Analysis of Re-integration Impact for Children Leaving Institutional Care (Care-Leavers) in Kenya

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Work in Progress

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Chapter One: Introduction

1.1 Background

In Sub Saharan Africa there are millions of children orphaned not only by AIDS but also other diseases, war or various causes. These children end up growing in traumatic circumstances without the support and care of their immediate family. Approximately 12 million children have lost one or both parents to AIDS. By 2010, this number was expected to have surpassed 18 million (Global Fund, 2008). People working with orphaned children often struggle to understand the emotional anguish a child experiences as he or she watches one or both of his or her parents die. When one parent is HIV-infected, the probability is high that the other parent is as well. Therefore, children often lose both parents in a quick succession. Many a times the orphan's caregivers too succumb to AIDS, subjecting the children to multiple bereavements. The death of either or both parent and abandonment by caregivers increases the likelihood of children turning to the streets in search of sustenance.

While in the streets the "pull" factors become earning money, getting food, finding freedom and having recreation. Children from economically poor or dysfunctional families may also be pulled to the streets to escape their family conditions too. Domestic conflicts and violence within the family are also featured as key "push" factors for turning to the streets (SNV and GTZ, 2002). Once on the streets the children adopt key strategies in order to ensure their survival and longevity. Children's rights are constantly being violated. The children get harassed and exploited and they exploit others in turn. They are forced to assume adult responsibilities and take care of themselves, their siblings and fellow younger children (Muko et al, 2004). Out of necessity they

become easy targets for work and sex exploitation receiving meager or sometimes no pay. They are thrust into a miserable, punitive and degenerate environment full of danger in its various forms such as: harassment, violence, drug taking and trafficking, sexual exploitation, loneliness and fear, physical and emotional abuse and neglect, starvation, unplanned pregnancy and parenthood, danger of death through government crackdowns or at the hands of masses and poor hygienic and sanitation conditions (Wilkinson, 2003).

Several organizations offering services to street children help to cover for the psycho-social and emotional losses of street children. Some of the services they offer include education, shelter, food, clothes, medical assistance and recreational activities. Reintegration of children is a challenge for many institutions. They lack proper system of reintegrating the youth into the society or disengaging them from institutional benefits (Ochanda, 2011). Disengagement is often a sudden occurrence or at other times it is linked to indiscipline or an unfortunate event. Organizations seem not to have a proper plan of what will happen to the children once they become young adults or once the rehabilitation process comes to an end. The risk that children would end up going back to the streets after a long period of rehabilitation cannot be ruled out (Koinonia, 2005), unless there is a dramatic improvement of the concept of institutionalization and reintegration of these children.

1.2 Responding to the Re-Integration Challenge

In order to find a solution to the re-integration problem, several foster care homes in Kenya are implementing a Child re-integration Program in collaboration with international programmes. These programmes have been

evolving, taking different dimensions. In the earlier years prior to the 1990s, the re-integration was not being done in an organized way. Half way houses trials were made as temporary exit points but did not last long. As from 2008 to 2010, several organizations partnered to strengthen re-integration of children leaving the CCIs. Several models have been tried out by organizations and have been used to integrate a number of children, some with success and others without. Re-integration strategies have been unique in relation to different children ages and family status. Organizations have gone further to assist families and other caregivers with sustainable livelihood initiatives.

The aim of setting up the re-integration initiative is to contribute to the reduction of children living out of family care or excluded from the society. So far the results have been impressive with several children having being reintegrated and adapted psycho-socially.

This study, intends to find out different existing re-integration methods. These may include the self-initiated ones by the children or those supported by care leavers. The study is conducted in the light of the following objectives:

a) Understanding different dimensions of reintegration
b) Assess the capacity of reintegrated children to adjust to life in their biological families, foster care or society based on the domains of wellbeing, safety and permanency.
c) Identify factors contributing to success or failure for reintegration.
d) Identify advocacy issues on a national and local level

CHAPTER TWO: THE CARE LEAVING LANDSCAPE

2.1 Leaving Institutional Care

Young people enjoying alternative care face a multitude of challenges resulting from institutional disengagement as they move into adulthood. This transition forces them to self-sufficiency and independent living, a process commonly referred to as 'care leaving'. These changes can be even more profound as they occur in haste forcing the young adults to 'instant adulthood' (Elsley, Backett-Milburn, & Jamieson, 2007; Stein, 2005)

From the early 1970s small scale studies and surveys have shown how ill-equipped many of these youth are in dealing with life challenges when they leave care. Stein (2005) laments that even though many care-leavers reach a measure of success and attain fulfilling lives, a significant proportion continues to face a struggle-ridden existence. This results from diminished family and society ties, loss of institutional assistance and an increased need to be rapidly self-sufficient. Additionally, youth leaving residential care usually do not cope with the pressures of everyday life as effectively as other young people brought up in a normal family setup (Ochanda, 2011; Gelling, 2009).

Challenges experienced by care-leavers include; homelessness, poor health, poverty, substance abuse, early parenthood, and delinquency (Biehal & Wade, 1996; Broad, 2005; Dixon & Stein, 2005; Effective Interventions Unit, 2003). Their transition from a highly structured living environment to a confusing and difficult world is exacerbated by their typically low educational achievement, learning disabilities, limited life skills and additional health, emotional and behavioral problems (Foster & Gifford, 2004b). Stein (2005) further highlights that in comparison to their peers, care-leavers have to deal with major changes in their lives at a far younger age; such as leaving care, setting up a home, and entering the workforce. Realistically though, these changes include being unemployed, living without any form of support and becoming early and unplanned parents.

It is thus critical that care-leavers develop the strength needed to respond to these challenges. The should be assisted to learn from their past adversities in order to cultivate resilience needed to face their future, inevitably marked with adversity. It is vital that those who look after these youth prepare and support them for adulthood (Gelling, 2009).

Pinkerton (2011) puts forward that across countries, there are strengths and vulnerabilities facing care-leavers making their transition to independence smooth or challenging. Furthermore, an understanding of leaving care as being about the 'whole person' is needed, hence reintegration has to be done well. Thus, the goal of those tasked with ensuring the welfare of care-leavers must be to provide a concerted 'whole system' response (Pinkerton, 2011).

Frances (n.d.) argues that the process of leaving residential care begins on the very first day. She further states that under ideal conditions, care-leavers would leave when they, the staff and their parents agree that sufficient progress has been made and they are ready. Hence, the reintegration process in this case is a participatory process. Unfortunately this is seldom the case, and even though this departure event is framed as a positive event, the care-leavers depart with mixed feelings. The transition evokes intense and often unpleasant temporary feelings of anxiousness. This disorganizing process for the youth and the parent family can be painful and full of anguish, with the youth often fearful of leaving the protective residential care setting. These reactions are often influenced by previous experiences with other placements and separations.

The longer a care-leaver has been within the residential care environment the more severe the anxiety will be. There are numerous losses that occur when leaving residential care, including, but not limited to, the giving up of valued relationships with peers, staff, therapists and friends. Furthermore, care-leaving often results in the lowering of living conditions, and the loss of enriched schooling and activities. The emotional fallout of this experience is an uncomfortable mix of anger, confusion, excitement, fear and loss that stimulates renewed behavioral difficulties. This behavioral regression is exacerbated by a fear of rejection as relationships within residential care are typically healthier than those prior to entering care. Often a care-leaver will, when encountering an anxiety arousing experience, employ tactics that were successful in the past, even though they may now have, as a result of the programme, newer and more apt tools available.

The transition from residential care provokes a complex set of emotions, irrespective of the circumstances, which, without proper preparation, could result in relapses in behavior or the development of new problems upon departure. A well-orchestrated disengagement from

care can assist the care-leaver to rework past losses, achieve closure, employ more realistic expectations and develop an awareness of available support. The departure process must help the care-leaver to manage the separation experience, prepare for future separations, and resolve previous separation experiences (Frances, n.d.).

Pinkerton (2011) posits that there is a clear need for a planned and properly managed preparation process for leaving care. Additionally, he stresses the importance of early introduction to this process, as well as the direct involvement of the care-leaver as a primary stakeholder in the process planning and its ultimate implementation.

2.2 Different dimensions of re-integration

Reintegration as defined by Machel (2001) involves helping vulnerable youth return to society socially and economically. According to Koinonia (2005) reintegration refers to helping the child and his/her family move towards wholeness. It includes activities geared towards reducing stigma amongst the care-leavers, challenging them to acquire new socialization and behavior patterns, mature in dignity and creating the physical, emotional and psychological disposition for family reunion and sense of belonging to a family and the society.

Overall, the primary objective of reintegration is finding a family in which to place the child (Akello et al., 2006). Family based care, though considered as the conventional definition of reintegration, is not always admissible. Recent research emphasizes that this definition is inadequate especially when gauging its success. This has led to reintegration being defined as necessitating acceptance and having non-discriminatory and equal opportunity to learn, work and live within a community. Also, at times it may not be advisable to reintegrate the individual with his or her family. Alternatives to family arrangements may lead to greater success in some cases.

Reintegration is a long process that begins with field officers gathering information about the child, their village and family. These are contacted and invited to spend time together. Gradually, the family bonds are tied and, after monitoring that the situation is stable and safe, the child is brought back to their village home. Some institutions continue to provide

financial support towards education and living expenses, and regularly visit care-leavers to monitor their progress in terms of health and education, ensuring they are socially and emotionally happy.

Looking beyond age and the reasons for entering care, researchers have identifies a wide range of variables about the child, the family and the services that interact to determine whether the child returns home and the timing of the return. Packman et al (1998) identified different care-leavers, and different patterns of return home for three groups whom they characterize as 'the volunteered'; for whom out-of-home care is part of a family support service for families experiencing stress, mainly with young children. The second category are 'the victims'; taken into care in response to an allegation of maltreatment and the third being 'the villains' who enter care because of parental or societal concern about their behavior.

Looking specifically at those who entered care on care orders, Farmer and Parker (1991) looked separately at two groups who returned home: 'the protected'; mainly young children under the age of 10 who entered care because of concerns about abuse or neglect. The other category was the 'disaffected'; mainly children over the age of 10, though some were younger, who entered care largely because of challenging behavior or emotional problems, including delinquency.

2.2.1 Child Related Dimension

Gender does not appear to be a significant variable impacting on rates of reunification, when reason for entering care and age are held constant. A consistent finding is that, amongst young children entering care because of mistreatment, those who enter care because of allegations of physical, sexual or psychological abuse are more likely to be reunified than is the case for those who enter care primarily because of neglect. However, young children who have been severely injured, or whose sibling has been seriously injured, are less likely to return to their parents if the abuser is still in the home (Barth and Berry, 1987; Barth et al, 1987).

Children with learning disabilities and physical disabilities are less likely to return to biological families within the first year or so (Cleaver 2000; Sinclair et al, 2008; Landsverrk et al, 1996; Davis et al, 1997).

UK, USA and Australian studies have found that (leaving aside unaccompanied asylum seekers) children of African, African Caribbean, and Indigenous heritage, and children or mixed ethnicity are less likely to return to biological families within a fairly short time scale (Lu et al, 2004; Bullock et al,1998; Farmer, 2009; Tilbury, 2009). East and South Asian children and recent immigrant children are less likely to come into care, and more likely to return quickly to biological families. There is a correlation here with placement type and also with poverty and housing problems.

Children who have already had a one home return and have been readmitted, other than where this is part of planned family support, are less likely to return home (Sinclair et al, 2007). The pattern is less clear for those who enter care when past infancy and for reasons of challenging behavior or behavioral or mental health problems (George, 1990; Bullock et al, 1993, 1998). Wells and Guo (2003) found that children aged between 12 and 16 at entry to care were reunified at a slower rate than was the case for children entering when aged 8-11. Sinclair et al (2007) identified 'intermediate returners' or those who returned to parents or relatives between 6 and 12 months after entering care as mostly adolescents, often as a result of behavioral difficulties. Those returning to parents or relatives after two years in care are a more mixed group. Some are adolescents with behavioral problems, who return to the family home because they or their parents are dissatisfied with the care provided or because a long term placement breaks down (Fisher et al, 1986; Farmer and Parker, 1991; Schofield et al, 2007).

Tausig et al (2007) found that children with behavioral and emotional problems and challenging behavior were more likely to return to parents or relatives than children without these difficulties. Older returners experienced more problems at school and were more likely to take drugs and be involved in risky behavior. Landsverk et al (2006) however found that children with emotional and behavioral problems were less likely than those who did not have such problems to return home within 18 months of entering care. Successful home return is correlated with age of the child at the time of entry and reason

for entering care. Conversely, children who have had multiple changes of placement in care are less likely to return home, although Wulczyn et al (2003) argue that placement changes have a differential impact on whether the child is reunited with a parent or not. Lastly children are more likely to return home if they are determined to do so. Consequently they will not settle in the care-placement and may possibly run away from it (Thoburn, 1984; Pinkerton, 1994; Farmer and Parker, 1991)

2.2.2 Dimension related to the biological family

Children who enter care at the request of parents, most often single parents to tide them over a period of stress or an unexpected emergency are more likely to return home early (Millham et al, 1984; Packman and Hall, 1996; Bullock et al, 1993, Cleaver, 2000). Apart the temporary care, children from single parents are less likely to return home, and less likely to return home quickly, than those returning to two parent families. There is a higher likelihood that children (especially African American and Indigenous children) will come into care from poor families with housing problems and that these children will return home at a lower rate and more slowly. (Goerge 1990; Courtney et al, 2004; Rzepniki et al, 1997; Wells and Guo, 2004).

Children whose parents have multiple and long standing problems are less likely to return home (Goerge et al, 1990; Rzepniki et al, 1997; Sinclair et al, 2007). This includes those parents addicted to alcohol and drugs which culminates to neglect and other forms of maltreatment to the children. Rzepnikiet al (1997) and Jones et al (1985) found that there was a lower likelihood of children being reunified within a short time scale if this was the reason for admission, but others have not found this to be the case. Smith (2003) found that children whose parents complete drug treatment programmes are more likely than the generality of children entering care to return to parents.

Children whose parents and especially mothers, have chronic mental health problems are also less likely to return to biological parents before they reach adulthood. Children are more likely to return within a reasonable time scale if their parents are motivated to care for them and accept help to remedy the problems that led to care. Older children may also

return home if they are dissatisfied with the care they are receiving away from home (Thoburn, 1984; Cleaver, 2000; Farmer and Parker,1991; Farmer, 2009).

