Exploring the Nexus between Social Capital and Individual Biographies of "Care leavers" in Nairobi, Kenya: A Life Course Perspective

A Research Paper presented by:

Stephen Ucembe

Kenya

in partial fulfillment of the requirements for obtaining the degree of

MASTER OF ARTS IN DEVELOPMENT STUDIES

Major:

SOCIAL POLICY FOR DEVELOPMENT

SPD

Children and Youth Studies

Members of the Examining Committee:

Kristen Cheney

Roy Huisjmans

The Hague, The Netherlands

December 2013

Disclaimer:

This document represents part of the author's study programme while at the Institute of Social Studies. The views stated therein are those of the author and not necessarily those of the Institute.

Inquiries:

Postal address:

Institute of Social Studies
P.O. Box 29776
2502 LT The Hague
The Netherlands

Location:

Kortenaerkade 12
2518 AX The Hague
The Netherlands

Telephone: +31 70 426 0460
Fax: +31 70 426 0799

List of Appendices

Life stories snapshots

Narratives Interview and FGD Guide

List of Acronyms

CCI	Charitable Children Institution
	HIV/AIDS Human Immunodeficiency Syndrome /Acquired Immunodeficiency Syndrome
FGD	Focus Group Discussion
KESCA	Kenya Society of Care leavers
RA	Research Assistant
TSP	Transformative Social Protection
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children's Fund
3-D	Three Dimensional

Abstract

Young people leaving institutional care are often labelled "orphans" as children, and "care leavers" as young adults and have been widely neglected in Kenya in policies, and, consequently, excluded from support. As children, they face a multiplicity of vulnerabilities resulting from a lack of necessary support to address underlying structural issues. Mis-identification of risk factors by government and non-governmental organizations often result in unnecessary institutionalization. Within these institutions their vulnerabilities are further reinforced; often socially excluded from normative socio-cultural experiences and enmeshed in abusive, exploitative and neglectful relationships that further disadvantage them when they leave institutions. Employing a life course perspective and drawing upon these young people's stories, along with focus group discussions and views from staff, this paper explores the concept of social capital and the ways in which this influences their lives before care, in care and after care.

Keywords: Institution, children, young people, social capital, Kenya

Table of Contents

List of Appendices iii
Life stories snapshots iii
List of Acronyms iv
Abstract v

Chapter 1 Introduction 2
A Backdrop on "Care leavers" 2
Challenges Facing Young People Leaving Care 4
Resisting the Typical Discourse of "Care Leavers" 6
Organization of the Document 7

Chapter 2 Generating Knowledge 8
A Narrative Approach to Young People's Experiences 8
Participatory Data Collection 9
The Dynamics of Life Stories, Positionality and Reflexivity 10
Enriching and Deepening the Study 11

Chapter 3 Disrupted Childhoods 13
Children and Vulnerability 14
Interrogating Responses to Vulnerability 15
Institutionalization, Best Interests of the Child and Child Rights 16
Othering by Orphanhood and Institutionalization 17

Chapter 4 Unpacking Life in Institutions 18
Institutions as a Space for Othering 18
Privation of community and family networks 19
Caring or Despairing Relationships? 21
Children Sense of Camaraderie within the Institutions 22
Volunteers, Visitors and Sponsors: Contradictory Perspectives 23

Chapter 5 Interrogating Exiting Care 25
Contesting Determinants of Leaving Care 25
Experiences of Leaving Institutions 26
Institution as a Network after Exit 28

Chapter 6 Negotiating a new Life 30
"From Jupiter to earth" 30
Community Networks, Perceptions and Self-identity 31

Resisting Care and "Orphan" Status 31
Inadequate Independent Living and Life Skills 32
Employment and Relationships 33
Deprivation of Gender Networks 33
Constructing their Own Marginalized World or Simply Social Capital? 34
Chapter 7 Redressing the Injustices of Institutionalization 36
References 38
Appendices 43
Appendix A: Life History Snapshots 43
Appendix B: Narratives Interview and FGD Guide 47

Chapter 1 Introduction

A Backdrop on "Care leavers"

Dear…,

Greetings, Hoping all is well back in Kenya. I am coming to Kenya to conduct my research, and am researching young care leavers from different children's homes. I was wondering if I can get accommodation in the volunteer house from 1st July- August 9th. That is if you still have the space.

Your response will be appreciated.

Regards,

Dear Stephen,

Good to hear from you. I hope you are doing well.

Unfortunately I have to keep the accommodation free for a US group that are planning to stay at the centre that time.

I do hope you find something good for you,

Warm Regards,

At the time the above email was written, I was preparing to go to Nairobi, Kenya for my MA field research in June 2015. Financially strained. I wondered where I would stay during this period and thought first about my sister. I wrote her and her partner asking if I could stay with them for one month in their rented apartment in Nairobi only to find that they were moving to the Kenyan coast and their lease agreement was expiring exactly a day before I would arrive. But then I thought about the home where I lived for 14 of my childhood: the Charitable Children's Institution (CCI).

Growing up in this institution was not my choice; I was brought to it by government officers at the age of six with my two siblings after losing my mother, the institution became my new "parent". But perhaps not a parents, because we still were called orphans. During those days institutions were known as orphanages. In an institution with more than 150 children, I lived in a dormitory of about 50 children. Two women worked in shifts, largely doing household chores. If you were to ask me now, I can hardly remember their name and faces. Life outside the hedged institutional wall was often seen through television watched only on weekends and rare trips organized often by local and foreign benefactors. Growing up, perhaps I had interacted with about 1000 people, and I can hardly remember any of them.

I did not choose to arrive, and I did not choose to leave the institution. At the appointed age of 18, I was forced to become a "care leaver", joining ten others who were too old for the institution. Donors, it was explained, were not happy seeing "old" men and women on the premises.

Life outside that hedge was foreign and I had to learn how to fit in. The majority of people I knew outside the institution were those who had also exited care. I was fortunate. Having performed well in high school, I became the first person from the institution to be supported in University, indicating that there was some benefits having come from an institution. Although I had moved on with life after university and was employed, I still felt connected to the institution and wanted to believe that I would be welcomed back, which unfortunately, was not the case from the email exchange above.

This experience draws attention to the concern of my study, relationships and networks which can be summed up by two important words "social capital". My goal is to use a life course approach to explore how relationships and networks influence "care leavers'" lives before, during and after institutional care. The purpose of this research is to examine the ways in which social capital amongst "care leavers" can be both limited and in some cases enhanced by institutionalization as a model of care and protection.

The need for this study also draws from Barn's (2009: 832) findings that social capital concept has been widely limited to studies on young people in family and community context. Coleman a proponent of the concept of social capital, defines social capital related to child development as "…the social networks, and the relationships between adults and children that are of value for the children's growing up. Social capital exists within the family but also outside the family, in the community" (Field 2008: 27). In this study, I look at both the positive and negative influence of networks and relationships within and beyond the family and community and within institution itself. Additionally, in this study I explore relationships not only with people, but also with institutions as a structure.

However, to claim relationships and networks alone can explain all the variations in one's life would be an overstatement. Finances, personal traits, and institutional resources are suggested determinants by various disciplines (Furstenberg and Hughes 1995: 580). Advantageously, since the concept of social capital is multidisciplinary, it bridges these disciplinary differences (Field 2008: 2). Unpacking prior institutional life among the research participants; I show how childhood vulnerabilities such as poverty, disease, neglect, abuse, and interactions disrupt their social capital on family and community levels.

Additionally, I show the connections to child protection actors (government and non-governmental) who intervene in the name of "orphans", a negative stereotype discussed later. These actors, although addressing some of the children's material needs in fact narrow their social capital, reinforcing vulnerabilities through institutionalization. While institutional living may offer some relational benefits especially amongst peers, others with staff, volunteers, and visitors are often marred by abuse, exploitation and neglect, directly affecting their life course.

My hope for a relationship with my childhood institution after exiting was met with unreliability and demonstrated a lack of prioritized relationship with me as

a "care leaver". In my case, the post institutional relationship with a family in the Netherlands liberated me from some of my financial constraints, and somehow offered a sense of security, belonging and identity. However, many "care leavers" after 18 are excluded from support, have inadequate networks to support them socially, materially or morally after exit.

Personal challenges to cope led me and other "care leavers" in 2009 to start Kenya Society of Care leavers (KESCA). This is the only organization of its kind that tries to address and support those leaving institutional care. Hence the objective of this research is to increase and enrich existing knowledge regarding "care leavers" in Kenya, and to lobby for support and improved practices and policies that can enhance their wellbeing.

Globally, residential care and orphanages are terms used interchangeably to refer to institutions. In this study I refer to CCIs, as they are legally referred to in the Children's Act 2001 (s. 58) simply as institutions. The Alternative Care Guidelines of Kenya (henceforth referred to as "the Guidelines") categorize and label young people "typically over 18 of age" who leave these institutions as "care leavers" (Government of Kenya 2014: 142). Although I agreed to use this term while representing KESCA, I now contest below after having conducted this research.

According to the Children's Act 2001 (s. 38) the government should "safeguard the welfare of children and shall in particular, assist in the establishment, promotion, co-ordination and supervision of services and facilities designed to advance the well- being of children…" The functional failure to monitor and supervise these institutions by the Government (Williams and Njoka 2008: 21) has allowed unregistered institutions to flourish, and as a result, malpractices and violations have continued to thrive under its watch. The government has also acknowledged that it does not know the exact number of children in institutions and merely provides guestimate percentages of 30-45 percent of 2.4 million orphans (Government of Kenya 2014: 4). The "scale of a problem does not define its unacceptability" nor do numbers rarely tell the deplorable condition children can be in (John 2003: 77). The failure to enumerate them leaves them statistically invisible, hiding their life conditions and reinforces their vulnerability. Similarly, there are no statistics of "care leavers", becoming more vulnerable since their whereabouts and situations are unknown after exit.

