Transitioning to Adulthood: Examining Aging out of Care Experiences of Adolescent Girls in Addis Ababa, the Case of Kechene Female Children and Youth Institutional Child Care and Rehabilitation Center

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This is to certify that the thesis presented by Anduamlak Molla Takele entitled: Transitioning to Adulthood: Examining Aging out of Care Experiences of Adolescent Girls in Addis Ababa, the Case of Kechene Female Children and Youth Institutional Child Care and Rehabilitation Center and submitted in partial fulfillment of the requirements for the degree of Masters of Social Work compiles with the regulation of the University and meets the accepted standards with respects to originality and quality.

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Advisor

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Chair of Department or Graduate Program Coordinator

Declaration

I, the undersigned, declare that this is my original work and has not been presented for a degree in any other university and all the sources of materials used for this research project have been duly acknowledged.

Student Name: Anduamlak Molla Takele

Signature Date

……. ……..

Confirmed by:

Advisor's Name: Messay Gebremariam (PhD)

Signature Date

……. ……..

Dedication

To those adolescent girls who have emancipated from institutional childcare and who have been exploring their adult world by their own. My passion to this special segment of population has driven me to carry out this research to uncover their ageing out of care experiences.

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Above all, I would like to extend my gratitude to God for giving me the second chance to be at school again after I have passed through many life challenges. It is God, who listens my sorrow and regret in those past days of my life. For all He has done to me I have to thank. Thank you very much God! Messay Gebremariam (PhD), who is my Instructor and my Advisor, I am indebted to you. You are my source of strength and inspiration when things become very challenging to me and putting me in the middle of confusion.

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Abstract

Adolescents' transitioning to adulthood is a critical point that demands the support of significant others for the smooth transition of adolescents into independence. Adolescent girls' aging out of institutional child care experiences and associated problems are a neglected issue in Ethiopia though adolescent girls who are still in institutional child care and who have already exited from institutional care have been experiencing problems of playing an adult role and reintegrating into the surrounding community upon their discharge from institutional care. To uncover adolescent girls' aging out of institutional child care experiences, qualitative descriptive case study design was carried out based on the experiences of three adolescent girls who had already left institutional care and four adolescent girls who are expected to leave care in the year 2015-2017 with particular reference to Kechene Female Children and Youth Institutional Child Care and Rehabilitation Center in Addis Ababa. Data were also collected from two key informants; from one staff of the institution and one Kechene community dweller, seven care givers from the institution, and three professionals working in the institution and in Addis Ababa City Administration Women and Children Affairs Bureau. Participants of the study were recruited via non- probability purposive sampling technique and data were collected through the use of an in-depth interview, FGD, Key informant interview, observation, and document review. The generated data were analyzed by using qualitative thematic analysis tool. The study found that adolescent girls' emancipation from the institution is done without a well designed path way plan though there is a program called rehabilitation scheme for those adolescent girls screened for leaving care.

Keywords: Transition to adulthood, ageing out, institutional care, adolescence, adolescent girls, developmental task, qualitative, descriptive, case study, cross sectional study

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List of Abbreviations and Acronyms

BSW-Bachelor of Arts in Social Work

FHI-Family Health International

FGD-Focus Group Discussion

FGDCG- Focus Group Discussion with Care Givers

HIV/AIDS-Human Immune Virus/

IIAPS-In-depth Interview with Adolescent girls in Preparation Stage

IIAGHL-In-depth Interview with Adolescent girls who have Left care

IIBW- In-depth Interview with Bureau of Women

KIISK-Key Informant Interview with Staff of Kechene

KIICD- Key Informant Interview with Community Dweller

MSW-Masters of Social Work

NASW-National Association of Social Workers

OVC-Orphan and Vulnerable Children

SOS-Save Our Soul

UNCRC-United Nations Convention on the Rights of a Child

UNICEF- United Nation International Children's Education Fund

UN-United Nation

US-United States

WHO-World Health Organization

Chapter One

Introduction

The number of children who need protection and care is increasing at alarming rate world- wide and the phenomena largely attracts the attention of different actors that are mandated to serve and ensure the well-being of these children. Among those children who are able to knock the doors of many humanitarian organizations, policy makers, and social care professionals are orphan and vulnerable children who are being cared for by institutional child care centers that are running by both government and private agencies. These growing concern is mainly derived from the existing research evidence that has been showing the detrimental effect of institutionalization on children's healthy development that result in poor reintegration and inability to lead independent life after they leave care(Genet Degefa, 2014; Stein, 2006; Courtney & Dworsky, 2006). Despite the existence of robust research that has shown the ill effects of institutional care on children's holistic development and difficulty of acquiring the necessary skills for adult life, institutions for children still exist in the world especially in sub-Saharan Africa (Dunn, Jareg & Webb, 2003).

Although there is a paradigm shift from institutionalization to deinstitutionalization in the current practice of care for orphan and vulnerable children, the number of children admitted by the institution for care is increasing from time to time which is contrary to this endeavor (Family Health International [FHI], 2010). Research findings showed that children in institutional child care are suffering from lack of the necessary skills for their later independent living when they

age out from institutional child care (Retrack, 2012). Institutional care leavers' transition to adulthood, moving to adult status, is spontaneous and un-planned which makes their journey towards independence full of adversity (Stein, 2006). Children of this category have often represented as having history of poor school performance, homelessness, unemployment, poor reintegration outcome, and being involved in criminal activities (Stein, 2006; Wade, 1997). The phrase "the transition to adulthood" as Arnett (1997) has conceptualized is a connotation for the existence of a social idea of what it means to be an adult and this adult status is both biological and socially constructed. Researchers and theorists in the area have been forwarding their own insights for the question "what transition events can be considered as a marker of an adult status?" For Arnett (1997) sociological and anthropological perspectives on the normative event sequence comprising the transition to adulthood (i.e., completion of formal education, followed by employment, marriage, and parenthood) are obsolete with rising median ages in completing such transition events as the timing of life transitions becomes based less on social norms and more on individual preferences in the West.

The pressing issue in assessing institutional child care program is whether these children under the care of such institution are capable of leading their own life and able to accomplish an adult role(i.e., completion of formal education, followed by full time employment, marriage, and parenthood) or not (Stein, 2006; Wade, 1997 ; Courtney & Dworsky , 2006). Assessment of the service packages that are delivered to this children in this setting and their sense of readiness to live their own independent life has a profound implication for the particular child and the institution that is mandated to nurture and equip this child in order to lead successful independent life and smooth reintegration of him /her in to the wider society.

To this end, this research was conducted in one governmental institutional child care center namely Kechene Female children and Youth Institutional Care and Rehabilitation Center with the intention of examining adolescent girls' aging out of care experiences in the year from 2015 to 2017. Therefore, this chapter consists of background of the study, statement of the problem, research questions, research objectives, delimitation of the study, and purpose of the study.

1.1. Background of the Study

Children become in the state of out of family care due to their inability to get care from their biological families and significant others. Among the most cited reasons that leave children without parental care are HIV and AIDS, natural disasters, internal migration, and chronic poverty (FHI, 2010). The deteriorating capacity of informal care mechanisms for orphan and vulnerable children signals the inevitable nature of state intervention in addressing the needs of such segment of population (FHI, 2010). The role of the state in protecting and caring for these children can be manifested in different ways depending on the socio-legal as well as ideology of the state.

The state may respond to the various needs of these children by formulating policies and directing services that are aimed at achieving healthy development of children that takes into account their specific context in which they live. This state obligation for serving those needy children is recognized by international legal frameworks (UNCRC, 1989; UN Alternative Child Care Guideline, 2010). Accordingly, states are also mandated to design systems that promote the healthy development of a child in a family like environment and alternative child care mechanisms should be in place in accordance to their effect on children's development.

Institutional child care is among those alternatives for an unaccompanied child and it is perceived as a last resort due to its detrimental consequence on the development of children in and out of institutional care (Dunn et al., 2003).The current focus of research and practice is moving towards deinstitutionalization that targets provision of care for OVC in another alternative care mechanisms-community based child care. Ironically, admitting children for institutional child care service is continued though research findings have been showing the denouncement of such care provision due to its negative long lasting effect on children's holistic development (FHI, 2010).

Ethiopia, the second most populous country in Africa with a population of 94.1 million has made great strides toward economic growth and reduction of poverty in the last decade. However, the country is home to over 5 million orphans, including children who have lost one or both parents and those whose families cannot support them due to extreme poverty and/or HIV/AIDS. Some of these children are taken in by their extended families, but many are placed in child care institutions, where they may stay until reaching adulthood. These young people often find themselves beginning the transition to independence without the necessary physical, psychological, or economic tools and networks critical for healthy development(Improving Care Options, 2010; Standard Service Delivery Guidelines, 2010).

Given that de-institutionalization processes are growing in Ethiopia, having just begun at the end of 2011, there are only a few examples of concrete practice that shows the possibility of practicing it and transferring its positive outcomes (Retrack, 2012). In Ethiopia, specifically in Addis Ababa City Administration, there are institutional child care provision agencies that are governmental and non –governmental. Kechene Female children and Youth Institutional Care

and Rehabilitation Center is one of the governmental institutional child care provider which is administered under Addis Ababa City Administration Women and Children Affairs Bureau. Hence, this study was carried out among adolescent girls who are residing in the institution and who had left this institutional child care in the year 2015 to 2017 to examine their aging out of care experiences in this institution.

1.2. Statement of the Problem

Adolescent's successful transition to adulthood is mainly the result of their socialization that provides the necessary skills that could be the ground for independent functioning in their later life and the responsibility of supporting and mentoring these adolescents relies on the shoulder of their biological parents, relatives, and professional child caregivers respectively.

UNICEF (2011) presents what a family setting provides for children to be independent adults as part of its socialization function as compared to the residential care. Children who grow up in a family setting get the chance to learn how to organize household chores and manage money but such type of socialization is absent in residential care due to the fact that those roles are assumed to be the role of paid adults who are assuming care provision for them. Since adolescent's transition to adulthood has brought a mixture of hope and fear on them, supportive adolescent- adult relationship is needed for their smooth transition. Gonzalez (2015) expresses this situation as:

> For many youth the transition from adolescence to adulthood is fraught with developmental and environmental upheavals and challenges. The transition to adulthood is even more difficult for youth who are removed from their homes and placed in foster

> care or other "out of home" living situations. These youth carry the burden of a history of maltreatment, neglect or abandonment and have faced the uncertainty and disruption of being moved from the family they know to a new and unfamiliar living situation, often among strangers. Faced with such upheaval, these youth may develop troublesome behavior and adjustment problems, including delinquency and a variety of other behavioral and psychosocial difficulties. (p.9)

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 (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'(Biehal, 1995, p.4).

Dunn et al., (2003) underscores the risks associated with institutional care as reduced ability to form lasting attachments, community stigmatization, and transitional risks related to housing, education, and employment when children leave institutional care. Despite the belief on the potential benefit of positive relationships with committed and trusted adults for independent living of adolescents who age out of institutional care, preparation before they leave care and support after they leave care is a critical issue that has been largely neglected. SOS Children's Village International in its study on "Ageing out of care: From care to adulthood in European and Central Asian societies in 2010" found that non-existence of specific polices and plans of action which helps to tackle problems of young people ageing out of care in the study area.

Care leavers, specifically adolescents who are ageing out of child welfare system have been recognized as the most disadvantageous group among the world population of adolescent (Stein, 2006). Despite the existence of robust researches on outcomes of institutional care for adolescents, theories that give explanation about the nature of institutional care leavers and comprehensive care mechanism for facilitating their independent living have not well developed yet. Theories that are in use to explain care leavers phenomenon in general and adolescent girl care leavers in particular are mainly adopted from those theories that are not independently developed for theorizing the phenomena of care leavers (Stein, 2006). What is most pressing is absence of well recorded data that tells us the where about of these particular care leavers. Child care organizations that are working on adolescents' preparation and independent living have no information about the destinations of these adolescents who had left their care facilities.

Pertinent to this, data about the status of state care leavers is not sufficiently abundant even in developed countries which have a history of care leavers' act and associated programs to rehabilitate those state care leaver adolescents (Stein, 2006; Wade, 1997). Although research that files the nature of state care leavers is enormous in developed countries, status of state care leavers in developing countries, especially in Africa is poorly known (Manso, 2012 ; the International Organization for Adolescents, 2011). Manso (2012) and Tolfree (1995) have stated this concern as:

> In reaction to the challenges faced by many care-leavers, most advanced countries have put in place legislation that provides funding and mandates the provision of services that aim to prepare and support young people in out-of-home care for their transition to adulthood. Such a situation, however, is non-existent in many African countries including

> Ghana. Very little is known about how developing countries, like Ghana, are preparing looked-after children for adulthood. (p.3)

Some studies have been conducted on aging out of institutional child care focusing on preparation, experience, and nature of support needed for these children. For instance, Harriet (2011) researched on the potential impact of past experience of discontinuities and disruptions on the process of leaving care in England and Wales. This study found that developing a sense of belonging and connectedness as key factors that facilitate the move towards independence for young people leaving institutional care.

Annemiek, Erik, and Margrite (2011) carried out a follow up study on the experiences of adolescents in the Netherlands after they leave institutional care. The study indicates that many adolescents exhibit problems of finances, school and employment, and living arrangements in the process of leaving care. Sonia and Cameron (2012) researched on ways of motivating care leavers to stay in school and its role in accessing further education and employment in England, Denmark, Sweden, Spain and Hungary. The result shows that the existence of similar experiences concerning disruptions in young care leaver's earlier education in the study areas.

On the other hand, Rawan and David (2011) investigated post- care experience of residential care leavers in a Non-Western, patriarchal Arab family in Jordan. The study indicates that care leavers have faced grave after care problems like trying to cope with accommodation, money, employment, and educational needs due to the existence of little formal preparation and making their exit in a situation when after care support legislation and service is absent.

Similarly, Tuhinul (2012) undertook a study among residential care youth in Bangladesh and found that the existence of the link between in-care experience and the success of young people in the outside world. Research concerning preparation of children in residential care for independent living has been also conducted in Africa. For example, Esmeranda, Harriet, and Eunice (2015) have conducted research intended to assess existence of after care plan and readiness trials among children before they exit residential care in Ghana. The result revealed that the issue of post-care plan is not given due attention by most residential care facilities and children are not accustomed with it.

Similarly, Pamhidzayi (2016) carried out a study on adolescent girls' perception of successful transition out of institutional care and needed programmes to achieve it in Zimbabwe. The study suggests that adolescent girls connect successful transition with social, economic, and emotional well-being. The study further indicates that programmes that offer advocacy skills, relationship building, educational support, accommodation, financial support, employment opportunities, family tracing, and after-care support are needed to minimize the effects of after-care challenges.

A research done in Ethiopia by Tsegaye Chernet (2001) shows that children in institutional care experiencing depressive symptoms, developing a dependency on staff and little sense of responsibility, feeling inferior to local children and having low self-esteem, and having little adult guidance and little individual attention from caregivers. Kainan Sebri (2015) on her master's thesis revealed that children in institutional childcare have developed low self-esteem when they joined the period of adolescence which is mainly attributed to conditions of service delivery of these institutions. In another study, conducted by Workye Tsige (2015) institutional

orphan children's level of psychological wellbeing is found less than their counterparts which is the result of educational background and age difference.

Genet Degefa (2014) on her master's thesis underscored the challenging nature of reintegration of orphan children into the community after they leave care though the study exclusively focuses on post institutional reintegration challenges by ignoring exploration of their preparation and skill acquisition. Concerning the status of youth who had age out of institutional child care in Ethiopia, Julia, Sarah, Anne, Anita, Kristen, and Katherine (2015) found that young adults are facing many challenges upon leaving care such as hindrance finding useful and eye-catching employment, short of various fundamental life skills, impediment in finding a support system, and momentous stigma in the community due to the fact that they come from such milieu.

In an endeavor to respond to the needs of orphan and vulnerable children in Ethiopia, the country has implemented different legal frameworks that are international and regional in its nature. Among these, United Nation Convention on the Rights of a Child, Africa Charter on the Rights and Welfare of Children, and the 2010 UN Guideline on Alternative Child Care are the prominent international legal frameworks for the protection of the rights of a child in which Ethiopia adopted and considered it as part of the law of the land.

Ethiopia has formulated its own national alternative child care guideline named as the 2009 Ethiopian National Alternative Child Care Guideline which is the sole instrument that guides the operation of child care agencies and stipulates minimum standards for the type of care for orphan and vulnerable children. Accordingly, this guideline stresses the importance of interaction between institutional child care and its surrounding community for the realization of

successful reintegration and independent living of children who emancipated from institutional care though it has problems of putting the universal emancipation age and service packages associated with it (Julia et al., 2015).

Recognizing the negative effect of rearing children in institutional care, most countries in the West are on their way to close these centers and exert their effort on other better forms of care for vulnerable children such as foster care (Greeson, 2013). Due to this, many existing research evidences show the outcome of youth who age out of foster care rather than institutional care. Prior researches that have been done so far focus mainly on youth who age out of foster care in Western context and Ethiopian literature on the issue of institutional children's transition to adulthood mainly focuses on children's self esteem, psycho social wellbeing and altruistic motives ignoring the process of preparation and age out of institutional care at large. As to my knowledge, there is one research which is done by Julia et al., (2015) pertinent to the status of youth who had age out of institutional child care in Ethiopia.

Given the highly vulnerable nature of adolescent girls leaving residential care and the existence of huge knowledge gap on how adolescent girls are prepared in their transition to independence in Ethiopia, undertaking research on the issue at hand was aimed at filling those gaps mentioned above and answering the following research questions.

1. What are independent living programs within the institution designed for preparing adolescent girls transitioning to adulthood?
2. What are the experiences of adolescent girls related to preparation for leaving care and after care?
3. How do adolescent girls get socialized in the institution for adult life?

4. How do adolescent girls feel about their preparation to leave the institution?
5. What are the requirements for the exit of adolescent girls from the institution?

1.3. Objective of the Study

1.3.1. General Objective

The general objective of this research is to examine ageing out of care experiences of adolescent girls who age out of Kechene Female Children and Youth Institutional Child Care and Rehabilitation Center in Addis Ababa in the year 2015 to 2017.

1.3.2. Specific Objectives

- To explore available programs within the institution for adolescent girls who are leaving care,
- To explore experiences of adolescent girls who are exiting from care ,
- To identify the nature of socialization of adolescent girls in the institution for adult life,
- To assess adolescent girls perceived readiness to leave care from the institution,
- To investigate requirement rules for adolescent girls who are leaving care from the institution

1.4. Scope/Delimitation of the Study

Problems of adolescent girls who age out of institutional care in Addis Ababa are multifaceted and demands community's effort at large. Taking this reality in to account, this research has investigated ageing out of care experiences of adolescent girls pertaining to their experience in care and after care in the study time line. Given this, this study was conducted in one of Ethiopian governmental institutional child care, Kechene Female Children and Youth Institutional Child Care and Rehabilitation Center in Addis Ababa. The research participants

were those female adolescents who are expected to leave care and those who have emancipated from the institution in the year 2015 to 2017.

1.5. Significance of the Study

The purpose of this study was the examination of ageing out of care experiences of adolescent girls in the aforementioned study area. Undertaking research that examines the experiences of adolescent girls in their endeavor to emancipate themselves from institutional life and begin an independent life has far reaching implications. First of all, the findings of this research will inform staff and administrators of the institution to assess the service provision and its impact on children who are being cared by them. Evaluation of the existing service provision of the institution will also direct the institution in order to know the strengths and weaknesses of its service components thereby making a decision to maintain positive outcomes and formulation of new conducive service plans. Second, children themselves will also be beneficiaries of this research outcome when the institution invent mechanisms that best serve their interest and needs.

Lastly, the government of Ethiopia, specifically, the branch that is mandated to protect children and women affairs will be enlightened to design a specific guideline that monitors and evaluates cases of adolescents who age out of institutional child care. Policy makers, researchers, humanitarian service organizations, and practitioners will also use the input of this research to design appropriate policies and service provision mechanisms that aimed at promotion of positive adolescent development which empowers them in their attempt to lead their own independent life. Researchers who have an interest to carry out their investigation on the issue under discussion will also use this research as an input to carry out further research on it.

1.6 Limitation of the Study

This study has the following limitations as a study. From methodological point of view, the study was done by using qualitative method and taking small participants as the target of the study. Due to this, the study is limited to examine aging out of care experiences of adolescent girls in the study area which in turn restricts its significance to show ageing out of care experiences of adolescent girls in another setting. Hence, the study cannot be representative of aging out of care experiences of all Ethiopian adolescent girls both in governmental and nongovernmental institutional child care centers. The other drawback of the study is its inability to incorporate the sayings of those adolescent girls who were at funeral and child bed at the time of data collection. Hence, further research should be needed in order to get the general picture of Ethiopian institutional child care leavers and to design relevant intervention mechanisms nationally.

1.7 Organization of the Study

The study comprises six chapters. Chapter one deals with introduction, statement of the problem, research objective, research question, significance of the study, and limitation of the study. Chapter two presents a thorough review of literature pertinent to the issue under investigation and chapter three describes the research philosophy as well as the particular research design the study has followed. Chapter four describes findings of the study. The last two chapters ,chapter five and chapter six, presents discussion and implication for social work drawing from the study's major finding.

1.8 Definition of Terms

Adolescence- for this research, adolescence is a human development period that covers from age 11-19 years (WHO, 2015).

Adolescents- the notion of adolescent means individuals between 10 and 19 years (WHO, 2015), but for this research purpose, adolescent refers to female individuals whose age are between 14-18 years.

Adulthood- the term adulthood in the conduct of this study, is referred to as a human development stage whereby a person aged 18 is expected to accomplished roles, such as (1) leaving home (2) completing school (3) entering the workforce (4) getting married and (5) having children (Settersten & Ray ,2010).

Aging out of care- for this research, aging out of care means the process of exiting from institutional child care- for those adolescent girls who reach age 18 based on the 2009 Ethiopian National Alternative Child Care Guideline for termination of care for institutional child care.

Transition- the notion of transition is used in this research to mean a psychological state which shows a process of ending adolescents' past care experience and entering into new roles as an adult(Stein, 2015).

Socialization- the concept of socialization is defined as the life long process of an individual's ability to acquire the necessary survival skills to fit into the particular society in which this particular individual lives (Bryant & Peck, 2007) but for this study, socialization

specifically means socialization of adolescent girls by their care givers for adult life in the institution.

Readiness- the term readiness connotes the ability of looked after young people and care leavers to care effectively for themselves, and it covers a range of important developmental areas: secure, positive social and support networks (including biological and of extended family, if appropriate); practical skills and knowledge; engagement in education, training or employment. In each of these dimensions, the young person must demonstrate the ability to make healthy life decisions (Stein, 2015 p.4). For this research, readiness means adolescent girls who are leaving care and who have already left out of Kechene Female Children and Institutional Child Care and Youth Rehabilitation Center perceived understanding of their preparation to leave care and take adult responsibility.

Chapter Two

Review of Related Literature

2.1. Introduction

The literature review is organized in to different themes that are closely related with the issue understudy. It begins with the conceptualization of adolescence, adolescence sub- stages, developmental tasks of adolescence, and concept of adulthood. Next, concept of ageing out of care, institutional child care, and concept of socialization, concept of parenting style, attachment and adolescent in institutional care are discussed. Moreover, theories of transitioning out of care, experiences of adolescents before and after leaving institutional care, and nature of support provided and needed are presented. Finally, legal frameworks that are international and national related with the care of adolescents who are leaving state care will be assessed.

2.1.1. Concept of Adolescence

The concept of adolescence is understood differently by different authors, adolescent serving organizations, and adolescents themselves. Curtis (2015) reveals that the existence of confusion in the construction of adolescent research and adolescent program planning that is emanated from lack of clear cut and consistent definition of the period of adolescence among different authors.

The author further elaborates that factors such as the appreciated continuity of human development, recognition of individual, cultural, gender, racial variability, the ascribed relative salience of specific developmental milestones, and a perpetually refined science of human development in a dynamically evolving society are attributed to absence of consensus of an operational definition of adolescent chronology. For instance, Steinberg (2014) defines

adolescence as a dynamic, critical developmental period which covers the years between the onset of puberty and the establishment of social independence.

According to Greenfield, Keller, Fuligni, and Maynard (2003) adolescence period exists in both animals and humans. As to these authors, in human being, adolescence is an intricate, multi-system transitional process involving evolution from infantile behavior and social dependency of childhood into mature life associated with the goals and anticipation of fulfilled developmental capacity, personal agency, and social accountability.

Hall (1904), founder of adolescence science, conceptualizes adolescence as a course of physical and psychosocial rebirth, which is the product of deep corporal development in the company of the development of a matured existential essence and combination of the nascent self with in family, community, and culture. He also described adolescence as 'a period of 'Sturm und Drang," -- storm and stress."(p.1)

Although an agreeable chronological definition for the period of adolescence has not yet established, Curtis (2015) argues that the possibility of identifying benchmarks in adolescence existence which will help to construct a coherent, developmentally consistent but a definition that is flexible and inclusive by its nature to incorporate its sub- stages with in this transitional period. Murray, Bradley, Craigie, and Onions (1989) have reviewed 1482 definition of adolescence which is found in Oxford English Dictionary. The author states that adolescence is defined as a period between childhood and adulthood that extends between ages 14 and 25 years in males and 12 and 21 years in females. Hall (1904), founder of adolescence science, defines adolescence as "a period which covers between the ages of 14 and 24 years for both genders-males and females."(p.4)

The U.S. Department of Health and Human Services (USDHHS) in 2015 in its "Adolescent and Young Adult Health Program" webpage defines adolescents as ages 10-19 and young adults as ages 20-24. Again, the World Health Organization (WHO) defines "adolescents" as individuals between 10 and 19 years, "youth" between 15 and 24 years, and "young people" between 10 and 24 years (WHO, 2015).

2.1.2. **Adolescent Sub-stages**

According to Curtis (2015) consensus regarding the sub- stages of adolescence is also absent just like its chronological definition. Theorists and clinicians have historically differed in their definition they provide to adolescence sub- stages. For example, Nienstein (2009) classified adolescence into three sub-stages namely early adolescence (10-13 years), middle adolescence (14-16 years), and late adolescence (17-21 years). Steinberg (2002) has also presented adolescence as having three sub- stages- early (10 to 13 years), middle (14 to 18 years), and late (19 to 22 years). Elliott and Feldman (1990) described early adolescence as 10 to 14 years, middle adolescence as 15 to 17 years, and late adolescence as 18 years to the mid-20s.

However, Irwin, Burg, and Cart (2002) classified youth in to three sub- categories of adolescence as early adolescence (10 to 14 years), late adolescence (15 to 19 years), and young adulthood (20 to 24 years). Finally, the coiner of emerging adulthood, Arnett (2000) proposes a new human development period which covers between the ages of18 to 25 years as "emerging adulthood."

According to Mandarino (2014) there is also a new concept "Transitional age youth (TAY)" which is a nomenclature generally attributed to those adolescents and young adults who

are ageing out of state services who are characterized by history of disconnection and poor developmental outcomes. Although the existence of this concept is highly recognized, the concept currently has no accepted chronologic definition. Age ranges from 14-29 years is conventionally served as a defining criteria for transitional age youth, however, a frequently used designation includes the ages of 16-24 years (TAYSF, 2014).

2.1.3. Developmental Tasks of Adolescence Period

2.1.3.1. Havighurst's Developmental Task Theory

Robert Havighurst (1953) emphasized that learning is basic and that it continues throughout life span. Accordingly, he states eight developmental tasks that are expected to be achieved in adolescence period for both sexes. These are: (1) achieving new and more mature relations with age-mates of both sexes (2) achieving a masculine or feminine social role (3) accepting one's physique and using the body effectively (4) achieving emotional independence of parents and other adults (5) preparing for marriage and family life (6) preparing for an economic career (7) acquiring a set of values and an ethical system as a guide to behavior; developing an ideology and (8) desiring and achieving socially responsible behavior.

2.1.4. Concept of Adulthood

Settersten and Ray (2010) have examined the broadening transition to adulthood over the past several decades and the consequences. This new social phenomena has brought challenges for youth, families, and society at large. The authors discussed the issue of becoming an adult in historical perspective and the contemporary growing concern about the delay nature of young people leaving home as compared with the1950s where by leaving home at early age during this

period has seen as "normal." These authors discussed that conceptualizing youth leaving home at earlier age and move on to adult roles in the 1950s as normal did not last long due to the fact that the then expectation of youth opportunity to have a job, enter in to marriage, and having children are not the realities of today's youth who are staying at home though they reached the age of majority.

These authors identified five core transitions as the marker of becoming an adult traditionally. These are (1) leaving home (2) completing school (3) entering the workforce (4) getting married and (5) having children. They also raised the question of shouldering responsibility for youth who age out of state care earlier than their peers who have got the chance of staying at home. Settersten and Ray(2010) stress that the longer transition to adulthood strains not only families but also the institutions that have traditionally supported young Americans in making that transition—such as residential colleges and universities, community colleges, military service, and national service programs. They emphasize the need to strengthen existing social institutions and create new ones to reflect more accurately the realities of a longer and more complex passage into adult life.

2.1.5. Concept of Ageing out of Care

Reid and Dudding (2006) have attributed to the term "ageing out" to those youth exiting the child welfare system. Dictionary of the English language (2016) defines age out as to reach an age, 18 or 21 years, at which one is no longer eligible for certain special services, such as education or protection, from the state. Child Welfare Information Gateway (2010) and U.S. Department of Health and Human Services (2006) use the term emancipation to refer to youth who age out of care between the ages of 18 and 21 depending on the state.

Similarly, Wiseman (2008) defines the term "age out" as the termination of the child welfare's legal responsibility to care for the youth, termination of youth eligibility to receive services. Goodkind, Schelbe, and Shook (2011) have identified two simultaneous transition experiences of youth "ageing out" of the child welfare system- one from the care, protection, and supervision of the child welfare system to a position of autonomy and responsibility, and the second from childhood to adulthood.

2.1.6. Concept of Socialization

The concept of socialization is defined in various contexts depending on the nature of discipline it entails. Socialization from sociological point of view is defined as the life long process of an individual's ability to acquire the necessary survival skills to fit in to the particular society in which this particular individual lives (Bryant& Peck, 2007). According to these authors socialization has its own specific roles in molding a particular person to be a member of society. These are; inculcating basic disciplines, teaching the accepted aspirations, imparting skills, and teaching the appropriate roles that a particular person is expected to perform in a given status in the society. These authors further depicted family as the primary setting where an individual is given the chance to learn the necessary skills that helps him/her to function properly in a given society and to fit into the norms of that particular society in which a given person is found.

In his work entitled as "*Social Structure* (1949)," Murdock concluded that family is a universal social institution despite its various forms. He defines family as a "social group characterized by common residence, economic cooperation, and reproduction. It includes adults of both sexes, at least two of whom maintain a socially approved sexual relationship, and one or

more children, own or adopted, of the sexually cohabiting adults." What is the missing point in Murdock's (1949) definition of family is that it's inability to fit in to today's family structure that is more diverse than what Murdock has conceptualized. Hammond (2010) has stressed the varying nature of family definition and structure in his book entitled as "*the Sociology of the Family* (2010)." Similarly, Finch (2007) presented another meaning of family to the existing body of knowledge regarding what is family in contemporary world. This author has depicted the idea of family as fluid, diverse, prone to change, and relational rather than biological.

Finch (2007) in his theory "Displaying Families" conceptualizes family as a process where individuals deliberately act like a family in order to demonstrate their familial status to others. Finch (2007) further elaborates that notions around what constitutes a family is highly fluid and dependent upon an individual's own understanding of 'family.' Therefore family is defined more by 'doing family' not by 'being a family' as to Finch's (2007) conceptualization of the notion of family. Understanding family in the way what Finch (2007) conceives leads us to think an individual is not expected to be biologically kin to other members of a family to be a family member, a concept which is relevant in understanding the meaning of family for children residing in institutional child care and their carers. A study conducted by Kendrick (2013) to understand how children and young people attribute kin relationships to their care staff by referring them as like a 'mum or 'dad' demonstrated that children and young people describe their positive experiences in residential care as like being in a family, and refer to care staff in kin terms, such as "dad" or "sister."

In another qualitative study conducted by Fowler (2015) in Scotland to explore residential member staffs' ability to define their role for the resident they are caring for indicates

that residential care staff members difficulty to define their role as a parental figure due to the fact that working in residential care is a complex experience to balance roles of being both an 'employee' and 'parental figure.'

2.1.6.1. Concept of Parenting Style

The influence of parents' in each stage of the child's life is inevitable and undeniable. Different evidence suggests how parenting style affects the holistic development of a particular child. For example, during adolescence, parents influence is exerted by providing advice about schoolwork, social dilemmas, and values to their children. Parents play a crucial role in the foundation of their child's regulation of emotions and behaviors, as well as their child's self-esteem and identity (Shaffer & Kipp, 2010). Before discussing what type of parenting style is advisable for the healthy nurturance of a particular child discussing the concept of parenting style is worth mentioning.