2.2.3 Foster carers Dimension

Children placed with relatives other than for short periods of respite or emergencies are less likely to return to biological parents than those in other types of placement (Wulczyn and Goerge, 1991; Geen, 2004; Rowe et al, 1989; Farmer and Moyers, 2008). Farmer and Moyers found that when children were placed with relatives, there was very little chance of them returning home. Though they also give instances when negative interactions between paternal and maternal sides of the family result in reunification plans not being achieved. Brandon and Thoburn (2008) however, found that these considerations applied in some cases, but in other cases relatives, especially grandparents, played an important role in providing short term, respite and emergency care.

Children are less likely to return home if foster carers would really like them to stay with them on a long term basis or adopt them (Fanshel and Shinn, 1979; Thoburn, 1980; Rowe et al, 1984; Aldgate, 1980; Thorpe, 1980). Conversely, return is more likely if foster carers and residential workers encourage the parents to visit, take steps to make the visit as comfortable as possible, and find arrangements to help the child identify with the biological family (Fanshel and Shinn, 1979; Millham et al, 1986; Cleaver, 2000; Thomson and Thorpe, 2003; Thorpe et al 2005, Thorpe, 2007).

2.4 Capacity of re-integrated youth to adjust to life in their families (natural or foster) based on the domains of wellbeing, safety and permanency.

Several studies in Europe have looked at strategies which could help vulnerable populations get the skills required in the world of work. These set of strategies are collectively known as the work integration social enterprises (WISE). Some of the WISEs are supported by governments (Bode, Avers and Schulz, 2004) while others are supported by social enterprises. The WISEs enable both occupational and social integration amongst other goals such as creating short term employment. The activities of WISEs mostly focus on occupational integration, combining training, social support, work activity and job placement. WISEs could also be viewed as intermediate labour market agencies, bridging

periods of joblessness and temporary employment. WISEs would certainly have a great effect in imparting competitive skills for employment and entrepreneurship amongst the care-leavers (Ochanda, Berhanu and Wamalwa, 2011). They stand for a holistic approach to social reintegration. They attempt to bring jobless people back in what can be labeled ordinary society by combining economic activities, social empowerment and infrastructure building, change public opinion, contribute to community development and in the production of goods or services deemed to serve the common cause (Borzaga, Gui, Povinelli, 2001).

On the other hand, it is not very clear why activities geared towards youth reintegration are very minimal in Nairobi and East Africa generally. One of the possible reasons could be the lack of financial support for such programmes. Hence, it is important that integration programmes that have the desired impacts be supported. While assisting the children reach maturity is important, guiding them in their initial maturity stage becomes of necessity. Research that is geared towards promoting reintegration solutions of the vulnerable sections of the community too needs support (Ochanda, Gebremichael, & Wamalwa (2011).

Sinclair et al's (2008) analyzed administrative data on 7,000 children in care institutions in England. They supplemented this data by survey and interview. They found that at least 23% of children entering care had had a previous admission to care. Earlier on Dickens et al (2007) found that 12% of the children who had returned home within a year of entering care, including voluntary admissions as well as those on care orders, had gone back into care by the end of the year. Failure rates for reunification are higher for cross-sectional studies of children returning home from care, since they include more 'long stayers'.

Farmer et al (2008) explored in detail the care and post-care experiences of a consecutive sample of 180 children who had been in care in England for at least six weeks and returned home to at least one parent in 2004-5. They were followed up for two years. A third was under five when they returned home, a fifth was between 5 and 10 and half were aged 10-14. 60% were admitted at the request of their parents, or without a court order being necessary and these were mainly older. Whilst 71% returned home from non-kin foster care, 8% returned home from kinship foster care and 13% from residential care. This study

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found a higher rate of 'unsuccessful' home returns, with 47% having returned to care at least once within 2 years. As with the Sinclair et al study, this higher rate than for some USA studies, is in part explained by the fact that this is a 'cross-sectional' sample, including more children who had been in care for several years and fewer recent entrants than in some of the USA studies. As with other researchers Farmer et al identified 'oscillators' (around a third of the sample) who returned to care more than once.

Looking at measures other than stability or placement breakdown, researchers argue that, for children entering care because of mistreatment or because of their own emotional or behavioral problems: Returning to biological parents is the placement that carries the greatest risk of poor outcomes. This is so whether placement stability, remaining safe from further mistreatment, or a range of well-being measures, are used as outcome indicators. The only outcome indicator on which reunification scores best, alongside placement with kin is having a sense of identity and personal history (Thoburn, 2009).

Swedish studies conducted by the Social styrelsen research institute are particularly important sources on long term outcomes, as data are available on all children in the population, including whether any entered care. Vinnerljung, et al (2005a) and Vinnerljung et al (2005b) provide data on long term outcomes for children born in the 1970s who had ever been in care, and compare them with cohorts receiving services in the family home; with those in the general population not recorded as having received a public child welfare service; and with those adopted from overseas. The first study focuses on educational attainment as the outcome measure and the second on suicide attempts or severe psychiatric problems. Although they do not specifically focus on children reunified with parents, they report on subgroups in short term and intermediate length care for whom one can infer that most of these will have returned to the family home. In the second study 9,418 were in short-term care, totaling less than 24 months before their 13th birthday, in either residential care or foster care or both and 2534 in 'intermediate care', 25-60 months, mostly in foster care.

When socio-economic and psycho-social status of parents were controlled for, all who had spent any time in care were at greater risk of psychiatric illness and suicide attempts than the general population, the risk being highest for those who remained in long term care and

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were not reunified. Those in short term care were at slightly lower risk than those in intermediate or long term care The risks for those in short term care were not dissimilar to the risks for similar children receiving a child welfare service in the family home. Boys were particularly vulnerable. In the first study a different large scale sample was used to consider educational achievement, measured in terms of completion of secondary and post-secondary education. The worst results were for those who had been in care during their teens, and also for those who had received a child welfare service in the family home in their teens. Those who experienced short or intermediate length care before their teens; those who received care in the family home and those who were in long-term stable care were statistically more likely to complete secondary or higher education than the first two groups, but still 'had a more than two-fold risk of being less educated young adults, compared with normal population peers with less-educated mothers' (Vinnerljung, 2005b).

Looking at re-abuse or experiencing further neglect after returning home as outcome measures, Farmer et al (2008) found that of the 52% of placement-homes that had not broken down, a third were assessed by the researchers to be of poor quality in terms of the quality of parenting and the risks to health, development and safety. They found the children who had not been the subject of care orders, as well as those who were known to have been mistreated, were at risk of neglect and poor parenting when they returned home. Brandon and Thoburn (2008) in an 8 year follow-up of a consecutive cohort of 105 English children suffering 'significant harm' found that more of those who remained at home throughout, and of those who had a brief stay in care and returned home and remained there, had poor outcomes, in terms of being again mistreated and being assessed as of poor wellbeing, than was the case for those who remained in care, or returned home briefly and were then placed in long-term care.

Thoburn (1980), Lahti (1982); Barth et al, 1987; among other researchers identify cases when children were re-abused, or exposed to continuing serious neglect, after returning home, some of whom did not return to care and remained in a neglectful or abusive family. For example, Jones (1998) found that 20% of 445 children, average age 4 years, returned home from care suffered neglect and 9% physical abuse after return home. Taussig et al (2001) reported that 21% of children returning to biological families had serious school

attendance problems compared to 9% who remained in care. The respective proportions involved in crime were 49%compared with 30%.

Re-entry to care is equated to placement failure. Fein et al (1983) found that some children who returned home and went back into long-term care subsequently had successful outcomes in adoptive or foster families. Packman and Hall found that children facing protection concerns found help when they were received into care. This becomes important when the request emanates from parents, or it is done without their active opposition. Conversely the care could have been recommended by professionals.

These researchers reported that, two years after entering care, for the majority of those who returned home and stayed there and those who returned for very brief periods to care (62% of their sample of 177 children who entered care) 'positive outcomes in parenting, parent child relations, material circumstances, risk factors, parental health and the child's schooling, behavior and health outweighed the negatives' (Packman and Hall, 1989, p 147).

Andersson (2005) followed up at intervals over 20 years a small sample of 20 children placed initially in residential care and then in long term foster care. She found that moves between foster care and biological family care can be associated with good long-term outcomes. Sixteen were reunified with a parent or relative and half of these remained there until adulthood. Ten were rated as of good well-being (five of these had returned to a parent and remained there till adulthood); two were reunified with a parent but then returned to foster care until adulthood and three remained with the same foster family as adults. Nine were in the 'moderate social adjustment' group (four of these were reunified and remained till adulthood, two were reunified and returned to care and three remained in stable foster care). Seven were in the 'poor social adjustment' group (four had been reunified and returned to care; one had remained in the same foster home; and two had had multiple placements in care). This study is particularly interesting because of the detail provided about the arrangements for contact between the biological and foster families, and the young adults' reflections on their attachments with their birth and foster families. .

The Dumaret et al (1997) French study is similar, although the data on outcomes are more positive. They followed up 59 children who had spent at least five years in foster care and were aged 23 or over. Records were scrutinized and most were interviewed. 27% went home before the age of 15 and 21% when they were aged or 17. As with Andersson, they found that the young adults primarily identified with their foster families or their biological families with only four having good links as adults with both (17 had good links with their biological families and 22 with their foster families).

2.5 Factors contributing to success or failure of the re-integration process

Reintegration is by no means a simple or uncomplicated process. There is some consistency amongst researchers in terms of the factors associated with unsuccessful return to parents, especially if those entering care when young for reasons of mistreatment and those entering care when older because of developmental problems, behavioral difficulties or delinquency, are considered separately. The majority of studies concentrate on the first group whereas other studies cover a broader age spectrum. Most researchers use cohort studies to compare stability/placement breakdown for children who returned home with placement stability for children in the same cohort who remained in care (Sinclair et al 2005; Hunt and Macleod, 1999; Taussig, 2001; Wulczyn, 2004, Pine et al, 2007). Some (including the experimental or quasi experimental design studies of Jones (1998); Festinger (1996), Fuller (2005), Farmer et al, (2008).

Interventions programs need to be geared toward the inter-related problems and deficits that youth experience. Making the transition to adulthood and productive adult role is difficult for almost all people. Hence young people need support in making these difficult transitions (Muko et al 2004). They do not magically become self-sufficient at the age of majority. Most young adults rely on support, both emotional and financial, of families and friends. If support is not available within those relationships human beings find other ways of coping and surviving. Most care-leavers do not have adequate social support, guidance, and positive modeling. They would hence benefit from comprehensive youth development interventions that include: life skills training, employment readiness, educational remediation, parenting and family planning, housing assistance, counseling for violence, alcohol and drug abuse, and relationship issues, family support, and cognitive therapy.

These are interventions that incorporate the issues and concerns facing care leaving-adolescent males (Wilkinson, 2003).

2.5.1 Child factors associated with risk of reintegration failure

- ❖ Young children taken into care because of neglect are more likely to experience a failed family reintegration than children who first entered care because of concerns about physical or sexual abuse.
- ❖ The child is in an older age group.
- ❖ Children with emotional and behavioral problems before and/or during care.
- ❖ Young people who abuse drugs or alcohol before and/or during care.
- ❖ Young people involved in crime when in care
- ❖ Children who have been in care for three years or more.
- ❖ The child returning home from care alone- children who return home with at least one sibling are less likely to re-enter care
- ❖ Children who have had several placements in care.

2.5.2 Family factors associated with the risk of reintegration failure

- ❖ Child originally entered care because of parental addiction problems.
- ❖ Child originally entered care because of parental mental illness.
- ❖ Parents had poor parenting skills after the return.
- ❖ Serious parental problems (eg intimate partner violence) had not been resolved when the child went home.
- ❖ Parental hostility towards the child or ambivalence about the return home. The child returning to a single parent, if compounded by poverty and poor housing.
- ❖ Serious financial or housing problems.
- ❖ Lack of support from extended family or neighbors.
- ❖ Changed family composition (but only if linked with adverse consequences for the child in terms of conflictual child/ step parent relationships).
- ❖ Conflict between siblings, especially step and half siblings.
- ❖ Non-compliance of parents with service plans when the child was in care and/or after return.
- ❖ 'False compliance' with plans and/or hostility to care-giver

2.5.3 Family factors associated with successful placement

- ❖ Parents are strongly motivated to resume care of the child.
- ❖ Parents' willingness to change and taking steps to do so (provided this is not 'false compliance'.
- ❖ No unresolved family problems when the child returned.

2.5.4 Organizational/ service factors associated with success in reintegration

- ❖ Abused or neglected infants and toddlers who return home within a few weeks or months of entering care are more likely to re-enter care and to experience abuse and neglect whilst at home than those who return after a longer period in care (but less than 3 years). Wulczun (2004) reports that around 25% of those who returned home after 18-35 months experienced breakdown compared with 30% who returned home after between 1 and 2 months in care. Wulczun and Wells and Guo (2004), commenting on changes in legislation and policy, note that children in recent years return more quickly from care, and suggest that children may be moved back home before sufficient change has been brought about in the family's material and emotional circumstances.

There are similar policies in Australia, Canada and the UK for children to return quickly from care to parents or relatives and trends towards a higher proportion returning to care.

- ❖ Poor quality practice and poor prior planning (Packman and Hall, 1989; Block and Libowitz (1983).
- ❖ Ryan et al (2006) and Brook and McDonald (2007) found *no association* between children who entered care because of parental addictions returning successfully from care, and their parents being mandated by the specialist 'addictions courts' to attend combined addictions treatment and child welfare services.

Majority of the homes that the children are rescued to cared little about their well-being; they kept no official records of their backgrounds.

Convincing parents that their child is better off within the family unit is difficult; especially when they see that they are receiving a good education and are being well cared for by the institutions.

Institutions must also accurately assess the family situation and ensure that they are financially capable of taking over care of their child. When reintegration is in their best interests but there are financial constraints, they offer assistance by paying the child's school-related costs and living expenses.

Many care leavers are orphans, having lost at least one parent. In cases where the father or mother has died, the family's financial condition is often extremely poor and too unstable to support their child. And where neither mother nor father is living, it is difficult to trace relatives and burden them with the care of an additional child. Finally, where a mother has re-married, the child is often not welcome into this new marriage.