The Kenyan government has enacted policies and legal frameworks to ensure child care and protection. The Children's Act 2001, Best Practice Standards for Charitable Children Institutions, created to "increase the level of professionalism in the running of CCIs" (Government of Kenya 2015: 3). In addition, the Guidelines were introduced to curb the rampant institutionalization of children, hence trying to strengthen and predominately advocate for kinship care, adoption, foster care and guardianship. I agree with Cooper (2012: 495) who argues that "rather than being praised for having a legal framework in place, a government's care and protection of children must be judged according to the empirical evidence of children's well-being".

Challenges Facing Young People Leaving Care

Among scholars and practitioners who have studied "care leavers" it is found that "care leavers" are one of the most socially excluded groups of young people

(Tanur 2012: 326; Mendes et al: 2014: 1, Stein 2006: 423). Most of the research shows that upon exiting care "care leavers" are likely to be homeless, at high risk of becoming teenage parents, have inferior educational achievements and opportunities, experience greater levels of unemployment, and more likely to have antisocial behavior (Abrams and Christian 2007: 131). Consequently their psychological and emotional status are also affected. Browne (2009: 1) referring to a wide body of research shows that children in institutional care 'have reduced intellectual, social and behavioral abilities. McCluskey (2010: 29) similarly reinforces the problem focused perspective by saying, many if not most "care leavers" have socio-emotional challenges, developmental delays associated with trauma and social relational issues in institutional care. However, such studies although intended to highlight challenges these young people face, have inadvertently reinforced negative views about the "care leavers". With this correlation drawn between leaving institutions with misconduct, lawlessness, and antisocial behaviors, there is a portrayal of these young people as problematic, blaming them rather than the circumstances and contexts from which they came.

There is need to be cautious and critical of the existing literature that tends to frame these research findings as "global". Most of the published studies conducted on care leaving are based in Europe (Frimpong-Manso 2012: 351). There is clearly a dearth of research in Africa regarding leaving care and hence the need for this research. Although some of the experiences seem to cut across different contexts, they cannot be generalized; since most of these studies are Eurocentric, many of the young people described in them are primarily living and leaving foster homes as opposed to institutional care. "Care leavers" from the African context deserve to have their story told especially since these narratives can help inform nascent care reform processes in Africa. Generalizing the experiences of "care leavers" in a generic fashion minimizes their lived experiences and hinders any attempt to better understand the realities of children outside of the European care system.

Moreover, there have been few studies of the effects of institutional care on longer term life trajectories (Williamson and Greenberg 2009: 15). To try and bridge this gap in literature, this research frames "care leavers" within a broader discourse by using a life course approach. Globally, there seems to be a generally high focus on early childhood life and experiences by professionals and practitioners engaged in policy and practice. Positivist studies, often life stage based, by researchers such as Browne (2009) which widely illustrate the deleterious socio-emotional, physical and cognitive ramifications of institutionalization, and Shonkoff et al. (2012) who generally argue on strong and healthy early childhood seem to take precedence. These studies are important, however in institutionalization discourses children end up receiving disproportionate amount of attention as compared to young adult "care leavers". For example, institutionalized children are recognized in the Kenya Children's Act 2001 (Part V), the National Standards for Best practices in Charitable Children Institutions in Kenya[1], and

[1] Launched on 16th March, 2015 by Cabinet Secretary, Ministry of Labour, Social Security and Services at KICC Nairobi

the Guidelines for the Alternative family Care of Children[2]. However, "care leavers" have been scantily highlighted in the Guidelines which although are a good a good foundation they do not have any legal backing and hence predominantly relegated to charity interventions by non-governmental actors. Additionally, the Guidelines lack specific provisions on how to address their plight by the government. Consequently, the focus on investment; development policies and concrete interventions has predominantly focused on children and not "care leavers".

Resisting the Typical Discourse of "Care Leavers"

In this study, I step out of this dominant discourse on "care leavers" which informs current policies for this social category for several reasons. The term has globally widely been used by scholars and practitioners to describe young people leaving foster care, group care and institutional care. In the case of Kenya, the majority of "care leavers" are only leaving institutions so it does not match the way the term is used in other contexts. Children living in institutions are often labelled as "orphans". In many cases the term "care leaver" has become synonymous with "orphan".

Cheney argues the term "orphan" provides a pathologising identity (Cheney 2015: 3). In addition, categorizing children as "orphans" represents children as a homogenous group. Homogenizing is a "discursive strategy that magnifies and distorts difference" (Lister 2004: 101). This ignores their relational and subjective concerns. The term is also inaccurate because most institutionalized children have living parent (s) (O'Neill and Zinga's 2008: 40). In addition the term is socially delineating and can be experienced as derogatory, especially by those who have lived in institutions. This will be expounded upon later in the document. The definition is also problematic, narrow and vague. It does not confer responsibility for or mandate support to care leavers. Therefore, by using the term in this document, I feel like I will contributing to or reinforcing negative associations that the term has. The definition within the Guidelines clearly suggests that support is uncertain through the words "may be entitled".

This framing essentially relegates the welfare of these young people to charity as opposed to mandatory accountability and entitlement by the government and other social actors after leaving institutions. Moreover, it reinforces the status quo where support is provided ad hoc and no support to this social category are mandated within policy framework. Additionally, the broad definition of "care leavers" does not acknowledge nor highlight the heterogeneity within the social-category where individual characteristics have a bearing on how well each individual copes after leaving care.

Finally, it is important to question who has constructed the terminology. Indeed it is not "care leavers" but professionals. This naming by social actors removes the agency of these young people and relegates them to an object position. Lister (2004: 102) argues this naming of subjects by those in power "refutes the 'other' the right to name and define themselves". For all of the reasons identified above I have chosen to use the term young people rather than "care leavers".

---

[2] Also launched on the 16th March, 2015 by Hon. Kazungu Kambi, Cabinet Secretary, Ministry of Labour, Social Security and Services at KICC Nairobi.

Organization of the Document

In this study I used a life course approach which acknowledges that each life phase shapes the entire life course. To appreciate this, I use a life history method, which assumes that "human experiences are episodically ordered" (Cole and Knowles 2001: 19). Chapter 2 provides background on how data was generated, including; rationale, data collection methods, and questions guiding the study. Chapter 3 looks at the first period of the life of study participants i.e. life before care; relationships, vulnerabilities and interventions that shape their lives. Chapter 4 presents an analysis of their institutional life; relationships and how these influence their lives. Chapter 5 examines the exit process, including relationship with institution and other young people, and the determinants of exit. Chapter 6 examines their lives after care, relationships with society, and experiences in trying to adapt to a new context. In chapter 7, I provide a conclusion with policy implications and interventions on the subjects.

Chapter 2 Generating Knowledge

This research is qualitative in nature. It is a result of participatory, narrative interviews conducted over a five week period of time with young people who grew up in institutions in Nairobi County, Kenya. A total of 23 young people from 11 care institutions were involved in the study. Moreover, I incorporated opinions and views of nine management staff from nine care institutions in Nairobi, taken from semi-structured interviews of a study conducted between June 2014- January 2015 by Amici Dei Bambini (AiBi) titled, "Identifying the Needs, Challenges and the Services Available to Children in Charitable Children Institutions and Care leavers in Nairobi and Kajiado counties" (Amici Dei Bambini 2015). Consent to use the material interviews was granted by the staff through AiBi. Nairobi as a geographical location was selected because of a high concentration of institutions and because most young people continue to reside in the vicinity after exiting. Because of my familiarity with the topography and its people, it was easy for me to navigate and locate young people from institutions in this context which was also the area of my former residence. Young people from institutions may be rendered invisible not just by their subordinate positioning in power relationships but also by research methods and practices employed. To reduce this gap and to allow them stronger voice, this study used a qualitative approach consisting of life stories and focus group discussions. Life history snapshots about the participants quoted in this study can be found in the appendix.

A Narrative Approach to Young People's Experiences

Within this study I utilized a life story approach which involved narrative interviews, and story writing. This fit not only the research aims, the research assistants but also the participants. According to Cole and Knowles (2001:18), participants in this approach have an option of sharing vocally or in writing an 'account of a life or segment'. Consequently, the study entwined different fragments of their biographies. These biographies spanned life events before care, in care experiences, leaving care and after care experiences. A biographical narrative approach has significant interpretivist elements that enrich the process. Fundamental to these elements is that knowledge is not merely extracted but also "produced, relational, conversational, contextual, linguistic, narrative, and pragmatic" (Kvale and Brinkman 2009: 54). The approach also interweaves the individual with the social structure (ibid: 75), meaning that this research is not just about young people telling their biographies but also about young people sharing limitations and (un)available opportunities that exist(ed) and how they circumvent(ed) the constraints. Narratives are also concerned with actors sharing their perspectives and experiences (Kvale and Brinkman 2009: 155) making this holistic as the study information ranges across time (Miller 2000: 74). In this case, young people told their biographies in the present, but nonetheless these biographies ranged over their lives before care, in care and after care.

