



A Cross-case analysis of Ethiopian Care Leavers

Citation

Berhanu, Dinsry. 2021. A Cross-case analysis of Ethiopian Care Leavers. Master's thesis, Harvard University Division of Continuing Education.

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A Cross-Case Analysis of Ethiopian Care Leavers

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A Thesis in the Field of Psychology for the
Degree of Master of Liberal Arts in Extension Studies

Harvard University

May 2021

Abstract

International research studies report that young adults transitioning from out-of-home care to independent members of their communities face significant emotional, social, health, employment, and educational challenges that result in negative outcomes. The present study sought to investigate six Ethiopian care leavers' lived experiences to gain an in-depth understanding of the contributing factors for positive life outcomes.

Findings are mainly derived from interviews and a questionnaire completed by participating care leavers, focusing on potential risk and protective factors across different developmental stages and domains. Participating care leavers also completed the Connor-Davidson Resilience Scale and the Brief Cope questionnaire to assess the personal resource contribution towards positive life outcomes.

The study highlights the complexity of the factors at play when determining the life outcomes of care leavers and identified several factors associated with higher likelihood of negative outcomes. Childhood poverty, parental bereavement, and separation from family when entering care were the identified pre-care risk factors. Emotionally unavailable care staff and in-care maltreatment were the main in-care risk factors while an abrupt end of care support that led to financial, accommodation, and employment challenges were risk factors during the transition and post-care period.

The potential protective factors for positive life outcomes identified in the study are: stable and positive relationships with family and care peers, successful social integration, stable care placement, mental health, educational achievement, and gainful employment. Factors from the personal domain, namely, personality-traits associated

with resilience, positive coping strategy, and spirituality were also identified as potential protective factors that might have reduced the impact of risk factors the participating care leavers experienced throughout the different developmental stages.

Recommendations for practice and policy include an extension of services for young adults leaving care, maintaining family linkages when possible, and assisting care leavers to establish formal and informal networks.

Dedication

This thesis is dedicated to all orphan and vulnerable children in Ethiopia, especially to those who are in residential care. We see you, we hear you, and we care.

Acknowledgements

First and foremost, I would like to give praise and thanks to almighty God, for His abundant love and sustaining grace that has brought me this far.

The completion of this research project could not have been possible without the support and encouragement from my family and friends. I am extremely grateful for your love, prayers, and support throughout my academic journey.

I would like to extend my deep and sincere gratitude to the six Ethiopian care leavers who participated in the research study. Thank you for taking the time from your busy schedule to be part of the study and for openly sharing the highs and lows of your life's journey. You are an inspiration to many and I hope to repay your trust by being a voice for change that will address the challenges faced by care leavers in Ethiopia.

I would also like to thank my thesis director Dr. Elizabeth Bartholet and research advisor Dr. Dante Spetter for their support and for being flexible to accommodate the extenuating circumstances I was facing while working on my research project.

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Chapter I

Introduction

The transition experience of young adults from the shelter of out-of-home care to becoming emancipated and independent members of society is a worldwide topic of concern, drawing significant academic attention. Numerous research investigations focus on care leaving in economically developed nations such as the UK, USA, Australia, and Western Europe (Brady & Gilligan, 2018; Del Valle et al., 2008; Pecora, 2012; Pecora et al., 2006; Mendes, Michell & Wilson, 2014; Mendes & Moslehuddin, 2006; Stein, 2006; Stein, 2008). However, there is a dearth of research on care leaving within the context of economically developing nations; the existing studies are mostly small scale and qualitative (Diraditsile & Nyadza, 2018; Pryce et al., 2016; Takele & Kotecho, 2020; Tanur, 2012; Van Breda, 2017).

The process of leaving care involves transitioning from dependence on state-run or private organizational care and support to independence and self-reliance. It is a major life transformation. During this transition phase, most care leavers are forced (simultaneously) to: find gainful employment, leave school, secure new accommodation, and learn to become financially independent. Most do all of this without a support network.

Young people transitioning from care face significant emotional, social, health, employment, and educational challenges, resulting in negative life outcomes. Outcomes such as homelessness, teenage pregnancies, prostitution, petty and violent crimes, mental

and physical health problems, inadequate social support systems, and poor educational outcomes are common among care leavers (Cashmore & Paxman, 2006; Knight et al. 2006; Stein, 2008).

Challenges faced by care leavers

The following section takes a closer look at challenges care leavers face after leaving care and some of the contributing factors associated with those challenges.

Basic life skills

Specific life skills are necessary for successful transition to adulthood and independence. These include: money and time management, self-care, use of community resources, planning, and problem-solving. Most young adults who live in nuclear families have been exposed to the day-to-day activities in their specific households that repeatedly introduce and reinforce these life skills. Unfortunately, in most out-of-home care scenarios, there are limited opportunities for developing independent living skills in children. As such, care leavers lack the life skills necessary to perform the basic duties of independent life upon leaving care (Diraditsile & Nyadza, 2018; Pryce et al. 2016; Tanur, 2012).

Social integration

Care leavers transitioning from institutional care find integration into society extremely challenging. In the African context, most care institutions are geographically and socially isolated from surrounding communities, and children living there have limited interactions with individuals not affiliated with the care institutions. Care leavers

are stigmatized by some society members, attaching names and labels that affect care leavers' self-actualization (Diraditsile & Nyadza, 2018; Frimpong-Manso, 2018; Magoni Ai.Bi., Bambibi, & Ucembe, 2009; Pryce et al. 2016; Roeber, 2011).

A study that followed 260 care leavers in Spain shows that pre-care and in-care experience determines how successfully an individual care leaver integrates into society (Del Valle et al., 2008). The study focused on social and work integration between 1 and 9 years after leaving care. The most closely related variable to social integration is the number of care institution changes, thus showing that individuals with the highest number of institution changes have the worst outcome. Leaving residential care at a later age was also a strong predictor of successful social integration. Age at the point of follow-up was also a strong predictor of better social integration. One in every four young adults between the ages of 16-20 years had marginalization problems compared with 1 in 50 of those 24 years and older. By contrast, behavioral problems and child-labor exploitation were negatively correlated and associated with poor social integration.

Employment

Employment-related challenges are one of the primary obstacles care leavers face after leaving care. Unemployment, finding satisfactory or fulfilling jobs or merely those that pay a living wage are difficult or impossible for most care leavers. The main reasons for underemployment or unemployment are poor educational outcomes and nonexistent social networks (Cassarino-Perez et al. 2018; Diraditsile & Nyadza, 2018; Pryce et al. 2016).

Due to the limited job market in most African countries, young Africans depend on parents or relatives to assist them in securing a job. The lack of a familial or social

support system and the attendant financial safety net puts care leavers in the vulnerable position of taking the first job offer they get in order to survive. This dire need for employment makes care leavers vulnerable to mistreatment and exploitation.

Employment challenges also limit care leavers' ability to secure accommodation and cover their basic needs (Diraditsile & Nyadza, 2018; Frimpong-Manso, 2018; Pryce et al. 2016; Takele & Kotecho, 2020).

Cassarino-Perez et al. (2018) conducted 5 meta-analyses of twelve studies – ten in the USA, one in the UK, and one in Spain – to examine the association of employment outcomes with placement stability, race, mentoring, gender, and education. The meta-analyses' findings suggest that gender and education level have positive correlations with the employment outcomes of young care leavers. Being a girl and having a high school diploma were associated with higher odds of employment.

Education

Education plays a vital role in facilitating a young adult's wellbeing. Poor educational outcomes are more common among care leavers than their peers in the general population (Diraditsile and Nyadza, 2018; Mendes et al., 2014; Pecora, 2012; Pecora et al., 2006; Pryce et al., 2016).

Pecora et al. (2006) conducted a study focusing on the educational outcomes of young adults placed in foster family care from 1966 to 1998 in 23 field offices of the Casey family program. The researchers reported strong predictors of high school completion: youth employment while in care, fewer placements, older age of entry into the system, independent living training while in care, and less criminal behavior. In

addition, the analysis model, placement stability predicted greater odds of completing high school.

Comparable findings have emerged in the meta-analyses conducted by Cassarino-Perez et al. (2018), reviewing 12 studies on education outcomes of care leavers (N = 6781). The analyses examined the association of placement stability, gender, mentoring, and maltreatment with education outcomes. The meta-analyses on placement stability appeared to be statistically significant and are linked with a high probability of earning a high-school diploma. No distinction between placement types – foster care, residential care, or group home – was made in the individual studies included in the meta-analyses.

Care leaving research in South Africa shows that being Not Educated, Employed, or Trained (NEET) can create mental health issues and financial challenges and is a significant risk factor for successful transition from care process. Care leavers engaged in Education, Employment, and Training (EET) had significantly better outcomes one year after leaving care. Self-supported accommodation, financial security, and education for employment were statistically significant. Research results suggest that individuals who are NEET face more negative outcomes than those in the EET category. Nevertheless, it also highlights that EET care leavers may still remain at risk of poor outcomes; some of the EET study participants struggled to cover their basic needs (Dickens & Marx, 2020).

