

ORIGINAL ARTICLE

Experiences of Young Indian Girls Transiting out of Residential Care Homes

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Leaving the residential care home is one of the most significant occurrence in the life of every care-leaver. It encompasses vast changes which has a long term impact on the care-leavers future. This study captures the lived experiences of twenty-four young Indian girls who have left care in the past four years. It addresses their journey of moving out of care at two levels — their preparation to leave care and their present experience. The primary focus of the study is to explore the interpretation and meanings attributed by these girls to the phenomena of transition out of care; identifying the uniqueness and commonalities that emerges from their experiences. The results exposes a plethora of emotions and episodes the girls have encountered at each step of their path. It also emphasises on the role played by multiple environmental factors — support network (friends, peer group, family, social workers, etc.), residential care home, state and other social processes — operating at different systemic levels, highlighting the interface between the ‘self’ and the ‘environment’, based on the Ecological Framework.

Keywords care-leavers; girls; India; residential care homes; transition out of care

doi:10.1111/aswp.12107

Introduction

‘Moving out of care’ is a significant phenomenon in the life of each and every person in care. It is a major turning point which involves physical, emotional and financial upheaval, influenced by multiple actors and processes in the individual’s environment. Certain characteristics such as race, caste and sex of the care-leavers further enhances their vulnerabilities. For example, in India, girls leaving care are at a higher risk of abuse and exploitation by virtue of their gender. They often face threat to their security in a male dominated society. Unfortunately, documented literature about these youth, especially in countries like Africa, China, South America and India, are minimal and sporadic (Pinkerton, 2011). Therefore, this study seeks to capture the lived experiences of young Indian girls transiting out of residential care homes. It is an important academic initiative at two levels. At the micro-level, it provides an assessment about the lives of these participants which can act as a guide to the residential care homes to re-think about the services needed for these youth. At the macro-level, it can be critical to influence and inform policy decisions and legislative actions to improve the situation of youth leaving care in India.

Empirical and theoretical review

Due to the lack of literature in an Indian context, the empirical review for this study draws from scholarly works conducted in Africa, Australia, Europe, and the United States, as well as in India. This review

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portrays the global scenario of care-leavers and identifies the different factors that impact their transition out of care. Drawing from the existing body of knowledge, it would be interesting to witness the interplay of the different factors affecting the care-leaving process in the Indian context.

Factors affecting transition out of care

Time and again multiple academic investigations across the globe have revealed that young people leaving care are unable to cope in the 'risk society' and are often exposed to vulnerabilities in multiple areas of their lives (Stein & Dixon, 2006). Interestingly, the impact of this transition has been associated with different factors operating within the self, the immediate environment of the care-leaver, and the macro situation.

Individual characteristics

Studies have observed that in spite of difficult situations, some young care-leavers are able to overcome such barriers and lead a successful life. They are able to recover from their vulnerabilities and are more resilient (Stein, 2005; Van Breda, 2015a). Cases have been documented of similar stable environments for growth and development, in which some were unable to adjust and suffered from unresolved trauma, feelings of isolation, and emotional instability, while others performed much better (Mendes, Pinkerton & Munro, 2014).

Experience of being in care and preparation to leave

Access to good quality care facilities ensuring stability, the development of a strong bond with the caregiver as a mentor, and a well-developed preparation plan for independent living are some of the key factors identified as promoting positive outcomes in youth leaving care (Azavedo, 2005; Dabir, Rego & Kapadia, 2011; Johnson & Mendes, 2014; Stein & Dixon, 2006; Stepanova & Hackett, 2014; Van Breda, 2015b; Wade & Dixon, 2006). An abrupt termination of support without proper access to transitional resources (educational, professional, housing, etc.) has been cited as a significant reason that often compromises the future progression of these youth (Ahuja, 2013; Harder, Köngeter, Zeller, Knorth & Knot-Dickscheit, 2011; Kochuthresia, 1990; Stein, 2006a).

Support network

Research suggests that the ability of care-leavers to form reliable and trusting relationships after leaving care yields positive outcomes. Family relationships can provide a great source of support (Sinclair, Baker, Wilson & Gibbs, 2005; Wade, 2008). Positive relationships with social workers, volunteers, welfare officers, counselors, and others also act as a safety net during the transitional phase and help to build identity and self-confidence (Nagrath, 2005; Triseliotis & Russell, 1984). However, problematic family relationships may lead to feelings of anger and rejection (Courtney, Hook & Lee, 2010; Johnson & Mendes, 2014; Mendes, Baidawi & Snow, 2013; Mendes, Snow & Baidawi, 2012).