Most importantly, a biographical perspective acknowledges that human beings are social actors and have individual stories (Suárez-Ortega 2013: 189), a digression from a tradition of life in institutions where their lives are homogenized as

"orphans" or, "care leavers" after exit. It is through these narratives that I constructed a case for my research. Finally the approach acknowledges the dynamics of power relations in knowledge production. It "honours the voice of those who are socially excluded" (Kvale and Brinkman 2009: 190). Many young people from institutions come from disempowering context where their agency is constrained. Involving them in research accorded them visibility and self-representation in an effort to reduce their social exclusion.

Participatory Data Collection

Purposively, I selected three young people who had lived in three different institutions to be research assistants (two female and one male) to help mould the study. These research assistants (herein referred to as RA's) got stipends for research related expenses, transport and lunch. The three were selected based on: accessibility and availability during the study period, some experience and knowledge in research and willingness to participate in the study. We sat down and discussed the research design and draft interview guide, and I was able to incorporate most of their ideas to my initial guide. For example, they asked me to include interaction with sponsors and visitors. Furthermore, all RA's having not done narrative interviews before I took the opportunity to explain to them on how to. The guide had questions organized by stages of experience: such as prior to institutional care, life in care, exiting care and life after care.

After taking the RA's through the training process, we discussed how to target the participants to the study. Each of the three RA's sought three young people from the same institution. To ensure that experiences and views of both genders were represented four male and five female participated in the study. All participants were provided information on the study and voluntarily signed a consent form. The consent and information stated ground rules for the narrative interview explained what the research was about, the amount of time required, the use of the data collected and a confidentiality statement. The interview venues were all chosen by the participants.

The initial four interviews were carried out in the homes of participants and five in quiet public spaces, such as restaurants. All follow up interviews were carried out in quiet restaurants. One of the female RA's had chosen 3 female participants (Aluoch, Leila and Wanja) who wanted to participate. However, the three were unwilling to share their stories through a narrative interview with her. This was contrary to my initial thought that having grown up together it would be easier for them to share. Consequently, I was introduced to the young people by the RA, we discussed other options for participation. After discussion of the various methods, we agreed on each person writing her own story.

The RA's schedule of interviews were held at various times. The time, day and venue depended on the schedules of the participants. The RA's recorded the six narrative interviews with their phones which were then transcribed. After conducting the narrative interviews, together we reflected on their experiences of the exercise. I was able to transcribe the information as they shared. After transcriptions, I personally followed up each of the participants with a second interview in which I also sought to fill in gaps as I reflected on the stories shared.

Since I did not want to interrupt the flow of the narrations, I recorded the sessions based on the participants consent.

This second interview was helpful in disclosing information that was either vague or unsubstantiated during the first interview. It was also enriching to both myself as the researcher as well as the participants who had more time to reflect what they had shared in the first interview. Participants seemed more relaxed and open to further narrations. Finally, it was also an opportunity for me as a researcher to meet the faces behind the stories and for the participants to meet me, as a researcher, and seek more information of my research. The data was enriched by reflections of RA's in a follow up meeting with them. One female RA acknowledged that the process had moments of tension. For example during her first male participant interview she felt that, *"Some of the questions seemed very personal and having been brought up in the same institution with him at first I felt that he would not be free to share with me. Since some people are more comfortable opening up to strangers than to people they know*".

The Dynamics of Life Stories, Positionality and Reflexivity

As opposed to neo-positivists approaches that dictate maintaining a distance with the participants, narrative approaches are influenced by the feminist approach. According to Miller (2000: 101) interaction between the participant and the researcher is an essential factor to narrative researchers. In this research, the evident interaction was imbued by self-reflexivity as noted in the below reflective excerpt by one of the RAs. "*As I was conducting the interview, I could relate to some experiences shared by the participants. In the process, I was also was reflecting on my life in the institution. My institutional care experiences were awakened by the same questions I asked the participants".* Failure to acknowledge these types of subjectivities would be a failure to accept an important aspect of this research. Similarly, on a personal level, some of the experiences shared by the participants reminded me of my life. I could relate to some experiences of abuse, neglect and exploitation, as well as common challenges and opportunities.

Some participants shared their experiences through writing. Life stories through writing has benefits, Hiemstra (2001: 24) claims it can help "release pent-emotions, counter anger or frustration". On the other side, from the point of view of Connolly and Mazza (2004: 153), the process can also cause more harm than benefit. Hence, the process can be uncomfortable invasive and psychologically destabilizing not only to the participants but also the researchers as noted by one of the RAs who interviewed Chuchu. "…*having listened to her story, I was in a state of wishing I didn't do the exercise because it put me in a situation of trying to think of how I could help her out. I could only encourage her to have a positive outlook that things don't remain the same. Asking them how they ended up in care was difficult and invasive; most were uncomfortable. They had to talk of death, which made it difficult for me too, I could see sorrow in their eyes and feel sadness in their voices, it was hard to handle".*

On the other hand, the process can be somewhat therapeutic for both participant and RA's. One RA shared this of her interview with Karanu, *"he [Karanu] told me he felt relieved and he said it never felt like research. He felt like it was telling his story and he was also impressed that by looking back through his story, he could see his journey".* Furthermore, Leila who had spent 16 year in care shared, "*I have never been asked*

about my life story, it was strange when you asked, none of the staff ever asked, or cared to ask, I felt it was the first time a person cared".

Although the consent and information forms were designed in anticipation of some of these issues unfortunately, this proved just to be a formality. The reality was is that I could not do anything to prevent two of the participants from breaking down during the sessions when they narrated some segments of their life stories. Wanja cried as she narrated about her experience of abuse and neglect from her relatives after her mother died. The second participant was in the female support group, She also broke down when she narrated rejection and discrimination experienced in the institution. Generally, even for those who tried to hold back, listening to their voices, and observing their faces I could tell the misgivings of such an approach and I wondered whether this was the best approach.

Enriching and Deepening the Study

In this research two focus group discussions (FGD) were also used to enrich and deepen the diverse perspectives and experiences of young people. These focus group participants are herein referred to as group participants. As opposed to narratives where I did not know the participants, in this method I knew most of the participants. I talked to four active participants (young people) from Kenya Society of Care leavers (KESCA) who voluntarily agreed to participate in the discussions. The four participants nominated individuals whom they knew would be willing to share their experiences and opinions on the subject. Fourteen young people (seven male and seven female) from eight different institutions participated. Subsequently I was able to select two moderators among them (1 male, and 1 female), one for each group. Two weeks prior to the session, I shared my research design, and discussion questions that could help generate knowledge. We also went through the procedure of conducting group sessions.

During planning discussions the female group moderator suggested that women would be willing to share more in a women only session, especially because issues of relationships were part of the discussion. Hence we agreed there will be a male group and a female group. The moderator's role was to moderate and stimulate the discussions. When well utilised, a FGD has a potential to disclose rich, detailed knowledge and insight on specific issues. However, for this rich data to be revealed an accepting milieu has to be created. The participants felt at ease by the fact that they all grew up in institutions, also the fact that they all were familiar with each other through KESCA activities.

In the male group, I did not want my leadership role at KESCA to interfere with the process, and to minimise that I decided to allow the male moderators to take lead of the focus group discussions. In the male group I was not just a researcher but also a participant. I allowed myself to be a participant and be led by the facilitator. This approach allowed space for my experiences and perspective on the research subject to be heard. This also reduced my power position, and af-

forded other participants some freedom to participate equally. The group participants knew each other, and from the review of the group process the group leaders thought it not only made the discussions lively, but also candid.

Chapter 3 Disrupted Childhoods

The life stories of young people leaving institutions are inextricably linked to their childhood social-economic and historical context. Ignoring their childhood would be an evasion of a life course perspective. Their privation narratives centred on childhood poverty and disruption of family network(s). Childhood poverty herein is an intersection of lack of material goods and well-being (Montgomery and Woodhead 2003: 55). Wellbeing encompasses vulnerabilities that children face, in this study, beside poverty, there were stories of abandonment, abuse and neglect. Sebates-Wheeler (2009: 110) point out that vulnerabilities are more marked during childhood. However, although this makes a compelling case for strengthening early childhood care and protection interventions, equally important it makes a case for strengthening young people's lives as well. We should affirm and acknowledge the cumulative influence of these childhood vulnerabilities over the life course and the debilitating outcomes on the lives of young people from institutions not just in childhood.

To analyse and understand these childhood vulnerabilities and the influence on their lives, I use a 3-D wellbeing approach by Andy Sumner (2010) in her paper, "Child Poverty, Wellbeing and Agency: What does a 3-D wellbeing Approach contribute?". The approach intersects relational, subjective and material facets and unpacks the dynamic and evolving interface among them (Sumner 2010: 1066). Subsumed in the relational is social capital, which includes but not limited to family and community networks. According to Furlong (2009: 75) there is compelling agreement of the empirical link between social networks and well-being. In addition, I interlock these networks with social exclusion lens to illustrate the multi-dimensional nature of privations. The subjective relates to individual's general appraisal of the quality of their lives (Park 2004: 27) hence I have integrated their voices through their narratives, perceptions, and experiences of these vulnerabilities. Material concerns the standards of living and economic context are embedded within.

This chapter also analyses responses to vulnerabilities by social actors which from the findings seem to bolster othering, downplay best interest of children, and reinforce social exclusion. Jensen (2011: 65) defines othering as a "discursive processes by which powerful groups…define subordinate groups into existence in a reductionist way which ascribe problematic and/or inferior characteristics to these subordinate groups. Such discursive processes affirm the legitimacy and superiority of the powerful and condition identity formation among the subordinate" powerful groups in this study refers to social actors (government and non-governmental actors, the subordinated are children who end up being institutionalized.

