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Level of Psychological Preparedness of Youth Care leavers in Ketchene
and Kolfe Child Care and Rehabilitation Centers, Addis Ababa: Implications for
Rehabilitation Counseling

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This is to certify that the thesis prepared by Selame Demesse entitled Level of Psychological Preparedness of youth care leavers in Ketchene and Kolfe children and Rehabilitation center, Addis Ababa.

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List of Acronyms

FGD:	Focus Group Discussion
HIV/AIDS:	Human Immune Virus
KII:	Key Informant Interview
OVC:	Orphan and Vulnerable Children
UNICEF:	United Nations International Children's Emergency Fund
UNAIDS:	United Nations Programme on HIV and AIDS
FHAPCO:	Federal HIV/AIDS Prevention and Control Office

Abstract

The purpose of this study was to identify the level of psychological preparedness among Youths preparing to leave care from Ketchene and Kolfe child care and rehabilitation center, in Addis Ababa. Data were collected from 128 care leavers (with age range 17- 25 years old) who were preparing to leave care through the psychological preparedness scale, self-esteem, optimism scales, FGD, and KII. Data from the quantitative survey were analyzed using frequency, percentages, mean, standard deviation, Independent t-test, Pearson Correlation, and Multiple Linear Regression. The qualitative data were analyzed using inductive thematic analysis. The results of the study revealed that using the mean value of the psychological preparedness scale, the majority of the care leavers are moderately psychologically prepared. On the other hand, The Multiple Linear Regression result showed that self-esteem and optimism had a positive effect on the psychological preparedness of care leavers. The finding from the Pearson moment correlation revealed a statistically significant positive correlation between Self-esteem, optimism, and psychological preparedness. However, the independent samples t-test revealed that the psychological preparedness of care leavers does not differ in gender. From the analysis of the qualitative data, rehabilitation programs, and psychosocial service, social and institutional experience were identified as the major elements to promote a better psychological preparedness. The researcher, therefore, concluded that self-esteem and optimism have a significant impact on the psychological preparedness of care leavers.

Key words: *Care leavers, Youth, Psychological Preparedness, self-esteem, optimism*

CHAPTER ONE

INTRODUCTION

1.1. Background

Orphaned and vulnerable children are some of developing countries biggest challenges, especially sub-Saharan Africa. The number of orphans in developing countries continues to rise as a result of the pandemic disease (HIV/AIDS). UNAIDS (2010) reported that of the 16.6 million children (aged 0–17) have lost their parents to AIDS, and 14.8 million are in sub-Saharan Africa. Particular to Ethiopia 5.5 million children are categorized as orphans and vulnerable children (OVC). Out of the total child population of Ethiopia almost 12% of them are orphaned children as a result of the death of one or both parents due to HIV/AIDS (Save the Children UK, 2011).

As a result of the declining number of this traditional caring system many orphans were left on their own on the streets and in child-headed households and others entered the formal alternative care system (Adrian & Kwabena, 2019). Generally, over eight million children (aged between 0–18 years) in the world are said to live in institutional, orphanages and children's homes, owned by the government, private individuals, or NGOs (United Nations, 2006). Specific to Ethiopia, an estimated 8,620 children lives in 225 childcare institutions (UNICEF 2013).

According to (FHAPCO, 2010), guideline institutional care system is responsible for providing a nurturing and protective environment for youth in need of care. However, the psychosocial needs of OVC are neglected by institutional care givers and service providers which might have detrimental effects on a child's social, emotional, and cognitive development (Sebsibe, Fekadu & Molalign, 2014).

Aside from this, it is said that children under institutional care have relatively lower concentration and socializing skills, and were often described as attention-seeking (Browne,

2009). These problems can, in turn, be attributed to children with a history of abuse and neglect during infancy/early childhood (Robert et.al, 2006). Furthermore, these children are segregated from the society and experience the outside world only on rare occasions (Browne, 2009). This contributed to the lack of socialization skill and makes their age-out transition difficult.

For individuals under institutional care, the arrangement can become a reliable and suitable home with some stability. Hence this stability tends to end once the youth has reached the age required, by the state or organizational rule, to exit care thus this prerequisite to exit care is known as aging out (Branch, 2017).

Aging out can be described as the termination of the child welfare's legal responsibility to care for the youth. Explicitly, the youth may lose eligibility to receive services (Wiseman, 2008). In essence Arnett (2000) described "age out" as a process that occurs when youth must leave the care system because they were never adopted and they are too old to stay under institutional care. Depending on the regulation of the institution young adults "age out" of the system at either 18 or 25.

This new life stage is a critical period for young people to make decisions about their lives. At this stage many young people explore and make transitions out of the institutional care for the purposes of education, employment, social networks, and relationships (Arnett, 2000). In addition to these features, emerging adults drive out of the child protection system (foster care and residential care) into young adulthood, without family or social supports (Arnett, 2019).

Institutional 'age-out' transition to adulthood is sometimes uncertain and spontaneous, which makes an care leavers' journeys towards independence difficult (Matthews and Sykes, 2012; Rogers, 2011, Takele & Kotecho, 2019; Häggman-Laitila et al. 2018). Compared with their peers in the general population, youth transitioning into adulthood face multiple

challenges. Amongst these challenges most care leavers face poor adjustment outcomes in major areas of their lives such as, employment, housing, and social integration (Adrian and Kwabena, 2019 Takele & Kotecho, 2019; Branch, 2017; Pryce et al. 2016).

Comparatively some individuals can successfully navigate through this transitional period as a result of their personal motivation and individual characteristics such as Self-esteem and optimism they are able to recover from their vulnerabilities and are more resilient and psychologically prepared. (Stein, 2005; Van Breda, 2015; Van Breda & Manso, 2020).

Therefore, this study will examine psychological preparedness of care leavers during age-out transition focusing on factors influencing their psychological preparedness of care leavers.

1.2. Statement of the problem

Every day, many orphans around the world faced with the challenge of making a major transition; the transition after the loss of one's parent, the transition following maltreatment, the transition between permanent homes and caregivers. Such a transition can pull the rug out from under a child's feet and leave the child in a very vulnerable state. To begin with, children living in orphanages are often apprehensive about the prospects of leaving the institution. Moreover, care leavers are uncomfortable with the prospect of venturing into the unknown world. This is because they are uncertain and unprepared about what lies beyond the institution and fear the mysterious.

Most research on this issue provided evidence that irrespective of the type of care, youth transitioning into adulthood face multiple challenges. (Dutta 2017; Melkman 2017; Sulimani-Aidan 2015, Dziro, 2020; Sekibo, 2020; Takele & Kotecho, 2020). These studies have shown that most care-leavers have poor adjustment outcomes on major areas of their lives such as, employment, housing, delinquency, and social integration (Adrian and

Kwabena, 2019; Casey et al. 2010 Sekibo, 2020; Pinkerton, 2011). This indicates most care leavers undergoing transition lack the necessary social, psychological, vocational skill and knowledge that help them to have a smooth transition.

Baker (2017) provided evidence on “care leavers’ views on their transition to adulthood”. These Young adults’ view to leave care varies; for some taking the next steps in life was positive, for others independence came too soon. Some care leavers felt that they had not received enough preparation support: therefore they were not ready to take on the challenges of adult life. They reported that services usually focused on helping them develop practical skills, but too little attention was given to preparing them psychologically.

In particular, there are a number of academic literatures focusing on the experiences of care leavers while in institutional care as well as leaving institutional care. These studies focused on assessing the challenges and outcomes of care leavers yet overlooked the psychological preparedness of care leavers. Additionally, most of the literature regarding the risky behaviors and outcomes of care leavers has focused on discussing the practical challenges (financial, housing and employment) not addressing the factors associated with emotional and psychological preparedness (Branch, 2017). Furthermore, it is recommended to assess the psychological factors associated with leaving care. This is necessary to help and protect emerging adults from encountering negative outcomes as well as to prepare them psychologically for independent living. Thus, this study aims to fill this critical gap and explores the psychological preparedness of care leavers during the transition. This study explores the psychological preparedness of care leaver for independent life in Addis Ababa. Specifically, the following research questions were set for the study:

1.3. Research Questions

1. What is the level of psychological preparedness of youth care leavers preparing to leave institutional care?
2. Does the self-esteem and optimism affect the psychological preparedness of care leavers?
3. Is there a significant difference in psychological preparedness between gender of care leavers?
4. What services do the institution and professionals provide to promote psychological preparedness of care leavers?

1.4. Objectives

This study generally assesses the psychological preparedness of care leavers for independent living in Ketchene and Kolfe children and rehabilitation center, Addis Ababa Ethiopia.

More specifically, this study aims to:

1. Examine the level of psychological preparedness of care leavers
2. To study the impact of self-esteem and optimism on psychological preparedness of care leavers
3. Examine the significant difference between psychological preparedness respective to gender of care leavers
4. Explore the possible institutional and professional services provided to care leavers that could enhance their psychological preparedness.

1.5. Scope

The central aim of this study is to explore the degree of psychological preparedness of care leavers who are preparing to age-out in the coming 1-3 years from Ketchene and Kolfe

child care and rehabilitation center. This study, therefore, aims at examining the factors that contribute to unprepared and unsuccessful age-out transition relative to psychological variables. And this will start by studying those care leavers who are preparing to leave institutional care shortly and live independently in spite of unfavorable institutional environments for their psychological preparedness. As a result, the study will contribute to specific institutional and community-based interventions for care leavers in the Ethiopian cultural context that could be developed.

1.6. Significance of the study

This study will assess the psychological preparedness of care leavers during the age-out transition. As a result, this study will help the concerned bodies such as orphanages, Women and children affairs, care givers, policymakers, schools, governmental and non-governmental organizations work together to strengthen the existing programs in order to increase the psychological preparedness of care leavers during the transition.

This research is important for those involved in therapy and rehabilitation counseling to identify care leavers who are at a low level of psychological preparation to leave care. Therefore, this study helps to develop and improve prevention and intervention methods for orphans in the institutions. The findings of this study could also provide important direction for conducting further research in the areas of psychological preparation of care leavers during the age-out transition.

1.7. Limitation of the study

This study has the following limitations. Primary the present study is only limited to Ketchene and Kolfe institutional care in Addis Ababa whereby it does not cover other child care institutions. Hence, the study cannot be representative of psychological preparedness of all Ethiopian care leavers aging out from institutional care centers. Hence, further researches are needed in order to get the broad picture of Ethiopian care leavers and to design relevant

intervention mechanisms. Besides, there were limited literatures specific to the psychological preparedness of care leavers. Furthermore it was challenging to collect data due to the COVID-19 Pandemic.

1.8. Operational Definition

Institutional care: is an institution that provides temporary or permanent care for orphans which includes orphanages, residential and rehabilitation center. (For the purpose of this study Institutional care also represents child care and rehabilitation center)

Age-out: is a process that occurs when youth must leave the foster care system because they were never adopted and they are too old to stay under institutional care. Depending on the regulation of the orphanage in which they live, young adults in foster care “age out” of the system at either 18 or 25(Arnett, 2000).

Care leaver: A person, typically over 18 years of age, who spent all or part of his or her childhood in residential care (e.g., orphanages, children’s homes or rehabilitation centers), and who are expected to leave the formal alternative care placement (Better Care Network, 2013). (for this research purpose care leavers refers to care leavers whose age are between 17-25 years and who are preparing to leave care)

The term “Care Leavers” and “Age-out youth” has been used interchangeably for the purpose of this research

Youth: those persons between the ages of 17 and 25 are identified as youth

Psychological preparedness: it is a personal processes and capacity for the upcoming life transition, which includes concern, expectation, motivation, emotions, intentions, decision-making and management of one's thought feeling and actions towards independent living.

Self –esteem: is an individual set of thoughts and feelings about his or her own worth and importance, which is positive or negative attitude towards self.

Optimism: is the tendency to expect positive future or outcomes towards independent living.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

This chapter reviews some of the most pertinent literature on young people's transitions from care, both internationally and regionally i.e., Sub-Saharan African and Ethiopia. Of particular importance, is the literature which focuses on the psychological preparedness of young people leaving care.

On numerous occasions, various studies conducted around the world have come to uncover those young adults leaving care cannot adapt to the hazards of society and are regularly exposed to vulnerabilities in multiple areas of their lives (Stein and Dixon, 2006). Interestingly, the effect of this transition has been linked to a myriad of variables. For instance, the individual characteristics of care leavers' perceptions and experiences of their preparedness for independent living are categorized under three main themes; (1) care leavers' skill (Melkman, 2017; Dinisman & Zeira, 2011; Dutta, 2017) (2) identity (Melkman et.al. 2015 (Singer & Berzin 2015) and (3) future plans (Dutta, 2017).

2.1. Concept of Emerging adulthood

Arnett (2000) argues that between the ages of 18 and 25, children reach the so-called "emerging adulthood." This period marks the completion of puberty and entry into to adulthood often marked by educational attainment, employment and economic independence, romantic partnerships, as well as parenthood.

Relatively, the transition from adolescent to adulthood is perceived as a critical stage in a young person's development, since upon reaching this legitimate age they will be given some privileges, responsibilities, and obligations, leave care, join the workforce or potentially advanced education, as well as establish close relationships (Greeson &Thompson, 2014).

This transition period is additionally viewed as a fundamental crossroad for the span of their psychopathology and emotional well-being (Greeson & Thompson, 2014). While it also marks the period whereby issues of self-discovery and experimentation as well as the expression of the self begin to manifest, on the other end of the spectrum, this transition might also come with some adversities mainly, emotional instability (Fosse & Toyokawa, 2016).

Arnett (2015) characterizes age-out under five highlights (1) The Age of Identity Explorations, (2) The Age of Instability, (3) The Age of Self-Focus, (4) The Age of Feeling In-Between, and (5) The Age of Possibilities.

During this period if the transition is unstable, terminated youths have to struggle to stable jobs and earn wages which can cover their essential needs. At the same time, they may end up developing a physiological/emotional trauma due to the discrimination they may confront while taking part in the job market and contending with others. Also, tragically, the combination of these factors is said to make them predisposed to unlawful behavior, homelessness as well as to degenerate their physical and mental well-being (Carmen and Tan, 2018).