Role of the state and social responses

It has been argued that improving individual social skills and local support can enhance the capacity of youth leaving care to cope, but only to a certain extent. The impact of national policy decisions and the role of other national and international non-governmental bodies, have a significant influence on the care-leaving experience of these youth (Nagrath, 2005; Pinkerton, 2011). Consequently, facilitating legislative reforms, policy development, transparency in practice, and data accessibility is recommended (Ahuja, 2013; Mendes et al., 2014).

After assessing these factors, the Ecological Framework propounded by Bronfenbrenner (1979) was considered a suitable perspective to adapt in order to understand the impact of the environment operating at different systemic levels (micro-system, meso-system, and macro-system) on the girls' experience of moving out of care. The experience of leaving care was divided into four ecological levels:

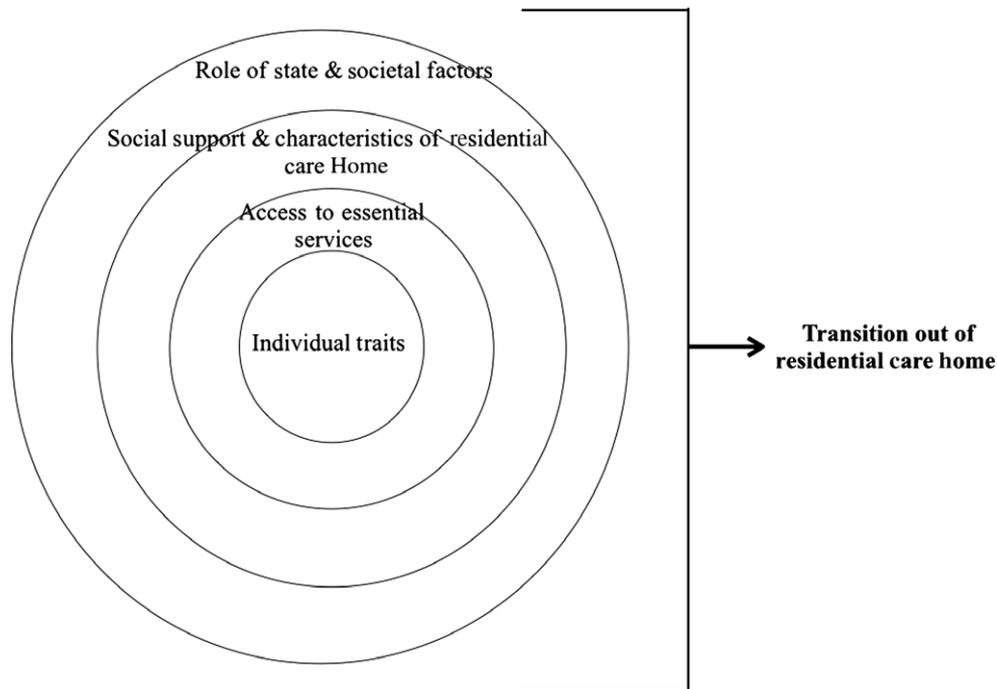


Figure 1 Nested systemic levels affecting the girls' transition out of residential care homes.

- Individual level, which includes characteristics such as resilience, self-confidence, and self-esteem.
- Micro level, which encompasses the individual's access to basic services to facilitate independent living, such as experience of residential care support, age of leaving care.
- Meso-level, which includes social support and characteristics of the residential care home.
- Macro level, which encompasses societal factors and the role of the state (Figure 1).

The Indian scenario

In India, the Integrated Child Protection Scheme 2009 and the Juvenile Justice (Care and Protection of Children) Act 2015 are the key legal instruments for the protection and development of children in residential care. According to this legislation, any child under the age of 18: without residence; under the threat of abuse, neglect, or exploitation; separated from family; who is a victim of armed conflict, natural calamity, drug abuse or trafficking and/or; belonging to dysfunctional family, may seek shelter in a residential care home. While in care, they are provided educational and material support to ensure their holistic development.

The process of leaving care differs according to the child's situation. Children with families are sent home at any age, if the Child Welfare Committee deems that the family situation has become conducive for the child's upbringing. Those without parental care or unfavorable family environments are provided extended support. After-care should be extended to young adults aged 18–21 to facilitate their effective transition out of care.

