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Aging Out of Out-of-Home Care: New Services, Sustaining Support and Tackling System Failures

Ageing Out of Out-of-Home Care: New Services, Sustaining Support and Tackling System Failures

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ABSTRACT

An increasing number of young adults in Ghana begin adulthood from residential care. Many face challenges after leaving care, partly because they are unprepared for independent adult life. This study examines the level of preparedness and the factors influencing it among young people in residential care in Ghana. A mixed-methods approach was employed to collect survey data from 264 young individuals and in-depth semistructured interviews with 20 young people and 10 key informants working in residential facilities. The survey and interview data were analysed using SPSS and a thematic framework, respectively. The quantitative data revealed that young people felt most prepared to maintain relationships and confident in managing money and finding housing but least prepared to continue their education and secure employment. Educational preparation, formal and informal support, emotional maturity and independent living skills are factors that influence readiness. These findings underscore the necessity for policies and practices to bridge gaps in young people's preparation for adulthood. Practitioners should ensure that young people leaving care in Ghana have comprehensive preparation plans that assess their readiness, with particular focus on their educational status, support systems and interdependent living skills. Residential care facilities should also establish aftercare programmes providing housing and assistance to be implemented alongside policies extending the care-leaving age to 21.

1 | Introduction

There is an abundance of evidence that shows that the family is the best environment for children (Johnson et al. 2006). However, estimates suggest that about 200 million children, including 35 million in Africa, live without adequate parental care. Estimates suggest that globally 220 million children lack or face the risk of losing parental care (Willi and Arisi 2024). Evidence from the 2017/2018 Multiple Indicators Survey shows that 16% of Ghanaian children live outside parental care (Martin and Zulaika 2016). In developing countries, children in this situation are mostly cared for by extended family, but some children are left unattended and end up in residential care (Shawar and Shiffman 2023). In 2021, 3530 children were in 139 residential care facilities (RCFs) in Ghana (Ghana Department of Social Welfare (DSW) and United Nations Children's Fund (UNICEF) 2021).

Aligned with both global and Ghanaian legislation and policies (United Nations 1989, 1998 Children's Act, Act 560, Child, and Family Welfare Policy, 2015), ongoing care reforms emphasizing deinstitutionalization processes are leading to an increasing number of children reintegrating with their families of origin or moving to other family-based placements (Frimpong-Manso et al. 2022). However, some young people begin start adulthood while they are in out-of-home care, and at age 18, they are expected to leave care in Ghana. The United Nations Guidelines on Alternative Care encourage countries to develop policies that support young people leaving care, enabling them to 'assume self-reliance and integrate fully into the community, notably through the acquisition of social and life skills' (para. 131); allocate 'a specialised person who can facilitate his/her independence when leaving care' (para. 133); and ensure 'access to social, legal and health services, together with appropriate financial support' (para. 136) (UN General Assembly 2010). In

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line with the UN Guidelines, countries like the United States have formal structures to help young people prepare for independent living (Doucet et al. 2022).

In Ghana, the National Standards for Residential Homes for Children stipulates residential facilities provide children with a range of services, including daily care and development, case management, appropriate living conditions and qualified staff and supervision (Department of Social Welfare et al. 2018). The Standards also require residential facilities to prepare young people for independent living throughout their stay, with particular emphasis from age 15 (Ministry of Gender, Children and Social Protection, Department of Social Welfare UNICEF Ghana 2018). However, research shows that most Ghanaian RCFs lack preparatory programmes for young people ageing out of care (Manful et al. 2015).

Research across Africa, including Ghana, shows that care leavers face difficulties finding suitable accommodation, employment and housing; continuing their education; and integrating into their communities, which is often caused by their lack of preparation, among other factors (Frimpong-Manso 2018; Bodirola and Ross 2023; Kelly et al. 2024; Pryce et al. 2016). They often have limited social, emotional and independent living skills because they leave care at a young age, usually 18, and have limited exposure to life beyond the residential facility and opportunities to practice responsibility and independence are minimal (Kelly et al. 2025; Seale and van Breda 2025). Knowledge about the preparation for adulthood for young people in care and the factors influencing it, especially in Sub-Saharan Africa, remains limited. Preparedness to leave care is defined as young people's perceived ability to manage the demands of living independently after leaving care, including meeting their needs, developing and maintaining relationships and functioning effectively in a broader society (Refaeli et al. 2013; Sulimani-Aidan et al. 2013). Studies on how prepared young people in out-of-home care are for adulthood mainly originate from the Global North. However, care and welfare systems, along with socioeconomic conditions, often differ from those in most countries in the Global South. Furthermore, existing studies on young people's preparation for adulthood mainly rely on retrospective accounts of care leavers.

