



Life after leaving care: Experiences of young Indian girls[☆]



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ARTICLE INFO

Article history:

Received 7 July 2016

Received in revised form 24 December 2016

Accepted 25 December 2016

Available online 27 December 2016

Keywords:

Care-leaver

Girls

India

Social reintegration

Residential care

ABSTRACT

Transition out of residential care to living independently in society is one of the most complex processes for young adults in India. The situation becomes more complicated for girls who are at the risk of gender discrimination in a male dominated society. A quantitative study was conducted to understand the experience of social reintegration of a hundred young girls who had left care in the past four years. The girls' responses on a series of questions regarding their experience of social reintegration in the areas of education, life skill, money management, etc., were computed as the Experience of Social Reintegration Index. Overall, the findings showed that about 50% girls were able to pursue higher education and had savings. In social support, organisational support was available to only one-third of the respondents. It was also revealed that the care-leavers' educational qualification, age of leaving care, preparation for social reintegration, availability of support network and self-esteem were some of the predictors of their nature of experience after leaving care.

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1. Introduction

Annually, over a million young people leave care every year in India. Their ages of exit vary to a great extent. While majority transit out of care after attaining adulthood, there are many who return to their families at the onset of adolescence. After leaving care, these youths are either reunited with their families, begin living independently or are settled into marriage. Despite the growing body of international research on the significance of after-care for these youths, in India efforts for their effective reintegration into society and regular follow-up are sporadic and based on individual organisation and social worker's efforts.

This study captures the experiences of a hundred young Indian girls who have left institutional care in the past four years. It assesses the impact of different environmental factors – age, educational qualification, self-esteem, support network, etc., on their life after leaving care. Exploring the post-care experiences of these youth has multi-layered significance. Firstly, it would help to assess the life of individual girls and help to identify their specific needs. Secondly, the overall need assessment will provide a guide to the residential care homes to tailor their services as per requirement. Finally, at the state level it would provide evidence to inform policy decision and resource allocations for effective after-care of care-leavers.

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2. Review of literature

Studies on young care leavers have received increased academic and research interest in the last decade. In different developed countries, projects have been undertaken to study the process of transition out of care and life of care leavers. While the US and Sweden have conducted relatively large scale and quantitative studies, Australia, Canada and many European countries have used smaller samples and qualitative methods (Harder, Köngeter, Zeller, Knorth, & Knot-Dickscheit, 2011). However, globally, especially in developing countries like India, there is only limited amount of documented literature available (Stein & Munro, 2008).

Overall, review shows that irrespective of the differences in the type of placements, composition of care-leavers population and national policy frameworks, the young people leaving care report poor outcomes in education and well-being. These young adults are more likely to have poorer educational qualifications, lower levels of participation in post-16 education, become young parents and homeless, and have higher levels of unemployment, offending behaviour and mental-health problems compared to their cohorts raised in the family environment (Ahuja, 2013; Biehal, Clayden, Stein, & Wade, 1995; Bilson, Armstrong, Buist, Caulfield-Dow, & Lindsay, 2000; Broad, 1999; Cashmore & Paxman, 1996; Dixon & Stein, 2005; Pinkerton & McCrea, 1999; Ravi, 2011; Smit, 1995; Stein & Carey, 1986; Stein, Pinkerton, & Kelleher, 2000).

The complexities in the transitional journey of youth leaving care primarily arises because it is 'both accelerated and compressed' compared to their cohort who have not been in care (Biehal & Wade, 1996: 443). Bridges (2009) has divided this process of transition out

of care into three stages: (1) preparation and ending care; (2) neutral zone of deconstruction and transformation, and; (3) new beginning. The ending care stage involves a feeling of loss. After years of following a structured routine in the residential home, there are high chances that care leavers may not know how to navigate an independent life. They may not know how to cook, how to handle money, or how to use their initiative (Höjer & Sjöblom, 2010, 2011). This makes them especially vulnerable to exploitation and abuse as they are less aware of their rights. Immediately after discharge begins the neutral zone, the heart of the transition, signifying a psychological 'nowhere between somewheres' (Dixon & Stein, 2005). Bridges (2009) has established that the experience of the care leavers in ending care and neutral stages have an impact of their ability to adjust to the new surroundings.

Stein (2008a: 41–42), on the other hand, has divided care-leavers into three categories, based on distinctions among care-leaver's abilities to cope with their transitions to independence: (1) the 'moving-on group', those who are likely to experience a secured and stable placement. This group is highly resilient, welcome independence, and are able to make effective use of leaving and after-care supports; (2) the 'survivors group' include those who have encountered significant instability and discontinuity. Positive outcomes for this group tend to correlate with the effectiveness of aftercare supports provided; (3) the 'strugglers group' have had the most negative pre-care experiences, and are most likely to experience significant social and emotional deficits. After care support is unlikely to alleviate their problems, but is still viewed as important by them. It has been argued that the structural disadvantages experienced by care leavers compared to other young people (Broad, 2005), leave them more vulnerable to poorer outcomes. But, what are the factors which impact a care-leaver's life after leaving care?