In practice, however, residential care homes in India are primarily operated by non-governmental organizations, religious organizations, or the government. A few of these private facilities receive financial aid from the government but the remainder organize their own funding. Because there exist such large-scale

private initiatives, discrepancies within the system are common. This has an impact on the quality of state monitoring, the transparency of organizations, and the standardization of processes. As a consequence, facilities provided by residential care homes vary to a great extent. Decisions regarding the nature and duration of assistance given often lay with the individual organizations.

Research questions

The purpose of this exploratory study is to increase understanding of the experiences of girls once they leave care. This paper specifically aims to: (i) describe the experience of young girls who have left a residential care home in the past 4 years, highlighting their journey from preparation to transition to the present; and (ii) to explore the impact of different factors associated with their experience of transition out of care.

Methodology

Bridges (2009) compartmentalized the care-leaving process into three stages: (i) preparation to leave care; (ii) transition out of care and; (iii) outcome. Drawing a parallel, this study has captured the first two phases of this transition. It shares the experiences of 24 young girls who left care in the past 4 years, highlighting their preparation and experience of transition. Pseudonyms have been used to maintain confidentiality.

This study utilized the phenomenological perspective, to encompass the various dimensions of preparation and transition out of care (Creswell, 2012; Moustakas, 1994). The primary focus was to explore the girls' experience of transitioning out of care to identify any unique and common factors that emerged. In order to ensure maximum variation, the girls were selected from 12 childcare homes with diverse characteristics. The care facilities had different objectives, models of care, funding resources, administrative set up, and operational techniques. Six organizations were drawn from each of the two metropolitan cities of India, Mumbai and Kolkata. To ensure confidentiality, these were referred to as Mumbai I, II, III, IV, V, and VI and Kolkata I, II, III, IV, V, and VI. Both cities are destinations for a large number of vulnerable children living on the streets, child laborers, child prostitutes, children born out of wedlock, and victims of child trafficking, abuse, neglect, and juvenile crime.

In-depth interviews were conducted. The participants and organizations granted written and verbal consent before interviews commenced. The terms of confidentiality were clearly read out to all participants. All participants had the right to withdraw from the study at any point they desired. The data was collected over a period of 6 months, from January to June 2015.

Initially, it was very difficult to recruit participants and there was a very high rejection rate. A lot of time was devoted to initiating a conversation. It was observed that the girls who were well settled in their lives were more eager to share their experiences than those who were still struggling. Generally, each interview flowed in the form of a discussion and lasted for around 90 min. In some cases, the participants were interviewed on two occasions. The narratives included the "what" and "how" of their experiences (Moustakas, 1994). For data analysis, a structured process was followed, as discussed by Moustakas (1994). The information was formed into statements and quotes and set out thematically. Thereafter, textural (the "what") and structural descriptions (the "how," including the context, situation, and condition) of the experience were developed. Finally, both were combined to convey the holistic essence of the experience of transition out of care.

Major findings

Due to the girls were selected from diverse types of organizations, there were variations in their backgrounds and methods of social reintegration into society. The average age of the respondents was 21 and

they had entered care at an average age of 11. The primary reason for these girls entering care was a dysfunctional family system or the death of a parent. Forty percent of the study population had no contact with their family members. While in care, most had access to basic facilities, including education, vocational training, and extra-curricular activities. The age at which the study participants left care varied to a great extent. While some had left care at 15, a few received support until the age of 23. The participants cited multiple reasons for leaving care: 50% returned to their families, 20% were reintegrated through arranged marriages, 10% were settled into jobs, and the remaining 20% left for multiple reasons, including disciplinary action and adjustment issues. At the time of their interviews, 30% of the girls were married and 5% had children. On the professional front, 25% were pursuing their higher education, 22% were working, 10% were studying as well as working, while the remainder were either homemakers or not presently involved in education or employment. The average monthly income of the girls who were employed was approximately ₹ 8000 (~ US \$118). At the time of the interview, the participants resided with their families or in alternative accommodation, such as working women's hostels, group homes, or their employer's residence.

Preparing to leave care

The participants viewed leaving care as inevitable. Each girl knew that it was a moment they all would face at some point. Participants described feeling fear, apprehension, loss, vulnerability, excitement, and freedom on their final day in care. The future represented the chance for a new beginning, the realities of which were not imaginable from within the care facility. Most of the girls only realized what it meant to leave behind a protective and secure environment, to enter a world full of potential adversaries and obstacles, once they had left care.

Few participants related a defined process of preparation preceding a gradual and smooth transition. Some shared a somewhat rough patch in which preparation was cut short as a result of various circumstances. Based on distinct characteristics, the participants' experiences when preparing to leave care have been divided into four categories.