Mental health

International research indicates that children and adolescents within the out-of-home care system experience mental health issues at a higher rate than their peers in the general population (Baidawi, Mendes, & Snow, 2014; Maguire et al. 2019; Sims-Schouten & Hayden, 2017). In the Sawyer et al. (2007) study of 414 Australian children

and adolescents in foster care, the prevalence of mental health issues was 2-5 times higher than that in the general population. Depression, anxiety, post-traumatic stress disorder, conduct disorder, oppositional defiant disorder, and attention deficit hyperactivity disorder (ADHD) are the most common mental health conditions diagnosed in adolescents in out-of-home care. A complex interaction between genetics, prenatal conditions, the pre-care and in-care experience of the out-of-home care population can give rise to these and other mental health issues.

Pre-care experiences such as neglect, maltreatment, loss of biological parents, and in-care experiences such as integration into new placements, placement stability, and maltreatment in care impact the mental health of in-care children and adolescents (Baidawi, Mendes, & Snow, 2014). Tarren-Sweeney's (2008) study suggests that the greater exposure to pre-care adversity, the greater the likelihood of mental health problems in the out-of-home care population. As such, children with experience of maltreatment in-care, residential care placements, and experience placement instability are more likely to experience mental health issues.

Transition from care is a highly stressful time for most care leavers, and can give rise to or exasperate existing mental health issues (Baidawi, Mendes, & Snow, 2014; Maguire et al. 2019; Sims-Schouten & Hayden, 2017). In most cases, the support provided to care leavers in transition mainly focuses on immediate and practical needs such as accommodation, education, and employment. Mental health and associated emotional and behavioral needs are often neglected. Studies in economically developed countries indicate a higher prevalence rate of mental health issues among care leavers as compared with young people still in care and those in the general population (Courtney

& Dworsky, 2006; Dixon, 2008; Pecora et al., 2009). Further data from Maguire et al. (2019) study suggests that +18-year-olds with childhood care experience have an increased risk of self-harm, psychiatric hospital admission, and suicide. Those exposed to any form of care intervention had three times the risk of suicide; although this risk increased with duration of care, it is equivalent across the different types of care.

In addition to having the most unstable in-care experience, care leavers with mental health, emotional, and behavioral issues tend to be vulnerable to poor post-care outcomes, such as homelessness and lower engagement in education and employment (Baidawi, Mendes, & Snow, 2014; Sims-Schouten & Hayden, 2017). Care leavers with the highest prevalence of mental health conditions, most disrupted care experiences, and significant social isolation were identified with the worst post-care outcomes (Fowler et al., 2011; Keller et al., 2007).

Social support

Any individual's social network is a potential source of support, giving them a sense of belonging, social identity, and intimate relationship. Support from social networks can function as emotional, practical, and informational support. Support provided by others not only help to promote adaptation to difficult life events but also maintains the well-being of the recipient (Jones, 2014; Sipple et al., 2015). Social support effectiveness depends on the source, type, and timing of the social support and how well it matches the needs and the developmental level of the individual (Adley & Kina, 2017; McMahon & Curtin, 2013; Sipple et al., 2015).

It is well-established that social networks play a significant role in young adult development. The social support provided by relationships with significant people

(family, relatives, friends, peers, teachers) can significantly impact psychological health and adjustment, promoting resilient outcomes (McMahon & Curtin, 2013; Sipple et al., 2015). Supports provided by social networks are perhaps more significant for young adults with experience of care (Adley & Kina, 2017; Jones, 2014; McMahon & Curtin, 2013; Sipple et al., 2015). Young care leavers are vulnerable to social exclusion, and most have a poor social support system (Diraditsile & Nyadza, 2018; McMahon & Curtin, 2013; Stein, 2006). Mahon and Curtin (2013) suggest that care experience, such as number, duration, location, types of placement and significance of the care giver's role can impact the ability to maintain significant links.

Most young care leavers from residential care grow up isolated from mainstream communities and then, when it is time to leave care, they enter a culture that is unfamiliar and unfriendly towards them (Diraditsile & Nyadza, 2018; Pryce et al., 2016). Social alienation contributes to the lack of social skills; care leavers find it difficult to form or maintain relationships (Diraditsile & Nyadza, 2018; Frimpong-Manso, 2018; Pryce et al. 2016; Tanur, 2012; Welch et al. 2018). Stability, continuity, and secure relationships are important building blocks for resilience and are not always available for care leavers. In most cases, relationships with extended family are disrupted when entering care. Moreover, care leavers struggle to re-establish family ties when exiting care. Not surprisingly, those with pre-care and in-care trauma experiences tend to lack trust in relationships (Frimpong-Manso, 2018; Welch et al. 2018).

Accommodation

One of the significant challenges care leavers face as they exit care is securing housing. Housing challenges mainly arise from unemployment, and a lack of finances

and social support (Frimpong-Manso, 2018; Roeber, 2011; Takele & Kotecho, 2020). Diraditsile and Nyadza's (2018) cross-sectional qualitative research reported that 65% of the study participants did not have permanent places of residence. Most struggled to achieve a basic need for accommodation that, in-turn, affected their progress in addressing other levels of need.

Factors associated with care leaver outcomes

Care leavers are a diverse group; they have a wide range of reasons for entering care and diverse experiences upon entering and leaving the care system. As a result, life outcomes of care leavers differ from one to another. Stein (2006) suggests three broad outcome categories of care leavers: the most successful "moving on" group, the "survivors" group, and the least successful "victims" or "strugglers" group. There are several studies that highlight the heterogeneity of care leavers' experiences and the complexity of the factors at play when determining life outcomes (Baidawi, Mendes, & Snow, 2014; Brady & Gilligan, 2018; Cassarino-Perez et al., 2018; Del Valle et al., 2008; Dickens & Marx, 2020; Diraditsile & Nyadza, 2018; Frimpong-Manso, 2018; Mahon & Curtin, 2013; Mendes et al., 2014; Pecora et al., 2006; Pecora, 2012; Pryce et al., 2016; Sipple et al., 2015; van Breda & Dickens, 2017).

Care leaving research studies have been utilizing resilience theory to help identify and assess factors associated with life outcomes (Cashmore & Paxman, 2006; Frimpong-Manso, 2018; Refaeli, 2017; Schofield, Larsson, & Ward, 2016; van Breda & Dickens, 2017; van Breda & Hlungwani, 2020). According to Zautra, Hall, and Murray (2010, p.9) "resilience is an outcome of successful adaptation to adversity, and is revealed by

sustainability, recovery, or both. Resilient processes are those that have garnered empirical support as variables that increases the likelihood of those outcomes.”

Resilience is a multi-dimensional and context-specific process in which protective factors interact with risk factors to reduce the potential for negative outcomes (Frimpong-Manso, 2018, Luthar, Cicchetti, & Becker, 2000). Factors related to mental health, personal, relational, social environment, education, and employment domains have been identified as factors that determine care leavers’ life outcomes. Table 1 summarizes the list of potential protective and risk factors related to mental health, relational, social environment, education, and employment domains grouped under four range of experiences: pre-care, entering care, in-care, and transition/post care.

Personality traits associated with resilience are one of the identified factors from the personal domain that contributes to positive life outcomes. A resilient personality is characterized by “a trait that reflects a strong, well-differentiated, and integrated sense of self (self-structure) and traits that promote strong, reciprocal interpersonal relationships with others” (Skodol, 2010, p.113). These traits contribute to high levels of adaptive functioning. Table 2 lists the prerequisite personality traits for resilience (Skodol, 2010).

Other personal factors associated with life outcomes are the coping strategies individuals utilize to internally and externally manage situations they appraise as stressful. Problem-focused and emotion-focused are the two types of positive coping strategies associated with resilience. Problem-focused is an intervention at the encounter of a stressor in order to attempt to change the situation. Emotion-focused coping targets the response to the stressor, to avoid or attenuate the emotional distress of the situation.

Problem-focused coping is highly associated with resilience. However, both positive coping strategies can contribute to resilience (Skodol, 2010).

Van Breda and Dickens' (2017) study assessed a sample of care leavers in South Africa and used resilience theory to explain the difference observed in independent living outcomes one year after leaving care. The study participants completed the Youth Ecological Resilience scale right before leaving care and participated in a follow-up interview 12 months after leaving care. Variables in the relationship domain (with family, friends, and community) predicted positive education, accommodation, and family relationship outcomes and variables in the environment domain (community safety, social activities, and family financial security) also predicted positive employment, accommodation, and relationship outcomes.