2.2. Concept of Youth Age-Out of Care

As indicated by Wiseman (2008) the term "age out" implies the termination of the child's welfare assistance to care for the reason that he/she has reached adulthood. More elaborately, this implies that the youth may end up losing his/her eligibility to receive services. In other words 'Emancipation' is a term used to refer to a youth who 'ages out' of care between the ages of 18 and 21, depending on his/her personal state.

Goodkind et al. (2011) recognize the fact that youths who are "aging out" of the child care system encounter two concurrent transitions; firstly, from the care, assurance, and

supervision of the child care structure to a position of independence, obligation, and commitment and secondly, from childhood to adulthood.

The maximum age at which young people leave care is governed by the legal age of adulthood (18 years) yet some young people leave care earlier than that, either successfully as a matter of course or by choice, they may leave care when they have issues at school or in their placement. This means that they need to find somewhere to live and set themselves up for independent living, look for a job or some means of supporting themselves, and are arranging and restoring relationships with their family and others at the same time and all within a short period (Cashmore & Paxman, 2006).

2.3. Concept of Institutional Care

Every child requires basic needs to develop and grow into a healthy and responsible adult (UNICEF, 2016). The family is vital to a child's healthy development since children require parental love, care, and protection during their early stages of development. This is especially true for the immediate family and environment of a child which is critical in determining how that child develops (The Faith to Action Initiative, 2016). Unfortunately, many children are deprived of parental love and thus are required to settle for the second-best thing; institutional care/ orphanage.

Institutional care is a group living arrangement for many children, without guardians or surrogate parents, where care is provided by a few number of paid adult careers (Browne, 2009). This implies an organized, regular, and impersonal structure of living arrangements for children with a professional affiliation between an adult and child rather than parental relationship.

Globally speaking, over eight million children (aged between 0–18 years) are said to live in institutional care rather than in family-based care settings (United Nations, 2006). In

view of UNICEF (2013) report, in Ethiopia an estimated 8,620 children end up in 225 childcare institutions.

The Ethiopian National Guideline for Alternative Child Care (2009) identifies institutional child care as an establishment by a governmental or non-governmental organization. It provides all adjusted physical and psychosocial care for a group of disadvantaged and vulnerable children in a center. Institutions have fundamental distinct features, such as accommodation and boarding service in the compound; the institution accommodates few children larger than the family care; it is implied uniquely for children to be admitted based on the criteria expressed in the Guidelines.

Thus, it is clear that institutional care is a type of residential care that includes orphanages, children's villages, or other group residential facilities which serve as alternative response mechanisms to the growing number of orphan populations. This approach firstly, may hinder the development of national solutions for orphans and other vulnerable children, and secondly, such institutions, although attractive, support the physical need of OVCs, without meeting their emotional and psychological needs (Children on the brink, 2004).

The primary reasons for children being placed within residential institutions are due to poverty/ economic transition, family breakdown, single parenting, and unemployment (Carter, 2005; Sigal et al., 2003). As such, parents and communities may see institutional care as the only way to meet their children's basic and material needs such as food, shelter, an access to education, as well as other basic services (Browne, 2009). Besides, with regard to a significant number of children who are placed within residential care facilities in developed countries, it is said to be due to abusive and neglectful parenting or the inability to meet their physical and/or psychological needs (Browne, 2009).

Surveys consistently show that 90 percent of children in institutions worldwide have at least one living parent or relative. In many parts of the world, needy families sometimes consider institutional care/ orphanages as an economic-coping mechanism to secure access to services or better material conditions for their children. As a result, institutional care becomes a means to cope with poverty and a growing number of orphan populations (Faith to Action Initiative, 2016; Children on the brink, 2004).

2.4. Theories on transitioning from institutional care

Anghel's (2011) longitudinal study on the process of leaving long term institutional care in Romania demonstrates its similarity with the three-stage transition process proposed by Bridges (2002).

2.3.1. Bridges model

This model features the distinction between change and the psychological process of transition. While on the one hand, change happens to individuals, on the other hand, transition is internal i.e. what occurs inside individuals' minds when they are under change. The main pro of this model is that it revolves around transition, not change per se. Hence, the contrast between these concepts, although significant, is rather modest (Bridges, 2002).

Specifically speaking, change is something that happens to individuals, regardless of the fact that they might disagree with it. Yet, transition is internal thus occurring in one's minds as one experiences change. The former can happen rapidly, and the latter typically takes place gradually (Bridges, 2009).

Bridges categories transition into three distinct phases (1) "Ending," (2) "The Neutral Zone," and (3) "The New Beginning." While transitioning, one goes through each phase at one's

own pace. For instance, those who are 'OK' with the change will probably push forth and rapidly advance to stage three, others may do so much later on (Bridges, 2009).

(1) Ending phase

In this initial stage of transition, people experience loss and feeling left behind. It is often marked by the resistance to change as well as experiences of emotional disturbance like fear, anger, denial confusion, uncertainty, frustration, and a sense of loss. This is granted the fact that they are being forced to let go of something that they are comfortable with and to accept a transition.

(2) The Neutral Zone

The neutral zone is the center of transition where an in-between psychological state the old and the new develops along with their need to adapt to the latter (Bridges, 2009:90). In this stage, people are said to feel confused, vulnerable, uncertain, helpless, and unmotivated. It is also argued that, at this point, proficiency and certainty decline. More elaborately, people may develop resentment towards the change thus also low morale and productivity, fret concerning their role, status, or identity, as well as skepticism about the initiated change (Bridges, 2009:90).

Regardless of these adverse emotional responses, this stage is still likely to be an incredible one marked by development, innovation, and restoration. Thus, it may serve the opportunity to motivate individuals to try out better ways of thinking and/or working.

(3) The New Beginning

Finally, the new beginning phase is described as the period of acceptance, new identity, high energy, as well as openness to learning. More importantly, this is where people tend to build the skills which are necessary for their transition and began witnessing the outcomes of their efforts. This is said to potentially take place if and when the neutral zone is navigated

effectively. Furthermore, if there is a threat in their previous experiences like that of disappointments/failures, it may end up disrupting the new beginning.

This way of understanding transitions is an essential theoretical framework for this study because both the social and psychological transitions are factors that influence the success of the young person's transition. Hence Bridges model contribution was to explain the complexity in the transition process and how the young person experiences different emotions and experiences at different stages.

2.5. Institutional care experience

One of the fundamental characteristics of the institutional life of an orphan is the lack of individualized care, as well as the lack of stable and long-term relationships between a child and a caregiver (Rosas & McCall, 2009). Especially in larger orphanages, it is less likely for children to receive care from a constant caregiver; thus less attention will be given to an individual child's development. Also, children often suffer from neglect which may include the lack of physical resources and unstable staffing patterns. And when it comes to their social and emotional well-being, an inadequate caregiver-child interaction may be one of the major issues that they face (Marinus, 2011).

Children on the Brink (2004) states that, the traditional orphanages which typically have few and disproportionate caregivers are also the ones with a high rise of the developmental risk of orphans. This also implies that institutional life trends to promote dependency and thus discourages autonomy due to the segregation of orphaned children and care leavers by age and sex both from their peers and elders of their community. This, in turn, makes their transition from the institutional setting to positive social integration and self-support quite difficult.

On the other end of the spectrum, Zeanah (2005) elaborates on the effect of institutions and attachment—a child’s ability to bond with a significant caregiver as studied over 136 institutionalized children and 72 children living in the community between the ages of 1 and 3. The study looks at children using ratings of attachment behaviors and caregiver’s descriptions. And it found that children who were raised within institutions showed serious disturbances of attachment thus establishing a correlation between the quality of care giving and a child's ability to form attachments (Zeanah, et.al. 2005).

Recent studies of orphanages in Ethiopia demonstrate the impact of low caregiver-to-child ratios where in the institution it is less likely for children to receive care from a consistent caregiver which focuses on the child's individualized needs. Poor quality of care and the lack of individualized attention can lead not only to health and developmental problems but also to isolation and the lack of identity i.e., the key sense of self that can be established as a result of a healthy and close relationship (The Faith to Action Initiative, 2014).

Another issue raised as a challenge to the healthy development of orphans is the risk of institutionalized care in later life here referring to the age, usually 18, when orphans must leave the orphanage. Yet, these youths (care leavers) are often unprepared for independent life. This, in turn, may result in unemployment, homelessness, conflict with the law, sexual exploitation, poor parenting, an increase in expenses associated with health, education, and legal services that may further incur longer-term costs to the society (Browne, 2009).

Overall, the above discussion has demonstrated that orphans within institutionalized care are affected by (1) developmental risk, (2) caregiver-child ratio, (3) attachment, and (4) the impact of institutional care on later life. And following this, any future study on institutionalized orphans should consider such factors.

2.6. Youth Care leavers Experience

At its very heart, this study zooms-in on the psychological preparedness of young people transitioning out of institutional care, due to having reached the age 18. The transition from institutional care to independent living is called “care leaving” and the young people transitioning to independent living are called “care-leavers” (Van Breda, 2018).

Institutional 'age-out' transition to adulthood is sometimes unexpected and spontaneous, which makes their journey difficult towards independence (Mendes et al. 2011; Takele & Kotecho, 2019; Matthews & Sykes, 2012; Rogers, 2011). Thus, whenever youth age out of the child care system, they are at risk of transitioning without familial or other emotionally supportive networks (Greeson & Thompson, 2014). Along these lines, numerous age-out young people are often said to encounter certain difficulties like, poor school performance, unemployment, homelessness, poor reintegration, engagement in delinquency/offense, and facing unplanned pregnancy (Van Breda, 2014; Dixon and Stein, 2005; Mendes et al., 2011; Takele & Kotecho, 2019; Greeson & Thompson, 2014).

Sekibo's (2019) study particularly adheres to such youth's transition experiences. And it came to demonstrate that after leaving care, the youth's lives were marked by numerous challenges concerning housing, employment, finances, and social integration. This has resulted in inadequate adjustments for an independent life, as a result of their care backgrounds. Yet, some care leavers were still found to be loaded up with strong confidence and optimism, regarding individual and social elements (Sekibo, 2019).

In retrospect, studies conducted in the US demonstrate that terminated youths face several 'rough patches' while experiencing such transition. For instance, it is said that these youths find it hard to interact with the outside world due to the lack of basic social skills. This, in turn, can be seen as the effect of seclusion under institutionalized care. Besides, by

instigating psychological and emotional dependency, institutional care is said to deprive orphaned children of job-hunting and problem-solving skills. As such, during the transition, the youths' life may fall prey to confusion and fear, as well as the inability to meet their basic needs such as jobs and food. This is directly related to the fact that only a negligible amount of terminated youth pursues or completes their tertiary education (Carmen & Tan, 2018; Melanie et.al, 2018).

The main reasons for such pervasive challenges are overt. Primarily, many of the youth have encountered and/or are still recovering from extensive physical, sexual, or psychological mistreatment or neglect before entering care. Likewise, many young people have faced inadequate care including the low quality and inconsistency of caregivers, as well as continuous shifts of placement, schools, and workers. Additionally, many care leavers have a few or almost none immediate families or social support/ network which would have facilitated their transition to an independent life (Mendes et al. 2011).

Despite such adversities/challenges care leavers face, studies conducted in Israel equally demonstrate, among other groups, their successful (positive) transition to an independent life. Zeira & Benbenishty's (2008) findings also demonstrated that a couple of years after leaving care, the young people's adjustment per a myriad of life domains, was very certain and positive. However, the researchers emphasized that, according to the results, there was one young adult's group, mostly young people of an Ethiopian origin, whose condition was less acceptable and demonstrated a poor transitioning outcome.

As such, upon their exit, orphaned adolescents are expected to adjust to an independent lifestyle right away (Stein, 2005). This also requires them to adopt certain new responsibilities and face life's challenges head-on. Therefore, one can argue that they step into shoes that are both oversized and uncomfortable. With this, it becomes clear that the

overemphasis on the independent living of existing youth is quite unrealistic since their non-orphaned fellows are not expected to do the same as well as to abandon their support system (Melanie et.al, 2018).

Having said that, it becomes obvious that forced exit of orphaned children aggravates their already vulnerable position. To begin with, it could force children to make paramount mental and emotional adjustments to deal with the hurdles of the outside world. This, in turn, could snatch them of their childhood, potentially leading them to emotional and mental instabilities in later life. More so, forced exit gears the focus of exiting children solely on challenges. However, since these children are rarely given the appropriate tools that could help them to solve problems while in care, their attempts to face and curb challenges during forced exit often turns futile and produce negligible results compared to their non-orphaned peers (Melanie et.al, 2018).

As a result, premature emancipation (age-out) could have adverse consequences on the overall development of children and their happiness as well as efficacy in their later lives. In this sense, it is advisable to leave orphaned children in care for an extended time to see to the development of happy and healthy children as well as adults (Melanie et.al, 2018). This is also, in tune, with Melanie et.al (2018) findings which illustrate the correlation between extended care and the increased likelihood of securing a job, pursuing higher education and earning, as well as demonstrating less dependency on public assistance.

More so, Mendes, (2011) recommends that transition itself should be less accelerated, and rather should be gradual and adaptable cycle depending on their levels of development, maturity, and skill advancement, instead of just age. The writer argued that every individual has extraordinary and myriad prerequisites for transitioning from receiving care towards independence.

2.7. Preparedness to leave institutional care

Preparedness for an independent life encompasses a variety of abilities, knowledge, and skills. Yet, studies have identified two basic skills/abilities that are most vital (Westat Inc., 1986; Nollan et al., 2000). These abilities are (1) tangible or resource skills which incorporate resource management, training, education, employment, housing, and consumer skills and (2) intangible/soft skills which are required for the regular day-to-day living such as in problem-solving, planning, decision-making, communication, self-esteem and social skills (Iglehart, 1994).

Such skills are expected of all youths in order to make a successful transition to adulthood. And children who grow up within residential facilities need extra groundwork for independent living tasks and responsibilities. Additionally, supporting care leavers in such acquired skills improves as well as provides them with the resources required to meet upcoming challenges (Zeira & Benbenishty, 2011).

