The Care Leaver Experience

A Report on Children and Young People's Experiences in and after Leaving Residential Care in Uganda

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UCL
UGANDA CARE LEAVERS

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Care leaver visiting her mother's
straw mat business

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Introduction

The Uganda Care Leavers (UCL) project is sponsored by Alternative Care Initiatives (ACI), a Ugandan NGO, and BULA, a U.S. 501 (c)(3) non-profit organization.

The project supports and advocates for **care leavers**—children and young people who have spent some, or all, of their lives in residential care.

The Uganda Care Leavers (UCL) project believes that providing care leavers with support and opportunities to freely voice their perspectives and experiences in a non-threatening and reflective manner is critical in highlighting the inherent challenges of the overreliance on residential care.

UCL believes in the value of care leavers speaking about residential care from a first-hand perspective and using this vantage point to advocate for care reform. This unique perspective gives UCL a powerful voice in influencing policymakers and practitioners to better understand the challenges faced by care leavers who have spent time in residential care in Uganda.
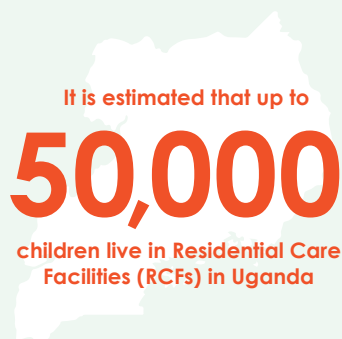
In order to address the need for evidence-based research about the care leaver experience, a study was facilitated by the Uganda Care Leavers project by conducting peer-led participatory workshops throughout the country. These care leavers, identified by local community leaders and networks, were invited to participate in workshops where they completed surveys about their experiences. The study focused on understanding the care leavers' experiences:

- Prior to entry into residential care
- In residential care
- After leaving residential care (including preparation and after-care support, help and advice received before leaving care, and after-care support)

Survey results are the basis of this study's recommendations and suggestions for future care reform.

In writing this report we have protected the identity of the care leavers who shared their experiences with us. We have, however, included their anonymous testimonials which are explicit in nature. The reader should be warned that this report does include some explicit accounts of care leavers' experiences while in care.

Background

It is estimated that up to

50,000

children live in Residential Care Facilities (RCFs) in Uganda

Residential Care Facilities (RCFs) are the most widely used form of formal alternative care for children in Uganda. It is estimated that up to 50,000 children live in RCFs in Uganda—80% of these children have one or both parents living.[1] Therefore the current use of residential care is not limited to children who lack appropriate adult caregivers; rather, it is being used to address a complex set of issues affecting families, largely related to poverty and access to primary services.

Often, children are placed into residential care as a result of numerous issues that challenge families' ability to look after them. These include:

- socioeconomic reasons such as poverty
- lack of access to education
- inability to provide children with disabilities with specialized care
- perceptions that children will have greater opportunities in residential care located in urban areas than in rural communities.[1,2]

The increase in residential care has coincided with growing awareness of and research into the negative effects of institutionalisation on children's physical, emotional, and cognitive development.[3,4,5]

The United Nations Guidelines for the Alternative Care for Children[6] prioritizes family-based care, and designates or recommends residential care as a last resort and a temporary solution. The Guidelines also contain clear recommendations for states to develop a range of policies and services for children and young people who must exit residential care placement. In addition, the Guidelines emphasize the importance of educating care leavers to be self-reliant and to integrate fully into their community, through the acquisition of social and life skills.

Creating a system that promotes, respects, and upholds care leaver rights requires ongoing investment in forward-thinking legislation, strategic planning, and policy making. There is much evidence, however, that the care leaver experience has been neglected and under-prioritized, resulting in the poor long-term social and developmental outcomes for many care leavers.[7]
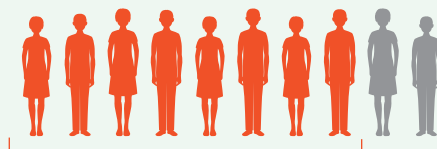
80% of children in RCFs have one or both parents living

Each care leaver is unique; each has different life experiences, opportunities, and choices.
As a group, however, care leavers share some of the poorest outcomes in society.

International research confirms that care leavers are one of the most vulnerable groups in Ugandan society, and highly disadvantaged in comparison to their peers.[7,8] For example, care leavers may suffer from stigma and discrimination, and experience unusually frequent or severe periods of instability, fear, and loneliness. Many of these challenges seem to persist regardless of the length of time since leaving care, and the disadvantages may even be lifelong for some young people.[9,10]

AIMS OF STUDY

Previous research provides important knowledge about outcomes for care leavers at a group level, but tends to overshadow important inter-individual variations, and —more importantly—each care leaver's own experiences of care and transitioning out of care. **The aim of this study was to examine individual children and young people's experiences in and after leaving residential care in Uganda.** By doing so, the UCL project seeks to improve understanding of experiences of care leavers during and after the transition process, by allowing them to tell their own stories.

KEY TERMS

Care Leaver: An adult who has spent time in foster or residential care, or in other arrangements outside their immediate or extended family before the age of 18.

Disability: A physical or mental condition that limits a person's movements, senses, or activities.

Income-Generating Activity (IGA): An activity carried out in order to generate revenues used to ensure the financial sustainability of the organization.

Poverty: The inability of parents or caregivers to provide for a child's basic needs, food, clothing, education, and medical care.

Residential Care Facility (RCF): Group-living arrangements in which children are cared for by paid employees or volunteers, whether on a temporary, mid-term, or permanent basis. This can include, orphanages, children's centres, transit homes, children's villages, or other non-family-based settings. In Uganda, RCFs are commonly referred to as children's homes or orphanages.

