

## **Admission to Exit: Acquiring Life Skills Whilst in Residential Care in Ghana**

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### **Introduction**

Many children grow up in a family setting and as part of their socialisation learn how to clean a home, fix bulbs, cook, keep savings and/or entertain visitors just to mention a few. However, these are some of the life skills children who grow up in residential care often never get to experience in their childhood because they are reliant on other employed adults to organise household chores; hence do not gain the socialisation in a family context (UNICEF, 2011). Although, residential care is not the best option for the care of children (Berrick, 1997), in some cases it is the only alternative available.

In Ghana formal fostering is non-existent irrespective of provisions in the 1998 Children's Act. Decisions on children who need alternative care are made informally within the family without any State intervention, entitlements to benefits or social workers monitoring the placements of such children. Therefore, residential care is the last resort for alternative care for those whose immediate family are not available or are too poor to take care of another child. The residential care for children in Ghana can be described as an organised, routine and impersonal structure to the living arrangements for children and a professional relationship, rather than parental relationship, between the adults and children (Browne, 2009). The different types of facilities also falls in line with what UNICEF (2011) refers to as institutional care or orphanage, where children whose biological parents are unable to care for them live in group arrangements with paid staff providing their basic needs. However, there are only five State residential child care institutions in Ghana, with more than an estimated 148 privately managed residential facilities for vulnerable children (DSW, 2015). The majority of the privately managed facilities operate without State control or adherence to State guidelines (Voyk, 2011), thus the exact number of children in care is not known. To discourage the establishment of private residential care for children the government of Ghana in 2005 launched the Child Reform Initiative (CRI). The major goals of the CRI are to institutionalise orphaned and vulnerable children as a last resort and not more than three months, and to shut down 90% of the residential facilities in the country (DSW, 2015).

Proponents of the person-in-environment perspectives argue that the environment within which a child grows shapes his or her behaviour, thinking and aspirations (Wise, 2003). The family in this case is the focal point within this perspective, where the relationships of siblings, parents and other family members are the variables that shape behaviours. However,

a child growing up in a residential care is faced with different circumstances; the focal point for such a child is the residential institution, siblings are other children in care and those in charge are the carers who are employed by the institution. Therefore, such children find it traumatic to get emotionally attached to anyone in a residential care as the institution is viewed as temporal (Bullock, Courtney, Parker, & Thoburn, 2006). The dynamics in a family household and a residential care are different and trying to imbue life skills to children in care requires a different approach. For example the environment of a residential care is not permanent, with children and carers entering and leaving on a constant basis. Yet, there are many instances where some children spend their whole childhood in the residential child care, such children might find it difficult to conceptualise permanency and the needed skills to live independently.

Majority of children pass through childhood and young adulthood before leaving home but for those who lived in residential care, they have to leave mandatory at the age of 18 or at the attainment of statutory adulthood (Barnardos, 2012). Before leaving the State care, there is a need to have a plan for each individual to enable them transition into adulthood with minimal challenges, such a plan is often referred to as after-care plan. Education provides formal skill set; however, other skills such as how to manage resources, cook and manage a home are essential life skills that children in care often do not acquire due to the presence of employed carers. Therefore, the UN Guidelines for Alternative Care puts the onus on carers to prepare children to be self-reliant and able to integrate fully in the community by enabling them to acquire social and life skills (UN, 2010). Life skills are not always taught directly but often learned through experience and practice in other words it is part of how an individual is socialised. WHO (2003) describes these skills as the abilities that help individuals to adapt and behave positively so that they can deal effectively with the challenges of everyday life. On the other hand, UNICEF (2003) defines life skills as 'psychosocial abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life'. These skills are grouped into three broad categories, including personal skills for developing personal agency and managing oneself which this study adopted as its definition of like skills.