Care providers should start the preparation for care leavers early and long before the arranged date of release; advance the engagement of youth care leavers in the preparation/planning phase; then facilitate independent life skills training designed according to individual need including additional support for those with behavioral or substance abuse issues; and develop a detailed care leaving plan that incorporates all round arrangements, as well as a continuous cycle of assessment and follow up (Mendes, 2011).

Many studies categorize care leavers' perceptions and experiences of their preparedness for independent living into three main themes i.e., care leavers' skills (Melkman, 2017; Dinisman & Zeira, 2011; Dutta, 2017) identity (Melkman et.al., 2015; Singer & Berzin, 2015), and future plans (Dutta, 2017).

Adhering to such categories, Iglehart's (1994) indicates various factors that contribute to the readiness of youth who are on the verge of leaving institutional care. She reports that individual placement and support contribute fundamentally to the youth's readiness. Aside from these elements, there are also school performance and work, contact with a biological parent, as well as positive relationship with significant others (guardian or caregiver).

In addition, Dinisman & Zeira's (2011) study in Israel discovered that young people's independent life skills are related to the quality of their self-esteem and the levels of the support that they receive from their peers and staff (however not with institutional-level features). Other studies (Pecora et al., 2003; Dworsky, 2005) propose that gender has an association with the readiness for an independent life. However, there have been no clear and consistent findings so far (Dinisman & Zeira, 2011). This is to also say that, while only few studies show that young girls experience more prominent challenges while transitioning to independent life (Pecora et al., 2003), others propose that young girls experiences are either similar to boys or are, relatively, much better with regard to being prepared for the difficulties of an independent life (Dworsky, 2005).

The absence of emotional preparation for independent living was also recognized as a problem in different studies, (Butterworth et al., 2016; Matthews & Sykes, 2012; Rogers, 2011) where some care leavers portrayed their experience, as having declining emotional well-being and coping abilities after leaving care. Furthermore, a greater number described a diminishing or the lack of support networks as an undermining factor for readiness for independence (Butterworth et al., 2016; Matthews & Sykes, 2012; Rogers, 2011). Also, adjusting to independence is found to be an obstacle for a few care leavers (Matthews & Sykes, 2012). In other studies, care leavers attributed their lack of readiness to their emotional needs not being prioritized during transitional planning (Rogers, 2011).

Melkman et.al. (2015) findings demonstrate that most young people perceive their status to leave care as high, whereby concerning girls, as compared to boys, indicating significantly lower levels of perceived preparation. More significant levels of self-esteem and optimism as well, support from peers and staffs are linked to better preparation of care leavers (Melkman et.al. 2015).

Overall, the readiness to leave residential care has been researched and explored in Israel and elsewhere and has indicated that young people who are on the verge of leaving care are unprepared for independent living in several domains of life and hence require a significant assistance to adapt to the difficulties emerging from this transitional period. (Zeira & Benbenishty, 2011)

2.8. Psychological Preparedness to leave care

As indicated by Reser & Morrissey (2009) Psychological preparedness is an individual process and ability for future life transitions, which includes concern, anticipation, arousal, feeling, intentions, decision-making and management of one's thought feeling and actions (L. Gupta, 2016).

Psychological preparedness can assist people to feel more confident and more in control and to use rational thinking when responding to transition to future life events (L. Gupta et.al, 2016) In addition, it is evident that psychological preparedness can be a good predictor of success/failure for upcoming future transitions and may also reduce the anxiety and mental health related problems (L. Gupta, 2014).

There has been less focus on the study of psychological preparedness by psychologists so far. Hence, most of the research in the area of psychological preparedness has been conducted in the area of 1) Health, (2) Disaster and (3) General life situation (L. Gupta, 2014).

Studies (Hershey, and Mowen, 2000; Ronam, et. al., 2001) revealed that future orientation and optimism has an association with preparedness. Hershey & Mowen (2000) study revealed that future orientation clearly has a direct impact on individual preparedness. Additionally, high levels of preparedness and high optimism associated with higher life satisfaction (Noone, et.al, 2013).

2.9. Individual characteristic

(Stein, 2005; Van Breda, 2015a) Studies have shown that regardless of difficult circumstances, some young care leavers still can trespass such barriers, recover from their vulnerabilities, as well as by becoming stronger, leading a successful independent life. On the contrary, study, (Mendes, et.al. 2014) it has been found that while some young adults could not cope with experienced and unresolved trauma, emotional instability, and feeling of separation, others performed much better. This implies the fact that youth in distress recognize optimism as a significant personality trait that contributes to resilience and positive desires for the future (Van Breda and Dickens, 2017; Aidan and Benbenishty, 2011).

In this study, it is argued that the independent variables of optimism, self-esteem, and social support are positively associated with a higher perceived sense of preparedness to leave care. These independent variables were chosen because many studies (Dutta, 2018; Van Breda and Dickens, 2017; Aidan and Benbenishty, 2011; Melkman et al., 2015) have shown the vital role of self-esteem and optimism on the preparedness of care leavers to independent living

2.10. Optimism

Scheier & Carver (2009) define optimism as a cognitive construct denoting the expectancies of a generalized positive outcome and additionally, of inspiration. In other words, optimism is the tendency to expect positive outcomes.

Accordingly, people who hold positive expectations towards their future are expected to believe that good things will happen in their lives, tend to perceive preferable results as feasible, and will continue in their goal-directed efforts. Interestingly, people who hold antagonistic/negative expectations towards their future are expected to anticipate that awful thing to occur and thus tend to pull back their effort, become inactive as well as fail to accomplish their objectives/goals (Scheier & Carver, 2009).

Hence optimistic people are those who show more positive anticipation and emotions even though they are facing a difficult situation, and lean towards believing in their capacity to deal with and adapt effectively, instead of keeping away from the given situation (Aidan & Benbenishty, 2011).

Studies (Song, 2003; Van Breda & Dickens, 2017; Aidan & Benbenishty, 2011) on youth have shown that youth in distress perceive optimism as a significant personality trait that contributes to resilience and positive desires for the future.

Similarly, a study (McWhirter & McWhirter, 2008) has found that optimism is identified with more positive expectations for a future profession, family, wellbeing, and social network. Optimism is a personality quality related to positive results and better adjustment in the scope of the various domains of life. Young adults, who were more optimistic about the future, indicated better outcomes, 4 to 5 years after leaving care (Cashmore and Paxman, 2006).

Based on this, in this study, it is argued that youths who are more optimistic while in care, have better psychological preparedness to leave care. Besides, anticipated higher positive future outcomes and accomplishments in the aspect of career and educational accomplishment, and starting a family are associated with optimism (Aidan and Benbenishty, 2011)

2.11. Self-esteem

Self-esteem refers, most generally, to an individual's positive evaluation of themselves (Rosenberg et al. 1995).

Rosenberg (1965), stated that self-esteem refers to an individual overall positive evaluation of the oneself. He added that high self-esteem indicates an individual considering and viewing himself/herself as being worthy. Additionally, Sedikides & Gress (2003) expressed that self-esteem alludes to an individual's perception or emotional evaluation of one's self-worth, and the degree to which the individual holds positive or negative perspectives about self (Ahmed, 2016).

Within the psychological literature, the term "self-esteem" is utilized in several other ways. Brown, Dutton, & Cook (2001) illustrated three ways in which the term "self-esteem" is used. One is referred to as global self-esteem used to refer to the way people generally feel about themselves. Second self-esteem was attributed to self-evaluation to refer to the way people evaluate their various abilities and attributes. The third refers to sentiments of self-esteem are used to refer to brief emotional states, especially those that emerge from a positive or negative result. For the present study, self-esteem could be defined as the self-evaluation and descriptive conceptualization that individuals make and maintain with regard to themselves.

The adolescent period is significant for the cycle of self-esteem formation (Ahmed, 2016). The development of self-esteem can be restored, empowered both by guardians and educators. The degree of self-esteem is reflected in the adolescent's attitude and behavior, both at home and at school (Mogonea & Mogonea, 2014).

Hence studies (Zeira & Benbenishty 2011; Iglehart, 1994; Dutta, 2018 identified that self-esteem had a positive association with preparation for independent living. Furthermore,

these studies identified that, limited social experiences while in care have a significant negative impact on care leavers which enhance their fear to live independently.

2.12. Support Network

Creating social capital for care leavers is an essential element for their well-being. Hence the positive social bond and peer are significant for a successful age-out transition (Dinisman & Zeira, 2011). In addition, Dutta (2018) reported that a support network that includes staff, peers, family, and relatives, had a positive association with preparation for age-out transition.

According to Hiles et al., (2013:2016) Social support is a multi-dimensional concept that can assist one to cope with different types of stress. It incorporates several dimensions, such as emotional support (as intangible resource), instrumental support, (as tangible resource) and informal support (advice and information)

Along with peer support, the help of staff from residential care has been identified by Dinisman & Zeira (2011) as a positive impact influencing their preparedness for social reintegration. Furthermore, Schiff & Benbenishty (2006) have reported that positive staff-adolescent support has impacted the adolescents' lives on their skills and general well-being.

Family and peers emotional support plays an important role during the transition of care leavers to independent living (Benbenishty, Dinisman & Zeira, 2013). Studies have demonstrated that youth who have more elevated levels of social support during and after care worry less about the transition to independent life and show better outcomes (Cashmore & Paxman, 2006; Pinkerton & Dolan, 2007).

Most young people who are out of care find themselves beginning their transition to independence without the necessary developmental skills or support (Pryce et al., 2016). This problem is further compounded by the fact that they are often excluded from larger society

after their reintegration due to the stigma they experience as a result of their care and orphan background, especially in African countries such as Uganda, Kenya, and Ethiopia (Sekibo, 2019).

Due to the absence of aftercare support, care-leavers in Ethiopia face the difficulties of securing employment, paying housing rent, and finding a trusted adult to be a source of support in times of difficulty (Pryce et al., 2016).

Research suggests that the ability of care-leavers to form reliable and trusting relationships after leaving care yields positive outcomes. A constructive and encouraging relationship with social workers, volunteers, counselors, and others also serve as a safety net during the transition. In any case, a rough family relationship may prompt sentiments of outrage and rejection (Dutta, 2017).

2.13. Studies on Youth Age-out of care in Ethiopia

Previous studies (Takele & Kotecho, 2019; Pryce et al. 2016) on age-out transition in Ethiopia have focused on care-leavers outcomes along with the challenges and implications. Research conducted in Ethiopia studied the experience (challenge and Implication) of 54 emerging adults transitioning from institutional care to independent living. The participants identified challenges and coping mechanisms throughout the transition process. The findings have illustrated that these emerging adults faced many challenges upon leaving care, including difficulty in finding employment and support networks, lack of many basic life skills, stigmatization by the community because of their background in care. This problem has created insecurity and has made their transition process difficult (Pryce et al. (2016).

Another study conducted by Takele & Kotecho, (2019) has demonstrated "Female Care Leavers' Experiences of after Care in Ethiopia". The findings have demonstrated that participants faced challenges in different forms such as job hunting, homelessness, and the

incapability to pay housing rent, being betrayed, and difficulty to find and reintegrated with their biological family members, and overall, after-care challenges.

Conceptual Framework

In summary the conceptual framework used for this study is demonstrated as followed:

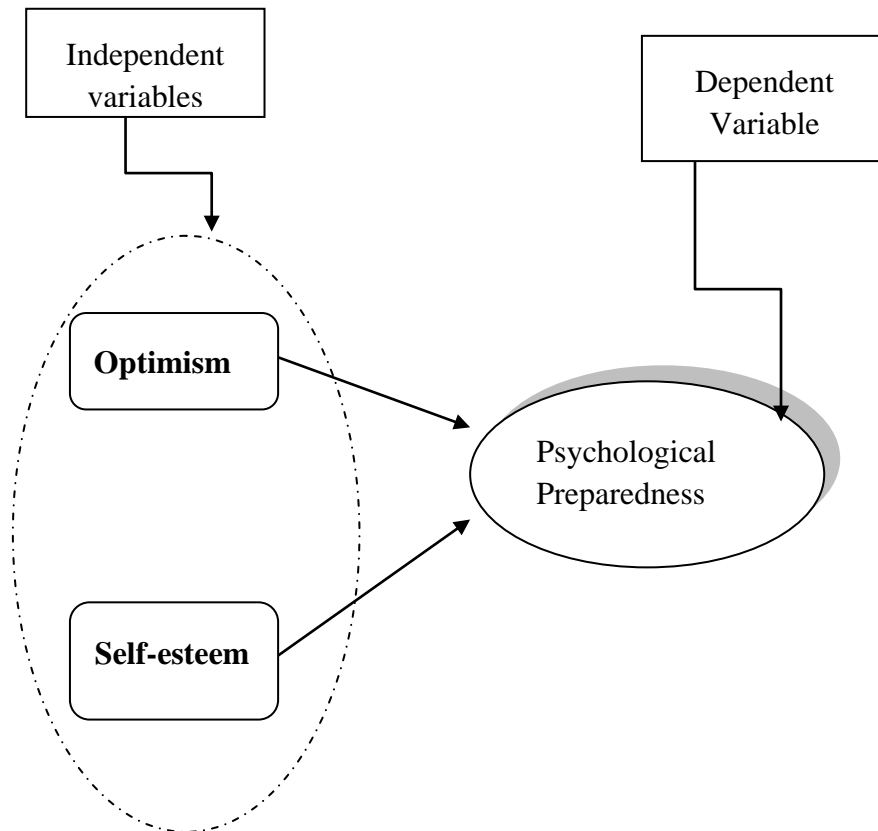


Figure1. Conceptual Framework of the Study

CHAPTER THREE

METHODS

This chapter deals with the description of the research design, population and sample, research instruments, data collection procedure, and data analysis.

3.1. Research Design

The study followed descriptive and correlational research design. It is descriptive since it attempts to assess the level of psychological preparedness of care leavers during age-out transition. It is also correlational, since it correlates the dependent variable of psychological preparedness of care leavers with some selected independent variables gender, self-esteem, and optimism. In order to achieve the stated objectives, both qualitative and quantitative approaches of data collection were used.

In the current study, both quantitative and qualitative strategies were applied to identify and reveal the psychological preparedness of care leavers during the age-out transition. According to Jick (2008), a mixed-method is the research plans that include at least one quantitative method to collect numbers and one qualitative method to collect words. The uses of mixed methods are for triangulation because the individual strength of one method offset the other methods of weakness.