Different scholars presented their own working definition of parenting style based on their own criteria for the outcome of different typology of parenting styles. Accordingly, parenting style is defined as a psychological construct which represented standard strategies parents use in raising their children (Kordi & Baharudin, 2010). As to what constitutes parenting style Kordi and Baharudin (2010) set out parental responsiveness and parental demandingness as the two important elements of parenting which result in the three typology of parenting style-authoritarian, permissive, and authoritative parenting style. Parental demand is about the extent to which parents set rules for their children and how parents discipline their children based on theses sated rules. On the other hand, parental responsiveness is concerned with the emotional

support that parents are providing to their children and attending their children's needs (Kordi & Baharudin, 2010).

Originally, three typology of parenting style are indentified by Baumrind (1971) based on the two element of parenting style such as parental demand and parental responsiveness. Accordingly, the three types of parenting style which are delineated by Baumrind (1971) are authoritative, authoritarian, and permissive. In discussing the typical characteristics of parents who fall in each category of parenting style Baumrind (1971) and Berg (2011) depicted authoritative parent as exhibiting both demanding and responsiveness elements of parenting style and known as by making logical demands, setting limits and insisting on children's compliance. Parents are warm and accept children's point of view and encourage their children's participation in decision making. Parents in this category are believed to be successful in helping their children become autonomous, independent, self-controlled, self-confident, and cooperative (Baumrind, 1971; Berg, 2011).

Those parents who fall under authoritarian parenting style are characterized by demanding and unresponsive. Parents' engagement with their children is a kind of little mutual interaction and their expectation is high. Such parents expect their children to accept adults' demand without any questions and restrain their children from self expression and independence. The last one, permissive parenting style, is known by its socialization style; giving high level of freedom to children and undemanding. Children who are being reared by this parenting style are aggressive and low in taking responsibility since they are not thought how their behavior affects others (Baumrind, 1971; Berg, 2011).

Regarding the perception of care giving by care givers in institutional child care Kaime-Atterho¨g, Persson, and Ahlberg (2016) found that viewing care giving as serving God in Kenya. They further underscored that even though care giving among care givers in the study area has perceived as dedicated to change the lives of children who are living on the street the meaning of dedication is found to be different from care giver to care giver. Accordingly, for some dedication meant empathetic feeling towards children and for others it meant restraining the children by chaining them as a way of rehabilitating them in order to forget street life.

2.1.7. Concept of Institutional Child Care

Various definitions are provided for the term institutional child care by different scholars, humanitarian organizations, and state legislations depending on their area of emphasis and purpose to achieve. For instance, The 2009 UN Guidelines on Alternative Care for Children defines residential care as "Care provided in any non-family-based group setting, such as places of safety for emergency care, transit centers in emergency situations, and all other short and long-term residential care facilities, including group homes"(p.18).

Tolfree (1995) sees residential care as:

> A group living arrangement for children in which care is provided by remunerated adults who would not be regarded as traditional carers within the wider society. It includes not only institutions but also homes, schools, hospital units, correctional and training facilities, and settings where children may be admitted that do not technically qualify (p.11).

For Johansson (2007), residential care involves the placement of young people in buildings owned/rented by the State which typically have a limited number of children who are cared for around–the–clock by care staff.

The 2009 Ethiopian National Guideline for Alternative Child Care also defines institutional child care as:

> A childcare institution is an establishment founded by a governmental, a non-governmental organization or individuals. It shall give an all rounded care and support for a/more group/s of disadvantaged children in a center. The childcare institution will have the following main distinct features as compared to other childcare set ups, children get accommodation/boarding service in the compound of the institution; An institution accommodates a number of children larger than the family care; It is meant only for children to be admitted based on the eligibility criteria stated in these Guidelines.(p.15)

When the family institution fails to provide the necessary care for the unaccompanied child, the state will step in to offer the required care and support for this child. Among the different alternatives for the care of children out of family care, institutional child care is among those care options though its operation is believed to be the last resort; after exhaustively harnessing other alternative child care mechanisms. Accordingly Rushton and Minnis (2002) state the manner of state intervention in this way:

"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 &Minnis, 2002).

Lieberman, Weston, and Pawl (1991) remind that before placement takes place due emphasis should be given to 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. Regarding the purpose of establishing residential care, Health Service Executive (2011) and Gilligan (1999) state four purposes: provision of a safe, conducive environment for individual children and young people who are living in out of family care, preservation of the physical and emotional needs of the individual, give remedy for those children who have experienced difficulties in their lives, and establishing mechanisms for preparing children for life after residential care in an emotional and practical sense.

2.1.8. Attachment and Adolescents in Institutional Child Care

Researchers have been documenting the nature of relationship between institutionalized children and their attachment pattern since 1940s. These studies show institutionalized children are demonstrating insecure attachment pattern (Spitz, 1945; Lipton, 1962; Wolkind, 1974; Smyke et al., 2002). A classic study done with orphans in Eastern Europe by Zeanah (2005) indicates that orphans brought up in institutions were found to be emotionally withdrawn, unresponsive, and socially indiscriminate, which the study attributed to the socially deprived context of institutions in Romania and especially poor caregiver ratios.

Similarly, Belsey and Lorraine (2011) state that institutionalized children due to their adverse circumstance and the realities of living in such a type of care are exhibiting anxious or avoidant attachment pattern which in return plays a detrimental role in their development and in the establishment of interpersonal relationships and skills necessary for adult life. Contrary to the Western conception of attachment, a study conducted by Thakkar, Mepukori, Henschel, and Tran

(2015) on the issue of understanding attachment patterns among institutionalized children in New Delhi indicates that children tend to display a higher sense of attachment with their peers as compared to their mentor mothers and caregivers.

Regarding implications of Attachment Theory for social policies concerning the care of children, Bowlby (1969) argues that understanding attachment patterns of a child in child care facilities will inform decisions made in social work and court processes about foster care or other placements. Considering the child's attachment needs can help determine the level of risk posed by placement options.

2.1.9. Theories of Transitioning Out of Care

Stein (2006) noted the relative absence of theoretical framework in explaining care leavers transition in to adulthood. The author further states his concern in his article entitled as "Young people Aging out of Care: The Poverty of Theory." As to him, international empirical researches have been conducted without a global, systematic theoretical foundation vis-a-vis the abundant nature of researches concerning the young people's leaving care in the world.

Moreover, the author tries to explore the theory informed nature of existing research evidences regarding young people aging out of care by using three different theoretical frameworks-Attachment theories, focal model of adolescence, and resilience as concept. Stein (2006) found that most of the studies he sampled are detached from theory in terms of context, conceptual exploration or theory building.

Harder (2011) shares what Stein (2006) noted regarding the existence of ample international researches that have been conducted so far without theoretical basis in this way:

> Despite previous attempts to address the cross-national gap in knowledge about the transitions of young people from out-of-home care to adulthood, there is still little knowledge about the different research approaches and research instruments that are being used in studies focusing on this issue. It is important to know which methods are currently applied in these studies in order to help refine methods and improve comparison of findings from different countries.(p.2)

Dima and Skehill (2011) conducted research to study the leaving care experiences of young people in United Kingdom. Their study was intended to know the experiences of care leavers in terms of social and psychological aspects of their transition out of residential care. Their findings show that the moment of leaving care is experienced by young people mostly with anxiety, avoidance, denial or anger and preparation for discharge focusing on the emotional dimensions of the care ending and termination is neglected and saying goodbye mostly occurred superficially, with marginal attention given to it by staff and most care leavers.

They further emphasize the significance of the ending phase as being of equal importance to the other two phases of transition. The research found that ending phases tend to be overlooked because people generally don't like endings as it represents a separation and loss. Similarly, Anghel (2011) researched a qualitative longitudinal study that explored the process of leaving long stay institutional state care in Romania by interviewing 28 young people before leaving care and by tracing 17 young people up to 8 months after exit from care as well as making an interview with 18 practitioners.

The findings of her study confirmed Pinkerton's (2006) emphasis on the impact of global and national factors on the individual experience of leaving care. This study took place in a

country undergoing widespread change. The care leavers' irreversible transition took place within the simultaneous professional transition of their carers and that of the community with which they needed to integrate. The research also showed that leaving care appears to be seen among Romanian professionals as a 'moment' rather than a 'process', the moment of discharge being predominantly perceived as the end of the 'care career' according to Pinkerton's structure (Pinkerton & McCrea,1999).

Care leavers are expected to emerge into "instant adulthood" (maturity) and to have the capacity to manage independent living (Anghel & Dima, 2008), which is similar to Stein and Carey's (1986) early findings. Without adequate preparation, young people leaving care often have to jump straight into the beginning phase.

2.1.10. Experiences of young people Leaving Institutional Care

Research on residential child care leavers in the developed world has revealed that residential child care leavers' mainly young people are the most vulnerable and disadvantaged groups in society. These groups have their own typical trait that make them highly vulnerable than their peers. They face numerous difficulties in accessing education, employment and other developmental and transitional opportunities (Mendes &Moslehuddin, 2004).

Researchers such as Biehal, Clayden, Stein, and Wade, (1995) and Stein (2002) have documented the poor educational performance of young care leavers, their feelings of being stigmatized by the care process and their poor preparation for leaving care. Although the mainstream belief towards achievement of young care leavers has been perceived as poor in terms of their education, employment, health, and preparation for after care, Gaskell (2010)

states that young people in residential child care have been shown successful achievement in terms of the aforementioned domains than has been suggested. In this sub- section, experiences of young people who are known as care leavers in western society in terms of their education, employment and career opportunities, housing, identity and social networks will be presented.

2.1.10.1. Educational Attainment

Poor educational achievement is believed to be a common defining trait of care leavers. Martin and Jacksons'(2002) research in the United Kingdom over the last decades has shown that children under state care perform poor at school and are less likely to go on further education than their non- care counter parts. Dixon and Stein (2005) similarly found that as many as 75% of young looked-after people from homes in five Scottish local authorities left school with few or no qualifications and as such were at a greater risk of being excluded from mainstream society. Recently, Stein (2015) found young people's multiple placement and frequent change of schools as a cause for poor academic performance of young people leaving care.

2.1.10.2. Employment and Career Opportunities

For living independently, reducing identity crises and developing social networks, employment plays a vital role in the lives of most people. On the importance of work, Burgess (1981) states:

> How are young people at this stage of their lives expected to orientate their learning, widen their horizons and understanding, assess their worth in society, feel confident about their adulthood and commit their creative energies fully to the world around them, except through their occupational roles? It is work, after all, not leisure, which in present

day society gives status to the individual, and direction, continuity and meaning to the lives of most people .(p.21)

The existing evidence shows us that the significant impact of poor educational achievement on the lives of these care leavers which has a far reaching implication for their attempt to lead independent life after care. Porter (1984) argues that care leavers poor schooling performance has made their attempt to join the world of work futile since employment plays double role for them: financial and practical. Dixon and Stein (2002) have also emphasized the special role of employment for this particular sub-population. Accordingly employment does not only make care leavers financially self- reliant but also it is a means for gaining social capital for them which opens the opportunity to get support from family and social networks (Dixon & Stein, 2002). Evidence regarding unemployment rate of young people leaving care revealed that they were much more likely to be unemployed or to be in unskilled or semi-skilled job.

2.1.10.3. Housing Condition among young Care Leavers

Different explanations have been presented regarding the cause for homelessness as to the case of youth leaving care. Research done by Cashmore and Paxman, 2006; Mayock, Corr and O'Sullivan, 2008 underscored young people leaving care as a particular vulnerable group to homelessness as a result of more limited economic and social resource of young people leaving care. On the other hand, a recent study conducted by Stein(2015) pointed out that loneliness and isolation, relationship breakdown with family members and partners, and need to develop independent living skills(difficulty paying rent / bills and breaking tenancy agreements through damaging or neglecting property) as a cause of homelessness amongst care leavers.

2.1.10.4 .Support and Social Networks

A qualitative comparative study conducted by Mhongera and Lombard (2016) regarding evaluation of the social support received by adolescent girls transitioning from institutional care in Zimbabwe by taking one governmental and one non- governmental institutional child care found that adolescent girls during care and after care were suffering from poverty due to limited support provided to them and disorganized service delivery system by different stakeholders that has been engaging in the transition process. A study done by Stein and Morris(2010) reveals that young care leavers ability of establishing strong sense of connection with their biological families, partners, and caregivers as a facilitator for their successful transition from care to adulthood.

Similarly, Coyle and Pinkerton (2012) found out the positive role of connecting youth who are leaving care with a caring adult in assisting successful transitions from care.

In another qualitative study done by Manso (2015) in Ghana among SOS Children's Village youth intended to know the social support networks of youth leaving SOS Children's Village care reported that the children's village support as youth main source of support. Manso's (2015) study further underscores youth inability to access support from their family members and community networks as a result of their alienation from their biological families which in turn is the result of being in care for most of their lives.

2.1.10.5 Early Parenthood

Early parenthood is the defining characteristics of youth leaving care either in care or soon after leaving care (Allen, 2003; Stein, 2006; Mendes, 2009). A study of 20Victorian care

leavers by Moslehuddin (2009) found that six of the young people – three females and three males – had become parents shortly after leaving care. Different contributing factors for young care leavers' early parenthood have identified by different researchers. For instance, some attributed to the quality and stability of in care experience. Many young people in care appear to feel unloved and unwanted, and view sex as a means of attaining love and affection. Some young women in care also lack sufficient self-confidence to communicate with partners and insist on safe sex (Biehal et al. 1995; Rolfe 2003; Chase, Maxwell, Knight& Aggleton, 2006). On the other hand, Allen (2003) underscored that young care leavers become parents early due to their perspective of being a care taker to their children.

2.11 Adolescents' Readiness to Leave Institutional Care and Lead Adult Life

A qualitative exploration of a small sample of young people leaving secure placements in the Netherlands by Harder, North ,and Kalverboer(2011) shows that although most have similar concerns to those of other young people leaving care and are supported during the year after they leave, very few were ready for independent living. Similarly, a study conducted by Esmeranda, Harriet, and Eunice (2015) on the availability of independent living plan in one facility of residential child care in Ghana, the study indicates that services concerning children's independent living have not recognized by child care professionals in the institution and children were found ill-prepared to leave care. Emphasis given to the immediate needs of children in care and the child care professionals' lack of training in preparing children for independent living indicated as reasons for the absence of services that would prepare children to lead independent life upon leaving care.

With regard to the perspective of young people who are leaving residential care towards the concept of independence the findings of Biehal, Clayden, Stein and Wade, 1995; Broad, 2005; Kelleher, Kelleher and Corbett, 2000; Mayock, Corr and O'Sullivan, 2008 pinpoints that occurrence of feelings of fear, isolation, and uncertainty which informs us the need to provide continued support for these youth let alone the existence of a well-designed path way plan.

2.12. Destination of Youth Leaving Care

Dima (2014) carried out a study on the early destination of youth leaving care in Romania and her study indicates that returning home or to members of the extended family, rented accommodation or work provided housing as the early destinations of care leavers. The study also informed the existence of lack of public data pertinent to care leavers after they leave care due to the understanding of tracing care leavers as a less priority to the concerned body. Moreover, the study also highlighted housing as the highest challenge of care leavers to face and put it as a priority need for support. On the other hand, Stein (2015) researched on the difficulty nature of collecting data on care leavers' status in Scotland due to the fact that care leavers are frequent movers.

2.13. Legal and Policy Framework for the Care of Youth Care Leavers

2.13.1 International Context

International researches, especially conducted in Western countries have been documented various legal frameworks and state policies in responding to the needs of youth who are leaving care. These researches suggest that young people leaving public care system are consistently represented as vulnerable and have a history of low educational attainment,

unemployment, homelessness, physical and mental health difficulties, dependency on public assistance, and involvement with the criminal justice system (Paul, Charles, & Kristen, 2006).

Paul et al., (2006) made a literature review on the development of legislation and policy frameworks on the issues of youth who are leaving care in two countries, United Kingdom and America. Accordingly, these authors found that both countries have put in place legal and policy frameworks which dictate respective state authorities to establish a system which addresses the various problems of youth in care and after care. As to these authors, the United Kingdom has developed its own legislation known as the Children (Leaving Care) Act of 2000 which is an Act that specifically designated to the care of youth who are deemed as "care leavers." This Act stipulates making a need assessment for each entitled child followed by the establishment and execution of an independent "path way plan" with a personal advisor as a requirement for independent living program (Department of Health, 2001).

Similarly, in the U.S, the Foster Care Independence Act of 1999 is the oldest Act that has been served as an instrument for the provision services for youth who age out of state care (Barth &Ferguson, 2004).What makes these countries act similar is that their emphasis on independent living program as a major program component to help youth making their transition in to adulthood successful in terms of education, employment, finance, housing, and mental health outcomes. Concerning the ownership of the program, evidences shows that this independent living program is a state-owned initiative meant to prepare youth for educational and employment, to provide psychological support, and to assist the transitional years between ages 18 and 21(Barth &Ferguson, 2004).

2.13.2. Typology of Independent Living Program

McDaniel, Courtney, Pergamit, and Lowenstein, (2014) categorized typology of independent living program in to ten categories that are intended to achieve specific outcomes for youth transition from care to independence. Accordingly, education services, employment services, housing, mentoring, behavioral health services, permanency enhancement, pregnancy prevention, parenting support, financial literacy and asset building, and multi-component services. As to the education services, education services has three sub categories (i.e., high school completion programs, college access programs, and college success programs) designed to (1) increase high school graduation, (2) increase college readiness and enrollment, and (3) increase college retention and graduation.

With regard to employment services, these services are aimed at helping youth prepare for work force, identify careers or jobs or interests, and gain and maintain employment during or after leaving care. Pertinent to the housing intervention the purpose of it is either to help youth find and apply for existing community housing or to provide or subsidize housing for current or former youth. Mentoring is one program component which is established for the sake of providing youth with a caring and supportive non parental adult. Mentoring is done by taking into account youth previous relationship with a supportive adult or who has similar care experience. Behavioral health services for youth in institutional care are delivered through direct provision of psychotherapeutic and trauma-informed services or linking youth in transition to agencies that are providing behavioral health services to which they are entitled.

Permanency-enhancement interventions focus primarily on identifying, developing, and supporting relationships with immediate and extended family and other adults to whom youth feel a connection. Pregnancy prevention programs use a group milieu to educate youth (primarily

females) about the consequences of risky sexual behavior and to empower youth to make thoughtful decisions about sexual behavior and pregnancy.

Parenting support programs provide support and parenting skills training that promote health and well-being for young parents and their children. Asset-building programs commonly focus on the administration of individual development accounts, which help participants accumulate assets by matching their contributions to an account used for a pre-specified purpose. Individual development accounts usually provide matches on savings made for three primary purposes: postsecondary education, small business development, and home purchase. Financial literacy programs aim to increase financial knowledge and skills, often through education, training, or direct experience with mainstream financial services and the last typology of independent living program, multi-component service offer a "one-stop shop" approach that may both reduce service duplication and avoid instances where needs are not identified and addressed.

2.13.3. Policy Response to Housing, Education, and Extend the Legal Age of Emancipation

A study conducted by Stein (2015) in UK and Scotland reveals that policy provisions are existed for youth leaving care in order to entitle them to housing options thereby reducing their vulnerability to homelessness. Accordingly, the Housing Options Protocols for Care Leavers (Scottish Government, 2013a), Staying Put Scotland(Scottish Government, 2013b), and the Children and Young People (Scotland) Act 2014 are the major policy initiatives and legislations developed in Scotland to combat homelessness among youth leaving care. According to this author the Housing Options Protocols Guidance (Scottish Government, 2013a) obliges respective

authorities to provide housing for youth leaving care in already established houses for youth leaving care without going to do homelessness tracing and route. On the other hand, Staying Put Scotland (Scottish Government, 2013b) provides care leavers the chance to stay in care till 26. The Children and Young People (Scotland) Act of 2014 positively delays the age at which young people move toward more interdependent living by giving new rights to formerly looked after young people to remain in positive care placements until their 26thbirthday. Such legislation emanates from the assumption of making care leavers transition to independence gradual and move on when they are ready.

Further, this act in its section on after care enables care leavers to request advice, assistance and support up to their 26th birthday. As to the author, the assumption behind the extension of age at emancipation is that youth in care are not taking full responsibility to transition from care to independence until the age of 25. Moreover, it is informed by the current evidence regarding the delayed nature of leaving home for those youth residing with their parents' home. Leaving good quality care at a later age provides young people with greater stability, promotes their education, health and wellbeing, and provides a supported graduation to living more independently (Stein, 2010).

In the UK, there is a policy initiative known as" UK Access All Areas Policy Initiative (2012)", which clearly states entitlements of care leavers in the UK. Among the key areas of provision education of care leavers is the one and according to such policy initiative local authorities are obliged to pay a higher education bursary for all care leavers at university. As a principle, this policy initiative sets out two key principles that are mandatory to recognize when local authorities provide service for care leavers. These are (1) care-proofing policy (explicit

recognition of the vulnerability of care leavers as young adults, prioritization of them in policy documents and mandatory impact assessments in all public policy areas where care leavers may be affected) and (2) establishing a positive default bias for care leavers (ensuring an automatic entitlement to provisions and services for care leavers, up to their 26th birthday. Where discretion exists in definitions of vulnerability or in giving priority access, these are exercised in favor of care leavers).

2.13.4. Policy Response For After Care Support

The 2010 UN Guideline for the Alternative Care of Children stipulates the need to provide after care support for youth transitioning from institutional child care to adulthood. According to section E of the Guideline state parties are obliged to have a clear policy on support for after care and follow –up pertinent to youth leaving care. In its provision on the need to rear children for future responsibly to assume adult role it states as "Throughout the period of care, they should systematically aim at preparing children to assume self-reliance and to integrate fully in the community, notably through the acquisition of social and life skills, which are fostered by participation in the life of the local community."(p.18)

This guideline also recognizes the necessity of providing after care support and it stated that after care support should be given to youth leaving care in areas of educational and vocational training opportunities, social, legal and health services so as to assist young people's leaving care endeavor to become financially independent and generate their own income.

2.13.5. Policy Response to the Care of Children Leaving Institutional Child Care in Ethiopia

The current government of Ethiopia has formulated an Alternative Child Care Guideline which is the sole instrument for the care of orphan and vulnerable children and for the evaluation of child care agencies which are legally registered under the Charity and Societies Law of the country. This guideline is the 2009 Ethiopian National Alternative Child Care Guideline which was revised by the then Ministry of Women, Children& Youth Affairs of the country.

Community Based Childcare, Reunification and Reintegration, Foster care, Adoption, and Institutional Child Care are stipulated as the five Alternative Child Care provisions for an unaccompanied child in the country. As to this Guideline, these alternative child care mechanisms should be put in place in their sequence and any agency which is mandated to serve orphan and vulnerable children is mandated to place a child in institutional child care after those care options are exhaustively harnessed. Hence, the guideline puts institutional child care as a last resort rather than a frontier care option (MoWCYA, 2009). This Guideline explicitly discusses matters of admission in to the institution, types of services provided, roles and responsibilities of institutional child care providers and, discharge of a child from the institution (MoWCYA, Ethiopian National Alternative Child Care Guideline, 2009 p.62-63).

Concerning termination of services from the child care institution, this Guideline puts the following exit requirements under section eleven of the document. Immediately after admitting a child into a child care institution, this guideline elaborates the state of discharging a child from the child care institution when the following two options are full filled. These are (1) demanding initiation of reunification/ placement service in alternative care program and providing care till

the child is reunified in to his /her family (2) when the child care institution places the child in an alternative child care. This guideline further states that if the above requirements have no probability of realization the child care institution is obliged to offer its service for the child until the child reaches the age of eighteen(MoWCYA, Ethiopian National Alternative Child Care Guideline, 2009; p.62-63).

In addition to these, the Guideline also describes in what circumstance a child is able to know the duration of care provision and the time of his/ her age out of care. Accordingly, in its sub- article 11(2) puts the right to inform the child about the gradual termination of a particular institutional child care service to the institution and it says that the institution has an obligation to inform a child concerning its eventual service termination when a child reaches the age of understanding. Regarding the announcement of institutional child care termination, this guideline provides a minimum of two months for prior preparation of a child for exit from institutional child care (MoWCYA, Ethiopian National Alternative Child Care Guideline, 2009; p.62-63).

Despite this Guideline's endeavor to put pre- care and process of exit from institutional child care, this guideline has shown problems concerning the process of preparing a child for community life and issues after care support programs and the destination of a child who had left institutional child care. Julia et al., (2015) argue that the 2009 Ethiopian National Alternative Child Care Guideline has problems of explicitly stating the universal emancipation age, in-care services, preparation services, and after care programs for youth who are leaving institutional child care. These researchers further state that due to the aforementioned problems of the guideline the practice of ageing out of care programs and requirements vary from one

institutional child care to another institutional child care which result in fragmentation of services and wastage of resources.

2.14 Chapter Summary

In this chapter, the concept of adolescence, its sub-stages, expected developmental tasks associated with this period, and the concept of adulthood and its marking events have been briefly discussed. As this chapter tries to present, giving one universal definition to the period of adolescence and delineating its sub- stages is not clearly conceptualized and presented by those researchers and theorists in the area due to the dynamic nature of this period and context specific nature of the phenomena of adolescence. As one can clearly understand from the reviewed literature, adolescence period is a stage which signifies the need for positive adolescent- adult relationship in order to accomplish expected developmental milestones associated with this critical period. This leads us to examine the nature of support provided for these adolescents in their endeavor to explore their world by their own which in turn demands the help of their significant others. As compared with their peers, adolescents under institutional facility are being provided the necessary care by professional paid workers whose care and support are intermittent which result in problems of leading their own independent life upon their graduation from care.

Hence, like those adolescents, who are under the care of their natural family and have the opportunity to get continuous care and support from their family members, adolescents in institutional child care should also deserve such kind of care from the institution that has the mandate to administer these adolescents' life. Most importantly, as the existing evidence shows, the time and the event associated with the transition to adulthood is elongated and changed, adolescents in institutional child care should pass the necessary exit steps for the successful

attainment of adult roles. As one can see from the aforementioned literature regarding the definition and specific criteria for ageing out, the concept has not clearly defined yet.

This in turn implies the use of country specific definition and criteria for ageing out. Despite such conceptual inconsistencies, those countries which have well developed legal frameworks(for example, United Kingdom &USA) concerning state care leavers, they conventionally use reaching the age of majority(age 18) as a defining criteria for termination of services between the particular child and the child care institution. This understanding is also reflected in the 2009 Ethiopian National Alternative Child Care Guideline regarding institutional child care services for an unaccompanied child. What is clearly understood from this chapter is the non-existence of theory which independently formulated for the purpose of explaining the phenomena of care leavers globally. Therefore, the reviewed empirical literatures, perspectives, and theories on the issue under investigation made the researcher to choose qualitative descriptive case study design.

This particular research will become an input for generating a theory which solely addresses the issue of adolescent girls in the study area using qualitative descriptive case study design which is the best method for generating theories about the phenomena under investigation. Youth care experience is characterized by history of poor academic achievement, homelessness, unemployment, involvement in criminal activities, and adverse mental health problems in the Western countries. Given such evidence from the aforementioned countries, what looks like the characteristics of adolescent girls who are leaving care and who had already left care in Addis Ababa with particular reference to the study area was the aim of this study.

Given the highly vulnerability nature of care leavers, countries with their own policy and legal framework have been addressing problems of care leavers.

The existing evidence has informed us the existence of independent living program in United Kingdom and United States of America in their own legal frame works pertinent to state care leavers of young people. Coming to Ethiopia, a country which has the 2009 National Alternative Child Care as a sole instrument for monitoring alternative child care services in the country, independent living programs that are aimed at preparing and rehabilitating institutional care adolescents in general and adolescent girls in particular is absent. As admission of children into institutional child care is continued to be used as a mechanism for the care of orphan and vulnerable children, development of specific policy and guideline which addresses the transition of children into adulthood is crucial.

Chapter Three

Research Method

3.1 Introduction

This chapter describes the philosophical orientation of the study, the research design, the research process, the rationale for selecting descriptive case study strategy, and the selection of research participants. In addition, the methods of data collection, data collection procedures, strategies for ensuring trustworthiness, data analysis plan, and ethical considerations are described.

3.2 Philosophical Orientation of the Study and Researcher's Perspective

The research philosophy or research paradigm is a set of basic beliefs or assumptions that is considered to be pertinent to explain the phenomena under investigation. It represents a world view that defines, for its holder, the nature of the" world," the individual's position in it, the array of possible interactions to that world and its parts (Guba,&Lincoln,1994; Maxwell, 2004; Creswell, 2014). The philosophical assumptions the researcher brings to the study directs the whole research process, types and procedures of research design; and typical research methods of data collection, analysis, and interpretation(Creswell,2014; Maxwell,2004; Guba& Lincoln, 1994).

The epistemological paradigm that guides this research was social constructivist perspective which is in line with the researcher's stance regarding the relativity and reflexivity of knowledge. Social constructivists believe that individuals look for meaning of the world in which

they reside and they attach subjective meanings of their world experiences which are varied and multiple, directing the researcher into the complexity of views rather than slighting meanings in to predetermined categories or ideas (Creswell, 2014).

Crotty (1998), as cited in Creswell (2014) identified several assumptions of social constructivism as (1) meanings are constructed by human beings as they engage with the world they are interpreting. Qualitative researchers tend to use open-ended questions so that participants can express their views. (2) humans engage with their world and make sense of it based on their historical and social perspective we are all born into a world of meaning bestowed upon us by our culture. Social constructivist paradigm admits the existence of manifold realities, subjective meanings, and the dynamism of knowledge depending on the context that a particular reality is happening (Golafshani, 2003; Halldorsdottir, 2000).

I, as a researcher, believe that reality is the product of social interaction and meaning that arises from this interaction is negotiated and shared. As such, for my study on ageing out of care experiences of adolescent girls in Kechene Female children and Youth Institutional Care and Rehabilitation Center, Addis Ababa in choosing the social constructivism paradigm, the philosophical focus is on the participant's socially constructed reality, that is, interpreting the experience or story from their words, how they experience the world, their interactions and the settings where it all occurs. Since participants' experience of care has multiple meanings and implications for them, social constructivist paradigm, as it is dedicated to give voice for those people who know and live with such particular phenomenon under investigation, best fits my position of reality as process of negotiation and social construction as well as the methodological

preference of this study. Choosing a paradigm or tradition primarily involves assessing which paradigms best fit with your own assumptions and methodological preferences (Maxwell, 2004).

3.3 Research Design

The research design in terms of research method was qualitative research due to the fact that qualitative design principles and procedures are best suitable for portraying and interpreting the ageing out of care experiences of adolescent girls in the study setting. Understanding perspectives and experiences of research participants are the subject of qualitative research methods (Lincoln &Guba, 1994). Qualitative research entails an interpretive, naturalistic approach to its subject matter; it tries to make sense of, or to interpret, phenomena in terms of the meaning people bring to them (Denzin & Lincoln, 2003). Qualitative research is an approach conducted for examining and understanding the meaning individuals or groups attribute to a social phenomenon in which they are experiencing (Creswell, 2014).

Accordingly, qualitative research is guided by social constructivist world view, reality is viewed as multiple, intricate, prone to change, socially constructed, and the social word is the product of social interaction among its comprising elements which in turn provides an opportunity for the emergence of different views and meanings via varied experiences and interpretation of such experiences from the research participants' point of view (Creswell, 2007, 2014).

The purpose of this research was gaining deeper understanding of the research participants' care experience and their way of understanding of their own world in relation to their particular situation they are living which qualitative methodologies are able to capture

(Creswell, 2014). The views of adolescent girls ageing out of care (leaving Institutional Child Care) have rarely been captured in the research and a qualitative methodology is considered apt at being able to explore more novel topics, as well as giving voice to a population under study (Lincoln &Guba, 1985). Krueger and Newman (2006) categorized dimensions of social work research in terms of purpose as exploratory, descriptive, and explanatory.

Krueger and Newman (2006) state that descriptive research is a type of research which is undertaken for the sake of depicting a picture of the specific details of a situation, social setting, or relationship. Taking this into account this study was descriptive research in terms of purpose dimensions of research since the aim of the research was gaining a detail understanding of adolescent girls aging out of care experiences and their meaning attached to such experience.

Case study in qualitative research is chosen as the most suitable method for this study since the goal of this study was gaining an in-depth understanding of adolescent girls ageing out of care experiences in Kechene Female children and Youth Institutional Care and Rehabilitation Center, Addis Ababa. A case study is an empirical inquiry that investigates a contemporary phenomenon in depth and within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident (Yin, 2009). Baxter and Jack,(2008),Tellis (1997a,1997b), and Gerring (2004), as cited in Baskarada (2014) defines case study research as a process of involving intensive study of a single unit for the purpose of understanding a larger class of (similar) units observed at a single point in time or over some delimited period of time. Leedy and Ormrod (2001) state, case studies attempt to learn "more about a little known or poorly understood situation" (p.149). Foundational writers on case study such as Yin (2009),

Marriam (1998), and Stake (2008) show specific situations for the application of case study as a best research method.