Although empirical evidence abounds on how aftercare plans have improved the quality of life for children who needed alternative care, there are also studies that reveal that adolescents leaving care do not have the needed support and are often ill-prepared to make the transition from residential care to independent living (Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001; Freundlich, Avery, & Padgett, 2007; Keller, Cusick, & Courtney, 2007; Scannapieco, Schagrin, & Scannapieco, 1995). In Ghana there is little empirical research on how children who have lived all their childhood in residential care are prepared for independent living. One of such studies, Frimpong-Manso (2012) found out that there are deficits in the preparation for independent living for youth leaving care including finance, accommodation and cultural skills. However, his study focused on an international non-State managed residential child care institution. This study aimed at providing empirical evidence on whether the conditions in a State funded residential care facilitate the learning process or serves as an impediment in acquiring life skills. Using a qualitative research design this paper presents findings from one of the State managed residential care for children in Ghana, herein after the 'Home', as a case. The study explored the circumstances and characteristics of children in the Home, how carers prepare children for independent living and how children engage with the process.

## **1 Research design**

The objective of the study was to explore how children in a State residential care are prepared for independent living hence a qualitative research design, using ethnography, was deemed appropriate for the study. Bryman (2004) describes ethnography as a research method in which the researcher is immersed in a social setting for a period of time and who typically is a participant observer and also uses non-observational methods such as interviewing and documentary review to gather the field data. Researchers in this study utilised these methods; participant observation, in-depth interviewing and documentary review to generate field data from June – August 2011.

### *Access*

To obtain access to the Home, researchers sought ethical approval and permission to use the Home as a case study from the regional director of the Department of Social Welfare, State agency responsible for the Home, and the director of the Home.

### *Methods*

Three methods were utilised in the research in line with the ethnographic approach to conducting research; they were:

1. Participants observation

The director of the Home agreed to the study design where one of the researchers joined volunteers as a teacher in the pre-school facility within the Home for six weeks. The main purpose was for the researcher to play the role of a participant observer. The observation method was adopted to learn at first-hand how children of varied backgrounds and staff of the Home went about their activities in learning and imparting life skills respectively. Hence, many employees of the Home knew the role of the researcher during the period of her stay. A diary was kept by the researcher on the daily information gathered during the observation phase of the study.

2. In-depth interviews

Information gathered at the observation stage of the study was analysed and a semi-structured interview guide was designed to solicit views from members of the Home on issues identified. Children and staff of the Home were interviewed by the researchers to obtain their opinions on life skills training in the Home. Participants in the interviews were given participant information sheet outlining the objective of the study, assurance that their identity and that of the Home will be kept anonymous. Children involved in these interviews ranged from the ages of 11 years and 18 years. The rationale for selecting children within this age range stems from the fact that such children have the cognitive ability and are able to express themselves in an objective way to a series of questions (Keenan & Evans, 2007; Kail & Cavanaugh, 2010).

As at the time of the study there were, 80 children in the Home, from day olds to a few who were above 18 years; and there were 20 carers and 10 members of staff. The eligibility criteria for child participants were solely on their age whilst staff participants were selected purposively based on their availability during the period of the study in 2011. In all, 32 individuals volunteered to participate in the study. All the interviews, with the consent of

each participant, were audio recorded. Below is a breakdown of participants involved in the in-depth interviews:

Children 11 years and 12 years	5
Children 13 years and 18 years	7
Carers and other Staff	20
<b>Total</b>	<b>32</b>

### 3. Documentary analysis

Researchers of the study also reviewed administrative documents of the Home to obtain more information on the children and staff. Specifically, the demographic data of the Home, including the admission circumstances of children, documentation on how children leave care and administrative data of all members of staff in the Home were analysed.

#### *Data analysis*

The analysis of the data commenced with the data gathered during the observation stage, the emerging issue informed the interview questions. The data gathered was typed and read through by all three researchers and emerging themes were identified (Taylor & Bogdan, 1998). The interview data was transcribed and coding categories were developed based on emerging themes and research objectives. All the 32 interviews were then coded with the aid of the NVivo software. Interpretations of the coded data were made accordingly and the documentary analysis of the administrative information included ensuring rigour of the data collected.