Silvers (2007: 1) definition of social exclusion will be used; she defines it as a changing and progressive process which involves "multidimensional rupturing of the 'social bond' at the individual and collective levels". Social exclusion has relational facets which reinforces intersection with social capital and hence important for this study. These facets include: "inadequate social participation, lack of social integration and lack of power" (Lister 2004: 89). Finally, I will use a "Transformative Social Protection" (TSP) perspective, this perspective "looks

beyond the manifestations of vulnerability to the underlying structural causes of vulnerability with a view to identifying a complementary set of interventions that aim to transform the initial condition that generated vulnerability and deprivation…" (Sebates-Wheeler 2009: 115).

Children and Vulnerability

There are various factors that led to institutionalization of young people in this study. Their life histories illustrate how privation and disruption due to poverty, disease, abandonment, abuse and neglect are embedded in relationships. Zuena born in a family of six, and the youngest narrated: *"My mother died first when I was five and my father died later during the last year of my secondary school. My father was a drunkard and abusive, hence my eldest brother took us to his home. He couldn't financially support us to go to school and struggled to feed us, because he had his family to support. He took us to an institution where my aunt worked, my brother was first admitted and later he took me to the same institution"*

Zuena illustrates the multi-dimensional nature of child poverty and well-being. Sebates- Wheeler (2009: 110) says, loss of adult care and support can be a significant risk in children's lives because of reliance on them for nurture. Subjectively, this loss can cause intense grief and trauma which can affect the life course. The loss also indicates social exclusion in the form of a rupture of a significant social bond. In social exclusion, the causal relations among facets of vulnerability "may run in many directions, reinforcing…the impact of one another" (Silver 2007: 2). Zuena's exclusion from her mother predisposed her to material poverty, which leads me to agree with Sumner (2010: 1064) that children are disproportionately affected by poverty compared to adults.

Family is an important source of social capital that children rely on for growth and development; but the actions of Zuena's father and brother indicates that family members do not always translate to positive social capital. Her father posed vulnerabilities in her life. Her brother, although willing to support her, was poor. A chain reaction of poverty in her life is that she not only lost her mother, but also significant social relation(s) with her brother. Poverty has been cited as one of major contributing factors of institutionalization in Kenya (Stuckenbruck 2013: 31), and Zuena shows how poverty disrupts social capital.

Other vulnerabilities mentioned included HIV/AIDS and disability. A group participant with a congenital disability shared being rejected by his biological parents and relatives, who saw him as a bad omen. Similarly a group participant living with HIV/AIDS shared that he was rejected by his relatives after his parents died and after realizing he was HIV positive. These cases shows exclusion because of their physical and health status resulting to institutionalization. A disruption of social capital in this case can be associated with stigma and prejudice against some vulnerabilities, and social categories.

However, children are not mere passive victims of these vulnerabilities which seem to be beyond their control in the dynamics of relationships. Some, like Lumumba illustrate how agency is and can be exercised in the face of seemingly abusive and impoverished conditions. He took to the streets to try and negotiate his vulnerabilities. For him the streets were not safe. He shared "*The police used to chase us around wanting us out, the big boys physically abused me demanding money I had begged. I was beaten by guards for sleeping on the corridors of shops. I was sodomised by older*

boys, and experienced stigma and verbal abuse from people calling me 'chokora" (a derogatory word for a child who lives on the streets). However, he found the streets a better sanctuary than his family where there was impoverished and suffered abuse from his father. Lumumba shared, "*I had freedom in the streets…I didn't have problems getting food…the street was a much better place, my mind was calmer… at some point I wanted to go back home, but I couldn't after I thought of the challenges at home."*. Being in the streets he was defined as poor and hence made his vulnerabilities visible to the social actors.

Interrogating Responses to Vulnerability

Vulnerabilities highlighted in the previous section invited institutionalization as an intervention from social actors, for example Chuchu referring to her mother said, "*She met the director of the institution as she was going round the community sharing information that she had started an institution for orphan and vulnerable children. My mother took me and my 3 siblings to the institution. She told me in the institution I would get food, education and clothing…"* Wanja, who had gone to the street also shared, *"It happened that one day as we [referring to her sibling and herself] begging we were rounded up by the police to a truck…the police took us to a cell later. Because I was only seven and my brother five we were taken to an institution"*

The above quotes unpack important issues about responses to childhood vulnerabilities by social actors. Both quotes clearly show a response to childhood poverty and vulnerability through institutionalization. Little or no effort is made to address the underlying structural factors, hence negating a Transformative Social Protection (TSP) perspective. Similarly, Sumner (2010: 1069) argues that social actors addressing child poverty seem to accentuate material well-being and neglect relational facet which include networks, which seem to matter most to children.

Chuchu indicates the potency of poverty as a vulnerability in pushing care givers to relinquish their children to institutions; the seemingly only option provided to her mother. Likewise, for Wanja, the Institution was deemed and provided as an alternative to the streets by the Government even though her vulnerability was caused by her abusive relatives and poverty. Wanja and her sibling were seen as the problem and not the conditions that had pushed her away from home. A TSP model hence can be applied in such situations because "it looks beyond the manifestations of vulnerability …and aims to transform the initial conditions that generate vulnerability and deprivation" Sebates-Wheeler 2009: 115). For example, if it is the stigma and prejudice towards children living with HIV/AIDS and disabilities that lead these children and young people being socially excluded, then institutionalization is a misdiagnosis. Additionally, some children suffer multiple exclusions. For example, Lumumba, Kamau and Nyongesa were 'rescued' to a male-only institution. These gendered institutions ignore the need for them to interact with females including their siblings, an approach which they questioned later.

The necessity of institutions as a stop-gap measure cannot be denied for abused, and abandoned children (Williamson and Greenberg 2010: 3). However we

need to be critical of simplistic interventions. In Chuchu's case we see how she was exclusively targeted as a child, instead of supporting her mother who was struggling to meet their needs. Sebates-Wheeler (2009: 116) and Cheney (2015: 4) argue against exclusive targeting of vulnerable children as 'orphans', and the need to direct intervention to family and community networks responsible for care of children. Similarly the dominant focus on poverty, a material facet in the wellbeing, overlooks subjectivities, and relational dimensions. A wellbeing approach encapsulates the community and emphasizes the need to look at children as subjects embedded within the wider community.

In summary, narrowly conceived interventions that are quick to sever important family and community networks should be re-examined. Similarly, conditions that might predispose parent(s) to relinquish children to institutions or children to leave families should be critically examined. The interventions highlighted above significantly seem to lack a life course perspective failing to acknowledge the implications of cumulative effects of severing community and family ties through institutionalization. Family is as a fundamental source of social capital (Field: 2003: 109). Therefore, when children leave or are made to leave their existing networks, the value of their social capital is reduced.

Institutionalization, Best Interests of the Child and Child Rights

There is tension between children and adult wishes in institutionalization discourses. For example, Karanu who entered care at 13 shared, "*I was taken to an institution by my mother because, she struggled to make ends meet. We used to live in Kibera, a slum area…I felt sad. I did not want to leave, but I had no option but to agree…at the time she was taking me to the institution I felt neglected, I felt like my mother was abandoning me....* His mother's priority was addressing his material needs, but Karanu draws attention to subjective and relational well-being. He values the relationship with his family more than his physical needs but his views are not valued. Karanu submits to his mother's wishes at the end. This indicates the positioning of children as less powerful in adult society, and the power dynamics embedded in these relationships.

Similarly, many institutions reinforce this power position by failing to take note of children's agency, and relational aspects of well-being. Hence, the concept of best interests is problematic because it is burdened by differing values between adults and children (Bourdillon and Myers 2012: 6). Although there is need to acknowledge children's perspectives can be limited, there is need to emphasize 3-D wellbeing as a broader frame of reference that takes children views and opinions seriously. Karanu's case is typical of children's limited agency in making decisions of who to live with and where to live.

The issue of agency is critical because some scholars have further argued that institutions "may sometimes be better equipped and prepared to care for children in need than many extended families and other family based configurations of care" (Braitstein 2015: 330). Pinheiro's (2006: 183) report suggests that the care setting predisposes institutionalized children six times more to abuse and neglect. Such findings can be contested on the basis of the approaches that neglect a 3-D wellbeing perspective which emphasize the importance of their voices. The United Nations Convention on the Rights of the Child (UNCRC-

article 12) has explicitly provided that "the views of the child should be given due weight".

Othering by Orphanhood and Institutionalization

Beyond the UNCRC, protectionist discourses earlier examined have disembeded children from important community social networks and constructed them as 'orphans' for institutionalization. Categorizing and labelling them as 'orphans', can be useful in drawing aid and highlighting their vulnerabilities (Cheney 2015: 4). However, it reinforces physical exclusion: the space between "us" and "them", when they are placed in institutions. Furthermore, socially because of how they are treated by some social actors and community member as "orphans", an "orphan" identity is juxtaposed their position as the "other" is reinforced. For example Aluoch shared that, *"Being an orphan is something that I hold with a lot of secrecy because I don't want people to sympathize me and I don't them to treat me differently"*. Often, being labelled "orphans" confers negative stereotypes of 'them' as objects of pity and seeking sympathy. This consequently affects their self-identity.

Some try to hide this identity by avoiding relationships, which consequently narrows their social capital as we shall see later. Othering can also be multiple, for example for the two participants earlier mentioned with HIV/AIDS, and disability. Othering was not only based on "orphan" status but prejudice and discrimination as a result of their physical and health status. Hence social actors, define the norm and the "other" by institutionalizing these children, giving rise to socially enforced boundaries. Failure by social actor to look at integrative viable alternatives to institutionalization, such as kinship care, adoption, foster care, and guardianship, the 'we' and 'them' attitude is reinforced, making children feel unwanted. Institutions as elaborated in the next chapter excludes them from networks and activities that are important in their participation as full citizens.