2.3 Impact of Reintegration on care leavers

The journey out of care be it foster care or residential care, is a challenge for young people. A number of authors argue that care-leavers are among the most vulnerable groups in society. This is because of a conflation of factors including: a history of suboptimal care, repeated social dislocations as they move from one home to another; instant disruption from care into independent living, rather than a gradual transition into independence. The instant loss of social support, particularly as they graduate out of protection from the care institutions and other related benefits hence becoming exposed to inadequate aftercare services. Notwithstanding these cumulative vulnerabilities, many care-leavers do make a successful transition out of care and establish themselves in the adult world. Others may not appear to be as successful, but experience warm, supportive, genuine relationships that bring satisfaction and meaning in their lives (Ochanda, 2011).

It is a fact for instance that if the care-leavers are not well reintegrated, then the entire period and resources used in their rehabilitation would be considered a waste. A poor reintegration programme would push further the disillusioned care-leaver to crime and exploitation. Girls could be pushed to prostitution risking pregnancy, violence and diseases. Boys on the other hand risk premature deaths as they engage in untold acts of violence and crime. Other problems associated with poor reintegration activities include: the reintegrated youth will always be in and out of prisons (jail bugs), he or she will form a dysfunctional family, high level exposure to HIV/AIDS, difficulty to integrate into the world of work,

susceptibility to human trafficking, inability to undertake enterprise and employment for their own independence, high deaths due to suicides and violence (Ochanda, Nyambura and Wakinya, 2010).

2.6 Issues for advocacy at national and local level for effective reintegration

Through major changes to institutional policy as well as in the daily regime, the ill-effects of institutionalization can be minimized or even avoided. Advocacy should be aimed at avoiding 'warehousing of children' and strengthening their emotional resilience and increasing their capacity for learning. The deinstitutionalization strategy should be anchored on effective tracing, reunification and reintegration as processes on a continuum, which ensure that children remain integrated with society to which they will be returned. Empowerment is desperately needed in on every level mentioned in the reintegration process. Individuals need to be empowered to make the decisions which impact their lives; however, this in isolation would prove useless unless other levels of influence are also taken into consideration. Empowerment efforts therefore are needed to strengthen families and communities to enable them take responsibility for care-leavers, providing them meaningful opportunities to participate in the society. Finally, the government should consider providing an opportunity for care-leavers to project their voice and agency not only in their own former care institutions, families and communities but also on the national stage.

2.6.1 Tracing

Tracing of families, relatives or looking for foster parents for the children in residential care can be a strenuous process that requires professional fortitude. CCI's experience reveals that some family members avoid identification fearing that the child will be immediately discharged into their care. In most cases the family circumstances require intensive intervention before the child is brought into the picture.

The Children's Act provides that a designated social worker to facilitate the reintegration of a child and must investigate factors which caused the child to leave home; address those causes and take precautionary action to prevent a recurrence; and provide counselling to both the child and the family before and after reintegration. Reintegration is a relatively

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short process which follows after effective social work intervention. The success of the pre-placement intervention is determined by the efficacy of the social work services while their consistency and sufficiency which will determine the stability of the placement. Thus, in the absence of effective support from the statutory social workers, institutional social workers often need to run support programmes to create conducive atmosphere for effective reintegration.

Reintegration ensures the maintenance of continuous, frequent and regular contact with an adult outside the institution which enables the child to cope while in care. Even when the child's own family are indifferent or rejecting, and when the child had never lived permanently with the parental substitute, this is needed. Crucially the child needs to find someone who cares sufficiently to maintain a stable and enduring relationship. Upon satisfaction with the degree of integration, the social worker makes recommendations for placement. This reintegration process should be given adequate professional follow up to ensure the health, safety and security of children during at least two years of initial bonding.

2.6.2 Learning from experience

There is evidence that institutional care differs both in quantity and quality from that of a normal family. The younger the child on admission and the longer s/he remains institutionalized, the more likely that many aspects of his development will be adversely affected. With this reflection, programming needs to be improved in the following main ways:

- ❖ That childcare is no longer simply a matter of physical care, but a mixture of child-focused, professional-intensive processes aimed at providing effective therapy, holistic child development and eventual reintegration.
- ❖ Through the process of matching children to families, realize that childcare services must be culturally relevant as institutions operate in representative capacity for those communities they serve.
- ❖ Professional follow-up support and material provision are integral components of reintegration for most deprived families.

❖ Training and support for foster families need to be carried out as a continuous process to ensure effective resettlement of children.

2.6.3 Issues in the policy arena that affect successful delivery

Pringle (1980) states that, a willingness to devote adequate resources to the care of children is the hallmark of a civilized society as well as an investment in the future. However, reality on the ground is that the Department of Social Development suffers from serious underfunding as evidenced by:

2.6.3.1 High staff turnover among 'designated social workers'; Decisions about placements are often delayed while new staff becomes familiar with the case. A child's file can be transferred to two or three social workers a year, who would all leave without having contact with the child. In this regard, case supervision by the statutory social workers is impossible. CCI's have thus had to rely on their institutional social worker relying only on the statutory social worker for legal processes.

2.6.5 Large caseloads: The designated social workers' capacity is devoted to dealing with crisis work because of inadequate staff and resources. Follow up support is also done by the institutional social worker to ensure effective integration. Institutions are not adequately funded to carry out follow up support, yet it is necessary to ensure the success of child placements.

2.6.6 Marginal institutional grants do not match statutory standard service requirements and limit institutional capacity to implement effective programmes. Tracing, rehabilitation and reintegration processes are integral components of an effectively managed care programme. While statutory social workers are too few or too busy to do it, institutions are not funded to do so either. Effort needs to be put towards resource allocation and matching policy to practice. Reintegration policy is structurally neglected yet institutions are not funded to implement it.

2.6.7 Implications for reintegration programmes

CCI's de-institutionalization processes are intended to ensure that care leavers are given the same level of care and support their peers would expect from a reasonable parent and that they are provided with the opportunities and chances needed to help them move

successfully to adulthood. In the face of marginal statutory support, child care organizations need to find ways to source funding to deliver programmes ensuring that:

- ❖ Every child in care receives a comprehensive pathway plan that maps out a clear route to independence.
- ❖ A multi-disciplinary team is designated as an adviser who will coordinate the provision of support and assistance to meet the needs of the young person, with emphasis placed on helping the young person into education, training or employment.
- ❖ Continuing assistance for care leavers aged 18 to 21, especially with education, life and employment skills, which should be provided and continued to the end of the programme, even if it takes some past the age of 21.

2. 7 Individualized Programming

Re-integration programs must be individualized in order to provide children and youth the greatest opportunity to succeed in life. An alternative to creating individualized skill based programming could be sending these individuals to a proper school where they can choose their own future (Lenz, 2009).

Children and youth must be provided a voice and be actively involved in planning their future. This not only applies to education and employment but also in regards to where they would like to reside. Children and youth should not be forced to return to their parents and families under the assumption that this is the best place for them. It is potentially much more harmful than helpful. Alternative living arrangements could be explored where the family placement is not admissible.

Programming must be flexible and take into consideration unique experiences, skills, strengths, and individual, family and community characteristics which impact on reintegration efforts. The specific factors that contribute to the success or failure of such reunions must seriously be explored and integrated into planning and policy. Changing structure of family and community must always be considered and programs must be responsive to these changes.

2.8 Services and Supports

CCIs should be restricted to providing shelter, family tracing services and assessments of living arrangements. While this is occurring the child or youth must be provided adequate medical care and receive referral to community programming and supports. Community programming must be inclusive to all community members to avoid labeling and stigmatizing the returning child or youth to a greater extent than already exists. These programs should focus on empowerment and leadership training to improve upon their self-esteem and sense of agency within their communities. Also, these programs should strengthen the skill sets they already have and explore opportunities within the community for these individuals to use those skills. Families must be provided more assistance and follow up upon receiving these children and youth back.

2.9 Summary

Children depend on adults for their well-being, care and education; they have no vote or voice in the running of the community, either at local or national level; and resources devoted to them are society's investment in tomorrow's parents. For all practical purposes of social policy, we must act on the assumption that the environment is of over-riding importance and that the early years of life are particularly vital. The implication of piecemeal social investment is high crime rate, drug abuse, alcoholism, HIV/AIDS and eventually diminished morality. Hence a long-term policy for children must be based on improving the quality of family care and of education from cradle through adulthood. This requires a different attitude to parenthood and child rearing and a willingness to provide adequate services to families and children.

CHAPTER THREE RESEARCH METHODOLOGY

3.1 Introduction

This chapter outlines the research methodology including the research strategy, study design and method of data collection and data analysis used to conduct the study. The chapter addresses a number of ethical issues such as confidentiality and informed consent.

3.2 Research Design

Qualitative research comes from an interpretative perspective and is concerned with interpreting and understanding phenomena through the meanings that people attach to them (Greenhalgh, 2001). There has been a substantial growth in recent years in the use of qualitative methods when conducting research with young people and an interest in obtaining information directly from young people which explores their own perspective on their thoughts, feelings, experiences and opinions (Smith and Ravenhill, 2004). Given these considerations, along with the fact that qualitative research can give a richness and depth that is unlikely to be obtained through other methods, as it involves personal contact and insight and places the findings in a social, historical and temporal context, a qualitative research strategy was selected for this study. As the study was exploratory in nature it therefore fits with an approach emphasizing the generation of theories, rather than testing current theories as is inherent in quantitative research (Bryman, 2004). The nature of the study, with its focus upon understanding the views and experiences of young people's journey through the reintegration processes that impact on their current living situations, is consistent with an interpretive epistemological position. Therefore an exploratory and descriptive design was employed in this study.

3.3 Sampling

An interpretative approach, qualitative in nature, was adopted for the study. The research methods employed included a combination of purposive (Patton, 1990) and targeted (Watters and Biernacki, 1989) sampling strategies both are deliberately non-random methods of selecting participants for research. Both allow individuals to be selected because they have knowledge relevant to the research (Bowling, 2002). Criteria for inclusion in the current study were being a care leaver with a history of institutional care. One of the factors which influenced the decision to include young people was the

researcher's belief that the evidence of the older care leavers was significant in demonstrating that the transition from institutional care is an extended process that can take longer than two years. The definition of care leaver which was used for the purposes of defining the parameters of the study population was as follows: any adult who spent time as a child under the age of eighteen years in residential care. This care would have been approved by the State through a court order or on a voluntary basis. It can range from as little as a few months to as long as ones whole childhood (eighteen years). The care could have been provided directly by the State or by the voluntary sector.

An important component of the community assessment process was that the service providers were able to identify possible participants and provide introductions. The process of negotiating the conduct of the interviews was often initiated by workers within the individual services and agencies who informed the young people about the study. The researcher was then introduced to them and at this stage, all prospective participants received detailed information on the aims of the research and the demands, in terms of time and so on associated with participation. In other instances direct contact was made with young people during the course of conducting fieldwork. In total, fifty seven participants were recruited for the study.

3.4 Data Collection

Interviews have been used extensively for data collection across all the disciplines of the social sciences and it is now generally agreed that interviewing is a key method of data collection (Briggs, 1986). Semi-structured interviewing is a type of interview which researchers use to elicit information in order to achieve a holistic understanding of the interviewee's point of view or situation (Bryman, 2004). Given that the aim of the research was to explore the views, experiences and challenges experienced by care leavers, semi-structured interviews were considered the most effective method for addressing this aim.

Interview schedules were designed to allow for flexibility in structure and content in order to facilitate the exploration of circumstances and experiences in response to the accounts of individual participants. The interview itself was informal in tone, this format was adopted to maximize clarity and to help the participants focus on particular events and experiences during different phases of their journey into, through and from the institutional care. The

semi-structured format was advantageous in the present study because it did provide a high degree of consistency but also allowed the interviewer to probe further at times. As such it was adaptable and allowed the interviewer to 'follow-up ideas, probe responses and investigate motives and feelings' (Bell, 1999: 135). This adaptability has been highlighted in other studies concerning the same subject group (McGree, Mc Evoy, Brown and Mc Cormack, 2006).

Secondary data was collected from the websites of the various companies, journals and relevant texts. The researcher obtained an introductory letter from the University to collect data.

3.5 Reliability and Validity:

By striving to ensure reliability and validity in the research process it was important to emulate the scientific method in striving for empirical groundedness, generalizability, and minimization of bias (Hammersly, 1992). In defining reliability in qualitative research, Franklin and Ballan (2001: 273) refer to the work of LeCompte and Goetz (1982) by describing the concept 'as the extent to which the set of meanings derived from several interpreters are sufficiently congruent'. In effect it relates to the extent to which other researchers using the same research approach would come to the same conclusions (Kirk and Miller, 1986). Miles and Huberman (1994) suggest a number of methods of assessing reliability specifically in qualitative research. They emphasize a number of issues, including the following, clarity in the research question, the importance of detailing the role and status of the researcher and was the data collated according to the procedure set down in the research question? In the present study various methods were employed to increase reliability. These included examining participants' responses across alternate form questions (Franklin and Ballan, 2001). Due to the nature of the semi structured interview this allows the interviewer flexibility in terms of sub-questions to ensure that the participant has a clear understanding of the topic. In the present study standard probes were used to explore issues further with the participants and also to ensure that they understood the question. Emphasis was also placed on ensuring a proper and efficient procedure for data collection. Detailed records were kept of each interview, including transcripts of the interview itself. In addition, the formulation and preparation of the interview schedule as

well as the pilot interview process were beneficial in striving for greater reliability in the research findings. Validity refers to the ability of the 'researcher to see what they think they see' (Franklin and Ballan, 2001: 279). With reference to validity in the present study, the following methods were employed, the use of the narrative of the participants, the use of quotes from the participants as well as the appropriate use of related literature to support the findings all assisted in increasing validity.

3.6 Data Analysis

The researcher edited completed questionnaires for completeness and consistency. Data clean-up followed this process involved editing, coding and tabulation in order to detect anomalies in the responses and assign specific numerical values to the responses for further analysis.

The data was then be analyzed using descriptive statistics. The descriptive statistical tool (SPSS V.20 and Excel) was used to help the researcher to describe the data. Likert scale was used to analyse the mean score and standard deviation. The findings were presented using tables and graphs for further analysis and to facilitate comparison. This generated quantitative reports through tabulations, percentages, and measure of central tendency.