The study aims to explore young people's preparedness to leave residential care in Ghana. First, it assesses their preparedness for independent living in specific adult life domains. Second, it investigates the factors influencing their preparedness for independence. Understanding young people's preparedness is crucial for informing and improving the welfare of children and young people with lived experience of out-of-home care in Ghana, especially through the design of programmes to address existing gaps. The evidence from the Ghanaian context allows us to identify issues in the preparation of young people across different residential settings and resource conditions. This study fills a gap in the international literature and contributes to a mutually respectful dialogue between the Global North and the Global South, as most knowledge on young people in out-of-home care's preparedness for adulthood comes from the Global North (van Breda and Frimpong-Manso 2020; van Breda and Pinkerton 2020). In the following sections, we review studies on

young people's preparedness to leave care; the survey and interview results and the article conclude with a discussion of the findings and their implications for policy and practice.

2 | Literature Review

Previous studies highlight that equipping young people leaving care with essential skills for adulthood is vital because they often start life earlier and with less support than their peers who have not been in out-of-home care (Harder et al. 2020; Whitley-Gronborg et al. 2025). Therefore, it is important to assess young people's preparedness for independent living before they leave care, typically by determining whether they possess 'soft skills' (emotional and behavioural), such as trust, time management and problem-solving, and 'hard skills' (practical daily skills), including budgeting, money management and cooking (García-Alba et al. 2023; Sulimani-Aidan 2015). To prepare young people in care for adulthood, several countries in the Global North, like the United States and Australia, have established formal programmes to support this process. Although there are differences across countries, these programmes may include the assignment of a caseworker or personal advisor, housing and educational support, extended care, mentoring or coaching, and independent living programmes (Cruz et al. 2025; Taylor et al. 2024). Evaluations of these formal preparatory programmes show mixed or limited impacts in many studies, with their effectiveness depending on the quality of relationships and programme design (Taylor et al. 2024).

In the global South, young people in out-of-home care, primarily in residential care, prepare for adulthood informally through daily activities such as household chores (e.g., cooking and cleaning) and interactions with staff and peers (Manful et al. 2015; Mmusi and van Breda 2017). However, the disadvantage of informal preparation is that young people sometimes do not receive it when they resist doing chores because they view it as their carer's job, see it as a punishment or lack a good relationship with others (Frimpong-Manso 2012). Additionally, the provision of preparation for young people in care is mostly ad hoc, informal and inconsistent (Bond 2018).

The studies that were reviewed suggest that young people in care or care leavers often have mixed perceptions of their preparedness for adulthood (Benbenishty and Schiff 2009; Dutta 2018; García-Alba et al. 2023; Häggman-Laitila et al. 2019; Isakov and Hrničić 2018). They feel prepared in some areas, especially daily skills (e.g., self-care and chores) but less confident in other areas such as educational continuation, housing and employment, particularly among care leavers. Longitudinal evidence from Starr et al.'s (2024) study shows that because the domains intersect, difficulties or unpreparedness in key domains (e.g., education) often undermine overall preparedness. Studies assessing preparedness for independent living rely on standardized tools or self-reports (e.g., interviews or questionnaires), with a few combining both methods (Schwartz-Tayri et al. 2025; Starr et al. 2024). The literature indicates that self-reported assessments tend to overestimate young people's preparedness for adulthood, whereas standardized tools and third-party evaluations offer more accurate insights. The limitations in the various assessment

tools highlight the need to triangulate both methods for a comprehensive understanding of preparedness for adulthood (García-Alba et al. 2023).

Among young adults who have an experience of living in care, several personal, institutional and structural factors contribute to their preparedness for adulthood. Stronger self-efficacy, self-determination and self-esteem are associated with higher preparedness, as these assets serve as internal drivers that help them prepare, receive support and apply them in real-life situations (Lee and Lee 2024; Stenclová 2020; Schwartz-Tayri et al. 2025). Additionally, factors relating to young people's care placement, including when young people leave care, the stability of their placements and whether there is structured support to help them prepare, all influence their level of preparedness. For instance, Kwon and Yang (2020) found that among 194 young people in residential care in South Korea, encouragement from staff to make choices, listen to their views and support them in doing so motivated them to grow personally and become better prepared for independent living. Research from developed countries shows that young people with fewer placements and trusting relationships with their carers report higher self-confidence and a stronger foundation for developing coping mechanisms (Asif et al. 2024; Varnish et al. 2025). Societal, cultural and policy factors can impact young people's preparedness to leave care (Jones 2014; Munson et al. 2024; Stenclová 2020). Policy frameworks and legal entitlements, especially postcare support systems such as extended care, show great promise in enhancing young people's preparedness for life after care. They ensure young people can complete their education before leaving care and that some support is in place once they leave (Harder et al. 2020; Taylor et al. 2024). Structural factors such as employment, poverty levels and housing availability also affect young people in care's preparedness for adulthood. The lack of secure housing options or transitional accommodation can undermine young people's confidence in living independently after leaving care. The timing and age at which young people leave care influence their preparation for adulthood. This is because it serves as a proxy for evaluating readiness and the timing of preparation. In many countries, young people are expected to leave between 16 and 18 years, a period during which research has shown that they are often unprepared for adulthood (Strahl et al. 2021).

