample of young people taking part.
- 5) **Resilience** is an important topic to focus on in future studies of leaving care in Africa.
- 6) **Peer research** works well in care-leaving studies when it is carefully planned and supported. It should be used again in future studies.
- 7) We need more care-leaver studies using a **range of research methods**, including: small scale studies focused on specific groups of young people; larger scale survey-based research; studies following the lives of young people over time; and evaluations of particular programmes.



This project tells us a lot about the experiences of 45 care-leavers across the four countries. It shows that **family-like care that is integrated within local communities** is very important. It emphasises that care leavers need **well planned transitions** and a range of **post-care support**.

These findings can inform the **development of policy and practice** with care leavers across Africa. We encourage others to learn from our research methods and to **use the tools and peer research approach** we have developed to do further research on care-leaving in Africa.

References

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