Leaving Care—A smooth transition

For 25% of the participants, leaving care was a natural progression and they had gradually prepared over a period of time. These girls were emotionally and psychologically ready to leave care. Their experiences usually depicted a story of inspiration, motivation and support. These girls were encouraged to complete their higher education, taught basic life skills, provided psychological guidance, and job opportunities, and were prepared to survive on their own.

Sanam, now 26, had left Mumbai IV 3 years ago. She had no contact with her family and had been in care since she was 4 years old. She was very happy with the organization's support and care. After she graduated, the organization placed her in a job and encouraged her to save. She had her own bank account with the organization. After working for 6 months, she had around ₹ 50,000 (~ \$735) saved and left the care facility to move to a group home where other girls from the same organization were living.

Feelings of neglect and wrongdoing

However, not all of the girls had a smooth transition. Some experienced abrupt exits and did not feel prepared when they were forced to leave. Disciplinary action as a response to "misbehavior" was a primary reason for eviction. Rashi, 20, Mumbai II was lost at the age of 11 and her family could not be traced. She was asked to leave the after-care facility as punishment for breaking the rules and had been out of care for a year. She shared her experience:

We were not allowed mobile phones inside [name of the organization]. . . but I had once taken a mobile phone inside the organization while doing my internship. I swear it was by mistake but I was caught and then within

two months I was asked to shift to a women's hostel. I will complete my training next year and then search for a job.

Sweta, 20 years, Mumbai V, who had no contact with her family, also experienced an abrupt end to her after-care residence:

I ran away one day from my school when I was 19, and stayed with my friends. I returned after a couple of days but they were no longer ready to keep me and sent me to a working women's hostel. I did some embroidery work given by [name of the child care home] for six months. Then a friend found me a sales job. . .

A similar situation was reported by Priya (19, Mumbai III). Priya had runaway from home at 13 because of domestic violence. She also was not in contact with her family. Priya was quite upset by the discriminatory treatment meted out by management, especially by the superintendent:

I wanted to study further and complete my graduation but last year, after my class XII they [the superintendent and social worker] pushed me into vocational training, gave me a job and asked me to leave after six months whereas they still have girls who are 23 years old and pursuing a masters degree. Why do they treat us differently? I feel very angry at times. . .

In another incident, the residential care organization (Kolkata II) returned Rima to her family because she was seen to have broken their rules. Promised after-care support was not forthcoming. Rima, now 18, works as domestic help to meet the financial requirements of her family. She believed she was forced to leave the care facility because of her religious beliefs, which were different to those recognized by the organization:

I was 16 at that time and had the responsibility to care for the younger girls. During (an important religious festival in her community), I wanted to go home but they did not allow me because one of the house mothers had gone on leave. But I forcefully came home, when I returned they refused to take me back.

One of the issues highlighted by the respondents was victimization based on individual preferences. Such situations not only cut short the preparation process but also had an impact on the girl's experience of residing in care. Rini (19, Kolkata I) was very unhappy with the system because she perceived that the management manifested partiality towards few and all the girls were not treated equally. She felt that she was a victim of individual prejudices of the supervisor. Since the operations and decisions within Kolkata I depended greatly on the superintendent and her word to remove a girl from was almost always final, Rini had to suffer as she was not in the good books of the newly appointed superintendent.

When I was 15, our superintendent was transferred and the new person somehow did not like me at all. She always tortured me and even beat me up three times. She threw away my books and forced me to do household work during my exams. She also asked me to leave just before my class X board exams. My sponsors intervened and I was allowed to complete the examination. But then I could not take it anymore and left. [The respondent broke down into tears during the course of the interview.]

Terminating Support at 18

Transition often occurred because the girls had reached the age of 18. Care organisations in India registered as child-care homes legally care for children till 18. Thereafter, these young adults can be transferred to after-care homes for extended support till 21 years. But the decision for a transfer is primarily with the management and staff of the care organisations. So, even if the girls may desire after-care support it may not be available to them by virtue of right and they may be asked to leave. If they were transferred to an after-care facility, adapting to the new environment was another major challenge for these girls. Tisha's care organisation (Mumbai VI) could legally support girls only till 18 and so she was transferred to an after-care facility but then things did not work for her as anticipated. The transition was very difficult for her:

I had been staying at (Mumbai VI) since I was 6 months old, I have no family. When I turned 18, I was transferred to an after-care home. It was so different, than my earlier home. I did not like it at all and felt like a prisoner. After 6 months I left, I had nowhere to go. None of the homes ever supported me. . .