## 2 Research findings

### 2.1 Admission circumstances of children

There are different circumstances that necessitate a child to be taken into care; table 1 shows the admission circumstances of children in the Home at the time of conducting this study. An examination of the admission records showed that majority of the children were admitted into the Home because they were orphaned, mostly due the death of their mothers. Abandonment was the second circumstance that led children to the Home; the least admission circumstance was when the mother of a child was imprisoned.

**Table 1: Admission circumstance**

<b>Admission circumstance</b>	<b>Number</b>	<b>Percentage (%)</b>
Abandoned	22	27.50
Orphaned	25	31.25
Mother imprisoned	5	6.25

Mother mentally ill	10	12.50
Victims of rape, abuse, runaways	18	22.50
Total	80	100

**Source:** Authors' Field Data, 2011.

The admission circumstances of children in the residential care suggest another example of the gradual changes of the Ghanaian expectation and values of the extended family system. The interview data revealed that admissions into care were as a result of many factors including the inability of the extended family to cater for children of other members of the family and the dispersal of families from rural communal communities due to urbanisation. One carer's statement summed the various views;

'the children who end up here are mainly from individuals who do not have family relations close by to cater for their children, if it were to be in the village this will not happen. Also, poverty is one of the major factors, why will anyone abandon her child if she can afford to buy all the basic items needed by a child? Why will other members of the family refuse to cater for other children? It is poverty'. **Staff 3**

This finding confirms studies by Apt, Blavo & Wilson (1998) and Assimeng (1999) who argued that social change, urbanisation in particular, and poverty are the factors leading to the subtle and gradual inability of the extended family system to serve as a safety net in Ghana. Family relations, who traditionally cater for children of the categories found in the Home, appear to be unable to take up such responsibilities. According to the carers in the Home, there were instances where family relations prefer to put these children in residential care because of their inability to provide the children the adequate care that they need. The usual reasons given by the family of such children, as reported by carers, were poverty and the inability to cater for another child.

Secondly, although majority of the children in the Home were infants, the children who are sent to the Home other than their mother's dying at child birth require different expertise to address their varied emotional needs. It was observed that the carers treated all the children equally. The children were given the same basic care without any specific plan for counselling or rehabilitation for children who are traumatised for being in a different environment. One carer commented on their inability to address the emotional needs of some of the children;

'It takes some time for us to know the circumstances that led the children to this Home, thus anytime management brings in a child we treat them just like an ordinary child. If the child needs special attention management takes them to experts who are not part of the staff here.' **Staff 20**

## 2.2 Ages of children in care

The administrative records, as shown in table 2, reveals the age and sex distribution of children in the Home at the time of conducting this study.

**Table 2: Ages and sex of children in the Home**

Age Range	Male	Female	Total Number
0-4	20	17	37
5-9	10	8	18
10-14	6	3	9
15-17	6	4	10
18+	4	2	6
<b>Total</b>	<b>46</b>	<b>34</b>	<b>80</b>

**Source:** Administrative data from the Home, 2011

Age distribution in the Home demonstrates that the institution caters largely for children below five years. The carers of the young infants were mostly middle aged mothers; this seemed to be a requisite skill to care for children in the Home. That notwithstanding, caring for children should not be a job for the less skilled to just bathe and prepare food, many of the children need professional help to deal with the emotional trauma that led them to the Home.

Table 2 further shows that there were more boys in care than girls for all the age groups at the time of the study. There have been higher percentages of girls than boys at birth and the infant mortality rate of boys has also been higher than that of girls for more than a decade in Ghana (Schieber, Cashin, Saleh, & Lavado, 2012). Yet at the time of conducting this research the gender distribution in the Home showed a reverse trend. Ghanaian culture puts more importance on the boy child than the girl child; therefore, it was revealing that at the time of study there were more boys in care than girls. This finding suggests that the boy child could also gradually be losing his cultural value due to the challenges facing the family unit. However, one staff offered an explanation to the relative higher number of boys;

‘We have observed that many couples prefer baby girls to boys for adoption, the request we receive daily are for baby girls. This explains why we have more boys in this Home than girls.’ **Staff 13**

This finding suggests that, in the Home, if couples are given the opportunity to choose the preferred sex of their adopted child, females are more popular. Further, it is indicative that majority of the children who need to acquire life skills to live independently will be boys.