The quantitative approach helps to establish the meaning from people experience, which in this case the psychological preparedness of care leavers at 'Ketchene' and 'kolfe' institutional care, from the view of participants. On the other hand, the purpose of the qualitative approach is to explore the condition or situation that could promote the psychological preparedness of care leavers during age-out transition.

3.2. Study Area

The study area will include the two governmental child care and rehabilitation center, namely Kechene and Kolfe in Addis Ababa, Ethiopia.

The study will be conducted in the institutions of Kolfe Male and Ketchene Female child Care and Rehabilitation Center in ‘Addis Ketema’ and ‘Gulele’ Sub-cities respectively. These institutions were chosen for this study as these orphanages have many years of work experience in delivering child care services. Additionally, the centers have large numbers of care leavers who will leave the institution in the coming 1-3 years.

Kechene Children and Youth Care Center was established in 1952 to provide services for orphans, abandoned and abused children. Currently, the institution hosts more than 200 female orphaned and vulnerable children (OVC) whose age ranges from 7-18 years of age that came from different corners of the country. This center is found in Addis Ababa, Gulele Sub City, Woreda 04, locally named “Menen Akababi”. It is one of the childcare institutions administered by Addis Ababa Women, Children, and Youth Affairs Bureau. The center provides basic services for children in the institution as well as working on reunification and reintegration of children. The overall goal of the institution is to contribute to the ongoing efforts of improving the general wellbeing of OVC.

Kolfe Children and Youth Care Center was established in 1963 to provide services for orphaned, abandoned, and abused children. Currently, the institution hosts more than 200 male orphaned and vulnerable children (OVC) whose age ranges from 7-18 years of age that came from different corners of the country. This center is found in Addis Ababa, Addis Ketema Sub City, Woreda 05, locally named “Taiwan Akababi”. It is one of the childcare institutions administered by Addis Ababa Women, Children and Youth affair Bureau. The center provides basic services for children in the institution as well as working on

reunification and reintegration of children. The overall goal of the institution is to contribute to the ongoing efforts of improving the general wellbeing of OVC.

3.3. Population of the Study

The target population of this research is youths preparing to leave institutional care in Addis Ababa. More specifically, it refers to youths who reside in institution-based child care services in ‘Kolfe child care and rehabilitation center’, ‘Kechene child care and rehabilitation center’ in ‘Kolfe’ and ‘Gulele’ sub-cities respectively and preparing for the age-out transition in the coming 1-3 years.

These organizations are experienced in providing care and rehabilitation services for orphan and vulnerable children. The sample population of the study was selected care leavers from these orphanages with the purpose of perception and rich knowledge on the age-out transition and the psychological preparedness that they have.

The main research subjects constituted youths between 17 to 25 years old, who have lived in ‘Ketchene’ and ‘Kolfe’ institutional care. At the time of the interview or survey, research subjects were those preparing to leave the institution in the coming 1-3 years. Such precise age criteria serve as a control to ensure that all research subjects are at approximately the same time phase of their lives as age-out youths. This allows the researchers to determine with greater accuracy.

3.3.1. Inclusion criteria:

Age: 17-25

Care leavers who reside in the orphanage for at least 5 year

3.3.2. Exclusion criteria:

Youths who lived out of the selected child care and rehabilitation centers and did not live permanently in the institutions will not be included in this study.

3.4. Research variables

3.4.1. Independent variables

- Gender;
- self-esteem;
- optimism;

3.4.2. Dependent variable

- Psychological preparedness

3.5. Sample Size Determination and Sampling Technique

Two centers were selected purposely for different reasons such as children live permanently up to 18 years old and above, their age is relevant to gain essential data.

Whereas care leavers who have lived out of selected child care and rehabilitation centers did not live permanently, and also, they may not be an exact orphan because it established for other purposes. For instance, juvenile delinquency is established for children who committed criminal acts or offences. For this study, the sampling frame is the center 's record of orphan children who are in the age between 17 and 25. The researcher made the age 17 as the lower age limit because adolescents below age 17 are not categorized as care leavers or they are not preparing for the age-out transition in the coming 1-3 years.

A list of care leavers aged from 17-25 was obtained from the institution personnel. There are 90 female care leavers in "Ketchene" center and 85 male care leavers in "Kolfe" center aged 17-25. The population was stratified based on institution and study objective as well; study participants will be selected from each institution taking into account the size of the population in each institution. The sample size was selected from the total population of 175. Considering the total population of 175 used Aro Yamane's formula to determine sample size.

$$n = \frac{N}{[1+N(e)^2]}$$

Where:

n = sample size

N = population size (the universe)

e = sampling error (usually .10, .05 and .01 acceptable error)

^ = raised to the power of

95% confidence level and p= 0.5 are assumed

As a result, a **total of 122** respondents were selected for the study

According to the aforementioned formula 122 care leavers were selected from 175 care leavers in the two institutions. Added with a contingency plan of 6 respondents, a total 128 respondents were selected

3.6. Primary Sources

To realize the target, the study employed a well-designed questionnaire as the best instrument. This will be completed by care leavers preparing for age-out transition besides, face-to-face interviews with the head of the institution and key personnel (psychologist and social worker) were conducted using a semi-structured interview guide. The interview method of data collection is preferred as it gets detailed information from the head of the institution and key personnel who have more knowledge of the institutional experience and age-out transition. Through interviews, clarification of issues is easily achievable leading to the accuracy of data from the respondents to triangulate the items in the questionnaires.

3.6.1. Secondary Sources

Secondary data from files, office manuals, and policy guidelines is used to provide additional information where appropriate. Besides, a variety of books, journals, articles,

researches, published and/or unpublished government documents, websites, and reports were reviewed to make the study meaningful.

3.7. Data Collection

3.7.1. Data Collection Instruments

The current study employed both primary and secondary sources of data collection. Surveys are structured questionnaire, interviews, and focused group discussion (FGD).

The questioner has two Parts. Part I contains Socio-demographic background with 12 items. Part II consists of Self-esteem, optimism and Psychological Preparedness scales with total 50 items. These scale measures the extent to which a person is prepared for life situations specific to age-out transition and measure the level of self-esteem and optimism. The questions that were used in the questionnaire are Likert scale type questions.

3.7.1.1. Demographic Questionnaire

Socio demographic Background questions included; gender, age, education level, parental status, year in care, and contact with family

3.7.1.2. Psychological preparedness

A standardized tool for the measurement of psychological preparedness specific to age-out transition was not available and limited empirical studies were available. Hence, L. Gupta, (2014) has designed a tool to assess predictive validity of psychological preparedness for general life situations and future task outcome vis-à-vis moderator. Moreover, the instrument aimed to assess psychological preparedness with the criterion as success/failure or performance level/coping on upcoming life events, episodes, and stage. These make the instrument compatible enough and use it contextually. Accordingly, the questions in the structured questionnaire are adapted and modified based on the study objective.

Psychological preparedness: is a 30-item instrument developed by of L. Gupta, (2014) which has demonstrated internal consistency Cronbach Alpha 0.65 (Gupta, 2014). For this study, all the 30 items were contextualized. Responses were based on a 5-point scale ranging from 1= strongly disagree to 5= strongly agree. This instrument was used to measure the level of psychological preparedness of care leavers and its relationship with independent variables.

3.7.1.3. Self-Esteem

Self-Esteem is a 10-item instrument developed by Rosenberg (1965) Responses were based on a 4-point scale ranging from 1 = strongly agree to 5 = strongly disagree. Items 2, 5, 6, 8, 9 are reverse scored. Cronbach's alpha for various samples are in the range of 0.77 to 0.88.

3.7.1.4. Optimism

Optimism is measured by the Life Orientation Test–Revised (LOT–R) developed by Scheier, Carver, & Bridges, (1994). This 10-item scale includes 4 filler items that were not included in the final score. Responses were based on a 4-point scale ranging from 1 = strongly agree to 4 = strongly disagree. Only 6 of the 10 items are used to derive an optimism score. The remaining 4 items, (numbers 2, 5, 6 and 8) are filler items. Of the 6 items, 3 are keyed in the positive direction, and in the negative direction. Items 3, 7 and 9 are reverse coded before scoring so as to avoid response bias. Cronbach’s alpha for all six items was 0.78.

On the other hand, the purpose of the qualitative approach is used to explore the condition or situation that could promote the successful psychological age-out transition and identify conditions that could be an obstacle for a successful transition. A semi-structured qualitative interview guide was designed to explore the role and existing service requesting

the head of the orphanage, social worker, and counselor. Besides, focus group discussion was conducted to discuss with participants about different viewpoints and experiences of their own regarding their common phenomena.

The layout of the questionnaire and interview guide are designed and kept very simple to encourage meaningful participation by the respondents. The questions are kept as concise as possible with care taken to the actual wording and phrasing of the questions. The reason for the appearance and layout of the questionnaire is of great importance in any survey where the questionnaire is to be completed by the respondent. All the tools used in the study are translated in Amharic and were reviewed by experts.

3.8. Pilot testing

Prior to main study data collection, piloting was made. The aim of the pilot test was to solve ambiguity (clarity, language, and translation and structure problems) and to check validity, reliability and feasibility of measuring instruments. Two experts were selected and given the Amharic translated versions of the adapted and modified instrument from (L. Gupta, 2014) and checked the validity of the questionnaire. The selection of the experts was made based on their knowledge on the areas of psychological experience on orphans and vulnerable children and the relation of their work with the research topic. The experts recommended wordings and language on the items and their feedback was incorporated prior to the research.

In this study, the Amharic version of the instrument was administered to 31 care leavers of Ketchene child care and rehabilitation center aged 17-25. The piloting process took approximately 30 minutes and was filled by the care leavers of Ketchene institution preparing to leave care in the coming 1-3 years. The participants were selected based on the inclusion criteria of the study.

Item-total correlation was computed for each scale of psychological preparedness, Optimism and Self-esteem. Based on the criterion of Cronbach's alpha > 0.9 Excellent, alpha > 0.8 Good, alpha > 0.7 Acceptable, alpha > 0.6 Questionable, alpha > 0.5 Poor, and alpha < 0.5 Unacceptable (George & Mallery, 2003) the items will be accepted or rejected.

During the analysis there was considerable difference in the expected answers to some of the items, because of the wordings resulting in participants not understanding the questions properly. As a result, after the pilot testing, minor wordings were made in order that they fit the purpose of this study.

Internal consistency reliability of the Amharic versions of the instrument was determined for the total as well as for the sub-scales using Cronbach's alpha. The computed Cronbach's alpha coefficients were between 0 and 1 for specific variables of the study.

Table 1: Inter-Item Reliability Analysis

Item Scales	Original # of items	Adapted # of Items	Pilot Study Cronbach's Alpha	Main study Cronbach's Alpha
Self -esteem	10	10	0.726	0.763
Optimism	6	6	0.705	0.710
Psychological preparedness	30	30	0.785	0.841

3.9. Data Collection Procedure

A list of orphanages in Addis Ababa was obtained from the Addis Ababa Ministry of Women and Child Affairs. For the present study, these two government orphanages of Kolfe

male child care and rehabilitation center and Kechene female child care and rehabilitation center were selected. An official letter from Addis Ababa University was offered to the Addis Ababa Ministry of Women and Child Affairs and the researcher got consent from the concerned office then took the approval letter to Kolfe and Kechene Child Care and Rehabilitation center director. The respondents participated in this research voluntarily. They were given adequate information regarding the purpose of the study and expressed their consent verbally. Arrangements were made to maintain the dignity and freedom of each participant. Participants were assured that the information they provide will be confidential and will not be disclosed to anyone else including their friends or institution personnel.

3.10. Data Analysis procedure

Both quantitative and qualitative methods were employed. Items were coded in a way that will be suitable for data analysis. SPSS (Statistical package for social science) Computer software version 20 was used to code and analyze the data collected using the questionnaire.

To analyze and interpret the quantitative data, descriptive and inferential statistics were used. Descriptive statistical measures of frequency, percentages, mean and standard deviation were used to describe the general pattern of psychological preparedness of orphans preparing for age-out transition of the respondents in line with the socio-demographic backgrounds. After obtaining the information from the psychological preparedness scale, it is analyzed using independent t-test to compare mean the difference between males and females, and age related to their psychological preparedness. Pearson Product Moment Correlation and Multiple Linear Regression statistical analysis were computed to examine the associations between predictive factors and self-reports of psychological preparedness and to measure the degree of effect and difference among the study variables.

For qualitative records analysis, information accumulated through semi-structured interviews and Focused Group discussion (FGD) used were analyzed through the use of

inductive thematic analysis. The procedure follows: Transcribing and familiarization with the data, studying re-reading and noting down initial ideas, looking out for themes, and producing the report. The topics were organized in a concise, coherent, logical and non-repetitive manner and the write-up of the record too.

3.11. Ethical Consideration

Ethical approval was obtained from the school of psychology of Addis Ababa University. After the Women and Children office provided permission considering COVID-19 pandemic restrictions and the bureau wrote a support letter to the respective institutions. Permission to conduct the study was obtained from each of the institutions namely, Kechene and Kolfe child care and rehabilitation center. Informed verbal consent was obtained from each study participant before the response of the questions. Data was collected anonymously to ensure confidentiality. Informant was assured that only the researcher will access the data and no third party would have access to their individual information or be able to recognize them.

The objective of the study will be communicated in a language the study participants can understand. Besides, the right of the study participants to withdraw from the study at any time was safeguarded. At the same time, the potential benefits and risks from participating in the study were explained by the researcher.

CHAPTER FOUR

RESULTS

In this chapter the result of the analysis and discussion of the findings are presented in line with the research questions and presented in different parts. The first part focused on the background information of the respondents and descriptive summary of study variables, the second part presents the level of psychological preparedness of care leavers during age-out transition, the third one is about the effect of self-esteem and optimism on psychological preparedness of care leavers, the fourth part presents the relationships between demographic variables and psychological preparedness, and the fifth part presents the FGD and interview analysis of psychological preparedness in relation. Besides, data collected using the questionnaire was analyzed using SPSS software version 20 and data collected through interview and FGD was summarized and presented.