Making poor decisions

A number of the girls felt that during their preparation phase, after being influenced by different external factors, they had made a poor decision, which subsequently became a turning point for their future. It often cut short their journey to gradual independence and led to poorer outcomes. For example, Tia (age 20, Mumbai V) had no parents and her relatives were not willing to support her. So, when she turned 18, she agreed to an arranged marriage organized by the care facility. At the time of her interview, she had been married a year and clearly regretted her decision. Tia confided that she had a fear that if she did not agree to an arranged marriage, the organization would not support her in the future; thus, she relented. She felt that the organization should have given her better advice and training so that she could settle down independently with a job before she decided to marry. In fact, she believed that she was raised by the facility specifically to be a good homemaker:

Walk slowly, talk softly, cover yourself. . . This was the training given to us since childhood. I wanted to study further but I failed in two subjects in my class X examination. Thereafter, I was never encouraged to take a re-test. I was just pushed into vocational training. I was paid ₹ 3000 (~ US \$44) every month, then after a year my marriage was arranged by the organization. . . Now I feel so frustrated at times. . .

Jena, 22, was married with a son. She had resided in Kolkata III since the age of two and had no contact with her natal family. She left the care facility out of fear of disciplinary action. Her insecurity, lack of trust, and emotional upheaval led to her sudden exit, which she later realized was “utter foolishness:”

I had just turned 18 at that time and had started college. One day I had an argument with my friend and she threatened me that she would tell everybody about my love affair. I got so scared that I sat at the reception and insisted on leaving the home. Finally, one of the trustees talked to me and I explained her the whole story. I was very stubborn about leaving. Then, they met the boy and his family and got me married.

Significant Factors

The preparatory phase brought with it mixed experiences. The different systemic levels in the girls' immediate environment had a direct impact on their readiness to leave care. The care experience, relationships with the staff members, peer support, family situation, and organization policies affected the girls' preparedness. At the preparatory phase, the girls were more influenced by factors operating at micro and meso-levels. Their immediate situation was perceived as more critical than larger macro-level determinants. Their experiences were mostly associated with the residential care home and the nature of their association with it., Some of the important factors associated with the different systemic levels are further discussed.

Micro-level

Age of Leaving Care: Girls who received after-care support till 21 years or higher were better prepared for independent living than those who left at 18 years. In most cases, the girls who left care at 18 years were unable to make decisions about their future and were confused. Since child-care homes have license to care for children only till 18 years, there are options to transfer these girls to aftercare-care homes, but then again a new surrounding made them apprehensive.

Care experience: Good educational achievement, the opportunity to pursue higher education, a well-paid job, a secure place to stay, and savings or financial support were important factors, which increased the girls' confidence for social reintegration. Knowledge about daily living, such as shopping, public transport, food preparation, and taking care of oneself made them feel more prepared for the transition.

Controlled freedom, such as permission to meet friends and invite them to the residential home, attending college functions, allowing restricted use of mobile phones, and consent to buy basic necessities made them feel more at ease about the forthcoming transition. A role of responsibility within the organization also helped to improve their positivity and assertiveness. It made them more equipped to deal with the world outside and helped them to look forward to a new beginning.

Meso-level

Role of family, friends, and peers: The presence of family made some of the girls feel more secure about the transition and their future life. However, returning to family was not always a preferred option.

Organizational characteristics and support: The organization's outlook on social reintegration had a critical influence on their policies and approach. Childcare homes that had a license to care for children until the age of 18 were usually vague in their ideas about social reintegration. Hence, their policies for preparation to leave care were not systemized. Often, termination of care happened abruptly when girls reached the maximum age. At this stage they were transferred to an after-care home, returned to their families, or were expected to manage independently. Those with families were usually asked to move out at age 18 or even earlier if the family situation was deemed conducive. While, orphans or those with difficult family situations were usually recipients of aftercare services but then it was not enjoyed as a right. Often the management of the care organisations made the decisions on their behalf. As a preparation for transition out of care, some care organisations did provide resources such as provisions to access higher education, job placement, vocational training, career counseling, psychological support, basic knowledge about daily life, to encourage confidence among the girls.

Experiences after leaving care

The girls' preparedness for transition had a significant impact on their experiences after leaving care. Girls who had a smooth transition were more equipped to deal with the nuances of daily life. Those who had a sudden or disturbing exit continued to face difficulties and adjustment issues after leaving care. In the course of their transition, certain important factors operating at multiple systemic levels played a critical role in determining their experience of leaving care. Their psychological and emotional status at the time of the interview was overwhelmingly influenced by the effect of different environmental factors in their lives.