### **2.3 Experience not expertise**

One of the objectives of conducting the research was to ascertain the educational levels of staff within the Home and find out if they had the requisite skills to provide adequate care for the children. At the time of the study, majority of the staff, 55per cent, had elementary or basic educational background and the others 35per cent and 5per cent had secondary and tertiary levels of education respectively. However, staff with the least education and expertise were responsible for the care of the children. Research has revealed that high educational levels have a significant effect and impact on the quality of childcare services that would be rendered by the staff to the children in their care (D.O.S., 2009). This suggests that the skill

set of the carers in the Home needs to be enhanced to ensure a more holistic development of children in the Home.

It is also important that more staff with diverse and requisite educational backgrounds, such as social work and childcare, are employed for the proper upbringing and development of the children. From the interview data, it was found out that the minimum recruitment criteria to work as carer in the Home has been changed to secondary school level education at the time of the study. Management of the Home also provide bi-annual in-service training in child care and first aid as a means of equipping the care givers with improved skills for performing their jobs. Yet, majority of the carers informed the researchers that such training were not adequate to provide them with the requisite skills to deal with complex and diverse problems facing them on daily basis. One carer explained;

‘We have been caring for these children for a long time but there are some things that we don’t know much about, for instance how to be able to help children who have been traumatised by sexual molestation. What do we do? We pretend nothing has happened and treat such children similar to the others, yet the in-service training suggests we should treat them different. We don’t know how and honestly we don’t have the time’.

**Staff 4**

This carer has been able to identify the shortcomings in providing care for the children by highlighting the need to provide more attention for abused children which requires more time but due to their heavy workload the carers in the Home are not able to provide such care.

## **2.4 Acquisition and imparting life skills**

By referring back to the person-in-environment perspective, children will acquire their life skills from their environment from what they are taught formally and informally. However, not all environments nurture independent living hence children become adults who are ill equipped with the necessary skills to fend for themselves. Thus to enable children fit into society the Home has adopted the following:

### **1. Interactions with the general public**

The Home has devised three strategies to enable children in their care interact with the public. Firstly, children in the Home are given the opportunity to interact with the general public when they pay supervised visits to the Home. Members of the public who visit the Home are often members of charities, religious and commercial organisations who donate gifts; mostly books, toys and food items. During these visits, they interact with the children and sometimes play fun games with them. It was also observed that the children were very happy during these visits. A couple of the children explained their emotions;

‘I like the visits from these organisations; I get a lot of attention when people come around’. **Child 2**

‘The visits give us a break from the boredom and strict regulation here, we are allowed to play fun games and sometimes we get loads of sweets’. **Child 3**

The brief moments the public interacted with the children seem to boost the self-esteem of the children. Yet, the children failed to recognise that their interaction with the public gives them opportunities to acquire interpersonal skills of establishing rapport with others who are not their care givers; one of the skills they will need for independent living.

Secondly, in some cases the management of the Home allows families to take some of the children to spend weekends in their respective homes. Specifically, children below five years were given the opportunity to visit families in order to gain experience of living in a home other than the residential facility. The third strategy was to take the children on field trips, excursions and picnics; however staff in the Home confided that due to lack of funding they have not organised trips for a long time.

## 2. Formal education

Another important aspect of the children's preparation for independent living is the provision of formal education for the children. The Home has a policy to educate all the children of school-going age up to Senior High School level. Administrative records of the Home showed all the children attend some form of formal education and there is also provision for apprenticeship for children who have completed their basic education and wish to acquire a vocation. The Home has employed two teachers and has four volunteer teachers at any given time who teach the children in the Home who were between 0-4 years, this age group constitute about 50per cent of the child population. The children attend the pre-school or stay at the crèche within the premises of the Home. About 20per cent of the children attend State run primary and Junior High schools within the neighbourhood of the Home. Whilst only six attend Senior High Schools, this largely reflects the fact that only a small proportion of the children are above the ages of 15 years. Also management of the Home had plans for about 10 children to undertake various apprenticeship of their choice. One management staff commented;

‘We have made provisions for any child who would rather pursue apprenticeship such as tailoring, hairdressing or to be mechanic instead of pursuing further academic work.’