4.1. Background information of the Study Participants

In this section, the socio-demographic characteristics of the participants were presented. The socio-demographic characteristics analyzed include the age, gender, educational level, type of orphan-hood and year in care of study participants were summarized in Table 1 below

Table 2: Demographic characteristics of study participants (N=128)

Demographic characteristics	Categories	F	Percent %
Gender	Male	63	49.2
	Female	65	50.8
	Total	128	100.0
Age	17-19	72	56.3
	20-25	56	43.8
	Total	128	100.0
Education	Primary	34	26.6
	Secondary	77	60.2
	College	17	13.3
	Total	128	100.0
Orphan status	single orphan	31	24.2
	double orphan	77	60.2
	Unknown	20	15.6
	Total	128	100.0
Year in care	10-11 years	34	26.6
	8-9 years	45	35.2
	6-7 years	49	38.3
	Total	128	100.0
Age during admission	7-9	41	32.0
	10-12	70	54.7
	13-16	17	13.3
	Total	128	100.0

As it is shown in Table 2 above, out of 128 respondents of adolescent care leavers in Kolfe and Ketchene Children and Youth Institutional Care and Rehabilitation Center 63 (49.2%) were male and 65 (50.8%) were female participants. The age of respondents that range from 17 to 19 were 72 (56%), respondent's age that range from 20-25 were 56 (43.8%).

In this study, the education level of respondents portrays that 34 (26.6 %) were in primary education level, 77 (60.2%) were in secondary educational level, and the remaining 17 (13.3%) were college students. Hence, the maximum educational level was college and the minimum educational level was grade 7.

Most of the participants first entered the care system at an average age of 10 and have spent an average 9 years in care, 26.6 % of them lived from 10-11 years. 35.2% of them lived from 8-9 years. The remaining 38.3 % lived there from 6-7years. Thus, 11 years and 6 year were the maximum and minimum length of stay in the institution respectively.

4.2. Statistical Summary of the Level of Study Variables

The mean, standard deviation and frequency scores and the sum totals were calculated in order to summarize the status of the scale of psychological preparedness; self-esteem and Life orientation (optimism) the results were presented as follows:

Table 3: Summary of the Level of Study Variables

Variable	Mean	Std. Dev.
Self-esteem	20.99	5.019
Optimism	17.09	4.061
Psychological preparedness	93.14	18.759

Table 3: shows among the determinant factors of psychological preparedness in terms of leaving care; Self-esteem had mean value of 20.99 and standard deviation 5 and Optimism 17 and standard deviation of 4, where of psychological preparedness had mean value 93.14 and standard deviation of 18.75

In order to determine the status of Psychological preparedness, the researcher assumes that the dependent variable which is the psychological preparedness is normally distributed, and took The mean value of the scale which is 93 and then used above and below standard deviation unit (18.75) to the mean value of which 74 and 112 to identify low psychological preparedness, average psychological preparedness, and high psychological preparedness. In other words, Scores above 112 on the scale were classified as psychologically prepared (as high level), scores below 74 on the scale were classified as not psychologically prepared (as low level) and the scores between 74 and 112 on the scale were classified as moderately psychologically prepared (as average level).

Table 4: Level of Psychological Preparedness

Level of Psychological Preparedness	Frequency	Percent %
Low Preparedness	15	11.7
Average Preparedness	89	69.5
High Preparedness	24	18.8
Total	128	100.0

Based on this classification, 15 (11.7%) care leavers had low psychological preparedness, 89 (69.5%) care leavers had average preparedness, whereas 24 (18.8%) of care leavers had high preparedness to independent living.

4.3. Association between gender and Study Variable

Table 5: Independent Samples Test

	Sex		N	Female			t	df	p
	Male			Female					
	M	SD		M	SD	n			
Psychological preparedness	93.78	20.43	63	92.52	17.11	65	0.377	126	0.7

As indicated in table 5, an independent sample t-test was employed to compare the mean difference in the psychological preparedness of male (M= 93.78, SD=20.436) and female (M= 92.52, SD=17.115) the analysis failed to reveal statistically significant difference between male and female ($t = 0.377$, $df = 126$, $p > 0.05$). The result suggests that gender does not have any effect on care leavers psychologically preparedness.

4.4. Association between Study Variables

In order to examine the relationship between self-esteem, optimism and psychological preparedness Pearson Product Moment Correlation coefficient was computed and the result revealed that self-esteem and optimism is significantly and positively correlated to psychological preparedness

Table 6: Correlations

	OP	SE	PP
Optimism	1	.955**	.895**
Self-esteem	.955**	1	.897**
Psychological preparedness	.895**	.897**	1

** . Correlation is significant at the 0.01 level (2-tailed).

OP= Optimism; SE= Self-esteem; PP= Psychological Preparedness

As shown in table 6 the association among the study variables of Optimism, self-esteem and psychological preparedness, to check the null hypothesis that all the three variables had strong significant and positive relationship, respective Pearson r correlation was performed and hence ($r=0.955^{**}$ $r= 0.895^{**}$ $r= 0.897^{**}$ $p=0.00$, $\alpha<0.01$). According to proponents self-esteem and optimism highly associated and contributed to psychological preparedness for independent living. These indicate that those who perceived better self-esteem and optimism also reported better psychological preparation for independent living.

This result was confirming of the (Melkman et al., 2015; Dutta, 2018) findings where it examined Individual personal strength with perceived readiness for independent living and it came out that, both self-esteem and optimism had strong association with a more positive view of readiness. Additionally, studies in Israeli found that care leavers optimism positively correlated to adjustment (Sulimani-Aidan2017, Benbenishty, Dinisman, &Zeira, 2013).

On the contrary, there were no significant differences in psychological preparedness between participants gender, education level, Placement history characteristics, such as length of stay in care, were not associated with psychological preparedness for independent living.

**4.5. The Effect of self-esteem and optimism on psychological preparedness
(N= 128)**

Table 7: Multiple Linear Regression Model

Variables	Std. β	St.Err.	t-value	p-value
SE	0.479	0.125	3.774	.000
OP	0.438	0.122	3.447	.001
R-squared	0.822			
F-test	287.720			

a. Dependent Variable: PP

b. Predictors: (Constant), OP and SE

OP= Optimism; SE= Self-esteem; PP= Psychological Preparedness

The model summary of Table 7 carries the following information: R Square=0.822 and Adjusted R Square=0.819. A multiple regression was carried out to investigate whether the predictor variables self-esteem and optimism should notably predict respondents' psychological preparedness. A significant regression equation was once determined ($F(2,125) = 287.72, p=0.000$), with R^2 of 0.822 as it is shown in table 6 above. The end result of the multiple regression indicated that the model defined 82.2% of the variance and that the model was once significant predictors of psychological preparedness.

Table 7 additionally suggests the positive and highly statistically sizable effects of Self-esteem and Optimism on Psychological preparedness of care leavers. These end result hold up the proposition that psychological preparedness relies upon on the aforesaid two predictor variables of self-esteem and optimism. Of the authentic two study variables, both

variables had been statistically significant: self-esteem (p-value=0.000), and optimism (p-value=0.001). When evaluating the standardized beta values or “size of influence” both variables have greatest effect on upon the dependent variable (Psychological preparedness) was self-esteem (beta=0.479) and Optimism (beta=0.438). Hence, care leavers self-esteem and optimism had the biggest strength to contribute to the psychological preparedness for independent living.

Therefore, based on the result, it can be concluded that Self-esteem and optimism had an impact on psychological preparedness of care leavers for independent living.

Moreover, the R Square amount is 0.822 that shows the explanatory variables can give an explanation for 82 percentage of the variation of the defined variable in psychological preparedness for independent living. Here, the estimated result of self-esteem and Optimism indicates positive impact on psychological preparedness and found to be statistically high. The findings reveal that care leavers self-esteem and optimism had a significant effect on their psychological preparedness for independent living are consistent with (Melkman et al., 2015) result which indicates self-esteem was significantly associated with readiness for independent living and had the strongest predictive power similar to the present study.

4.6. Qualitative analysis

In addition to quantitative data, Focused group discussion (FGD) was conducted with six female and male care leavers who are in preparation stage to leave care of the institution in the year 2020-2022.

The Focused group discussion (FGD) was held in two groups each group contains six participants. The participants were those youths aged 18 and above on the verge of living care. The FGD was conducted at Ketchene and Kolfe compound safe spaces were taken to

ensure privacy for participants. For each group 1 hour was allocated. Group conversations were documented by note.

Additionally, key informant interview was conducted among Kolfe and Ketchene institution personnel who have contact with care leavers and have key role in the institution that could potentially contribute to the psychological preparedness of care leavers. Total Four key informants were participated; two psychosocial experts from ketchene and one psychosocial expert and institution director from Kolfe have participated.

4.6.1. Participant's background

The demographic data of the adolescent preparing to leave care shows, from 12 respondents 6 were male and 6 were female. 4 participants were in the range of 18-19 years old and 8 of the participants were between 20-25 years old. As ages of the participants indicate, both girls and boys are aging out of care based on the legal age of emancipation which is age 18 and above. In relation to the length of time in care, those care leavers who are in preparation process to leave care have spent six to ten years in the institution prior to age 18 and above plus they are expected to leave care in the coming years 2020-2022.

4.6.2. Perception about adulthood

Care leavers associated adulthood with maturity, responsibility, sense of control and management, self-directed, personal development, decision making, and independence. Being adult in some Young boy's and girl's explanation was associated with, increasing responsibility, opportunity and positive means to achieve goals that might change their lives.

Almost all the participants claimed that they have reached adulthood and view themselves as adult and believe that they could manage and control their lives effectively. Some of them believed that being adult is key pathway to achieving life goals and an

opportunity to be more in control of their life. On the contrary one young girl age 20 perceive that she doesn't feel like she reached adulthood. She explained that

"I don't feel like I've reached adulthood because I believe that I'm not capable deal with my life as grown-ups do. Since my whole life has been under institution care and I don't even know adult roles and responsibility outside this institution". (19 years old- female)

Although, both young boys and girls expressed adulthood in terms of freedom to determine your own decision and held responsible. Moreover, they associate adulthood with having a job and starting a family as well as with gaining independence.

A 21 years old male commented on adulthood as: "Being adult is like freedom; not being told what to do; making your own decision and leading your life on your terms". (21years old male)

In the contrary some care leavers view adulthood as a life stressor by expressing: "being adult includes tremendous obligation of dealing with your own life; moreover, you need to keep up financial freedom so as to adapt up to challenges". (19 year old male)

"if you are adult you are expected to cope with difficulties all alone without the assistance of others" (22 years old male)

4.6.3. Care leavers Perception of leaving institutional care

From the FGD findings care leavers perceive leaving institutional care from two perspectives (1) "way to independence" and (2) "pressure to cope up with the transition". Most adolescent connect leaving care with independence which was explained in different

forms such as, financial independence, private space, adult roles, social networking, and decision making.

Care leavers described that they are eager to leave care and become independent; moreover, they view leaving care as an opportunity to be in charge of their daily life. However, other care leavers frequently revealed not having enough information about changes that are expected to occur as they leave care. Thus, they have worries that their anticipation about their future independent living might not be up to their hopes and expectation.

“When you’re in care you don’t have to worry about housing, job and meals. But if you leave care all of a sudden it will be harder to manage right away and it stresses you out”. (18 years old female)

One young male described leaving care as “I see leaving care as jumping off airplane without a parachute same as leaving care without necessary skill or support which set you up to fail”. (23 years old male)

Young care leavers described how confident they feel about leaving care they assume it’s an opportunity to start a new life for good reasons such as job, further education and start family. Others felt like they are too young to leave care it’s seemed like its early and sudden.

" I sense that it's my time to be independent and have my own income even after I left this institution, I don't think it will be hard for me as long as I have a job" (20 years old male)

“while thinking about Leaving care it makes me uncomfortable and nervous especially when I realize that I have no clue what my future life would be, worrying about where I would live and what kind of job I would have.”(24 years old female)

Another major theme that was discussed is; care leavers assume that leaving care might be a stressful experience. Because they assume independent living comes with a lot of uncertainties for instance employment, housing and socialization.

One young female described that “I feel anxious when I think of leaving care because I am not certain about a lot of things like whether I could get a job or not; whether the society accepts me or not”. (21 years old female)

A young male respondent revealed that “Even though I believe leaving care is a good thing somehow, I’m scared and terrified thinking about that living by myself without any help or assistance...I have no one to look for guidance”. (22 years old male)

A typical concern care leaver had been their socialization with other new people. They are worried that others may treat them differently in contrast to their peers. They experienced that people in their school and neighborhood labeled and judged them negatively when they found out they have care background. As a result, it created bias in their school life therefore they are worried that the same thing will happen in finding work and accommodation after they leave care.

4.6.4. Care leavers institutional experience and preparation for independent living

As data obtained from FGD with young adult who are getting prepared for independent living indicated that it is their choice to leave care not the institution. They reported that even though they have reached 18 they will not leave care until they finish their

education or vocational training but after they finish the institution expects them to leave the institution.

Among the care leavers most of them initiate to leave care just because they drop out from school due to lack of performance and they feel that they're over aged for the grade they are in. One young male explained more about the initiation of leaving care as;

“Apparently, the institution doesn't initiate or force us to leaving care. So far the initiation to leave care came from us (care leavers) recently some care leavers begun applying for it mainly for the reason of failing national exam, school dropout and to join vocational training”. (20 years old-male)

During FGD participants mentioned that there is a criteria to be admitted for rehabilitation program of the institution. Accordingly, if adolescent's age is 18 and above, drop out from school and if they express intention to exit from the institution, they will be eligible for rehabilitation program.

Even though it's young adolescent choice to exit the institution and join rehabilitation program they believe their ideas and views should be included in the exit plan. Moreover, care leavers described that their interest is not included in the exit plan especially when it comes to vocational training their interest were not accepted rather, they choose from the options which seems suitable for them. Therefore, participants reflected that their future independent life is mostly determined by the limited opportunities (vocational trainings) that the institution provides.

The common vocational training that is available for emerging care leavers is mostly limited only to hair dressing, chef, garment tailor, furniture, and metal works. In other case if their interest is to join college, they have to insist the institution to pay for their college fee.