Significant factors and their impact on the self

Micro-level

Access to higher education and job opportunities: Once the girls left the organization it was difficult for them to pursue full-time higher education, especially in the case of orphans. To meet their daily requirements, it was essential for them to work. Consequently, many dropped out after completing junior college. Among the remainder, most were forced to opt for part-time study, as they could not invest sufficient time or money in higher education. This also affected their ability to search for better jobs and aim for higher prospects. The private sector was their only choice. Managing financial expenses was difficult. Girls who left care at a younger age faced greater challenges than those with families who were marginally better off. However, some of the girls had to discontinue their higher education and start working to financially support their family.

Participants who were able to pursue their higher education in spite of all difficulties or were settled in a well-paying job felt much more secure and confident about their future. Those who could not pursue higher education or had not found a good job were insecure and apprehensive about their future.

Finding a place to live: Finding appropriate accommodation was one of the biggest challenges for girls leaving care. Because living expenses are quite high in metropolitan cities, finding cheap but secure

accommodation was very difficult. Working women's hostels had strict rules and poor facilities, and, thus, were not favored. Rohida (22 years, Mumbai II) advised that the latest she could return to the hostel premises was 8:30 pm, but because of her long working hours she was often delayed. As a result, she was in trouble with the hostel authorities. She now faced a dilemma whether to leave her job or to change residence. Finding a new job or another place to live was very difficult.

There were some subsidized hostels but these had their own problems. Most only allowed the girls to stay for a stipulated period, usually a maximum of 3 years. The study participants felt that the period was too short for them to settle down and suggested that the period needed to be at least 4 years.

Some girls tried to stay together in group homes, but in most of these situations the homes were dissolved after a few months. It was very difficult to attain a permanent residence. The constant moving led to adjustment issues and also drastically increased monthly expenses. The hassle of renewing rental contracts and being accepted into the neighborhood were major obstacles. Because of high real estate prices, most of these group homes were situated in the suburbs and the girls had to travel long distances for work. Maria, 20, Kolkata VI, returned to her family at the age of 18, but refused to stay with them because of multiple complications. She had been residing as a paying guest and because of her minimal income, her residence was located in the suburbs. She had a very difficult experience:

I have to travel five hours every day to reach my workplace. I work six days a week. I am also sitting for my class XII examination in private. I hardly get time to study. I am desperately seeking accommodation nearer to the city but hardly have the money...

Returning home to family did not always yield the desired secure environment. The study participants experienced issues with siblings, adjustment problems, pressure to get married, and feelings of alienation while living with relatives. One of the participants from Mumbai I was sent to live with her maternal uncle and his family once she turned 18:

My aunty and her daughter hate me and see me as an intruder in the family. When my uncle is at home they treat me well but otherwise they do not even talk to me or even ask me to eat. I do all the housework while her daughter, who is almost my age, is never asked to do anything... I hardly get time to study. I was recently unwell and my aunty felt I was a burden. I do not complain to my uncle because I feel that it will create problems in the family and lead to fights. I hope my sister is not sent here but transferred to another institution where she can study.

Meso-level

Organizational support: The nature of the girls exit from the care facility and their subsequent access to after-care services played a critical role, especially for those who had no contact with their families. Knowing that there was somewhere they could turn made a huge difference.

Majority of the study participants left care at 18 or 19 and they felt that support for a few more years would have been appreciated. They perceived that they were not prepared to leave on their own at this tender age. In most situations, post care support was also limited. Only a few participants reported that they could return to the organization to seek support for their higher education, job placement, marriage, or during emergencies.

The girls who had access to their care organizations after their departure and those who related to the staff felt more reassured and supported. They had a strong sense of gratitude towards their care facility.

In a few instances, individual staff members made a personal effort to support the girls. Rachel, (20 years, Mumbai IV) had no family but she felt that being able to relate to a mentor in her care facility made her life very different:

It has been nearly four years, since I left care but [name of the person] still calls me during festivals to wish me well. I feel so happy. I go to the institution just to visit her. She is like the mother I never had.

Unfortunately, the majority was not as fortunate. They neither received adequate preparation to leave care nor had any after-care support. Feeling wrongly evicted made some of the participants angry and resentful. Rita (20 years, Kolkata V) complained that in spite of all her struggles she would never return to the organization or seek any support from them. She did not wish to maintain any form of contact.