Sponsorship: A fundraising strategy in which a charitable organization matches a donor sponsor with a particular child beneficiary. The sponsor receives updates from the child, typically including photos and translated letters, which creates the sense of a personal connection with the child.

Methods
& Procedures

UCL conducted a mixed-methods study on the experiences of young people before, during, and after leaving residential care.

Quantitative data for this study were collected between 2016 and 2017 as part of the regional participatory care leavers workshops in seven Ugandan districts, namely: Kampala, Masaka, Gulu, Lira, Jinja, Napak and Fort Portal. The goal behind the peer-led participatory workshops was to give young people the opportunity to share their views, and to better understand their experiences during the critical phase of transitioning from residential care.

The care leavers workshop participants were identified through existing informal regional care leaver networks, Ugandan Government representatives (probation and social welfare officers), and local civil society organizations that serve young people in the targeted districts.

DEMOGRAPHICS

264 Total participants
165 Males / 99 Females
Ages 16-38

QUANTITATIVE SURVEY: 2016-2017

76 Questions
257 Interviewees
8 Workshops across Uganda

QUALITATIVE INTERVIEWS: 2016-2019

A variety of processes were used including:

Small group discussions

One-on-one interviews

Testimony sharing with the Government of Uganda

QUANTITATIVE METHODS

Quantitative data were collected from a survey that was completed independently by the participants at workshops held during 2016 and 2017. The survey was developed with input from ACI, BULA and care leavers. The survey included questions on age, gender, placement, length of time in care, and experiences in and after care. The quantitative sample comprised a total of 264 care leavers. The majority of survey respondents were male (63%).

Additional quantitative data were obtained from care leavers during a meeting held between care leavers and the Department of Youth and Children Affairs, Ministry of Gender, Labour and Social Development in March 2019.

QUALITATIVE METHODS

In-depth qualitative interviews were conducted from 2016-2019 among the care leavers that had participated in the peer-led participatory workshops. Following the initial analysis of the quantitative data, interviews were conducted in Kampala by a qualitative research specialist. UCL used a semi-structured interview format to explore the views and experiences of care leavers. Interview questions asked about residential care experiences, preparation for leaving care, experiences since leaving care, and after-care support services. The qualitative sample included eight young people (4 male, 4 female).

DATA ANALYSIS

Quantitative data were analyzed using conventional, descriptive statistics and calculated with the Statistical Package for the Social Sciences (SPSS) software Version 23.0. For qualitative data, audio-recorded interviews were transcribed verbatim. The research used a thematic analysis using the Grounded Theory approach to identify the emerging and comparative themes under each topic area.[11]

LIMITATIONS

The UCL study results includes both children and young adults who had lived in residential care at any given time between 2001 and 2015.

This study should be seen as a starting point for further research and discussion, not an ultimate answer to questions regarding young people's transitions from care and current policy and practice responses. The scope of the research project was limited and the selection of participants was not random. The findings may not be generalizable, due to these constraints.

Care leavers participating in a network meeting and life skills workshop

Care Leavers Workshop, Kampala 2016

Results

Demographics

63% of the total study participants were male; and mostly (75%) over the age of 18. 12% of the care leavers reported some form of disability. The vast majority of young people in the sample reported having been in residential care for extended periods of time. Over one third of the young people had been in care for ten or more years, while one fifth had spent between six and ten years in care. Only five young people reported having been in care for less than one year (See Table 1).

37% FEMALE

63% MALE
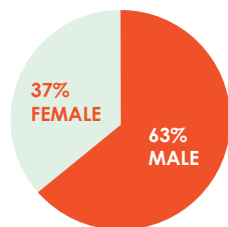
1/3 of care leavers had been in care for 10+ years

Experiences prior to entry into residential care

PRIOR LIVING ARRANGEMENTS

Knowing where children lived before entering care is important to understanding which categories or sub-groups of children are at the greatest risk of entering care in the future. The majority (68.9%) of the care leavers reported living with their biological parents before entering care. This supports research which suggests that the vast majority of children in residential care are not orphans as they have at least one living parent.

The vast majority of children in residential care are not orphans as they have at least one living parent.
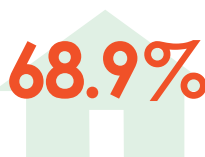
68.9% of care leavers lived with their biological parents before entering care

More than a quarter (27.4%) of residential care leavers studied were living outside family care before entering a care facility. The minority (8%) of these children were living in another care facility prior to entering (See Table 2).

REASON FOR PLACEMENT

More than half (52%) of the care leavers reported poverty as the main reason for placement in a care facility. Poverty was defined as the inability by the parents or caregivers to provide for a child's basic needs, food, clothing, education, and medical care. Slightly more than a quarter of participants (26%) cited death of a parent or caregiver as the reason for being placed in residential care. Other reasons included the disability or chronic illness of a parent or caregiver (See Table 3).

PLACEMENT DECISIONS

Most of the participants (58%) reported that the decision to be placed in residential care was made by family members or a child care agency/organisation (32%). 22% of the study participants reported that they had made the decision to enter care on their own (See Table 4).

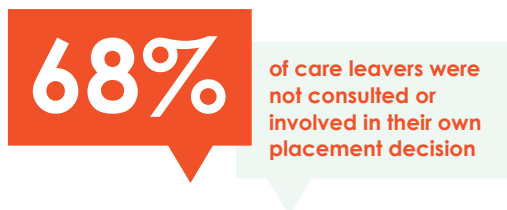### INVOLVEMENT IN PLACEMENT DECISION

Most of the care leavers (68%) reported that they were not consulted or involved in their own placement decision, because they were perceived to be too young.