3.7 Limitations

One of the limitations of this study involved the area of generalization. This study was conducted among a small group of care leavers (fifty seven) during a particular time frame. There is no evidence to support that this study's findings reflect populations of care leavers in other cities, and therefore, should not be generalized to them. A second important limitation into the data produced in this study may be the retrospective nature which may prompt concerns about the reliability of the participant's recall of past events particularly for those with chaotic and/or transient lifestyles. A third limitation may include the low number of female participants. A balanced gender group may have produced different results. While disadvantageous, this limitation could be said to be somewhat minimized by the fact that the female participants experience of institutional care and leaving care differed little with that of the male participants perspective.

3.8.1 Ethical Issues

Ethical considerations play a very important role in all research studies (Oliver, 2003). Conducting research with what is perceived to be a vulnerable group can present specific dilemmas, and researching such a group is challenging for the researcher and demands careful thought and consideration of the methods and process adopted (Duerr Berrick, Frasch and Fox, 2000). With the ultimate aim of enabling and ascertaining the views of young people, there is the corresponding need to ensure that they are not subjected to exploitation and that clear standards are adhered to. In reviewing a selection of the literature concerning ethical approaches to research, the following principles are generally agreed upon, clarity in the aims and objectives of the study, honesty with and a responsibility to the subjects, and a commitment 'not to harm' (Kane, 1995, Bell, 1999). The ethical issues inherent in this study included ethical approval, informed consent, confidentiality of information and the anonymity of participants.

3.8.2 Ethical Approval

Ethical approval for this study was sought during the planning stage of the study and was granted by the steering committee of Vulnerable Youth & OVCs Organizations' Network. The Ethics Committee recommended that all participants be offered a list of support services that they could contact and a support person from the various centres that would be facilitating the interviews be made available to the participants after the interview. The researcher acknowledges that above all else the welfare of the participants, including their mental and physical health and safety is paramount, thus a list of support services was furnished to each participant in the four centres where the interviews were carried out along with an identifiable support person should they need to talk about any issues after the interview.

3.8.3 Informed Consent

Letters were provided to the identified centres to explain the purpose of the study and what involvement would entail for potential participants. Potential participants were given time to decide whether they would like to participate. The participants of the required legal age gave their own informed consent, voluntary informed consent was obtained prior to commencement of the interview. As it is increasingly required that researcher's obtain

written consent from participants rather than relying solely on verbal consent (Miller and Bell, 2002) written consent was obtained from participants using a consent form which had previously been scrutinised by the Ethics Committee.

3.9 Confidentiality

In terms of discussing privacy and confidentiality in research studies with young people who have been in institutional care, there are the practical considerations that the researcher must adhere to, but there are also other reasons why adopting such an approach is necessary. Confidentiality encompasses both gaining access to a sample group and addressing consent issues (Cree, Kay and Tisdall, 2002). Its importance is linked with general principles characteristic of an ethically responsible study, including being clear as to the aim and objectives of the study, a commitment not to do any harm and a respect for the participants in the study. Being clear at the beginning as to what is meant by anonymity and confidentiality makes the process more manageable (Bell, 1999). Essentially disseminating research findings can involve recounting quite personal details of the participant's life. Ensuring that individuals cannot be recognized from the findings is important. This task becomes more difficult in smaller studies involving a limited population from an identified geographical area. In addition it has been highlighted how challenges related to confidentiality are greater in qualitative research as opposed to quantitative research where techniques can be employed to ensure anonymity (Shaw, 2003). The confidentiality aspect and safeguards to ensure anonymity were outlined to all the participants during the initial stages of the study.

Participants were assured that the data collection for the study would be treated in the strictest of confidence. The computer on which the data would be stored would be password protected and paper records would be secured in a locked cabinet where the researcher would have the only access. The participants were also advised that all data with identifiable information, as well as taped interviews, would be destroyed within one year following full completion of the research study (Reamer, 2001). The anonymity of participants would be protected to ensure individuals would not be identified at any point in the study. All names and contact details were stored separate to interview transcripts, and each transcript was identified by an individual code and not the young person's name.

Participants were also informed at the outset of the interview that if they disclosed any information which indicated they were 'at risk' or 'in danger' it was the obligation of the researcher to inform a relevant individual as recommended by Mahon, Glendinning, Clarke and Craig (1996). None of the participants expressed concern about such an arrangement. Indeed, many of the participants seemed to be highly familiar and comfortable with this exception to confidentiality, which may have been a result of their previous experiences within the institutional care system. Despite such awareness, all of the participants were reminded during the interview process whenever it was appropriate to ensure that they had no doubts or misunderstandings regarding the decision to disclose information. On the whole, this did not emerge as an obstacle to the collection of data or development of rapport in the study. Over the course of the interview process, participants did enquire if their friends had participated in the research. In these circumstances, the researcher explained that such information could not be disclosed for confidentiality reasons and again the issue of confidentiality was expressed and accepted.

3.10 Protection from Distress

It is acknowledged that some of the issues raised during the interview process could cause distress or sadness for the young person involved. Prior to the interview the young person was informed that if they found any issue upsetting them the process could be halted. The researcher approached the interview process itself in a sympathetic manner and listened to and observed the responses of the participants. The venue for the interview was important in this regard and the young person was informed that they could choose a setting that they were comfortable with. Upon completion of the entire interview process, the researcher made contact with all of the participants that were interviewed to ask them if they were happy with the process and if they had any concerns or anxieties following the interview. Also, it was agreed that a summary of the research findings would be sent to all of the participants who were willing to receive one following completion of the study.

3.11 Summary

This chapter provided a detailed insight into the research methodology. It highlighted the appropriateness of an exploratory and descriptive strategy and design for the purpose of the study and the suitability of semi-structured interviews for meeting the research aim. The

chapter conveyed the detailed and effective nature of the data collection and data analysis process. The chapter identified a number of methodological issues that occurred during the research. The findings that emerged from the methodological process are presented in the following chapters.

DATA ANALYSIS AND INTERPRETATION

Introduction

This chapter discusses the interpretation and presentation of the findings. The findings entail responses from care-leavers of CCIs. Data was collected from 12 CCIs. They included Ndugu Mdogo home, Kivuli Centre, Kwetu home of peace, Anita home, Maisha Poa, Girl child home for the homeless, New Horizon Center, SOS Children's Villages Kenya, Undugu Children's Home, Don Bosco, Feed the Children and Cheryl's children's home.

Children facing difficulties such as abuse or neglect are referred to CCIs by children department, parallegals, the courts, police, local administration and the community. After admission they are usually committed to the CCIs by the courts for an initial period of three years which is renewable.

Age of the Respondents

The respondents were asked to indicate their ages. This is summarized in Table 1 below.

Table 1: Age of the Respondents

	Frequency	Percent (%)
11 to 15	3	5.3%
16 to 20	32	56.1%
21 to 25	13	22.8%
26 to 30	7	12.3%
31 to 35	1	1.8%
36 to 40	1	1.8%
Total	57	100.0%

According to the findings, most of the responses (56.1%) emanated from respondents aged between 16 to 20, followed by 22.8% aged 21 to 25, 12.3% between the ages 26 to 30, 5.3% between the ages 11 to 15 and 1.8% between the ages 31 to 35 and 36 to 40 each.

Gender of the Respondents

The respondents were also asked to state their gender and the results summarized in figure 1 below.

Figure 1: Gender of the Respondents
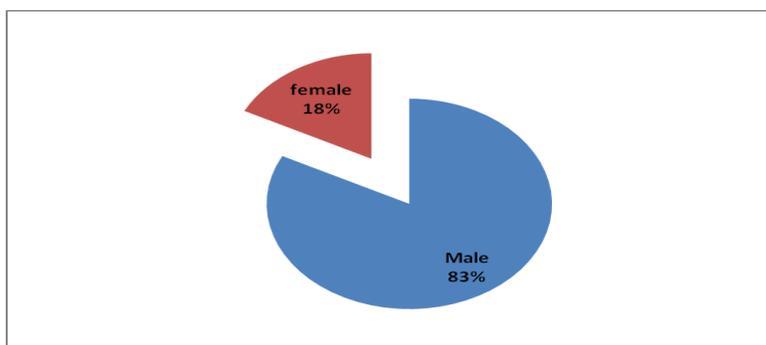
Out of the 57 respondents, 82% were males and 18% were female.

Respondents who have been in a CCIs or a children home

CCIs are children institutions which have been inspected and certified by government that they are of the best quality in providing child protection and assisting vulnerable children with shelter and other basic necessities of life.

The respondents were asked to state if they had been to a CCI or a children home. The findings have been tabulated below.

Table 2: Respondents who have been in a charitable children institute or a children home

	Frequency	Percent
Yes	56	98.2%
No	1	1.8%
Total	57	100.0%

As per the findings, 98.2% of the respondents said they had been to a CCI or a children home whereas only 1.8% had not been to such institutions. Those who were not in a CCI, had a relationship with institutions as beneficiaries of drop in centers or outreach programs supported by the CCIs.

Where respondents were before joining the CCIs

The respondents were asked to state where they were before joining CCIs. Figure 2 illustrates the findings.

Figure 2: Where respondents were before joining CCIs
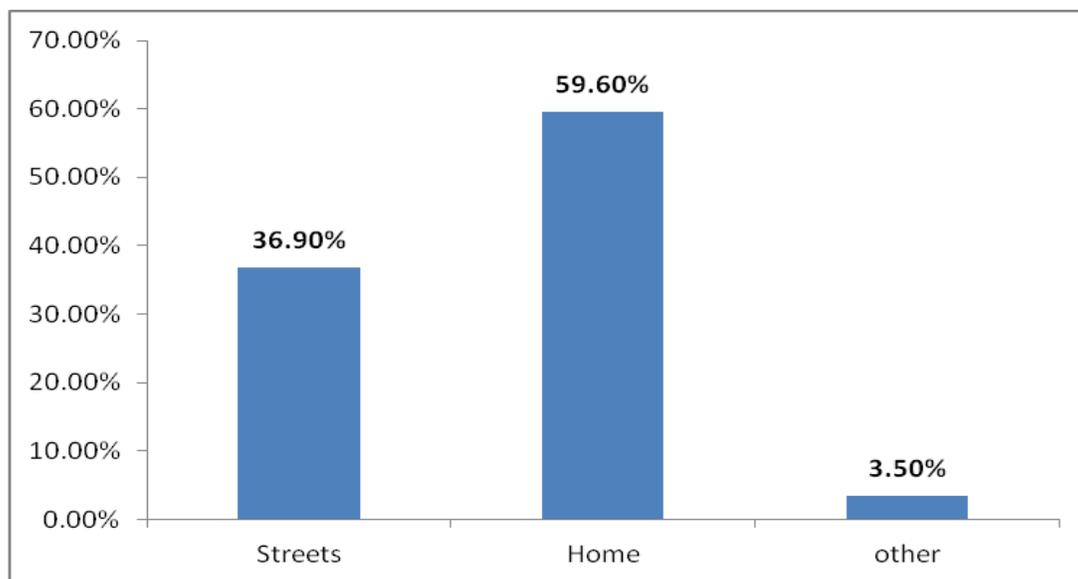
From the findings, 59.6% indicated that they were at home, 36.9% said they were in the streets while 3.5% said they were in other places such as friend's place, borstal institutions or remand.

Length of time the respondents were in the CCI

The respondents were further asked to indicate the length of time they had been in the CCI. The results are as tabulated in Table 3.

Table 3: Length of time the respondents were in the CCI or Children's home

	Frequency	Percent (%)

1	4	7.0%
2	5	8.8%
3	7	12.3%
4	10	17.5%
5	7	12.3%
6	4	7.0%
7	3	5.3%
8	3	5.3%
9	2	3.5%
10	2	3.5%
10and above	9	15.8%
Never	1	1.8%
Total	57	100.0%

17.5% stated that they had been in the institutions for 4 years, 15.8% had been in the institutions for 10 years and above, 12.3% had been in the institutions for 5 and 3 years each, 8.8% had been in the institutions for 2 years, 7.0% had been in the institutions for 6 and 1 years each, 5.3% had been in the institutions for 7 and 8 years each, 3.5% had been in the institutions for 9 and 10 years each whereas 1.8% said they had not been in the institutions.

Respondents state of happiness in the CCI

The study sought to establish respondents experience in the institutions, the respondents were requested to state whether they were happy or not in the institutions.

Figure 3: Respondents state of happiness in the CCI
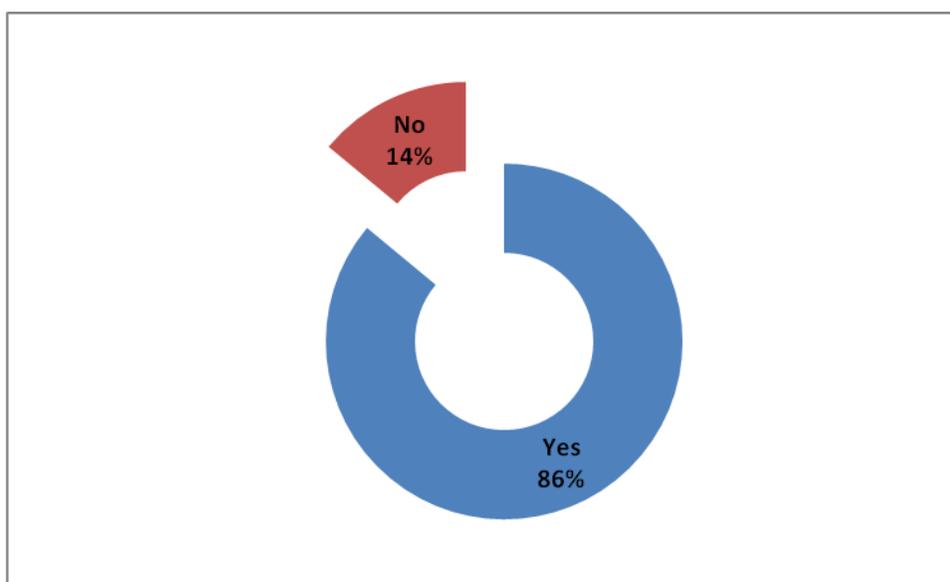
Majority (86%) of the respondents agreed that they were happy in the institutions and 14 % disagreed to this.

In light of this, the respondents were asked to give reasons as to why they felt happy or unhappy about the CCI.