However, social and environmental factors related to in-care experience, such as positive care experience and supportive relationship with care staff did not predict any outcomes. From the personal domain, optimism was the only significant predictor of outcomes. Optimism was positively associated with accommodation, family relationships, and well-being outcomes. The social environment and social relationship factors were associated with more positive outcomes than factors in the personal domain one year after leaving care. The study suggests that higher levels of resilience at the time of leaving care predicted better outcome a year later.

Care leaving in Ethiopia

Ethiopia is home to over 5 million orphan and vulnerable children, including children who have lost one or both parents. Extended families take the responsibility to care for some of these children. Youth in government-run residential care graduate from

care at the age of 18 with little or no training or preparation. “Emancipation” age from organization-owned residential care and the process of leaving care varies depending on factors such as institution capacity and resource availability (Pryce et al., 2016). Child welfare organizations and policymakers have given very little attention to the experience of care leavers who graduate from care. There is no clear delineation for care transition and after-care support in the Alternative Childcare Guidelines (2009) developed by the Federal Ministry of Women, Children, and Youth Affairs. (FDRE, 2009; Pryce et al. 2016; Takele & Kotecho, 2020).

Care leaving research in Ethiopia is almost non-existent. To date, there are only two care leaving studies conducted. Pryce et al. (2016) conducted a qualitative study, selecting 54 care leavers (24 females and 30 males) between the ages of 17 and 30. Data collection was done through focus group discussions, individual, and small group interviews. Interviews were structured around developmental domains such as education, employment, and social skills with questions centered on the challenges faced in these domains and the types of resources used to address them.

Participants generally identified barriers to successful transition, including community integration challenges, finding employment, performing basic life skills, and psychological and emotional development. Lack of informal social support and educational opportunities exasperated the challenges faced by the care leavers. Underemployment or unemployment was a common negative outcome for most of the participants.

Table 1. Potential protective and risk factors pre-care to post-care

Stage	Protective factor	Risk factor
Pre-care	Healthy, positive family relationship	Neglect and abuse Chaotic/disadvantaged families
	No history of parental mental illness and substance abuse	Parental mental illness and substance abuse & relationship breakdown
	Mental health of the child	
Entering care	Staying together with siblings	Sudden separation from birth parents and siblings
	Positive placement integration	Death of birth parents
In-care	Supportive and stable placement	Poor quality care, neglect, placement instability
	Emotional support/ongoing positive relationship with an adult	Changing caregivers/schools
	Care that promotes individual resilience	Lack of supportive relationship with caring adults
	Mental health	Social alienation and maltreatment
	Educational achievement	Mental illness Poor educational achievement
Transition & post-care	Holistic and gradual transition process	Abrupt end of formal support (accelerated transition)
	Transition based on maturity and skills	Lack of basic skills Lack of support network
	Community of care (housing, financial, educational, emotional support)	Mental illness Unemployment
	Positive relationship with family or other adult	Poor educational achievement
	Social support network (formal/informal)	
	Mental health	
	Gainful employment	
	Educational achievement	

Table 2. Personality traits associated with resilience

Category	Personality trait	Personality trait description
Sense of self	Self-esteem/self-worth	Self-acceptance
	Self-confidence/self-efficacy	Internal locus of control
	Self-understanding	Insight into one's motivation, emotions, strength, and weakness
	Positive future orientation	Motivation, determination, and persistence in the pursuit of personal goal while maintaining balance
	Control of negative behaviors and emotions	Control over impulses, ability to delay gratification
	Hardiness	Control over external forces, commitment to find meaning in life's activity and challenge as an opportunity for growth
	Ego-resilience	Flexible and resourceful adaptation
Interpersonal Skills	Defense mechanism	Affiliation, altruism, anticipation, humor self-assertion, self-observation, sublimation
	Sociability	
	Emotional expressiveness	Convey feelings openly
	Interpersonal understanding	Empathic, interest in wellbeing of others

Similar findings have emerged from Takele & Kotecho's (2020) study on care leaving in Ethiopia. Securing employment and accommodation, absence of social support, lack of educational opportunities, and reconnecting with or tracing family of origin were the main challenges participants faced after leaving care.

Purpose of the study

Some care leavers succeed despite difficult circumstances that fall into the “moving on” outcome category. The present study focuses on Ethiopian care leavers from the “moving on” outcome group to gain an in-depth understanding of factors related to positive life outcomes. The overarching research questions that guided the data collection and analysis are: (1) What are the potential risk factors Ethiopian care leavers face pre-care, in-care, and post-care? and (2) What are the potential protective factors that might have reduced the impact of the risk factors?

The present study drew on resilience theory to identify potential protective factors related to several domains, including mental health, personal, relational, social environment, education, and employment domains.

Even though the study is a case series and generalizability is limited, it will inform future care leaving research studies on how to promote protective factors for positive outcomes. It will also contribute to the currently non-existent Ethiopian care leaving literature and provide inputs for child welfare policy and practice in Ethiopia.

Chapter II

Method

An online study format that included a questionnaire, psychological assessment scales, and a semi-structured interview was used to conduct the cross-case analysis. The target sample size of the study was 4-6 participants with an equal representation of females and males.

Participants

Purposive sampling was used to select care leaver participants. In order to be included in the cross-case study, care leavers had to meet the following criteria:

- lived in out-of-home care for most of their childhood and teenage years
- currently between the ages of 35 and 45
- received higher education (beyond high school diploma), and
- gainfully employed

An eligibility screener based on the inclusion criteria was presented after consent but before any measures were administered.

Measures

The study protocol included various measures to capture the potential risk and protective factors for positive outcomes across mental health, personal, relational, social

environment, education, and employment domains at four different development stages: pre-care, in-care, transition from care, and post-care.

Personal factor assessment

Connor-Davidson Resilience Scale-25 (CD-RISC-25). The CD-RISC-25 is a self-administered scale to assess an individual's resilience and contains 25 statements. Case study participants scored themselves from 0 to 4 depending on how much they agree with the statement (0 = not true at all and 4 = true nearly all the time). In previous research studies, CD-RISC-25 has been found to have good psychometric properties and had been validated as a strong measure with clinical and non-clinical samples across different demographics in various countries (Breno & Paz Galupo, 2007; Burns, Anstey, & Windsor, 2011, Jafari et al., 2010; Roy, Sarchiapone, & Carli, 2007).

Brief-Coping Orientation to Problems Experienced Inventory (Brief COPE). The coping responses of participating care leavers to life stressors were assessed using the Brief COPE inventory. Brief COPE is a self-report assessment tool that consists of 28 statements focusing on understanding the frequency with which people use different coping strategies in response to various stressors. Cross-case study participants scored themselves from 1 to 4 (1 = *I have not been doing this at all* and 4 = *I have been doing this a lot*). Brief COPE assesses a broad range of coping responses and is currently one of the best validated and most frequently used measures (Carver, 1997).

Relational, social environment, mental health, education, and employment factors assessments

Questionnaire and online-interview. Cross-case study participants were asked to complete a questionnaire prepared by the researcher to capture participants' lived experiences. The questionnaire consisted of 50 closed-ended questions and 1 open-ended question at the end (Appendix A). A semi-structured interview was also conducted via Zoom as an additional data collection method (Appendix B – Interview guide). The development of the questionnaire and the interview guide were based on the research questions and current literature and organized around the risk and protective factors of care leavers across different development stages. Pilot tests of the study questionnaire and interview guide were undertaken with two care leavers to ensure that questions would elicit information relevant to the aims of the study. There was no need to revise the study questionnaire and the interview guide.

Procedure

The cross-case analysis was conducted following three main protocols- data collection, data sorting, and the data analysis.

Data collection

Harvard Committee on the Use of Human Subjects provided the ethical approval for the study on October 27, 2020. Following the ethics approval, purposive sampling was used to select care leavers from four residential care facilities and one children's village. A Chain-referral sampling technique was utilized to recruit study participants. Invitation for research participation (Appendix C) and consent form (Appendix D) were

emailed to prospective study participants. Each participant was provided with information about the study, including their rights to refuse participation or withdraw at any time. Follow-up phone calls were made to ensure an understanding of all transmitted materials. In case the study procedure elicits painful or traumatic memories or feelings of discomfort, causing psychological distress, a psychologist's name and contact information was provided should study participants express a desire to receive counseling support.

Upon receipt of the signed consent forms from participants who met the study criteria, the researcher emailed the two personality assessment scales and the study questionnaire. After the study participants returned the completed scales and questionnaire, one-on-one zoom interviews were scheduled. To guarantee meeting security integrity, all Zoom meetings had an access password, which was emailed to the individual study participants. Participants were also placed in a waiting room before they were allowed to join the meeting.

The interviews were conducted in English for three of the study participants and in Amharic (Ethiopia's lingua franca) for the other three participants. The interviews lasted 25 to 35 minutes and were audio-recorded using the researcher's personal tablet.