68%
of care leavers were not consulted or involved in their own placement decision

This reality contradicts the United Nations Convention on the Rights of the Child (UNCRC) principle that requires encouraging "the participation of children, according to their evolving capacity."[12]

During qualitative interviews, participants were asked if they had been the decision maker and where they would have wanted to be placed. The majority of participants said that family would have been the best option for them. A few participants indicated that they would have chosen residential care because they had no family experience. The only home they knew was the institution because they had been abandoned at a young age. However, the majority of participants said family placement was important because of bonding and that it gave them a sense of belonging. One of the participants commented, "a family gives you the roots," while another participant said, "I was not born by an institution; I was born in a family."

INVOLVEMENT IN CARE PLANNING

It is best practice that children are involved in the care planning process. However, 44% of participants in the UCL study reported that they were not involved in their own care

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Top Reasons for Care Placement

52% poverty
48% elderly caregiver
26% death of parent/ caregiver
17% teenage mother
16% sick caregiver

"
I was not born by an institution; I was born in a family.
"

CARE LEAVER STUDY PARTICIPANT

planning process. Due to the institutional nature of many formal care settings, nurturing care—or responding to an individual's developmental needs—is not something that takes place naturally in residential care. Therefore, every child in residential care must have a care plan completed and regularly updated by a social worker. The care plan should be informed by an assessment of the needs of the child and their family that gathers detailed information about the child and family's individual needs and preferences.

44% **of participants reported that they were not involved in the care planning process**

Experiences in residential care facilities

This section explores the residential care experiences of care leavers in the following areas:

- General perceptions about life in residential care
- Contact with siblings and other family members
- Exposure to violence
- Exposure and interactions with donors and volunteers
- Health and development

PERCEPTIONS OF LIFE IN RESIDENTIAL CARE

The majority of study participants said that they liked the educational opportunities within residential care and the possibilities of going to school. When asked about how they got along with other young people in the home, some respondents spoke about the close friendships they had made. They described important bonds with their peers in the homes. These friendships, they reported, "could be long-lasting."

From the engagements with care leavers over the period of the study, UCL observed that as care leavers mature and become more independent, their perspective of living in the RCF changes. Feelings towards the RCF evolve from being somewhat thankful that they were fed and educated in the RCF, to resentment that they were deprived of family and community, and also feelings of being exploited and discarded by the RCF when they left care.

The majority of study participants reported disliking their caregivers because of harassment and mistreatment.

Participants also described the rules as very strict in residential care; which added to their negative feelings.

Care leaver seeing his father for the first time after leaving residential care

"A family gives you **the roots.**"

CARE LEAVER STUDY PARTICIPANT

A number of care leavers who had been out of care for more than five years, found their childhood profiles on social media still being used by the RCF to raise funds. The care leavers not only felt the misuse of their profiles was dishonest and unethical, but also felt embarrassed and angry that their personal information and photos were publicly available online without permission.

Contact with siblings and other family members

PRESENCE OF SIBLING IN THE FACILITY

According to UN Guidelines on Alternative Care, siblings with existing relationships should not be separated by placements in alternative care unless there is a clear risk of abuse or other justification in the best interests of the children. In any case, every effort should be made to enable siblings to maintain contact with each other, unless this is against their own wishes or interests. In the UCL study, 45% of the participants reported that, while in residential care, they had siblings at the same facility.

45%
reported that they had siblings within in the same RCF

CONTACT WITH PARENTS AND RELATIVES

When a child enters care, a family's connectedness through visitation is extremely important for a successful reintegration process. In the UCL study, 84% of children reported being in contact with parents or relatives during their stay in residential care.

Only 16% of participants reported not being in contact with their parents or relatives. However, the frequency of each child's family contact varied. 35% of the children reported having contact with the family at least once in a year. 24% of the care leavers reported contact with family at least monthly. Family contact most often consisted of returning home for holidays (43%) or family visits to the care facility (33%) (See Tables 5 and 6).

Many respondents reported that the RCF encouraged and made arrangements to ensure contact with their families. However, 12% of the care leavers reported that the care facility discouraged them from contacting their family (See Table 7).

Nearly half of the participants (49%) reported that the facility had provided transportation or phone/internet access (25%) to enable them to maintain relationships with family members (See Table 8).

"**Our director forced us to call him daddy** and in his room many awful things went on like sexual abuse. The male directors taught the boys how to masturbate."

"**One time a 14-year old boy impregnated a 13-year old girl,** and they were chased away from the orphanage. The boy went home to his family who were well off. The girl, I don't know what happened to her and the pregnancy. Sometimes I wonder about her."

"One day we caught the matron masturbating a 5-year old boy. We told the reverend and he gave her a suspension for 2 weeks. When she came back she started torturing and mistreating us."

EXPOSURE TO VIOLENCE

Many care leaver participants reported experiencing abuse or violence* during their stay in residential care. For example, more than seven in ten care leavers (71%) reported experiencing physical violence and/or emotional abuse during their stay in residential care. Two in ten care leavers (21%) reported experiencing sexual violence. Boys were more likely to be exposed to physical violence compared to girls. Girls were more likely to be subjected to sexual violence (See Table 9).

In addition, two thirds of participants reported witnessing violence during their stay in residential care (See Table 10). Many care leavers described long-lasting effects of these traumatic experiences.