Chapter 4 Unpacking Life in Institutions

The previous chapter examined young people's biographies before institution, focusing on the complex and difficult circumstances largely shaped by poverty and other vulnerabilities, and the often narrow responses by social actors. It is largely as a result of these vulnerabilities that they are excluded from normative socio-cultural life through institutionalization. This chapter, explores their lives within institutions using social exclusion and socialization concepts to highlight privations from family and community networks, in addition using a 3-D well-being lens to examine their subjectivities, relations and access to material support. This section unfolds by examining how othering and negative representations highlighted earlier are reinforced in the institutions and what that means to their lives as children and later as young people. Consequently the study moves into analyzing networks and relationships within the institutions utilizing social capital as a concept, analyzing their past relationships and interaction with other children in the institutions, interaction with visitors, sponsors and donors and with the staff.

Institutions as a Space for Othering

Let me start by noting that not all institutions are bad. Nonetheless, it is important to share some glaring findings about many of the institutions. The relationship between institutions and children is dominantly paternalistic and hence neglects a 3-D well-being approach. As observed in the introduction, children are highly submissive to the wishes of institutions and often not heard. This relationship seems to reinforce negative representations and othering of children through language and images as will be illustrated shortly. Lister (2004: 102) argues this naming of subjects by those in power "refutes the 'other' the right to name and define themselves".

To attract funding and support, institutions propagate the label orphan, creating a moral panic about these children's plight. The participants acknowledged that support was needed but raised fundamental questions about labelling them and using their images. Lister (ibid: 103), talking about 'poor' people, argues that images of 'them' have a powerful effect on attitudes and actions towards 'them'. Such images have resulted in the mushrooming of institutions to address the 'orphan crisis', fostering what Cheney calls an 'orphan industrial complex' (Cheney 2015: 2).

At subjective level, these images not only ignore the inherent dignity of these children and construct them as 'others', but group participants shared they are negatively portrayed as objects of pity; 'deficient' and 'helpless', 'impoverished', 'inferior', 'traumatized' and 'abandoned'. Moreover, institutions seem to offer a space for both local and internationals where 'orphans' are objects to gaze upon. For example Karanu shared, *"The staff gathered us in a hall when visitors and donors came, and told them we were destitute and orphans, in exchange we were asked to thank them for coming and bringing us donations…"* This is contrary to many young people wishes, because they were often reduced to objects of sympathy. A group participant with a disability shared, "*Some cried when they saw us".*

This exaggerated sympathy and treatment by community members reinforces the distance between them and the mainstream society even after exiting, seeing them as "enemies". Furthermore, a participant who grew up in an institution for children living with HIV/AIDS said that in a forum organized by the institution a staff member asked them *"don't you know that you are carrying billions of shillings in your bodies?"*. This participant appreciated the fact that he got support from the institution, but was perturbed that his plight was commodified to attract funding. This repugnance to the term 'orphan' is attributable to the fact that such labels and stereotypes influence their self-identity significantly. Self-identity is the idea of who they are, what they are capable of achieving and doing (Chiam 1993: 236). For example Aluoch shared: *"being called an orphan made me think I didn't deserve a good life. It affected my confidence of being a better person, and gave me a negative feeling about myself as not capable in life"*. Kamau on the other pointed out that the terminology always reminded him of the loss of his parents and made him feel withdrawn and dejected.

Privation of community and family networks

Family and community networks are significant sources and indicators of social capital (Siddiqi et al. 2012: 9). However, access to these social network is highly constrained because of children's reliance on institutions. Some young people are brought to institutions when they are very young and spend an unwarranted length of time therein. This is despite Kenya having institutional frameworks that forbid this practice due to the glaring findings that demonstrate importance of families and the deleterious effects of institutionalization. Aluoch who had spent 14 years in an institution, shared "…*I don't know how old I was when I was brought to the institution. I was told that I had been abandoned, I don't have any family members or relatives except my brother whom we grew up together"*. She was heartbroken by the fact that she was never adopted, she said, "*I feel bad not having had a place to call home. If I had a choice I wish I had been adopted"*. Aluoch typifies young people eligible for adoption who miss out. Such children end up spending almost their entire childhoods in institutions and consequently end up being excluded from the benefits of family and community relationships. Such a lengthy confinement in institutions as I will show later deprives them of opportunities to learn social conventions.

There seems to be a general acceptance on O'Neill and Zinga's (2008:40) have argument that majority of children should not be in institutions as nearly all have living parent(s) or contactable relative(s). Although such findings are important it would be simplistic to throw a sweeping approval that all children and young people should be drastically taken to their families. Zuena shared, *"In the institution, my uncle, aunts and cousins never visited us or took us for holidays. This made me feel more lonely and angry, because some of the children were visited by their relatives"* Whilst she wanted to be visited Chuchu on the contrary shared, "*I did not want them to visit me because I did not want to go and live with them because they were abusive when I was at home. I felt the institution was safe"*. A staff shared that relatives see these children as children of the institution. This could be due to lack of involvement in care placement decisions from the initial stages, hence they lack a sense of duty and responsibility towards them. In other cases, another staff shared that some relatives see these children as an economic burden and avoid visiting them or being

associated with them because they fear being given responsibility to support them.

For some young peoples, the visitation by and with their relatives was associated with a positive feeling, provided a sense of identity and belonging. Others felt that the visit was disruptive. Karanu shared, "…*I was only allowed to visit my mother and siblings during Christmas holidays…I had mixed feeling about it because I was going to a slum area to live in a small corrugated house, a place where food was scarce and I knew I would sleep hungry often. At the same time I was so happy to see my mother and siblings"* . This exclusion reinforces feelings of isolation, stigmatization and loneliness among those not visited or taken by their relatives for holidays.

Nonetheless, there also instances where despite having relatives, children are not allowed by the institution to visit during holidays. For example, Wanja shared, *"Young women in the institution we were not allowed to visit their relatives because the institution feared they would get pregnant"*. In addition, the Children's Act (2001) has also seemed to reinforce exclusion because it provides that an institution cannot be operational without a minimum of 20 children, hence some institutions do not allow all of the children out at once to meet their minimum. An indication of power by donors, some staff complained that some Western donors, and proprietors reinforced exclusion from family networks. The thought of children going to live in slum areas or impoverished community upsets their western concept of what good childhood environment should be like. Some fund seeking institution managers could bow to these donors' subjective views. It was also shared that, "cute" children and children with disabilities were excluded from community and family interactions because they were 'funding magnets', unable to leave because donors and visitors wanted to see them. This also reflects a commodification of their plight.

It seems that the longer the period of detachment or children's separation from their parents, the less likely they will be willing to live or be reunited with them after they exit. This is because they feel less emotionally attached and sometimes feel resentment. For example Kamau shared*, "After 4 years in the institution I was told that I was going to leave the institution and live with my grandmother. I did not want to live with her. She had only visited me twice. I didn't know her well"*. Zuena, living with his brother in the institution, similarly shared, *"After we got to the institution they [referring to her two other brothers] never visited or checked our progress after leaving the institution. I never bothered to contact them, because I thought they never cared"*.

Barn (2009: 839) and Siddiqi et al. (2012: 11) argue that family and community networks are significant indicators of social capital; rich source of social-cultural experiences and determinants of their sense of belonging and identity in the society. The exclusion from community interactions and activities that other children in normative families take for granted affects their social capabilities, and subjectively cause shame and embarrassment. Children denied these interactions can feel like aliens within their own society after they exit the institution. Leila commented, *"We only moved out of the institution two or three times a year. I felt stunted in terms of knowing people and places. If we travelled it was only by bus. We didn't walk around to know the community. I was even shocked that I struggled to cross roads in the city when I was 18 never having to do so before"*. Karanu also shared, "*In the institution we never spoke our ethnic languages, we only spoke English and Swahili. When I was taken home I felt like a stranger and family members found it strange that I couldn't speak"*. Some

institutions offer education and accommodation to children in the same institution that children are accommodated. Aluoch and Leila spent over 12 years in care. Their primary school was within institution and thus further excluded them from community interaction. Consequently, after exiting care, instead of concentrating on building other domains of their lives, they are subjected to an exercise of internalization of norms and values that they should have learned in childhood. This subsequently creates and reproduces inequality in their lives and in Kenyan society.

Caring or Despairing Relationships?

A 3-D well-being perspective views childhood poverty and well-being as inherently and profoundly relational (Sumner 2010: 1065), consequently for institutionalized children there is significant reliance on adult staff for nurture. Just like not all institutions are bad, not all staff are bad. However, serious concerns emanating from staff whose responsibility is to provide redemptive care, love, and protection to children with histories of trauma. Hence, one key question about institutions is whether these relationships match the UNCRC preamble that children "should grow up in an atmosphere of happiness, love and understanding". Chuchu, 25 and who spent 11 years in an institution shared, "*I didn't get love from them [staff], they were distanced from us and rarely paid attention to what was going on in our lives. Their work was just to clean the dormitories, wash clothes, cook and serve food*". Exclusion from relationships affects one life course (Hapern 2005: 249).