**Staff 18**

Therefore, children who have no desire to pursue their education after completing the basic educational level can acquire a skill of their choice financed by the Home.

## 3. Informal training

The training of life skills in the Home are similar to what pertains in most regular homes. The children are taught acceptable social norms such as respect for elders and those in authority, kindness, obedience and being a good member of the household. For instance, it was observed that children who were six years and above assisted with routine household chores whereas those older than nine years had assigned tasks mostly cleaning such as, sweeping, scrubbing, laundry and all household activities commonly done in regular homes.

However, a notable difference observed was the reluctance of the adolescents in the Home to participate in the household chores. Assisting in the preparation of food was one activity the carers informed the researchers they have not succeeded in encouraging them to participate, because many of the adolescents view the preparation of food in the Home as one of the job functions of the carers. As a result, any attempt to involve them in the performance of those chores was misconstrued as a shirked responsibility on the part of the carers. One adolescent explained his reluctance in participating in household chores;

‘Why should we do household chores when they (carers) are employed to do so? Will they pay me?’ **Child 1**

Another adolescent had the opinion that there were younger children who can assist the carers; she stated:

‘I was helping when I was younger but now I’m a big girl and there are many younger ones who are assisting the carers so I don’t see why I should be asked to help.’ **Child 5**

There is an apparent lack of communication between the Home’s authorities and the children especially on the need for them to perform household chores and its future benefits for their personal development; hence resistance from most of the teenagers in the Home. From the interviews, it was identified that the performance of such chores was perceived by the children as punishment, not as a process to imbue skills. In extreme cases some of the boys had reacted rudely and aggressively towards the carers when asked to perform household chores in the Home. One carer narrated her experience;

‘I am surprised in the manner in which some of the boys react anytime they are asked to perform any task in the Home now that they are teenagers. A couple are very aggressive, you can see their physical sizes, so I’ve decided not to ask them to undertake any task’. **Staff 7**

However, if adolescents are informed that participating in assigned task is a process of training them informally to acquire life skills for independent living they might behave differently. The perceived communication gap between the staff of the Home and the children needs to be bridged to ensure good and effective training for the children.

## **2.5 Exiting Care**

Children admitted into care spend varied period in the Home however, information on the date when children left the Home was inconsistent. The exception was for children who left the Home through adoption. Management of the Home indicated that the process of adoption is based on court orders as such it was well document and children who were admitted into care as orphans or abandoned are put up for adoption as quickly as possible. For all the other circumstances, researchers were informed that in some instances the admission is for a few days whilst for a minority they are left in the Home all their childhood. The comments by the carers reveal that irrespective of the varied circumstances that led children to the Home those abandoned stayed longer. One staff explained the situation;

‘Well the circumstances of admitting children into care differs, very often children who lose their mothers at birth are brought here for very short periods. The fathers often manage to get other family members to assist with the care and then they take the child out of care. Mothers whose children are here because of their incarceration also come for their children after they have served their sentence, the periods vary though. Those who stay longer are the abandon children who are admitted into Home after the age six, we find it difficult to place them in permanent homes.’ **Staff 1**

A major goal of the authorities of the Home is to see majority or even all the children in the Home exit and integrate well with the larger society at a point in their life in the Home. In line with this philosophy, the authorities of the Home have developed an exit plan. Yet, none of the children at the time of the study knew about ‘exiting plans’. It was noted that most children left the Home before adulthood and that babies that are abandoned for instance, were adopted within the first six months of their stay in the Home. Younger children go through a different process. A couple of days to the departure, the child is informed by the supervisor with release forms duly signed by the child’s new family and the Home authorities. It was

noted from the study that departure was always upon authorisation from the office of the Regional Director of Social Welfare. As a result, information on children exiting the Home was largely obtained from interviews with the Home authorities; the carers had little knowledge of the procedures.