Those happy said that institutions provided many things that parents were unable to provide i.e. basic needs, offered a comfortable life unlike home, offered an opportunity to make friends, provided them with education, provided a guardian, the workers are social and loving, nurtured their talent and facilitated reforms in behavior. This means that CCI's is a source of comfort for most children facing difficult situations at home.

On the other hand, those who were unhappy with CCIs cited loneliness as they were not able to make friends, sometimes they experienced food shortage and a dearth of other basic needs which they blamed on misappropriation of funds by CCI management, they complained of mistreatment and also lack of child complaints procedures.

Respondents reasons for leaving home and joining a CCI or children's home

This section provides an overview of the dominant push-factors necessitating joining the CCIs.

Table 4: Respondents reasons for leaving home and joining a CCI or children's home

	Frequency	Percentage
death of mother	5	8.77
death of father	4	7.02
loss of both parents	10	17.54
lack of guardian	3	5.26
difficult to stay with parents	16	28.07
poverty at home	23	40.35
violence at home	5	8.77
lack of food at home	7	12.28
abuse at home	3	5.26
a difficult home environment	11	19.30
peer pressure	4	7.02
Search for freedom and independence	3	5.26
Total	**94**	

According to the findings, poverty at home, 40.35% was cited as the biggest push factor to the CCIs, followed by difficult to stay with parents (28.07%), 19.30% cited difficult home environment. 17.54 experienced a loss of both parents, then 12.28% lacked food at home, 8.77% cited violence at home and death of mother in each case, death of father and peer pressure were also cited by 7.02 in each case, lastly search for freedom and independence, abuse at home and lack of guardian were cited by 5.26% in each case. It is apparent that most of the study's participants came from difficult family circumstances such as loss of parents, abandonment, abuse, neglect or poverty.

Other institutions where the respondents were before joining CCIs

The respondents were asked if they had been to any other institutions or places apart from the CCIs since leaving their family homes. Table 5 below illustrates the study findings.

Table 5: Other institutes where the respondents were before joining CCIs

	Frequency	Percent (%)
drop in center	12	21.1%
Remand	6	10.5%
Jail	2	3.5%
lived in the streets	8	14.0%
got employed as casual	3	5.3%
invited to live with other people	2	3.5%
hosted by friends	4	7.0%
I have not been to any other institution/place	20	35.1%
Total	**57**	**100.0%**

35.1% indicated that they had not been to any other institution or place before joining the CCI. This means that they joined CCIs straight from their family homes. 21.1% said they had been to a drop in center, 14% had been living in the streets, 10.5% had been to remand, 7% had been hosted by friends, 5.3% had been employed as casuals while 3.5% had been in jail and invited to live with other people each. This shows that many of the respondents had been exposed to risky and hazardous environments before joining CCIs. Although most young people during this period are investing a large part of their daily energies in educational settings, the participants in this study did not have this luxury as they were looking for shelter and other means of survival.

Respondents hosted by friends said they did so in order to continue with their education or because their friend was kind. Those employed as casuals and living on the streets did so in order to meet their basic needs. The working children are mainly as a result of domestic

trafficking, where parents give their children to relatives in the hope that they would be assisted get education. However, relatives instead of assisting these children, turn them to slaves. At times poor parents may push their children to the streets to fend for themselves and also to help in contributing to ease the burden of family expenses. However those in remand and jail pointed out to reasons such as, trafficking drugs, stealing, criminal suspicion and petty offences.

Year respondents were reintegrated

The study went further to ask respondents the year they were reintegrated. The findings are as shown in figure below.

Figure 4: Year respondents were reintegrated
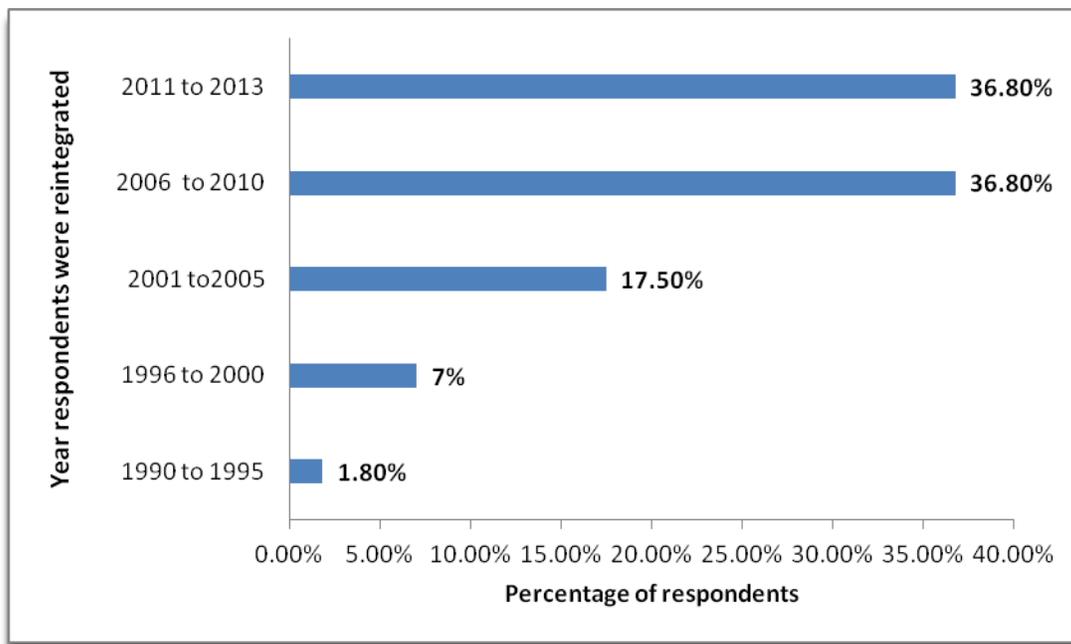
36.8% of the respondents were reintegrated in 2006 to 2010 and 2011 to 2013 each.17.55 were reintegrated in 2001 to 2005, 7% were reintegrated in 1996 to 2000 and 1.8% were reintegrated in 1990 to 1995. This implies that the institutions have been running and undertaking the reintegration activities for a long period of time with a higher rate of implementation of the reintegration process taking place in recent years.

Respondents' reintegrated back to family

The respondents were then asked to state whether or not they were reintegrated back to their families. The study findings are explained below.

Table 6: Were the Respondents reintegrated back to family?

	Frequency	Percent (%)
Yes	48	84.2%
No	9	15.8%
Total	57	100.0%

84.2% respondents were reintegrated back to their families and 15.8% were not.

With this in mind, the study further probed the respondents for the reasons behind their reintegration placement.

Reasons for reintegration

The reasons behind the reintegration according to the respondents were; The institutions felt it was time for reintegration, respondents were able to face the challenges that drove them out of home and had also come of age, the institutions were able to trace the family, the respondents parents were ready to take them back, respondents CCI was closed down, a need for the respondents to further their education and according to one respondent, the institution gave up on having him as he was a difficult case.

Reasons for non-integration

Respondents who were not reintegrated to their families cited loss of their files and the fact that their families could not be traced. For others the situation at home was still the same in comparison to when they had left or had deteriorated. Others expressed fears that they would be abused as had happened in the past, since the perpetrator was still at home. In some other cases, parents shift from their present residence without disclosing making it difficult for them to be traced. These were the reasons prompting them to continue staying in the institution or feeling that home-reintegration is not appropriate.

Family challenges encountered by the respondents during the reintegration process

Respondents indicate whether they had encountered family problems during the reintegration process. The findings are illustrated in figure 5 below.

Figure 5: Family challenges encountered during the reintegration process
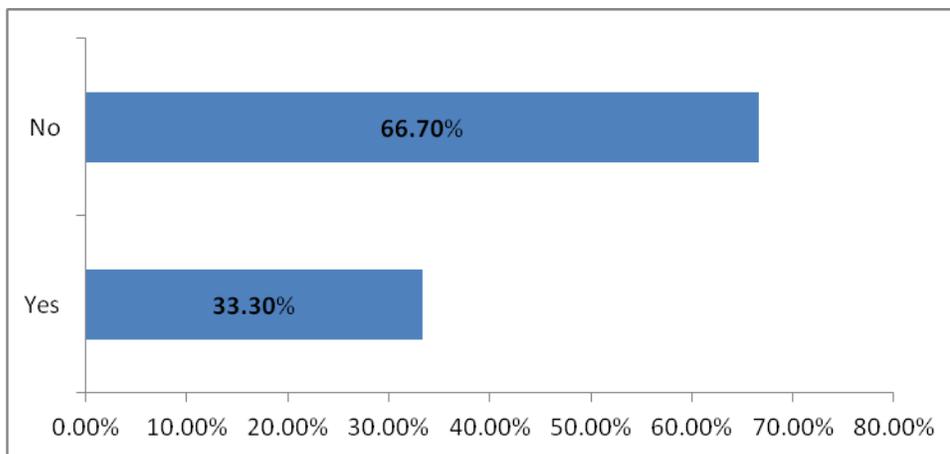
66.7% indicated that they did not encounter major reintegration challenges in their families while 33.3% said that they encountered challenges.

The respondents were then asked to cite reasons as to why they were of the opinion that they encountered or did not encounter family challenges during the time of reintegration. Those who faced challenges gave the following reasons: mother was sick or bed-ridden, aggressive parents and lack enough food to eat, the care leaver was sick and could not afford medical attention, change of environment, unconducive environment for studying, not being used to the family members. Conversely, those who did not encounter major family challenges accredited this to the fact that they had learnt to do the right things from the CCI as well as appreciating their background and that they continued with education

Respondents opinion of the reintegration process

In order to determine the impact of the reintegration process, the respondents were asked whether they were happy with the reintegration process.

Figure 6: Respondents' satisfaction with the reintegration process
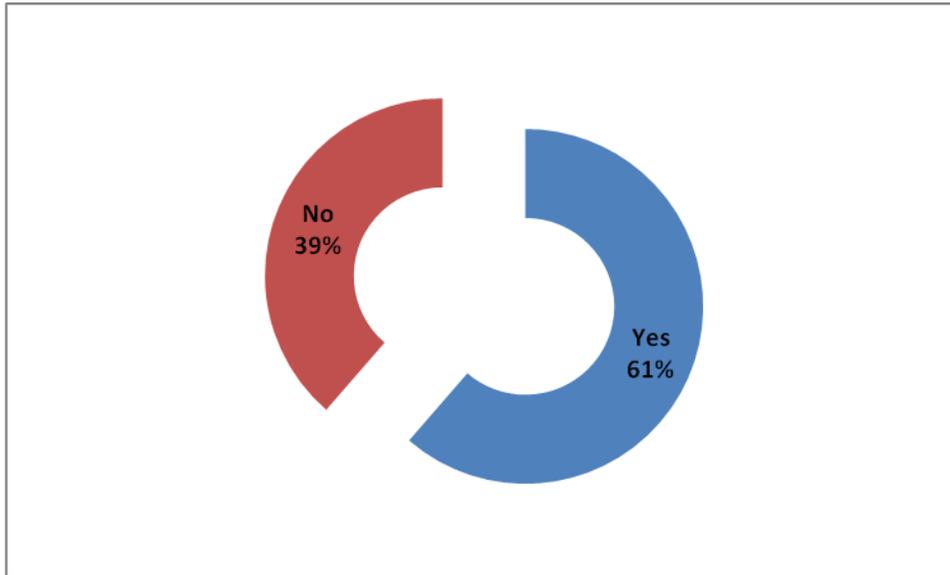
61% of the respondents were happy with the reintegration process and 39% were not. The respondents were requested to give the reasons for their opinion on the reintegration process.

Those happy with the process said it was because it gave them courage to face life outside the institution, they were happy to be re-united with their families, CCI staff organized for life skills trainings and were following up on their progress. Other respondents were happy of the fact that they got to know their family after having been dislocated from it. The opportunity to reunite with their families also meant that they continued with school. The last reason given was that they were happy to leave the CCI as they created room for others who needed help.

Those unhappy with the reintegration process said it was because: they felt like they were a burden to their families and that their education was greatly affected. Their family situation had also not changed at all. CCI staff on their part did not follow the right procedure for their disengagement and ultimate reintegration. Reintegration in other instances was equated to punishment and this would occur when the child is either stubborn, disliked by CCI staff or he or she is undisciplined or a delinquent. They complained of there being inadequate or no follow up after reintegration-placement. Lastly they felt that the process was carried out harshly, hastily and that after it the CCI withdrew all after-care support.

Factors that facilitated respondents reintegration to the society

The study to determine the factors that facilitated respondents' reintegration to the society. The study findings are tabulated below.

Table 7: Factors that facilitated respondents' reintegration to the society

	Frequency	Percentage
Family	25	43.86
foster family	2	3.51
the CCI	22	38.60
CCI older members	2	3.51
CCI alumni association	5	8.77
local religious organisation	3	5.26
School	9	15.79
College	3	5.26
talent association	7	12.28
The government	2	3.51
Reintegration oriented organizations	2	3.51
None	3	5.26

Family was the most common factor that facilitated the success of the respondents reintegration process (43.86%). CCI's enhanced the success of the reintegration for 38.6%, 15.79% felt that schools helped them in this process. Other important facilitators of the reintegration process included talent association (12.28%), CCI alumni associations (8.77%), college (5.26%), local religious organization (5.26%), foster family (3.51%), CCI older members (3.51%), the government (3.51%) and reintegration oriented organizations

(3.51%). 5.26% of the respondents could not attribute any factor as facilitating their integration to the family or the society. This implies that family and the CCI's play a major role in the reintegration process as well as other institutions and individuals such as schools, talent association e.g. the local football team, church choir, traditional dancing clubs etc, CCI alumni association, college and local religious organization, foster family, CCI older members, the government and reintegration oriented organizations.

Asked to state how the aforementioned institutions, groups or individuals supported them during the reintegration process. By giving advice, providing them with food, encouraging communication between the care leaver and family to facilitate acceptance of the care leavers, treating them like other children were the support measures alluded to by the respondents. Those who said they received no support stated that they still cater for their own needs.

Fears experienced by the respondents during the time of disengagement

The study sought to establish whether the respondents experienced fear during the time of disengagement from the CCIs and what these fears were.