Others longed for the support, but did not have anyone to fall back upon. Sara left care at 18 and returned to her family. Her parents wanted her to get married; however, she desperately desired to study further and approached Kolkata IV. They promised financial aid but it never came through and this affected her plans for higher education. Sia (21 years, Mumbai I) shared that being alone, she often needed advice after leaving care but did not know who to turn to.

Some of the common responses from participants regarding their access to post care support summarize the larger picture:

It has been more than a year but no one has ever visited me (Rini, age 19 Kolkata I).

Even if I go there, they are very impersonal and no longer care for us (Tina, age 22 Mumbai VI).

I cannot relate to them, that sense of belonging is gone (Sia, age 21 Mumbai I).

Significance of positive social capital: After leaving care, the girls who had no contact with their families felt great loneliness. Finding some form of support was very significant to them. Assistance came from various avenues: empathetic employers, good Samaritans, helpful friends, and supportive family members. There were instances where friends assisted them to find accommodation, jobs, and even life partners. Employers helped by providing financial loans and adjusting work timing to support the attainment of higher education. Family members, including parents, siblings, relatives, and husbands, sometimes went out of their way to provide a better life for these girls. Tina 22 years, Mumbai VI shared her unique experience after leaving care, when a Good Samaritan came to her rescue:

I left care when I was 19 because they asked me to get married and I did not agree. I had no job at that time. A friend from my organization invited me to stay with her family but within a month her mother proposed that I should marry her son. So I left. I stayed with another friend for 15 days but they were very poor and unable to support me. Again I left. I was so desperate that at one point in time I felt that I may have to prostitute myself. But luckily, I met a tuition teacher from my organization and she offered me to stay at her home for almost two years. I did the housework and also went to college from there. They sponsored my education. After two years, I came to stay with an old relative of hers. I am here for two years now. They give me pocket money and sponsor my education. With their support, I have completed my graduation and am now planning to study further.

Negative relationships: The respondents related incidents where they faced adjustment problems and were victims of domestic violence, gender bias, and social stigma. An inability to adapt to peers and friends led to loneliness. Arguments and fights with parents, siblings, and relatives made them feel cornered. The worst situations were reported in dissatisfactory marriages. Fights with husbands, taunts of in-laws, and cases of brutal domestic violence were disclosed. These girls were highly depressed, dejected, and one was even suicidal. Tia shared her marriage ordeal:

I live in a joint family and the in-laws are very strict. Before marriage they had agreed to a lot of things but then changed their stance. They do not let me work. I am not allowed to keep in touch with my friends or even have my own mobile. If I have to call my sister I use my husband's phone. . . There are huge differences in our culture and food habits. I can hardly eat their food. . . I am forced to visit their temple everyday and learn their language. . . During my menstruation, I am expected to remain alone and sleep on the floor on a bed sheet. I am not allowed to go inside my bedroom or have physical contact with my husband. I am given food on a separate plate and cannot enter the kitchen. I am not allowed to leave the house during those days. . . I have no parents so they dictate to me in such a way.

Macro-level

Minimal opportunities: A lack of opportunity for quality higher education, low paid jobs, high living expenses, poor savings, and the temporary nature of housing facilities led to a vicious cycle and prolonged financial crisis for the study participants. Even 4 years after leaving care, most of these girls still faced struggles in everyday life, particularly financial stress. Those who had family enjoyed protection, but girls without family had to struggle on their own, leaving them disillusioned. There were a few who regretted their past actions, such as running away from home for trivial matters, ignoring their studies while in care, and wasting time. There were others who still had aspirations and were determined to achieve them. They dreamed of a better life for themselves, their families, and especially their children. They were protective mothers who wanted to be there for their children and give them the parental love and affection that they never received.

Cultural biases: Participants reported subtle cultural prejudices, which were particularly faced by orphans. A lack of family name or ancestral history often led to an identity crisis and, consequently, a strong desire to blend in with the larger society. As a solution, some agreed to early marriages or even created a cover identity. Renu 22 years, Mumbai III told the colleagues in her office that her parents lived in a different city and that she had moved to Mumbai for work. Her reasons for masking her true identity were clear:

I do not want their sympathies. I do not want them to treat me differently. Sometimes knowing that we do not have anybody makes outsiders feel that they can take advantage of us. We protect ourselves by telling them that we are not alone.