3 | Methodology

The study used both quantitative and qualitative methods to enhance methodological rigour and credibility (Creswell and Plano Clark 2007; Teddlie and Tashakkori 2003). It followed a concurrent triangulation strategy, collecting and analysing data simultaneously. We conducted the study in four regions of Ghana (Greater Accra, Ashanti, Central and Eastern). The selection of these regions was purposeful because 75 of the 139 RCFs are in these regions and also have a high proportion of young people who fall within our target population (Ghana Department of Social Welfare and United Nations Children's Fund 2021). The study used a random sample of residential facilities, considering factors such as care model and funding source. Ghana has two main types of residential facilities (children's homes and orphanages) for children in statutory child protection. One type is children's homes, which are funded and

managed by the government. They can accommodate all categories of children who need out-of-home care. The other types are orphanages, which are all privately owned and receive funding through donations and sponsorships from religious and nongovernmental organizations as well as private individuals (Frimpong-Manso 2021). In terms of care models, children's homes operate dormitory-style facilities, whereas orphanages usually have family-style facilities (Ghana Department of Social Welfare and United Nations Children's Fund 2021). To select the facilities, we created a sample frame based on records of licenced residential facilities obtained from the Department of Social Welfare. We then categorized the facilities into care and funding models. Within each stratum, we assign each residential facility a unique identification number. Then, we used a computer-generated random sequence to select a sample using a seed (1234) to ensure reproducibility.

The target population in the four regions where the RCFs were located was 2259. We utilized random sampling to select participants from residential facilities, resulting in a sample size of 384, calculated using the International Fund for Agricultural Development (2009) formula. However, due to logistical constraints, including limited funding and a short data-collection period, the final quantitative sample comprised 264 participants. For instance, the lack of funding for data collection prevented us from making repeated home visits, and staff availability and approved visiting hours prevented us from completing data collection for the first time. For the qualitative component, we used a purpose-based sampling strategy to select young people aged 18 years or younger. However, a few participants were over 18. Even though the Children's Act requires young people in care to leave at 18, some facilities allow those in school or with disabilities to stay longer (Frimpong-Manso 2022). Care staff (carers, youth workers, social workers and administrators) with at least 1 year's work experience were included as key informants in the study. We considered factors, such as sex, educational status and occupation, to ensure a representative sample. Of the 264 adolescents who participated in the survey, more than half (53%) were male, whereas 47% were female. The average age of the participants was 16 years; the oldest was 20, and the youngest was 13. Regarding education, 1.5% of adolescents had no formal education, 32.6% had completed primary education and 10.2%, 2.3% and 51.9% were in junior high, senior high, and tertiary education, respectively. Among the young people who took part in the interviews, 11 were females, and the rest were males. The average number of years of residency in their current placement was 9, with a maximum of 12 and a minimum of 4. All 20 participants had received formal education, with the highest level being senior high school and the lowest being primary school.

Ten (seven males and three females) key informants (KIs) lived in the same residential facilities as the adolescents who participated in the study. Their educational backgrounds ranged from secondary school (7) to tertiary education (3). They were aged between 26 and 56 years and had worked in residential facilities for an average of 8.5 years. The young people resided in 75 residential facilities across four regions (Ashanti, Central, Eastern and Greater Accra), which together account for 25% of the country's regions. Forty percent of the facilities were in the Greater Accra region, Ghana's capital, and were located in urban and periurban areas. The facilities in the Ashanti and Eastern

regions made up 48%. The facilities in these regions were much more dispersed, with some located in urban areas and others in rural areas.

Data collection took place between May and September 2022. It started with distributing questionnaires to selected adolescents. The questionnaire, based on the Preparation for Social Reintegration Index (Dutta 2018), consists of 26 items categorized into seven domains: education, vocational training, psychological well-being, life skills, financial arrangements, employment, support networks and living arrangements. The scale was selected for its development in India, a country with similar socioeconomic conditions to Ghana. The researcher was available to address any questions during completion. We used the scale to assess how ready the young people felt to live independently after leaving the residential home. To do this, we focused on six areas (financial management, education, household maintenance, future planning, health and relationships). The internal consistency of the original scale (Cronbach's α) was 0.748.