Data sorting

The raw data collected was stored in a password-protected folder on the researcher's personal computer. To assure confidentiality and privacy, pseudonyms were used in place of participants' real names and all information that could be used to identify them was permanently removed. Data was organized using a spreadsheet. The audio recordings of the interviews were transcribed and translated into English. Once the

transcription was completed, audio recordings of the zoom meetings were permanently destroyed.

Data analysis

The cross-case analysis sought to present and describe similar characteristics and findings in order to enhance generalizability and deepen understanding and explanation. The cross-case analysis was used to capture the patterns of pre-care, in-care, and post-care experiences among study participants. Deductive data coding was applied to raw data from the study questionnaire and transcribed interviews (Bennett, Barrett, & Helmich, 2019; Miles & Huberman, 1994).

Chapter III

Results

Ten Ethiopian care leavers living in Addis Ababa responded to the invitation for research participation. Four care leavers were excluded from the study for the following reasons: three female care leavers did not meet the selection criteria's age range and one male care leaver who met the selection criteria did not complete the consent form. Six Ethiopian care leavers (3 females and 3 males) who met the inclusion criteria were selected to participate in the cross-case analysis. The average age of included participating care leavers was 40.83. Participants were assigned fictitious name: Mahlet, Lulit, Zeni, Bemnet, Tesfaye, and Teketel.

Cross-case analysis of composite profiles

The cross-case analysis of composite profiles of individual care leavers drew heavily from the questionnaire and from the interview sessions. The two psychological assessment scales completed by study participants provided information on participants' personal resources, which is one contributing factor for positive life outcomes. Factors related to several domains were considered in the study, such as mental health, personal, relational, social environment, employment, and education domains.

Individual care leaver demographic profiles

The six Ethiopian care leavers selected for the composite profiles were between 37 and 44 years of age at the time of data collection. Five of the study participants are care graduates from three different care institutions outside of Addis Ababa. One of the participants is a care graduate from a children’s village within Addis Ababa proper.

Individual care leaver demographic profiles are summarized in Table 3.

Table 3. Individual care leaver demographic profiles

Demographics	Mahlet	Lulit	Zeni	Bemnet	Tesfaye	Teketel
Age	44	43	43	37	38	40
Sex	F	F	F	M	M	M
Born in Addis Ababa	Yes	No	Yes	Yes	Yes	No
Married	Yes	Yes	Yes	Yes	Yes	Yes
Has children	Yes	Yes	Yes	Yes	Yes	Yes
Live in Addis Ababa	Yes	Yes	Yes	Yes	Yes	Yes
Undergraduate degree	Yes	Yes	Yes	Yes	Yes	Yes
Graduate degree		Yes	Yes			Yes
Employment Sector	NGO	Private	NGO	NGO	Self-employed	NGO

Pre-care and entering-care variables

Factors considered here portray the participating care leavers’ pre-care family situations centered on those that may affect their life outcomes. Entering-care factors were also considered in the study.

Table 4 summarizes the pre-care and entering-care variables for each of the study participants. It is significant to note from the pre-care variables that participating care

leavers had positive family memories before entering care, with none of them reporting a history of abuse. The mean age when participants entered care is 7.8 years. Study participating care leavers reported similar reasons for entering care: the death of a parent(s) and low socio-economic status of the family/extended family who were already financially strained and were in no position to take care of them.

Table 4. Pre-care and entering-care variables

Variables	Mahlet	Lulit	Zeni	Bemnet	Tesfaye	Teketel
Resided with	Mother	Mother	Father	Both parents	Mother	Grand mother
No. of siblings	5	3	7	5	2	1
Parent history of mental health						
Parent alcohol/substance abuse				Yes (alcohol)		
History of abuse						
Experienced poverty	Yes	Yes	Yes	Yes	Yes	No
Family memory	Positive	Positive	Positive	Positive	Positive	Positive
Reason for entering care	Father's death	Father's death	Mother's death	Mother's death	Father & mother's death	Father's death
Age when entering care	8	7	3	10	13	6
Siblings at same care facility	No	No	With 3 siblings	With 2 siblings	With 1 sibling	No

In-care variables

Physical, emotional, psychological, social, and educational components of care were considered as in-care variables in the study. All six participants only had one care placement with a mean in-care stay duration of 10 years with 15 years being the longest and 4-years the shortest duration. Luilt and Mahlet grew up in the same orphanage at the same point in time, and so did Bemnet and Teketel. It is significant to note that five of the participating care leavers grew up in a residential care where the child-to-caregiver ratio is high (1:52, 1:20, 1:25). For instance, Mahlet and Luilt had a care giver who was responsible for 52 children. Three of the participating care leavers have suffered from physical and emotional abuse while in-care.

One of the factors considered as an in-care variable is the physical and mental health of participating care leavers. All participants had no mental health issues while in-care. Only one care leaver reported having a physical health issue while in-care, which was moderately debilitating. Table 5 summarizes in-care variables considered for each participating care leaver.

Transition variables

Several factors are considered in portraying the participating care leavers' experiential backgrounds when transitioning from care, mainly categorized under *transitional support* and *transition from care challenges*.

Table 6 summarizes the transition from care variables for an easy comparison of transition support and challenges.

Table 5. In-care variables

Variables	Mahlet	Lulit	Zeni	Bemnet	Tesfaye	Teketel
Care facility	Orphanage	Orphanage	Group home	Orphanage	Orphanage	Orphanage
Years in care	10	9	15	8	4	14
Care placements	1	1	1	1	1	1
Adjustment to care	Moderately difficult	Not difficult	Not difficult	Difficult	Not difficult	Does not remember
Participant on quality of care	High quality	Moderate quality	High quality	Poor quality	Moderate quality	Moderate quality
Child to caregiver ratio	1:52	1:52	1:10	1:25	1:25	1:20
Supportive/stable care	Yes	Yes	Yes	Yes	Yes	Yes
Received emotional support	No	Yes	Yes	No	No	No
Positive relationship with an adult	No	Yes	Yes	No	No	No
Support development of basic life skills	Yes	No	Yes	Yes	Yes	Yes
Abused while in care	Yes (Physical)	No	No	Yes (physical & emotional neglect)	No	Yes (Physical & emotional)
Maintained relationship with family	Yes	Yes	Yes	Yes	Yes	Yes
Source of emotional support	Family & care peers	Care staff, family & peers	Care staff, family & peers	Family & care peers	Care peers	Care peers
Type of school attended	Orphanage owned	Orphanage owned	Orphanage owned & private	Public	Public	Public
Overall academic performance	Good	Excellent	Excellent	Satisfactor y	Good	Good
Tutoring support	Yes	No	Yes	Yes	Yes	Yes
Physical heath issues	No	No	No	Moderately debilitating	No	No
Mental health issues	No	No	No	No	No	No

Table 6. Transition from care variables

Variables	Mahlet	Lulit	Zeni	Bemnet	Tesfaye	Teketel
Transitional Support						
Age when leaving care	18	18	15	18	18	18
Educational level at transition	HS graduate	HS graduate	Middle school	HS graduate	10 th grade	HS graduate
Support network	No	Yes	Yes	No	Yes	No
Residence	With family	Dorms	Boarding school	By self	With friends	With friends
Source of emotional social support	Family & care peers	Family, care staff & care peers	Family, care staff & care peers	Family care peers & friends	Family	Friends & their families
Gradual transition	No	No	Yes	No	No	No
Care provided financial support	No	Yes	Yes	No	Yes	Yes
Care provided emotional support	No	Yes	Yes	No	No	No
Care provided skills training	No	Yes	Yes	Yes	Yes	No
Care provided accommodation	No	No	No	No	No	No
Care covered educational expenses	No	No	Yes	No	Yes	Yes
Transition from care challenges						
Transition challenges	Moderate difficulty	Not difficult	Not difficult	Moderate difficulty	Moderate difficulty	Not difficult
Accommodation challenges	No	No	No	Yes	Yes	No
Lack of social support	Yes	No	No	Yes	No	No
Employment challenges	Yes	No	No	Yes	No	No
Social integration challenges	Yes	No	No	No	No	No
Lack of basic life skills	Yes	No	No	No	No	No
Relationship challenges	No	No	No	Yes	No	No

All participants were 18 years of age when leaving care, except for Zeni, who was 15 when she left Ethiopia to attend a high school in another African country. When they left care, Lulit, Bemnet, Teketel, and Mahlet had graduated high school, while Tesfaye was an 18-year-old who had completed 10th grade. Care support abruptly ended for Bemnet and Mahlet, and they had to leave the residential care facility once they turned 18. However, care support continued, albeit in different capacities for Lulit, Teketel, Zeni, and Tesfaye after leaving care.