Accordingly, a case study investigator should use case study research as his/her research method when(a) the aim of the research is to answer "what", "how", and "why" research questions; (b) manipulating the research participants behavior is not a possibility;(c) the researcher has a curiosity to cover contextual conditions since he/she believes that such contexts are significant to the phenomena under study;(d) the boundaries between the phenomena and the context is blurred (Merriam, 1998; Stake, 2008; Yin, 2009).

As such, case studies provide an opportunity for the researcher to gain a deep, holistic view of ageing out of care experiences of adolescent girls in the study area which is a hidden and neglected social problem that demands the attention of different stakeholders who are concerned to make these adolescent girls' transition from institutional care to independent living successful.

Regarding the specific type of case study that was employed in this study, a single instrumental case study type is chosen as the best type of case studies identified by Stake (2008) due to the nature of the study, which was aimed at providing an insight into the issue of adolescent girls ageing out of care experience and existence of one unit of analysis-adolescent girls in the case of one institution. Moreover, the researcher's primary interest lied on understanding of the issue of adolescent girls ageing out of care experience; which makes examination of the institution's effort of empowering these girls to become independent, secondary.

According to Yin (2009) there are two types of specific case study designs based on the nature of unit of analysis to be studied, (1) single case study, (2) multiple case study. From the two types, this study fits with single case study because the study had the intention of studying the aging out of care experiences of adolescent girls in the study area, which is one case. Yin (2009) also justifies the use of single case study design as pertinent to situations when "an investigator has an opportunity to observe and analyze a phenomenon previously inaccessible to scientific investigation." Since data was collected at one point in time, the research in terms of time dimension was cross-sectional. Cross-sectional research is a study conducted at single point in time (Chris & Diane, 2004). Therefore, descriptive case study design certainly fits with the research objectives, the research questions, and the research philosophy of this study.

3.4 Study Area

This study was conducted on adolescent girls who are under the care of Kechene Female Children and Youth Institutional Care and Rehabilitation Center in Addis Ababa. This institutional child care facility was selected as the study area for undertaking this research based on non- probability purposive sampling techniques. Kechene Female Children and Youth Institutional Care and Rehabilitation Center chosen based on the researcher's prior placement experience for the Course Field Practice II in Social Work. Hence, this setting was selected to know the nature of ageing out of care experiences of adolescent girls associated with service provisions in the institution with particular reference to the study period.

Kechene Female Children and Youth Institutional Care and Rehabilitation Center is among the four governmental child care institutions that are found in Addis Ababa City. It is found in *Gullele* Sub-city, Kebele 11 on the way to *Medhanialem* Church, in the area locally

known as *Menen Akababi*. It was legally established in 1952 during the reign of Emperor Haileselassie I. It was established in the then palace of the wife of Emperor Haileselassie I – Queen Menen of Ethiopia. It is a governmental, humanitarian, non religious, non-political, national and nonprofit making organization. Queen Menen was the founder of the institution. The milestone for its establishment was the existence of large number of children who were living on the street and left without care provision in Addis Ababa. The intention of the queen in founding the institution was to make the institution be home for all orphan and vulnerable children of Ethiopia and a place for provision of disciplinary education for them (Brochure of the Institution, 2016).

The eligibility criterion was being an OVC irrespective of gender, sex, ethnicity, residence, and level of education and other background of the children. The queen gave her own palace in order to protect and provide the necessary child care for those children who were not able to grow up in their home/family. Although its establishment was to respond to the problem of all OVC irrespective of their sex, the institution has recently been restructured and renamed as Kechene Female Children and Youth Institutional Care and Rehabilitation Center to serve female children and youth who are left without familial care and support. It is administered under the auspices of Addis Ababa City Bureau of Women and Children Affairs (Key Informant Interview, 2017). It has been serving its clients ranging from female children aged 8 to female children aged 18 (and above) by its different intervention mechanisms.

Recently, the institution is providing its services to its clients by employing 85 staff comprising of counselor, UNICEF Social Worker, caregivers, cook, and guards, laundry woman, dairyman, education expert, and institution coordinator. The educational level of the staff begins

from 5th grade up to Masters Level (Key Informant Interview, 2017). Currently, the institution is providing institutional child care services for around 250 female children (aged 8 to 18). These children have been served in to three categories based on their residential home, namely *Fok Bet* (age15-18 and above), *Wollo Bet* (age12-14), and *Tach Bet* (age8-11). The number of children in each house is around 96, 64, and 49 respectively. Currently, it is running different programs that are stipulated under the 2009 Ethiopian National Alternative Child Care Guideline for institutional child care provision that are operational in Addis Ababa, Kechene area.

3.5 . Participants of the Study and Inclusion Criteria

Setting clear inclusion criteria for selecting study participants is crucial for the purpose of guiding the data collection process and for the sake of choosing the appropriate targets from which the data will be gathered. In doing so, this research was carried out on five groups of participants. These are: Adolescent girls who are under the care of Kechene Female Children and Youth Institutional Care and Rehabilitation Center(who are in preparation stage and who have left care), Care givers in the institution, professional staff in the institution, and staff of Addis Ababa City Administration Women and Children Affairs Bureau. The specific inclusion criterion for each participant is described as follows.

The inclusion criteria for adolescent girls from Kechene Female Children and Youth Institutional Care and Rehabilitation Center were (a) adolescent girls who were in the age range of 14- 18 (b) who were in care and were beneficiaries of the institution's service(c) adolescent girls who had been in the institutions' care at the time of their formal discharge from the institution's care and who had left out of the institution's care from year 2015-2017 (d) adolescent girls who had no history of multiple placement and have spent their time as a child in

the institution and (e) adolescent girls who had no history of foster care, kinship care, and adoption (f) adolescent girls who had not left the institution's care due to disciplinary problems, and(g)adolescent girls who had no cognitive problems.

Regarding the gender dimension of care, adolescent girls are chosen over adolescent boys as participants of this study due to the fact that they are highly vulnerable and are facing numerous difficulties in their path ways to independent living and transition to adulthood. Although those young people who fall in the category of "care leavers" have faced common challenges in relation to process of ageing out of residential care and transition to independent life, there are also special groups with in this category which demands special care and support system because of their own unique characteristics which make their transition into adulthood more abrupt and unsuccessful. Accordingly, young people with disabilities, female youth, and youth with different problems are among those young people that demands special pre care and after care assistance mechanisms (Stein, 2006).

The age range (14-18) for both adolescent girls under the care of the institution was selected since children in the aforementioned age category are believed to be capable of reasoning out and critical thinking (Piaget, 1980). Adolescent girls who had left care from Kechene Female Children and Youth Institutional Care and Rehabilitation Center from year 2015-2017 in Addis Ababa were chosen as participants of this study. The factor which influenced the decision to select participants in the above time period is that the researcher's belief that the evidence from older care leavers will demonstrate evidences of post-care outcome and capable of informing practice approaches for those adolescent girls still in care. Those years

are believed to be enough to know their care experiences and post- care challenges as well as tracing them after care could be easy as compared with longer years of separation from care.

Care givers head and caregivers of the institution were recruited purposively based on their connection with these groups of adolescent girls, work experience, and training in take. Professional staff such as counselor was invited for this study by using judgmental sampling technique based on length of work with these groups of adolescent girls. Staff from Addis Ababa City Women and Children Affairs Bureau that has mandated to work on adolescent care leaver was selected to take part in the study due to the professional mandate that this expert has for adolescent girls' transition into independent living.

3.6 Selection of Research Participants

This research has employed non-probability purposive sampling technique as way of recruiting the study participants since this sampling technique enabled the researcher to select participants that have special attribute for the issue under investigation. As cited in Palinkas, Hoagwood, Green, Wisdom, and Duan (2015) purposeful sampling is a technique widely used in qualitative research for the identification and selection of information-rich cases for the most effective use of limited resources (Patton , 2002). This involves identifying and selecting individuals or groups of individuals that are especially knowledgeable about or experienced with a phenomenon of interest (Creswell & Clark, 2011).Qualitative samples are often purposive samples chosen for a particular purpose and the sampling procedure involves the deliberate choice of an informant due to the qualities the informant possessed (Cohen, 2007).

Marshall, Cardon, Poddar, and Fontenot (2013) have proposed three methods that can be used to justify sample size of interviews in qualitative research. These are (1) using previous researches' sample size as a reference if the issue under investigation and its method is similar (2) citing recommendable sample size for the particular research method by other scholars and (3) internal justification, which involves statistical demonstration of saturation within a data set.

Other researchers such as Charmaz (2003) also claim that sample size determination in qualitative research can be based on data saturation principle. Data saturation entails bringing new participants continually into the study until the data set is complete, as indicated by data replication or redundancy. In other words, saturation is reached when the researcher gathers data to the point of diminishing returns, when nothing new is being added.

Creswell (2014) recommends no more than 4 or 5 cases as an appropriate sample size for case study research. He further recommends 3 to 5 interviewees per case study. Currently, adolescent girls(aged 14 and above) who are still in care and those who had graduated from Kechene Female Children and Youth Institutional Care and Rehabilitation Center in the year 2017 and from 2015 to 2017 are sixteen and twenty seven respectively (Researcher's field data obtained from document review,2017).

Given this sampling size determination procedure, from a total of twenty seven adolescent girls who had left the institution's care in the study period three of them were recruited via snow ball non- probability sampling technique since this particular category of the larger adolescent population in the City is believed to be hard to reach. On top of that, due to the absence of credible data pertinent to the where about of adolescent girls in this category the study is limited to generate data from those girls whose address is well known and consent is given.

The study was intended to generate data from five adolescent girls who have already aged out of care in the study period. Among five of them one was delivered her child at the time of data collection and the other one was in funeral ceremony at the time of data collection which made interviewing difficult.

An in-depth interview was conducted with three of these adolescent girls by using the social network of adolescent girls who are in care. Snowball sampling is particularly appropriate when the population you are interested in is hidden and/or hard-to-reach**.** It is a type of non-probability sampling technique used to identify cases of interest from sampling people who know people that generally have similar characteristics via referencing/networking(Palinkas, Hoagwood, Green, Wisdom, &Duan ,2015). From sixteen adolescent girls who are expected to leave the institution's care in 2017, four was selected based on data saturation principle to know their preparation and sense of readiness to exit from care. That means the researcher has forced to stop interviewing at the fourth adolescent girl since the researcher witnessed redundancy of information.

Professional staffs both in the institution and from Addis Ababa City Administration Women and Children Affairs Bureau were recruited as a participant purposively since the researcher believes these professionals have the expertise pertinent to the issue under investigation. Purposive sampling has been used to select 'knowledgeable people'; those who had in-depth knowledge about the care experiences of adolescent girls in the institution by virtue of their professional role, expertise or experience.

Hence, one staff from the Bureau who is serving as expert on institutional child care and three staffs (counselor, delegate of the institution, and care giver's head) from the institution

were selected in order to gather the relevant data. Seven care givers from the institution were recruited who satisfied the selection criteria. To identify research participants, I contacted the head of Addis Ababa City Administration Women and Children Affairs Bureau and disclosed myself and the purpose of my research in the setting. This was done through the use of cooperation letter which I collected it from the School of Social Work, Addis Ababa University.

After developing rapport with these officials and gaining their cooperation for my study, I obtained authorization paper that seeks cooperation of staff of the institution. After obtaining the support letter which is written to the study area I made another discussion with the delegate of the institution regarding the expected procedure of the institution for conducting a research on children of the institution. After briefing was made concerning the agency policy and expected ethics from a researcher I was linked to the right authority that is mandated to work with adolescent girls who are expected to leave care and who had already left care in the study period. Literature dealing with ageing out, ageing out of residential care experience, adolescent girls ageing out of care experience, outcomes of adolescent girl institutional care leavers, and state policy responses to wards state care leavers were reviewed in order to get guidance concerning ways of recruiting adolescent girls to participate in this study.

3.7 Sources of Data

Researchers suggest typical sources of evidence for conducting case study research. Patton (1990) and Yin (2003) have argued the use of multiple data sources as a hallmark of case study research and they identified documentation, archival records, interviews, physical artifacts, direct observations, and participant-observation as identical data sources for this method. Primary data was gathered from adolescent girls themselves, care givers, and professional staff

from the institution and Addis Ababa city Administration Women and Children Affairs Bureau. Secondary data was collected from internet sources, office reports, and policy documents pertinent to the issue under discussion.

3.8 Data Collection Procedures and Methods

3.8.1 Data Collection Procedures

Undertaking this research project was carried out through different stages. First, the researcher collected cooperation letter from Addis Ababa University, School of Social Work that identifies the researcher's affiliation to this university and topic of the research. Securing cooperation letter from the School was followed by contacting the head of Addis Ababa City Administration Women and Children Affairs Bureau and delegate of Kechene Female Children and Youth Institutional Care and Rehabilitation Center in order to orient the purpose of the study and request their cooperation to undertake this study. After developing rapport and making known the purpose of the study to these officials, the researcher requested these authorities to direct potential gatekeepers to access the right research participants of the study.

The researcher gave information to these potential gatekeepers about the purpose of the study and sought their cooperation to conduct the study. Obtaining the cooperation of these gatekeepers, the researcher made an advance to trace adolescent girls, professionals who are working with adolescent girls leaving institutional care, local dwellers who have knowledge about the institution and reside around the institution and who satisfied the selection criteria of the study were contacted and briefed about the study. Second, the researcher proceeded to explain purpose of the research, potential benefits of participating in the study, possible risks, getting informed consent aspects of the research, and conditions of withdrawal from take parting

in the study. Participants were also requested to give their informed consent either orally or in written form in order to assure their willingness and get their trust to engage in the research process.

Accordingly, data collection was carried out after gaining participants oral consent and willingness to be part of the study. Data collection settings were arranged based on the convince nature of the place for research participants and data collection instruments were validated their relevance for them before using them. Participants of the study were told the right to check whether the data obtained is the reflection of what they said during the data collection sessions. Data were gathered in a manner that respects their dignity and worth and any information that would have potential threat to them was kept confidential. Lastly, results of the research were presented to the research participants before the final report was written for the sake of consistency.

3.8.2 Data Collection Methods

3.8.2.1 In-depth Interview

Interview is the most appropriate data collection technique for case study research. Interviews are guided conversations that are usually of the most important sources of case study evidence (Yin, 2009). Interviews are a qualitative method of research often used to obtain the interviewees' perceptions and attitudes towards the issue under investigation. In-depth interviewing is a qualitative research technique that involves conducting intensive individual interviews with a small number of respondents to explore their perspectives on a particular idea,

program, or situation (Path Finder, 2006). Interviews are best useful when a researcher wishes to explore emotions, experiences, and feelings of research participants (Martyn, 2003).

Accordingly, an in-depth interview was employed in order to generate rich and unexpected evidence from the study participants'. Open-ended questions that allow participants to have a flexible atmosphere were prepared along probing questions. An in-depth interview is a type of interview that allows a researcher to better understand the perspectives of the interviewees about the situation under study (Daymon & Holloway, 2002).

Hence, three staffs from the institution and from Addis Ababa City Administration Women and Children Affairs Bureau comprising of a counselor, delegate of the institution, and institutional child care expert, and seven adolescent girls (who are still in care and who have already left the institution's care in the study period) were chosen for conducting an in-depth interview. The in-depth interview was held in the office of a counselor, delegate of the institution and Addis Ababa City Administration Women and Children Affairs Bureau and house of those adolescent girls who have emancipated (rented house and street vendor). All information which is obtained from an in-depth interview was tape recorded after gaining the consent of such participants. Accordingly, two staffs (one counselor and one delegate of the institution) from Kechene Female Children and Youth Institutional Care and Rehabilitation Center, one institutional child care expert from Addis Ababa City Administration Women and Children Affairs Bureau, and seven adolescent girls (who are in preparation stage and who have left care) were interviewed. The in-depth interview lasts from 32 minutes to 53 minutes.

3.8.2.2 Focus Group Discussion

Focus group discussion was held with care givers of the institution in order to gain their insight regarding their ways of socializing adolescent girls who are under their custody for later adult life**.** Focus Group is a type of in-depth interview in which a purposively selected set of participants gather to discuss issues and concerns based on a list of key themes drawn up by the researcher/facilitator (Kumar, 1987). "FGD is particularly suited to be used when the objective is to understand better how people consider an experience, idea, or event, because the discussion in the FGD meetings is effective in supplying information about what people think, or how they feel, or on the way they act"(Freitas, 1998). Accordingly, one focus group discussion comprising of seven participants was undertaken in the coffee room of caregivers. The discussion was held with the help of care givers head as a facilitator and the researcher as a moderator. Discussants were asked about their consent pertinent to the use of tape recorder in the discussion and their full consent was gained before the discussion was conducted. The discussion lasts for 120 minutes.

3.8.2.3 Key Informant Interview

Informants that have the expertise on the issue of care leavers experience were invited to participate in this study. Key informant interviews are qualitative in-depth interviews with people who know what is going on in the particular environment, who have firsthand knowledge about the issue at hand, who can provide insights on the nature of problems, and offer recommendations for solutions (Kumar, 1989).Researchers pinpoint the appropriate use of key informant interview as a viable data collection method when: (a) general, descriptive information is sufficient for decision-making pertinent to project and program planning and later in

conducting evaluations; (b) detailed information about the general characteristics of the target populations (e.g., their occupations, religion, values, and beliefs) is needed; (c) When understanding of the underlying motivations and attitudes of a target population is required (Kumar, 1989).

Accordingly, one caregiver's head from the institution and one community elder who is living around in the institution were taken as a key informant of the study to obtain their rich knowledge and perspective towards adolescent girls who are still in care and who had already aged out of the institution's care. Hence, informants were interviewed in their office and home respectively for 35 minutes.

3.8.2.4 Observation

Observation is the key data collection technique for case study research (Yin, 2009). Observation is an appropriate technique to cross-check people's answers to questions. Direct observation has employed to know the institution's physical settings, facilities, pattern of social interactions among adolescent girls, professionals, caregivers and adolescent girls living arrangements.

3.8.2.5 Document Review

Official government documents, office reports, service provision manuals, and guidelines concerning the status of care leavers in the country in general and in the institution in particular was reviewed and scrutinized. State policies and the institution's policy regarding ways of emancipating adolescent girls from care, requirements on exit, and graduation ceremonies, duties of the institution for care leavers, rights of adolescent girls who are leaving care, and the nature

of relationship between adolescent girls who are leaving care and the institution were critically examined.

3.9 Data Analysis

Yin (2004) contends that data collection and data analysis in case study research design is carried out simultaneously and what is expected from a good case study investigator is to become a good detective. He proposes three basic steps in designing case studies-defining the "case", deciding whether to do a single case study or a multiple case studies, and deciding whether or not to use theory development. Yin (2004) defines a "case" as a phenomenon, a program, or an organization. Accordingly, using Yin's (2004) definition of a 'case', the issue of aging out of care experiences of adolescent girls in Kechene Female Children and Youth Institutional Child Care and Rehabilitation Center in Addis Ababa is the case for this particular study. Proceeding to step two of Yin's (2004) procedure of designing case studies, a single case study design is chosen as suitable design due to the fact that it is used for descriptive design and the singular nature of the research's unit of analysis- adolescent girls' ageing out of care experience.

The last procedure, the issue of using theory development in the selected case study design directs this study to use theories in the area since it is advisable to use theory for a beginner researcher (Yin, 2004). Yin (2004) further elaborated the specific procedure for selecting specific persons, groups, or sites to be the research "case." In doing so, reaching to the right target of the research "case" can be done through conducting a formal case study screening procedure, i.e., reviewing documents or querying of people knowledgeable about each candidate. The readiness of key persons in the case to engage in the study, the probability of getting rich

data, and existence of preliminary evidence about the case as having the experience or situation that the current research is planning to study are stipulated as useful screening criteria for the selection of specific cases for single case study (Yin, 2004).

Taking into consideration the aforementioned single case study screening criteria, adolescent girls (of Kechene Female Children and Youth Institutional Child Care and Rehabilitation Center) are selected as a unit of analysis based on the researcher's previous Field Practicum experience and belief that such girls are knowledgeable about their care experience and ageing out of care processes. Researchers depict various techniques of data analysis for case study research. Marriam (1998), Stake (2008), and Yin (2009) proposed ethnographic, narrative, phenomenological, constant comparative, content analysis, analytic induction, pattern-matching, utilizing time-series analysis, logic models, and cross case analysis as a specific strategy for analyzing case study research. Although the aforementioned figures in case study research have proposed such specific data analysis techniques, clear data analysis guideline for case study research has not well established yet (Merriam, 2008; Perry, 2000).

Therefore, data analysis was carried out following thematic data analysis procedures which is proposed by Braun and Clarke (2006). Braun and Clarke (2006) provide a definition to thematic analysis and propose a six step procedure in analyzing qualitative data using thematic analysis. Accordingly, thematic analysis is a type of qualitative data analysis which is employed for identifying, analyzing, interpreting, and reporting of themes within the data (Braun & Clarke, 2006). As Braun and Clarke (2006) argue, thematic analysis is the most appropriate qualitative analysis tool when a researcher wants to uncover participants' experiences, day to day activities, and meanings to their particular actions, behaviors or thoughts. Similarly, Ibrahim (2012)

supports these authors argument and consolidates it by setting specific conditions for the appropriateness of thematic analysis such as drawing interpretations from the emerging data patterns is needed, examining the impact of participants' point of view towards their experience becomes the question under investigation, and coding and categorizing of data in to themes is required.

The six steps of thematic analysis which is forwarded by Braun and Clarke (2006) are: (a) familiarizing oneself with the data that one has, (b) generating initial codes, (c) looking for themes, (d) reviewing themes, (e) defining and naming themes, and (f) producing the report. The detail procedures of the study's analysis associated with the six phases of thematic analysis which is adapted from Braun and Clarke's (2006) guideline for thematic analysis is presented as follows.

Phase One: Familiarizing Oneself with the Data

In this beginning phase of thematic data analysis, the researcher was habituating himself to his data via repeated reading of the data and taking notes to look for meanings and patterns that will be generated from the data corpus. A through reading of the entire data and understanding of themes of the data was followed by marking ideas for future coding purpose. Since the research had data from interviews, transcription of verbal data into written form will be carried out in order to undertake thematic analysis. This transcription was produced by recording their voices and paying attention to participants' utterances, non- verbal cues, and other contexts that can be visible to the researcher. Listening back to the original accounts of the research participants/audio recordings used as a means for checking similarity of the transcripts that has

produced with the original data. Using the researcher's skills of active reader transcripts were repetitively understood by using color highlight and taking notes.

Phase Two: Generating Initial Codes

After accustoming oneself to the data one has and making an initial list of ideas about what is in the data and what is interesting about them is done, the researcher went to the next step which is the step where the researcher involves himself in the production of initial codes from the data. Organization of data into meaningful groups as the process of initial coding carried out in order to identify a feature of the data that appears interesting to the researcher and becomes the core element of the raw data that can be described pertinent to the phenomenon under investigation.

Coding was done manually by giving full and equal attention to each data item and by writing notes on the texts that is undergoing analysis. Coloured pens or highlighters utilized in order to show potential themes. File cards were attached to coded data extracts. Dominant stories in the data analysis have given codes and accounts which departed from dominant stories were preserved and assigned codes to them.

Phase Three: Searching for Themes

This phase of analysis begins after coding of all the data has initially completed and listing of all the identified codes along with their data set has made. As this phase is the stage where the researcher re- focuses on the analysis at the broader level of themes, rather than limited to codes, it involves arranging the different codes into potential themes, and gathering all the relevant coded data extracts within the identified themes. Visual representation through the

use of tables, mind maps, and brief description of each code on a separate piece of paper was carried out to organize the different codes into theme-piles. The organized theme piles, then indicates the researcher to start thinking about the nature of relationship between themes and between different levels of themes (e.g., main overarching themes and sub-themes within them). In the last stage of this phase, collection of candidate themes, sub-themes, and all extracts of data that have been coded in relation to them was arranged and identification of a set of themes that were not fit in to the established main themes were categorized by creating a theme called miscellaneous theme.

Phase Four: Reviewing Themes

At this phase of analysis, reviewing and refining of themes that are already established was undertaken. Reviewing was carried out at the level of coded data extracts for the sake of checking the existence of coherent pattern among all the candidate themes of the data.

Phase Five: Defining and Naming Themes

In this phase, identification of the essence of what each theme is about and determination of what aspect of the data each theme captures was done through narration. Writing of a detailed analysis for each theme and identifying the "story" that each theme tells was carried out in order to assess its relation with the research's questions. As part of the refinement, existence of sub-themes within the larger theme was checked for the sake of demonstrating hierarchy of meaning within the data. Giving working titles to the themes was refined what the research's themes are and what are not. Then, names were given to themes in the final analysis.

Phase Six: Producing the Report

This phase involves the final analysis and write-up of the report of the research results. This was done through the presentation of sufficient evidence of the themes within the data – i.e., enough data extracts to demonstrate the prevalence of the theme. Themes were presented in analytic narrative ways that illustrates the story that the research participants said about their ageing out of institutional care experiences. The report was written by describing the stories that are emerged from the data and making an argument in relation to the research questions of this study. After the data had been collected and transcribed in Amharic, it was translated into English.

3.10 Data Quality Assurance

Trustworthiness is a critical issue in qualitative research and various research sources have suggested different ways of assuring credibility in qualitative research. Credibility is about whether the research findings are the exact reflection of the participants' ideas irrespective of the research paradigm and researcher's interpretive bias (Holloway & Wheeler, 2002; Macnee & McCabe, 2008). Credibility refers to methodological procedures, sources of data, and the linkage between the views of research participants and the researchers' interpretation. Prolonged engagement in field or research site, use of peer debriefing, triangulation, negative case analysis, persistent observation, and member checks, provide thick description, conducting an audit trail, and peer examination are ways of establishing trustworthiness in qualitative research (Guba, 1981; Anney, 2014).

Accordingly, as the nature of case study design allows the use of multiple data sources (Yin, 2009), the researcher gathered relevant information pertinent to the issue under investigation via in-depth interview, focus group discussion, key informant interview, observation, document review, and selecting particular cases for analysis to enrich credibility of the study findings. The researcher sought support from other scholars who are conducting their PhD research using qualitative methods in order to evaluate the research procedure and appropriateness of the research method for the particular issue under investigation. Feedback from peers and assigned faculty advisor were utilized to improve the quality of the inquiry findings.

Prior to data collection, the researcher presented interview guides to the assigned faculty advisor for the sake of checking its clarity and relevance to the unit of analysis and the stated research questions of the study. Contradictory case analysis which diverges from what the researcher believes and the result shows was critically examined in order to elevate the trustworthiness of the research findings of this study. Participants were encouraged to express their pre care and after care experiences freely through the establishment of convenient place of interview and life review questions.

Participants feelings, experiences, perspectives, distinct characteristics and communal behaviors were explored in order to bring detailed account of them and their rich accounts were narrated and presented in their original words through verbatim and quotations. Finally, member checking consists of reporting back preliminary findings to participants, asking for critical commentary on the findings, and incorporating these critiques into the findings was done in order to add credibility of the research findings.

3.11 Ethical Consideration

Addressing ethical issues that arise from conducting research and upholding principal ethics in research is an indispensible endeavor in protecting and ensuring research participant's safety. These ethical issues are discussed by numerous authors in different disciplines. General ethical principles of research involving human subjects are communally presented and required adherence to them by any researcher who is intended to conduct research. Accordingly, voluntary participation, informed consent, and protecting privacy of research participants are the principal ethical considerations that demands due emphasis in the course of research (Bruce, 2001; Kruger & Newman, 2006; NASW Code of Ethics, 2005). Specifically, respecting the autonomy of research participants, the beneficence of the research participants and assuring justice in the process of research are stated in NASW (2005) Code of Ethics pertinent to social work research involving human subjects as core ethical principles that a given social work researcher expected to follow. Taking the above ethical principles into account, this research upheld these ethical considerations and this was attained in the following ways.

First, research approval was requested from the researcher's advisor and the researcher's school, which is School of Social Work in Addis Ababa University. Sign of go ahead from this relevant authority was expressed by gaining the school's cooperation letter for research and accessing the gatekeepers in the study area of the study. Second, securing cooperation letter was followed by contacting heads of Addis Ababa City Administration Women and Children Affairs Bureau and Kechene Female Children Institutional Child Care and Youth Rehabilitation Center and potential key informants in order to gain their full consent and cooperation for undertaking the study. During the researcher's briefing session about the purpose of the research and demand

of the study, the researcher was also requested the aforementioned heads about agency policies concerning accessing data about their clients and confidentiality issues of their clients.

After getting orientation from these authorities, the researcher was presented consent form which signifies their willingness to take part in the study but research participants were given their oral consent instead of written consent. Adolescent girls either preparing themselves for independence or who have already made their journey to independence have given information about the nature of the research, potential benefits, risks and ways of withdrawal from engaging in the study and their oral consent were obtained to undertake the study.

Those adolescent girls aged 14-18 were invited to participate in this research by gaining the consent of their guardians. Before the actual data collection, data collection tools were presented to the researcher's faculty advisor and personnel of the above institutions' for validating their relevance to the topic under investigation. Settings for conducting interviews were selected based on the research participants' interest and convenience to generate the required data. During data collection, research participants were empowered to share their feelings, concerns, experiences, expectations, aspirations, and challenges of life in care and after care. The researcher used emphatic terms to encourage research participants to speak about their care experience since the issue had led research participants' memorizing both good and bad feelings associated with their history of care.

Research participants secrets which were shared between the researcher and them were kept confidential and records, files, and any document that reveal shared secrets were locked in researcher's private house and participants were assured the burning of their information they gave during data collection sessions after one year of reporting research findings.

Participants were not forced to talk an unpleasant feeling that makes them sad and irritation. This was done by respecting their signal of interrupting the interview and rescheduling the interview sessions. Moreover, during data presentation, participant's anonymity was assured by assigning codes to the data collected. Finally, participants were also informed about the absence of writing names of individuals in any reports or publications arising from the study.

Chapter Four

Data Presentation

4.1. Profiles of Participants

This section describes profiles of seven adolescent girls who are in preparation stage and who have left the care of the institution in the year 2015-2017 as participants of the in-depth interview. It also presents profiles of seven caregivers who were participated in FGDCG.

4.1.1. Gender, Age, Year in care, Emancipation Year, and Level of Education

Table1: Participants by Gender, Age, Year in care, Emancipation year, and Level of Education

Adolescent Girls and their respective age during exit	Gender	Year in care	Emancipation Year	Level of Education
IIAPS1,18	Female	6	2017	Grade seven
IIAPS2,18	Female	6	2017	Grade six
IIAPS3,18	Female	10	2017	Grade eight
IIAPS4,17	Female	8	2017	Grade six
IIAGHL1,28	Female	17	2017	Diploma in Accounting
IIAGHL2,18	Female	8	2015	Grade eight
IIAGHL3,18	Female	6	2015	Grade four

(Source: Compiled from Field data, 2017)

As table 1 shows, a total of seven adolescent girls were participated in this study. Of the seven, six of them fell under the category of adolescence and one of them fell under adulthood. As ages of the participants indicate, adolescent girls are aging out of care based on the legal age of emancipation which is age 18 except the rest one whose age is 28 at the time of emancipation. With regard to the length of time in care, those adolescent girls who are in preparation stage have spent six to ten years in the institution's care prior to age 18 and this category of adolescent girls are expected to emancipate from care in the year 2017. On the other hand, those groups of adolescent girls who have left care had extended care history ranging from eight to seventeen years. Accordingly, among the three adolescent girls who have exited from the institution, two of them made their transition into adulthood in the year 2015 and one of them has graduated in the year 2017 respectively.

As table 1 depicts, all adolescent girls who are in preparation for transition to independent living were not completing high school education at the time of their phase to adulthood. Educational attainment of those adolescent girls who have left care is almost similar with those adolescent girls who are preparing themselves for independence except the one who holds diploma at the time of her emancipation.

4.2. Care givers' Level of Education, Work Experience, and Parenting Style in the Institution

Table 2: Care givers' Level Education, Age, Work Experience, and Parenting Style

Name and Gender	Age(in year)	Type of Training taken	Total Work experience in the institution	Preferred parenting style	Level of Education
P1,Female	50	Parenting style/ care giving	3 years as a care givers	Authoritative	Grade 8
P2,Female	34	Care giving	2 years as a care giver	Authoritative	Certificate
P3,Female	55	Care giving	3 years as a care giver and 23 years as a cook	Authoritative	Grade 9
P4,Female	55	Care giving	30 years as a caregiver	Authoritative	Grade 6
P5,Female	34	Care giving	3 years as a caregiver	Authoritative	Grade12
P6,Female	36	Not trained	3 months	Authoritative	Grade 10
P7,Female	32	Orphanage	5 years	Authoritative	Grade 10

(Source: Compiled from Field Data, 2017)

As table 2 shows, six of the FGDCG participants had gained training in care giving to children and issue of orphanage before they begun their official job but the rest one has never taken any training pertinent to her position as a care giver before taking such position. As it is shown in the above table, care givers have rich experience of care giving despite their low educational qualification for the position. None of the care givers participated in this FGDCG

had obtained university or college degree in care giving practice or related fields. All caregivers who were participated in FGDCG also preferred authoritative parenting style to rear children under their care.