To assess participants' preparedness for independent living, they were presented with 24 statements and asked to rate their confidence in achieving each one after leaving care. Each statement began with, 'When you leave care, do you think you will ...'. The response options were *highly confident* (1), *confident* (2), *somewhat confident* (3) or *not confident* (4). Participants were instructed to select only one option for each statement. Initially, responses to the statements were recoded to ensure that higher scores indicated greater preparedness for independent living: *highly confident*=3, *confident*=2, *somewhat confident*=1 and *not confident*=0. Under this new coding scheme, selecting 'highly confident' for all statements indicated the highest level of perceived preparedness. The subdomains of the perceived preparedness for independent living scale included continuous education, healthy lifestyle adoption, household maintenance, personal financial management, employment planning and relationship maintenance.

In-depth semistructured interviews were conducted with adolescents and KIs, using an interview guide tailored to each group. The questions on the guide for the young people included 'what makes you feel that you are not ready to leave residential care now?' and 'what will make you feel that you are ready to leave care?', whereas examples of the questions that we asked the stakeholders were 'how do you assess young people's preparedness to leave care?' and 'what factors do you consider before a young person leaves care?' The interview locations, chosen by the participants, included residential facilities and libraries. They were conducted in English and lasted between 30 min and 1 h.

To analyse the survey data, we first cleaned it to address missing responses, invalid entries and duplicates and then used SPSS to analyse it. We then assessed the participants' preparedness for independent living through descriptive statistics, including means and standard deviations. Simple and multiple linear regression analyses were used to examine how participants' sociodemographic characteristics relate to overall preparedness for independent living. We stored the transcribed interviews on a password-protected computer.

We used NVivo software to organize and manage the qualitative data and support the coding process and then applied Braun and Clarke's (2006) six-step thematic framework to analyse it. The analysis began with a familiarization process that involved reading the transcript several times. This stage provided an initial understanding of the participants' perspectives on their preparation for adulthood. Next, we engaged in inductive coding, using short labels to tag relevant sections of the transcripts. Examples of initial codes include stable housing, financial resources, ongoing aftercare support and networks linked to opportunities. After coding all the transcripts, the next step was to group related codes into broad clusters to develop candidate themes such as economic and material basis, education and employment pathways, and institutional support. Subsequently, we generated a report of the findings based on these themes. Subsequently, we reviewed the initial themes to check for consistency and coherence, ensuring each theme had sufficient extracts from each participant and residential facility, that the themes were distinct from each other and that they addressed what facilitated young people's preparedness. At this stage, some themes emerged, whereas others were discarded because the transcripts lacked sufficient evidence to support them. We then defined and named the final themes and produced the final report.

The study received ethical approval from the Ethics Committee of University of Ghana, and we used pseudonyms to protect participants' identities. Participants signed a consent form before the interviews and reviewed the transcripts to enhance the credibility of the findings. We employed several strategies to enhance the trustworthiness and credibility of the study's findings. During the interview process and after the final transcription, all participants were asked to verify the study through member checking, a component of increasing trustworthiness and credibility in qualitative research (Harper and Cole 2012). We used peer debriefing to review the study's approach and validate emerging interpretations. Also, we used data triangulation by collecting data from multiple sources (young people and caregivers), which strengthened our findings as the conclusions were not dependent on a single viewpoint.

4 | Findings

4.1 | Quantitative Findings

The survey data showed that young people had the highest perception of preparedness in maintaining relationships ($M=9.41$, $SD=3.54$, range: 0–15), suggesting confidence in maintaining social connections outside of care as shown in Table 1. Perceived preparedness for household maintenance ($M=8.47$, $SD=2.74$, range: 0–12) and personal financial management ($M=7.44$, $SD=2.81$, range: 0–12) were also relatively high. However, preparedness for continuous education ($M=5.96$, $SD=2.62$, range: 0–9) and planning for employment ($M=6.29$, $SD=2.22$, range: 0–9) had lower mean scores, indicating potential gaps in long-term preparedness. The overall scale score ($M=47.01$, $SD=12.31$, range: 4–67) suggests that although young people report a moderate level of preparedness across domains, there is a variation in their confidence

TABLE 1 | Summary statistics and psychometric properties of the scale.

Statements	Mean (SD); min–max	α
Preparedness for continuous education	5.96 (2.62); 0–9	0.70
Preparedness for household maintenance	8.47 (2.74); 0–12	0.62
Preparedness to adopt a healthy lifestyle	7.25 (2.43); 0–9	0.76
Preparedness for personal financial management	7.44 (2.81); 0–12	0.52
Preparedness for planning for the future and getting employed	6.29 (2.22); 0–9	0.59
Preparedness to maintain relationships	9.41 (3.54); 0–15	0.64
Overall scale	47.01 (12.31); 4–67	0.87

Note: Values are presented as mean (SD); observed min–max.
Abbreviation: α , Cronbach's alpha.

levels. The internal consistency ($\alpha=0.87$) indicated strong internal reliability. These findings highlight the need for targeted interventions to enhance preparedness for employment and further education, identified as critical leaving care areas in previous research (Dutta 2018).