These relationships although not deterministic, can predict stable and successful adult relationships and vice versa. These relational deprivations were also as a result of a low staff to child ratio, which is a common malpractice. In the institution Wanja grew up in there were around 40 children and one house mother (caregiver). Another relational problem included exclusion from visitations by young people when they went to boarding schools after primary school. Aluoch shared, *"When I was in high school I was never visited during allocated visiting days. This made me feel lonely, and reminded me always that I was an orphan and during those times I wished I had parents"*. Aluoch shows that such exclusions can reinforce orphanhood, but also indicates young people need for caring and constant adult relationships to contributing to their life satisfaction.

Besides the relational deprivations, another key dimension of 3-D wellbeing approach within this relationship is the interplay of power and agency. One group participant shared*, "The only way you survived in the institution was by following the rules, and always saying yes to what staff said. We listened and obeyed; they did not seek our opinion on anything. Anyone who attempted to say 'no' was deemed rude and unfit to be in the institution, and those who tried not to conform were normally isolated and beaten, and mostly ended up being sent away from the institution"*. This quote shows explicitly how power is embedded in institutional relations, and children's agency and autonomy constrained. It also reveals how institutionalized children can be enmeshed in abusive staff relationships and their concerns muted. Children are homogenized, and refusal to the norms is often regarded as dissent, in which case children and are either physically beaten or even sent away from the institutions. Abuses affects the life course of individuals (Bautista and Garces-Bacsal 2001: 36). Trust is a key component of relationships (Field 2008: 70), these abuses not only erode trust and reciprocity which are important component of social capital, but also compliance and emotional bottling up becomes a strategy. The erosion of trust

makes it difficult for them to share their childhood traumas. For example, Lumumba despite being sodomised in the streets never confided this to the staff. Not only because the staff were abusive but also he thought they never cared.

Another practice that surfaced was that staff sometimes enrolled and registered their own biological children as part of the institutionalized children for sponsorship purposes. This meant that some of the institutionalized children missed out on sponsorship vacancies because the staff prioritized their children when they got sponsors. Some institutional staff were also reported to offer study abroad scholarship opportunities meant for institutionalized children to their family members. This shows that although silent, children are aware of the malpractices, but also reinforced mistrust of staff. Many of these abuses in the institutions are often reinforced by a concept of "care and protection" that separates these children from wider community protection systems. Most people in the community have no idea what goes on within the walls of the institutions, and when they do it is often reactive, after something happens. Children excluded from the society are often not allowed outside these institutional walls, and thus their channels to report abuses, neglect or exploitation are constrained. In addition, these children are in a perpetually powerless and dependent context that fosters fear and helplessness.

Another concern is that, despite the fact that institutions are supposed to provide care and support to children and fundraise for them, some children are sent back to their families for medical care and treatments as revealed by Zuena: "*when children got sick in the institution the institution did not take them to hospital, instead they called their relative to come and take them back, and return them when they got better".* This raises concern. If indeed the relatives of these children were able to provide medical care, it begs the question as to why they were institutionalized in the first place and not supported within their families.

Children Sense of Camaraderie within the Institutions

The diffuse weak network between children and staff elaborated earlier seem to be substituted by close knit networks amongst children where they see themselves as a family. For example, Kamau, referring to other children, said, *"They were more like my siblings".* Similarly, Leila, shared, "*they were my brothers and sisters. We grew up together, played together and lived together*". Barn (2009: 839) argues that social networks can provide a sense of belonging and identity. And for Chuchu, coming to care and meeting other children who were "orphans" seemed to be a positive experience. She shared, "*I liked the fact that I met other orphaned children in the institution. By meeting them I felt that I was not the only orphan, that somehow strengthened me, and it helped me somehow accept myself as an orphan".* A participant living with disability in the focus group discussion expressed meeting other children living with disability offered him friendship and acceptance, *"I was happy I met children who accepted me the way I was, they never paid attention to my disability".* However, the fact that institutionalized children have little interaction with heterogeneous and diverse community networks is a point of concern. This is because community networks and experiences are important for social and cognitive development (Siddiqi et al. 2012: 20).

Furthermore, sibling networks are an important source of social capital, offering protection and a sense of family identity. Zuena's brother was first to be admitted to the institution. She was not happy being separated from him, and said, *"I was happy to join the institution. I wanted to be with my brother. Having my brother felt like I had my family*. She also added another benefit to this relationship *"He was among the oldest in the institution and protected me from bullying"*. Zuena was brought to the institution when she was five years old, she said, *"The first day I got into the institution I was paired with an older girl, she was 11 years old, it was mandatory in the institution that each young girl was to have a "mother". This 11 year old girl used to be like my mother; her role was to dress me, make my bed, wash my clothes, bathe me and ensure that I was served food…the institution only had one housemother"*. Although one staff member argued that this could be seen as a way of imparting parenting skills, this can be also a way to get around institutional frameworks regarding appropriate staff to child ratios.

Volunteers, Visitors and Sponsors: Contradictory Perspectives

The relationships amongst children volunteers, visitors and sponsors were variegated. Critics argue that foreign volunteers sustain institutionalization of children. My argument in this section is exclusively on children's interactions with local, foreign volunteers and what most called 'visitors'. My focus is not the broader discourse of volunteerism and institutionalization. For example, Zuena shared, "*I got to interact with many visitors who used to frequent the institution. They came often during weekends to play with us and bring us donations"*. Chuchu added, "*They would come, spend time with us, something that the staff never did. They would also take us to tourist sites in various parts of the country"*.

Many institutions continue to rely on these networks for both material and financial support. Volunteers and visitors seemed to fill a relational gap that institution staff either overlook or do not consider important. In some children's views, volunteers and visitors acknowledged the children's existence and reduce their social isolation from adults, providing individualized interactions. Another group participant shared that he managed to maintain contact with one of the local volunteers even after he left, providing moral and financial support. Hence, some seem to develop long and fulfilling relationships. However, a negative side of the relationship was also revealed by some group discussants, who shared that some volunteers used to have sexual relationships with children. Others were concerned that most of these interactions ended soon after the volunteers and visitors left the institutions and they never heard from them again. Another group discussant was also not happy that the volunteers and visitors took photos of him, he shared, "*It was like we were animals in a game park"*.

Sponsors for institutionalized children are often identified by institutions through children's images and life stories mentioned earlier. Some sponsors are matched with individual children. Sponsorship in humanitarian assistance according to Bornstein (2001:615), "is not easy to dismiss and not easy to accept". Widening the debate, some concerns worth noting were revealed during the study. As opposed to the physical presence of most volunteers, the relationship with sponsors was mainly through correspondence. One group participant referred to them as "ghost sponsors".

Underlying some of these exchanges was exploitation, manipulation, power and limited agency. One of the group participant shared, "*The social worker gathered us in a hall to write the letters. The letters we received from sponsors had been white washed on the address. The section where they mentioned amount of money sent was also white washed.* However, some young people expressed that they rarely got what had been requested in correspondences, and also although they hand wrote and made requests in the letters, it was revealed that it was the staff who instructed them: *"The social worker and managers forced us to write lies, expressing gratitude to the sponsors for money we never got, clothes and shoes that we never received*". Although children receive some amount of support, this process shows how some institutions exploit donors and manipulate children.

Sponsorship, can also reinforce inequalities and create resentment (Bornstein 2001:614). Some group participants shared that some children had more sponsors than others because of their disability, and other because they were "cute". These children were favored, because they were a 'magnet to funds'. This support from sponsors can be unreliable, consequently affecting young people emotionally and psychologically. For example Karanu's high school education had to stop at some point because funding ended. He shared, "*I felt sad and devastated after my sponsor who used to support me in for high school education stopped abruptly. The institution manager told me she had stopped communicating".* Lastly, many of these relationships are limited to the time that they are in the institutions and often after exiting institutions the relationships are severed which is difficult for the child who has grown to depend on this relational support.

In summary, children come into institutions with an 'orphan' label, but most important are their relationships. Children are often in subordinated positions and their voices are stifled and their autonomy controlled. Children by design or by neglect are often excluded from family and normative socio-cultural experiences and often receive insufficient socialization to family and community life. Their relationships with staff are at times inadequate for nurture and shrouded with abuse, exploitation and neglect, reinforcing the distance between them. This context excludes them from normative social and cultural experiences inhibiting a child to grow to his or her full potential.

Chapter 5 Interrogating Exiting Care

Having looked at young people's experiences and relationships in institutional context, this chapter examines their exit based on the "youth" concept. Exit signifies the end of childhood and a start of young adult phase, as constructed by social actors in practice, and institutional frameworks. Using the youth concept I examine the various determinants of exit which are reinforced by the institutions and government frameworks. Markers, such as age, employment, and education tend to be used as determinants for exit. Although these markers 'mark a point of transition from one state or condition into another, the complexity of using them categorically is that their meaning is not consistent across all groups and do not mark a significant change…and they do not remain fixed' (Wyn and White: 1997: 95). Hence, due to their mutability, it seems logical that they should be contested as determinants of exit. Importantly, the accounts make power relationship explicit; they show how young people are treated as objects in the process, and denied a fundamental right to be heard or consulted in a process and decisions that significantly affect their lives. The fact that I examine this relational power dynamics, experiences and feelings, and the fact that they require material and relational support during exit, I use a 3-D wellbeing approach.

Contesting Determinants of Leaving Care

The Kenyan law through the Children's Act 2001 (s. 132) stipulates that a person can stay in an institution only till the age of 18 or younger if decided by the court. Age constructed for administrative convenience and purposes automatically results to exclusion at 18. This categorization also shows the universalism the state attributes to age, homogenizing young people at best, it provides the means through which denial of support is reproduced by institutions. For example, Chuchu, who felt she lacked adequate life skills during exit shared, "*I cleared high school at 19, one month before exit I was told that I would leave the center. I was told that the government policies did not allow persons above the age of 18 to be in the center".* Hence by virtue of chronological age most young people are pushed out by institutions. This also marks a point of exclusion where institutions terminate relationships with young people as children, and the loss of childhood defined benefit: care, support and protection.