Interviewees related stories of abuse they experienced and witnessed in which the perpetrators were often staff members, facility directors, and visitors. Some care leavers identified other facility residents, often older children, as being perpetrators of violence and abuse.

7 in 10
reported experiencing physical violence and/or emotional abuse while in care

*Specific incidents of abuse raised by care leavers have been passed on to the relevant authorities.

Health and development

HEALTH AND NUTRITION

The survey asked participants to report whether they received timely medical treatment at residential care facilities. Over all, 27% of care leavers reported that they were typically 'treated after some time', while 6% reported that their requests for medical attention were often ignored (See Table 11).

24% perceived their dietary quality to be poor while in care

3% reported going hungry while in care

With regard to nutrition, 24% of participants perceived the dietary quality of the food provided at RCFs to be poor. 3% reported frequently going hungry during their time in residential care (See Table 12).

SCHOOL ATTENDANCE

The 2013 Children (Approved Homes) Rule[13] requires that each child in residential care is given an appropriate education for their age and ability. In the UCL study, participants were asked about school attendance during their stay in residential care. Nearly 10% of respondents reported that they did not attend school while at an RCF, or attended school inconsistently (See Table 13).

Many of the care leavers interviewed were able to recount positive experiences of their time at school. However, some respondents felt that their care status had affected the dynamic between them and their teachers and schoolmates. For example, some participants recalled feeling pitied by teachers or being bullied at school.

Sponsorship and volunteer tourism

INDIVIDUAL SPONSORSHIP AND CONTACT WITH SPONSORS

The majority of the participants (72%) reported that they had a sponsor(s) during their stay in residential care; and most of them (85%) reported being in regular contact with their sponsors while in care. In most cases, contact was maintained through visits to the facility and written correspondence by email or letters (See Table 14).

VOLUNTEER TOURISM

Volunteer tourism, or "voluntourism," is a growing trend in Uganda. Residential care facilities rely on voluntourism to secure financial and other support from the volunteers, sponsors, and their contacts.

The aspiration to help the most vulnerable children is a noble one, but the booming business of voluntourism sustains practices and institutions that actually do harm. For example, the development of voluntourism has aroused concern because of the potential consequences of allowing untrained and non-vetted foreigners to work for short periods of time in Residential Child Facilities (RCFs).

Foreign voluntourists often work closely with the children in care, which can lead to fast-forming bonds. The abrupt and quick departure of voluntourists can cause anguish for the children who have become attached to them, triggering feelings of abandonment that often lead to complex emotional and psychological problems later in life. Most foreign volunteers do not come equipped with relevant professional training in child development or social work. The volunteers themselves may be unaware of the potential damage caused by their inevitable departure.

Due to the fact that many volunteers have not been vetted, children in RCFs are often put at risk and are made vulnerable to child predators.

In the UCL study, participants were asked if, during their stay in residential care, they interacted with volunteers, and about their general perceptions of volunteers. Overall, 84% of the participants responded that they had interacted with volunteers.

72%
of participants reported having a sponsor

85%
had regular contact with their sponsors

In recent years, there has been a significant increase in the number of cases being reported in the media in which trips to RCFs allow pedophiles easy and unregulated access to children.

"School was alright, I suppose. But it's funny because [when] I was in care, people used to think it's something weird. They used to talk about 'oh she doesn't have a mum, she doesn't have a dad, she's in care,' so it was a horrible experience I suppose. **But, I just had to be strong.**"

CARE LEAVER STUDY PARTICIPANT

In addition, more than half of the study participants (57%) reported that they were made to perform "all the time" during visits by the volunteers.

More than 30% of the participants reported feeling exploited, uncomfortable or disappointed by the volunteers (See Table 15).

More than 30%
of participants reported feeling exploited or disappointed by volunteers

Leaving care

This section explores the post-care experiences of children and young people based on their responses to the study survey and interviews.

AGE AT THE TIME OF LEAVING CARE

The majority of these children and young people were between 12 and 18 years old at the time of leaving care. The final destinations of care leavers varied by age. Sixteen-year olds were more likely to return home to their parents, whereas care leavers over age 18 were more likely to transition to independent living (See Table 16).

REASONS FOR LEAVING RESIDENTIAL CARE

Study participants cited numerous reasons for leaving care. For most participants (56%), the decision to leave care was influenced by the desire to reunite with family. Nearly two-thirds of the participants were over age 18, and therefore too old to remain in a residential care facility. Other participants cited the closure of the residential care facility and abuse/neglect as their primary reason for leaving care (See Table 17).

> **Top Reasons for Leaving Care**
>
> 1. reunite with family
> 2. over age 18
> 3. care facility closed
> 4. fostered/adoption
> 5. abuse/neglect

Preparation and after-care support

CHILD PARTICIPATION IN EXIT PLANNING

Leaving residential care is a long-term process in which every child and young person should have the main voice. Ideally, mechanisms should be put in place so that all children and young people can fully participate in planning for leaving care. However, in the UCL study, 50% of the participants reported that they were not involved in the decision-making process regarding leaving care and exit planning. Qualitative findings indicate that many care leavers felt they were not listened to, and that their needs and preferences were overlooked by the professionals responsible for supporting them through the process.

Care leavers engaging in a
team-building activity

PREPARATION PRIOR TO LEAVING CARE

During in-depth qualitative interviews, participants shared their feelings of preparation or lack of preparation to leave an RCF. Overall, most participants felt that they were insufficiently prepared and supported before leaving care. They described feeling inadequately equipped with socio-emotional, psychological, and economic resources to cope and adjust with life after care (See Table 18).