Multiple linear regression was used to examine the relationship between participants' sociodemographic characteristics (age, gender and education level) and perceived preparedness for independent living (P-RIL) and its subdomains as highlighted in Table 2. Gender differences were observed in specific domains. Females reported significantly lower perceived preparedness for continuing education ($\beta=-0.84$, $p<0.01$), indicating that females felt less confident about continuing their education. However, females showed higher preparedness for personal financial management ($\beta=1.33$, $p<0.05$), suggesting greater self-perceived financial independence or responsibility. There were no significant gender differences in the other domains. Age did not significantly predict preparedness in most domains, but a statistically significant effect was found for perceived preparedness for household maintenance ($\beta=-0.15$, $p<0.05$), with older individuals reporting lower preparedness. This finding may indicate that younger individuals feel more confident in their ability to manage household responsibilities, possibly because of early exposure to domestic tasks in institutional care settings.

4.2 | Qualitative Findings

Analysis of interviews with young people and adults revealed three key factors they perceive as influencing their level of preparedness for life after care: educational preparation, formal and informal support, and emotional maturity and independent living skills.

4.2.1 | Educational Preparation

Young people, particularly males, felt that completing their education, and, for some, vocational training were significant factors that would influence their preparedness for life beyond care. Several of them suggested that leaving care while in school would pose a significant challenge for them when they were on their own, as they believed it would harm their academic and employment prospects and consequently their ability to live independently:

I do not think it is a good idea to leave care without reaching an educational level that can help you get a job. I am in university now and hope to finish and find a job. When that happens, I will be ready to leave. If I leave now, I fear I might not even complete the school.

(Richeal, YP, 19 years)

The statement above emphasizes the potential consequences of leaving residential care before achieving stability and self-sufficiency, especially regarding education and employment opportunities. In interviews with key informants, many echoed young people's concerns, expressing worries about using age as the only measure of readiness for independent living. They observed that most young people were not sufficiently prepared to live independently while still in school. Instead, they believed young people would be better prepared to leave care after completing their education and securing employment. For example, Frank, a manager, said this about education being the foundation for self-reliant adulthood: 'Yeah, when they [young people] are ready to leave the facility, it's the time that they have finished school'.

The findings indicate that many participants linked education to employment, believing that higher education increased their chances of securing a good salary. Job security was crucial for young people's preparedness for independent living, as it provided stability, self-reliance, access to healthcare, housing and social integration. For example, Adolphine, a 15-year-old JSS student, expressed a willingness to leave if she could obtain a university degree or a skill that would increase her income. A 54-year-old administrator supported this view, stating,

Yeah, when they are ready to leave the home [facility], it is typically after they have finished school and perhaps continued from secondary to tertiary education. Therefore, when they secure a job, they can then leave.

(Gerald, KI, 54 years)

A few facilities, the more financially endowed ones, recognized the importance of allowing young people to stay in care longer to help them finish their education and better prepare them for adulthood.

For their [young people's] preparedness to leave care, it is an ongoing process. Yes, but for our young

TABLE 2 | Multiple linear regression models predicting perceived preparedness domains.

Predictor	P-RIL <i>B</i> (95% CI)	P-RCE <i>B</i> (95% CI)	P-RHM <i>B</i> (95% CI)	P-RAHL <i>B</i> (95% CI)	P-RPFM <i>B</i> (95% CI)	P-RPFE <i>B</i> (95% CI)	P-RMR <i>B</i> (95% CI)
Age	−0.16 [−0.72, 0.40]	−0.01 [−0.13, 0.11]	−0.15* [−0.27, −0.03]	−0.05 [−0.16, 0.06]	0.11 [−0.02, 0.23]	−0.04 [−0.14, 0.06]	0.10 [−0.20, 0.40]
Gender (ref. male)							
Female	0.13 [−2.77, 3.04]	−0.84** [−1.45, −0.21]	−0.04 [−0.68, 0.60]	0.23 [−0.34, 0.81]	1.33 [0.61, 2.05]	0.30 [−0.23, 0.82]	−0.47 [−1.33, 0.40]
Education (ref. primary or less)							
Junior secondary	5.03** [1.85, 8.20]	0.36 [−0.33, 1.05]	1.44*** [0.74, 2.14]	1.18*** [0.56, 1.81]	1.33*** [0.61, 2.05]	0.61* [0.04, 1.19]	−0.24 [−1.19, 0.71]
Senior secondary and higher	11.86*** [6.30, 17.42]	1.50* [0.29, 2.70]	3.27*** [2.06, 4.49]	2.12*** [1.02, 3.22]	1.43* [0.17, 2.68]	2.10*** [1.10, 3.11]	0.96 [−0.69, 2.62]
<i>N</i>	—	—	—	—	—	—	—
Adj. <i>R</i> ²	—	—	—	—	—	—	—

Note: Values are unstandardized coefficients *B* with 95% confidence intervals. Reference categories: male, primary or less education.