This age-normative construction and perspective is not only exclusionary, but as Huijsmans et al. (2014: 165) suggests, it is simplistic and problematic. It positions age as fixed and natural and ignores the interpretive facets of maturity. It ignores a life course perspective; before institutional care experiences and institutional care experiences and their potential influence on "maturity". Young people are forced to become "instantaneous adults" (Furlong 2009: 32). For example, Aluoch now 21, spent 14 years of her childhood in an institution, she shared, *"I struggled socializing with other community members. My self-esteem was low. Relating with adults was even more difficult having not been used to. I spent a lot of time knowing places and directions to avoid looking stupid. I had never cooked before, I struggled to decide what to buy and cook I had to know how to budget the money I was given, it was challenging".*

Aluoch indicates socio-emotional struggles and a lack of life skills, often not taken into consideration during exit. These struggles are as result of lack of exposure to heterogeneous experiences and institutionalization in their childhood.

My argument is not that that young people should stay in the institutions longer. Rather, there are multifarious facets to the process of becoming "mature" or "adult" (Wyn and White 1997: 95)and that "exit" occurs at a period a period generally seen as the "most turbulent" for all people (Furlong 2009: 233). I suggest that taking a life course view, and intersecting this with relational, subjective and material facets of wellbeing could be considered and integrated as better alternative determinants of exit.

Education as a marker also explains a malpractice of why many children are institutionalized. Some exited after primary school, and others after finishing high school. However during the group discussions it was also found that, some institutions push out young people for fraudulent and corrupt purposes; after they are exited these institutions maintain their names in sponsorship and support registers, funds continue to come through their names, and sponsors in the process are cheated, believing that they are still in care and being supported in college and universities. Others like Wanja could not finish high school pointed out, *"In my second year in secondary school, the manager of the institution came to school and picked me up. She told me due to lack of funds they had to shut down the institution …"* The fact that the institution was closed shows unreliability of the model; leaves me to question how sustainable the model is when it is dominantly reliant on charity.

Similarly, giving another reason to doubt the model, Aluoch shared*, "I can't call it a home now even after having spent 14 years. I can't even visit. The center is no longer a children's home. It was turned into a high school".* Some of the institutions were hence revealed as fraudulent and exploitative, after accumulating funds, they decided to shut down and reintegrated the children. Other institutions were transformed to family businesses, such as colleges and high schools. Seeming to contest the established criteria of exit a group participant in the female group shared how some young females managed to stay longer in the institution. "*Some of the young women who did not want to leave the institution got into sexual relationships with some male administrative staff who promised them that they could stay longer in the institution".*

Experiences of Leaving Institutions

Leaving institutional care experiences are variegated and defined by both subjective and structural factors. Most had simultaneously good and bad experiences. For example, Aluoch felt liberated after 14 years of minimal contact with normative community life. She said, *"I was no longer enclosed in one compound. I could see the world outside that we frequently watched on television. When I was a child we asked if we could go out they told us they told us, just wait one day you will see it".* Leila felt it was emancipatory, and shared *"After being withdrawn from high school by the institution due to poor performance...my brother, staff and other children started looking down upon me. They never wanted to talk to me or associated with me…"* She felt happy being away from a place where she felt rejected and discriminated against. Some care leavers were glad that they finally had a sense of privacy while other felt dejected overall about the process.

Wanja shared being "reintegrated" with her abusive uncle who had initially caused her to leave home. After reintegration her uncle was again physically abusive. This resulted to her to leaving home again to live with a well-wisher. She raised concerns about not being involved on where or who to live with: "*My uncle was called to a meeting which I was not invited, and he sat down with the manager… the next thing was to pack and leave with him the same day".*

Earlier we saw they are not consulted when coming into institutions, and here, they are not consulted in leaving institutions. Because they are not involved in decision of where to live or with whom to live, they are consequently subjected to further vulnerabilities. These processes indeed shed light to the fact that institutions seem to reproduce and reinforce vulnerabilities in young people's lives and scarcely seem to address their childhood or youth predicaments. Some institutions provided material support to some of the young people to start the new life. Aluoch shared, "*I was bought a mattress, blankets, a gas cooker and utensils and a rented room to live*". However, among nine participants, only three said they received any support. Although many came to institutions due to poverty the institutions seemed to reproduce that poverty in their lives and communities upon their exit. For example, after Zuena spent 14 years in the institution, she was taken back to live with her brother who was struggling to make ends meet, and who was previously in the same institution. Similarly, Kamau shared, "*I was taken to live with my grandmother's sister who had no source of income. She used to go around churches begging for food to support me and had seven other children*".

Another concern about leaving institutions is the abruptness of the experience. This sudden detachments ignores the 3-D wellbeing approach. Relationally, these institutions ignore their relationships and attachments with staff, children. This experience also subjectively ignores their feelings, perceptions and experiences. These young people used different adjectives to describe these abrupt process. Aluoch said, "*It was sad. I felt like they were dumping me. I was leaving the only place I knew as home. The other children were like my family. It was stressful, painful and unbearable".* For some, institutions were like home and friends became like a family. Subjectively they also have to deal with fears that come from uncertainties of the world beyond the institution that they have little or no connections. Leila shared, "*I feared I would be alone".*

Although Primary education for many children is basic, some of the young peoples shared that they never had the opportunity to even finish primary education while in the institution. For example, one participant shared, *"During my final year in primary school we were summoned to the office of the manager and told to pack our clothes and leave the institution".* On the other hand, some of the institutions were more supportive, allowing some to not only finish high school but also colleges and universities. One shared, *"Currently am studying a diploma in business management, I feel fortunate because I am the only person in the family who has gone to high school and college".*

Besides institutions playing a role in this leaving care process, young people who had previously exited were an important social support network to those who were exiting. The presence and connection of young people who had earlier exited acted as source of reassurance to them that they would eventually adjust to community life. In addition, unfamiliar with the context and social conventions

beyond the institution. Aluoch, experienced the importance of the network, *"After the institution gave me money to look for a house, buy a bed, and cooking utensils, I did not where to start looking for this things, so I contacted one young woman who had earlier exited earlier and she helped me out".*

Institution as a Network after Exit

The participants also shared their experiences with the institutions as a network after exit. Aluoch and Leila could not visit the institution they grew up in after exit because it had been changed to a high school. However, before changing to a high school Leila liked the fact that she could visit the institution because it offered her a sense of identity and was a measure of progress. She said, *"It reminded me of my past, and made me realize how far I have come"*. Karanu, who was benefiting from sponsorship through the institution after his exit he regularly visited the institution. During his visits he often took visitors on tours in the institution, which was a common practice in many institutions. During his visits Karanu was also asked by the institution to share his story as an orphan and how the institution had assisted him. Unintentionally it appears that the institution fronted him as a trophy of "success" to the visitors and donors, and conceivably an example to attract funding from donors and visitors who saw the "fruits" of their donation. Such representations also camouflage and discriminate many who are exited without support.

Contrary to Karanu, Nyongesa expressed*, "I don't visit the institution because they abandoned me…and I feel bitter"*. Such inimical feelings seemed common amongst those exited without adequate support. Knowing that they will not get support from these institutions also gives many little incentive to connect or stay in touch. For example Nyongesa shared, "*I have seen other young people go inside there crying seeking help, and they come out crying, I don't want to be disappointed"*. Hence many after leaving lack a fall back plan after exit as illustrated in my introduction. Although some staff saw this going back as dependency some like Leila earlier mentioned saw the institution offering her a sense of identity having no family, but this also points at the poor preparation for exit and a lack of adequate social and material support to live independently.

Similarly, Leila shared that although she had spent majority of her childhood in the institution, one day her sponsor delayed sending her upkeep funds and she could not pay the rent. She was kicked out of the house by the landlord. She could not go back to the institution and she was forced to travel over 400 Kilometers to live with her sister during that month. Zuena said, *"Once you leave the institution they give your bed to someone else and by that you know that the institution is not your home. They tell you there are other children waiting for support".* A small study conducted in Kenya showed that many young people have no recourse of going back to the institutions for support after exiting (KESCA 2013: 11). On the other side, some institutions seem to be a supportive network, one staff shared "*we had one young man who wanted to marry. Because he did not have parents to stand for him during the dowry negotiations, we went there as his parents".*

This chapter explored young people's relationship with institutions during exit and revealed the unreliability as a network of material and relational support. The leaving care process is significantly paternalistic, ignores their subjectivities, they are hardly heard or consulted on when to leave, who to live with and where

to live. Besides that, I have argued on the determinants of leaving care such as age and education as inadequate in determining exit or maturity. These findings have a bearing on the next chapter which explores these young people's experiences and life in the society.

Chapter 6 Negotiating a new Life

Life after exiting institutions marks a new phase in these young people's lives in which they are officially viewed as mature 'adults'. The young people revealed challenges adjusting to new relationships and community environments; how they maintain relationships among themselves; and community perceptions of them as young people who had exited care. To unpack and analyze their relationships their experiences, feelings and perceptions I have used 3-D wellbeing lens and social capital concept. I will also discuss othering and labelling to unpack how they deal with these perceptions that start before they exit from institutions, as well as how these interactions impact their senses of self.