Post-care variables

Three items in the post-care variables are noteworthy. First, all participating care leavers continued their education after leaving care. Teketel, Tesfaye, Zeni, and Lulit received educational support from care institutions and continued their education right after leaving care. However, Mahlet and Bemnet had to find other means to cover their educational expenses. Second, all participating care leavers had no physical or mental health issues post-care. Lastly, even though the source of social support varied from one participating care leaver to another, they all had a social and emotional support network post-care. As shown in Table 7, all participants have a positive and stable post-care relationship with their families, extended families, and with their care peers.

Personal variables

Resilience. Each study participant completed the Connor-Davidson Resilience Scale-25 (CD-RISC-25). The CD-RISC-25 consists of statements describing different aspects of resilience, incorporating items that measure hardiness, coping, adaptability/flexibility,

meaningfulness or purpose, optimism, regulation of emotion and cognition, and self-efficacy.

Total possible scores range from 0-100; high scores indicate higher resilience. The mean score of CD-RISC-25 varies from one population to another. Mean (sd) scores of 65.4(13.9), 73.4(12.0), and 75.9 have been reported from community samples in China, Portugal, and Gaza, respectively (Davidson, 2020). A comparison study between study participant scores and Ethiopia's general population is impossible because of the lack of general population data. Table 8 lists study participants' CD-RISC-25 scores and assessment results.

Personality traits: During the cross-case analysis interview sessions, participating care leavers were asked to describe their personality traits. Table 9 summarizes the findings.

Coping strategies: As is reflected in table 10, the participating care leavers reported often use of both emotion-focused and problem-focused coping strategies to deal with stressors. Significantly, none used alcohol or other substances as a stress-coping strategies. Instead, spiritual coping strategy is often used by five of the participating care leavers in dealing with stressors.

Table 7. Post-care variables

Variables	Mahlet	Luilt	Zeni	Bemnet	Tesfaye	Teketel
Education	Undergrad.	Graduate	Graduate	Undergrad.	Undergrad.	Graduate
Age began higher education	22	19	19	19	18	18
Challenges						
Financial	Yes	No	No	Yes	Yes	No
Information gap	Yes	No	No	No	No	No
Time mgt.	Yes	No	No	Yes	No	No
Securing employment	Difficult	Not difficult	Somewhat difficult	Moderately difficult	Somewhat difficult	Not difficult
Educational Support						
Financial	Yes	Yes	Yes	Yes	Yes	Yes
Counseling	Yes	No	No	No	No	No
Source	Church Family Friends	Care- facility Family Friends	Care-facility Family	Friend	Care- facility Friends	Care- facility Church
Social & Relational						
Relationship with family	Positive	Positive	Positive	Positive	Positive	Positive
Relationship with care peers	Positive	Positive	Positive	Positive	Positive	Positive
Challenges: societal relationships	Yes	Yes	No	No	No	No
Source of social support	Family	Family Friends Care peers	Family Friends Care staff Care peers	Family Friends Care peers	Care peers Friends	Care peers Friends
Faced discrimination	No	No	No	No	No	No
# years married	23	20	9	2	4	16
Health						
Serious physical health issues	No	No	No	No	No	No
Mental health issues	No	No	No	No	No	No

Table 8. Connor-Davidson Resilience Scale- 25 scores

Traits	Mahlet	Lulit	Zeni	Bemnet	Tesfaye	Teketel
Hardiness	✓	✓	✓	✓	✓	✓
Coping	✓	✓	✓	✓	✓	✓
Adaptability/ flexibility	✓	✓	✓	✓	✓	✓
Meaningfulness/ purpose	✓	✓	✓	✓	✓	✓
Optimism	✓		✓	✓		
Regulation of emotion, cognition	✓		✓	✓		✓
Self-efficacy	✓	✓	✓	✓		✓
CD-RISC-25 score	85	72	79	81	63	75

Table 9. Participating care leavers' personality traits

Name	Personality trait
Bemnet	Risk taker; sees adversity as opportunity for growth, positive future orientation
Tesfaye	Persistent, determined in pursuing personal goals
Zeni	Goal-oriented, outgoing, optimistic, empathic
Lulit	Confident, reflective, forward-thinker, adaptable
Mahlet	Purpose-driven, flexible, determined, persistent
Teketel	Extrovert, great interpersonal skills, empathic

Table 10. Brief COPE assessment

Coping style	Mahlet	Lulit	Zeni	Bemnet	Tesfaye	Teketel
Emotion-focused (EFC)						
Self-distraction						
Denial						
Use of emotional support	✓					
Positive reframing	✓		✓		✓	
Humor	✓					
Acceptance	✓		✓		✓	
Religion	✓	✓		✓	✓	✓
Problem-focused (PFC)						
Active Coping			✓	✓	✓	✓
Instrumental support	✓			✓	✓	
Planning	✓	✓	✓		✓	
Negative coping responses (NCR)						
Substance use						
Venting	✓	✓				
Behavioral disengagement						
Self-blame						

Chapter IV

Discussion

The cross-case analysis explored the participating care leavers' experiences and backgrounds, specifically identifying potential risk and protective factors for positive life outcomes. The analysis highlights the complexity of factors at play in determining the life outcomes of care leavers as suggested by other research studies (Baidawi, Mendes, Snow, 2014; Brady & Gilligan, 2018; Diraditsile & Nyadza, 2018; Mendes et al., 2014; Pecora, 2012; Pryce et al., 2016; Stien, 2006). A positive life outcome is not due to the absence of risk factors but because the impact of risk factors was offset by several protective factors.

Risk factors

The cross-case analysis explored the different development periods of the participating care leavers and has identified factors associated with higher likelihood of negative outcomes.

Pre-care risk factors

The study identified childhood poverty, parental bereavement, and separation from family or extended family as pre-care risk factors. All participating care leavers except one lived in poverty before entering care. Zeni and Bemnet describe their living conditions pre-care as extreme poverty. Five of the study participants have also

experienced a single parent's death and one participant lost both parents, leading to separation from family and extended and entering the out-of-home care system. The adjustment to life in out-of-home care was difficult for Bemnet and Mahlet, who were 8 and 10-year-olds when entering care. Bemnet struggled with his mother's death and the separation from his father and older siblings during the first few months in care.

Previous research studies have identified childhood poverty, parental bereavement, and separation from family/extended family as risk factors for positive life outcomes. Research has shown that the consequences of poverty in early childhood can become cumulative overtime, having a negative impact on one's physical and mental health trajectory into adulthood. (Maholmes & King, 2012). Children who experience parental loss are also at a higher risk for many negative outcomes, including mental health issues (depression, anxiety, post-traumatic stress symptoms), less academic success, and lower self-esteem (Abdelnoor and Hollins, 2004; Melhem et al. 2008; Sachs-Ericsson et al. 2017).

In-care risk factors

Although institutional care facilities have widely variant characteristics, the child rearing environment of most facilities is far different from a typical family environment and has been associated with higher likelihood of negative outcomes (Julian, 2019; van IJzendoorn et al. 2011). Five of the study participants grew up in institutional care characterized by high child-to-caregiver ratio (1:52, 1:20, and 1:25); caregivers with little education or training, non-individualized care, and lack of emotional and psychological investment in the children. Although these institutional care systems provided adequate health, nutritional, and educational support, they failed to meet the emotional and

psychological needs of the children. Emotionally unavailable care staff and maltreatment in-care experiences are the major risk factors identified in the cross-case analysis. Three participants reported experiencing neglect, emotional, and physical abuse at the hands of the caregivers, leaving physical and emotional scars. Studies have identified childhood maltreatment as a major in-care risk factor that can have lasting negative effects later in life (Hermenau et al., 2014; Lueger-Schuster et al. 2018).

Transition from care/post-care risk factors

Mahlet and Bemnet left care when they both turned 18 with an abrupt end of support from care, with no financial, accommodation, or emotional support from the out-of-home care where they spent most of their childhood and teen years. The absence of social support network during the transition from care period made it even more difficult. They faced financial, accommodation, and employment challenges after leaving care.

Similar findings have emerged from other care leaving studies in Africa. Unemployment and lack of accommodation upon leaving care, absence of social support network, and social integration challenges have been reported as major transitional and post-care risk factors (Frimpong-Manso, 2018; Pryce et al., 2016).

Potential protective factors

The cross-case analysis has identified the following potential protective factors that might have reduced the impact of the risk factors the participating care leavers experienced throughout the different developmental stages.

Relational and social factors

Care leavers thrive and succeed despite difficult circumstances; much of this success has been facilitated by social support during and after leaving care. Stable and caring relationships with others play a significant role in protecting care leavers from negative outcomes. Social support has an impact on psychological health and adjustment and promotes resilient outcomes (Adley & Kina, 2017; McMahon & Curtin, 2013; Mendes, Michell, & Wilson, 2014; Pecora et al., 2006, Pryce et al., 2016; Sipple et al., 2015).