Abbreviations: P-RAHL, perceived preparedness for accessing housing and living; P-RCE, perceived preparedness for continuing education; P-RHM, perceived preparedness for health management; P-RIL, perceived preparedness for independent living; P-RMR, perceived preparedness for maintaining relationships; P-RPFE, perceived preparedness for paid full-time employment; P-RPFM, perceived preparedness for practising financial management.

**p* < 0.05.

***p* < 0.01.

****p* < 0.001.

adults, they leave care at the age of 24. Yes, at that time they would have finished university education, an apprenticeship, or vocational training ... For those who enter young adulthood before leaving care, we have two years dedicated to preparing them to be resilient and self-reliant.

(Patrick, KI, 34 years)

4.2.2 | Formal and Informal Support

Participants from various residential facilities reported that young people's preparedness to leave care was influenced by the availability of formal and informal support systems after departure. Some facilities, particularly those with ample resources, have structured programmes to prepare young people for leaving care. Others provide essential items or postcare support through start-up kits. For example, Jude, who was working as a manager of an orphanage, stated, 'Our residential home has a Youth Development Policy that we strictly adhere to that promotes the self-reliance of young people'.

Jason, a youth worker, also mentioned that his facility has a follow-up system that continues to offer support after formal care arrangements have ended. He explained, 'The [name of the facility] regularly checks on young people. We maintain a book with their contact details'. This system provides emotional security during the leaving care period by fostering continuity and a sense of belonging beyond formal care. Many participants, both young people and key informants, said that preparation to leave care was more achievable when practical support, such as mattresses, rent assistance and educational scholarships, was in place before they exited care. They also emphasized that housing was a critical factor in their readiness to leave residential facilities. For them, secure accommodation was vital to leading a normal life. The perspectives of Edmund and Richard reflect those of many other participants on this subject.

Finally, they should help us find places to live when we leave the Home [residential facility]. My main concern is where I will stay. If I could secure a place, I could sleep, wake up, and go about my life. I do not want to leave here and end up on the streets again. That would be good.

(Edmund, YP, 19 years)

When is a person leaving our [RHC]? Is it standard to provide items for persons leaving the Home? The item includes foodstuffs and funds to start their project.

(Richard, KI, 34 years)

Participants felt more prepared to leave care if they had assurance of support from church members, teachers and friends during and after their departure. They believed that support from these sources would help them cope with life after care,

reach their educational goals and access career opportunities when formal support systems are unavailable.

I am not afraid because I have friends who sometimes help me with money or foodstuffs when I need them, so I am okay. After leaving, I still have their contacts, and if I need anything, I can reach out to them for help.

(Veronica, YP, 17 years)

Female participants, in particular, mentioned church and external sponsors as vital sources of guidance, job opportunities and housing assistance after leaving care. For instance, a 19-year-old participant stated:

Apart from our church pastor, he is even planning help me find work when I finish my vocational training. He wants to rent a place for me so I can live independently and teach me about godly things.

(Priscilla, YP, 19 years)

Marian, a manager of a residential facility, emphasized the importance of community networks and biological families in preparing young people for independence. According to her, 'We assign children to pastors, the elderly, or responsible individuals to provide ongoing support'. Although the key informants believed that having social connections outside of care could help reduce the fear of isolation, the young people reported having fewer friends outside the residential facility. They cite stigma as a major barrier. In Brian's experience, when others learn that young people have grown up in a facility, they often label and treat them differently.

My friends and others are all in the Home, and I relate very well with them. I have no external friends apart from those in the Home. To avoid stigmatisation, I distance myself from others. They frown upon us because we live in the Home ... Therefore, some do not want to associate with us. However, a few come close to us.

(Brian, YP, 15 years)

4.2.3 | Emotional Maturity and Independent Living Skills

In most interviews, a recurring theme was that independent living skills and emotional maturity were crucial to young people's preparedness. Several of the young people noted that the first step towards preparing to leave care was building the confidence to care for themselves and address the challenges that would arise after leaving care:

Leaving the orphanage and deciding to live independently requires a strong sense of confidence in your ability to take care of yourself. Consequently, at some point, learning to feed yourself becomes essential.

(Derrick, YP, 18 years)

Participants with strong self-esteem had positive expectations about fitting into society and being able to take responsibility for their lives after leaving care:

As part of the plans to prepare them, we do our best to help them understand that they cannot continue to receive care for the rest of their lives, so they must start mentally preparing to return to their communities.
(Patrick, KI, 34 years)

Some participants who felt uncomfortable leaving care expressed uncertainty about their preparedness for social integration, as illustrated by the following statements:

I can confidently say that I do not know how to fit into the world outside the Home. I do not go out apart from school. People often say our lives in the Home are different from those outside, and I feel I will not even know what to do to make people like me.
(Harry, YP, 16 years)

The participants revealed that residential facilities endeavoured to help young people mature through formal methods, such as halfway houses for residents aged 18 and over, counselling and skills development. A caregiver at one facility made efforts to support young people emotionally when they were leaving care.