Figure 7: Fears experienced by the respondents during the time of disengagement
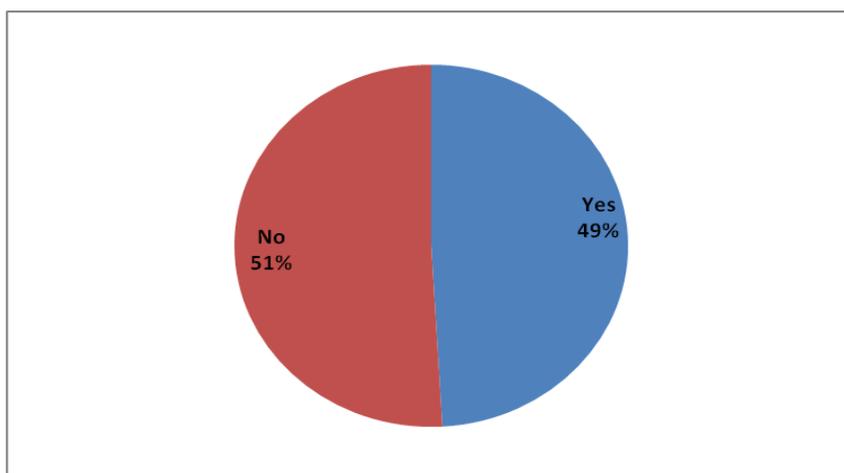
51% of the respondents did not experience any fear while 49% did. This depicts that several care leavers experience anxiety when leaving CCIs.

Those who experienced disengagement-anxieties, gave reasons such as fears of burdening their parents, aggression by their parents, possibility of being rejected by their families and having a repeat experience of what drove them out of their home to the institution. Others gave reasons such as they did not have a place to go to, had a bad relationship with their family, they feared the unknown, they felt that they were leaving the privileges offered by the CCI, loosing friends made at the CCI and being abandoned by both the CCIs, child protection mechanisms and close friends. Those of who did not experience anxieties gave reasons such as; they were looking forward to going back to their family and that the CCI had prepared them adequately and so they waited for the reintegration process in anticipation.

Present fears experienced by the respondents

Respondents indicated if they had any fears currently and what these fears were. A summary of the findings is elaborated below.

Table 8: Present fears experienced by the respondents

	Frequency	Percent (%)
Yes	21	36.8%
No	36	63.2%
Total	57	100.0%

36.8% had fears presently while 63.2% did not have fears. The fear previously experienced during the reintegration process seems to have subsided.

Present fears according the respondents were triggered by; parental aggressiveness, inadequate life skills hence little survival and environmental adaptation knowledge, their families also saw them as strangers. They also feared that history would be repeated by having their own children going through the same experience they passed through. Others indicated that they lacked future plans after completing school and had lost interest in their biological family. There are also those who feared forming their own families for reasons that they that they would become abusive. Lastly there are those who had many challenges,

they were always being arrested and had no job or prospects of getting a job. They lived in fear of the police and being arrested because of engagement in criminal activities.

Those who had no fears cited the fact that the preparation for reintegration process helped them gather enough courage to face life. They also felt that they were almost independent, had education and they had high hopes of getting good jobs. .

Respondents current achievements

The respondents pointed out their achievements currently. The findings are given in table 10 below.

Table 9: Respondents current achievements

	Frequency	Percent
did not complete primary	1	1.75
attending primary school	1	1.75
completed primary school	39	68.42
did not complete sec school	2	3.51
attending sec school	31	54.39
completed sec school	5	8.77
attended vocational/prof. T.I without completing	5	8.77
attending vocational/prof. T.I	5	8.77
attended and completed vocational/prof	4	7.02
attended University not complete	1	1.75
attending university	2	3.51
professional job	2	3.51
have a middle level skills job	2	3.51
have casual job	1	1.75
plan to have a family	2	3.51
have my own family	8	14.04
did not complete primary school	1	1.75
attending primary school	1	1.75
have problems with my family	2	3.51
happily independent	5	8.77
Struggling	11	19.30
ready to face the future	9	15.79
not sure about the future	3	5.26

68.42% cited completing primary school as their achievement; 54.39% were attending a secondary school; others were: readiness to face the future (15.79%); having a family (14.04%); happily independent (8.77%), completed sec school (8.77%), attending vocational or professional training institute (7.02%); attended and completed vocational professional training institute (7.02%); attending university (3.51%), having a professional job (3.51%), have a middle level skilled job (3.51%) and having plans to have a family (3.51); Attending primary school (1.75%) and having casual job at 1.75%.

Conversely, some gave the following responses; they were still struggling (19.30%); are not sure about the future(5.26%); did not complete secondary school (3.51%), did not complete primary (1.75%), attended University without completing (1.75%) , and that they had problems with family (3.51%).

This indicates that moving on was often connected to a strong desire for a better life and securing appropriate support and education were crucial ingredient for these participants in overcoming the issues that had made their lives so challenging prohibiting the integral development of their personalities. Those who felt they had achieved little displayed two types of emotions. On one hand they were determined, persistent and resilient to turn their lives around. On the other they were despondent and had lost hope and thus had resorted or were in the brink of resorting to dangerous living such as crime for young men and commercial sex work for young women.

In the light of achievements, respondents were requested to explain their satisfaction or dissatisfaction. Those who were satisfied cited that they were motivated to work hard and join a good university, they had a vision to complete school, had hope of a brighter future and that they were respected in their communities or societies.

For those who were unsatisfied, having achieved little in life was the main reason that made them feel this way. They also expressed that they had problems with their relations and if they had formed families, they were in a bad relation with their spouse. They have also experienced lack of confidence in relating with their most successful colleagues. They also feel that their voices are not heard and that they are being ignored.

Impediments to reintegration faced by respondents

Respondents identified societal and family reintegration related impediments. The findings are tabulated below.

Table 10: Impediments to reintegration faced by the respondents as care leavers

	Frequency	Percent
family failed to meet my hopes	7	12.28
the society failed to meet my hopes	3	5.26
difficulties in establishing a relationships with family	3	5.26
difficulties in establishing a relationship with society	4	7.02
financial and other resources difficulties	28	49.12
stigma from family	1	1.75
stigma from public	5	8.77
Total	51	100

As per the findings above, financial and other resources was a major impediment 49.12%. 12.28% cited the fact that their family failed to meet their hopes while 8.77% experienced public stigma. There were difficulties in establishing a relationship with the society for 7.02%, establishing a relationship with family (5.26%) and the society failing to meet respondents hopes (5.26%). Lastly lack of good policies was also cited as an additional impediment by one respondent.

It appears that the participants struggled with the changes that leaving care brought about including coping with the strains of managing their own budget and caring for themselves, stigmatization, failed hopes, lack of good policies and difficulties in establishing relationships with family and society.

Suggestions for improving the reintegration process

To the government

The respondents proposed that the government should; provide support, create jobs for care leavers, open more rehabilitation centers, provide business loans to skilled care leavers, extend the period spent in CCI's than the mandatory committal period of three years for those in need, be clear on the period offered for support by the CCI's from the start, help fund the reintegration process, issue certificates of reformation or recommendation to care leavers, improve policies on reintegration, monitor CCI's and offer children in institutions higher level education at subsidized rates in order to improve the reintegration process.

To the communities/society

The respondents also proposed to the communities or societies to accept the care leavers, consider them as people who have changed from previous bad behavior. They should also have positive perception on the care leavers.

CCI's/Homes

The respondents also proposed that the CCI's or homes ought to teach children good morals, follow up on beneficiaries, reintegrate children only when sure it is safe for the child, let children with special difficulties be allowed to stay in institutions until they complete their basic education, facilitate access to necessary documents like birth certificates and identity cards, help children with inheritance issues and prepare children early enough for the reintegration process.

The care leavers themselves

The respondents also proposed that care leavers should learn to appreciate what they can afford in their homes, be respectful and if able provide care to others in need, be a good example to other beneficiaries and support the CCI's when successful and become responsible citizens.

Discussion of Findings

The study established that most of the respondents have gone through the CCIs or Children's homes for a period of time exceeding 1 year. According to Health Service Executive, (2011) family problems constituted the single biggest reason for children being placed in care for long periods of time. In addition to this, the study found out that most of the beneficiaries were happy living in the institutions as it provided many things that the parent was unable to provide i.e basic needs, offered a comfortable life unlike home, offered an opportunity to make friends, provided them with education, provided a guardian, the workers are social and loving, encouraged talent and it facilitated reformed behaviour. This concurs with Anglin (2002) who stated that residential care can provide the necessary specialist services that meets all of the developmental, physical, psychological and emotional needs for children and young people with complex difficulties.

For the respondents who were unhappy living in the institutions, the study established loneliness as they were not allowed to make friends, and lack of food due to misappropriation of funds by the institution, mistreated as the reasons. According to Bolger, Patterson and Kupersmidt, (1998), close relationships with peers can increase self-esteem and reduce some of the negative effects of abuse on children's development. This is further supported by Mullender (1994) who states that in order for children to receive support, develop trust, develop attachments and build a positive identity they need to remain connected to key figures in their lives such as parents, siblings, aunts, uncles and so on.

The study found out that most of the participants came from difficult family circumstances such as loss of parents, abandonment, abuse or neglect because families cannot cope with challenges of daily living and for some, they remain there until 18, as it becomes the only place they can call 'home'. This is of the same mind as Fahy (1995) & Gilligan (1991), who noted that the profile of the young people who were admitted to institutional care over the years has slightly enlarged from the time of the Workhouse when in response to a social and human calamity, the service was directed at those young people who were destitute, orphaned or in extreme poverty, there was also emphasis on those young people who were

alleged to be involved in criminal activity or who were viewed as being at risk of becoming involved in such activity.

The study revealed the unstable and precarious environments the participants, who had been to other places after leaving their homes, found themselves in. Although most young people during this period are investing a large part of their daily energies in educational settings, the participants in this study were spending most of their time less profitably and more dangerously on the street and spent much of their time looking for shelter and money. For instance, those in remand and jail for reasons such as, trafficking drugs, stealing, criminal suspicion and petty offences. These findings are similar to the findings of Mayock, Corr and O'Sullivan (2008) who found that homeless youth are reportedly more likely to engage in drug use and criminal behaviour compared to other young people their own age because the lives of homeless young people are frequently played out in social spaces that bring them into contact with potential offenders, and other homeless people with serious substances abuse.

The study also found out that that the institutions have been running and undertaking the reintegration activities for a long period of time with a higher rate of implementation of the process taking place in recent years. Most of the respondents were reintegrated back to their families, some were not whereas only one respondent went back to live with the friends.

The study ascertained that the reasons behind the reintegration were; The institutions felt it was time for reintegration, respondents were able to face the challenges that drove them out of home and had also come of age, the institutions were able to trace the family, the respondents parents were ready to take them back, respondents charitable institution was closed down, a need for the respondents to further their education and according to one respondent, the institution gave up on having him reform. This contrasts Mc Dowall (2008) who asserted that there is a relatively poor understanding of the processes that lead to being a care leaver or of the events, circumstances and mechanisms associated with different care leaver's journeys.

The study also found that for one of the respondents, reintegration was as a result of the institution giving up on reforming him. This respondent had been in remand for drug trafficking before joining the CCI. Multiple placements or placement instability, together with changes of school are also associated with an increased risk of difficult behaviour and later offending. Widom (1992) for example, found that it was not being placed in residential care itself that made children in care more likely to be involved in crime, but the stability and number of their placements.

The study further established that some respondents were not reintegrated because of loss of their files and the families could not be traced were the reasons behind them staying on in the institution. This contrasts the findings by McIntosh (2001) who stated that continuing relationships with family, friends and other people significant to the child and continuing connections to familiar environments, can help children and young people in residential care experience an upbringing as normative as possible to that of their peers.

The study made certain that most respondents did not encounter family problems during the integration process because; they had learnt to do the right things from the institution as well as appreciating their family background and that they continued with education. On the other hand those who encountered problems during the reintegration process cited the following reasons; mother was sick, constant anger by parents and lack enough food to eat, was sick but could not afford medical attention, change of environment, in conducive environment for studying, not being used to the family members. This finding harmonizes with research studies completed over the last number of decades that have provided evidence of the high risk of social exclusion for young people leaving care especially through homelessness, educational deficits, unemployment, drugs abuse and crime along with loneliness and isolation (Biehal et al., 1995; Broad, 1998; 1999, Dixon and Stein, 2005; Dixon et al., 2004). In the absence of a supportive network, the research has identified a range of difficulties that can exist for young people transitioning out of residential care. Biehal et al., (1995) argue that 'upon leaving care, a lack of adequate preparation coupled with early age at which care leavers are expected to assume adult

responsibilities have tended to mean that loneliness, isolation, unemployment, poverty and homelessness were likely to feature significantly in many of the young people's lives'.

The study additionally found out that generally the care leavers were happy with the reintegration process because; it gave them courage to face life outside the institution, they were back with family again, the institution employees visited to follow up on the care leavers well-being, respondents got to know their family, created room for others who need help. However there also some who were not happy with the process because: they felt like they were a burden to the family and education was greatly affected, the family situation had not changed, the institution did not follow the right procedure for reintegration, there was no follow up after reintegration, the process was carried out harshly and that the institutions withdrew school fees support.

The study as well found out that family and the CCI's play a major role in facilitating the reintegration process as well as other institutions and individuals such as schools, talent association, CCI alumni association, college and local religious organization, foster family, CCI older members, the government and organizations in the respondents area. This is achieved by giving advice, providing them with food, encouraging communication between the care leaver and family to facilitate acceptance of the care leavers, treating them like other children were the support measures alluded to by the respondents. Other stated that they still cater for their own needs. This finding is in agreement with Maunders et al (1999) who found that there were key factors that promoted and inhibited a successful transition to independence. Their research identified that success is largely driven by a stable and positive experience in care, personal resilience and self belief, extended support after care and family contact. This depicts that care leavers are both afraid and anxious to leave the institutions under which they are cared for. This concurs with Biehal, Clayden, Stein and Wade (1995); Broad (2005); Kelleher, Kelleher and Corbett (2000); Mayock, Corr and O'Sullivan (2008) whose research highlights that for many young people who leave residential care, the concept of independence is often imbued with feelings of fear, isolation and uncertainty.

The study revealed that fear experienced during the disengagement process was as a result of; being a burden to the parent, being quarreled by the parent, fear of rejection by family and going through what drove them out of their home to the institution again, lack of a place to go to, bad relationship with the family, fear of the unknown and leaving the privileges offered by the CCI, loosing friends made at the CCI and abandonment. According to Mendes, Johnson and Moslehuddin (2011) few have committed relationships or connections with parents, extended family members or significant other adults in their lives who can provide the social support that people require to make the transition to adulthood.