Participant interview responses described that there were few systems in place or standardized interventions to prepare young people to exit care. According to survey participants, transition support and planning was inconsistent and ad hoc.

> "
>
> **Speaking from experience I grew up in very well-equipped orphanage. However, I was never prepared for life after the orphanage.** There was no system in place for leaving when you reach the age of 18. I struggled to take care of myself and continue with school.
>
> **I witnessed much abuse—rape, defilement and marriage between the orphanage staff and children.**
>
> "
>
> **CARE LEAVER STUDY PARTICIPANT**

Some participants reported that the process of exiting care was fast, unplanned, and abrupt—destabilizing them psychologically, emotionally, and socially. For example, some of the young people described how RCFs made them sign exit documents. "They made false promises and they don't prepare you for the future. Suddenly a meeting was called and we were told that we have to leave the orphanage because other children had to come in," one male participant reported. The RCF staff did not take time to even explain what was in the documents. The care leavers were informed later that the papers were exit documents and once they had signed they must get ready to leave.

A few participants described how they were prepared for exit. Some participants noted that prior to exit, social workers traveled home with them during the school holidays to visit their parents and relatives. A few interviewees said that there was constant contact, dialogue, and communication between the RCF and their family. Other care leavers reported they were counseled and prepared to return home, or their parents were counseled to accept them back into the local community.

> "
> Leaving the orphanage was not fun. I was dumped at the place where I was picked up from. There were a lot of empty promises made by the orphanage to me.
>
> "
>
> **CARE LEAVER STUDY PARTICIPANT**

CONCERNS AT THE TIME OF LEAVING CARE

Care leaver concerns at the time of leaving care mainly centered on accessing education, securing employment, and pursuing caring relationships and stability. Some care leavers reported difficulties in establishing relationships (due to lack of social skills) and inability to form attachments.

Participants' concerns at the time of leaving care were discussed at length as part of the in-depth qualitative interviews. Findings show that care leavers experienced a range of emotions when leaving their place of care including excitement, anxiety, and uncertainty. Most interviewees described feeling uncertain about who would support them once they left care. They were worried if their families would be able to support them emotionally or pay for their education. Some care leavers also had concerns about their physical safety after leaving care (See Table 19).

> **"**
> I was scared because I was alone. But what else could I do? I was all alone.
> **"**
>
> **CARE LEAVER
> STUDY PARTICIPANT**

Challenges of leaving care

Care leavers continue to face a myriad of social, emotional, and economic challenges after exiting residential care. The major challenges reported by care leavers in the UCL study were difficulties in finding a job (32%), accessing education (30%), and financial/economic difficulties (26%). Other care leavers also reported socio-emotional and psychological struggles such as missing their friends, difficulties adjusting to life outside the care facility, and not being accepted by the family and community as major challenges (See Table 20).

Major Challenges for Care Leavers

finding a job   **access to education**   **finances**

Similarly, during in-depth qualitative interviews, the main challenges described by care leavers as they transitioned from facility care to independent living were difficulty in meeting basic needs, such as having enough food and clothing. Others said they had trouble finding a job or sponsorship to continue their education.

Challenges related to their sudden independence were also described by participants. Some care leavers expressed feelings around not having the same level of support as at the facility and difficulty accepting the reality that the struggles they experienced prior to entering care had returned.

Care Leavers Engagement,
Kampala 2018

"I do communicate with other colleagues who are still there [in the facility] apart from those who are here [at the workshop]. All I can say is that we are a family and **we want to know what is happening to our friends regardless of where they are.**"

CARE LEAVER STUDY PARTICIPANT

Leaving care also meant leaving the relationships created with staff and other residents within the facility, and encountering difficulty forming new relationships and being part of a family again. For example, one care leaver said she never felt like part of the family because she had spent most of her life in the institution and that the bond with her relatives was severed. In addition, adapting to family routines was also highlighted as a challenge having been used to routines in the RCFs.

Care leavers also discussed the challenges of dealing with the stigma of growing up in residential care. For example, some care leavers described not liking the way they were perceived in the community.

One care leaver reported that community members had a judgmental attitude toward young people leaving residential care that harmed their chances in life just as much as the circumstances that took them into care in the first place.

Personal relationships outside of the RCF were discussed by most care leavers as being a challenge, with participants describing little to no contact with the friends or staff they knew at the facility. Others described their relationship with friends from the facility as being like their family, and participants described returning to the facility to visit.

> **"**
> At [facility] when I went there, things were okay. At least I was helped in life. **But when I went into the community, things became very hard.** It's like I went back to stage one, the way I used to suffer with my mother.
> **"**
> **CARE LEAVER STUDY PARTICIPANT**

After-care support

With regard to after-care support from residential care facility and family, more than one third of care leavers reported that were not currently receiving any support from the care facility (36%) or family (35%) since leaving care (See Tables 21 and 22). Among those who reported receiving support, the majority were receiving money for education and vocational training, housing, and to start an income-generating activity.

After-care support includes providing opportunities for young people to maintain contact with their previous care staff, carers, and friends, in recognition of the importance of ongoing relationships. In this study, the majority of the care leavers (80%) reported still being in contact with friends made during their stay in residential care.

When asked about community level support, none of the care leavers mentioned any type of structured support services.

Support needs of care leavers

This study sought to identify areas in which care leavers still need help and support. These findings show that most care leavers mainly required education support (35%), capital to start an income-generating activity (21%), employment (12%), and material support/assistance (11%) (See Table 23).