The six Ethiopian care leavers who participated in the study reported having social and emotional support while in-care and after leaving care. However, the source and the type of social support varied from one care leaver to another. Relationship with immediate family and extended family along with care peers were the most significant relationships the participating care leavers had while in-care and after leaving care. However, Luilt and Zeni also had a stable and supportive relationship with a caregiver while in-care.

Similar evidence is generated by a longitudinal, rolling cohort study in South Africa. The study identified social and environmental variables such as relationship with family or friends, and supportive relationship with care staff as significant predictors of better life outcomes (Van Breda & Dickens, 2017).

Relationship with family and extended family. All six participating care leavers have positive memories of life before care and had a positive and stable relationship with their immediate and extended families during in-care and post-care periods.

These significant relationships were secure, continuous, and stable throughout the care leavers' lives and served as a major source of social support. Zeni, Bemnet, and Tesfaye entered the same care with some of their siblings and Teketel with his cousins. They reported that having their siblings or cousins with them in the same care system helped ease their transition to care.

Re-establishing ties with family members is one of the major challenges faced by care leavers. The long-term disconnect, while in care, makes the tracing and re-connecting with family members difficult, leaving a big gap in their family identity, which in turn leads to low self-esteem (Frimpong-Manso, 2018; Pryce et al., 2016; Takele & Kotecho, 2020). One of the important findings of this study highlights the importance, when possible, of maintaining the linkages with family for children in the out-of-home care system. This finding is inline with Mendes and his colleagues review report of the three Australian studies, indicating the positive role family linkages play in building positive self-identity and in assisting transitions from care (Mendes, Johnson, & Moslehuddin, 2012).

Relationship with care peers. Participating care leavers also reported care peers as another major social support source during the in-care and post-care periods. For Bemnet, Mahlet, Teketel, and Tesfaye, their positive relationships with their care peers were the only source of emotional support from the care system. All six participating care leavers still have ties with their care peers and often use these relationships as a source of support. Mahlet, Lulit, Tesfaye and Bemnet are involved with the care leavers association belonging to their designated residential care. These associations are initiated and set up

by care leavers from these specific residential care and have created a platform for regular interactions with care peers.

Comparable research reinforces this study's findings on the value of care peers. In Pryce et al. (2016), Ethiopian care leavers reported that they felt more at ease relating to each other than peers who did not grow up in out-of-home care system. Their primary source of support both emotionally and logistically was from fellow care leavers with similar backgrounds and experiences. It is easier for most care leavers to establish institutionally-based friendships with similar experiences, using the relationship as a primary support source (Diraditsile & Nyadza, 2018; Pryce et al. 2016; Roeber, 2011). Relationship with caregiver. Two of the participating care leavers (Lulit and Zeni) reported having consistent interactions with emotionally available caregivers during their entire stay in out-of-home care. Their relationship with the caregiver provided a constant source of support and encouragement.

Significantly, in-care experiences of care leavers are dependent on several factors. Two of the study participants who were raised in the same orphanage at the same point in time had different in-care experiences. Lulit and Mahlet grew up in the same care system and had the same caregiver who was also responsible for 50 other children. Lulit, who was a high achieving student, had a very positive in-care experience. She had meaningful relationship with the care staff and had their support and encouragement while in-care. On the contrary, Mahlet, who was an average student lacked the emotional component of care and had no meaningful relationship with care staff. She also had suffered from physical abuse in the hands of the care giver while in-care. Future studies could explore whether care experience is associated with educational or intellectual aptitude.

Mental health

Mental health is another potential protective factor for positive life outcomes. As mentioned in the introduction, mental health problems are complex and never arise from a single risk factor but rather an interaction of factors across different developmental periods.

Even though some or all the of the participating care leavers have experienced some mental health related risk factors during the different development stages, such as loss of biological parents, in-care maltreatment, residential care placements, and stressful transition experiences, none of them had any history of mental health issues during in-care and post-care periods.

According to the American Mental Wellness Association, some of the common protective factors for mental health are: emotion-regulation, optimism, good coping and problem solving skills, good peer relationships, supportive relationship with family, and interpersonal skills. Spirituality is also another important personal protective factor that provides future orientation, a set of moral beliefs, and motivation (American Mental Wellness Association [AMWA], n.d.).

The presence of mental health protective factors such as absence of parental mental health issues, stable or supportive relationship with family and peers, optimism, interpersonal skills, positive coping skills, and spirituality may have reduced the impact of the several mental health risk factors the participating care leavers experienced. Mental health is associated with positive life outcomes and in fact, may be considered one of the major contributing factors for the positive life outcomes of the six participating care leavers.

Personal factors

Personality traits. The personality traits of the participating care leavers such as hardiness, ego-resilience, interpersonal understanding, and self-efficacy, are traits that characterize resilient personalities, which in-turn, contribute to high levels of adaptive functioning. Personality traits are relatively consistent across situations and are stable over time (Skodol, 2010). Therefore, the participating care leavers may have retained their personality traits while in-care and after leaving care, thereby contributed to their positive life outcomes.

Even if the researcher could not compare the Connor-Davidson Resilience scale-25 (CD-RISC-25) scores of the participating care leavers against the mean score of Ethiopia's general population, the scale does shed some light on the personality traits of the care leavers. For example, Mahlet reported to having all 7 personality-traits related to resilience and Tesfaye reported having 4 of the personality traits.

Coping strategies. The Brief COPE assessment results show participants' tendencies to utilize positive coping strategies in dealing with life stressors. They reported using both emotion- and problem-focused strategies. None of the participating care leavers utilized alcohol or other drugs as a coping strategy.

Research shows that positive coping strategies are one of the contributing factors for positive life outcomes. Individuals who use positive coping strategies are better able to tackle challenges and also bounce back from stressful life experiences (Skodol, 2010).

Moreover, communities and extended families are at the heart of the African way of life – often used as a source of resilience coping strategies. The availability of social

support from family, friends, and care peers made it possible for participating care leavers to utilize this support source as a positive coping strategy.

Spirituality. For all six participating care leavers, spirituality played a significant role in finding meaning and life purpose. Both the Connor-Davidson Resilience-25 scale and Brief COPE assessments reflect the participants' use of spirituality as a resilience source. During the interview sessions, all participants attributed their faith in God as one major contributing factor to their success in life. This finding is in line with other studies on religion as a resilience factor.

Religion provides several coping strategies and promotes a sense of social connectedness. It is also linked with anxiety reduction and buffering the effects of stressors in symptomatology (Cotton et al., 2006; Koenig, 2007; Pargament & Cummings, 2010).

Social integration

Positive social integration experience is another potential protective factor for positive life outcomes in the lives of the participating care leavers. Social integration enables individuals to enjoy equal opportunity, rights, and services as the rest of the community. Its impact straddles different domains of development. Positive social integration can help ease the transition from care, create new social connections, and secure employment and accommodation after leaving care.

Even though participating care leavers grew up in institutions isolated from the surrounding communities, none of them reported experiencing major social integration challenges upon leaving care. Mahlet experienced a clash of norms that made social integration a bit difficult. However, it did not create a challenge during the process of

transitioning from care. None of the study participants faced any discrimination or stigma related to their care background when integrating back into society.

What were the possible contributing factors for positive social integration experience? Participants' relationships with their families/extended families continued while they were in care, visiting their families during holidays and over the summer. These visits kept care leavers connected to their families and community at large, creating opportunities for social interaction outside of their respective institutions. Four of the participating care leavers attended schools outside of the institution, which also created another opportunity for social interaction. Social interactions in turn create opportunities for social skills development, that could help with post-care societal integration.

Personality trait is also another contributing factor for positive social integration experience. Bement, Teketel, and Zeni attribute their positive experience in social integration to their interpersonal skills and Lulit to her ability to adapt quickly to new environments.

Findings from Del Valle et al.'s (2008) study suggests placement stability as an in-care factor that determines how the individual care leaver integrates into society. The highest number of placement changes was related to worst outcome in social integration. All participating care leavers described the out-of-home care they grew up in as supportive and stable and only had one placement throughout their stay in the care system. Therefore, their placement stability might be one of the major contributing factors for their positive social integration experience.

Placement stability

Placement stability has also been linked to several positive outcomes for children in the care system, outcomes such as decreased stress and fewer behavioral and mental health issues, decreased academic achievement problems associated with placement instability and fewer school transitions (Carnochan, Moore, & Austin, 2013; Cassarino-Perez et al., 2018; Pecora et al., 2006). Therefore, placement stability might be one of the potential protective factors for the mental health issues and a facilitating factor for in-care educational achievements of the participating care leavers before leaving care.