The fear previously experienced during the reintegration process was found to have subsided. Present fear according the respondents is triggered by; constant quarrelling by the parent, not knowing how to survive, family seeing them as strangers, having their own children going through the same experience, lack of future plans after completing school, loss of interest in family. This finding is of the same mind as Stein (2006) who notes that these young people, through no choice of their own are forced into an accelerated and compressed transition. They do not have the advantage of the gradual developmental transitions to adulthood that the majority of young people experience including opportunities to stay on longer at school, leave home later and return when they need a safe base when financial or relationship problems arise (Mendes, Johnson and Moslehuddin, 2011).

The study established that moving on was often connected to a strong desire for a better life and securing appropriate supports and education was a crucial ingredient for these participants in overcoming the issues that had made their lives so challenging. Those who felt they had achieved nothing displayed determination, persistence and resilience to turn their lives around. In light of their achievements, the study found out that satisfaction was as a result of; being motivated to work hard and join a good university, having a vision to complete school, having hope of a brighter future and being more respected by individuals in the community, dissatisfaction is based on having achieved nothing in life. These

findings are in keeping with the findings of Cashmore and Paxman (2007); Stein (2004) who found that while the overall picture of care leavers' circumstances and outcomes after leaving care is fairly bleak, these young people are a mixed group and some fare better than others. According to the literature the transition from care may be successful or unsuccessful depending on the degree of preparation and disruption involved in the leaving care process (Stein, 2004, 2008).

The study also found out that the participants struggled with the changes that leaving care brought about including coping with the strains of managing their own budget and caring for themselves, stigmatization, failed hopes, lack of good policies and difficulties in establishing relationships with family and society. These findings concur with Rutter (1999) who found that in terms of good outcomes those who are successful have reciprocally positive connections to their community within which there are supportive and caring relationships. Where there was at least one reliable adult responsive to the care leavers needs in terms of advice and tangible support for dealing with problems, care leavers were more likely to be successful in their transition.

The proposals made to the government were found to be as follows; provide support, create jobs for care leavers, open more rehabilitation centres, provide business loans to skilled care leavers, extend the period spent in CCI's for those in need, be clear on the period offered for support by the CCI's from the start, centralize the reintegration process, issue certificates of reformation to care leavers, improve policies on reintegration, monitor CCI's and offer children in institutions higher level education at subsidized rates in order to improve the reintegration process. This agrees with Rushton & Minnis (2002) when the State takes on the role of 'corporate parent' the primary goal is to provide children and young people with a safe, secure and stable environment to enable them to reach their full potential (Rushton and Minnis, 2002). Of the same opinion also are Lieberman, Weston and Pawl (1991) who states that the psycho-social context and the quality of the environment and relationships from which a child/young person is removed as well as the quality of the alternative placement should be carefully considered. Biehal et al. (1995); Hai and Williams (2004); Wade and Dixon (2006) notes that employment outcomes for

care leavers tend to be particularly poor, which leaves many of them reliant on unemployment benefit.

The proposals made to the community were found to be as follows; accept the children to feel loved, help the children in need and to be open-minded to people who have changed from previous bad behaviour. This is of the same opinion as Ward (2004) who said that young people including those with severe experiences want to be treated as competent young persons who are not different from others and want their experiences to be as close to that of young people who grow up in a family home.

The proposals made to the CCI's/ Homes were found to be as follows; teach children good morals, follow up on beneficiaries, reintegrate children only when sure it is safe for the child, let children stay in the institutions until they complete their education, facilitate access to necessary documents like birth certificates and prepare children early enough for the reintegration process. These findings are of the same view as (Health Service Executive (2011) who noted that the purpose of residential care is to provide a safe, nurturing environment for individual children and young people who cannot live at home or in an alternative family environment such as foster care. In the same breadth Gilligan (1999) say that residential care should maintain the physical and emotional needs of the individual, it should provide protection to those deemed as being vulnerable, it should compensate those children who have experienced 'deficits' in their lives, and it should prepare them in an emotional and practical sense for the time when they leave residential care and have to make their own 'way in the world'. Green and Jones (1999) as well sate that preparation for leaving residential care requires the learning of both 'soft' and 'hard' skills. Hard skills are based on the learning of practical skills such as cooking, cleaning and financial management. Soft skills encompass character strengths and include personality characteristics that support and promote the development of social capital, and the life skills necessary to connect with community, including the ability to make good decisions, problem solve, resolve conflict and form and navigate healthy relationships both social and intimate.

The proposals made to the care leavers themselves were found to be as follows; Learn to appreciate what they can afford in their homes, be respectful and if able provide care to others in need, be a good example to other beneficiaries and support the CCI's when successful. This finding concurs with Munro & Stein (2008) who found that the extent of the problems such young people experience has led them to be recognized as one of the most marginalized groups in society.

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

This chapter presents the summary of the data findings, the conclusions and recommendations are drawn there to. The chapter is therefore structured into summary of findings, conclusions, and recommendations.

Summary of findings

The study found out that Ndugu Mudogo home, Kivuli Centre, Kwetu home of peace, Anita home, Maisha Poa, Girl child home for the homeless, New Horizon Center, SOS Children's Villages Kenya, Don Bosco, Feed the Children and Cheryl's children's home were the CCI's the respondents had been under. The study also established that most of the respondents have gone through the CCIs or Children's homes for a period of time exceeding 1 year.

In addition to this, the study found out that most of the beneficiaries were happy living in the institutions as it provided many things that the parent was unable to provide i.e basic needs, offered a comfortable life unlike home, offered an opportunity to make friends, provided them with education, provided a guardian, the workers are social and loving, encouraged talent and it facilitated reformed behaviour. For the respondents who were unhappy living in the institutions, the study established loneliness as they were not allowed to make friends, and lack of food due to misappropriation of funds by the institution, mistreated as the reasons.

The study found out that most of the participants came from difficult family circumstances such as loss of parents, abandonment, abuse or neglect because families cannot cope with challenges of daily living and for some, they remain there until 18, as it becomes the only place they can call 'home'.

The study revealed the unstable and precarious environments the participants, who had been to other places after leaving their homes, found themselves in. Although most young people during this period are investing a large part of their daily energies in educational settings, the participants in this study were spending most of their time less profitably and more dangerously on the street and spent much of their time looking for shelter and money. For instance, those in remand and jail for reasons such as, trafficking drugs, stealing, criminal suspicion and petty offences.

The study also found out that that the institutions have been running and undertaking the reintegration activities for a long period of time with a higher rate of implementation of the process taking place in recent years. Most of the respondents were reintegrated back to their families, some were not whereas only one respondent went back to live with the friends.

The study ascertained that the reasons behind the reintegration were; The institutions felt it was time for reintegration, respondents were able to face the challenges that drove them out of home and had also come of age, the institutions were able to trace the family, the respondents parents were ready to take them back, respondents charitable institution was closed down, a need for the respondents to further their education and according to one respondent, the institution gave up on having him reform. The study also found that for one of the respondents, reintegration was as a result of the institution giving up on reforming him. This respondent had been in remand for drug trafficking before joining the CCI. The study further established that some respondents were not reintegrated because of loss of their files and the families could not be traced were the reasons behind them staying on in the institution.

The study made certain that most respondents did not encounter family problems during the integration process because; they had learnt to do the right things from the institution as well as appreciating their family background and that they continued with education. On

the other hand those who encountered problems during the reintegration process cited the following reasons; mother was sick, constant anger by parents and lack enough food to eat, was sick but could not afford medical attention, change of environment, in conducive environment for studying, not being used to the family members.

The study additionally found out that generally the care leavers were happy with the reintegration process because; it gave them courage to face life outside the institution, they were back with family again, the institution employees visited to follow up on the care leavers well-being, respondents got to know their family, created room for others who need help. However there also some who were not happy with the process because: they felt like they were a burden to the family and education was greatly affected, the family situation had not changed, the institution did not follow the right procedure for reintegration, there was no follow up after reintegration, the process was carried out harshly and that the institutions withdrew school fees support.

The study as well found out that family and the CCI's play a major role in facilitating the reintegration process as well as other institutions and individuals such as schools, talent association, CCI alumni association, college and local religious organization, foster family, CCI older members, the government and organizations in the respondents area. This is achieved by giving advice, providing them with food, encouraging communication between the care leaver and family to facilitate acceptance of the care leavers, treating them like other children were the support measures alluded to by the respondents. Other stated that they still cater for their own needs.

The study revealed that fear experienced during the disengagement process was as a result of; being a burden to the parent, being quarreled by the parent, fear of rejection by family and going through what drove them out of their home to the institution again, lack of a place to go to, bad relationship with the family, fear of the unknown and leaving the privileges offered by the CCI, loosing friends made at the CCI and abandonment. The fear

previously experienced during the reintegration process was found to have subsided. Present fear according the respondents is triggered by; constant quarrelling by the parent, not knowing how to survive, family seeing them as strangers, having their own children going through the same experience, lack of future plans after completing school, loss of interest in family.

The study established that moving on was often connected to a strong desire for a better life and securing appropriate supports and education was a crucial ingredient for these participants in overcoming the issues that had made their lives so challenging. Those who felt they had achieved nothing displayed determination, persistence and resilience to turn their lives around. In light of their achievements, the study found out that satisfaction was as a result of; being motivated to work hard and join a good university, having a vision to complete school, having hope of a brighter future and being more respected by individuals in the community, dissatisfaction is based on having achieved nothing in life.

The study also found out that the participants struggled with the changes that leaving care brought about including coping with the strains of managing their own budget and caring for themselves, stigmatization, failed hopes, lack of good policies and difficulties in establishing relationships with family and society.

The proposals made to the government were found to be as follows; provide support, create jobs for care leavers, open more rehabilitation centres, provide business loans to skilled care leavers, extend the period spent in CCI's for those in need, be clear on the period offered for support by the CCI's from the start, centralize the reintegration process, issue certificates of reformation to care leavers, improve policies on reintegration, monitor CCI's and offer children in institutions higher level education at subsidized rates in order to improve the reintegration process.

The proposals made to the community were found to be as follows; accept the children to feel loved, help the children in need and to be open-minded to people who have changed from previous bad behavior.

The proposals made to the CCI's/ Homes were found to be as follows; teach children good morals, follow up on beneficiaries, reintegrate children only when sure it is safe for the child, let children stay in the institutions until they complete their education, facilitate access to necessary documents like birth certificates and prepare children early enough for the reintegration process.

The proposals made to the care leavers themselves were found to be as follows; Learn to appreciate what they can afford in their homes, be respectful and if able provide care to others in need, be a good example to other beneficiaries and support the CCI's when successful.

Conclusion

On the basis of these findings, this study recognizes that there are still numerous gaps in aftercare provision for care leavers leaving the CCI's/ Homes. As identified, the needs of care leavers are many and varied and call for a diverse and responsive service system to better support them and alter their future transitions. There is no 'one size fits all' response that will meet all need, but rather a range of responses that target individual needs and promote a greater overall opportunity for intervention. Young people only have one chance to make a successful transition. All of them, especially those who are leaving the CCI's/ Homes, deserve to be appropriately supported to make this transition, facilitating them to become independent, self sufficient, confident young adults.

The need for authentic belonging, a genuine experience of being loved and of fitting into a social system such as a family, emerges as central to these findings. Youths demonstrate that in various ways, some more effective, others less so and some heavily defended, they strive towards authentic belonging, which is the underlying definition of success for most. To help them in this striving, which can be thought of as a process of succeeding, they

draw on a range of social skills, many taught by CCI's and others learned through experience and from other youths in care, to network people in their social environments to help and partner with them in attaining their goals, particularly their goal of experiencing authenticity in human relationship. Optimally networking people for goal attainment requires care-leavers to rapidly and accurately assess their social environment for opportunities (which can be utilized) and threats (which need to be avoided or circumvented). This requires astute observation of their environments, insight and learning from their observations and then acting upon this learning, to transform opportunities into assets and to neutralize threats. Because their social environments are frequently complex and suboptimal, care leavers require a great deal of resilience, particularly an unshakable hope and tenacious self-confidence, to believe that they can effect change in their environments and that they really can carve out a better future for themselves. When, however, care-leavers believe that their lives are somehow a sham, when they are co-opted into seeking and accepting superficial notions of success, some youth subvert or scupper their apparent success in order to tap into the deeper authentic belonging that they long for. While these responses appear unproductive and may be interpreted as evidence of programme failure, they are in many cases an important part of the journey towards authentic belonging for reintegration.

Recommendations

No service can work at such a micro level that it will perfectly meet the needs of all of its service users. However, there is ample evidence from the narratives presented in this study that there is considerable room for improvement in the leaving and aftercare services for young people in CCI's/ Homes. There is a clear need to establish consistent standards regarding planning and support to avoid the current problems among populations of care leavers in the future.

This study recommends that the transition from residential care be delayed for those who require additional support to successfully move into independent living and an increase in

resource allocation to ensure that service delivery is able to adequately respond to an expansion of service provision.

Care leavers themselves are imperfect beings and like all of us in the process of growing up need to be permitted to make mistakes without judgement and allowed to be competent and make important choices and decisions in their own lives regarding their own future. These decisions have a momentous impact on care leavers' lives and it is essential that these young people are heard and their voices represented. This can be achieved through the establishment of a dedicated aftercare support service regionally which would provide supports and act as a forum so that their voices may be heard. This practice of listening to what care leavers have to say needs to be widely shared and built upon if we are to be able to say in future years that care leavers have been truly listened to and their opinions acted upon.

In relation to the above recommendation, the study recommends that the proposals made by the respondents be put into action by the different stakeholders, these are;

The proposals made to the government to; provide support, create jobs for care leavers, open more rehabilitation centres, provide business loans to skilled care leavers, extend the period spent in CCI's for those in need, be clear on the period offered for support by the CCI's from the start, centralize the reintegration process, issue certificates of reformation to care leavers, improve policies on reintegration, monitor CCI's and offer children in institutions higher level education at subsidized rates in order to improve the reintegration process.

The proposals made to the community to; accept the children to feel loved, help the children in need and to be open-minded to people who have changed from previous bad behaviour.