In qualitative interviews, care leavers expressed a desire for adult mentors to provide insight and advice about their future career and other life choices. They described the urgent need for meaningful one-on-one transition support from qualified professionals. They wanted to feel a true connection with case managers and the other members of their support teams, and were frustrated by professionals who provided support 'just because it's their job'.

Interview participants also felt strongly that the Ugandan government should provide more practical support to care leavers such as:

- Alumni support groups and social networks
- Trauma-informed mental health services
- Vocational training and placement programs
- Scholarships and education support
- Startup training and funding for entrepreneurs

Conclusions & Recommendations

CONCLUSIONS

This study has attempted to fill a gap in research on young people leaving residential care in Uganda. The study shows the complexities of the situations of children before they enter care, during care, leaving care, and in life after care.

Many UCL study participants described the time of leaving care as a very challenging period in their lives, with numerous obstacles and little advice or preparation.

In addition, many participants stated that they had minimal involvement in the decision making process when transitioning out of the care setting. Research shows that insufficient preparation can have a negative effect on a young person's transition to independence.

The UCL study also highlighted that the quality of the RCFs in terms of nutrition, education, and material provisions, had little impact on the ability of the care leaver to adequately adjust and function in society independently.

Observations from care leavers who grew up in children's villages (a specific type of RCF with 'family-like' care) had significant problems in reconciling their upbringing in such RCFs with the realities of leaving care and life outside of the RCF. In these RCFs, children are more exposed to western culture than in other RCFs and are often systematically groomed to believe they are 'chosen.' In the case of one large children's village, the children living there were groomed to believe they will become the future national and global leaders. The realisation upon leaving care that this is not the case is difficult for many care leavers. That realisation, combined with their lack of connections to family and community, which they lost while living in care, has devastating consequences.

The challenges facing care leavers in Uganda bear striking similarities to those found in other African countries: limited access to education opportunities, unemployment, social exclusion, and cultural dislocation. Generally, care leavers transition out of care with little or no support and few resources. In most cases, care leavers must rely on their own capacity to create opportunities for themselves, rather than on formal social welfare support or transition programming. Their situation is exacerbated by the absence of follow-up services and other contextual factors including lack of helpful or reliable supportive relationships.

Well-planned and managed preparation for leaving care, as well as ongoing support after care are required to ensure smooth transitions for care leavers.

There are currently no policies or regulations in place in Uganda that govern after-care support for young people who have exited residential care. Professionals who work directly with young people leaving care are often poorly equipped with the skills, knowledge, and tools they need to work with young people transitioning out of care.

RECOMMENDATIONS

Greater prevention

Strengthen gatekeeping and interventions so that children never enter residential care in the first place. Efforts should be redirected away from residential care and toward to ensuring that families and communities are safe and supportive for vulnerable or at-risk children.

Targeted support

Design and implement services that support and empower young people transitioning out of care, (such as semi-independent living programs) with young people's participation.

Improved tracking

Develop a set of tools and resources for tracking children entering, living in, and leaving RCFs. This is critical because it will enable evidence-based practice to develop within the care system.

Build capacity

Strengthen the capacity of professionals to support and empower young people transitioning out of care. This should include organized professional development events to strengthen practice for working with this target group, to provide much needed debriefing and care for the caregivers themselves.

Robust peer-support networks

Once accurate tracking is improved, spaces can be created where care leavers can form alumni groups. These graduates of the process play a vital role as mentors providing peer support to other young people in RCFs.

Advocacy

Advocate for the revision of existing policies and regulation to ensure more meaningful guidance on how to prepare and support young people transitioning out of care.

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Data

TABLE 1

Participant demographics

		Female		Male		TOTAL	
		96	37.4%	161	62.6%	257	100%
Age	<12 Years	1	0.7%	2	2.2%	3	1.2%
	12-18	31	20.3%	26	28.9%	57	23.5%
	18+	121	79.1%	62	68.9%	183	75.3%
	No Response/DK	8	5.0%	6	6.2%	14	5.4%
	No	135	83.9%	74	77.1%	209	81.3%
	Yes	18	11.2%	12	11.2%	30	11.7%
	Non response	8	5.0%	10	10.4%	18	7.0%

7 care leavers had no gender—omitted from response

TABLE 2

Living arrangement prior to entry into care

	Female		Male		TOTAL	
Parent(s)	68	72.4%	105	66.9%	173	68.9%
Grandparents	28	29.8%	63	40.1%	91	36.3%
Other family members	10	10.6%	38	24.2%	48	19.1%
On the street (alone or w/ family)	15	16%	30	19.1%	45	17.9%
Friends	6	6.4%	21	13.4%	27	10.8%
Another care facility	1	1.1%	7	4.5%	8	8.3%
Remand Home	0	0%	3	1.9%	3	1.2%
Other	1	1.1%	2	1.3%	3	1.2%

6 care leavers had no response to the question

TABLE 3

Reason for placement in residential care

	Female		Male		TOTAL	
Death of a primary caregiver	19	20.4%	44	28.8%	63	25.6%
Poverty at home	60	64.5%	67	43.8%	127	51.6%
Elderly caregiver	14	15.1%	34	22.2%	48	19.5%
Sick primary caregiver	6	6.5%	10	6.5%	16	6.5%
Others	13	14.0%	20	13.1%	33	13.4%
Teenage mother	6	6.5%	11	72%	17	6.9%

11 care leavers had no response to the question

TABLE 4

Who made the placement decision?