Education and employment

Studies suggest that care leavers who are Educated, Employed, and Trained (EET) have less negative life outcomes compared to those Not Educated, Employed, and Trained (NEET) (Dickens & Marx, 2020; Van Breda, 2018). All six study participants were able to continue their education after leaving care. Bemnet, Tesfaye, and Mahlet hold Bachelor's degrees while Lulit, Teketel, and Zeni each have a Master's degree.

Those who received educational support from the out-of-home care system (Tefsaye, Zeni, and Teketel) were able to continue their education right after leaving care and Lulit joined a fully-subsidized public university right after leaving care. Their academic success, coupled with their social network, contributed to their ability to secure gainful employment. Lulit and Teketel had a professional job offer lined up upon graduating from college; while finding employment was not that challenging for Zeni and Tesfaye.

However, Bemnet and Mahlet faced challenges in securing employment and pursuing their higher education goals after leaving care. Care support abruptly ended for

both at the age of 18; financing woes along with balancing work and school proved to be major obstacles. Bemnet and Mahlet were able to pursue their higher education a few years after leaving care largely due to the support received from their social networks.

The following four factors facilitated the educational achievements of participating care leavers. Firstly, formal education was one component of the institutional care system that provided foundational educational support to all of the participating care leavers while they were in-care, including afterschool tutorials for those who needed additional support.

Secondly, Lulit and Zeni were high achieving students, who partly attribute their educational achievements to the support and encouragement they received from their emotionally available caregiver. This finding is inline with Mendes et al.'s (2014) suggestion that ongoing emotional support and encouragement from care staff, teachers, and family members are facilitating factors for educational achievement of care leavers.

Thirdly, four of the study participants: Mahlet, Lulit, Bemnet, and Teketel had graduated high school when they left care and the fifth, Tesfaye had completed 10th grade before continuing on to vocational training. The sixth participant, Zeni, left care in middle school and entered a boarding school overseas. All the participants obtained undergraduate degrees, while Zeni, Teketel, and Lulit hold graduate degrees. Cashmore, Paxman, and Townsend's (2007) study suggests that completing secondary education before leaving care increases the likelihood of continued education after leaving care. In that study, almost all the Australian care-leavers who had completed secondary education by the time they left care would continue to pursue higher education as compared with only half of those who left care without completing their secondary education.

Lastly, extended educational support facilitated Zeni, Tesfaye, and Teketel's educational achievements. The care system covered college tuition and all education related expenses for Zeni and Teketel and a 4-year vocational training for Tesfaye.

Study limitations

There are several limitations to the study important to mention. First, other research suggests factors, such as genetics and biological systems can influence resilience when interacting with the environment (Feder, Nestler, Westphal, & Charney, 2010; Lemery-Chalfant, 2010). This study did not consider these factors.

Second, the data collection method relied on self-assessment/reporting; as such, social desirability and recall biases may have impacted participants' full recall of past experiences or otherwise gloss over so as to garner favorable views from others.

Third, the research study design is a case series and will not establish cause and effect relationships; generalizability to the care leavers population is also limited. However, the results give valuable insight into the contributing factors for positive life outcomes of care leavers in Ethiopia.

Implications

Implications from this cross-case analysis extend to practice and policy in the child welfare system. Recommendations are cautiously given due to the limitations of the nature of the data collection process and the study's sample size. However, with the support of parallel studies conducted in economically developed nations, this cross-case analysis has inputs that can inform the development of policy and practice guidelines,

especially during Ethiopia's current initiative to revise its Alternative Childcare Guideline.

Family linkage

Whenever practicable, children's links with immediate or extended families must be maintained while in the care system. A stable and positive relationship could serve as a major source of social and emotional support. This is especially crucial in a country like Ethiopia, with a culture that promotes communalism and interconnectedness as central tenets to personal identity.

Transition

A gradual as opposed to abrupt transition from care and extension of support services, including financial, social, emotional, and material, could help mitigate transition from care challenges. The extended support from care eased the transition from care journey for four of the study participants. On the other hand, for those with an abrupt end of support, the transition from care presented several obstacles.

Social networks

Establishment of formal and informal networks of care leavers create opportunities to preserve connections formed within the care system. As highlighted in this study, relationships with care peers are a major social support network for many care leavers. Therefore, care leavers should be encouraged and assisted in forming these networks, associations or clubs.

Continued research

Care leaving research in Ethiopia is still in its infancy. Longitudinal research studies on care leaving to track Ethiopian young adult transitions from care towards independence should be prioritized. Longitudinal studies will provide better insight into the pathway of care leaving and identify contributing factors for positive outcomes and critical moments for intervention.

Conclusion

While the study sample may not be fully representative of the orphan and vulnerable children in Ethiopia, there are many lessons to be gleaned from the experience shared by the six Ethiopian care leavers who participated in this study. As such, the present study highlights that positive life outcomes for Ethiopia's young adult care leavers can be strongly impacted by: engendering supportive and stable long-term social networks, maintaining linkages with family while in care, and continuing support that extends to the after-care interval.

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Appendix A

Questionnaire

The purpose of this questionnaire is to have an in-depth understanding of the different factors at play that determine care leavers life outcomes. The study is being conducted by Ms. Dinsry Berhanu, a graduate student in Psychology at Harvard University's Extension School. I would very much appreciate your assistance in answering the questions below.

Demographic Characteristics

- 1) What is your age? _____ years
- 2) What is your sex? ___ Female ___ Male
- 3) What is your marital status? ___ Single ___ Married ___ Divorced ___
Widowed
- 4) Do you have a child / children? ___ Yes ___ No
 4.1) If yes, how many? _____
- 5) Where do you live now? ___ In Addis Ababa ___ Outside of Addis Ababa
- 6) What is your main source of income?
 ___ Employed by the government
 ___ Employed in the private sector or NGO
 ___ Self-employed (please specify)

 ___ Other (please specify)

Questionnaire

Pre-care

- 1) Who did you live with before entering care? Both parents A single mother
 A single father Other (Please specify)
-

- 2) How many siblings do you have? Brothers Sisters An only child

- 3) Where did you live before entering care? In Addis Ababa Outside of Addis

- 4) Parental history of mental health Yes No

- 5) Parental history of substance/alcohol abuse Yes No

- 6) Any history of abuse Yes No

6.1) If yes, please select the type(s) of abuse you have experienced.

Neglect Physical abuse Sexual abuse Emotional

- 7) How would you describe your family memories? Positive Negative

Entering care

- 8) Reason for entering care:
-

- 9) How old were you when you first entered out-of-home care?

Infant Between 1-5 years of age
 Between 5-10 years of age Between 10 - 15 years of age
 Older than 15 years of age Don't know

- 10) If you have siblings, then answer the following questions.

10.1) My siblings are: All siblings are older than me

All siblings are younger than me

Some of my siblings are older and some are younger

than me

10.2) Were you placed at the same out-of-home care as your siblings?

Yes No

10.3) If you selected yes for question 10.2, answer the following question.

I was in the same out-of-home care with _____.

Sibling(s) older than me Sibling(s) younger than me

Sibling(s) both older and younger than me

In-care

11) In what type(s) of out-of-home care did you grow up in? (You can select more than one answer.)

Group home Orphanage/Institution Other,

12) The total number of years you were in out-of-home care? _____ years

13) Number of care places you've been to/ lived in? _____

14) How was the adjustment period (adjustment to care placement) like when you first entered care?

Difficult Moderately difficult Not difficult Don't

remember

15) How would you generally describe the type of care you've received in the out-of-home care?

High quality moderate quality poor quality Very poor

quality

16) Select from the following that best describes your in-care experience. (You can select more than one answer)

High child-to-caregiver ratio Low child-to-caregiver ratio

Supportive and stable care Unstable and disrupted care

Had emotional support Had no emotional support

Had positive relationship with an adult Had no supportive

relationship

Had the necessary support to develop basic life skills Had no basic life skills

17) Have you experienced any type(s) of abuse while in-care? Yes No

17.1) If yes, select the type(s) of abuse you have experienced.

Neglect Physical Sexual Emotional

18) Did you stay connected with your family/extended family while in care? Yes / No

18.1) If yes, how often did you get to see and spend time with them?

19) Please select the relationship(s) you had that provided emotional support while you were in care? (You can choose more than one answer)

Relationship(s) with family and/or extended family.

Relationship(s) with a nurturing caregiver, teacher or a mentor.

Relationship(s) with peers in and outside of the out-of-home care.

Had no significant relationship while in care.

20) Please select the type(s) of school(s) you attended while you were in care. (You can select more than one answer.)

Orphanage/institution owned school

Government school

Private school

Community-based

school

Other, _____

21) How was your overall academic performance while you were in out-of-home care?

Excellent Good Satisfactory Poor

22) Did you receive any additional educational support (tutoring) while in care?

Yes No

23) Did you have any physical health issues while in care? Yes No

23.1) If you answered yes, please rate the seriousness of your physical health issues.