4.2.1. Care Giver's Perspective on the Type of Training they Received

Seven care givers were participated for Focus Group Discussion with Care Givers (FGDCG) and among them; six of them had experience of receiving training on care and support for children and on the issue of orphanage. The rest one has never taken any training in relation to care giving at the time of data collection. As to the sayings of this FGDCG participant, all trainings were delivered by a charitable organization called Retrack Ethiopia and World vision Ethiopia. Participants were also revealed about the place where they took their trainings. Accordingly, *Kotebe* and Library of Kechene Female Children Institutional Child Care and Youth Rehabilitation Center were places where those trainings were held. One participant explained the situation in the following words:

> …for example, I took training in *Kotebe*, Addis Ababa. It was for five days. The other training was held at Kechene Female Children Institutional Child Care and Youth Rehabilitation Center's library room. Those trainings were organized by Retrack Ethiopia and World vision Ethiopia. For many times, we took training concerning child handling/parenting (FGDCG#1, age, 50).

Those who took training in the aforementioned places had discussed how it was helpful the training they received, especially to understand the behavior of children and the context of

care depending on the nature of a particular child's behavior. One participant reflected on the significance of it in this way:

> What I have understood from the training I took so far is the existence of various behaviors of children. From the very beginning, children have no one [similar] behavior. Even children who are born from one father and one mother will not have similar behavior. Behavior of these children [children in the institution] is by far different. One may be angry, one may be obedient, and the other may be silent. Depending on their own behavior, we have to give love for them in order to shape and mentor them. Love commands every one. So, we have to give love for them. If we order them to do something, we should wait them until they finish it patiently (FGDCG#7, age, 32).

Regarding the type of training they want to take, all FGDCG participants agreed on the usefulness of obtaining training in areas of communication with children, parenting style, care giving stress and burnout management. And they also expressed their concern pertinent to the need for further training in these areas for their effective execution of their job. FGDCG1expressed her felt need in the following ways:

> In the past days, trainings on parenting style and how to communicate with children of various backgrounds have been organized by charitable organizations like Retrack Ethiopia and World Vision Ethiopia. Those trainings were proven helpful for us [caregivers] to effectively understand the needs of children in care. But now, it is suddenly interrupted by the reason we do not know. It is two years since we have not taken training on care giving. What makes care giving more stressing is when a newly admitted child becomes problem for us to accustom his /her to the new environment. I

> remember one child who had tested my patience when she became very challenging for me to re-socialize her in order to interact and start living in the compound. If I had had the knowledge of understanding what this typical child's behavior exhibits, I would have been succeeded to discharge my responsibility productively. I think training is very crucial for filling such knowledge gap since we are nurturing children by our natural talent of care giving (FGDCG#1, age, 50).

Another participant has mentioned her complaint of the need to have training before officially taking the role of a care giver in this fashion:

> You see! I am the only person who has not been given training pertinent to any training that is assumed to be necessary for any care giver. I have no idea what caregiver is all about. I worked as a secretary for this institution before I promoted to care giver position. It has been three months since I have begun this job and I do not think I can handle things without having prior training about being a mother to these children[children in the institution] (FGDCG#6, age, 36).

4.2.2. Care giving as God Given Mission

Care giving is conceptualized by all FGDCG participants as "God given mission" and not taking care of children who are assigned to every mother is something which is presented for God's judgment. One FGDCG participant spoke about it in this manner:

> Care giving is the issue of conscience and failure to provide the expected care will be asked us in front of God since it is God given mission. I am always discharging my responsibility as a loving mother to children who are under my guardian and when I fail

> to do so I think as if I were disrespecting God. I perceived children of the institution who are under the guardian of me as my sisters. They make me feel broken/*ya sasa zenugnal*/ (FGDCG#7, age, 32).

Another participant who was former children of the institution and current care giver of children in the institution conveyed the importance of being empathetic mother in this way:

> I know what these children who are under my care are feeling and worrying about since I have similar care experience. They need sensitive and responsive adult figure that has a kind heart to listen and share their feelings throughout their day to day life. I let them to share their concerns and pains since I know what it means for a child like them. You have to show genuine feelings and feel their pain. That is the thing they expect from a care giver like me. I think I am in a better position to listen and respond to what these children are feeling as compared with other caregivers who have no care background like me. On top of that, care giving is a gift that is cherished by God for that you will be questioned when you do something wrong while you are nurturing children who trust you (FGDCG#2, age, 34).

4.2.3. Authoritative Parenting Style as a Preferred Parenting Style

All participants who took part in FGDCG revealed that care giving is better if it is based on authoritative parenting style for the sake of nurturing children to become autonomous, independent, self-controlled, self-confident, and cooperative. Though participants of this FGDCG expressed authoritative parenting style as their preferred style of parenting, the dominant parenting style which is practiced in the institution is difficult to categorize due to the

absence of a procedure that leads a particular care giver to be a mother of certain children permanently. One participant reflected on this in this manner:

> [Sigh]…It is difficult to delineate. This is due to the fact that one caregiver is not assigned to one child regularly. There is change of care giver as per the schedule of caregivers. When I spend the day with children, the other caregiver will replace me in the next day. One caregiver is not permanently assigned for a category of children. This makes parenting style undetermined. As to my opinion, authoritative parenting style is better for us to follow. When we strictly forbidden them [children] to go out, they run away from the institution and when we give total freedom to them[children], we are letting them[children] to be deviant[*mebelashet*] (FGDCG#7, age, 32).

Another participant also shared the significance of following authoritative parenting style for children's preparation for future adult life like this:

> If you control them [children], their future will be uncomfortable. When the time comes to age out of the institution, things become new for them. Oppressive parenting style opens the opportunity for them [children] to become deviant [*mebelashet*]. You have to rear children by teaching both good and bad aspects of life (FGDCG#2, age, 34).

All participants of FGDCG emphasized the need to rear children in a way that is not strictly defined as authoritarian or permissive parenting style for internalizing decent discipline in the minds of children though they are not practicing it. One participant conveyed how to mentor children like this:

> As to me, it is good to rear a child in a way that is defined neither permissive nor authoritarian. It is good to be in between. If you let them free, they become uncontrollable [*sede* and *gatewote*]. On the other hand, if you control them, it will not be good too! For that, it is better to rear children in the continuum (FGDCG#3, age, 55).

4.2.4. Supply Constraints as a Challenge for Care giving

Pertinent to the challenges of care giving, all participants who took part in FGDCG felt that care giving is being hampered by shortage of supplies that are consistently asked by children. According to the accounts of these FGDCG participants, due to the existence of the institution's inability to supply the required material, children are not getting the necessary care they deserve. One FGDCG participant expressed her compliant in this manner:

> You know what makes care giving a difficult job? Your limitation to fulfill things what is being asked by children. Children are asking consistently to have lotion, oil and other relevant things but I couldn't supply that since it is not my capacity to do so. What I am doing is just reporting their concern to the higher official of the institution. Such a thing is demoralizing for me. I cannot buy those things by my salary and supply to them. My economy does not allow me to do so (FGDCG#1, age, 50).

Another FGDCG participant has mentioned her confusion regarding the extent of policing children who are under her care as compared with her real children in this way:

> The problem is the extent of molding children under my care to be decent children due to the fear that is resulted from my way of correcting these children. I am not feeling

> confident to mentor them just like my own children because I am afraid of being labeled as a nagging mother (FGDCG#4, age, 55).

Discussants have expressed how they are trying their best to make a difference in the lives of children despite the limitations. One participant narrated how her mentoring was helpful to see her children under her guardian to be successful students and role model of children of the institution like this:

> I was persistently advising one child who was very decent and industrious. You know what I was saying to this girl when she told me about her marriage proposal? I said her "bravo" and I promised her to be her mother and I was convincing one of the guards to be her father for her marriage contract. I was supporting her in order to get wedding ceremony sponsorship from the institution. I did such things to her because I wanted her to teach children of the institution to take her footsteps. This girl was not like those girls who gave their virginity to hoodlum. She was graduated from a college and earning a living. She was asking me as a mother to marry her fiancé as per the norm of mainstream society and I helped her to make her dream of marrying someone and exiting from care real. She gave us the chance to see the world [*alem asayechen]*(FGD#4, age, 55).

As to the nature of relationship between care givers and their children under their care, all participants expressed the existence of good communication between them and children who are under their guardian. One participant said:

> My relationship is good with children. I listen to their [children's] ideas and I am not as such a controlling mother. When I appear in the entrance gate of the institution they

> [children] call my name by saying "mama is coming." They [children] surround me just like a bird [*ende wof new yemerebarebubegn*] (FGDCG#3, age, 55).

4.3. Rehabilitation Scheme as a Program for Care Leavers

Rehabilitation scheme is considered as the major scheme which is designed for those adolescent girls who are identified and screened for independent living by Addis Ababa City Administration Women and Children Bureau. Rehabilitation scheme is provided to adolescent girls who have been under the care of Kechene Female Children and Youth Institutional Care and Rehabilitation Center to support them in order to lead an independent life after they leave the institution. It has two components: vocational training and direct rehabilitation cash support.

According to the in-depth interview with Mesfin (IIBW), an expert in Addis Ababa City Administration Women and Children Bureau who is in charge of institutional child care service, vocational training is given to adolescent girls who are identified for independent living by the Addis Ababa City Administration Women and Children Bureau for the sake of equipping adolescent girls with various skills that would help them to get jobs easily. IIBW described the purpose of the rehabilitation scheme in this way:

> As per the procedure of the Bureau when children reach age of 16 there is a program for them to exercise independent living skills by providing rehabilitation schemes such as vocational training and rehabilitation money. This rehabilitation scheme is intended to help these children learn the culture of the community which will be their future reintegration place. It is called a program for those children who are ready for

> rehabilitation. On top of that, it is mainly intended to train adolescent girls in different skills that are deemed to be employable skills pertinent to the market.

This intent of the rehabilitation scheme, vocational training, is also shared by a counselor, Fikirte (IISK1) who is working in Kechene Female Children and Youth Institutional Care and Rehabilitation Center as follows:

> The rehabilitation scheme, recruiting adolescent girls and sending them to get training in various vocational skills is envisioned to support these girls in order to have skills that are necessary to get a job when they exit from the institution. The training is given for nine months.

Direct rehabilitation cash support is provided to these girls for the purpose of paying cost of house rent and maintenance. Paying house rent for three months were financed by a charitable organization named Retrack Ethiopia since two years back now. The in-depth interview with IISK1 revealed that adolescent girls who have taken vocational training and direct rehabilitation cash support were entitled to get money for paying house rent for three months before two years.“Fee for rent is given for three months in order to settle adolescent girls housing condition. Such fee was covered by Retrack Ethiopia and it is interrupted before two years.*”* *(*IISK#1) said.

4.3.1. Screening Procedure for Rehabilitation Scheme

Kechene Female Children and Youth Institutional Care and Rehabilitation Center has its own mechanism for screening those adolescent girls to be included in rehabilitation scheme. Accordingly, adolescent girls’ explicit intent to exit from the institution, adolescent girls’ age,

and adolescent girls' evidence of dropping out of school are used as selection criteria for admitting these girls for rehabilitation scheme. The in-depth interview conducted with the delegate of Kechene Female Children and Youth Institutional Care and Rehabilitation Center, Almaz (IISK2), discerned that children who have no disciplinary charge but who are being interrupted their education and reaching age of maturity (age 18) are allowed to be beneficiaries of rehabilitation scheme. The delegate of the institution, Almaz (IISK2) states the procedure in this manner:

> As a procedure, the institution is not simply sending all adolescent girls who are applying for training to exit from the institution. What we are doing as a responsible body is seeing adolescent girls' written application for training, evidence regarding adolescent girls' education(status of drop out),and level of maturity(age) as a last resort to attend the training after providing repetitive advise to continue their education and stay in care.

After adolescent girls' list for vocational training is scrutinized and finalized by the institution it will be sent to Addis Ababa City Administration Women and Children Bureau for final saying and arrangement of training and allocation of direct rehabilitation cash support. The in-depth interview held with IISK1 showed that counselors of the institution are in charge of screening those adolescent girls who are presenting their exit plan from the institution and to do the necessary assessment regarding adolescent girl's readiness to start an independent life. IISK1 said, "As a counselor, what I do is recruiting, screening, and sending lists of adolescent girls for rehabilitation scheme for the Bureau after I tried my best to stay them in the institution and continue their education."

4.3.2. Areas of Vocational Training

As it is consistently expressed by both adolescent girls who are in preparation stage to exit from the institution and who have already left the institution as well as experts from the institution and from the Addis Ababa City Administration Women and Children Bureau, tannery, beauty salon, and chef are the identified common area of training for those adolescent girls who are eligible for rehabilitation scheme. One participant, who is in the process to attend vocational training said:

> As far as I know and as I have observed from the previous girls who have exited from the institution, the institution is delivering training for those adolescent girls who are planning to exit from the institution like me in fields of beauty salon, chef, and tannery. It is the common trend of the institution to train girls like me in such fields of vocational training (IIAPS1, age, 18).

4.3.2.1. Concern Regarding the Delayed Nature of the Vocational Training

All adolescent girls who are identified to attend vocational training were concerned regarding the happening of vocational training as it is stated by the staff of the institution due to the reason which is not well known to these adolescent girls. IIAPS2 expressed her concern in this manner:

> It has been three months since we have been told to attend the training but we are here sitting simply waiting the happening of the training without any business to carry out. You know what makes me angry? It is my problem to waste my time without any thing to do. It would have been better if I had had the chance to stay at school. I do not think the

institution is capable of providing the training in this year. I think it could not be able to find sponsor for us to go for training. Whatever the case, I hate my situation to sit idle.

The in-depth interview held with IISK1 also shared the above participant's feeling like this:

> I know adolescent girls are not going for training as it is intended. But the Bureau is searching mechanisms to rehab adolescent girls who are preparing themselves to age out of the institution this year [2017]. We [staffs] are not informed about how these girls obtain training and the other rehabilitation ways. We [staffs] are just sending the list of adolescent girls who are applied for exit to Addis Ababa City Administration Children and Women Affairs Bureau. We [staffs] are just waiting the bureau's response.

4.3.2.2. Confusion Regarding Vocational Training

Vocational training and other accommodations such as purchasing utensils, fee for house rent were covered by a charitable organization called Retrack Ethiopia. FGDCG5 participant expressed the trend pertinent to vocational training and its associated packages as follows:

> Till last year, it was an NGO named Retrack Ethiopia that was providing vocational training for those adolescent girls who were entitled for rehabilitation scheme. Retrack gave training on chef, beauty salon, and tannery and it had also covered adolescent girls rent for three months but right now this organization has phased out and adolescent girls are in confusion whether training is ready for them or not in this year. It is not clear for us who will be in charge of fulfilling the accustomed rehabilitation packages which was done by such NGO.

4.3.3. Direct Rehabilitation Cash Support

Direct rehabilitation cash support is the second component of rehabilitation scheme which is given to those adolescent girls who are completing their vocational training in order to cover cost of house rent and to purchase the necessary things for them to survive. This cash varies based on the employment status and source of income of a particular adolescent girl. The in-depth interview made with IIBW disclosed that adolescent girls who have known source of income and job are not entitled to get the same amount of money just like those who have-not. One adolescent girl, who had left the institution, stated how this cash support varies:

> All adolescent girls who are screened for rehabilitation scheme are not equally entitled to receive this money. For example, I have a job and I am now stable. You know what amount of money I was entitled for? It was 3,000 ETB which is very small as compared with those adolescent girls who have no proven source of income and job. For them, it is 10, 000ETB (IIAGHL1, age, 28).

4.3.4. Perspective on Rehabilitation Scheme

Rehabilitation scheme is only for adolescent girls who are in preparation stage to run an independent life and on the way to reintegrate into the community. There is no established rehabilitation scheme for those adolescent girls who have already aged out of the institution and the Bureau is no longer responsible to provide any support for these girls. The in-depth interview conducted with IIBW revealed that absence of any guideline or law that gives these girls the right to get services from the institution after they have left from it.

IIBW said:

> The bureau is no longer responsible for the care and support of these categories of girls since they have officially terminated their relationship with the institution. On top of that, there is no any legal ground to use as a means to claim support from the institution. This is true due to the fact that they have got all rehabilitation schemes from the institution and they have reached age 18. They are not the Bureau's concern. It is up to them to lead their own life.

The in-depth interview conducted with IIAGHL1 revealed that adolescent girls are entitled to use rehabilitation scheme when they are in the process of leaving care and such scheme has no post care scheme which would have potential benefit for adolescent girls in their attempt to lead life by their own. IIAGHL1 explained:

> Rehabilitation scheme has no continuity after you have discharged from the institution. It is only for those adolescent girls who are entitled for rehabilitation scheme and expected to lead an independent life. Once you exited from the institution there is no a scheme like that.

4.3.5. Life Skill Training

Pertinent to adolescent girls' experience of taking life skill training, their experience ranges from no experience to having experience of training in different times. According to the data obtained from the in-depth interview, FGDCG, and KIISK such training has been delivered by a charitable organization called Retrack Ethiopia. Among four adolescent girls who are expected to leave care in the year 2017, two of them had experience of participating in life skill

training such as Gender and HIV/AIDS, self confidence, and reproductive health and the rest two have never taken the training due to their underestimation concerning its relevance for them.

The in-depth interview conducted with IIAPS1 showed that absence of exposure to any training which has been provided to her age-mates in the institution except her registration for the coming vocational training. IIAPS1 spoke:

> I have never taken any training before except the training I am waiting to take part. I think it is my personal problem of discrediting the significance of the training which prevents me from attending it.

On the other hand, IIAPS2 conveyed the following pertinent to her experience of attending the training and its interruption:

> I took training on Gender and HIV/AIDS and self-confidence. These two trainings were organized by the institution with the help of Retrack Ethiopia but now training is not organized since Retrack's program has phased out.

The in-depth interview made with IIAPS3 revealed the significance of taking life skill training for adolescent girls' later reintegration into the community. IIAPS3 narrated how it is useful for her:

> Different trainings pertinent to life skill were organized in different times by the institution and Retrack Ethiopia. I took two trainings such as HIV/AIDS, and reproductive health. Personally, I have no that much place for reproductive health training but I am interested in receiving training on life skill and HIV/AIDS. Pertinent to

> the training which I took in relation to HIV/AIDS, I have learnt how to protect myself from it, ways of caring people living with HIV/AIDS, and how to attract them to interact with us. Life skill is given for us in order to know ways of becoming self-reliant person and how to run our own lives when we aged out of care. In addition to the thing that I mentioned above, we are also given about skills of communication with the outside community. I hope life skill training will be helpful in my endeavor to lead my own life.

Among three participants of the study who have left care, one of them had remembered her experience of taking life skill training especially on the benefits of building one's confidence for success. IIAGHL1 recalled:

> What I took as a lesson from the training, life skill is the need to develop self confidence for the better achievement of your dreams. Telling to yourself "I can do this" and striving to accomplish something in your life is very important for me. It is all about confidence. You have to give meaning and worth to your life.

According to the document review which is done by the researcher, life skill training for children reared by an institutional child care is recognized by the 2009 Ethiopian National Alternative Child Care Guideline under its section 8.1.5. According to this guideline, life skill training is essential to provide for children to build self-confidence and assertiveness.

4.4. Haphazard Nature of Exit Plan

The major goal of the institution is to see majority or even all adolescent girls in the institution exit and re-integrate well with the larger society at a point in their life in the institution. In line with this philosophy, the Bureau has developed a rehabilitation scheme not an

exit plan. It was noted that most adolescent girls left the institution after taking vocational training and receiving direct rehabilitation cash support without passing through different transition steps. A couple of days to the departure, an adolescent girl is informed by the head of the institution to circulate the release form duly signed by her and the respective professionals and authorities.

The findings of data from the in-depth interview conducted with IISK1, IISK2, and FGDCG showed that adolescent girls who expressed their plan to emancipate from the institution are not exiting through an established exit plan and exit plan is not included as a plan just like other routine activities of the institution. IISK1 who is a counselor in the institution stated the absence of the culture of planning an exit plan in the institution like this:

> As a plan, there is no a thing that shows the institution's exit plan regarding adolescent girls. There is no plan which says we are planning this much adolescent girls to rehabilitate and emancipate from the institution in this year and in that year. It is not even incorporated as a plan just like other activities of the institution. We plan to rehabilitate adolescent girls when they express their plan to exit from the institution. It is planned when the demand comes from girls.

4.4.1. Involvement of Adolescent Girls in the Exit Process

The findings of this study showed that the absence of a professional team which is assigned for evaluating adolescent girls' proposal to leave from the institution's care. Data obtained from FGDCG and IISK1 showed that lack of mechanism to hear the sayings of adolescent girls who are presenting their proposal to emancipate from care and command

professionals of the institution to conduct adolescent girls exit plan evaluation. IIAPS3 stated her own way of handling her exit plan in this way:

> You know what? There is no even a professional gathering regarding the issue of adolescent girls exit plan like me. Even staffs are not concerned to hear why you plan to exit from the institution. What they are doing is registering you for training despite commenting your decision to exit and lead your independent life.

IISK1 described the practice regarding handling of exit plan of adolescent girls who express their interest to leave the institution in a similar fashion like this:

> As a counselor, I prepared enabling environment that gives room for adolescent girls to talk about their plan before they exited from the institution. As a procedure, there is no standard that asks you to assess and evaluate the nature of adolescent girls' exit plan and engage them to make known their exit plan in a session that demands expert witness. There is no such kind of practice here in the institution. What adolescent girls are doing is telling their concern regarding their exit plan to their respective counselor.

4.4.2. Initiation of Exit Plan

As data obtained from the in-depth interview with adolescent girls who are ready for rehabilitation scheme and who have already begun an independent life after graduation from the institution showed that the idea of leaving the institution and plan to run an independent life is coming from the adolescent girls themselves not from the institution due to the fact that adolescent girls are facing difficulties to continue their education and start their journey to independence after completing their education. According to the accounts of both girls in the two

categories (who are in preparation and who have left care), the cause for their inability to stay at school are learning difficulty (day dreaming), conflict with their school teachers, plan to marry someone else and longing to see their families. IIAPS4 expressed her intent to drop out of school and apply for rehabilitation scheme as follows:

> It was the conflict we have gone through with my school teacher that pushed me to initiate my exit plan and register for rehab scheme. It was as simple as that. Hopefully, if I weren't in such circumstance, I wouldn't drop out of school.

FGDCG data also revealed that till now the idea of leaving care is not proposed by the institution except those children who disobey the institution's rule and have disciplinary charge. One participant said:

> As far as I know, the institution is not raising the idea of leaving care and ordering adolescent girls to present their exit plan to the institution. What I have observed here is the initiation of it from the adolescent girls' side. It has been initiated by them. They have just started applying for it when they quarrel with school teachers, miss their families, have problem of learning their education, want to marry someone, and when they hear the existence of training (FGDCG#5, age, 34).

4.5. Requirements for Adolescent Girls Ageing Out of Care

Adolescent girls who are entitled for rehabilitation scheme are exiting from the institution after (1) completing their education up to higher education or college level (2) after they are given vocational training (the case for those adolescent girls who fail to pass Grade 10 National exam and who cannot reach grade 10). As a criteria, reaching age 18,completing university or

college education , and taking vocational training, are considered as mechanisms to terminate a particular child's relation with the institution and order this particular child to run his/her own life. The in-depth interview conducted with IISK1, IISK2, and IIBW showed that adolescent girls after passing through vocational training and getting direct rehabilitation cash support are expected to leave the institution due to the belief that they have obtained the necessary skill that is required for an independent life. IISK2 expressed this situation in this way:

> After they graduated from a university, a college or got vocational training and they had reached age of maturity (age 18) staying in the institution is not possible as to the regulation of the institution. The institution is no longer mandated to be the guardian of these mature and skillful adolescent girls. They are demanded to shoulder responsibility of running their lives.

Although reaching age 18 is considered as a criterion for exit among other criteria, using it poses a challenge for professionals when they deliver services for children of the institution. According to the in-depth interview held with IISK1and IISK2, this kind of challenge is happening due to the fact that documentation regarding the age of the child when they first admitted by the institution is incorrectly recorded by the police (when referral is made by the police). IISK2 expressed her concern in this way:

> You know what we have faced when we look age as criteria for receiving exit plan of adolescent girls in the institution? It is the false documentation nature of their age. Children are either told to under estimate their age or overestimate it to be admitted by the institution. Such documentation is becoming a headache for us to use their age as it is

recorded for emancipating children from care. Given this fact, we are forced to use our own intuition to judge children's level of maturity to run an independent life.

According to the findings of FGDCG and KIISK1 children are not forced to leave the institution due to the mere fact that they are above age 18. There is especial circumstance to allow children to stay under the institution's care despite the rule of the institution. The circumstance that gives children the chance to stay in the institution's care is their status-being a college student or university student.

FGDCG5 stated:

> The institution is stretching its mandate to care for children of the institution as far as children are showing remarkable academic result like learning college education or joining a university. This is the only option to stay under the care of the institution irrespective of children's age/reaching age 18 and above/.

The in-depth interview conducted with IIAGHL1 supports the above participant's argument regarding the existence of special conditions that gives adolescent girls the opportunity to stay in care irrespective of their age by sharing her own experience.IIAGHL1 narrated how she got the chance to stay under the care of the institution despite her age (28) like this:

> For me, the institution is tolerant for those children of the institution who are clever in their college or university education irrespective of the stated age of emancipation from it. For your surprise, I was 28 years old when I left the institution. You know what helped me to stay in? It was my college education. I was given the chance to stay in care until I finished my college education and got job.

4.6. Assessment of Readiness for Leaving Institutional Care

Assessment to know readiness of adolescent girls to leave care and run their independent life is done without structured assessment theme and without the consultation of various professionals such as social worker, counselor, education expert, health professional, caregiver and the like who have frequent contact with children of the institution in their day to day activities of children. Moreover, the institution has not devised yet a mechanism that gives adolescent girls the opportunity to have trial independent living experiences before officially discharging them from care. The in-depth interview made with IISK1 informed that the lack of mechanisms that open an opportunity for adolescent girls to demonstrate skills of independent living before they left the institution and demanded to run their life. IISK1 explained:

> Due to the absence of a structure that demands us to conduct assessment of adolescent girls to leave care, adolescent girls are not evaluated whether they have acquired the necessary skill for independent living or not. Even there is no an established team for that matter. What these girls are doing is obtaining vocational training and starting an adult life without getting the chance to interact with the larger society and prove their readiness for that.

Regarding the techniques that are used to assess adolescent girls' readiness to lead an independent life, the institution heavily relies on the statement of counselors of the institution. The in-depth interview with IISK1 pointed out that age, level of maturity, and adolescent girls' activities inside the institution are indicators to assess readiness of adolescent girls to reintegrate into the community. "I am using age, level of maturity [in terms of cognition], and adolescent

girls' activities in the institution as screening criteria for adolescent girls' readiness for adult life," IISK1 elaborated.

4.6.1. Adolescent Girls' Self-reported Readiness

The in-depth interview held with adolescent girls who have already left care revealed that they were claiming readiness to be self-reliant due to various reasons such as motivation to show their ability to run their own life without the help of others, interest to see their biological families, and marriage proposal. Adolescent girls who are still in care but waiting vocational training for exit were expressed their sense of readiness in confusion. IIAPS2 explained:

> I perceive my sense of readiness to exit from this institution into two ways- one, it is motivated from my intention to dismay those whom they considered me as a child. The second one is emanated from my genuine concern to be a self-reliant person. I do not know really which one overwhelms my mind.

An adolescent girl who had left the institution recalled her sense of readiness like this:

> I was not ready for the life that awaits me out there. I was just obsessed to see my relatives in the country side. I had missed my families and it was long time since I have left home. It was my longing that overwhelmed my mind not to think the life that is expected to run when I reintegrated into the community. I think it was ill thought. (IIAGHL3, age, 18)

On the other hand, one adolescent girl who has already left the institution and has got job considered her status of graduating from a college and earning a living from a job as a source of

self-confidence to run her own life and an indicator for her readiness when she emancipated from the institution. She narrated her experience in this way:

> You know what? I was confidently saying, I was ready to exit from the institution since I have a job which gives me the chance at least to feed myself. I was not worried when I applied for exit from the institution. You know why I was not afraid of exiting it? Because I graduated from a college in accounting in diploma level and I got job soon after I left the institution. I was using it as a way to boost my confidence. If I were not in that circumstance, I would not feel like that. (IIAGHL1, age, 28)

4.6.2. Caregivers' Perspective on Adolescent Girls' Readiness to Lead an Independent Life

Adolescent girls are not ageing out of the institution's care by acquiring the necessary skills that are deemed relevant for an adult life as to the accounts of their care givers who were participating in the FGDCG. According to the discussants view, adolescent girls lack skills such as preparing and cooking food, saving and money management, learning norms of the community, interactions with the larger society, experience of living in a home rather than in institutional care, apprenticeship in work areas to know the sense of work, skill of finding career and finishing their education. This felt concern was shared by all FGD participants.

4.6.2.1. Preparing and Cooking Food

According to the data that is generated from FGDCG adolescent girls are reluctant to engage in preparing and cooking their own food due to the fact that the existence of the rule of the institution i.e., engaging children of the institution in any kind of work is child labor

exploitation and children of the institution are not allowed to cook and do other household chores except washing clothes when they reach age 14. FGDCG4 expressed:

> I have been working in this institution over 30 years. What makes me very sad is the thing I couldn't change regarding the reluctant nature of children of the institution to impart skills of preparing and cooking food. They are not interested in learning the skills of cooking food. I do not know how they would handle this and other things when they leave the institution. I think the law that prohibits engagement of children in cooking and other household chores is killing these children. It makes children unskillful. Hence, I am not confident enough to say they are ready to be self-sufficient.

Some care givers also mentioned that the existence of a trial by their own to teach these adolescent girls skills of preparing and cooking food by inviting those girls to their home. According to the findings of this study, these care givers are doing their best to have adolescent girls who are well known in their skills of preparing ad cooking food. FGDCG3 said:

> We, caregivers are using our at most potential to encourage adolescent girls to learn skills of baking injera, cooking wot, cleaning houses, managing money, how to celebrate holidays and the like. As per my capacity, I even took some of these girls with me to my home in occasions of holiday to teach them such things. I am doing this since I want to prevent the blame that potentially directed to them associated with lack of such skills.

The study also noted that adolescent girls' absence of knowledge regarding how to get a job, rent a house, and use the money they got from the institution due to their inability to exercise such things before they are demanded to start their own life. FGDCG2 narrated:

> What I am really worried about the children we are upbringing is how they can survive without someone else on their side since they are not growing up by knowing how to deal things like searching a job, renting a house, and managing money properly. I hardly believe their ability to get a job and allocate the money they get from this job for their expenses. I doubt it. You know what causes all these things? It is the system that they are living. We are not supporting our children in a way that helped them to be skillful just like those children who are grown up in their own natural families.

4.6.2.2. Saving and Money Management

As the data obtained from the In-depth interview, KIISK1, and FGDCG showed that adolescent girls are not exercising the habit of saving by opening an account in their respective names due to the absence of the environment that gives an opportunity to do so. FGDCG3 narrated adolescent girls' experience pertinent to saving in this manner:

> There is no formal procedure in the institution which lets adolescent girls to start saving from their money which they received yearly. If you get the chance to see an adolescent girl who is saving her money it could be from her personal motive not as a customary practice that is performed among children of the institution.

The in-depth interview conducted with adolescent girls who are waiting vocational training for rehabilitation and who have left the institution revealed similar finding pertinent to the issue under discussion. "You know what we are doing when we get the money for buying clothes? We have just spent it on various item of clothing. We are not told to open an account and exercise saving money." IIAPS3 explained.

One FGDCG participant noted the beginning of saving practice by children of the institution in the previous days and its interruption since then in this way:

> I remembered the beginning of opening an account in the names of children some years back. It was good for children of the institution to learn how to save money and how to do it by their own which will later help them to use their money properly. Such practice is no longer working as it is intended and I do not know how it was interrupted (FGDCG#4, age, 55).

Another FGDCG participant mentioned that the practice of extravagancy in most of the children of the institution due to lack of knowledge regarding how to use money. FGDCG5 said:

> Due to their immaturity how to use their yearly cash, most of them are spending the whole money for items of clothing without saving something for another day. I have observed such practice when I go with them to market when their yearly cash arrives.