	Female		Male		TOTAL	
Family members	44	27.4%	35	36.5%	79	57.9%
Family friend/neighbors	25	15.5%	5	5.2%	30	11.7%
Own decision (self)	35	21.7%	21	21.9%	56	21.8%
Statutory duty bearer*	12	7.5%	2	2.1%	14	5.4%
Childcare agency/org. staff	44	27.4%	28	29.1%	72	31.7%
Other	4	2.5%	1	1.0%	5	1.9%

*The police, district social worker and probation officer or community development officer

TABLE 5

Frequency of contact with family

	Female		Male		TOTAL	
Weekly	21	13.0%	12	12.5%	33	12.8%
Monthly	41	25.5%	20	20.8%	52	23.7%
Annually	54	33.5%	36	37.5%	90	35.0%
Never	21	13.0%	19	19.8%	40	15.6%
Others	14	8.7%	7	7.3%	21	8.2%

TABLE 6

Holiday visitation with family

	Female		Male		TOTAL	
Family visited care facility	27	30.0%	53	34.9%	80	33.1%
Returned home for holiday	42	46.7%	62	40.8%	104	43.0%
Telephone	5	5.6%	11	7.2%	16	6.6%
Letters	5	5.6%	5	3.3%	10	4.1%

TABLE 7

Encouraged contact with family by care facility

	Female		Male		TOTAL	
All I had to do was ask and the facility would make arrangements	43	26.7%	19	19.8%	62	24.1%
Reluctantly the care facility would allow me to speak to or visit my family	24	14.9%	13	13.5%	37	14.4%
The care facility discouraged me from interacting with my family	11	6.8%	19	19.8%	30	11.7%
Care facility organized visits to my family	41	25.5%	28	29.2%	69	26.8%
I had no family left	8	5.0%	6	6.3%	14	5.4%
I did not want to interact with my family	7	4.3%	3	3.1%	10	3.0%

TABLE 8

Transportation provided to contact family

	Female		Male		TOTAL	
Organized transportation	43	45.7%	78	51.7%	121	49.4%
Airtime to call them	22	23.4%	38	25.2%	60	24.5%
They did not help at all	27	28.7%	29	19.2%	56	22.9%
Others	6	6.4%	23	15.2%	29	11.8%

TABLE 9

Exposure to violence

	Female		Male		TOTAL	
Personally experienced physical abuse	86	53.4%	97	101.0%	183	71.2%
Sexually abused	21	13.0%	33	34.4%	54	21.0%
Personally experienced emotional abuse	110	68.3%	91	94.8%	201	78.2%

TABLE 10

Witnessing violence in care

	Female		Male		TOTAL	
Witnessed others experiencing physical abuse	107	66.5%	74	77.1%	181	70.4%
Witnessed others being sexually abused	121	75.2%	90	93.8%	211	82.1%
Witnessed others experiencing emotional abuse	94	58.4%	76	79.2%	170	66.1%

TABLE 11

Treatment for illness or injuries

	Female		Male		TOTAL	
Ignored	8	5.0%	7	7.3%	15	5.8%
Treated immediately	107	66.5%	55	57.5%	162	63.0%
Treated after some time	40	24.8%	30	31.3%	70	27.2%
Others	7	4.3%	1	1.0%	8	3.1%

TABLE 12

Dietary quality

	Female		Male		TOTAL	
Very good	78	48.4%	38	39.6%	116	45.1%
It was ok	55	34.2%	25	26.0%	80	31.1%
Very poor	29	18.0%	32	33.3%	61	23.7%
I frequently went hungry	4	2.5%	3	3.1%	7	2.7%
Other	3	1.9%	1	1.0%	4	1.6%

TABLE 13

School attendance

	Female		Male		TOTAL	
School within the care facility	55	34.2%	39	40.6%	94	36.6%
Boarded outside the care facility	63	39.1%	21	21.9%	84	32.7%
Day school outside of the care facility	40	24.8%	31	32.3%	71	27.6%
Did not attend school	7	4.3%	1	1.0%	8	3.1%
Rarely attended school	7	4.3%	9	9.4%	16	6.2%

TABLE 14

Individual sponsorship and contact with sponsors

	Female		Male		TOTAL	
Did you have a sponsor while in the care facility?						
Yes (one or more)	66	74.2%	109	71.2%	175	72.3%
No/Don't know	20	22.5%	41	26.8%	61	25.2%
Did you have contact with sponsors?						
Yes	39	81.2%	76	88.4%	115	85.8%
No/Don't know	9	18.8%	7	8.1%	16	11.9%
How did you interact with sponsors?						
Visited us	74	46.0%	42.2	56.3%	128	49.8%
Telephone	17	10.6%	4	4.2%	21	8.2%
Writing emails	25	15.5%	8	8.3%	33	12.8%
Writing letters	68	42.2%	43	44.8%	111	43.2%

TABLE 15

Volunteer tourism

	Female		Male		TOTAL	
Did the care facility receive mission trips or volunteers?						
Yes	69	84.2%	114	83.9%	183	83.6%
No/Don't know	11	13.4%	17	12.5%	28	12.8%
Others	2	2.4%	5	3.7%	7	3.6%
Were the children expected/made to perform for the visitors?						
Sometimes	26	29.5%	63	43.4%	89	38.2%
All the time	57	64.8%	76	52.4%	133	57.1%
Never	1	1.1%	5	3.4%	6	2.6%
How did the children feel about receiving visitors/mission trips?						
Excited	113	70.2%	68	70.8%	181	70.4%
Exploited	19	11.8%	12	12.5%	31	12.1%
Uncomfortable	16	9.9%	12	12.5%	28	10.9%
Disappointed	25	15.5%	8	8.3%	33	12.8%
Others	8	5.0%	6	6.3%	14	5.4%