Finding the right life partner was another major challenge. Not all families were willing to allow their sons to marry orphans. Therefore, most girls preferred love marriages as they found it easier to reveal their past. Usually they revealed their background to only a few close family members within their marital home. Girls whose marriages were arranged by the organization faced more difficulties adjusting to their in-laws and other relatives. Overall, the participants, particularly those who had no parents, felt that they faced discrimination within their marital home because of their institutional background.

The state response: One of the major hassles which these girls, particularly orphans, faced, was obtaining legal proof of identity, such as voter identity, pan card, and passport. Because most did not have birth certificates or ration cards it was difficult to obtain other identification documents. The girls were offered limited support by the care organizations. Saina, 23, Kolkata IV worked in a science laboratory and was a hard working student who wished to travel abroad for further study. However, her passport application was rejected because she did not have a birth certificate:

I was born out of wedlock. Later my mother married another man but passed away when I was very young. My stepfather hardly has contact with me and he has no idea where I was born. Now, I am absolutely clueless. I am trying to get help from the organization, but let's see what happens. . .

There were no special provisions available to these girls, even those who had no contact with their families, to attain government scholarships, loans, or other facilities to pursue higher education. No specific government aid was granted to make housing arrangements, facilitate job opportunities, or unemployment benefits for these girls.

Discussion

As Bronfenbrenner's ecological theory has articulated, the "self" is to a large extent affected by the various environmental factors operating at different levels, from the micro to the macro. The study findings reiterated the fact that, at an individual level, the girls' resilience was an outcome of their own determination, as well being influenced by environmental factors. The development of the individual self cannot be considered

in isolation from environmental influences. There is interplay between the two. Based on this perspective, the study identified various factors at different systemic levels that had an impact on the care-leavers future.

At a micro-level, stability while in care, the care experience, level of preparedness to leave care, age of leaving care, opportunities to make decisions for one's future, access to higher education, job opportunities, and safe and secure housing, were some of the factors which instilled confidence in these girls and positively influenced their care-leaving experience. The findings showed that those who left care during adolescence had a shorter and more risky transition to adulthood. It was difficult for them to psychologically cope with the sudden loss of support and they often developed resentment toward the staff and management of the residential home. These girls were more likely to face problems pursuing higher education, seeking employment, and making appropriate living arrangements.

At a meso-level, access to positive social support through family, friends, peers, care-givers, and employers, played a critical role in the girls' perception of a successful transition out of care. At this level, the characteristics of the residential care homes, their level of transparency, their approach to child development and protection, the nature of services made available to those in care, their plans for preparing individual adolescents to leave care, and after-care programs had an impact on the girls' well-being.

At a macro-level, legislative provisions and state responses to support these youth are necessary. State and civil society initiatives to make long term improvements to providing education, job opportunities, safe housing, and financial security for the care-leavers were highlighted by several of the participants. The impact of cultural traditions and values as macro factors did not favor the acceptance of these girls into the social milieu.

Interestingly, research studies conducted in varied social, economic, political, and cultural contexts reveal the significance of some of the environmental factors this study has highlighted in the lives of those leaving residential care. Along with individual characteristics (Mendes et al., 2014; Pinkerton, 2011; Stein, 2005, 2006b, 2008;), the care experience and preparation to leave care (Biehal, Clayden, Stein & Wade, 1995; Dabir et al., 2011; Dixon & Stein, 2003; Frimpong-Manso, 2012; Harder et al., 2011; Höjer & Sjöblom, 2014; Johnson & Mendes, 2014; Stein & Dixon, 2006; Valle, Bravo, Alvarez & Fernanaz, 2008; Whetten et al., 2014) available social capital (Höjer & Sjöblom, 2014; Johnson & Mendes, 2014; Mendes et al., 2012, 2013; Sinclair et al., 2005; Wade, 2008), societal support, and response of the state (Mendes, 2009; Mendes et al., 2014; Pinkerton, 2011; Pryce et al., 2016; Stein & Munro, 2008) have been identified as crucial factors affecting the experience of leaving care.

Conclusion

Overall, the study summarized that a well-planned, gradual and smooth transition out of care supported by a strong social network is the key to a positive future. To ensure this can occur, the first step is to develop comprehensive and specialized national legislation, detailing transparent policies, procedures, and guidelines for an effective transition out of care. Essential factors in the preparatory process include life skills, education, training, employment, and housing. After-care provisions need to be mandatory rather than discretionary in nature. Keeping detailed statistics of aftercare services at the state level is also important. Only when overarching legislation is responsive to the needs of children in care will it have an impact. The policies of residential care homes must to be standardized to ensure a better future for girls such as those in this study.

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