However, there are a few who never get adopted. Those above the age of 18 years are encouraged to leave the Home to live independently. Usually in this case, special preparations are made towards their departure starting with the provision of counsel and advice in connection with their leaving care. One carer explained the process, she stated;

‘When the children attain 18 years and have gained an employable skill we usually organise a passing out of the Home for them. Prior to that we rent simple accommodation for the child and provide little funds for their upkeep. All the children in the Home participate in the leaving party and it is fun.’ **Staff 10**

Nevertheless, researchers were informed by one of the management staff that the children who leave care are not left alone. She explained;

‘Due to financial constraints we encourage children in the Home to go into apprenticeship and learn skills such as tailoring and hair dressing. We however do not break ties with them even though they have left the Home. We encourage them to always come to us in times of difficulty or trouble; they are encouraged to return to the Home for the necessary counsel, guidance and assistance’. **Staff 8**

Some carers also mentioned that although the arrangements were inadequate owing to resource constraints, the young adults are assisted with accommodation and start-up money to ensure they do not become destitute.

### **3 Discussion**

Traditionally, the family as the basic socialisation agent functions to help the child integrate into the society by teaching the necessary techniques important in the child’s life (Odetola & Ademola, 1985). Thus, in the case of abandoned, orphaned, neglected and destitute children, the establishment of a Home provides an avenue for them to live together with other people as an alternative to their natural family. However, the environment in which children in care find themselves constitute paid carers and temporal siblings. The conditions for the children are regarded as temporal and all services provided are to ensure the wellbeing of children who need temporal alternative care. Yet, there are a few who remain in care even into their adult years. The study in one State managed residential care in Ghana revealed that the priorities of the carers was not on providing informal training in life skills for the children in care, neither was it a priority for the adolescents who viewed the acquisition of the informal skills as a relegation of the duties of the paid carers. Ghana’s CRI’s goal is to deinstitutionalise alternative care and for those who residential care is the last resort they are to stay in care for a maximum of three months. This could explain why carers in the Home studied focused on the immediate care needs of children with little emphasis on their long-term care needs which includes having the skill sets for independent living.

The carers lack of interest can also be attributed to their educational background, many had limited skills to deal with children who are traumatised and prepare them for independent living. Yet, carers irrespective of their experience and academic qualification need to have the requisite skill set to care for children who are institutionalised (D.O.E., 2012). Thus, there is an urgent need to recruit personnel with the expertise and experience to work with children

who have been traumatised, such as child psychologists which the Home at the time of the study did not have. To ensure that children in care have adequate care, carers in the Home need to have the requisite skills to identify for instance emotional needs of children who are traumatised due to the separation from their birth families. Also the Home has to be encouraged by State authorities to employ individuals who have the skills set to work with vulnerable children. Whilst this is recommended for prospective employees, those already in the Home have to be trained in basic child care practices. This can be done through consistent in-house training over a period. Also management of the Home have to make concerted efforts in employing staff who for example have social work and early childhood care and development training.

Although this study used one residential care for children, it is possible the issue of after-care plans are not considered by most residential care facilities in Ghana. It is suggested that this must be made a requirement and that all after-care plans must be started early for children who turn adolescent in care. Also children in care must be encouraged to learn life skills just as other children living with their families. Further, authorities have to devise a plan where adolescents will have trial independent living experiences (Frimpong-Manso, 2012). This will enable both the management of the Home and children to identify the preparedness and challenges leaving care might entail.

#### 4 Conclusions

Putting children in residential care for their protection but failing to prepare them for independent living defeats the quest to ensure their holistic development. Findings in this study suggest that the environment and practices of the Home is to provide temporal alternative care with little focus on preparation for permanency. Children have to be prepared early for independent living but failure to equip them for the eventuality till late in their adolescent years might make the process of acquiring life skills challenging; for both the child and the carer. The onus is on carers and management of the Home to prepare such children; hence they also need to be equipped with the skills to informally train them.

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