Very debilitating Moderately debilitating Non-debilitating

24) Did you have any mental health issues while in care? Yes No

25.1) If you answered yes, please rate the seriousness of your mental health issues.

Very debilitating Moderately debilitating Non-debilitating

25) How old were you when you left care? _____

26) When did you leave care? Year _____

27) What was your education level when leaving care?

Middle school In high school High school graduate

Transition

28) Which describes most your transition from care experience? (You can choose more than one answer)

I was well prepared to leave care I was not well prepared to leave care

It was a gradual process It was an accelerated process

I was afraid to leave care I was excited to leave care

29) How did the out-of-home care you lived in prepare you for your transition?

Provided life skills training Provided financial support

Provided accommodation Provided emotional support

Other,

30) Where did you live after leaving care?

With family/extended family With friend/s By myself

Other:

31) Did you have a support network while transitioning from care? Yes No

32) Please select the relationship(s) you had that provided emotional support while transitioning from care? (You can choose more than one answer.)

- Relationship(s) with family and/or extended family.
 - Relationship(s) with a nurturing caregiver, teacher or a mentor.
 - Relationship(s) with other care leavers/friends.
 - Had no significant relationship.
 - Other (specify)
-

33) How would you describe your transition from care experience?

- Difficult Moderately difficult Somewhat difficult
- Not difficult Don't remember

34) Did you face any challenges during transition? Yes No

35.1) If answered yes, what were they?

- Securing accommodation Finding employment
 - Lack of social support Social integration
 - Building relationships Lack of basic skills
 - Other
-

Post-care

Employment

35) How was the process of finding employment after leaving care?

- Difficult Moderately difficult Somewhat difficult
- Not difficult at all

36) Did you face any discrimination and stigma when looking for an employment or at work place because you are a care leaver? Yes No

37) Please list your employment history in chronological order, starting with your very first job and ending with your most recent one. (If you can, include the duration for each employment)

1) _____

- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____

Education

38) What was your educational level when leaving care? _____

39) What is your current educational level?

___ High school diploma with skills training ___ First degree ___ Master's degree

40) If you have continued your education after leaving care, answer the following questions.

41.1) How old were you when you continued your education after leaving care?

41.2) Were you a part-time or full-time student when you continued your education after leaving care? ___ Part-time ___ Full-time

41) Did you face challenges while pursuing your educational goal? ___ Yes ___ No

42.1) If yes, what were the challenges?

___ Lack of finance ___ Lack of information (educational guidance)

___ Time management

___ Other,

42) Have you received educational support after leaving care? ___ Yes ___ No

43.1) If yes, select the type(s) of support received. (You can select more than one answer)

- Financial Support Educational guidance and counseling
 Both financial and counseling support
 Other
-

43) Who provided the educational support?

- Care Institution Family Friends
 Other,
-

Relationship and social network

44) Select your source of social support after leaving care? (You can select more than one answer)

- Family/extended family Care peers/friends
 Teacher/mentor Friends from out-side of care Had no support
 Other,
-

45) How would you describe your relationship with your family/extended family after leaving care? (You can select more than one answer).

- Stable/supportive Positive Unstable/unsupportive
 Non-existent

46) Did you stay in touch with care peers after leaving care? Yes No

47.1) If you answer no, please explain why

47) Did you face any challenges in relationship building after integrating back in the community?

- Yes No

48) If you are/were married, please answer the following questions.

49.1) How long has it been since you got married? (Married) years

49.2) How long did you marriage last? (Divorced) _____ years

49.3) Is your spouse also a care leaver? _____ Yes _____ No

Health

49) Have you had any serious physical health issues since leaving care?

____ Yes _____ No

50.1) If you answered yes question 50, please rate the seriousness of your physical health issues.

____ Very debilitating _____ Moderately debilitating _____ Non-debilitating

50) Have you had any mental health issues since leaving care?

____ Yes _____ No

51.1) If you answered yes question 51, please rate the seriousness of your mental health issues.

____ Very debilitating _____ Moderately debilitating _____ Non-debilitating

If you have any suggestions on how to help young adults leaving out-of-home care achieve positive life outcomes, please write in the space below.

Thank you so much for taking the time to fill out the questionnaire!

Appendix B

Interview Guide

Pre-care

- 1) Briefly share your pre-care experience.

Entering care

- 1) Reason for entering care?
- 2) How was the adjustment period (adjustment to care placement) like when you first entered care?
- 3) Do you have sibling(s)?
- 4) Were you placed at the same out-of-home care as your sibling(s)?
 - 4.1) If the answer is no, how did you handle the separation from your siblings?
 - 4.2) If the answer is yes, did having your sibling(s) with you helped to ease the adjustment to care placement. How?

In-care

- 1) Briefly share your in-care experience.
 - Relationships (caregivers, care peers, family/extended family)
 - Emotional and social support
 - Care giver and staff turn-over rate
 - Education
 - Basic life skills
- 2) Have you faced any challenges while in care? What were they?

Transition

- 1) How would you describe your transition from care experience?
- 2) Was there anything that helped ease the transition? If so what was it?

- 3) Were there any challenges you faced when you transitioned from care? What were these challenges?
- 4) How did you manage these transition challenges?
- 5) How was your experience like when you first integrated back into society after leaving care?

Post-care

- 1) How would you describe your post-care experience?
- 2) What were challenges of finding employment?
- 3) What helped most in securing your first employment after leaving care?
- 4) Did you have the need/interest to continue your education after leaving care? If so, how were you able to continue your education after leaving care?
- 5) Have you faced any challenging situations while pursuing your educational goal?
 - 5.1) What were the challenges?
 - 5.2) How did you manage the challenges?
- 6) Who were your main source of support after leaving care? And the type(s) of support received (Emotional, informational, and/or instrumental)
- 7) How was your experience like in building/sustaining relationships after leaving care?
 - 7.1) Were there any challenges?
 - 7.2) How did you manage the challenges?
- 8) Why do you think you have done relatively well in adjusting to life after care compared to others who have not done as well?
- 9) Do you have any suggestions on the types of support children and young adults in out-of-home care should get while in-care and during transition from care to help them achieve positive life outcomes?

Appendix C

Participation Invitation Letter

Dear Sir/Madam,

My name is Dinsry Berhanu. I'm a graduate student at the Harvard Extension School, in the Master of Liberal Arts program, concentrating in the field of psychology. I am kindly requesting your participation in a research study I'm conducting to gain an in-depth understanding of the contributing factors related to positive life outcomes in Ethiopian care leavers. The study result is expected to give insight into contributing factors for young adults' positive life outcomes after leaving care. It will also contribute to the non-existent Ethiopian care leaving literature and provide inputs for child welfare policy and practice in Ethiopia and beyond.

The study involves completing two psychological assessment scales and a questionnaire, and participation in a semi-structured online interview.

If you are interested, please email me back and let me know.

Thank you for your time!

Appendix D

Adult Consent Form

You are being invited to participate in a research study aiming to gain an in-depth understanding of factors related to positive life outcomes in care leavers. The study is being conducted by a graduate student (Dinsry Berhanu (dinsry_berhanu@g.harvard.edu) at Harvard University's Extension School.

If you agree to participate in this study, you will be asked to:

- 1) Complete two psychological measure scales (each will take approximately 10 minutes).
- 2) Complete a questionnaire (will take approximately 20 minutes).
- 3) Participate in an online semi-structured interview (will take 30-45 minutes).

The questionnaire and the psychological measure scale used in this study contain sensitive questions asking for your personal information, your pre-care, in-care, and post-care experience. Participation is voluntary and you are under no obligation to participate in this research. You may decide not to be a part of the study even if you have received the questionnaire/scales and have begun to fill out. You may stop and return the unfinished questionnaire/scales back to the researcher. In case the questions and responses during the study elicit psychological distress, a psychologist/counselor is on standby to provide you counseling support over telephonically or in-person. The researcher will provide you with the contact information of the counselor.

There is no particular benefit to you if you participate, but the researcher may learn what helps care leavers to achieve positive life outcomes. This study is expected to make a significant contribution towards finding ways to improve life outcomes of young adults leaving out-of-home care with an implication at both policy and practice level. The major risk to you is the inconvenience in having to take the time to fill out the questionnaire/scale and participate in the interview.

The results of this research will be included in Ms. Dinsry Berhanu's thesis and may be published in an academic journal so that other professionals in the field can learn about the study. However, no personal information about any of the study participants will be part of the reports. A pseudonym name will be given to each study participant, and data from this study will be stored under the pseudonym name in the researcher's computer in a password-protected file.

If you have any questions about the research or your participation in the study, please let the researcher know. The researcher will make every effort to answer your questions.

CONSENT

I understand that I am participating in a research and that the research has been explained to me so that I understand what I am doing. I understand that I have the right to stop participating at any time.

Name: _____

Signature: _____ Date _____