One female participant preparing to leave care mentioned the limited options for trainings as:

“the option for the trainings is limited for instance I wanted to join teachers training but it wasn’t listed in the options so I just started hair dressing because I didn’t want to waste my time”. (18 years old female)

“I always wanted to learn driving and become a driver but it wasn’t available on the list of the trainings... I have been asking the institution for a long time to pay for my driving class”. (19 years old male)

One female Participant on who have graduated from vocational training mentioned that:

“I graduated in furniture work recently... you know what, I was the only female from this institution who joined furniture training because it was my interest. Now, I am fully confident in my skills and prepared to work. Yet, I couldn’t find a job...nobody wants to hire a fresh graduate especially female who has no experience so I'm still here in the institution looking for a job”. (21 years old- female)

Care leavers mentioned two essential things about preparedness to leave care; initially, how they feel prepared to move out from care and others believe there is no other alternative with the exception of leaving care since they can't live in care forever. Besides, they believe they are in good condition and had a control over the circumstance and choices to leave care and explore the world. Despite this, others reflected that they need more time to be prepared.

Regarding life skill training all the participants has taken this training one way or another. Care leavers mentioned that the institution provides various life skill trainings which are helpful for their preparation. These life skills trainings include HIV and sexual

reproductive health (SRH) communication skills, interpersonal skills, problem solving, self-confidence, critical thinking, self-awareness, decision-making, and money management.

Young people who received life skill trainings said that it usually focuses on helping them develop insight and skill necessary for looking after themselves. This training helped them to understand more about coping skills, interpersonal, communication skills and money management that is essential for independent living. Moreover, it helped them to be conscious and protect themselves from sexually transmitted diseases (STD). Hence, some care leavers highlighted that their care experience had not helped them prepare nor given them the chance to try out new skills that they learned from the trainings.

“The training helped me to protect myself from HIV and Gender violence. Moreover, it thought me ways to become self-sufficient and develop my communication skill with others”. (25 years old female)

“As long as you are positive to learn from the trainings it is useful... for instance it helped me to pick up knowledge about how to socialize with the community. Moreover, it made me think of ways to utilize my skill and potential in my daily life”. (19 years old-male)

“We have captured many things from the training but I feel like I’m not capable to practice it in real life especially when it comes to socializing with others or making new friends it’s really difficult for me”. (20 years old female)

Care leavers who had received care said that the institution services generally focused on helping them develop practical skills like (cleaning their rooms, washing clothes, and managing pocket money) which are essential for their future independent life. Hence, care leavers revealed that few attentions were given to their psychological and emotional

preparation for the transition that will happen after they leave care. Therefore, they often feel psychologically unprepared for independent living.

“I wish I had someone matured enough to share my feelings with while I’m in care... perhaps it might help me to be stable and comfortable for my independent life I believe it’s important to have psychological and emotional support while you’re in care so you have a steady feeling afterwards”. (19 years old female)

A young male described his view to independent living emotionally as:

“Most of the time I feel hopeless... I believe I can’t change anything in my life here in care or after care there is nothing exciting in life... no one cares about me I have no one in life except my brothers here in the institution”. (21 years old male)

4.6.5. Psychosocial support

As the data obtained from FGD there is counseling and psychological service provided in the institution. Subsequently, they reported that their psychological and emotional needs were not always supported well enough. Moreover, most of the participants didn’t use these services because they think their secret is not safe with the professionals due to the instability of professionals which provide counseling service. As a result, it has been a barrier to build trust and makes them uncomfortable. In addition, counselors or social workers consult the care leavers only at the time of problem or conflict with their peers or caregiver. Despite these few participants appreciated the services provided by the institution have improved their life, behavior and attitude.

“There is counseling service in the institution but most of us won’t go there and use the service because we don’t believe that it would be helpful and we don’t feel safe to

share our secrets to them because the psychologist changes frequently”. (20 years old male)

The same idea was shared by a young female

“The psychologist or social worker changes frequently they even won’t stay for a year I always see new face that provides the services so it is difficult to trust a new person to share my feelings or secrets”. (21 years old female)

Another participant shared the impact lack psychological and emotional support by experts:

“Even though we support each other emotionally... sometimes we have issues that need to be solved professionally for instance many of us have unresolved psychological pain that is affecting our confidence and feelings till now ...even some of them engage in risky behaviors.” (19 years old-female)

However, participants mentioned that they have an ongoing emotional support from their peers and friends in the institution which helped them through tough times in life.

Regarding the social life of young adults, it was evident that most of the young adults don’t have many friends in the school. Some of the respondent stated that; the students in their school who have the information about their care background stigmatize them and say mean words, as “Yegibi Lij” or “Madego” because of these; they don’t make friends outside the institution. Due to these participants assume that they have few social supports in school and community.

“it is really challenging to socialize with others outside the institution because the community have negative perception towards us...in particular it makes us uncomfortable to socialize students ...due to the reason that most students in school

stigmatize us because of our background even they say mean word like “Madego”... especially this happens when we disagree on some issue they bring our care background to bully us...some other students perceive as avoidant and aggressive ...so they would prefer not to participate in any activity with us”(24 years old-female)

Some young adults who don't confront these challenges reported that they are worried that if their out of care friends discovered their care background, they are afraid that they might discriminate and bully them. Therefore, they hide their identity from their mates.

“I don't want my friends from school to know about my care background because I'm afraid that they won't accept me” (18 years old female)

According to data obtained from FGD according to the perception of care leavers the community assumes them as they have no moral value and deviant. Therefore, they believe that this attitude has affected their smooth social interaction within the community and friendly life. Some of them expressed that even if they have friends outside the institution it is difficult to be intimate and sincere their friendship since their exposure to the outer world is limited. As a result, it made them uncomfortable to interact and meeting new people.

Some participants described their social life as:

“Our social life is limited to those friends who live in the institution we are not comfortable in making friends with others since we don't have common grounds and they perceive us as deviant and out of ordinary ...so they prefer to avoid us”. (23 years old-male)

Very few of FGD participants took the responsibility for the negative attitude created among the society.

“The way we behave on street while we are going to school or elsewhere; the way we talk or act are improper and different from the societal norm that’s why they have a bad attitude towards us.” (21 years old female)

Generally young people mention that the main source of their psychosocial support is their friends who reside in the institution and care givers. Young adults mentioned that usually the type of psychosocial support that care leavers experience is determined by the quality of the relationship they have with their care givers/ professionals. If they are responsive, consistent, reliable and friendly then that really supports them psychologically and socially.

Key informant interview

4.6.6. Criteria to leave institutional care

During KII 1 (Kolfe Child care and rehabilitation social worker) mentioned that there are basic criteria to leave institutional care these are (1) Adolescent age should be 18 and above; (this works if they are still on education). (2) After they finished vocational training (For those who failed national exam). (3) Adolescent’s clear intention to leave care. But mostly these criteria are not practical there are some young adults who are supposed to leave care based on the criteria yet they are still living in the institution. The reason for their stay mainly is unemployment.

4.6.7. Institutional Role and Rehabilitation program for care leavers

In general, the role of institution is work together with care leavers to ensure that he or she is prepared enough for independent life. Accordingly, professionals in the institution are responsible in facilitating rehabilitation services available for care leavers. These services include educational, vocational, life skill, counseling, or other services. It is important to remember that care leaving process is not only providing these services rather encouraging

them emotionally. The process of leaving care shouldn't end when the adolescent exits but should continue to monitor their placement and independent life.

As information obtained from KII 2 and KII 3(Ketchene center-psychosocial expert and Kolfe center manager). As part of exit plan rehabilitation program is significant plan for care leavers in order to help them to be prepared for upcoming independent life. Practically this program includes vocational training, life skill training and financial support. It is given for adolescent who have been under Kechene Female and Kolfe male Children and Youth Institutional Care and Rehabilitation. If care leavers applied to leave care and approved by Addis Ababa City Administration Women and Children Bureau then they immediately will join this program.

Vocational training

Vocational training is one of the rehabilitation programs that help care leavers to develop necessary skills required for particular job. As it was mentioned by care leavers the major areas of vocation training are hair dressing, chef, garment tailor, furniture, and metal works recently we added poultry and cattle breeding. These trainings might take from 3- 6 months.

The KII-2 shared that the available vocational training options are suggested by Addis Ababa City Administration Women and Children Bureau. Based on the list care leavers choose a suitable training for care leavers.

“Most of the time care leavers suggest different trainings to learn which is not available on the list but due to lack of budget we couldn't provide them all the training they asked for. As a professional I believe vocational training is very helpful especially for those who failed the national examination since most care leavers did finish high school”. (KII-2)

Life skill training

Another rehabilitation program for care leavers is life skill training that would help care leavers to deal effectively with the upcoming independent life. During KII-2 the psychosocial experts mentioned that there are various topics covered under life skill training. This includes self-reliance, coping strategies, communication skills, interpersonal skills, problem solving, self-confidence, self-awareness, decision-making, and money management, HIV and sexual reproductive health (SRH). These trainings are provided for care leavers aged 15 and above in scheduled in different time.

“I believe it is very helpful enhance their social and coping skills which is essential to prepare them for independent living. Since these care leavers lived in the institution segregated from the society it is basic for them to know essential skills and knowledge to cope up with outside community” (KII 2)

Financial support

From the data obtained from KII 3 as part of rehabilitation program financial support is provided for those who finished vocational training and leaving care soon. It is provided total 10,000 ETB to cover cost of food cost, house rent and other basic things for them to survive.

4.6.8. Professionals view on care leavers’ preparedness to leave care

As a professional throughout all stages of the care leaving process, it is important to focus on their strengths and not just risks or challenges that comes with independence. As part of capacity building the psychosocial team consults them on areas that affirm their strengths, skills and interest. During this consultation care leavers reflect their views and ideas towards independent living. Additionally, they propose their exit plan (job, housing,

and vocational courses). During this discussion professionals show them the challenges and opportunities of leaving care.

Additionally, the institution has been providing care leavers various trainings in order to equip and prepare them for independent life. Accordingly, it helped care leavers to understand the basic skills that are essential to establish a better independent life.

The institution psychosocial expert KII 2 was asked to evaluate care leavers overall preparation to leave care. His responses were;

“Most care leavers are excited to move out of the institution feeling that they are ready for independent life. Hence, there are some care leavers who think they’re matured enough and have control over their life but they’re still young and immature to independent life. . . They assume like they know everything but they don’t. The reason I said that is because of their care experience which is that; they always ask for their needs . . . but they avoid taking responsibility for their actions or mistake plus they want things to happen overnight.” (KII-2)

This was also confirmatory with KII-1 report she explained adolescent perception about leaving care: “Most care leavers view their peers as a model so whenever one of their mates applied to leave care their friends also want to leave; they expect that if they stick together, they can win the challenges”. (KII-1)

From the data obtained in KII-1 there are some adolescent who have the ability to live independently but Regardless of their capacity they developed dependency and avoid the challenges of independent life. As a result, they always give some reason to the institution to remain in care.

“There are some care leavers who have the capacity to move out from the institution but they’re too comfortable in care so they would prefer not to leave the institution ...they always give excuse every year to stay in care” (KII-1)

4.6.9. Institutional Psychosocial support

Many care leavers have lived through traumatic events including being separated from family and community, being exposed to neglect or abuse. Therefore, it’s the institution responsibility to provide psychosocial services. Thus, the institution psychosocial service is intended to addresses care leaver’s emotional, social, mental and spiritual needs which are essential for positive development of care leavers. Some of the services provided under this were, individual and group counseling. Even though these services are partially provided it helped care leavers to understand the basic tools that are essential to establish a better relationship with others.

Hence the service providers explained that care leavers reject psychosocial support:

“most care leavers don’t prefer to use the service because they don’t have trust on the service providers...as the care leavers reported there has been a frequent professional shift which made the adolescent to lose trust on the psychological service ...even I joined here recently” KII-1

“Another reason is that lack of awareness about the service they think one session is enough to change their behavior or attitude if they didn’t see any change they would quit....It is a challenging for us to counsel them cause most of them already set their mind that the service is not useful and they believe that it doesn’t change anything.... because they always want immediate change....” KII-1

CHAPTER FIVE

DISCUSSION

In this section, the results presented in the previous section are discussed. Possible explanations and potential reasons for obtained results are forwarded. Also, the results are compared with similar previous research findings.

The study explored Psychological Preparedness for independent living among emerging youths on the verge of leaving institutional care as well as examined those factors associated with Psychological preparedness. This period is important for emerging youths, because this developmental stage presents numerous difficulties in their lives in which they should take responsibility for their upcoming adult lives immediately (Stein, 2006). As studies indicated this period is the extremely significant in anticipating their adjustment and achievement in their adult lives (Dixon, 2008; Van Breda, A. D., & Dickens 2017; Pecora et al., 2003).

Level of psychological Preparedness

In the presenting study result shows that majority youth in verge of leaving institutional care has average level of psychological preparedness for the upcoming independent life. This shows that care leavers still need to level up their psychological preparation in order to cope up to independent living successfully.

The findings of the present study are consistent with the findings of other studies conducted on foster and residential care institutions indicating that care leavers tend to view their future positively and feel prepared for the independent life (Dinisman & Zeira, 2011; Melkman et al., 2015; Schiff & Benbenishty, 2009). In other study, care leavers attributed their lack of preparedness to their emotional needs not being prioritized during transition planning (Rogers, 2011).

The impact of self-esteem on psychological preparedness of care leavers

Besides, the present study, examined multiple areas that may help explain variance in Psychological preparedness to independent living. Accordingly, Psychological preparedness to leave care was mostly explained by individual attitude, of self-esteem and optimism. Basically, self-esteem and optimism are basic intangible/soft skills which are required for regular day-to-day living. Such skills are expected from all youths so as to make a successful transition to adulthood (Zeira & Benbenishty 2011; Iglehart, 1994).