We prepare them for life after being in care ... we counsel them and engage in one-on-one conversations.
(Regina, KI, 26 years)

Despite these efforts, key informants noted that most young people remained emotionally dependent on the facility, displaying fear and insecurity when informed about their exit from care. As one informant explained, the emotional comfort provided in care hindered some from developing psychological readiness for leaving care: When we tell them they will leave, some feel very secure at our place; they think life is going to be very difficult. Several participants indicated a lack of maturity in handling adult responsibilities and a reluctance to leave care because they were unable to perform basic tasks independently. For instance, Maria, a 15-year-old girl, stated that she was not ready to leave care because she struggled to meet her basic needs. Others fear they will not adapt to life in society without a supportive home environment:

No, I will mess things up. Cooking, cleaning, washing? I would not even know where to start. The housemasters and caretakers are very patient with me, but I cannot seem to do it well. I am just not good enough.
(Maria, YP, 15 years).

The young people mentioned that they felt more prepared to leave care when they were allowed to undertake and practice life skills by engaging in routine household chores (e.g., cooking

and washing) and learning to manage day-to-day tasks rather than having someone do it for them:

... right now, I can cook by myself. Our mother [carer] makes sure that we cook ourselves because she always says we would not be here [Home] forever, so we have to do it ourselves so that when we are on our own, we would be able to cook ... and I can wash my own things because we have been washing even for our little ones

(Susana, YP, 16 years)

Although it was often not feasible, the key informants emphasized that young people's independence in living skills improved when they had chances to participate in real-world adult tasks. They described preparing young people with these skills as grooming them for adulthood.

First, I ask myself whether the young person is ready to live an independent life and knows how to prepare their own meals, take care of themselves, and go to the hospital, file reports, etc. They should be able to manage their monthly income and pay their bills on time. If all these traits are present, the person is ready to live an independent life and is therefore prepared to leave home.

(Victoria, KI, 34 years)

5 | Discussion

The study examines preparedness for adulthood and the factors influencing it among a sample of young people in residential care in Ghana. Participants report feeling more ready to build relationships, maintain their accommodation and manage finances but not that prepared for education and employment. Several reasons may explain the high level of confidence the young people in this study have in their preparation for relationships. They might be overestimating their abilities in this area, especially considering that Ghanaian and African literature consistently shows that care leavers encounter difficulties in their relationships due to limited social skills and stigma (e.g., Dadirai Gwenzi and Ringson 2023; Frimpong-Manso 2018). It may also reflect Ghana's recent care reforms that aims to help young people in residential care integrate and establish connections within their families and communities through activities such as supervised home visits during school holidays and participation in school and church activities within the community, offering opportunities to strengthen their social connections (UNICEF Ghana and Department of Social Welfare, Ministry of Gender, Children and Social Protection 2020). However, consistent with findings from other studies on care leavers in Africa (e.g., Dadirai Gwenzi and Ringson 2023; Pryce et al. 2016), participants identified stigma and a lack of friendships outside the care system as significant barriers to successful integration into wider society.

Confidence in their preparedness for managing money and their household aligns with previous Ghanaian research, suggesting

that young people in care often engage in everyday chores, which functions as informal training for adulthood (Frimpong-Manso 2012; Kyei-Gyamfi 2025). Gender differences were also evident from the results: Females felt less prepared to progress academically than males but more prepared to handle money than males. Another explanation may be based on the gendered cultural expectations within Ghana. As opposed to boys, females are often exposed to household responsibilities and money management by engaging in such activities as going to the market earlier than boys. Additionally, research evidence indicates that the lack of proper planning for leaving care and the limited availability of postcare support in Ghana results in financial pressures for female care leavers as well as early pregnancies, which often lead to a disruption of their studies (Frimpong-Manso et al. 2022).

Education and employment were domains where the young people felt least prepared, which is a concerning result because it acts as a protective factor for care leavers, supporting long-term economic stability, improved self-esteem, resilience and an essential route to self-sufficiency (Harder et al. 2020; Starr et al. 2024; Whitley-Gronborg et al. 2025). This is especially critical for care leavers' survival in countries such as Ghana where postcare support is lacking and social services are weak. Interviews suggest that participants associate an extended stay in care with enhanced readiness in these domains, as it gives young people the support they need to complete their education. The concerns are consistent with evidence that many care leavers often drop out of school or struggle to continue due to challenges in balancing work and studies, as well as the high financial costs of education (Cleminson et al. 2017). Previous research also highlights the benefits of a longer stay in care for young people's educational outcomes. For example, Courtney and Hook (2017) found that in the United States, each additional year a young person stays in care is linked with higher educational achievement in early adulthood.