Another FGDCG participant pointed out the existence of saving practice by few children of the institution despite the practice of extravagancy. "Of course, all are not spending the whole money without plan there are few children who give their money to me in order to save it after they bought their stuffs." (FGDCG#2, age, 34) said.

4.6.2.3. Learning Norms of the Community

Adolescent girls are not capable of interacting with people who reside outside their compound which is anticipated as a potential barrier for their future successful reintegration into the community. Such potential challenge is anticipated to occur since children are growing up in

the institution without having the chance to accustom themselves with the norms of the neighboring community and their minimal interaction with the community dwellers in such occasions like at school, in hospital, and in the market. According to the data generated from KIISK1, children use attending school with those children who are grown up in their natural families, visiting a health center, as well as going to the market as a sole opportunity to learn the day to day activities of people who are living outside their compound- the institution. The in-depth interview made with an adolescent girl who has left the institution has desperately expressed her challenge as follows:

> Communication with the community dweller was my number one concern when I left the institution. I have never accustomed with folkways of the society such as greeting exchange depending on the time, respecting elders, visiting a seek person, having fun with my neighbor, and the experience of asking someone for assistance when I need it most. People thought my action of silence as ignorance and disrespect *(*IIAGHL#2, age, 18).

Findings of the key informant interview made with KIISK1 showed that perception of adolescent girls in the intuition as a lion for staff of the institution but kind for people whom children called "villagers." "You know what? Children of the institution are as mean as a lion for us [staff] but kind for strangers. Their emotion is as tempered as a lion but they are cool for outsiders." KIISK1 stated.

4.6.2.4. Dichotomy

Data from the field (in-depth interview, Key informant interview, and FGDCG) indicated the existence of division between children of the institution and children who are living outside the institution. Accordingly, two contrasting names are serving as a mental bridge for both children not to interact each other. Children of the institution are calling those children who are living outside the institution as "Villagers" and those children whom they are labeled as "villagers" are also using the name "children of the compound-*Yegibi Lij*," when they call children who are residing in the institution. The in-depth interview with IIAPS3 revealed how such dichotomy becomes a challenge for her to establish friendship with her age mates who are residing in the community in the following way:

> They [villagers] called us *"yegibi Lij"* and we [children of the compound] called them "villagers." From such division, "children of the compound" like me are not advantageous from the benefits of establishing friendship. I am tired of arguing with such "villagers" and I want to make peace with them [villagers] and learn things which are not here in our campus.

According to the data gained from FGDCG, labeling children of the institution as "*yegibi lij"* has result in low self-esteem among children of the institution and even conflict with children who are labeled as "villagers."

The existence of such categorization is harmful to children of the institution. It results in feelings of worthless among children and it is causing defamation of children of the institution. I

think it is a burning issue that needs intervention to make harmonious relationship with the surrounding community (FGDCG#5, age, 34).

4.6.2.5. School Drop outs

All care givers who had participated in the FGDCG considered completing education at least to college level as a necessary condition for adolescent girls' chance to access jobs when they take the step for adulthood though adolescent girls were not good listener of what their caregivers are advising as to the understandings of their care givers. One care giver expressed her inability to change adolescent girls discouraging perspective towards attending school in this way:

> I advice children so many times especially concerning their education and I am angry at them [children] regarding their failure to push their education up to the higher level. I even told them about my illiteracy to inspire them to continue their education in this way: 'since I am illiterate I am nagging with you, please take courage and continue your education in order to reach higher position.' I am very sorry for them. Even I have denied my greeting to one girl who is dropping out of school and waiting ageing out of care training for the sake of knocking her to continue her education but she does not feel it. Girls are dropping out of school and waiting for ageing out of care training. Their action is very upsetting (FGDCG#4, age, 55).

Another participant was elaborating why adolescent girls failed to accept pieces of advice of their caregivers in order to continue their education like this:

> The reason is…girls are not accepting our advice to continue their education since they have heard and have observed the life of those girls who have aged out of this institution as a role model. Their idea is going to Arab states whether vocational training is provided to them or not. Most of adolescent girls who had left the institution in the previous times are living in Arab countries and those adolescent girls who are in preparation stage to exit from it are planning to follow their footsteps (FGDCG#5,age,34).

On the other hand, the in-depth interview conducted with IISK1 revealed that adolescent girls' non-compliance to what their caregivers are saying is because of the effect of the developmental stage in which these girls are found. IISK1 further elaborated*:*

> What is the challenge when caregivers are trying to advise these girls is their inability to recognize the influence of the developmental period of adolescence. They [Adolescent girls] give deaf ear to what their caregivers are saying since it is the stage that creates such problem not them. Their stage is fire age and they choose to listen what their peers are saying rather than accepting what mothers [caregivers] are telling to them. Hence, it is better to understand and provide the necessary guidance cognizant of their developmental stage and the power of peer pressure (IISK#1, age, 28).

4.6.2.6. Community Perspective on Adolescent Girls

The findings of the in-depth interview with adolescent girls who are on the way to leave institutional care and who have already left care indicated that children of the institution in general and adolescent girls in particular are perceived by the surrounding community as ill bred, tough, trouble maker, and bird sowed/*wof zerash*/. IIAGHL1 explained such experience:

> People who are residing around our compound are short sighted. They thought us [children of the institution] as if we were ill bred, tough, trouble maker, and bird sowed [the one whose kin is unknown]. It is very irritating to depict us [children in the institution] like that.

Asked about the cause of viewing children of the institution as such IIAPS2 explained that the community feels in that way since children of the community are not sociable and interested to spend time with "villagers." On top of that, children of the institution are protecting any danger directed against them by forming their own group. The norm of fighting is always in group. IIAPS2 said:

> I am not blaming those people who developed such image about us. Their depiction has a point. We are doing things by gathering ourselves without inviting "villagers." We play at school alone, we go to home alone, we make fun alone. We segregate ourselves from interacting with "villagers." We do have strong social bond to defend the rights of any child who is living in the institution. We do have our own sub-culture that makes communication with "villagers" difficult.

The in-depth interview held with IISK1 also confirmed the existence of such labeling in this way:

> Children of the institution have been perceived by the nearby community as ill bred, destined to failure, and hoodlum. It is not fair to treat children in this way rather than supporting their endeavor to familiarize themselves with the norms of the community and to thrive.

The in-depth interview made with IIAPS1 revealed that the prohibition of children of the institution not to interact with "villagers" by parents of "villagers" due to the fact that parents of villagers fear the result of letting their children to interact with children of the institution-learning anti-social behaviors.

IIAPS1 explained:

> What surprises me is parents' [of villagers] bold prohibition of their children not to interact with us. What a sin we have done to them [parents of villagers]? They [parents of villagers] are accusing us as teachers of anti-social behavior to their children.

4.7. Adolescent Girls' Perspective on the Nature of Care they Received

4.7.1. Scapegoating

Findings of the study (mainly an in-depth interview and FGDCG) showed that care givers have an understanding of adolescent girls' motivation to learn skills for later independent life as discouraging and they associated their reluctant nature with problem of adolescent girls' interest to impart such skills despite their perception of care giving as God given mission. On the other hand, adolescent girls attributed their inability to acquire skills of preparing and cooking food, saving money, learning the norms of the society due to the fact that their perception of care givers as paid workers and have no concern to teach them. One caregiver explained:

> I told this to a girl who was interested to learn from me 'I will not go with you when you marry someone in the future; you better learn skills of cooking wot and other things that are deemed to be skills of a woman' (FGDCG #4, age, 55).

Contrary to caregivers' attempt to teach children of the institution in general and adolescent girls in particular, adolescent girls are not aware of care givers' concern to teach skills. IIAPS3 narrated:

> I do not know why mothers [caregivers] do not want to go with them in the kitchen room and see the things they do there. I think it is the law that prohibits them [caregivers] to teach us how to bake injera and cook wot. I do not know our relationship is not as such impressive to ask and learn skills from them.

One former child of the institution and who is currently serving as a caregiver in this institution elaborated how important is having the skills of household chores for her during her exit to start an independent life in this way:

> When I was in the institution, they [caregivers] thought us skills of cooking wot and other important skills for adult life except money management. It has been helpful to me when I exited from it. I am happy if there is a system for adolescent girls to learn skills of preparing and coking food and other relevant skills of a woman before they leave the institution (FGDCG#2, age, 34).

The in-depth interview conducted with IISK2 pointed out why there is no a system that demands children of the institution to learn skills of preparing and cooking food from their caregivers in the kitchen room of the institution. Accordingly, children's participation in food preparation is not allowed since it is perceived as child labor exploitation and the institution is preparing children's food by hiring professional cook. On top of that, participation in food

preparation is not mandatory for children of the institution rather it is based on personal motivation of children to learn such skills. IISK2 said:

> It would have been better if children had had the chance to participate in preparing their food but it is understood as child labor exploitation and it is forbidden for that matter. Caregivers are trying their best to teach children of the institution by inviting interested children to their home.

4.8. Social Support Network of Adolescent Girls during and after Leaving Care

Both adolescent girls who are in preparation stage for leaving care and who had left care mentioned that friends, biological families, staff of the institution , pseudo mother(a foreigner) and peer (in the institution) as a source of support in their process of leaving care and after care. Adolescent girls who are in the process of leaving care also cited that they will expect to receive formal support after finishing their vocational training from the institution. Both adolescent girls mentioned the institution as their main sources of formal support. They also cited their relationship with significant others as a source of an informal support.

4.8.1 Kinds of Support Provided

4.8.1.1. Formal Support

Adolescent girls (in care and out of care) enjoyed an extended stay in care through their stay in the institution and in the vocational training. As to the accounts of adolescent girls, their stay in the institution is full of luxury; without worrying about food, house, clothes as well as tuition fees. According to adolescent girls' narration, the institution is financing their cost of

food, clothes, and vocational training, and other accommodations when they were in the phase of leaving care. IIAPS1 explained:

> I can depict life in the institution as luxury. When you are in care, you are not expected to worry about house rent, the cost of food, and an income to survive your life. The only thing what is expected of you is just keep on learning your education. Nothing else!

The in-depth interview held with IIAPS3 reported that adolescent girls are given10, 000 ETB, utensils, vocational training when they graduated from the institution. "What we get from the institution when we finished our vocational training is cash money (10,000ETB), household objects like bed, water container, and fee for rent (for three months)." IIAPS3 expressed.

4.8.1.2. Informal Support

According to the data generated from FGDCG and the in-depth interview with both adolescent girls and counselor of the institution adolescent girls are being supported by care givers and counselors of the institution by providing advice. One care giver stated her way of support like this:

> What I can assist them [Adolescent girls] most is by providing advice. For example, I will orient them about the potential problem of renting a house in group, the behavior of house renters, the need to minimize the number of people who are coming to their home, the significance of going to work in the morning and back to home in the evening to avoid house renters' feelings of boredom. In addition to that, in what way they will reveal their living condition to their boy friend is the thing I mentioned for them (FGDCG#2, age, 34).

The in-depth interview conducted with IIAPS2 showed that the consideration of boy friend as a source of support and strength. “During this time, I have no one except my boy friend who can encourage me and share my idea with me. My boy friend is the only person whom I rely on. I received both emotional and material support from him.” IIAPS2 explained

The in-depth interview held with IIAPS1 indicted that adolescent girls credited the support they gained from their peers who are leaving in the institution as life saver. “I am not sure who is going to help me if I am in need of someone else’s help except my age mates who are sharing dorm with me in the institution. I have no one else to rely on. If I didn’t get my peers support, I would die.” IIAPS1 narrated

One adolescent girl mentioned a person whom she called “my mother” as a source of emotional and practical support. “I have one person whom I call my mama who is living in America. She is helping me by sending 3,000 ETB monthly and by sharing my feelings.” IIAPS3 explained

Another adolescent girl expressed her reliance on her own brother for any kind of support in this way:

> I have a brother who is sharing my sorrow and my happiness. I am not asking any help from my biological family members before I know his status. He is the only person who follows my day to day activities attentively (IIAPS#4, age, 17).

4.8.2. Nobody Cares Anymore

Data obtained from the in-depth interview, KIISK, FGDCG showed that lack of mechanisms that require the provision of aftercare support for those adolescent girls who have graduated from the institution. Adolescent girls who have left the institution are not entitled to get after care support from the institution since (1) there is no provision that demands the provision of such care (2) adolescent girls are believed to be capable of running their life. The in-depth interview held with IIBW confirms such finding in this way:

> The Bureau has no after care support for those adolescent girls who have discharged from the institution by having their full rehabilitation scheme. There is no any provision that obliges us [staffs of the bureau] to support them. It is not our concern to do so. It is up to them to deal with an adult world.

The in-depth interview conducted with an adolescent girls who have left care indicated that the necessity of aftercare support and assessment for the improvement of adolescent girls life when they left care. IIAGHL1 expressed her concern in this manner:

> It is no body's concern after you made an attempt to lead an independent life. There is no after care support for us [adolescent girls who have left care]. It is up to adolescent girls like me to face the challenge of searching job, renting a house, and establishing friendship with people around our circle. No one from the institution has made an attempt to visit our living condition. No one! It is very disheartening to be like this.

Data from FGDCG showed that caregivers' concern regarding the absence of aftercare support and the need to conduct follow up in order to know the status of children who have left care. One participant FGDCG3 conveyed her worry in this way:

> The institution is not assessing the situation of children who have graduated from it. But it is a fatal mistake to do so. How does the institution know whether those children are in a difficult situation or not? The institution has to re-consider its procedure to know the situation of children [adolescent girls who have left care] in order to provide the necessary after care support. Adolescent girls' deserve visitation by the institution (*yete wodekachu bilachew*).

A key informant interview conducted with KIICD revealed that children of the institution are dispersing without reaching good position in the society (obtaining job and leading stable life). KIICD explained:

> You know what? Even a fire wood can be scattered if it is not tied with a rope (*enechetene lekimeh maseriya kala bejehilet yibetenal*). The same is true for children of the institution. What is needed is not just giving rehabilitation money and saying 'leave this institution' rather properly assessing their progress and support their endeavor to be a responsible person. What I suggest for the institution is the feasibility of doing job placement rather than giving money. Such intervention was helpful in the past days of the institution's endeavor to support children to become financially independent adult.

4.9. Adolescent Girls' Perception of Roles of an Adult

4.9.1. Adolescent Girls who are in Preparation Stage

Among the four adolescents girls who are in preparation for independence, all of them attribute the role of an adult as earning a living and being self- reliant. None of them put marriage, completing education, and having children as their priority to conceptualize adulthood.

IIAPS2 said, "The biggest thing is doing job and running your life. That is why I said to myself 'I have to run my life in order to feel sense of adulthood.' Job is the first thing that can be the instrument to be self-reliant."

All adolescent girls in this category claimed that they have reach adulthood since they think that they could run their life and they have reached age 18. IIAPS3 explained:

> I categorized myself under the group which they called themselves an adult. I do not know what others thought about me. I do have criteria for putting myself in the category of an adult person. First, I am 18 years old. Second, I can run my own life. To be self-reliant, work is mandatory and I will engage myself in it after I finished my vocational training.

4.9.2. Adolescent Girls who Have Left Care

Among three of them who were interviewed, two of them expressed their sense of reaching adulthood and the rest one did not. Sense of adulthood is understood in relation to completing transitional event markers (completing education, getting employment, forming marriage, and having children), and material possession. The in-depth interview made

withIIAGHL1 indicated that the conceptualization of adulthood in terms of the four transition markers like completing education, getting employment, forming marriage, and having children. IIAGHL1 conveyed her status of playing the three roles of an adult except having children in this manner:

> The first thing is finishing education, having job, and forming a marriage. I have accomplished such adult roles. I am transitioning from an adolescent status to a mature woman. I am being called mistress. My sense of reaching an adult status is without doubt. What is left is having children and I will give birth to a child step by step.

4.10. Adolescent Girls' Expectation from the Institution

Adolescent girls who are waiting vocational training expressed their expectation regarding what can be good if the institution is willing to do for them when they left the institution. Accordingly, among four participants who are identified for vocational training, three of them mentioned covering cost of a house rent for some time, creating mechanisms to introduce these adolescent girls with the nearby community, finding a job or creating market link with employing agencies as their expectation from the institution. IIAS2 said:

> If it is possible, I am expecting something from the institution. The thing is either covering cost of house rent for unlimited time or finding a house for us [adolescent girls in preparation stage]. We [adolescent girls in preparation stage] do not know how to rent a house. Hence, we [adolescent girls in preparation stage] need the institution's assistance in search of a house to rent it and finance its cost.

One participant expressed her idea of expecting anything from the institution since the institution has no custom of supporting adolescent girls who have graduated from it in this way:

> "Since support is not rendered to those girls who had aged out of it .I do not expect anything from the institution. From the beginning, I do not expect anything from someone. I want to be self –reliant person through my own labor." (IIAPS#1, age, 18).

On the other hand, those adolescent girls who have begun their independent life have no expectation from the institution due to pessimistic attitude towards going back to the institution for help, and recognition of the institution's law that prohibits after care support.

IIAGHL1explained:

> As far as I know, the institution is not providing after care support for those children who had aged out of it. I have not seen any support which is provided to children who were graduated from it. So, why would I expect something from it knowing this fact?

The in-depth interview made with both adolescent girls (who are in preparation stage and who have left the institution) showed that adolescent girls perspective regarding their future relationship with the institution. Accordingly, their expectation ranges from absence of interest to establish future relationship to build strong relationship. Those adolescent girls who are in preparation stage would expect to establish strong relationship and their relationship with the institution in the future will be founded based on donation (donating something they have for children of the institution).

IIAPS1 stated:

> As much as possible, I will contribute to my institution. In the future, I will support my fellow children who have been cared for by this institution. I will fulfill things that were a problem to me when I was in the institution. Despite the institution's effort to fulfill the necessary things for us, I know there are things that are quite essential and mandatory to have them. For example, lotion and a pair of sandals are not bought by the institution.

On the other hand, adolescent girls who have left the institution (two of them) have stated their lack of interest to establish future relationship with the institution due to their personal status such as their inability to find themselves from what they were expecting. IIAGHL3 narrated:

> I do not want to establish any relationship with the institution. Even I do not want to be seen by any one from the institution. You know why? Because I am not finding myself in a position what I was dreamed of. Hence, I want to be out of the sight of people whom I knew before like staff of the institution.

Although the feelings of the two adolescent girls who have aged out of the institution is attributed to their current situation (living on the street and being unemployed) concerning their disinterest to have a connection with the institution in the future, one adolescent girl showed interest to establish a link with the institution and expressed her feeling to contribute some tangible things for the institution.

IIAGHL1 said:

> For me, the institution is God given palace; it is the place that gives the key to my life-education. I owe it [the institution]. For that, I have to contribute something for it. It could be oxen or kolo. Whatever the thing, I want to continue my relationship with the institution till my last breath.

4.11. Adolescent Girls' Care Experience

4.11.1. Education

4.11.1.1. Educational Status of Adolescent Girls who are in Preparation Stage

All participants of the study(four of them)did not complete their high school education and they were grade seven, grade six, grade eight, and grade six respectively. Conflict with school teachers, interest to run an independent life, and longing, plan to marry someone else and inability to preserve rank in a class are indentified factors for the interruption of adolescent girls' education and their entrance to vocational training. IIAPS4 explained why she dropped out of school in this way:

> One female teacher in my school was always in conflict with me. She always makes an argument with me. I brought a "parent" (assigned from the institution for children of the institution) to the school and in front of "my parent "she hit me. She always beats me with stick which is made from tire. Lastly, when she intends to slap me as usual I catch her hand and try to defend myself. Then, I dismissed from school. It was so simple like that.

The in-depth interview made with IIAPS2 revealed that how losing class rank triggered adolescent girls in care to interrupt their education. IIAPS2 narrated:

> I was a rank student. I stood up one up to ten but I could not continue in this fashion. Later, I stood up seventeen and then I did not welcome such rank and I decided to interrupt my education in order to join those girls who are recruited for vocational training.

4.11.1.2. Educational Status of Adolescent Girls who Have left the Institution

Among those three adolescent girls who were invited to participate in this study, one of them was diploma holder and the rest two were not completing grade ten (grade four and grade eight respectively). As to the account of one girl, unreserved effort to achieve her dream of graduating from a college is her source of motivation to earn a diploma from a private college named Admas Technology College. IIAGHL1 explained her experience like this:

> I have a dream to be a graduate of a college or a university since my initial lower class. I was not pessimistic when I failed to pass university entrance exam. I was trying hard to get sponsorship to continue my education in a private college. Thanks to God, my dream was not futile. I graduated from a college and I obtained my diploma in Accounting. Now, I am continuing my education in accounting to obtain my degree in it.

The in-depth interview held with IIAGHL2 revealed that the sudden interruption of adolescent girls' education due to the failure of assigned parents from the institution to children of the institution to go with adolescent girls when their physical presence is needed by the school administrator. IIAGHL2 elaborated her inability to continue her education as follows:

> It was a simple reason that led me to drop out of school and result in this situation. One day, I was late comer to school and I was beaten by the school teacher. Again, what was the worst thing was the teacher's assignment to bring a parent to the school for the next day. When I told to my assigned parents to come, they were refused to my call. Then, I expelled from school.

The in-depth interview conducted with IIAGHL3 indicated that longing as a barrier for attentive listening of lecture and lead to poor school performance. IIAGHL3 said:

> My day and night worry was my obsession to visit my families who are residing in the country side [*Kifelehager*]. I had missed them. Such thinking preoccupied my mind and I was not active in my education. That is why I was not performing well.

4.11.2. Employment

4.11.2.1. Adolescent Girls who are in Preparation Stage

All adolescent girls who are in preparation stage for independent living (four of them) had no any job and they were expecting to obtain a job after they finished their vocational training. None of them had experience of volunteering in an organization and placing in an organization for apprentice. The in-depth interview held with IIAPS1 vividly depicted that adolescent girls who are in preparation for ageing out of the institution have no exposure for any employment experience either in free service or in paid work.

IIAPS1 said the following regarding this:

> We [adolescent girls] do not know how to get a job and in what way jobs are obtained. We have no prior experience pertinent to the meaning of job and its associated responsibilities. The only way we will get such experience is when we have completed our vocational training and searching for a job that is relevant to our training. Personally, I have never got the chance to work in an organization or something like that. I think it would be hard for us [adolescent girls] unless we get the institution's assistance in finding a job for us [adolescent girls].

4.11.2.2. Adolescent Girls who had aged out of the Institution

Among the three participants of this research, one of them was working as student recorder in a school named as *Aste Lebene Dingel* School, in Kechene, Addis Ababa at the time of data collection. One of them was seasonally unemployed due to her intention to go to Beirut for better job and the rest one was earning her living from selling buried maize in front of the main gate of St. George Church in Addis Ababa.

The in-depth interview conducted with IIAGHL1 indicated that the difficulty nature of searching a job for a person who has no previous exposure in accessing jobs in this way:

> Searching a job is very challenging. It demands your commitment not to lose hope. And I was exhaustively searching jobs by reading different notice boards. Now a days, work is obtained through social network and I have no such connection for that matter. I never give up. One day, I have got the chance to be called for job interview in this school [*Aste Lebene Dingel* School] and I passed the exam. I have not got any privilege due to my care

> experience. I have competed just like everybody else. I think the institution has to think about it.

The in-depth interview made with IIAGHL2 pointed out that the existence of unstable work environment for being a girl due to the nature of the work she was doing. IIAGHL2 explained her experience:

> I had almost worked in three positions within two years of work experience. I have tried three positions such as working as recorder in a supermarket, being a cleaning lady, and a waitress. From the first two positions, I got 1,000ETB monthly salary but it is not enough to cover cost of food, cost of house rent, and cost of clothes let alone other things. What was very boring was the treatment of customers especially when I was working as a waitress. Customers have no respect for you. They insult you and gossip on you. I lose patience and finally I decided to migrate to Arab states especially to Beirut and I have already started the process.

The in-depth interview held with IIAGHL3 showed that being a vendor as source of income. IIAGHL3 expressed how she has begun engaging in petty trade such as selling fired maize in this way:

> Persistent quarrel with my ex- husband results in decision of being a vendor here in St. George church [Addis Ababa]. I begun earning a living by selling a candle in this place [St. George church] but I come to realize that selling buried maize has a profit as compared with selling a candle. Right now, I am doing [selling buried maize] it to survive.

4.11.3. Housing

4.11.3.1. Housing Condition of Adolescent Girls who are in Preparation Stage

All participants of the study (four of them) mentioned that absence of assisted living due to lack of a program that works on the exercise of learning living in a home. House is not rented for the purpose of assisting adolescent girls to acquire the skills of living in a home which later eases adolescent girls' stress of renting a house and living in a community which have no prior exposure. The in-depth interview held with IIAPS3 confirmed such state in this manner:

> For the time being, we [adolescent girls] are not exercising living in a home by renting a house in a community. What they [staff of the institution] are telling us is to stay in our dormitory till we finished our training and discharged from it [the institution]. We [adolescent girls] are not allowed to rent a house and tried what looks like living in a house which is surrounded by a strange people who have no previous interaction with us [adolescent girls].

The in-depth interview made with IISK2 revealed that the absence of a system which entitles children of the institution to demonstrate their skill of living in a house which is found in the surrounding community in order to facilitate their smooth reintegration into the community.

"As far as I know, there is no package that allows children of the institution to exercise semi- independent living [renting a house, job placement, and the like] before they finally exited from the institution." IISK2explained

4.11.3.2. Housing Condition of Adolescent Girls who have Left the Institution

The data generated from the in-depth interview conducted with three adolescent girls who have emancipated from the institution in the study period showed that adolescent girls are residing in the street and in a rented house. IIAGHL3 narrated how she started living in the street in this manner:

> When I left from the institution, I started living with my ex- husband in an area called Ferensay, Addis Ababa. Through time, my ex-husband begun beating, arguing, and abusing me due to his behavior of jealousy. Then, when he continued such treatment, I suddenly run away from home and started living in street of the church you saw [St. George Church, Addis Ababa]. I am sharing the canvas of a pregnant woman who is earning her living by selling bougie [*tuaf*]. You know what? I am happy with living here; it gives me freedom. It protects me from his [ex- husband] relentless argument and beating.

IIAGHL2 shared her own concern regarding the rising nature of the fee for rent in Addis Ababa and her reliance for financing house rent on her boy friend:

> Look, the house I am residing! She [her rented house] is very narrow and she cannot allow me to put a normal bed. I am paying 750ETB per month and I am not even paying it. It is my boy friend who is assisting me by paying it and covering the cost of food. It becomes difficult to live in Addis for the one who have no attractive employment like me. That is why I decided to migrate for earning a job that would have a potential of changing both of our lives [me and my boy friend's life].

Contrary to the housing conditions of the above two adolescent girls, the rest one is temporarily living in a rented house till she moves to her own condominium house. IIAGHL1 explained:

> I am currently living in a rented house with my husband till we are ready to go to my condominium house. I got it by registering and saving for it[condominium house]. Thanks to God, I am successful. We [her husband and her] will move on soon.

4.11.4. Marital Status

4.11.4.1. Marital Status of Adolescent Girls who are in Preparation Stage

All of adolescent girls who were participated in the study were in a relationship except the one who has no relationship. Three of them have begun having a boy friend since four or three years back. Regarding the status of adolescent girls' boyfriends, some mentioned that their boyfriends are students, civil servants, and taxi drivers. "I have begun relationship with my boy friend four years back and we have decided to live together as cohabitation rather than as a marriage partner. I perceive marriage as a big problem since it demands your tolerance. He is a civil servant." IIAPS2 said

4.11.4.2. Marital Status of Adolescent Girls who have emancipated from the Institution

According to the data obtained from the in-depth interview with these three adolescent girls, one adolescent girl was currently living with her husband, one is living with her boy friend, and the rest one is divorcee. According to the accounts of these adolescent girls, their partners

were able to form a relationship with them when these adolescent girls were in the institution and were students.

Pertinent to the occupation of these adolescent girls' partner, the data generated from the in-depth interview with them speaks about the occupation of their partners as mason, taxi driver, and mechanic. IIAGHL1 elaborated how she was decided to marry her husband:

> I believe in the saying that marriage partner is the gift of God and I think I have got that chance and I just married him [her husband]. We get to know each other when I was going to my school around his locality, *Afenchober,* Addis Ababa. Before marriage, we had no any sexual affair and he married me according to the norm of the mainstream society [sending a marriage mediator, preparing wedding ceremony]. I think I am the only one who got the chance to marry someone by preparing such a big wedding ceremony in the history of the institution.

Contrary to the above success story of this adolescent girl, the rest two cases of adolescent girls is full of ups and downs and even vulnerable to multi-faced problems. The in-depth interview made with IIAGHL3 showed how she is struggling with earning a living and finding a space for delivering her child when the time for delivery is approaching. Accordingly, IIAGHL3 is blaming her decision to marry her ex- husband for the happening of her in the street of St. George and becoming a pregnant for the man who boldly betrays his fatherhood in this way:

> It was my rush to enter into marriage without knowing the behavior of the man who was coming to the institution to marry me. If I had not married him, my life would not have

> been ended up in the street. Maybe I would be leading a successful life just like IIAGHL1. He even denies his fatherhood. Even if I told him about my pregnancy from him, he couldn't believe me. He thought as if I were pregnant from another person due to my problem of running away from home.

4.12. Re-connection with Biological Family/Significant others

4.12.1. Adolescent Girls who are in Preparation Stage

Among the four participants of the study, two of them mentioned that the existence of relatives who have made contact with them through phone call and in person. The rest two have no experience of contacting their biological family member since they have no information whether their family members are alive or not. During the in-depth interview, IIAPS1 narrated why she has never contacted her biological family members in this way:

> How could I trace my families since I have left home when I was nine? Even I did not know their status whether they die or not. No one has ever visited me as a family member. I have no address of my family. What I remember is their existence in a place called *Selale[*a place found in Oromiya region*]*. My parents were alive when I left home.

IIAPS2 stated her contact with her uncle who is living in *Arat kilo*, Addis Ababa and the recent interruption of such connection as follows:

> I used to go to my uncle's house which is found in Arat Kilo, Addis Ababa. But I do not know the reason why we are no longer asked each other. Due to that I am deciding to live with my boy friend whom I considered as my only person to rely on.

IIAPS3 explained that she has strong social bond with whom the person she called "mama" who is a white American woman. IIAPS3 narrated how she was able to establish such connection with her" mama" in this way:

> One day, my mother had visited our institution and she was proposing to adopt me as her child. It was three years back from now. I refused her invitation to take care of me due to my xenophobia which I developed from watching their [foreigners] movies in TV. When I thought that thing right now, I found my idea of refusing her as wrong. But now, I am telling everything to her by using Facebook. I am considering her as my only family since I do not have the chance to know the where about of my biological families. No one is telling me about the address of my biological families.

IIAPS4 narrated her chance to know her real families and her plan to live with her biological brother who is a university student and residing in *Abenet*, Addis Ababa in the following words:

> Now, I checked the existence of my biological families through the link of my aunt who is working as a head of a cook in the institution. Sometimes, I made a conversation with my mother who is living in *Gode[*a local place found in Ethiopia*]*. I am also visiting my grandmother in person in *Abenet*, Addis Ababa. But my close relation is with my brother who is studying at University of Gondar or Wollo University [forget the exact university]. He promised to send me back to school when he finished his own education. We are also deciding to live together when I aged out of the institution.

4.12.2. Adolescent Girls who have exited from the Institution

Among three of them, two of adolescent girls had experience of visiting their biological families and have knowledge of their existence in this world. The rest one did not know their existence due to the absence of a clue regarding the address of her biological families.

IIAGHL3 explained the issue as follows:

> I had the chance to visit my families who are residing in Lalibela, Ethiopia when I married my ex-husband. I have visited them three times. I have visited them with the help of my ex-husband two times and in the third time I alone went to Lalibela, the place where my parents are residing. I have not forgot the place after I spent extended time in care.

4.13. Rights of Adolescent Girls

Data generated from the in-depth interview, FGDCG, and KIISK1 showed that adolescent girls' right to get holistic service of the institution (such as food, clothing, education, shelter, counseling, and medical service) before they are applying for rehabilitation scheme. And when they are proven to be included in the rehabilitation scheme, adolescent girls are entitled to get vocational training and direct rehabilitation cash support before they left the institution. Adolescent girls are also given the right to access any information pertinent to their care history such as where they found, their medical history, family history, and support letter for work and for issuing Kebele Id card.

IIBW expressed the rights of adolescent girls in this way:

> Adolescent girls are entitled to use any service which is rendered by the institution as far as they are under the care of the institution. This service is called holistic service [i.e., food, shelter, clothing, counseling, medical and education services]. There is also another entitlement for those adolescent girls who are deemed to be beneficiary of rehabilitation scheme [getting vocational training and receiving direct rehabilitation cash support]. When they graduated from the institution, what they can ask from the institution is regarding information pertinent to their care history or any profile that is connected to them.