This study revealed that those care leavers with higher self-esteem reported having significantly higher psychological preparedness than those with lower self-esteem. This implies that self-esteem is an important psychological construct which predicts care leavers future outcomes and preparedness to for the upcoming life transition. This is confirmatory with findings from different researches reveals that high self-esteem in adolescence predicts positive outcomes in adulthood both for general population and care-leavers (Dinisman & Zeira, 2011; Dutta, 2017)

In retrospect study of Dinisman & Zeira (2011) in Israel, discovered that young people's preparedness to leave their residential care were related with their quality of self-esteem. Likewise, other studies discovered that factors for better transitional outcomes of care leavers include having high self-esteem and an ability to be self-aware viability and expectation (Dickens, 2016; Van Breda, 2016a). Similar findings were observed in this study, where self-esteem had a positive association with psychological preparation for independent living.

The impact of optimism on psychological preparedness of care leavers

In the present study, the finding revealed that optimism is associated with higher perceived sense of preparedness to leave care. Those care leavers who are optimistic have a

better psychological preparedness for independent life. Relatively, studies explored that resilient care leavers who are optimistic are more likely to be effective problem solvers thus their future expectation has important implications for employment, accommodation, relationships, and well-being (Sulimani-Aidan 2017, Benbenishty, Dinisman, & Zeira, 2013). Therefore, those Individuals who have optimistic attitudes toward their future have a better result in controlling over their lives. Moreover, it implies that youth in transition recognize optimism as of the significant personality element that contributes to resilience and positive desires for the future.

The association between gender and psychological preparedness

On the other hand, this finding explored that the contributions of gender, age, education level, and placement history were not associated with psychological preparedness. This is similar with Dworsky, (2005) study which propose that young girls experience is similar to boys or even better in being prepared for the difficulties of independent life compared with boys. Regardless of this finding, other few studies show that young girls experience more prominent challenges while transitioning to independent life (Pecora et al., 2003). In spite of this finding, other studies propose that gender has an association with the preparedness for independent living however; there are no clear and consistent findings (Dinisman & Zeira 2011).

Institutional support and Rehabilitation program

The findings has explored that the institution provides vocational training, life skill training, financial support and counseling as part of rehabilitation program for care leavers. These supports are essential to equip care leavers tangible skills for independent living which were also confirmed by (Takele & Kotecho, 2019; Nollan et al., 2000) studies. Consistently Nollan et al., (2000) stated that counseling and life skill training are intangible/soft skills which are

required for the regular day-to-day living such as in problem-solving, planning, decision-making, communication, self-esteem and social skills.

Psychosocial support

The finding revealed that, care leavers psychological and emotional needs were not always supported well enough. Moreover, most care leavers didn't use these services due to the lack of trust on the service and lack of awareness mainly because of the instability of professionals which provide counseling service. As a result care leavers often unprepared for independent life. These findings are consistent with Rogers, (2011) findings which revealed that care leavers attributed their lack of preparedness for independent living to their emotional needs not being prioritized during transitional planning (Rogers, 2011). Additionally different studies, (Butterworth et al., 2016; Matthews & Sykes, 2012; Rogers, 2011) stated that the absence of emotional and psychological preparation for independent living have an impact on care leavers experience, as having declining emotional well-being and coping abilities after leaving care.

Finally, these initial results may stimulate additional research on the issues raised here. Regardless of the preliminary nature of the study, several truths rise from these results. Majority of the care leavers on the verge of emancipation from institutional care were not adequately psychologically prepared. Their needs were not adequately addressed in independent living training with clear independent living instruction. The effects of self-esteem and optimism can significantly affect the youth is on the threshold of aging out of care.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

This study explored the Psychological preparedness of Youth care leavers in Ketchene and Kolfe child care and rehabilitation center to independent living. Based on the major findings of the study the following conclusions are drawn. While majority of Young adults leaving care have been found to have moderate level of psychological preparedness to leave care. Whereas, a few numbers of care leavers have low and high level of Psychological preparedness. Moreover this study has found that individual's self-esteem and Optimism has influence on care leaver's psychological preparedness. More specifically in spite of the vulnerability of care leavers most of them are optimist and quite confident about their future independent life.

Regarding their perception about adulthood most care leavers identified themselves as adults, and were quite aware about the task and responsibilities that comes along with adulthood. Concerning the support network participants repeatedly highlighted unsatisfied emotional and social support from the institution as well the community. Additionally, they identified that the institution focuses on practical support hence they overlooked their emotional needs. Yet, care leavers revealed that their friends in the institution as primary support network. In relation to psychosocial support participants have positive attitudes toward the psychosocial services but were reluctant to participate in them due to the frequent change of professionals which created lack of trust on the service. Furthermore, the institution personnel emphasized the importance of the rehabilitation services such as (vocational training, and life skill training) to develop their skills and prepare them for independent life. On the other hand some care leavers revealed that the rehabilitation service doesn't fulfill their individual need and interest.

In conclusion this was a descriptive study and findings are suggestive and inconclusive, and the researcher is certain that further studies are needed to provide more reliable and extensive evidence-based recommendations to inform service development and research activities in this important area.

Recommendations

- A moderate level of self-esteem and optimism has been seen in many care leavers as the research findings revealed. Thus, the institution has to work on providing appropriate psychosocial support and it should be of equal importance as practical skills to increase their self-esteem and prepare them for independent living.
- Most care leavers have shown a moderate level of psychological preparedness for independent life. Therefore, the counseling service should emphasize providing services for those care leavers transitioning out of care, and the counseling should be individualized and focuses on their psychological preparation.
- It is essential to Engage care leavers in the exit and preparatory process and they should have a say in the rehabilitation program; and the institution should prepare them, gradually and holistically.
- As the finding revealed that most care leavers don't use counseling services provided by the institution. Therefore, professionals should improve the accessibility of counseling services and provide consistent service. Moreover, there should be constant monitoring of care leavers emotional and psychological well-being
- Counseling professionals should have psychological preparedness assessment for care leavers to take appropriate measures and promote their psychological preparation towards independent living.

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Appendices: A

Addis Ababa University

College Education and Behavioral Studies

School of Psychology

Questionnaire

Objective

The purpose of this questionnaire is to gather information regarding to psychological preparedness of age-out orphans during their transition of care leaving. Assess whether self-esteem and life orientation (optimism) affect the psychological preparation of care leavers. This questionnaire has two parts: the first part has demographic questions about the respondents; the second part has the instructional experience and psychological preparedness questions. The information you provide has a very important input in the direction and completion of this study, so please try to be honest, and careful. There is no one to judge you because there is not right or wrong answer for the questions. The information will be kept confidential and be only applied for the study. Yours right information helps to reach the goals of the study.

Thank you for investing your time and honesty completing this questionnaire.

Instructions: Before answering the statements, first read the following instructions carefully. On the basis of this questionnaire we want to know that to what extent you are psychologically prepared for upcoming life events (care living and living independently). There are five alternatives for each statement. These alternatives are “Strongly Disagree (SD)/1”, “Disagree (D)/2”, “Neutral(N)/3”, “Agree(A)/4” and “Strongly Agree(SA)/5”. Among five alternatives, put(✓) tick mark on the alternative which suits to you most. Some statements are may be of a situation which has never been occurred to you at all imagine in that case yourself in such a situation and try to answer that what will you doing that situation. There is no time limit for this task. So read it carefully and thoughtfully well before responding statements. In the end been sure that you have tick marked all the statements.

Part I: socio-demographic background

Direction: please indicate your answer by making () in the box that corresponds to your answer or to write the correct answer on blank space

1. Age _____
2. Sex Male Female
3. Grade level _____
4. Is your parent alive?
 Yes No
5. Your answer for question 4 no which parent is missed
A. Father
B. Mother
C. Both
6. Current living
A. Institutions B. Outside the institution
7. what kind of institution do you live in
A. Many children living in a huge compound
B. A group home with a few children and care giver
C. other
8. When were you admitted to this institution (year of admission)? _____
9. how old were you when you got admitted _____
10. When you leave the institution, is there a family member or other organization that will support you?
A. yes B. No
11. When I leave the institution, I have planned what to do for a living (job)?
A. Yes B. No
12. While I was in the in the institution, I had close contact with my family or relatives
A. Yes B. No

Part II- LOT, self-esteem and Psychological preparedness questionnaire

No	Item	Strongly agree (SD)/1	agree (D)/2	Neutral (N)/3	Disagree (A)/4	Strongly Disagree (SA)/5
Self –esteem						
1	On the whole, I am satisfied with myself.	1	2	3	4	5
2	* At times, I think I am no good at all.	1	2	3	4	5
3	I feel that I have a number of good qualities	1	2	3	4	5
4	I am able to do things as well as most other people	1	2	3	4	5
5	* I feel I do not have much to be proud of	1	2	3	4	5
6	* I certainly feel useless at times	1	2	3	4	5
7	I feel that I'm a person of worth, at least equal to others	1	2	3	4	5
8	* I wish I could have more respect for myself	1	2	3	4	5
9	* All in all, I am inclined to feel that I'm a failure	1	2	3	4	5
10	I take a positive attitude toward myself	1	2	3	4	5

No	Item	Strongly disagree (SD)/1	disagree (D)/2	Neutral (N)/3	Agree (A)/4	Strongly Agree (SA)/5
Life Orientation Test-Revised (Optimism)						
1	In uncertain times, I usually expect the best.	1	2	3	4	5
2	It's easy for me to relax.	1	2	3	4	5
3	If something can go wrong for me, it will.	1	2	3	4	5
4	I'm always optimistic about my future.	1	2	3	4	5
5	I enjoy my friends a lot.	1	2	3	4	5
6	It's important for me to keep busy.	1	2	3	4	5
7	I hardly ever expect things to go my way.	1	2	3	4	5
8	I don't get upset to easily.	1	2	3	4	5
9	I rarely count on good things happening to me.	1	2	3	4	5
10	Overall, I expect more good things to happen to happen to me than bad.	1	2	3	4	5

No	Item	Strongly disagree (SD)/1	disagree (D)/2	Neutral (N)/3	Agree (A)/4	Strongly Agree (SA)/5
Psychological Preparedness						
1	I feel extremely nervous and anxious going to social gathering outside the orphanage	1	2	3	4	5
2	I have lost many good opportunities in my life (like education, permanent job, lifestyle changing opportunity) for not being able to be very alert.	1	2	3	4	5
3	I take very long time to manage a big incident in life such as the death of a near one, economic loss, transition etc.	1	2	3	4	5
4	Whenever I go to a gathering, I determine to get familiar as much as people.	1	2	3	4	5
5	I fear of being failed of the upcoming independent life.	1	2	3	4	5
6	It makes me anxious whether I will be able to fulfill my responsibilities towards my future life	1	2	3	4	5
7	I feel tired physically and mentally by the end of 10-15 day program such as exam period, training program etc.	1	2	3	4	5
8	To deal effectively with, accidental and health related problems in the future; I have decided to start saving	1	2	3	4	5
9	Usually I can't be able to collect the important information regarding fore coming independent life	1	2	3	4	5
10	After taking an examination I am not able to anticipate the result beforehand.	1	2	3	4	5
11	I am not able to decide easily whether going to attend a programme/ gathering /camp that will be beneficial to me or not.	1	2	3	4	5
12	It will not be a pleasant experience for me to meet new friends and neighbors	1	2	3	4	5
13	I have no objection for last minute changes in a programme	1	2	3	4	5
14	It is not a pleasant experience for me to stay away from home (orphanage) for 8-10 days in regard to some commitment.	1	2	3	4	5
15	If I have to attend many things simultaneously, I get buffered (confused).	1	2	3	4	5
16	After taking some decisions in life, I realized that those were not as per my needs and interest.	1	2	3	4	5
17	I cannot even imagine, what will be the direction of my life in next 3-6 years.	1	2	3	4	5
18	I waste most of my vacation because of not planning them in advance.	1	2	3	4	5
19	Owing to taking wrongly/carelessly important decisions of life, the very direction of my life has changed.	1	2	3	4	5

20	I take more time in taking a decision that will be beneficial to me or not.	1	2	3	4	5
21	Lot of my time is wasted for not planning day to day events in advance.	1	2	3	4	5
22	Going to a journey for a week, disturbs my complete physical and mental state.	1	2	3	4	5
23	I shall not seek an unknown friendship outside the orphanage.	1	2	3	4	5
24	If I'm not prepared in advance I could not answer to questions asked by people	1	2	3	4	5
25	I could not / would not take decision at my own	1	2	3	4	5
26	If I am suddenly asked to leave the orphanage, I am not physically and mentally prepared to leave immediately with in (3-4 month).	1	2	3	4	5
27	I cannot anticipate the possible ways to deal with problems coming at the time of organizing functions/ things	1	2	3	4	5
28	I get confused and could not control my feeling during stress, conflict, accidents.	1	2	3	4	5
29	Even after/Inspite of investing at right place, I feel anxious.	1	2	3	4	5
30	While thinking of leaving the orphanage, I will be disturbed with the problems coming there (such as housing, eating, socializing, working etc).	1	2	3	4	5

Appendices B

በአዲስ አበባ ዩኒቨርሲቲ
የትምህርትና ባህሪ ጥናት ኮሌጅ
የሳይኮሎጂ ትምህርት ቤት

የዚህ መጠይቅ ዋና አላማ የወላጅ አጥ የሆኑ አፍላ ወጣቶችን ከተቋም ወደ አዋቂነት (ራስን ለመቻል) እና ለመሸጋገር ያላቸውን የስነ ልቦና ዝግጁነት መጠንን ለመለካት ይረዳል። የተዘጋጀው መረጃ መሰብሰቢያ ነው። መጠይቁ ሁለት ዋና ዋና ክፍሎች አሉት። የመጀመሪያው ክፍል አጠቃላይ በጥናቱ ተሳታፊዎች የግል መረጃን የሚመለከቱ ጥያቄዎች ሲሆን ሁለተኛው ክፍል ደግሞ በድርጅት ውስጥ ያለቸውን ጉዳዮች እና ስነ ልቦናዊ ዝግጁነት ትብብር መለከተ የቀረቡ ጥያቄዎች ናቸው። የሚሰጡት መረጃ የጥናቱን አቅጣጫ የሚመራና ጥናቱን ለማጠናቀቅ የሚረዳ ስለሆነ በጥናቱ ውስጥ ትልቅ ግብአት መሆኑን ተገንዝበው በጥንቃቄ በታማኝነት እንዲሞሉ በትኩረት እጠይቃለሁ።

በምትሰጡት መልስ ይዘት የማትገመገሙ መሆኑን የሚረጋግጥላችሁ ሲሆን የእርስዎን መረጃ ሚስጥራዊነት ለመጠበቅ ያስችልዎታል። ስምዎን እና አድራሻዎን መጥቀስ አያስፈልግዎትም። መረጃው ለጥናቱ አላማ ብቻ የሚውል መሆኑን ሚስጥራዊነቱ የተጠበቀ ነው። ስምዎን መጻፍ የለብዎትም። እባክዎ ዎትን በተቻለው መጠን እርሶን በይበልጥ የሚገልጸውን ምላሽ በጥንቃቄ በመሙላት ለጥናቱ መልካም አስተዳደር ዎን በማድረግ እንዲትተባበሩኝ በታላቅ አክብሮት እጠይቃለሁ።

ይህን መጠይቅ በመሙላት ለምትሰጡኝ መረጃ ለምታደርጉልኝ ትብብር በቅድሚያ ያከልብኩ አመሰግናለሁ!!