TABLE 16

Age at the time of leaving care

	Female		Male		TOTAL	
7-12 years	22	14.8%	12	14.3%	34	14.6%
12-18 years	88	59.1%	61	72.6%	149	63.9%
Don't know	15	10.1%	7	8.3%	22	9.4%
Other	24	16.1%	4	4.8%	28	11.7%

TABLE 17

Reasons for leaving care

	Female		Male		TOTAL	
Older than 18 (too old)	50	34.2%	26	29.8%	76	32.6%
Reunite with family/relative	88	54.7%	51	53.1%	88	54.7%
I ran away due to abuse/neglect	14	8.7%	8	8.3%	22	8.6%
The care facility closed	24	14.9%	5	5.2%	29	11.3%
I wanted to leave	1	6.0%	2	2.1%	3	1.2%
I got pregnant	0	0%	4	4.3%	4	1.6%
To get married	2	1.2%	3	3.1%	5	1.9%
Misbehaved/accused of misbehaving	1	6.0%	0	0%	1	4%
I was fostered/adopted	21	13.0%	5	5.25%	26	10.1%
Others	9	5.6%	9	9.4%	18	7.0%

TABLE 18

Support provided to children leaving care

	Female		Male		TOTAL	
Housing	25	16.8%	9	10.5%	34	14.5%
Committed to paying school fees	50	33.6%	30	34.9%	80	34.0%
Counseling	40	26.8%	13	15.1%	53	22.5%
No support	31	20.8%	32	37.2%	63	26.8%
Others	3	2.0%	2	2.3%	5	2.1%

TABLE 19

Concerns at the time of leaving care

	Female		Male		TOTAL	
Continuing education	45	51.7%	86	59.7%	131	56.7%
Finding a job/employment	29	33.3%	71	49.3%	100	43.3%
Suffering neglect	4	4.6%	6	4.2%	10	4.3%
Missing friends	27	31.0%	41	28.5%	68	29.4%
Food	11	12.6%	12	8.3%	23	10.0%
Not having any where to go/live	11	12.6%	19	13.2%	30	13%
Not being accepted by family/community	5	5.7%	13	9.0%	18	7.8%
How to cope life outside of the facility	16	18.4%	28	19.4%	44	19.0%
Not having anyone who understands me	11	12.6%	18	12.5%	29	12.6%
Others	5	5.7%	5	3.5%	10	43%

TABLE 20

Challenges of leaving care

	Female		Male		TOTAL	
Continuing/accessing education	50	31.1%	26	27.1%	76	29.6%
Finding a job	55	34.2%	29	30.2%	84	32.7%
Financial/economic difficulties	41	25.5%	26	27.1%	67	26.1%
Missing friends in the care facility	40	24.8%	26	27.1%	66	25.7%
Do not have enough food	28	17.4%	17	17.7%	45	17.5%
I do not have adequate living conditions	32	19.9%	12	12.5%	44	17.1%
Not accepted by my family/community	8	5.0%	9	9.4%	17	6.6%
Difficulties adjusting to life outside the care facility	29	18.0%	13	13.5%	42	16.3%
I have no one who understands me	13	8.1%	9	9.4%	22	8.6%
Struggling to maintain a relationship	14	8.7%	7	7.3%	21	8.2%
Stigma	6	3.7%	4	4.2%	10	3.9%
Other	6	3.7%	6	6.3%	12	4.7%

TABLE 21

Current support from care facility

	Female		Male		TOTAL	
Pay school fees	62	38.5%	21	21.9%	83	32.3%
Vocational training	28	17.4%	16	16.7%	44	17.1%
Helped me establish a business	9	5.6%	6	6.3%	15	5.8%
I work for the care facility	18	11.2%	7	7.3%	25	9.7%
Provide money for rent	16	9.9%	7	7.3%	23	8.9%
Provide a social worker	13	8.1%	4	4.2%	17	6.6%
Psychosocial support	12	7.5%	5	5.2%	17	6.6%
No support provided	52	32.3%	40	41.7%	92	35.8%
Other	6	3.7%	1	1.0%	7	2.7%

TABLE 22

Support from the family

	Female		Male		TOTAL	
Pay school fees	22	13.7%	9	9.4%	31	12.1%
Vocational training	13	8.1%	10	10.4%	23	8.9%
Helped me establish a business	23	14.3%	7	7.3%	30	11.7%
Provide money for rent	14	8.7%	7	7.3%	21	8.2%
Provide a social worker	13	8.1%	5	5.2%	18	7.0%
Psychosocial support	15	9.3%	5	5.2%	20	7.8%
No support provided	52	32.3%	38	39.6%	90	35.0%
Other	28	17.4%	12	12.5%	40	15.6%

TABLE 23

Support needs of care leavers

	Female		Male		TOTAL	
Education support	36	37.5%	54	33.5%	90	35.0%
Employment	7	7.3%	23	14.3%	30	11.7%
Financial support	1	1.0%	8	5.0%	9	3.5%
Life skills training/counseling and guidance	5	5.2%	11	6.8%	16	6.2%
Vocational skills training	3	3.1%	5	3.1%	8	3.1%
Material support/assistance	11	11.5%	16	9.9%	27	10.5%
Family support	4	4.2%	7	4.3%	11	4.3%
Capital to start up business	22	22.9%	33	19.9%	55	21.4%
Others	16	16.7%	32	20.5%	55	21.4%

For more information about the
Uganda Care Leavers project,
email **info@uganda-care-leavers.org**
or visit **uganda-care-leavers.org.**