4.14. Extent of Responsibility of the Institution for Children

According to the findings of the in-depth interview made with adolescent girls and staffs of the institution and Addis Ababa City Administration Women and Children Affairs Bureau as well as FGDCG, the mandate of the institution is from provisions of holistic services to rehabilitating and discharging adolescent girls who have been under its care. The institution is no longer mandated to care for those adolescent girls who have graduated from it by receiving full packages of exiting process of the institution (vocational training and providing direct rehabilitation cash money). As to the data gained from the in-depth interview made with IISK1,IISK2 and IIBW1 respectively, adolescent girls are not entitled to use after care support such as job placement, access to join higher education, to housing, and medical services, connection with a mentor, parenting support, permanency enhancement, pregnancy prevention, and financial literacy and asset building.

IISK1 explained the situation as follows:

> The legal obligation of the institution is properly rearing children, preparing rehabilitation scheme for those adolescent girls who are entitled for such scheme ,and properly facilitating their discharge from the institution when they reach age 18(if they are not attending college or university education). Beyond this, the institution is not forced to extend services for those adolescent girls who have exited from the institution. It is not the mandate of the institution to search a job, allocate a house where they live, and teach other skills. It is up to them to shoulder responsibility of an adult since they have already completed age 18.

Pertinent to the nature of relationship between the institution and those adolescent girls who have emancipated from the institution, there was no known practice regarding the mechanisms in which children are helped to share experiences of those children who were former children of the institution and establishment of any association that deals with the issue of care leavers.

In relation to this, IISK2 expressed as follows:

> Concerning the existence of ways of communicating with the former children of the institution, it is done informally and occasionally when we see each other by chance. Events are not organized to celebrate with children [both in care and who have left care]. There is no formal established mechanism to know their situation after they have left care except our informal connection with them.

An adolescent girl who has left care mentioned the absence of connection with the institution in this manner:

> There is no program or event which gives us [adolescent girls] the chance to know each other and share resources one from another as well as to establish a strong social bond which is aimed at improvement of adolescent girls' life who have left care. Personally, I am visited by my sisters from the institution. I have also a connection with adolescent girls who have been under the care of the institution and who are currently living in Beirut for better life (IIAGHL#2, age, 18).

As to the destination of adolescent girls who had left care, the institution has no knowledge regarding the current status of its adolescent girls who have been under its care. As the document review which is made at Addis Ababa City Administration Women and Children Affairs Bureau and the institution is revealed, data recording system in the institution on adolescent girls who had left care is only showed the status of children who are in care not those left care.

IISK1 stated as follows:

> Children's status regarding their identity (family background, referral history, the type of training they received, date of discharge, and the type of rehabilitation scheme they are provided with) is registered from their admission by the institution till their final day of emancipation. Other than that, since follow up is not done for those adolescent girls who have aged out of it knowing their [adolescent girls who have left care] current status [their job, education, living condition, or else] is very difficult. We do not know exactly

> the where about of them [adolescent girls who have left care] except we here from hearsay.

Pertinent to the culture of conducting research on the status of adolescent girls who have aged out of institutional care IIBW expressed the absence of such norm in this way:

> Till now, the Bureau has never carried out any strategic research to know the success or failure of rehabilitation scheme in general and the live of those adolescent girls who have been under the care of the institution. In this regard there is limitation and it will be the future job of the bureau.

Chapter Five

Discussion of Key Findings

5.1. Introduction

This chapter presents discussion of key findings in line with the research objective and previous empirical research findings. The purpose of the study was to examine adolescent girls ageing out of care experiences in Addis Ababa with particular reference to Kechene Female Institutional Child Care and Youth Rehabilitation Center. Specifically, the study was intended to address the following aims: to explore available programs within the institution for adolescent girls who are leaving care, examining experiences of adolescent girls who are exiting from care, adolescent girls' socialization for adult life, adolescent girls sense of readiness for emancipation and exit requirements in the institution.

The finding of the study showed that the existence of rehabilitation scheme in the institution which is aimed at assisting adolescent girls to become an independent adult when they reintegrated into the community though its effectiveness is not well known and lacks components that are commonly taken as components of an independent living program for care leavers. Despite the schemes incompleteness, McDaniel, Courtney, Pergamit, and Lowenstein (2014) identified ten typology of independent living programs for youth transitioning from care to adulthood (i.e., education services, employment services, housing interventions, mentoring, behavioral health services, permanency-enhancement interventions, pregnancy prevention, parenting support, financial literacy and asset building and multi component services). It seems that this rehabilitation scheme which is given to adolescent girls is not comprehensive enough to

address the needs of adolescent girls to build adolescent girls' abilities and skills to take full responsibility for their future.

Regarding the perspective of the rehabilitation scheme that is given to adolescent girls who are in their transition phase to emancipation, it is only provided as long as adolescent girls are in care and is not extended to after care as findings of the study underscored. The scheme lacks service components that are deemed to be semi-independent living programs which address the needs of adolescent girls in after care.

Contrary to the findings of the study, regarding the perspective of the rehabilitation scheme which did not recognize the provision of aftercare support for those adolescent girls who have left care , the 2010 UN Guideline on Alternative Child Care on the care of youth who are leaving care recommends the need to support young people in gaining access to suitable accommodation, employment opportunities, further vocational and educational opportunities, and other relevant after care services(Section E,p.19). Therefore, as to my understanding, the perspective of the institution's scheme clearly denies the relevance of the need to design after care support for those adolescent girls who have been under the care of the institution which in turn would discourage adolescent girls' attempt to be independent and productive adult. On top of that, the scheme's perspective, not providing after care support for those who have left care, is not in line with the existing evidence of continued support for youth leaving care to make their transition to adulthood smooth.

Pertinent to the responsible body for provision of training for adolescent girls who are in preparation stage to receive the training, confusion was manifested regarding the authority to deliver the training for these girls. Although confusion were clearly shown in both adolescent

girls, caregivers, and the counselor pertinent to the agency that is in charge of vocational training, the 2009 Ethiopian National Alternative Child Care Guideline vividly puts eligibility criteria with responsible body. Accordingly, the guideline stipulates the following as eligibility criteria for a child to join technical and vocational training under section 8.1.5 of its statement on basic services of any institutional child care in the following way:

> A child is considered eligible for a vocational training when he/she at least: a) is fourteen years of age and above; b) has completed grade eight; c) has openly expressed his/her interest to attend vocational training; d) has failed to continue in his/her academic education and is deemed to benefit from vocational training; e) is ready for reintegration into the community after the training.

This guideline further obliges the institution to cover the vocational training fees and puts the responsibility of handling issues like monthly follow-ups of the vocational development of trainees; attending vocational training and preparation of a quarterly report on the vocational development of children attending vocational training to the institution's counselor.

As it is clearly shown in the study's findings, the type of training that is given to adolescent girls who are entitled for rehabilitation scheme is not cognizant of these adolescent girls' natural talent and interest though they have given the chance to choose the type of training which is available for them.

The current study highlighted that adolescent girls' preparation to leave care and transition to an adult life is characterized by ill-preparation and expressed in feelings of confusion which is the result of lack of well-known transition steps and assistance from a specialized support worker who is mandated to supervise and assess the progress of adolescent girls towards successful independence. With regard to the perspective of young people who are

leaving residential care towards the concept of "independence", the findings of Biehal, Clayden, Stein and Wade (1995), Broad (2005), Kelleher, Kelleher and Corbett (2000), Mayock, Corr and O'Sullivan (2008) pinpointed that appearance of feelings of fear, isolation, and uncertainty which informs us the need to provide continued support for these youth let alone the existence of a well-designed path way plan. Apparently, the current study is come up with a different finding which states that adolescent girls' preparation to adulthood were characterized as ill preparation which is attributed to the absence of well-designed path way plan and support from a professional person in the process from care to adulthood.

The findings of the study revealed that the faulty socialization nature of adolescent girls' socialization in the institution to fend for themselves due to the existence of the institution's regulation that prohibits the participation of children of the institution in any form of work except for those children who reached age 14 and above and scapegoating among children of the institution and their caregivers as per the accounts of both adolescent girls and caregivers. Moreover, when adolescent girls are judged in the eyes of their caregivers they are not yet fully mature to shoulder adult responsibility due to the absence of skills such as preparing and cooking food, saving and money management, learning norms of the community, the existence of negative community attitude, establishment of category as "villagers" and "children of the compound", and absence of permanency enhancement.

This contradicts in part with the 2009 Ethiopian National Alternative Child Care Guideline pertinent to its recommendations of community interaction as a strategy for those institutional child care providers for the purpose of smooth reintegration of children into the community and its statement concerning the mandate of any institutional child care agency to

facilitate condition for the participation of children of the institution in community activities as well as the engagement of the community in supporting the institution's programs.

The guideline states that a childcare institution shall facilitate conditions for children to participate in the activities within the institution as well as in community activities to avoid segregation and discrimination (2009 Ethiopian National Alternative Child Care Guideline section 12, p.69). This guideline further recommends children's participation in summer visits to their family/relatives/friends/neighbors to avoid children's disconnection with significant others and teaching children about money management as part of life skill training which were not practically visible in the institution.

The current research also revealed that care givers' inability to delineate the type of parenting style they are practicing (as described by Baumrind, 1971 & Berg, 2011) when they discharge their role of care giving as a result of inconsistent parenting style and frequent change of caregivers' working schedule though caregivers assume authoritative parenting style as the best way of upbringing children. Fowler(2015) found that the difficult nature of comprehending roles of being an "employee" and being a "parental figure" in a residential child care due to the complexity of working in it. Kaime-Atterho¨g, Persson, and Ahlberg's (2016) finding revealed perspective of care giving by care givers as serving God and dedication to change the lives of children in the street in Kenya though the meaning of "dedication" varies from care giver to care giver.

The finding of the study regarding care givers' difficulty of parenting children under their care by adopting uniform parenting style is not associated with caregivers' struggle to define their role as it was revealed by Fowler's study but due to lack of mechanism to allocate a single, permanent care giver to children of the institution. On top of that, the current study pointed out

that the practice of care giving by those care givers in the institution is similarly perceived as "God given mission" as it was described by Kaime-Atterho¨g, Persson, and Ahlberg's (2016) study in Kenya but in a different connotation of "dedication"; as a commitment to serve children and to please God and interpreting such thinking into practice by providing love to children rather than by chaining children as a means of changing the mind of children who have history of street life.

With regard to the educational qualification and child development relatedness of the caregivers' background, the study has come up with a finding that shows the practice of care giving by those caregivers who have no relevant profession to care giving and have no training prior to assignment of a caregiver position. Existence of low educational qualification of caregivers is similar with what the 2009 Ethiopian National Alternative Child Care Guideline section 9 stipulates. Accordingly, this guideline under section 9 concerning human resource of a given institutional child care states the required educational qualification and associated experience for care giver position like this: "A home mother should have completed at least grade six and shall have at least a three months relevant training and a minimum experience of one year as an assistant home mother."(p.67)

It is worth noting here about the professional nature of care giving and this guideline's underestimation of the role of a home mother/ a caregiver and its associated necessary educational qualification has its own contribution for the poor outcome of adolescent girls' challenge of navigating an adult world without someone on their side.

The findings suggested that adolescent girls' educational attainment as poor at the time of data collection. Most of the study's participants had not completed their high school education except the one who succeeded to earn a college diploma at the time of her exit. Most of them

dropped out of school due to their conflict with their school teachers need to visit biological families, plan to run an independent life, and absence of a tutor. As to educational attainment of youth leaving care findings of Stein and Dixon (2006), Allen (2003), and Stein (2015)show the persistent nature of poor academic performance among the youth who leave residential care due to their exposure to multiple placements and frequent change of schools as a result of their placement instability. The current study found that adolescent girl's inability to complete high school education except the one who obtained college diploma at the time of their exit due to the absence of a tutor who is hired in the institution to support children of the institution in their school work, conflict with their school teachers, need to visit biological families, and plan to run an independent life.

Therefore, adolescent girls' inability to finish high school education at the time of their emancipation was not attributed to their exposure to multiple placement as the above findings pinpointed but due to the fact that they were not motivated and encouraged to learn their education through the help of a tutor in the institution and their personal circumstances (conflict with school teachers, longing to visit their families, and interest to run their independent life).

As to the employment characteristics of adolescent girls, the findings of this research showed that adolescent girls who are in preparation stage have no any prior exposure to the world of work either in volunteering or semi-paid job. On the other hand, those who have left the institution are found to be in a working environment that does not fit with their vocational training (working as student recorder, vendor, and waitress). Dixon and Stein (2002) pointed out that the existence of high unemployment rate of young people leaving care and the characteristics of their employment as more likely to be unemployed or to be unskilled or semi-skilled job. Similarly, the current research has also found adolescent girls' (who have left the

institution) employment experience depicted as unemployed and working in a job that is categorized under semi-skilled job.

In contrary with the housing conditions of adolescent girls (who are currently residing in the institution) who are in the process of leaving care, the living condition of adolescent girls who have left care portrays another image-living in a rented house and in the street as per the findings of the study. According to the study, homelessness is exhibited among adolescent girls who had left care due to relationship breakdown with partner. Similarly, Stein (2015) found that youth care leavers are suffering from homelessness due to their feelings of loneliness and isolation, need to develop independent living skills, and relationship break down with family members and partners though there is housing accommodation for Stein (2015) ‘s participants in Scotland.

As the findings of this study showed that adolescent girls (who are in preparation stage) had active established relationship and they have begun relationship affair with their boyfriends prior to age 18. Furthermore, the study found that these adolescent girls have a perspective of cohabitation due to their assumption that marriage demands tolerance and their feeling of impatience. On the other hand, the marital status of those adolescent girls who have aged out of care revealed that the existence of divorce, stable marriage, and cohabitation. The study also found out that the existence of early parenthood. Allen’s (2003) study found that the existence of early parenthood among care leavers due to their desire to act as primary carers for their children. The current study suggests that adolescent girls were not interested to be carers of their children as the above study suggests but due to their problem of forgetting to use birth control during sexual intercourse with their partners.

Pertinent to the establishment of mentoring and permanency enhancement, the study noticed that the absence of any attempt which has been made so far by the institution to re-connect adolescent girls with an adult figure who would be a potential resource for their endeavor to successful transition to adulthood. Morris and Stein (2010),Coyle and Pinkerton (2012) found out that positive role of connecting youth who are leaving care with a caring adult in assisting successful transitions from care. It seems that connecting adolescent girls with a fit and willing significant other is a missing component of the service package of the institution for adolescent girls who are facing the challenge of transitioning to adulthood by their own.

The findings of the research obtained from the field underscored that initiation of exit plan by adolescent girls themselves rather than the institution and the absence of a procedure which requires adolescent girls to know when to prepare for independent living and the available transition phases. The 2009 Ethiopian National Alternative Child Care Guideline says the opposite to this finding. The 2009 Ethiopian National Alternative Child Care Guideline gives the mandate of initiating termination of service and informing the child to be ready for exit prior to two months before his /her discharge from the institution to a particular child care institution.

This guideline obliges an institutional child care center to inform the child about its termination of service in at least two months prior to notice to the regional relevant authority as to the reasons and measures taken to facilitate the transfer of the child to other types of care and/or the reintegration into the community (the 2009 Ethiopian National Alternative Child Care Guideline, section11, p.68-69).

Adolescent girls are not passing through an assessment of exit readiness applicable to their individualistic needs and interests. Each adolescent girl who was eligible for rehabilitation

scheme is not transitioning into adulthood by having an independent path way plan which considers the particular adolescent girl's aspiration and developmental history. All adolescent girls who are screened for rehabilitation scheme are treated under similar program-vocational training and direct rehabilitation cash support. The findings of Paul et al., (2006) states that the existence of policy legislations in America and United kingdom that requires a need assessment for each youth leaving care followed by the development and implementation of an independence "pathway plan" with a personal advisor. It can be said that due to lack of a legal provision and practice that demands adolescent girls' transition to adulthood through the experience of an individualistic path way plan, adolescent girls' transition to adulthood is carried out without such plan and demonstration of ability to take adult responsibility.

The study found that the existence of certain conditions when adolescent girls of the institution are obliged to terminate their status of being beneficiaries of the institution such as reaching age 18, completing university or college education, and taking vocational training. The study also indicated that the absence of legal provision to extend the legal age of emancipation to age18 and above unless adolescent girls are attending their college or university education. The findings of Dunlop (2013) underscored young care leaver's opportunity of staying in care until age 26 in Scotland cognizant of the fact that the delayed nature of leaving home for their age mates who are reared by their own biological families and to provide young people leaving care the chance to secure job and assistance needed to thrive adulthood.

A study done by Settersten and Ray (2010) also showed that the prolonged nature of leaving home in the contemporary youth, though research is not available regarding the trend of leaving home by youth in Ethiopia. Therefore, this research finding indicates that adolescent

girls aging out of care without due considering the extended nature of care till age 26 irrespective of their age and being at school at the time of emancipation.

The study mentioned that caregivers were viewing adolescent girls' difficulty to give attention to what they say and adolescent girls modeling their peers as a sign of disrespecting them. Havighurst (1953) sets out achieving emotional independence of parents and other adults as one of the developmental task of adolescence period. Unlike what is recognized as a normal stage of adolescence in Havighurst (1953) developmental task theory of adolescence, care givers understood adolescent girls preference to hear and take their peers as a role model as a sign of disrespect and deviance.

Adolescent girls perceived their care givers as their family by calling them "mama" and consider the institution as their "home" as well as girls who are under similar care as their "sisters" as to the findings of the study. Finch (2007) noted the changing definition of family in his theory of Displaying Families and notion of family is based on a particular individual's understanding of what is his /her "family"; which is more of relational than biological. It can be said that for children of institutional child care what they call as their "family" is those professionals who is in charge of being parental figure as their job.

As the research finding of this study vividly depicts the scope of the obligation of the institution to adolescent girls who have exited from it, adolescent girls have no a right to claim after care support except accessing information pertinent to their care history and support letter for various purposes. On top of that, information concerning the destination and current socioeconomic status of adolescent girls who have left care are not well known due to the absence of follow up study and a norm of assessing their progress after care though adolescent

girls' destination is recognized informally as "migrants" to an Arab State called Beirut. Dima's (2014) finding showed that absence of documentation and public follow up data when youth had left care due to the fact that youth leaving care are found to be less priority area for concerned body in Romania. Unlike the above finding concerning the where about of youth leaving care, attempt to trace and understand the real condition of adolescent girls after they leave care is not made by the institution due to the fact that the institution has no norm of assessing their progress after care and its feeling of doing it in the near future.

Chapter Six

Conclusion and Social Work Implications

6.1. Conclusion

The current study revealed that the existence of a program for adolescent girls who are

leaving care in the institution, though its effectiveness is not well known and it lacks semi- independent living program component that would be useful for adolescent girls to exercise skills that are perceived as mandatory to run an independent life before they reintegrated in to the larger society of Addis Ababa. In the absence of semi-independent living program for adolescent girls requesting adolescent girls to make their transition from care to independence successful is exposing adolescent girls to various challenges in the process of adapting the new environment of adult world and thriving to fend themselves.

As the study shows, the perspective of the institution's rehabilitation scheme is limited to those adolescent girls in care not stretched to after care. Due to the absence of aftercare support, adolescent girls are not accessing social services to survive since they have no anyone to fall back when they need support and guidance. Evidence shows the extension of emancipation age to 26 for the sake of gradual transition of care leavers into adulthood and provision of support when care leavers demand the institution's assistance. Hence, the institution's care philosophy not to provide after care support is not informed by current practice of care and in line with what cotemporary youth are demanding to make their transition to adulthood smooth and successful.

The findings suggest that adolescent girls' disengagement with the larger community and the persistent nature of stigma attached to them due to the fact that they are "children from the institution." Adolescent girls were kept in the institution and were not in a position to take part in the lives of the larger society of Addis Ababa where their future reintegration will be done. The institution's failure to establish mechanisms for adolescent girls to acquaint themselves with the norms of society and sensitize the community to change its negative attitude towards "children of the institution" has shown problems of adjustment among adolescent girls who have left care. Since adolescent girls are internalized and experienced the community's stigma towards them, they developed distrust to the society.

As it is vividly shown in study's finding, care giving practice to children of the institution is done by those care givers who have no relevant educational qualification and training in parenting skill and child development though care giving is perceived as "God given mission" by caregivers. As the study pointed out, caregivers are perceived by adolescent girls as "mothers" that indicates the context specific nature of defining what constitutes a family. As the study has shown, adolescent girls are aging out of the institution without the establishment of a well-designed transition plan that fits into the needs of a particular adolescent girl and the initiation of exit from the institution is made by adolescent girls themselves due to their conflict with school teachers, plan to be self-reliant, longing of biological families, and plan to marry someone else.

So, path way plan for adolescent girls leaving the institution is a neglected issue which is the foundation for their successful re-integration into the community of Addis Ababa and their stable life. The study has also informed that adolescent girls have made contact with their living parents or significant others rarely. Lack of adolescent girls' connection with their significant

others and failure to make a lasting relationship with an adult figure leads their reintegration into the community futile and detaches them from having an environment which accepts and welcomes them as they are.

As the current research revealed, adolescent girls experience pertinent to education is not promising except the one who holds diploma at the time of her aging out. Adolescent girls drop out of school is a major cause for their claim for emancipation from the institution since they have no another option rather than applying for rehabilitation scheme and leaving care. The concerned body that has a mandate to supervise the institution's service for children of the institution has failed to assess why children of the institution interrupt their education and think exit as an option rather than overcoming their challenges in their education and to stay at school.

Therefore, the institution's failure to uncover the cause for adolescent girls' expulsion from school and their assumption of exit as an alternative seems out of the sight of the concerned body to assist adolescent girls to stay active in their education and aspire to further their education.

The finding suggests that adolescent girls challenge to find an attractive job that is in line with their vocational training due to the absence of social network and the institution's failure to coordinate job placement of adolescent girls who have left care. Training and providing cash to those adolescent girls who are leaving care is not as such empowering as it is seen from the perspective of adolescent girls themselves who are experiencing unemployment and underemployment and key informants. Hence, the institution has to change its perspective of rehabilitating adolescent girls who are leaving care in a way that works for adolescent girl's

empowerment and resilience. Other discharge packages like housing and pregnancy prevention are not component of the rehabilitation scheme as to the findings of the study.

As the current research reveals, a legal provision that independently addresses the issue of institutional child care leavers in the country has not designed yet except the existence of the 2009 Ethiopian National Alternative Child Care Guideline which is in short of responding to the needs of state care leavers in its provision. Accordingly, this guideline has no a section which addresses the issue of independent living program for institutional child care leavers and its associated after care provisions. Hence, adolescent girls who are grown up in institution and made their transition to independence need an independent policy as far as institutionalization of children is considered as an option for the care of unaccompanied child.

6.2. Implication for Social Work

This section discusses implication of the research finding for Social Work pertinent to the four issues: implication for education, practice, research, and policy.

6.2.1. Implication for Social Work Education

Findings of the current study have a range of implications for social work education. Social workers are mandated to effect social justice on behalf of vulnerable and marginalized populations (NASW, 2011). Accordingly, social workers can consult the institution to develop its own path way plan for adolescent girls emancipated from the institution in order to curb problems emanated from having ill-organized and half-hazard path way plan. Social work professionals who are serving in the academia have the knowledge and expertise to design evidence based pathway plan for adolescent girls who made their journey to adulthood without

demonstrating their competence. Hence, the institutions' lack of path way plan to independence highly needs social workers' intervention to establish a well designed path way plan that meets the needs of adolescent girls who are aging out of the institution. As the community perspective towards children of the institution is noted as negative and unwelcoming, incorporating Ethiopian adolescent care leavers' need and profile in schools' curriculum is highly demanded to change the perspective of the community towards adolescent girls who are being reared in the institution and to establish an inclusive society that considers these adolescent girls as part of it as long as institutional child care is not vanished from alterative child care category and it continued as an option. Therefore, social workers are in a prime position to change the image of these adolescent girls by educating the public pertinent to the repercussion of discrimination of these adolescent girls and the need to have a new perspective of viewing and serving this marginalized segment of the society.

On top that, issues of Ethiopian adolescent care leavers have not recognized yet as a social problem. To get the attention of the public incorporating issues of Ethiopian adolescents who are leaving institutional child care in courses of BSW and MSW will be helpful to understand their needs and suggest future directions pertinent to their concerns and care.

As the findings of this study suggests, adolescent girls are not in a position to finish their high school education and pursue higher education due to their inability to get assistance in their school work which would be their major source of asset for earning a living, in their attempt to be self- reliant person. Social workers' assistance in the areas of tutoring and mentoring these adolescent girls who are not getting adult supervision in their academic performance is believed to be pivotal in motivating and encouraging them to perform well in schools. Furthermore, as

care giving practice in the institution is carried out by those care givers who have no the necessary professional qualification and training for care giving, social workers are crucial in addressing the needs of these caregivers by filling their gap through training and advocating the institution to hire professional caregivers who have relevant educational background in child development and parenting skill.

6.2.2. Implication for Social Work Practice

The findings of the study imply that the need to change the institutions' care giving practice to adolescent girls in a manner that addresses their holistic developmental needs. As adolescent girls' transition to adulthood is taking place without conducting assessment pertinent to adolescent girls' preparation for adulthood, social workers are resources for directing the institution for the need to do assessment and the expected procedures for gradual transition of adolescent girls from care to independence. Social workers can assist the institution's endeavor to rehabilitate adolescent girls for independent living by mobilizing resources which are not accessible to the institution and which are in need for smooth ageing out of adolescent girls from its care. The institution's endeavor in forming partnership with likely minded organizations is not as such promising for sharing and mobilizing community resources for the betterment of the institution's service for its clients. Hence, social workers will fill this gap by serving as external relation and fund raising in tapping resources. On top of that, social workers are urgently needed to coordinate the sustainability of service programs as the institution's reliance on donor is not as such trusting.

The study also implies the need for social worker in tracing and establishing connection with adolescent girls' living parents or relatives to help adolescent girls find loving family

environment as their connection with their living parents or relatives is not given due attention by the institution and adolescent girls link with their living parents or relatives is found to be disrupted. The findings suggest that absence of evidence based practice and care perspective for adolescent girls in the institution. In order to address the contemporary needs of adolescent girls who are aging out of the institution, this research suggests the need to question the existing mode of intervention and care provision and to design an appropriate care perspective which is drawn from evidence and proven best for adolescent girls' transition from care.

6.2.3. Implication for Social Work Research

Research on the issue of state care leavers has been well documented in the developed world though their primary focus is on foster care rather than institutional child care due to the fact that institutional child care as an option of care for orphan and vulnerable children is on the verge of elimination (Greeson, 2013). In contrast with the abundant nature of research in developed countries concerning state care leavers, research that reveals how African countries in general and Ethiopia in particular prepare institutional children for transition to adulthood is hardly existed. Even the issue of ageing out of institutional child care has not been recognized yet as an issue and has not attracted yet the attention of researchers despite the marginalization and vulnerability of adolescents who have been ageing out of this care system.

Hence, finding of the study calls for the need to conduct national survey on the destination and socioeconomic status of adolescent girls who have passed many years of their lives in out of home care. Pertinent to the existence of national data base with regard to the where about of adolescent girls who have institutional child care or state care background, the study has shown the absence of any information center at the national level concerning

institutional child care leavers. National information regarding institutional child care leavers has to be established for the sake of understanding the situation of institutional child care leavers and formulating comprehensive care provision throughout the country.

Furthermore, adolescent girls are aging out of care without knowing the feasibility of the so called "rehabilitation scheme" and its impact on the lives of these care leavers. Therefore, this study conveys the message to undertake further research on the effectiveness of the "rehabilitation scheme" and its significance for the improvement of the lives of adolescent girls who made their transition to adulthood in the absence of a comprehensive independent living program and follow up study.

6.2.4. Implication for Social Work Policy

According to NASW (2011), social workers play a critical role in the development of legislation to support social programs available to those in need. In cognizant of social workers' mandate in initiation and development of social policy which gives power to those vulnerable groups of society, social workers intervention in the development of a distinct legislation/policy/guideline concerning the needs of state care leavers is crucial since their issues pertinent to the process of transition till after care is not well addressed in the existing legal frame work of the country. The only guideline which is used as a guideline for the care of institutional children is the 2009 Ethiopian National Alternative Child Care Guideline. This guideline has failed to answer critical questions of how adolescent girls are emancipated from care and how their transition to adulthood will be carried out and what looks like the mandate of the state or care giving institution in relation to the provision of aftercare support for these category of care leavers. Ethiopia can take lessons from those countries that have well-

developed policies concerning the state of care leavers such as U.S.A, UK, and Scotland. For example, Scotland has its own legal framework for state care leavers known as "children and young people leaving care act of 2014." In this act, state care leavers are entitled to stay in care until age 26, to have an independent living program, and opportunity to access higher education (Dunlop, 2013; Hull, 2014). Similarly, the U.S. has its own program for state care leavers called "an independent living program" (1986) and" Fostering Connections to Success and Increasing Adoptions Act of 2008" (though it is formulated for youth ageing out of foster care not institutional child care) which recognizes the need to conduct care leavers transition to adulthood gradually and by having a well-designed path way plan. Ethiopia can design its own distinct policy that aimed at meeting the needs of institutional child care leavers that are best fit into its context. Specifically, Addis Ababa City Administration Bureau of Women and Children Affairs can hold public discussion on the need to modify the existing 2009 Ethiopian National Alternative Child Care Guideline in order to incorporate independent living program for adolescents who are leaving institutional child care. Gullele Sub-city Administration can also design a guideline that facilities adolescent girls' empowerment and successful reintegration into the community by working hand in hand with the institution.

To this end, social workers can advocate on behalf of Ethiopian adolescents who are leaving institutional childcare in order to hear their voices and concerns and formulate an independent policy that adequately addresses their issues as long as institutional child care is not vanished from care provision typologies and children are continued to be admitted by the institution.

References

Anghel, R., & Dima, G.(2008). Romania. In M. Stein, & E. Munro (Eds.), Young people's transitions from care to adulthood: International research and practice.(pp. 158–172). London: Jessica Kingsley Publishers.

Anghel (2011).Transition within transition: How young people learn to leave behind institutional care whilst their carers are stuck in neutral. *Journal of Children and Youth Services Review,* 33, 2526–2531.

Ajayi, S. & Quigley, M. (2006) 'By Degrees: Care Leavers in Higher Education'. In E. Chase, A. Simon, and S. Jackson (eds.) In Care and After: A Positive Perspective. London: Routledge.

Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist, 55* (5), 469-480.

Arnett, J.J.(1997).Young people's conceptions of the transition to adulthood. *Journal of youth & society*,29(1).Sage Publications, Inc.

Allen, M. (2003).Into the mainstream: Care leavers entering work, education and training, Joseph Rowntree Foundation, Yorkshire.

Anney, V., N. (2014).Ensuring the quality of the findings of qualitative research: Looking at trustworthiness criteria. *Journal of emerging trends in educational Research and policy studies, 5(2), 272-281.*

Annemiek, T., Erik J., and Margrite, E.(2011)Transition secured? A follow-up study of adolescents who have left secure residential care *Children and Youth Services Review*,33, 2482–2488

Baskarada, S.(2014).Qualitative Case Study Guidelines. *The Qualitative Report*, *19*(40), 1-18. Retrieved from http:// nsuworks.nova.edu/tqr/vol19/iss40/3.

Belsey, M, A., &Lorraine S.(2011). The definition of true orphan prevalence: Trends, contexts and implications for policies and programmes. *Vulnerable Children and Youth Studies 6*(3), 185-200.

Barth, R. P., & Ferguson, C. (2004).Educational risks and interventions for children in foster care. Retrieved from http://www.socialstyrelsen.

Bryant, C., L &Peck, D.,L(2007). *21st century sociology: Traditional and core areas* Vol. 1 Sage Publications, Inc.

Bowlby, J.(1969).Attachment and loss, (Vol. 1). New York: Basic Books.

Bruce, L. (2001).*Qualitative research methods for the social sciences (*4thed.). A Pearson Education Company: California.

Biehal, N., Clayden, J., Stein, M. &Wade, J. (1995).Moving On: Young people and leaving care schemes. London: HMSO.

Broad, B. (2005) Improving the Health of Children and Young People Leaving Care. *Adoption and Fostering*, 23 (1), 40-48.

Baumrind, D. (1971). Current patterns of parental authority. *Developmental Psychology*, *4*(1), 1-103.ISSN: 0012-1649. Doi: 10.1037/h0030372

Berg, B. (2011). *The Effects of Parenting Styles on a Preschool Aged Child's Social Emotional Development.* The Graduate School, University of Wisconsin-Stout.

Retrieved from http: // www2 .uwstout. edu/ content/ lib/ thesis/ 2011/2011bergb.pdf

Braun, V. & Clarke, V.(2006).Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2).

Burgess, C. (1981) In Care and Into Work. London: Tavistock Publications.

Courtney,M.,& Dworsky,A. (2006). Early outcomes for young adults transitioning from out-of-home care in the USA. *Journal of Child & Family Social Work, 11*(3), 209–219.