The proposals made to the CCI's/ Homes to; teach children good morals, follow up on beneficiaries, reintegrate children only when sure it is safe for the child, let children stay in

the institutions until they complete their education, facilitate access to necessary documents like birth certificates and prepare children early enough for the reintegration process.

The proposals made to the care leavers themselves to; Learn to appreciate what they can afford in their homes, be respectful and if able provide care to others in need, be a good example to other beneficiaries and support the CCI's when successful.

This relates to the need, identified repeatedly in the care-leaving literature, for aftercare services. Clearly, other organizations and the public welfare system are unable to provide adequate care to care leavers. Alternative secondary care networks need to be established. It is quite possible that a form of distance-mentoring may prove effective, regular phone calls (perhaps monthly to start and then three-monthly after a year) from a trusted youth care worker to each care-leaver may help to buffer youth as they exit care and strive to establish relationships of authentic belonging outside.

References

Akello, Gv Richters, A. & Reis, R. (2006). Reintegration of former child soldiers in northern Uganda: Coming to terms with children's agency and accountability. *Intervention: International Journal of Mental Health, Psychosocial Work, and Counselling in Areas of Armed Conflict,* 4(3): 229-243

Aldgate J. (1980) 'Identification of factors which influence length of stay in care' in Triseliotis, J. (ed) *New Developments in Foster Care and Adoption.* London: Routledge and Kegan Paul

Anglin, J. (2002) Pain, Normality and the Struggle for Congruence: Reinterpreting Residential Care for Children and Youth, *Child and Youth Services*, 24 (1/2), 1-165.

Barth, R. and Berry, M. (1987) 'Outcomes of Child Welfare Services under Permanency Planning', *Social Services Review,* March, pp71- 90.

Barth, R.P., Snowden, L.R., Ten Broek, E., Clancy, T., Jordan, C. and Barush, A. (1987) 'Contributors to reunification or permanent out-of-home care for physically abused children', *Journal of Social Science Research,* 9, 2/3, pp31-45.

Biehal, N., & Wade, J. (1996). Looking back, looking forward: Care-leavers, families and change. *Children and Youth Services Review, 18*, 425-445.

Biehal, N., Clayden, J. Stein, M. and Wade, J. (1995) *Moving On: Young People and Leaving Care Schemes*, HMSO, London.

Bolger, K., Patterson, C. and Kupersmidt, J. (1998) Peer Relationships and Self-Esteem among Children who have been Maltreated, *Child Development*, 69 (4), 1171-1197.

Brandon, M. and Thoburn, J. (2008) 'Safeguarding Children in the UK: a longitudinal study of services to children suffering or likely to suffer significant harm' 13(4) *Child and Family Social Work 365-377*

Broad, B. (1998) *Young People Leaving Care after the Children Act 1989,* London: Jessica Kingsley.

Broad, B. (1999) Young People Leaving Care: Moving Towards Joined Up Solutions. *Children and Society,* 13, 81-93.

Broad, B. (2005). Young people leaving care: Implementing the children (Leaving Care) Act 2000? *Children & Society, 19*(5), 371-384. doi: 10.1002/chi.839

Bullock R., Gooch D. and Little M. (1998) *Children Going Home: The Re-unification of Families,* Aldershot, Ashgate.

Cashmore, J. and Paxman, M. (2007) *Longitudinal Study of Wards Leaving Care: Four to Five Years on,* Sydney: New South Wales Centre for Parenting and Research.

Cleaver H. (2000) *Fostering Family Contact,* London, The Stationery Office.

Davis, I. P., Landsverk, J. A. and Newton, R. R. (1997) 'Duration of foster care for children reunified within the first year of care', *Child Welfare Research Review, Vol 2*

Dixon, J. and Stein, M. (2005) *Leaving Care, Through-care and Aftercare in Scotland,* Jessica Kingsley Publishers, London.

Dixon, J., & Stein, M. (2005). *Leaving care: Throughcare and aftercare in Scotland.* London: Jessica Kingsley.

Dixon, J., Wade. J., Byford, S., Weatherly, H. and Lee, J. (2004) *Young People Leaving Care: A Study of Costs and Outcomes*. Report to the Department for Education and Skills. York: Social Work Research and Development Unit, University of York.

Effective Interventions Unit. (2003). Services for young people with problematic drug misuse: A guide to principles and practice.

Elsley, S., Backett-Milburn, K., & Jamieson, L. (2007). Review of research on vulnerable young people and their transitions to independent living. Edinburgh, UK: Scottish Executive Social Research.

Fahy, B. (1995) *The Role of counselling in the lives of people raised in care,* Research project for Msc Psychological Counselling.

Fanshel D. and Shinn E. (1978) *Children in Foster Care*, New York, Columbia University Press

Farmer E. and Moyers S. (2008) *Kinship Care: Fostering Effective Family and Friends Placements,* London, Jessica Kingsley.

Farmer E. and Parker R. (1991), *Trials and Tribulations: Returning Children from Local Authority Care to their Families*, London, HMSO.

Farmer, E. (2009) 'Reunification with Birth Families', in Schofield, G., and Simmonds, J. (eds.) *The child placement handbook: Research, policy and practice.* pp. 83-101. London: BAAF.

Fisher, M., Marsh, P. and Phillips, D. (1986) *In and Out of Care.* Batsford/British Agencies for Adoption and Fostering.

Frances, D. (n.d.). Drug Prevention in the 21st Century, from http://www.iser.com/resources/leavingresidential-treatment.html

Geen, R. (2004) 'The Evolution of Kinship Care Policy and Practice', *The Future of Children,*14, pp 131- 149

Gelling, J. (2009). *Supporting young people leaving care: Contact with residential workers.* BA(Hons) Social Work, Robert Gordon University, Aberdeen, UK.

Gilligan, R. (1991) *Irish Child Care: Policy, Practice and Provision,* Dublin: Institute of Public Administration.

Gilligan, R. (1999) 'Working with social networks: Key resources in helping children at risk' in Hill, M. (ed.) *Effective ways of working with children and their families,* London: Jessica Kingsley, 70-91.

Goerge R. (1990) 'The reunification process in substitute care', *Social Services Review,* LXIV, pp.422-457.

Green, J. (2003) Are Attachment Disorders Best Seen as Social Impairment Syndromes? *Attachment and Human Development*, 5, 259–264.

Hai, N. and Williams, A. (2004) *Implementing the Children (Leaving Care) Act, 2000: The Experience of Eight London Boroughs*, London: National Children's Bureau.

Harwin, J., Owen, M., Locke, R. and Forrester, D. (2001) *Making Care Orders Work. A study of care plans and their implementation.* London: The Stationery Office.

Health Service Executive (2011) *Section 8 Report: Review of Adequacy of Services for Children and Families,* Stationery Office, Dublin.

Hunt, J. and Macleod, A. 1999 The Best-Laid Plans: Outcomes in Judicial Decisions in Child Protection Proceedings. London: The Stationery Office.

Jones, M.A. (1985) *A second chance for families- Five years later.* New York: Child Welfare League of America.

Kelleher, P., Kelleher, C. and Corbett, M. (2000) *Left Out on Their Own*: *Young People Leaving Care in Ireland*. Dublin: Oak-Tree Press and Focus Ireland.

Landsverk, J., Davis, I., Ganger, W. and Newton, R. (1996) Impact of child psychosocial functioning on reunification from out-of-home placement. *Children and Youth Services Review,* 18, 4/5, 447-62.

Landsverk, J., Davis, I., Ganger, W. and Newton, R. (1996) Impact of child psychosocial functioning on reunification from out-of-home placement. *Children and Youth Services Review,* 18, 4/5, 447-62.

Lenz, S. S. (2009). Resilience in development: A synthesis of research across five decades. In D. Cicchetti & D. J. Cohen (Eds.), *Developmental psychology - Volume 3 - Risk, disorder, and adaptation* (2nd ed.).

Lieberman, A. F., Weston, D. R. and Pawl, J. H. (1991) Preventive Intervention and Outcomes with Anxiously Attached Dyads, *Child Development,* 62, 199209.

Lu, Y.E., Landsverk, J., Ellis-Macleod, E., Newton, R., Ganger, W. and Johnson, I. (2004) 'Race, ethnicity and case outcomes in child protective services', *Children and Youth Services Review,* 26, pp447-461.

Machel, G. (2001). *The impact of war on children: a review of progress since the 1996 United Nations report on the impact of armed conflict on children.* Vancouver: University of British Columbia Press.

Marland, M. (2009). The transition from school to university. *Arts and Humanities in Higher Education, 2*(2), 201-211.

Maunders, D., Liddell, M., Liddell, M. and Green, S. (1999) *Young People Leaving Care and Protection,* National Youth Affairs Research Scheme, Hobart, Australia.

Mayock, P., Corr, M.L. and O'Sullivan, E. (2008) *Young People's Homeless Pathways,* Homeless Agency.

McDowall, J. (2008) *Report Card, Transitioning From Care.* CREATE Foundation Limited. Sydney, Australia.

McIntosh, J. (1999) 'Therapeutic Transitions in Out of Home Care', *Children Australia,* 24 (4), 29-33.

Mendes, P., Johnson, G., and Moslehuddin, B. (2011) *Young People Leaving State Out-of-Home Care: A Research-based Study of Australian Policy and Practice*, Melbourne: Australian Scholarly Publishing.

Millham. S., Bullock, R., Hosie, K. and Haak, M. (1986) *Lost in care: The family contacts of children in care.* Aldershot, Gower.

Moslehuddin, B. (2010) *Graduating from the Child Welfare System: A Critical Examination of the Needs of Young People Leaving State Care* (Unpublished doctoral dissertation), Department of Social Work, Monash University, Melbourne.

Mullender, A. (ed) (1994) *We are Family: Sibling Relationship in Placement and Beyond*, British Association for Adoption and Fostering.

OCHANDA, R.M., GEBREMICHAEL, B., WAMALWA, H., (2011), Effectiveness of Street Youth Integration in East Africa, Postmodern Openings, Year 2, Vol. 6, June, 2011, pp:57-75

Packman J. and Hall C. (1998) *From Care to Accommodation. Support, Protection and Control in Child Care Services,* London, The Stationery Office.

Pinkerton J. (1994) *In Care at Home,* Aldershot, Avebury.

Pinkerton, J. (2011). Constructing a global understanding of the social ecology of leaving out of home care. *Children and Youth Services Review, 33*(12), 2412-2416. doi: 10.1016/j.childyouth.2011.08.020

Rowe J., Hundleby M. and Garnett L. (1989) *Child Care Now. A Survey of placement patterns,* London: British Agencies for Adoption and Fostering.

Rushton, A. and Minnis, H. (2002) Residential and Foster Care in M. Rutter and E. Taylor (eds.), *Child and Adolescent Psychiatry*, Oxford: Blackwell.

Rutter, M. (1999) Resilience Concepts and Findings: Implications for Family Therapy, *Journal of Family Therapy,* 21, 119-144.

Rzepnicki, T. L., Schuerman, J. R. and Johnson, P. (1997) Facing uncertainty: reuniting high-risk families. In *Child welfare research review, vol 2* (Ed, Berrick, J. D., Barth, R.P., & Gilbert, N.) New York: Columbia University Press.

Schofield, G., Thoburn, J., Howell, D. and Dickens, J. 2007 'The Search for Stability and Permanence: Modelling the Pathways of Long-stay Looked After Children.' *British Journal of Social Work* 37: 619-642.

Sinclair, I., Baker, C., Lee, J. and Gibbs, I. (2008) *The pursuit of permanence: a study of the English care system.* London, Jessica Kingsley.

Smith, B (2003) 'How parental drug use and drug treatment compliance relate to family reunification' *Child Welfare,* 82, 3, pp 335-366.

Stein, M. (2005). Resilience and young people leaving care: Overcoming the odds. York, UK: Joseph Rowntree Foundation.

Stein, M. (2008) Resilience and Young People Leaving Care, *Child Care in Practice*, 14 (1), 35-44.

Stein, M. and Dixon, J. (2006) Young People Leaving Care in Scotland, European Journal of Social Work, 9(4), 407-423.

Taussig, H. N., Clyman, R.B., & Landsverk, J. (2001) Children who return home from foster care: a 6-year prospective study of behavioral health outcomes in adolescence. *Pediatrics,* 108, 1, 10.

Thoburn, J. (1984). *Captive clients: Social work with families of children home on trial*. London: Routledge and Kegan Paul.

Thomson, J., & Thorpe, R. (2003). The importance of parents in the lives of children in the care system. *Children Australia*, *28*(2), 25–31.

Thorpe R. (2007) 'Family Inclusion in Child Protection Practice: Building Bridges in Working _with _(not against) Families', *Communities, Families and Children* 3 (1) 4-17

Thorpe R., Klease C. and Westerhuis D. (2005) *Foster Carers' reflections on working with a child's natural family; Implications for education, training and support*. Paper presented at 3rd International CROCCS Conference, Mackay,/ /August. http://pandora.nla.gov.au/tep/56368

Tilbury, C. (2009) 'The over-representation of indigenous children in the Australian child welfare system, *International Journal of Social Welfare,* 18, 1, pp 57-64.

Vinnerljung, B., Hjern, A. and Lindblad, F. (2005a) 'Suicide attempts and severe psychiatric morbidity among former child welfare clients- a national cohort study' *Journal of Child Psychology and Psychiatry,* 47, 7, pp 723-733.

Vinnerljung, B., Omar, M. and Gunnarson, T. (2005b) 'Educational attainments of former child welfare clients- a Swedish national cohort study', *International Journal of Social Welfare,* 14, pp 265-276.

Wade, J. and Dixon, J. (2006) Making a Home, Finding a Job: Investigating Early Housing and Employment Outcomes for Young People Leaving Care, *Child and Family Social Work,* 71, (3) 199-208.

Ward J. (2004) Towards a Theory of the Everyday: The Ordinary and the Special in Daily Living in Residential Care. *Child and Youth Care Forum*, 33 (3), 209-225.

Wells, K. and Guo, S. (2004) 'Reunification of Foster Children Before and After Welfare Reform', *Social Services Review* March 2005, pp 74- 95.

Widom, C. S. (1992) The Role of Placement Experiences in Mediating the Criminal Consequences of Early Childhood Victimization, *American Journal of Orthopsychiatry*, *61*, 195-209.

Wulczyn,F. (2003) 'Family Reunification', *The Future of Children* 14: 1 pp95-113