2.1. Factors affecting the care-leaving experience

Researchers have suggested, that different factors such as access to higher education, vocational training, employment, housing, support network, placement stability, individual resilience and preparedness to leave care have an impact on the care-leaver's experience (Biehal et al., 1995; Mendes, Snow, & Baidawi, 2012; Stein, 2006; Stein, 2012).

Pryce et al. (2015) in their study on Kenyan youth ageing out of care have emphasised on educational attainment, access to employment and housing, strong support systems, social acceptance and a gradual transition plan as key factors affecting their care-leaving process. Van Breida (2015) has discussed about the different types of social interactions which South African youth undertake after leaving care to improve their resilience in the new environment. These social processes include networking to help attain their goals in life, establishing a sense of belonging within the community and improving ones self-confidence in the face of adversaries.

Gilligan (2008) has highlighted through case examples the role of recreation and work in enhancing resilience capacities among these vulnerable young people. According to him, care leavers have the potential to improve and develop themselves, like any other individual. Formal and informal social support acts as the catalyst building their self-identity and self-value. Participation in recreational activities, like caring for animals and learning arts and sports encourages access to wider social network. Work and training provides them opportunity to interact productively and develop relationships with people highly placed in their lives. Gilligan has emphasised on the 'power' of these relationships in shaping the care-leaver's self-development.

Dinisman and Zeira (2011) have emphasised on two types of life skills for care leavers to become competent adults: tangible (or concrete) skills, like finding a job and managing money; and intangible (or felt) skills, such as communication and developing relationships. Stein and Dixon (2006) too, have highlighted on education, development of identity and a range of life skills including healthy eating,

personal care, cooking, cleaning, shopping and budgeting, hobbies, awareness of safe sex practices and issues related to alcohol and drug use as the main elements for preparation of social reintegration.

Promoting family strengthening and counselling programs have been stressed upon as an important element for effective transition of care leavers. In order to facilitate parental support for these young adults post-care, regular family contact of children and young adults with their birth parents have been taken into consideration (Höjer & Sjöblom, 2014).

To conclude, Stein (2008b: 290) has suggested from evidence that the nature of transition of a care-leaver depends on the following: Quality of care available during childhood, special services for care-leavers vis-a-vis general services for all young people, legislative obligations, accessibility of services, level of available funding, monitoring and quality control mechanisms and training and workforce planning.

3. Research questions

The purpose of this study is to describe the experiences of care leavers after leaving the residential care home. It aims to capture the period of transition out of care and their nature of social reintegration into society. All selected respondents include those who have left care in the past four years. The objectives of the study are to: 1. explore the social, economic and family background of care-leavers; 2. describe the experiences of the care-leavers after leaving care; 3. examine the different factors facilitating and hindering the experiences of the care-leavers.

4. Research methods

This study was a part of the doctoral research conducted by the author. Here, transition out of care has been described as the process of social reintegration. Social reintegration has been defined as the process of re-entry of care-leavers into mainstream community life after spending their entire/significant portion of their childhood in a residential care home. Since there are no existing standardised scale to measure the level of social reintegration in the Indian context, two instruments (Preparation for Social Reintegration and Experience of Social Reintegration) were developed in the course of the study to measure the preparation and experience of social reintegration of the participants. The idea for the scales was loosely drawn from Benbenishty and Schiff (2009). But since the context for this study was very different, a comprehensive process was followed for developing the scales. At first, an exhaustive list of skills required by the Indian youths leaving care was developed by the researcher on the basis of initial field work, personal experience and review of literature. This was distributed among ten academicians, field practitioners, social workers and counsellors working with children and youth in care in India. They were asked to score the skills required based on the degree of relevance. Thereafter, the most relevant skills required derived from the highest scored skills with lowest standard deviations were taken into consideration for developing the instruments.

4.1. Instruments used

4.1.1. Preparation for social reintegration

The instrument was designed by the author. It was administered orally during the interview process. It had 26 items each starting with 'When you left care do you think you were...' Each of the indicators had three responses 'Yes,' 'No' and 'More or Less'. However, the scoring was dichotomous, Yes = 1 and More or Less and No = 0. The means of all items were added to compute a preparation of social reintegration score. The higher the score, the better was the preparation for social reintegration. The overall internal consistency of the instrument was 0.776.

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