Cohen, L.(2007).*Research methods in education*. New York: Routledge.

Creswell, J.W. (2014).*Research design: A qualitative, quantitative, and mixed method approaches* (4thed.).Los Angles: Sage Plc.

Chris, O.& Diane, M.(2004).*Cross- Sectional Study Design and Data Analysis*. Walden University, Chicago: Illinois.

Child Welfare Information Gateway.(2010*). Administration for Children and Families: Foster CareStatistics*.[Electronicversion].Retrievedfromhttp://www.childwelfare.gov/pubs/factsheets/foster.cfm.

Charmaz, K. (2003) 'Grounded Theory: Objectivist and Constructivist Methods', in N.K. Denzin and Y.S. Lincoln (eds) *Strategies for Qualitative Inquiry* (2nd Edition). Thousand Oaks, CA: Sage Publications.

Cashmore, J. and Paxman, M. (2006) *Longitudinal Study of Wards Leaving Care: Four to Five Years on,* Sydney: New South Wales Centre for Parenting and Research

Curtis, A. C. (2015) "Defining Adolescence," *Journal of Adolescent and Family Health*: Vol. 7: Iss. 2, Article 2.Available at: http://scholar.utc.edu/jafh/vol7/iss2/2

Dunn, A., Jareg, A. & Webb, D.(2003). *A last resort: The growing concern about children in residential care: Save the Children's position on residential care*. Washington, DC: International Save the Children Alliance.

Dima,G.,& Skehill.(2011).Making sense of leaving care: The contribution of Bridges model of transition to understanding the psycho-social process. *Journal of Children and Youth Services Review,* 33, 2532–2539.

Dixon, J. & Stein, M.(2005). Leaving Care: Through care and Aftercare in Scotland. London: JKP.

Dima, G.(2014)'Where to go?' young people's early destinations when leaving care *Bulletin of the Transylvania University of Brasov* Series VII: Social Sciences Vol. 7 (56) No. 2 - 2

Dunlop, D. (2013) Children and young people in care until age 26: A must for improved outcomes *Scottish Journal of Residential Child Car*e Vol.12, No.3

Dictionary of the English language (2016).Definition of age out.

Elliott, G. R., & Feldman, S.S. (1990).Capturing the adolescent experience. In S.S. Feldman & G.R. Elliot (Eds.), *At the threshold: The developing adolescent* (pp. 1-13). Cambridge: Harvard University Press.

Esmeranda, Harriet, & Eunice (2015) Admission to Exit: Acquiring Life Skills Whilst in Residential Care in Ghana. *Society and Social work International Journal* Vol. 13,(2)

Federal Democratic Republic of Ethiopia, Ministry of Women's Affairs, Federal HIV/AIDS Prevention and Control Office.(2010).Standard service delivery guidelines for orphans and vulnerable children's care and support programs. Addis Ababa, Ethiopia: the Federal Democratic Republic of Ethiopia.

FHI 360.(2010).Improving care options for children in Ethiopia through understanding institutional child care and factors driving institutionalization. Durham, NC: FHI 360.

Fraenkel, R., & Wallen, N. E.(1990).*How to design and evaluate research in education*. New York: McGraw-Hill.

Fowler, N. (2015) 'We're like one, big, dysfunctional family': Struggling to define the role of residential childcare workers. *Scottish Journal of Residential Child Care*,Vol.14, No.3

Frensch, K. M. and Cameron, G. (2002) Treatment of Choice or a Last Resort? A review of residential Mental Health placements for children and youth, *Child and Youth Care Forum*, 31 (5), 307-339.

Finch, J.,(2007). Displaying Families. *Sociology, 41*(1), 65-81. Doi:10.1177/0038038507072284

Fletcher-Campbell, F.(1997). The Education of Looked After Children. Slough: National Foundation for Education Research.

Freitas (1998).*The focus group: a qualitative research method reviewing the theory, and providing guidelines to its planning.*

Francis, J. (2008) 'Could Do Better! Supporting the Education of Looked-after Children'. In A. Kendrick (ed.) Residential Child Care: Prospects and Challenges. London: JKP.

Gaskell, C. (2010).''If the Social Worker had called at least It Would Show They Cared': Young Care Leavers' Perspectives on the Importance of Care.' *Journal of Children &Society,* 24, 2, 136-47.

Genet Degefa.(2014).Effect of institutionalization on social integration of orphaned individuals reintegrated to the community: The case of Addis Ababa(Master thesis, Addis Ababa University)

Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In N. K. Denzin & Y.S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 105-117). Thousand Oaks, CA: Sage

Greenfield, P. M., Keller, H., Fuligni, A., & Maynard, A. (2003).Cultural pathways through universal development. *Annual Review of Psychology, 54*, 461-490.

Goodkind, S., Schelbe, L., & Shook, J.(2011). Why youth leave care: Understandings of adulthood and transition successes and challenges among youth aging out of child welfare. *Children and Youth Services Review, 33, 1039-1048.*

Gonzalez, Sabrina R., (2015). "From Foster Care to Adulthood: Success Stories"(*Doctorate in Social Work (DSW) Dissertations)*

Greeson, J. (2013). Foster youth and the transition to adulthood: The theoretical and conceptual basis for natural mentoring. *Journal of emerging adulthood.*

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

Golafshani, N.(2003).Understanding reliability and validity in qualitative research. *The Qualitative Report, 8*(4), 597-607.

Hayden, C., Goddard, J., Sarah, G. & Van Der Spek, N. (1999) State Childcare: Looking After Children? London: JKP.

Hall, G. S. (1904). *Adolescence: Its psychology and its relations to physiology, anthropology, sociology, sex, crime, religion and education*. New York: Appleton and Company.

Havighurst, R. I.(1953).Human development and education. New York: McKay.

Hammond (2010).*Sociology of the Family.* Smash Words Edition

Halldorsdottir,S. (2000). The Vancouver School of doing phenomenology. In B. Fridlund & C. Haldingh (Eds.), *Qualitative research methods in the service of health,* (pp.46-81). Lund: Student literature. Hallisey, B.J. (2010).

Hull, V.(2014) Supporting care leavers into higher education: The H.E. Handbook for Care Leavers (Who Cares?) *Scottish Journal of Residential Child Care* ISSN 1478 - 1840

Harriet, W. (2011) Continuities and discontinuities: Issues concerning the establishment of a persistent sense of self amongst care leavers *Children and Youth Services Review* (33) 2512–2518

Holloway, I., & Wheeler, S. (2002). Qualitative research in nursing (2 ed.). Malden, MA: Blackwell.

Health Service Executive (2011) Section 8 Report: Review of adequacy of services for children and families, Stationery Office, Dublin.

Harder, A., Köngeter, S., Zeller, M., Knorth, E., Dickscheit, J.(2011) Instruments for research on transition applied methods and approaches for examining the transition of young care leavers to adulthood. *Journal of Children and Youth Services Review,* 28,2431– 2441.

Irwin, C. E., Burg, S. J., & Cart, C. U. (2002). America's adolescents: Where have we been, where are we going? *Journal of Adolescent Health, 31,* 91-121.

Ibrahim, M.(2012).Thematic Analysis: A critical review of its process and evaluation. *West East Journal of Social Sciences,1(1).*

International Organization for Adolescents (2011).The Transitions Initiative: Youth aging out of Alternative Care.

Julia, M., Sarah, J., Anne, W., Anita, T., Kristen, O., & Katherine, W., (2015) Aging Out of Care in Ethiopia: Challenges and Implications Facing Orphans and Vulnerable Youth. *Journal of Society for the Study of Emerging Adulthood.*

Johansson, J. (2007) Residential *Care for Young People in Sweden, Homes Staff and Resident's,* Goteborg University, Department of Psychology, Sweden.

Jackson, S. &Sachdev, D. (2001) Better Education, Better Futures: Research, Practice and the Views of Young People in Public Care. Barnardos: Ilford.

Kainan Sebri (2015). The relationship between childcare institutions and adolescents' Self-esteem: the case of Kechene and Kolfe Childcare Institutions (Master thesis, Addis Ababa University)

Kreuger, L. and Newman, W. (2006), Social Work Research Methods: Quantitative and Qualitative Applications. Boston New York: Sanfrancisco.

Kumar, K. (1987). *Conducting focus group interviews in developing countries*. A.I.D. Program Design and Evaluation Methodology Report No. 8. Washington, D.C.: U.S. Agency for International Development.

Kendrick, A., (2013). Relations, relationships and relatedness: residential child care and the family metaphor. *Child and Family Social Work*, *18*(1), 77-86. Doi: 10.1111/cfs.12040

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.

Kordi, A. & Baharudin, R. (2010) Parenting Attitude and Style and Its Effect on Children's School Achievements *International Journal of Psychological Studies* Vol. 2, (2)

Kaime-Atterho¨g, W.K, Persson, L., and Ahlberg, B.M. (2016)''With an open heart we receive the children'': Caregivers' strategies for reaching and caring for street children in Kenya. *Journal of Social Work* 0(0) 1–20 DOI: 10.1177/1468017316651989

Lieberman, A. F., Weston, D. R. and Pawl, J. H. (1991) Preventive intervention and outcomes with anxiously attached dyads, *Child Development*, 62, 199-209.

Leedy, P. &Ormrod, J.(2001). *Practical research: Planning and design* (7th ed.). Upper Saddle River, NJ: Merrill Prentice Hall. Thousand Oaks: SAGE Publications.

Lincoln, Y.S. &Guba, E.G.(1985) *Naturalistic Inquiry*. Newbury Park, CA: Sage Publications.

Mandarino (2014).Transitional-age youths: Barriers to accessing adult mental health services and the changing definition of adolescence. *Journal of Human Behavior in the Social Environment,* DOI: 10.1080/10911359.2013.835760.

Murray, J., Bradley, H., Craigie, W. A., & Onions, C. T. (1989).*Oxford English dictionary*. Oxford: Oxford University Press.

Macnee, L. C., & McCabe, S. (2008). Understanding nursing research: Using research evidence-based practice. Philadelphia, PA: Lippincott Williams & Wilkins.

Ministry of Women, Children, and Youth Affairs (2009).*National Guidelines for the Alternative Care of Children*. Addis Ababa, Ethiopia.

Marshall, C., &Rossman, G. B. (1989).*Designing qualitative research*: Newbury Park, CA: Sage.

Mendes, P., &Moslehuddin, B. (2004) 'Graduating from the Child Welfare System: A Comparison of the UK and Australian Leaving Care Debates'. *International Journal of Social Welfare*, 13, 4, 332-339.

Murdock, G.P., (1949), *Social structure*. The MacMillan Company, New York.

Martin, Pearl Y. & Jackson, S. (2002) 'Educational Success for Children in Public Care: Advice from a Group of High Achievers'. *Journal of Child and Family Social Work,* 7, 2,121-130.

Martyn,.D.(2003*). The good research guide for small-scale social research projects*.(2nd ed.)Open University Press: Philadelphia.

Manso, F,.K. (2012). Preparation for Young People Leaving Care: The Case of SOS Children's Village, Ghana, *Journal of Child Care in Practice*, 18:4, 341-356.

Manso, F.(2015).The social support networks of care leavers from a children's village in Ghana: formal and informal supports. *Journal of child and Family Social work*doi:10.1111/cfs.12218

Merriam, S. B. (1998). *Qualitative research and case study applications in education*. San Francisco: Jossey-Bass.

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

Maxwell (2004).Conceptual Framework What Do You Think Is Going On?

McDaniel, M., Courtney, M.E., Pergamit, M.R., and Lowenstein, C. (2014) Preparing for a "Next Generation" Evaluation of Independent Living Programs for Youth in Foster Care. Urban institute

Nienstein, L. (2009). *Handbook of adolescent healthcare.* Philadelphia, PA: Lipppincott, Williams & Wilkins.

NASW.(2005). Code of Ethics. National Association of Social Workers (NSAW), USA.

Orme, J. (1998). Special Issue on Gender Issues: *British Journal of Social Work*, Vol. 28, No. 4, pp. 615-622.

Organization for African Union(1990).African Charter on the Rights and Welfare of the Child.

Pinkerton, J., &McCrea, R. (1999). Meeting the challenge? Young people leaving care in Northern Ireland. Aldershot: Ashgate.

Patton, M. Q. (1990). *Qualitative research and evaluation methods* (2nd ed.). NewburyPark, CA: Sage.

Perry, D. (2000).Case Studies for Software Engineering.

Palinkas, L. A, Hoagwood, K., Green, C. A, Wisdom, J. P, &Duan, N. (2015) purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Journal of administration policy mental health*, 42,533–544

Pamhidzayi (2016): Preparing for successful transitions beyond institutional care in Zimbabwe: adolescent girls' perspectives and program needs, *Child Care in Practice*, DOI: 10.1080/13575279.2016.1215291

Paul , M., Charles, D., and Kristen, U.(2006) Independent living programs for young people leaving the care system: The state of the evidence *Children and Youth Services Review 28 (2006) 1435–1448*

Retrack (2012).*De-institutionalization of street children in Addis Ababa,* Ethiopia.

Rawan, W. and David, H. (2011) The experience of Jordanian care leavers making the transition from residential care to adulthood: The influence of a patriarchal and collectivist culture *Children and Youth Services Review*, 33, 2469–2474

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

Smyke, A. T., &Zeanah, C. H.(1999).*Disturbances of attachment interview*. Unpublished manuscript.

Spitz, R. (1945).Hospitalism: An inquiry into the genesis of psychiatric conditions in early childhood. *Psychoanalytic Study of the Child, 1*, 53 – 74.

Settersten &Ray (2010).What's going on with Young people today? The long and twisting path to adulthood. *The future of children*,20(1).

SOS Children's Village International (2010).Ageing out of care: From care to adulthood in European and Central Asian societies

Stake, R. E. (2008). Qualitative case studies. In N. K. Denzin, &Lincoln, Y. S. (Eds.), *Strategies of qualitative inquiry* (pp. 119-149). Los Angeles: Sage.

Stein, M. (2004) *What Works for Young People Leaving Care*? Barkingside: Barnado's.

Stein, M. (2006). Young people aging out of care: The poverty of theory. *Journal of Children and Youth Services Review* 28 (2006) 422– 434.

Stein, M.(2015) Housing Options and Care Leavers: Improving Outcomes into Adulthood.

Stein, M & Morris, M. (2010).*Increasing the number of care leavers in 'settled, safe accommodation': Vulnerable children knowledge review*. Centre for Excellence and Outcomes in Children and Young People's Services (C4EO): London.

Stein, M. (2010).*Increasing the number of care leavers in 'settled, safe accommodation.* Knowledge Review 3. London: C4EO.

Stein, M., & Carey, K.(1986). Leaving care. Oxford: Basil Blackwell.

Stein, M. (2002) 'Leaving Care'. In D. Mc Neish, T. Newman, and H. Roberts (eds.) What Works for Children? Buckingham: Open University Press.

Stein, M. (1997) What Works in Leaving Care? Barkingside: Barnardos.

Steinberg, L. (2002). *Adolescence* (6th ed.). Boston, MA: McGraw Hill.

Steinberg, L. (2014). *Age of opportunity: Lessons from the new science of adolescence.* Boston, MA: Houghton Mifflin Harcourt.

Sonia, J., and Cameron, C.(2012) Leaving care: Looking ahead and aiming higher *Children and Youth Services Review* (34) 1107–1114

Shaffer, D. R., & Kipp, K. (2010). *Developmental psychology: Childhood and adolescence* (8th ed.). Belmont, CA: Wadsworth Cengage Learning.

Scottish Government. (2013a). *Housing Options Protocols for Care Leavers: Guidance for Corporate Parents: Improving Housing and Accommodation Outcomes from Scotland's Care Leavers.* Edinburgh: Scottish Government.

http://www.gov.scot/Resource/0043/00435939.pdf

Scottish Government. (2013b). *Staying Put Scotland: Providing care leavers with connectedness and belonging.* Edinburgh: Scottish Government.

http://www.scotland.gov.uk/Resource/0043/00435935.pdf

Scottish Government. (2014). *Children and Young People (Scotland) Act 2014.* Edinburgh: Scottish Government.

http://www.legislation.gov.uk/asp/2014/8/pdfs/asp_20140008_en.pdf

Thakkar, A., Mepukori, D., Henschel, K., & Tran, T.(2015)Understanding attachment patterns among orphans in residential care homes in New Delhi, India.

Tolfree, D. (1995). Roots and roofs: The care of separated children in developing countries. London: Save the Children Fund.

Tsegaye Chernet (2001, April 26). Overview of services for orphans and vulnerable children in Ethiopia. Retrieved from

http://www.crin.org/docs/Overview%20of%20Services%20for%20OVC%20in%20Ethiopia.pdf

Tuhinul (2012) Residential Childcare: The Experiences of Young People in Bangladesh (Doctor al Dissertation: The University of Edinburgh)

TAYSF(2014). *Policies and priorities for transitional age youth: Vision and goals 2014-2016.* Retrieved from

http://www.taysf.org/wpcontent/uploads/2014/03/TAYSF_PolicyPrioritiesdoc.pdf

United Nations General Assembly/Human Rights Council. *Guidelines for the Alternative Care of Children*. A/Res/64/142 February 24, 2010. United Nations, NY. Retrieved April 21, 2010 from http://www.unicef.org/protection/files/100407-UNGA-Res-64-142.en.pdf.

United Nation (1989).Convention on the Rights of a Child.

USDHHS (2015).Adolescent and young adult health program. Retrieved fromhttp://mchb.hrsa.gov/programs/adolescents/.

U. S. Department of Health and Human Services. (2006). *Child welfare outcomes 2003-2006:Report to congress* [Electronic version]. Retrieved from http://www.acf.hhs.gov/programs/cb/pubs/cwo03-06/

UK. Access All Areas policy Initiative (2012) on young people's journey from Care to adulthood.

WHO(2015).Adolescent health. Retrieved frohttp://www.who.int/topics/adolescent_health/en/

Williamson, J. (2004). *A family is for a lifetime—A discussion of the need for family care for children impacted by HIV/AIDS*. Washington, DC: TheSynergy Project. Retrieved from http://www.crin.org/docs/AFamilyFor ALifetimeVersion_1March04.pdf.

Workye Tsige.(2015). *Psychological wellbeing between institutional and non institutional orphan children in Addis Ababa* (Master thesis, Addis Ababa University)

Wolkind, S. N. (1974).The components of ''affectionless psychopathy'' in institutionalized children. *Journal of Child Psychology and Psychiatry*, *15*, 215 – 220.

Wade, J. (1997) 'Developing Leaving Care Services: Tapping the Potential of Foster Carers'. *Journal of Adoption and Fostering*, 21, 3, 40-49.

Wiseman, E. N. (2008). Ready or not: Youth aging out of care. *Relational Child & Youth Care Practice, 21*(3),15-26.

Yin, R.K(2004).Case study methods. COSMOS Corporation.

Yin, R. K. (2009).*Case study research design and methods* (4th ed.). Los Angles: Sage Plc.

Zeanah , C., Smyke, A., & Koga, S. (2005). Attachment in institutionalized and community children in Romania. *Child Development, 76*(5), 1015-1028.

Annexes

Annex A: Informed Consent Form

Information about the researcher, the research title, objective of the research, participation, interview process, benefits and possible discomfort of participation, and protecting confidentiality and privacy of participants is made available in written consent form as follows.

The Researcher

My name is Anduamlak Molla. I am second year Masters Student at Addis Ababa University, School of Social Work in Addis Ababa, Ethiopia. I am conducting this research in partial fulfillment of the requirements for a Master of Social Work (MSW) in Social Work, Children, Youth& Family Concentration.

Research Title

Transitioning to Adulthood: Examining Aging out of Care Experiences of Adolescent Girls in Addis Ababa, the Case of Kechene Female Children and Youth Institutional Child Care and Rehabilitation Center, Ethiopia

Objective of the Research

The objective of this study is to examine, describe, interpret and understand the ageing out of care experiences of adolescent girls who are preparing to independence and who had already exited from Kechene Female Children and Youth Institutional Child Care and Rehabilitation Center in the year 20015-2017. The study will focuses on describing availability of independent living programs in the institution, adolescent girls sense of readiness to exit from care, nature of socialization for their preparation to adulthood, pre and after care experiences, exit requirements of the institution, and nature support provided and needed to make adolescent girls re integration to their communities.

Participation

Participation in this research is voluntary and participants have the right to skip some questions which they think unpleasant. Participants have also the right to with draw from participating in the study at any time for their own reasons and withdrawal has no any negative consequence on part of their life.

Interview Process

After guaranteeing their written informed consents, participants will take part in face-to face interviews conducted by the researcher, and they will be asked about their ageing out of care experiences in the study period.

Benefits

The type of benefits that the research participants are expected to gain is as follows. Participants may gain an opportunity to vent their deep rooted feelings associated with their care experiences which can heal them in the course of their catharsis action. Again, their participation in the study will contribute to the existing knowledge gap about the phenomena of care leaving which in turn serve as a means of advocacy for their friends who are experiencing similar care provision. Apart from these, participants will get an intrinsic satisfaction in their participation and contribution to the research.

Possible Discomfort

Participating in this research does not cause any harm to the participants. Perhaps participants will feel uneasiness such as sorrow, regret, fear, and irritation when they recount their experiences in care and after care.

Confidentiality and Privacy Protection

To ensure confidentiality and protect participants' privacy tape-recorded interviews, field notes and transcriptions will be kept in a place that assures its security. These documents will be given code numbers and they will be accessible only to the researcher. Any information that gives clue to identify participants will be altered, and pseudonyms will be used to protect the confidentiality of participants.

Checking Documents

Participants will have full authority to check tape-recorded interviews and make reflections

Disseminating Research Report

Research participants will be told that the final research report will be presented to the School of Social Work, Addis Ababa University, and the study results may be presented in the seminars and conferences and published in academic journals.

Permission to use Voice recorder

Participants will be asked to give permission whether tape recording of their interviews is possible or not.

Confirmation

If you are willing to participate in this study, please sign two copies of this informed consent form and return one copy to the researcher and keep the other copy with you.

Participant's Name _____ Signature _____ Date_____

Researcher's Name _____Signature _____Date_____

If you have any clarity issues, you can reach me on +251-0918294195

Thank you in advance for your cooperation to participate in this research!

Annex B: Socio-demographic Information of Participants

Participant Characteristics of Adolescent Girls who are expected to Leave Institutional Care

1. Sex Male -------- Female-------
2. Age----------
3. Place of birth----------
4. Place of living----------
5. Total years in institutional care prior to age 18----------
6. Highest level of education------
7. Employment status-------
8. Monthly personal income----------

Family Back ground

9. With whom are you living currently? ----------
10. Do you have contact with your birth family? If so,with whom? If not, why? ----------

Annex C: Interview Guide for Adolescent Girls Who Are Expected To Leave Institutional Care

I. Independent Living Program

1. What types of program are there in your institution for adolescent girls like you to lead an adult life?

- Have you ever got training in relation to independent living skills from the institution? If yes what are they? When were you received?

- How do you see the training on independent living pertinent to your preparation for after care life?
- Is there any after care support?
- Is there any exit plan for adolescent girls who are expected to leave care?

II. Readiness

1.How do you perceive your readiness to exit from institutional care?

III. Experience Pertinent to Support

1. Who is helping you in the process of leaving institutional child care?
2. Do you have social network that would be potential resource for your reintegration with outside community?

- Can you mention someone you rely-on when you need support?

3. Have you got support from the institution? If yes, what kind? If no, why for?
4. What type of support you feel is necessary when you leave institutional care?
5. Would you share with me your memories of living in the institution?
6. Would you tell me your future relationship with your institution?

IV. Experience pertinent to Education, Employment, Housing, and Relationship Affairs

1. Tell me about your education?

- Are you learning your education or interrupting?

2. Would you tell me about your experience regarding any job?

3. Where are you residing right now?

4. Tell me about relationship issues (meaning do you have boy friend, fiancé or?)

V. Socialization

1. How do you evaluate the type of care you received from your care giver?

- Are they supportive to your journey of independence or not? Why?
- Would you tell me the nature of social interaction you have with your age- mates?

2. Do you know the roles of an adult person? If yes what are they? If not, why?

3. Would you explain the nature of socialization you received in terms of your future role as an adult?

VI. Ageing out of Care Rules

1. Can you tell me about rules associated with termination of care?

- In what circumstance does the institution terminates its service to a child once he/she is admitted by the institution?
- At what age do adolescent girls know about exiting from care?
- Who initiates leaving care? The institution or the adolescent girls? Why?
- What are the rights of adolescent girls who are leaving care?

Annex D: Participant Characteristics of Adolescent Girls Who Had Left Institutional Care

1. Sex Male -------- Female-------

2. Age----------

3. Total years in institutional care prior to age 18----------

4. Number of years since discharge from institutional care----------

5. Place of birth

6. Place of birth

7. Highest level of education------

8. Employment status-------

9. Monthly personal income----------

Family Back ground

10. With whom are you living currently? ----------

11. Do you have contact with your birth family? If so, with whom?If not why? ----------

Annex E: Interview Guide for Adolescent Girls Who Had Left Institutional Care

I. Independent Living Program

1. Are there programs which are intended to prepare adolescent girls for later independent living in the institution?
    - If yes, what types of programs are available in the institution? If not, Why?
    - Have you ever got training in relation to independent living skills from the institution? If yes what are they? When were you received?
    - How do you see the training on independent living pertinent to your preparation for after care life?
    - Is there any after care support?
    - Is there any exit plan for adolescent girls who are expected to leave care?

II. Readiness

1. Please tell me about your life just prior to aging out of institutional care?

2. What was your perceived level of preparation for aging out of institutional care?

3. How do you explain your expectation prior to leaving care and the reality you have faced now?

- Have you noticed expectation discrepancy? If yes, why? If not why?

III. Socialization

1. Do you feel you have reached adulthood? Please explain why? Or why not?

2. What role do you think an adult can play?

3. Have you ever got the chance to learn adult roles in the institution you raised?

- If yes, where did you learn it? Who teaches you?
- How do you evaluate the type of care you received from your care giver?
- Are they supportive to your journey of independence or not? Why?
- Would you tell me the nature of social interaction you have with your age- mates?

IV. Experience Pertinent to Support

1. Tell me about the support you experienced?

2. Do you get support from the institution after you had left it?

- If yes, please mention the kind of support you are receiving? If not please explain why it is so?
- Did you obtain support from your biological parents, grandparents, siblings, or other relatives during your transition into independent living? If so, please describe.

3. Who was helpful to you during the transition from institutional care to independence and why?

V. Experience pertinent to Education, Employment, Housing, and Relationship Affairs

Tell me about your experience pertinent to:

- Your education,
- Employment, housing, income, relationship issues after leaving care?

VI. Ageing out of Care Rules

1. Can you tell me about ageing out of institutional care?

2. At what age you have got information about the need to prepare yourself to leave care?

3. What exit plan mechanisms you have passed through to emancipate from institutional care?

4. Who initiated the plan to leave care? If you were,why? If you were not who else?

5. Have you got the chance to participate in your exit plan? If yes, in what way? If not, why?

6.Is there any criteria for ageing out of care?

Closing Question:

- Is there anything else you can tell me about (situation or topic) that would help me better understand that experience or how you felt?
- Are there questions I have not asked or topics not addressed that would help me understand your experience in aging out of institutional care?

Annex F: Interview Guide Regarding Existence of Independent Living Program in the Institution (For staff of the institution and the Bureau)

1. Are there programs which are intended to prepare adolescent girls for later independent living in the institution?

- If yes, what types of programs are available in the institution? If not, Why?
- Do programs distinctively designed for those adolescent girls expected to leave care and who had already left care?
- If yes, what are the components of your institution's independent living program for both adolescent girls? I f not, why?

2. At what age do adolescent girls expected to prepare themselves for leaving institutional care? Why?
3. Does your institution has exit plan for those adolescent girls who are expected to leave institutional care?

- How do you explain your institution's exit plan?

- Do adolescent girls have saying on their own future life plan?

4. What are the institution's requirements for adolescent girls ageing out of care?
5. How do you assess adolescent girls' readiness for leaving institutional care?
6. What are the rights of adolescent girls who are expected to leave care and who had already left institutional care?
7. What looks like the institution's obligation to look-after adolescent girls who have been clients of the institution?
8. Tell me about the nature of relationship between adolescent girls who had left care and the institution?
9. Does the institution know the where about of adolescent girls who had left care?
10. Is there a mechanism that enables adolescent girls who had left care to reunite again as the institution's child?
11. Tell me about the existence of data recording system in the institution on adolescent girls who had left care?
12. Does your institution provide after care support for those adolescent girls who had left care? If yes, what are they? If not why?
13. What type of socialization is an adolescent girl received in order to function independently when they reintegrated in to the community?
14. Have you ever conducted research on the status of adolescent girls who have aged out of institutional care? If yes, when and what was the result? If not why?

Annex G: Observation Checklist

1. Physical setting of Kechene Female Children and youth institutional child care
2. Existing physical facilities for adolescents independent living program in the institutions' compound
3. Nature of interaction between adolescent girls and care givers in the institution and community in which those adolescent girls who had left care reside in
4. Nature of interaction among adolescent girls themselves
5. Adolescent girls living conditions, dormitories, and housing conditions in the institution and housing conditions of those adolescent girls who had already exited from care

Annex H: FGD Guiding Questions for Care givers

1. Would you tell me about yourself?
2. How do you explain being a mother/ a care giver?
3. Where did you get the skill of care giving?

- Do you get training?

4. What type of care giving style is practicing here in the institution?
5. What looks like the nature of interaction between you and the children you are caring for?
6. How do you explain parenting skill in order to make adolescent girls capable of doing things for themselves?
    - What types of skills are necessary for adolescent girls to play an adult role when they exit from care?
7. How do you explain your nature of involvement in adolescent girls' preparation for independence?

8. What type of support you are providing for those adolescent girls who are in their way to leave care and who had already left care?
9. How do you know whether a particular adolescent girl is ready to leave care or not?
10. Is there a mechanism in the institution/village to have your saying regarding the competent nature of a particular adolescent girl to exit from care?
11. Do you have contact with those adolescent girls who had exited from care?

Annex I: Key Informant Interview Guide

1. When was the institution established?

- Who founded it and for what purpose it was originally established?
- Who was the institution's client? Who are served by the institution now?
- To whom is the institution is responsible?

2. What types of services are rendered by the institution?

- What looks like the admission process?

3. What type of independent living programs are available for adolescent girls who are still in care and who had left care?
4. What types of transition steps are available for adolescent girls who have reached the age of majority?
5. How do you explain adolescent girls' participation concerning their ageing out of care plan?
6. How do you see the institution's effort in addressing the needs of adolescent girls who are leaving care and who had aged out of care?
7. How do you evaluate the institution's effort in preparing adolescent girls to become independent adult?