መመሪያ: ለሚከተሉት 37 ጥያቄዎች (ለክፍል አንድ እና ሁለት):
እያንዳንዱን ጥያቄ በጥሞና በማንበብ ይምሰማዳ መጥ: በተቀመጠው ሳጥን ውስጥ። " " ምልክት በማድረግ ወይም የተጠየቀውን መረጃ መጻፍ መልስ ይስጡ። ባደባባይ መሙላት በሚያስፈልግ ተገቢ መልስ ይስጡ።

ክፍል አንድ : አጠቃላይ መረጃ (በመጨረሻ ወ. 1-3 ዓመት ከተቋሙ መውጣት በዝግጅት ላይ ያለ አፍላሴቶች/ወንዶችን ብቻ ያመለክታል)

- 1. እድሜ _____
- 2. ፆታ፣ ወንድ ሴት
- 3. የክፍል ደረጃ _____
- 4. ወለጆች/ሽ በህይወት አሉ
 አዎ የሉም
- 5. ለ 4-ተኛው ጥያቄ የሉም ከሆነ ምላሹ ከወላጆች/ሽ መካከል በህይወት የሌለው ማንነው
 ሻባት እናት ሁለቱም አላውቅም
- 6. በአሁን ሰዓት የምትኖረው/ሪወያት ነው
 በድርጅት ውስጥ ከድርጅት ውጪ

7. ለጥያቄ 6 መልስህ/ሽ በድርጅት-ወስጥከሆነም ንጋሪነት-ድርጅት-ወስጥነውም ተካላሪ/ሪወ/

ሀ. ብዙልጅሆነንንበአንድ-ትልቅጊቢወስጥ

ለ. ትንሽልጅሆነንንበአንድ-ትልቅጊቢወስጥ

ሐ. ሌላካለ _____

8. ወደእዚህ ተቋም የገባህ ወራት _____

9. ወደእዚህ ተቋም ስትገባ ስንት ዓመት ትሆን ነበር -----

10. ከተቋም ስትወጣ ድጋፍ የሜዶ ደርግል ህ/ሽ ቤተሰብ፡ ዘመድ ወይም ሌላ ድርጅት አለ

ሀ. አለ ለ. የለም

11. ከተቋም ስትወጣ ለሥራ ያሳዘነው ትውልድ የምንም ስም ስትገባው አቅጣጫ

ሀ. አለ ለ. የለም

12. በተቋም ወስጥ እያለሁ ቤተሰቦቼ ወይም ዘመዶቼ ጋር ቅርብ ግንኙነት ነበረኝ

ሀ. አለ ለ. የለም

ክፍል ሁለት፡ የተቋም ልምድ እና የሰነ-ልቦና ዝግጁነት (ራስን ለመቻል)

እና ለመሸጋገር ያላቸው ንፍቅ ለልቦና ዝግጁነት

መመሪያ፡ የሚከተሉት አረፍተኛ ስልጣናት ሁሉንም ተቋም ወደ አዋቂነት ለመሸጋገር

(ራስን ለመቻል) ያላቸው ንፍቅ ለልቦና ዝግጁነትና የሚሰማቸው ስሜት ላይ ሲያውጡ ነጥብ፡፡

አንዳንድ አረፍተኛ ስልጣናት ሁሉንም ተቋም ለሰነ-ልቦና ዝግጁነት ለማሳደግ ስሜት ላይ ሲያውጡ ነጥብ፡፡

አንዳንድ አረፍተኛ ስልጣናት ሁሉንም ተቋም ለሰነ-ልቦና ዝግጁነት ለማሳደግ ስሜት ላይ ሲያውጡ ነጥብ፡፡

አንዳንድ አረፍተኛ ስልጣናት ሁሉንም ተቋም ለሰነ-ልቦና ዝግጁነት ለማሳደግ ስሜት ላይ ሲያውጡ ነጥብ፡፡

ትምህርት ለማስጠቀም ይጠቀሙ፡፡

ተ. ቁ	ዓረፍተኛ ስልጣን	በጣም አልሰማም (1)	አልሰማም (2)	መካከለኛ (3)	እሰማ (4)	በጣም እሰማ (5)
	የሕይወት አቅጣጫ (ብሩህ አመለካከት)					
1	ባልተመቻቸው ከታወቁ ጋር፣ አብዛኛውን ጊዜ መልካም ዝግጁነት ስሜት ላይ ሲያውጡ ነጥብ፡፡					
2	ዘና ለማለት ለእኔ ቀላል ነው					
3	የሆነን ስልጣን መጥፎ ከሆነ፣ በእኔ ላይ ይደርሳል					
4	ስለ ወደፊት ሕይወቴ ሁል ጊዜ ተስፋ አደርጋለሁ					
5	ከጓደኞቼ ጋር ማሳለፍ በጣም ደስ ይለኛል					
6	ራሴን በስራ መጥመድ ለእኔ ጠቃሚ ነው					
7	ነገሮቼ እኔ በጠበቀኳቸው መንገድ ላይ ምንም ጉዳይ ስሜት ላይ ሲያውጡ ነጥብ፡፡					
8	በቀላሉ አልሰማም					
9	ጥሩ ነገሮች በሕይወቴ አልፈው ለኛቸው ነገሮቼ ነው ሚሆኑት					
10	በአጠቃላይ ፣					

	ከመጥፎነገሮች ይልቅ ብዙ መልካምነገሮች ይሆናሉ ብዬ አጠብቃለሁ					
	ለራስዎ ጋመስጠትን					
1	በአጠቃላይ በራሴ በጣም ድስተኛነኝ					
2	ሁሌም ጥሩ እንዳልሆንኩ አንዳንድ አስባለሁ					
3	በርካታ ጥሩነገሮች እንዳለኝ ይሰማኛል					
4	ሌሎች እንደሚያደርጉት ሁሉ እኔም ማድረግ እችላለሁ					
5	ብዙ የሚያኮሩ ነገሮች እንደሌሎች ይሰማኛል					
6	አንዳንድ ጥቅም እንደሌለኝ በርግጠኝነት ይሰማኛል					
7	ዋጋ እንዳለው ስው ይሰማኛል ቢያንስ እንኳ ከሌሎች አኩል እንደሆንኩ ይሰማኛል					
8	ለራሴ ትልቅ ዋጋ እንዲኖረኝ አመኛለሁ					
9	በአጠቃላይ ስሜቴ የሚያዘነብለው እንዳልተሳካልኝ ነው					
10	ለራሴ ቀና የሆነ አመለካከት አለኝ					
	የስነልቦናዝግጁነት					
1	ከማሳደጊያ ተቋም ጥቅም ወደ ተሰባሳቢ ቦታ ስሄድ የጭንቀት እና የመረበሽ ስሜት በጣም ይሰማኛል					
2	ንቁ/ቀል ጣፋባለ መሆኔ በህይወቴ ብዙ መልካም ዕድሎች አጥቻለሁ ለምሳሌ (በትምህርት፣ ስራ፣ የህይወት መንገድ የሚቀይሩ ዕድሎች)					
3	በህይወቴ ለሚገጥሙ ኛትልቅ ክስተት (ለምሳሌ የቅርብ ሰው ጥፋት፣ የገቢ ማነስ፣ የለውጥ/ ሽግግር ሁኔታዎችን) ለመቀበል ምንም ላሽለ መስጠት ረዘም ያለ ጊዜ ይወስድብኛል					
4	ስዎች ወደ ተሰባሳቢ ቦታ በምሄድ ጊዜ ጥሩ ቤተሰባዊ ቅርብ እንዲኖረኝ እጥምክራለሁ					
5	በመጨረሻ ራሴን በመቻል ሕይወቴ ወስጥ አይሳካልኝም ብዬ አፈራለሁ					
6	በመጨረሻ ህይወቴ የሚኖርብኝ ግን ላፊነት ላላ ሚላ እችላለሁ ብዬ አጠብቃለሁ					
7	እንደ የፈተና ጊዜ ፣ የሥልጠና ፕሮግራም ፣ ወዘተ ያሉ የ 10-15 ቀን ፕሮግራም መጨረሻ ላይ በአካል እና በእምሮ ድካም ይሰማኛል					
8	ለወደፊት ድንገተኛ ክስተት እና ከጤና ጋር የተዛመዱ ችግሮችን ጤታማ በሆነ መንገድ ለመቋቋም ፣ ቁጠባለ መጀመር ወስኛለሁ					
9	ብዙ ጊዜ ራስን ለመቻል የሚሆኑ አስፈላጊ ክንውኖችን በተመለከተ አስፈላጊውን መረጃ መሰብሰብ አልችልም					
10	ፈተና ከተፈተኑ ክስተቶች ጋር ጥሩ ጊዜ ለመቆየት አልችልም					
11	ለእኔ ጠቃሚ የሆነ ወይም ያልሆነ ስብሰባ/ፕሮግራም ላይ ለመሳተፍ					

	ፍብቀላሉ መወሰን ይከብደኛል					
12	አዳዲስ ሰዎች ጋር መገናኘት እንዲሁም ጓደኞች እና ጎረቤት ማፍራት ደስ አያሰኝኝም					
13	በመጨረሻ ሰዓት ላይ የሚደረጉ የፕሮግራም ለውጦች ላይ ተቃዋሚ የለኝም					
14	ከማሳደጊያ ወይንም ለምንም ነገር በሆን ከ 8-10 ለሚሆኑ ቀናት ርቀት መቆየት ደስ አይለኝም					
15	በአንድ ጊዜ ብዙ ነገሮችን ማድረግ ግራ ያጋባኛል					
16	በህይወቴ ከወሰንኩት ወሳኔዎች ወስጥ የተወሰኑት ከፍላጎቴ ጋር አይሄዱም					
17	በሚቀጥሉት ከ 3-6 ዓመታት ወስጥ የህይወት አቅጣጫዬ ምን ሊሆን እንደሚችል ማሰብ አልችልም					
18	አብዛኛውን የእረፍት ጊዜዬ ንቀድሜ ባለማቀድ ምክንያት እንዲሁ አባክኛለሁ					
19	አስፈላጊው ሳኔዎችን በግድ የለሽነት በመወሰን የህይወቴ አቅጣጫ ተለውጧል ::					
20	ለእኔ ጠቃሚ የሆነውን ወይም ያለሆነውን ወሳኔ ለመወሰን ረዘም ያለ ጊዜ ይወስድብኛል					
21	የዕለት ተዕለት እንቅስቃሴዎቼን ባለማቀድ ብዙ ጊዜዬን አባክኛለሁ					
22	ለአንድ ሳምንት ሌላ ቦታ መሄድ አካላዊ እና አእምሮ ራዊ ሁኔታዬን ይረብሽኛል					
23	ከማሳደጊያ ተቋም ወጪ ጓደኛ አያስፈልገኝም					
24	አስቀድሜ ካልተዘጋጀ ሁሰዎች ለሚጠይቁኝ ጥያቄ መልስ መስጠት አልችልም					
25	በራሴ ወሳኔ መወሰን አልችልም					
26	ከማሳደጊያ ወይንም በድንገት እንድለቅብ ጠየቅ በካልም ሆነ በአእምሮዝግ ጁለ መሆን ከ 3-4 ወራት ይፈጅብኛል					
27	ችግሮች በሚገጥሙኝ ጊዜ የመፍትሄ መንገድ ለማሰብ ያስቸግረኛል					
28	ጫናዎች፣ ግጭቶች፣ አደጋ ሲከሰት ስሜ ቴን ለመቆጣጠር እቸገራለሁ እንዲሁም ግራ እጋባለሁ					
29	ትክክለኛውን ነገር ካደረሁ በኋላ ምን ጭንቀት ይሰማኛል					
30	ተቋሙን ለቅቁ ስለመወጣት እና ሊገጥሙኝ ስለሚችሉ ችግሮች ሳስብ እረብሻለሁ ለምሳሌ (የቤት ችግር፣ የምግብ እጦት፣ ማህበራዊ ግንኙነት፣ ስራ እና የመሳሰሉት)					

Appendices C

FGD guide for Adolescent Girls and boys who are expected to leave institutional care in the coming 1-3 years

1. Do you feel you have reached adulthood? Please explain why? Or why not?
2. Have you ever got the chance to learn adult roles in the institution you raised?
3. How do you perceive your psychological and emotional readiness to exit from institutional care?
4. Please mention the kind of psychological or counseling support you are receiving? If yes, is it helpful for your psychological preparation of care leaving?
5. How do you explain your expectation after you leave care?
6. Have you ever got training in relation to independent living skills from the institution? If yes what are they? When?
7. How do you see the training on independent living pertinent to your preparation for after care life?

Interview Guide for the institution key personnel

1. Are there programs which are intended to prepare care leavers for later independent living in the institution?
2. Is there any exit plan for adolescent girls and boys who are expected to leave care?
3. 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 boys and girls know about exiting from care?
 - Who initiates leaving care? The institution or the adolescents? Why?
 - What are the rights of adolescents who are leaving care?
 - At what age do adolescent girls expected to prepare themselves for leaving institutional care? Why?
4. How do you assess the psychological and emotional readiness adolescent girls and boys for leaving institutional care? (counselor or social worker)
5. Is there any kind of guidance and counseling provided for those who are getting prepared to leave care? (counselor or social worker)