Participants emphasized that preparedness depends on ongoing practical and financial support, such as scholarships and start-up capital, during and after leaving care. The findings, therefore, underline the importance of ongoing support and continuity in fostering young people's preparedness for life beyond care, as this will ensure they can address early survival pressures, including housing insecurity. Like other studies (e.g., Hokanson et al. 2019), the participants' narratives indicate that though preparation to live independently is important, they also need a reliable social network they can depend on when challenges arise. Moodley et al. (2020) state that for young people in care in Africa, equipping them with interdependent rather than independent living aligns with the African philosophy of Ubuntu, which emphasizes mutual responsibility within the community.

Furthermore, the findings raise questions about leaving care age. Apart from a few facilities that permit young people to stay until 24, many have raised concerns about their preparedness in this area because they leave care at 18, which limits their access to resources and support. The concerns echo international debates on the leaving care age, typically between 16 and 18 years compared with extended support young people who have not been in care get during emerging adulthood, which extends

support into their 20s (Arnett 2000; Gilligan 2018; Okpych and Courtney 2020).

Qualitative findings emphasize the importance of emotional preparedness for independent living. Many young people expressed anxiety and fear of the unknown, particularly regarding the loss of the supportive environment provided by residential facilities. Some expressed reluctance to leave care, citing limited decision-making ability and difficulty coping with everyday challenges. These accounts align with earlier findings (Munson et al. 2024), which emphasize the necessity of emotional competence alongside practical skills. The study suggests that emotional preparedness may be a more reliable predictor of successful ageing out than age or skill level alone. Previous research indicates that many residential facilities tend to overprotect their residents, limiting young people in care's opportunities to exercise autonomy (Hlungwani and van Breda 2022). This lack of autonomy can hinder their resilience and preparedness for adulthood after leaving residential care.

6 | Implications of Findings

The mixed methods approach provided both breadth and depth in understanding young people's preparedness to leave care. However, the reliance on self-reported data may have introduced bias, and the geographically limited sample may restrict the generalisability of the results. Nonetheless, the study has several implications for policy, practice and research for young people in Ghana preparing to leave care. Given the importance of finishing school and securing employment for young people's preparedness for life beyond residential care in Ghana, there should be a re-examination of the current law requiring young people to leave at 18. Young people still in education or vocational training should have individualized leaving care plans based on their educational or career status rather than age alone. Such young people could be allowed to extend their stay in care until they are 21, ensuring they receive the support needed to complete their postsecondary education or vocational training. This extension would also provide them with the psychological space to prepare for the challenges of emerging adulthood. Changing the leaving care age also brings uniformity to when young people leave care because some financially endowed residential facilities already offer their residents the opportunity to extend their stay to complete secondary or postsecondary education.

The study indicates that young people are better prepared when they receive support during and after leaving care. However, there is a lack of standardized postcare support, with some individuals receiving ongoing support while others experiencing a disconnection from their former residential facilities. To address this, structured aftercare programmes should provide housing support and job assistance, independent of individual facilities' goodwill, along with a follow-up system for at least 12 months. A challenge that may hinder the implementation of this policy recommendation is the financial constraints facing residential facilities in the country. Therefore, the Ghanaian government must provide funding to help deliver the support that young people require during this period.

Residential facilities must proactively establish partnerships with various organizations (e.g., churches, companies and NGOs) that young people can rely on for assistance when they leave care. These organizations can aid in their reintegration into society, alleviate feelings of isolation or stigma, provide opportunities for internships and apprenticeships, offer psychosocial support and expand their social networks.

Emotional unpreparedness for leaving care was highlighted in interviews with young people. Therefore, future research should develop or adapt scales to assess young people's preparedness, including self-efficacy, resilience and decision-making. The need for this form of preparation is crucial, as prior studies in Ghana have identified leaving care as a significant area where young people often feel unprepared (Frimpong-Manso 2012). Additionally, longitudinal research is needed to investigate the long-term impact of leaving care, examining how the level of preparation affects their emotional, educational and financial outcomes over time. Such a study would help identify effective strategies to support young people, address the challenges they encounter postexit and understand how different types of support influence their outcomes.

Because young people may sometimes overestimate their readiness in certain areas, social workers should evaluate their preparedness through a triangulation of methods, which include self-reports, observations and reports from their carers. They should aim to begin planning young people's education and careers early by assessing what support they need to complete school before leaving care and by providing opportunities to develop their employability skills. These opportunities include finding internships or apprenticeships or helping them improve their interview skills. Additionally, the focus of the preparation should be on interdependence rather than independence. This approach would help young people build their social networks and develop the skills to seek help when needed.

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Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data are not publicly available because they contain confidential participant information.

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