8. How do you explain the community's reaction towards adolescent girls who have history of institutional child care?

Annex J: Document Review

- International and national policy/law/program/guideline documents for Institutional Child Care Leavers
- Country report concerning Ethiopian Institutional Child Care Leavers
- Addis Ababa City Bureau of Women and Children reports concerning Institutional Child Care Leavers
- Kechene Female Children and Youth Institutional Child care and Rehabilitation Center reports on preparation and ageing out of care issues of adolescent girls

አዲስአበባዩኒቨርስቲ

የሶሻልወርክት/ቤት

አባሪሀ.የጥናቱተሳታፊዎችፈቃደኝነትመጠየቂያቅፅ

በዚህቅፅስለአጥኒው፣ስለጥናቱዓላማ፣በጥናቱስለመሳተፍ፣ስለጥናቱየቃለ-መጠይቅሂደት፣ጥናቱለተሳታፊዎቹስለሚሰጠውጥቅም፣በጥናቱለሚሰተፉአካላትስለሚያመጣውጫ እንዲሁምበጥናቱለሚሳተፉአካላትስለሚሰጠትመረጃእንዲሁምማንነትሚስጥርአጠባበቅእናከለላ በፁሑፍይብራራል፡፡

ጥናቱንስለሚያካሂደውአካል

ስሜአንዱአምላክሞላይባላል፡፡በአዲስአበባዩኒቨርስቲየሶሻልወርክት/ትየሁለተኛዓመት የሁለተኛዲግሪተማሪነኝ፡፡ይህንጥናትየማጠናውሁለተኛዲግሪበሶሻልወርክልዩስሙ “የህፃናት፤ወጣቶችናየቤተሰብት/ት” ለማግኘትየመመረቂያፁሑፍለመስራትነው፡፡

የጥናቱርዕስ

የዚህጥናትርዕስ

“ወደአዋቂነትመሸጋገር፣የአፍላሴቶችበህፃናትማሳደጊያያላቸውየእንክብካቤልምድንመዳሰስ ”

ሲሆንጥናቱየሚጠናውብአዲስአበባከተማአስተዳደርባለየህፃናትማሳደጊያተቋምነው፡፡ስመቃቀ ጩሄየሴትህፃናትናወጣቶችእንክብካቤናተሃድሶይባላል፡፡

የጥናቱዓላማ

የዚህጥናትአላማየአፍላሴቶችንከተቋምወደአዋቂነት (ራስንመቻል) መሸጋገርያላቸውንልምድለመዳሰስ፣ለመግለፅ፣ለመተርጎምናለመረዳትየታሰበነው፡፡ጥናቱምየ ሚያጠናቸውአካላትአፍላሴቶችከማሳደጊያተቋመክ 2007-2009

ዓ/ምየአገልግሎትዘመናቸውንጨርሰውራሳቸውንበማስተዳደርላይያሉናበ 2009

ዓ/ምከተቋመለመውጣትበዝግጅትላይያሉአፍላሴቶችንነው፡፡

ጥናቱምለነ ዚህአፍላሴቶችራሳቸውን የ ሚያስችል “ራስን ማስቻል” የ ሚልፕሮግራምበ ተቋመ/ መኖሩን ፣ በቆዩ በትጊዜገኑኙትን ክህሎት ፣ ከ ተቋመለ መውጣትያሉትሂደቶችና ቅድመ - ሁኔ ታዎችና ተቋመለነ ዚህሴቶችየ ሚሰጠውድጋፍን ይዳስሳል ፡ ፡

በ ጥናቱስለ መሳ ተፍ

ተሳ ታፎበ ጥናቱተሳ ታፊዎችመሉፈ ቃደኝነ ትላ ይየ ተመሰ ረ ተሲሆን የ ጥናቱተሳ ታፊዎችያ ልተመቻ ቸውን ጥያ ቄየ ማለ ፍእን ዲሁምበ ማን ኛውምጊ ዜክ ጥናቱተሳ ታፊነ ትየ መውጣትመብታቸውየ ተጠበ ቀነ ው ፡ ፡

የ መጠይቅሂደት

ይህ ጥና ትየ ሚካሄደውየ ተሳ ታፊዎችን መሉፈ ቃደኝነ ትክተገ ኘበ ኋላ ሲሆን መጠይቁምየ ሚከ ናወነ ውአ ጥኒ ውና የ ጥናቱተሳ ታፊዎችፊትለ ፊትበ መገ ና ኘትነ ው። ፡ የ ጥናቱተሳ ታፊዎችምበ ተቋመክ መውጣ ትና ከ ወጠበ ኋላ ያላቸውን ልምድእን ዲያ ካፍሉይጠየ ቃሉ ፡ ፡

የ ጥናቱጥቅም

በ ዚህ ጥና ትየ ሚሳ ተፉየ ጥናቱአ ካላ ትስለ ራሳ ቸውየ ተቋምቆ ይታእ ና ወደ ራስን መቻል መሸጋገ ር ያ ላቸውን አ መለ ካ ከ ትእን ዲሁምልምድላ ላ ወቀ ውየ ማህበ ረሰ ብክ ፍልበ ማሳ ወቅችግሮቻቸውና ጥን ካሬያ ቸውእን ዲታወቁያ ደር ጋል ፡ ፡ በ ተጨማሪ ምለ ሚመለ ከ ተውየ መን ግስ ትአ ካልጉዳያ ቸውትኩረ ትእን ዲያ ገኝእን ዲሁምመሰ ልጓ ደኞቻቸውእ ነ ሱያ ላገ ኙትን እን ክብካቤእን ዲያ ገ ኙእ ነ ሱን በ ተመለ ከ ተለ ሚወ ጣየ መን ግስ ትፓሊሲግብዓ ትለ መሆን ያገ ለ ግላ ል ፡ ፡

የ ጥናቱተጎ ዳኝጉዳት

ጥናቱበ ተሳ ታፊዎችላ ይጉዳ ትአ ያመጣም ፡ ። ነ ገር ግን ተሳ ታፊዎቹየ ራሳ ቸውን ታሪ ክ ና ል ምድሲያ ካፍሉየ መረ በሽ ፣ ያ ለ መረ ጋጋ ትና ደስ ተኛ ያ ለ መሆን ስ ሜት ሊያ ጋጥ ምይችላ ል ፡ ፡ በ መሆኑ ምአ ጥኒ ወእ ን ደየ ሶሻ ልወር ክ ተማሪ ነ ቴየ ተሳ ታፊዎችን ስ ሜት በ ማይጎ ዳ መልኩየ ጥናቱን ሂደ ትየ ሚያ ስ ኬድክ ህሎ ትን እ ከ ታተላ ለ ሁ ፡ ፡

የ ጥና ቱተሳ ታፊ ዎችስ ለ ሚሠጡት መረ ጃ ማስ ጥር አ ጠባ በ ቅና የ ግል ጉዳ ይን ከ ለ ለ አ ሰ ጣጥ በ ተመ ለ ከ ተ

የ ጥና ቱተሳ ታፊ ዎችን መረ ጃ ፣ የ ተሰ በ ሰ በ ባ ቸ ወየ መረ ጃ አ ያ ያ ዝ መሳ ሪ ያ ዎች እ ን ደ ቴ ፕ ሪ ኮ ር ደ ር ፣ የ መስ ክ ላ ይ ማስ ታ ወሻ ና የ ት ር ጉ ምስ ራ ዎች ደ ህ ን ነ ታ ቸ ወ ብ ተ ጠ በ ቀ ቦ ታ የ ሚ ቀ መ ጡ ሲ ሆ ን እ ነ ዚ ህ መረ ጃ ዎች ኮ ድ የ ሚ ሰ ጣ ቸ ውና ከ አ ጥ ኒ ው ው ጭ ሌ ላ አ ካ ል ማ ግ ኘ ት የ ማ ይ ች ል መ ሆ ኑ ፡ ፡ በ ተ ጨ ማ ሪ ም የ ተ ቋ መ ን / የ መ ን ደ ሩ ን ህ ግ ና ደ ን ብ ያ ከ በ ረ ና የ ተ ከ ተ ለ ይ ሆ ና ል ፡ ፡ ጥ ና ቱ ተ ሳ ታ ፊ ዎች ን ማ ን ነ ት የ ሚ ገ ል ፅ መ ረ ጃ የ ሚ ቀ ይ ር የ ሀ ሰ ት ስ ም ም የ ሚ ሠ ጠ ው እ ን ደ ሚ ሆ ን ለ መ ግ ለ ፅ እ ወ ዳ ለ ሁ ፡ ፡

የ ተ ሰ በ ሰ ቡ መ ረ ጃ ዎች ን ስ ለ ማ ግ ና ዘ ብ

የ ጥ ና ቱ ተ ሳ ታ ፊ ዎች በ ጥ ና ቱ ሂ ደ ት ስ ለ ተ ሰ በ ሰ በ ው መ ረ ጃ ና ስ ለ ጥ ና ቱ ው ጤ ት አ ስ ተ ያ የ ት የ መ ስ ጠ ት ና እ ር ም ት እ ን ዲ ደ ረ ግ የ ማ ድ ረ ግ መ ሉ ሙ ብ ት አ ላ ቸ ው ፡ ፡

የ ጥ ና ቱ ሪ ፖ ር ት ስ ለ ማ ሰ ራ ጨ ት

የ ጥ ና ቱ ተ ሳ ታ ፊ ዎች የ ጥ ና ቱ ሪ ፖ ር ት ለ አ ዲ ስ አ በ ባ ዩ ኒ ቨ ር ስ ቲ ሶ ሻ ል ወ ር ክ ት /ቤ ት እ ን ደ ሚ ቀ ር ብ ና እ ን ደ ሚ ታ ተ ም ይ ነ ግ ራ ቸ ዋ ል ፡ ፡

መ ቅ ረ ፀ -ድ ም ፅ ለ መ ጠ ቀ ም ፈ ቃ ድ ስ ለ ማ ግ ኘ ት

የ ጥ ና ቱ ተ ሳ ታ ፊ ዎች መ ቅ ረ ፀ -ድ ም ፅ ስ ለ መ ጠ ቀ ም ወ ይ ም አ ለ መ ጠ ቀ ም ፈ ቃ ደ ኝ ነ ታ ቸ ው ይ ጠ የ ቃ ል ፡ ፡

ማ ረ ጋ ገ ጫ

ለ ዚ ህ ጥ ና ት ተ ሳ ታ ፊ ለ መ ሆ ን ፈ ቃ ደ ኛ ከ ሆ ኑ ከ ዚ ህ በ ታ ች ባ ለ ው ብ ታ ፊ ር ማ ዎ ት ን በ ማ ስ ቀ መ ጥ አ ን ዱ ን ኮ ፒ ለ እ ር ስ ዎ ሌ ላ ው ን ኮ ፒ ደ ግ ሞ ለ አ ጥ ኒ ው ይ መ ል ሱ ፡ ፡

የ ጥ ና ቱ ተ ሳ ታ ፊ ስ ም …….. ፊ ር ማ …….. ቀ ን …….

የ ጥ ና ቱ አ ጥ ኒ ስ ም ……. ፊ ር ማ …….. ቀ ን …….

ግ ል ፅ ያ ል ሆ ነ ል ዎ ነ ገ ር ካ ለ ወ ይ ም አ ጥ ኒ ው ን ማ ግ ኘ ት ቢ ፈ ል ጉ በ +251-0918294195 መ ደ ወ ል ይ ች ላ ሉ ፡ ፡

በ ቅ ድ ሚ ያ ለ ጥ ና ቱ ለ መ ሳ ተ ፍ ስ ለ ተ ባ በ ሩ ኝ ከ ል ብ አ መ ሰ ግ ና ለ ሁ !

አ ባ ሪ ለ . የ ጥ ና ቱ ተ ሳ ታ ፊ ዎ ች ማህ በ ራ ዊ መ ረ ጃ

/ከ ተ ቋ መ ለ መ ውጣ ት በ ዝ ግ ጅ ት ላ ይ ያ ሉ አ ፍ ላ ሴ ቶ ች /በ ተ መ ለ ከ ተ

1. ዖ ታ …….
2. ዕ ድ ሜ ……..
3. የ ት ወ ል ድ ቦ ታ ……
4. አ ሁ ን የ ሚ ኖ ሩ በ ት ቦ ታ…….
5. ከ 18 ዓ መ ት ከ መ መ ላ ቱ በ ፊ ት በ ተ ቋ መ ስ ን ት አ መ ት ቆ የ ሽ …….
6. ከ ፍ ተ ኛ የ ት ም ህ ር ት ደ ረ ጃ …….
7. የ ሥ ራ ሁ ኔ ታ ……..
8. የ ወ ር ገ ቢ ሽ (መ ጠ ኑ ና የ ገ ቢ ም ን ጭ) …….

የ ቤ ተ ሰ ብ ሁ ኔ ታ

9. በ አ ሁ ኑ ሰ ዓ ት ከ ማን ጋ ር ነ ው የ ም ት ኖ ሪ ?
10. ከ ወ ላ ጅ/ ቤ ተ ሰ ቦ ች ሽ ጋ ር የ ቅ ር ብ ግ ን ኙ ነ ት አ ለ ሽ ? አ ዎ ከ ሆ ነ ፣ ከ ማን ጋ ?

    የ ለ ም ከ ሆ ነ ፣ ለ ም ን ?

አ ባ ሪ ሐ . ስ ል ጠ ና ን በ ተ መ ለ ከ ተ ከ ተ ቋ መ ለ መ ውጣ ት በ ዝ ግ ጅ ት ላ ይ ያ ሉ አ ፈ ላ ሴ ቶ ች መ ሪ መ ጠ ይ ቅ

1. ስ ለ ራ ስ ን ች ሎ መ ኖ ር ከ ህ ሎ ት ስ ል ጠ ና ከ ተ ቋ መ አ ግ ኝ ተ ሽ ታ ውቂ ያ ለ ሽ ?አ ዎ ከ ሆ ነ መ ል ስ ሽ ም ን ም ን ና ቸ ው? መ ቼ ነ በ ር ይ ህ ን ን ስ ል ጠ ና የ ወ ሰ ድ ሽ ው?
2. ስ ል ጠ ና ው ን እ ን ዴ ት ታ ይ ዋ ለ ሽ ? ለ ራ ስ ን ች ሎ ለ መ ኖ ር ጠ ቃ ሚ ነ ው ወ ይ ስ ? አ ይ ደ ለ ም? ለ ም ን ?
3. ከ ተ ቋ መ ለ መ ውጣ ት ና ራ ስ ሽ ን ች ለ ሽ ለ መ ኖ ር ያ ለ ሽ ን ዝ ግ ጅ ት እ ን ዴ ት ታ ይ ዋ ለ ሽ ?
4. ተ ቋ መ ን በ መ ል ቀ ቅ ሂ ደ ት ላ ይ የ ሚ ያ ግ ዝ ሽ ማ ን ነ ው?
5. የ ሞ ግ ዚ ቶ ች ን እ ን ክ ብ ካ ቤ እ ን ዴ ት ታ ይ ዋ ለ ሽ ?

    ራ ስ ን ለ መ ቻ ል በ ም ታ ደ ር ጊ ው ዞ ላ ይ አ ጋ ዥ ነ ው ወ ይ ስ አ ይ ደ ለ ም? ለ ም ን ?

6. ከ እ ድ ሜ እ ኩ ያ ዎ ች ሽ ጋ ር ያ ለ ሽ ን ግ ን ኙ ነ ት ብ ት ነ ግ ሪ ኝ ?

7. የ አ ዋ ቂ ሰ ውተ ግ ባ ራ ት ምን ምን እ ን ደ ሆነ ታ ውቂ ያ ለ ሽ ?

   አ ዎ ከ ሆነ መ ል ስ ሽ ምን ምን ና ቸ ው ጥ ቀ ሽ ል ኝ ?

   አ ላ ውቅ ም ከ ሆነ መ ል ስ ሽ ለ ምን እ ን ደ ሆነ ብ ታ ስ ረ ጂ ኝ ?

8. ለ ወ ደ ፊ ት ራ ስ ሽ ን ች ለ ሽ እ ን ድ ት ኖ ሪ በ ተ ቋ መ ያ ገ ኘ ሽ ውአ ስ ተ ዳ ደ ግ ና እ ን ክ ብ ካ ቤ ምን እ ን ደ ሚ

   መ ስ ል ብ ት ገ ል ጫ ል ኝ ?

9. በ ተ ቋ መ መ ሮ ር ን ስ ታ ስ ቢ ት ዝ ታ ዎ ች ሽ ን ብ ታ ካ ፍ ይ ኝ ?

10. ከ ተ ቋ መ ወ ጥ ቶ ራ ሰ ን ቸ ሎ ለ መ ኖ ር መ ሰ ፈ ር ቱ ን ብ ት ን ግ ሪ ኝ ?

11. በ አ ሁ ኑ ሰ ዓ ት ከ ተ ቋ መ ወ ጥ ቶ ለ መ ኖ ር የ ሚ ያ ግ ዝ ሽ ማ ህ በ ራ ዊ ድ ጋ ፍ / የ ሚ ያ ደ ር ግ ሽ አ ካ ል አ ለ ?

12. ከ ተ ቋ መ ስ ት ለ ቂ ምን ዓ ይ ነ ት ድ ጋ ፍ ጠ ቃ ሚ ነ ውብ ለ ሽ ታ ስ ቢ ያ ለ ሽ ?

13. ለ ወ ደ ፊ ት የ አ ን ቺ ና የ ተ ቋ መ ግ ን ኙ ነ ት ምን እ ን ደ ሚ መ ስ ል ል ት ነ ግ ሪ ኝ ት ች ያ ለ ሽ ?

አ ባ ሪ መ. ከ ተ ቋ መ የ ወ ጡ አ ፍ ላ ሴ ቶ ች ን በ ተ መ ለ ከ ተ

1- ዕ ድ ሜ ……..

2- ዕ ድ ሜ ……..

3- 18 ዓ መ ት ከ መ መ ላ ቱ በ ፊ ት በ ተ ቋ መ ያ ሳ ለ ፍ ሽ ወ/ጊ ዚ /ዓ መ ት ……..

4- ከ ተ ቋ መ ከ ወ ያ ሳ ለ ፍ ሽ ወ ዓ መ ት ……..

5- ከ ፍ ተ ኛ ወ የ ት /ት ደ ረ ጃ ……..

6- የ ስ ራ ሁ ኔ ታ ……..

7- የ ወ ር ገ ቢ /መ ጠ ን ና የ ገ ቢ ም ን ጭ/

የ ቤ ተ ሰ ብ ሁ ኔ ታ

8- በ አ ሁ ኑ ሰ ዓ ት ከ ማ ን ጋ ር ነ ው የ ም ት ኖ ሪ ?

9- ከ ወ ላ ጅ/ ቤ ተ ሰ ብ ጋ ር ግ ን ኙ ነ ት አ ለ ሽ ወ ይ ? አ ዎ ከ ሆ ነ ከ ማ ን ጋ ር ?የ ለ ኝ ም ከ ሆ ነ ለ ም ን ?

አ ባ ሪ ሠ. ከ ተ ቋ መ የ ወ ጡ አ ፍ ላ ሴ ቶ ች ን በ ተ መ ለ ከ ተ

1- ስ ለ ከ ተ ቋ ም መ ው ጣ ት ብ ት ነ ግ ሪ ኝ ?

2- ከተቋሙከ መውጣትሽበፊትየነበረሽንህይወትምንእንደሚመስልብትነግሪኝ?

- ከተቋሙከ መውጣትሽበፊትየነበረሽንግምትናአሁንያለሽበትንሁኔታእንዴትታይዋለሽ ?የግምትአለመግጣጠምአስታውሳልሽ?አዎከሆነመልስሽለምን ?

  አይደለምከሆነመልስሽለምን ?

3- ከተቋሙለ መውጣትያለሽየራስሽዝግጅትምን ይመስልነበር ?

4- በምንያህልዕድሜነበርከተቋሙእንደምትወጭተነግሮሽዝግጅትያደረግሽው?

5- ምንአይነትከተቋመየ መውጣትሂደትአልፈሻል ?

6- አዋቂሰው/ራሴንየምችልበት /ደረጃላይደርሻለሁብለሽታስቢያለሽ ?

ለምንእንደሆነብታብራሪልኝ ?

7- አዋቂሰው/ራሱንችሎየ ሚኖርሰውምንኃላፊነ ትአለበት ?

8- በተቋመራሱንችሎለ መኖርየ ሚያስችልት/ትአግኝተሽታውቂያለሽ ?

አዎከሆነ መልስሽየ ትተማርሽ ?ማንስይህንንት/ትአስተማረሽ ?

9- ከተቋሙከ ወጣሽበኋላስለት/ት፣ስራ፣ቤት፣ስለፍቅርግንኙነት፣ገቢሁኔታሽንገሪኝ ?

10- ምንዓይነትእገዛእንዳገኘሽልትነ ግሪኝትችያለሽ ?

11- ከተቋሙከ ወጣሽበኋላከተቋመ/መንደሩእገዛአግኝተሽታውቂያለሽ ?

አዎከሆነ መልስሽተቋመየ ሰጠሽንድጋፍበዝርዝርብታስረጂኝ፣ ፣እገዛአላገኘሁምካልሽም ክንያቱንብታስረጂኝ ?

12- ከወላጅ/ቤተሰቦች/ከህዶችሽወይምከዘመድአዝማዶችሽእገዛአግኝተሽታውቂያለሽወይ ?

አዎከሆነ ብታስረጅኝ ?

13- ከተቋመወደራስንወደመቻልስትሸጋገሪማንነበርእገዛያደረገልሽ ?ለምን ?

14- ከተቋሙለ መውጣትማንነበርሀሳቡንያቀረበው?አንቺከነበርሽለምንሀሳቡንአቀረብሽ ?

አንቺካልነበርሽማንነበርሀሳቡንያቀረበው?

15- ከ ተቋ መለ መውጣት በ ሚደ ረ ገ ውሂ ደ ት የ መሳ ተ ፍ ዕ ድሉ ን አ ግ ኝ ተ ሸ ነ በ ር ?

አ ዎ ከ ሆነ መልስ ሽ በ ምን መልኩ? አ ይ ደ ለ ምከ ሆነ ለ ምን ?

የ መዝ ጊ ያ ጥ ያ ቄ

- ስ ለ ገ ጠመ ሽ ወይ ምስ ለ አ ሳ ለ ፍ ሽ ወ ሁ ኔ ታ በ ደ ን ብ ለ መረ ዳ ት ይ ረ ዳ ኝ ዘ ን ድ የ ምት ነ ግ ሪ ኝ ኩ ዳ ይ አ ለ ?
- በ ቆ ይ ታ ችን ወቅ ት ያ ላ ነ ሳ ኋ ቸ ወ ኩ ዳ ዮ ች አ ሉ? ስ ለ ከ ተ ቋ ም መ ውጣ ት ሽ ኩ ዳ ይ ጋ ር ተ ያ ይ ዞ ?

አ ባ ሪ ረ . በ ተ ቋ መ ራ ስ ን ች ሎ ለ መ ኖ ር የ ሚ ያ ስ ች ል ፕ ሮ ግ ራ ም ስ ለ መ ኖ ሩ የ ቀ ረ በ

1- አ ፍ ላ ሴ ቶ ች ን ራ ሳ ቸ ው ን ች ለ ወ ከ ተ ቋ መ/

ከ ወ ጠ በ ኋ ላ እ ን ዲ ኖ ሩ የ ሚ ያ ስ ች ል ፕ ሮ ግ ራ ም አ ለ ወ ይ ?

- አ ዎ ከ ሆነ መልስ ዎ በ ዝ ር ዝ ር ቢ ያ ስ ረ ዱ ኝ ? የ ለ ምከ ሆነ ለ ምን ?

2- በ ተ ቋ መከ ተ ቋ መለ ወ ጡ ና ለ ሚ ወ ጡ የ ተ ለ ያ ዩ ፕ ሮ ግ ራ ሞ ች አ ሉ ?

- አ ዎ ከ ሆነ መልስ ዎ ምን ምን እ ን ደ ሆ ኑ በ ዝ ር ዝ ር ቢ ያ ስ ረ ዱ ኝ ? የ ለ ምከ ሆነ ለ ምን ?

3- ስ ን ት ዓ መት ሲ ሞ ላ ቸ ው ጎ ው ኢ ፍ ላ ሴ ቶ ች ከ ተ ቋ መ እ ን ዲ ወ ጡ የ ሚ ጠበ ቀ ው?ለ ምን ?

4- ተ ቋ መለ አ ፍ ላ ሴ ቶ ች የ መ ውጫ ቅ ድ አ ለ ወ ይ ?

- የ ተ ቋ መን ከ ተ ቋ መየ መ ውጫ ቅ ድ እ ን ዴ ት ያ ዩ ታ ል ?
- አ ፍ ላ ሴ ቶ ች የ ራ ሳ ቸ ው ን የ ወ ደ ፊ ት ህ ይ ወ ት በ ተ መ ለ ከ ተ ሀ ሳ ብ የ ሚ ሠ ጠ በ ት መ ን ገ ድ አ ለ ?

5 የ ተ ቋ መከ ተ ቋ መየ መ ውጫ መ ስ ፈ ር ቶ ች ምን ምን ና ቸ ው?

6. አ ፍ ላ ሴ ቶ ች ከ ተ ቋ መለ መ ውጣ ት ብ ቁ መ ሆ ና ቸ ው ን በ ምን ነ ወ የ ምታ ው ቁ ት ?
7. ከ ተ ቋ መየ ወ ጡ ና ሊ ወ ጡ የ ተ ዘ ጋ ጁ አ ፍ ላ ሴ ቶ ች ሙ ቢ ት ምን ምን ና ቸ ው?
8. በ ተ ቋ መ እ ን ክ ብ ካ ቤ ስ ር ለ ነ በ ሩ አ ፍ ላ ሴ ቶ ች የ ተ ቋ መ ግ ዴ ታ ምን ይ መ ስ ላ ል ?

እ ሰ ከ ምን ደ ረ ጃ ነ ዉ?

9. ከ ተ ቋ መ ካ ወ ጠ ኦ ፍ ላ ሴ ቶ ች ና በ ተ ቋ መ መ ካ ከ ል ስ ላ ለ ወ ግ ን ኙ ነ ት ምን እ ን ደ ሚ መ ስ ል ቢ ያ ብ ራ ሩ ል ኝ ?
10. ተ ቋ መ ካ ተ ቋ መ ስ ለ ወ ጠ ኦ ፍ ላ ሴ ቶ ች አ ድ ራ ሻ ያ ውቃል ?
11. አ ፍ ላ ሴ ቶ ች ተ ቋ መ ዓ ከ ለ ቀ ቁ በ ኋ ላ እ ን ደ ገ ና የ ሚ ገ ና ኙ በ ት መ ን ገ ድ አ ለ ወ ይ ?
12. በ ተ ቋ መ ካ ተ ቋ መ ሥ ስ ለ ወ ጠ ኦ ፍ ላ ሴ ቶ ች የ ሚ ገ ል ፅ የ መ ረ ጃ አ ያ ያ ዝ ስ ር ዓ ት አ ለ ወ ይ ?

አ ዎ ካ ሉ በ ዝ ር ዝ ር ያ ስ ረ ዱ ኝ የ ለ ምካ ሉ ለ ምን ?

13. ተ ቋ መ ካ ተ ቋ መ ለ ወ ጠ ኦ ፍ ላ ሴ ቶ ች እ ገ ዛ ያ ደ ር ጋ ል ?

አ ዎ ከ ሆ ነ ምን ምን እ ገ ዛ እ ን ደ ሚ ያ ደ ር ግ ቢ ያ ስ ረ ዱ ኝ ?

14. በ ተ ቋ መ ም ን ዓ ይ ነ ት ክ ህ ሎ ት ነ ወ ኢ ፍ ላ ሴ ቶ ች አ ግ ኝ ተ ወ ኖ ሚ ያ ድ ጉ ት ከ ወ ጡ በ ኋ ላ ራ ሳ ቸ ውን እ ን ዲ ች ሉ ለ ማ ድ ረ ግ ?
15. ከ ተ ቋ መ ቧ ወ ጠ ኦ ፍ ላ ሴ ቶ ች ላ ይ ተ ቋ መ ጥ ና ት አ ካ ሂ ዶ ያ ውቃል ? አ ዎ ከ ሆ ነ መ ቼ ነ በ ር ?

ጥ ና ቱ ስ ምን ነ በ ር የ ሚ ያ ሳ የ ው? አ ይ ደ ለ ምከ ሆ ነ ለ ምን ?

አ ባ ሪ ሰ . የ ምልከ ታ ነ ጥ ቦ ች

1- የ ቀ ጨ ሴ ት ህ ፃ ና ት ና ወ ጣ ቶ ች እ ን ክ ብ ካ ቢ ተ ቁ ም የ ተ መ ሰ ረ ተ በ ት ቦ ታ እ ና አ ካ ባ ቢ
2- በ ተ ቋ መ ው ስ ጥ ያ ሉ ራ ስ ን ለ መ ቻ ል የ ሚ ያ ስ ች ል ፕ ሮ ግ ራ ም እ ን ዲ ሁ ም ሌ ሎ ች አ ገ ል ግ ሎ ት ለ መ ስ ጠ ት ያ ሉ ተ ቋ ማ ት
3- በ አ ፍ ላ ሴ ቶ ች ና በ ሞ ግ ዚ ቶ ቻ ቸ ው መ ካ ከ ል እ ን ዲ ሁ ም በ አ ፍ ላ ሴ ቶ ች ና በ ማ/ሰ ቡ መ ካ ከ ል ያ ለ ው ማ ህ በ ራ ዊ መ ስ ተ ጋ ብ ር
4- አ ፍ ላ ሴ ቶ ች እ ር ስ በ ር ሳ ቸ ው ያ ላ ቸ ው ግ ን ኙ ነ ት
5- ከ ተ ቋ መ የ ሚ ወ ጠ ኦ ፍ ላ ሴ ቶ ች የ ሚ ኖ ሩ በ ት የ ቤ ት ሁ ኔ ታ እ ን ዲ ሁ ም የ ወ ጡ ት አ ፍ ላ ሴ ቶ ች የ ቤ ት ሁ ኔ ታ

አ ባ ሪ ሸ . የ መ ወ ያ ያ መ ሪ ነ ጥ ቦ ች / ለ ሞ ግ ዚ ቶ ች

1- ስ ለ ራ ስ ዎ ያ ስ ተ ዋ ወ ቁ ኝ ?

2- እናትነ ትን / ሞግዚትነ ትን እንዴትይገ ልፁታል?

- ሞግዚትነ ትከህሎትን ከየ ትአገ ኙት?
- ስልጠና (ስለ ሞግዚትነ ት) አግኝተውያ ውቃሉወይ?

3- ምን ዓይነ ትየ ልጅአስተዳደግዓይነ ትነ ውብ ተቋመየ ሚዘ ወተረ ው?

4- በእርስዎና በሚያሳድጓቸውልጆችመካከልያለ ውግን ኙነ ትምን ይመስላል?

5- አፍላሴቶችን ራሳቸውን ችለ ወእን ዲኖሩ ሞግዚትነ ትን እንዴትያዩ ታል?

6- አፍላሴቶችከተቋመሲወጡራሳቸውን ችለ ወእን ዲኖሩ ምን ከህሎትያስፈልጋቸዋልብለ ውያስባ ሉ?

7- ከተቋመለ ሚወጡና ለወጡአፍላሴቶችምን ዓይነ ትእገዛያደርጉላቸዋል?

8- አንዲትአፍላሴትከተቋመለ መውጣትብቁመሆኗንናአለ መሆኗንእንዴትያ ውቃሉ?

9- በተቋመስለአንዲትአፍላሴትከተቋመለ መውጣትብቁመሆን አለ መሆን አስተያየ ትየ ሚሠጠበ ት አሰራርአለ?

10- ከተቋመከ ወጡአፍላሴቶችጋርግን ኙነ ትአለዎት? አግኝተዋቸውያ ውቃሉ?

አባሪቀ.አብይየ መረጃአካላትመጠየ ቂያነ ጥቦች

1- መቸተቋመእንደተመሰረተይንገ ሩኝ?

- ማን ነበርየ መሰረተው? ለ ምን አላ ማ?
- የ ተቋሙተገ ልጋዬችእነ ማን ነበሩ? አሁን ስተቋመማን ንነ ውእያገ ለገ ለያለ ው?

2- ተቋሙተጠሪነ ቱለ ማን ነ ው?

3- ተቋመየ ሚሠጠውአገ ልግሎትምን ምን ነ ው?

4- ተቋመአገ ልግሎትየ ሚሠጣቸውን ተገ ልጋዮችበ ምን ሂደትነ ውየ ሚቀበ ለ ው?

5- ምን ዓይነ ትራስን የ መቻልፕሮግራምነ ውሊወጡላ ሉአፍላሴቶችና ለወጡአፍላሴቶችየ ሚሠጠው ?

6- ከ 18

ዓመትና ከዛ በላይ ለሞላቸውኣፍላሴቶችምን ዓይነ ትወደአዋቂነ ትየመሸጋገሪያሂደትአሉ?

7- የአፍላሴቶችከተቋመየ መውጣትዕቅድላይያላቸውን ተሳትፎእንዴትይገልፁታል?

8- በተቋመለ ሚያድጉ / ታሪክላላቸውኣፍላሴቶችየ ማህበረሰቡንእይታእንዴትይገልፁታል?

አባሪበ.የመረጃክለሳ

- አለምአቀፍፖሊሲ /ህግ/ፕሮግራም/ ማኑዋልከተቋመየ ሚወጡህፃናትን በተመለከተ
- በኢትዮጵያከህፃናትማሳደጊያየ ሚወጡልጆችን በተመለከተየ ቀረቡሪፖርቶች፣ ጥናቶች ናሌሎችመረጃዎች
- የአዲስአበባከተማአስተዳደርከተቋምስለ ሚወጡልጆችየ ሚገልፅ መረጃ
- የቀጨኔየሴትህፃናትና ወጣቶችእንክብካቤናተሃድሶአፍላሴቶችበተመለከትየ ሚገልፅ መረጃ

አዲስ አበባ ዩኒቨርሲቲ
ADDIS ABABA UNIVERSITY

የሶሻል ወርክ ትምህርት ቤት SCHOOL OF SOCIALWORK

Date: Feb: 28/02/2017

Ref: SSW/181/09/17

To: Kechene Female Children Institutional Child care

Subject: Request for Cooperation

This is to notify that Andualem Molla ID.No. GSR/0898 /09 is MSW student in the regular program of the School of Social Work at Addis Ababa University. As part of his/her academic progress, she/he is now undertaking her/his research on "Exploring Aging out of care experiences of Adolescent Girls in Addis Ababa, the case of Kechene Institutional Child care". To this effect, she/he is collecting data from relevant organization and government agencies. In connection with this, she/he would like to gather pertinent information from your esteemed organization.

We would like to thank you for your cooperation.

Regards,

Ashenafi Hagos (PhD.)
Head, School of Social Work
Addis Ababa University

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