"From Jupiter to earth"

The subject quote on the heading was shared by Aluoch, illustrating how overwhelming the change experience was for her from the institution. After having lived in an institution for 14 years and with minimal interaction beyond the institutional context, the community and most relationships and interactions were significantly new to her. Integration and adjustment in the community for many is a challenge and inextricably linked to institutional care life. Leila shared, *"In care everything was brought to us, everything was provided, food, medical care, shelter was all paid for, and out here sometimes I sleep hungry and I cry a lot"*. This quote confirms a dominant feature of most institutions; when institutional care ceases this cause unprecedented socio-emotional and physical disruption in their lives.

Some participants grew up in institutions built in the middle of slum areas and others in rich neighborhoods. Some were very distinctive in wealth and structure, whilst others were revealed to be impoverished. Many of these institutions met the material needs and provided a lifestyle to the children that didn't necessarily reflect normative community lifestyles. It was revealed through the narrative interviews that some institutions provided children fun activities on weekends, some provided chicken and fish for meals each week, and offered warm showers each morning and were housed in well-lit brick facilities. This typifies the inequality among institutions, but also brings challenges when these young people were released to environments that did not match.

One member of staff shared a concern about a case encountered in a western funded institution. A young person was taken to his relatives who lived in one of the slum areas. One Sunday afternoon he showed up at his former institution because he knew that on Sunday's chicken was being served for lunch. He had walked over 15 kilometers. This indicates the mismatch with community lifestyle earlier mentioned and the adjustment challenges faced by young people. In addition, the power dynamics of western views of good childhood standards and the potential to disrupt local child protection practices. This is not to say that children's wellbeing should be neglected. However it is worrying when western standards becomes the yardstick of a "natural, good, spontaneous and authentic" childhood (Twum-Danso Imoh and Ameh 2012: 3).

Some of the group participants shared that some young women even with nominal support from institutions felt that the support was inadequate to maintain a similar lifestyle they had in care. These young women ended up being introduced

into prostitution. As one group participant shared, *"Some of the young women who had earlier exited encouraged us to enter into prostitution, they told us they were connected with rich people, and we will drive big cars just like they did if we joined their network"*. This also illustrates a downside of social capital; some relationships can socialize them or influence them into unwanted behaviors.

It was also revealed that some young women, due to inadequate supportive networks, are forced to get "married". One woman group participant shared, "*With nowhere to go after I was asked to leave, and with no support, I ended up living with a man, not out of love, but because he offered me a place to live. I still live with him, but if I had a place or a family, I would never have gotten into this relationship*." This not only shows the disadvantaged position for many young women, but generally without family networks, many young people are forced to improvise in ways that can be harmful in the long run.

Lastly, Lumumba, reinforces taking a life course approach in understanding young people and shows how his prior institutional care childhood experiences affected his adjustment later in the community after exit. He started smoking bhang, cigarettes and sniffing glue at around the age of 10 in the streets. Lumumba shared, *"I reflect on my life and I wish I had a person who could hold my hand and guide me out of drugs. Drugs have affected me because anyone who looks at my eyes can tell that I have been on drugs. I am addicted to drugs, and I have lost job opportunities and failed in relationships because of drugs"*. Lumumba also typifies cases of children from difficult circumstances who end up in institutions and fail to get necessary help on struggles, like addiction to drugs. His quote also shows that young people need consistent adult support in their youth and after care to help them through challenges.

Community Networks, Perceptions and Self-identity

Community networks as earlier mentioned provide social capital. However, some young people reported rejection by community members. These young people struggled to find belonging and acceptance, having no place in the institution and in the community. Young people attributed this rejection to negative perceptions due to institutionalization. For example, one group participant shared, "*When I tell people I have come from an institution, they ask me if I take drugs. They think I have behavioral problems, which makes me feel isolated*". Similarly, Lumumba shared, "*A friend was beaten in the community, he was alleged to have stolen from a neighbor, and the truth was that he had not stolen, but just because they knew he had just come from an institution he was seen as a suspect*".

Such stereotypes and perceptions reinforce othering as a discursive strategy that shapes how society members think, talk, and act towards them. Consequently, victimized and discriminated against, they become reluctant to interact with community members, which reduces their scope of social capital. Furthering their isolation and the homogenization of their social networks, stigmatization and stereotyping contributes to defining young people's self-identities in contrast to community members.

Resisting Care and "Orphan" Status

According to Kwong (2011: 877), people generally identity themselves with the place they grew up. Leila typifies the struggles and tensions of young people

leaving institution's whose agency is constrained. They may first feel able to frame themselves differently and do not want to be identified with institutions they grew up in. Some may struggle to hide their 'orphan' care identity because of how it makes them feel, and in many cases determines how they are treated. Leila shared*, "The people in my community have no idea that I came from an institution and that I am an orphan. I like it that way, because I fear that if they know they will start treating me differently, they will start being sympathetic. I don't feel normal having been raised in an institution. I have struggled to feel normal out here and this makes it difficult for me to interact with other people. People pity me and this makes me recoil and deeply sympathize with myself, this brings my energy levels to zero always".*

The "orphan" label reinforces stigmatizing and discriminatory stereotypes which affect a person's self-identity. Stigma internalized can lead to shame, and because of shame, young people like Leila try to negotiate this by concealing their institutional care status to avoid humiliation. In addition, Leila wants to feel and be seen as any other normal person in society, but instead sees herself as othered and haunted psychologically and emotionally by the label. Similarly a group participant shared, after leaving care *"I became so paranoid, thinking that everyone saw me as an orphan".* Ultimately, such feelings of shame and discrimination can affect their self-esteem and confidence, consequently affecting their ability to form and maintain relevant social relationships.

Hence, It can be argued that that it is not always children and young people who are 'orphans' and therefore vulnerable, but the labeling and associated stereotypes turns their orphanhood into long-term vulnerability. Moreover, although "UNICEF and global partners define an orphan as a child…" UNICEF (2015). These social actors' assumption is that after the age of 18 young people cease to be "orphans". On the contrary, Leila, was 21 and still saw herself as an orphan. The label 'orphan', cannot easily be jettisoned.

Inadequate Independent Living and Life Skills

Majority of the participants expressed shortcomings in life skills and practical skills for independent living. This is what two group participants had to say about these skills. The first male participant shared, *"The first time I touched money was in high school".* Another participant added*, "In the institution cooking, cleaning, washing clothes, was done for by the staff. I had to start all that after I left".* The lack of independent living skills can affect young people's subjectivities and can cause both shame and helplessness for young women whom society expects to at least know how to wash and cook.

There are also people in the community who seem to take advantage of their naivety, and lack of consistent caring relationships after exit. One group participant shared, *"There was this man who used to ask individuals and institutions to send young women who had just left institutions to his company for jobs and scholarships, and he ended up making sexual advances on them".* Such people also take advantage of the fact that most can't report abuse due to low self-esteem. After such abuses their trust in people is often eroded. Some group participants also shared that their first time to touch money was in high school. This inadequacy can be associated with an institutional culture that gives little space for agency and to learn how to make good decisions, which inhibits learning of social conventions. Leila shared, *"I*

was used to being told what to do by the staff in the institution, and now I had to decide what to do, I felt inadequate and I felt like I would make all the wrong choices".

Participants also discussed having challenges interacting with adults in the community. This is attributed to multiple factors; low staff to child ratio, as children in institutions many were deprived of adult relations and hence were hesitant initiating or developing relationships with adults in the community. This was also due to fear of being identified as "orphans". Furthermore it was associated with abuse and a perception that adults were not caring. However, Aluoch who had low self-esteem and relational challenges shows that young people are not just victims. She shared, *"I realized if I don't come out of it, my life would not progress. Hence I started looking for sales and marketing jobs because they involve a lot of talking, and interacting, I make some money but at the same time I feel I have really improved in interactions with all sorts of people".* This shows the self-awareness in her, and also illustrates the determination to negotiate shortcomings that narrow her social capital.

Employment and Relationships

Jobs remained a significant concern for most participants. Although unemployment is generally high in the country, some specific concerns by the young people were the difficulty to find jobs because of inadequate educational levels and most pointed out that that it was difficult because they scarcely knew or had networks beyond the institution that could help them find jobs, even more difficult for them was initiating such networks. This connects to Harpern (2005: 44) argument that at the micro level economic effects of social capital can be summarized in the dictum "it's not what you know, but who you know that counts". On the other side, one staff shared, *"We link them with corporate companies that come to donate in our institution, and some of these companies employ them".* Some institutions also employed some of the young peoples as shared by one participant, *"I did not know anything about job searching, they gave me a job as an untrained teacher in the institution and they paid me to meet my basic needs".* However, Lumumba shared that the relationship was exploitative in some instances, "*They treat me like I owe them for having been raised by them. I am a trained social worker, but they pay me less than the other social workers. I want to move on to another job where I can be treated like any other person".* This network deficit can be attributed to young people's unemployment woes is a shared concern by the staff and young people during the study. They know fewer other people who are at work who can link them to job opportunities.

Deprivation of Gender Networks

Deprivation of interactions with male staff emerged as a concern. All the participants had been brought up in institutions where female caregivers were a majority, hence lacked father figures and male role models. One female participant in the focus group shared, *"In the institution that I grew up we did not have male adult care givers. I was not sure of how to interact with adult men after leaving care I was hesitant and afraid of them*". The same issue was raised by some male group discussants who thought male role models could have been important in their lives. Additionally, some of the institutions were gendered, accommodating only male children. Kamau who grew in a male only institution said, *"Although I feel confident now, after leaving care I was shy and I did not know how to start a conversation with women".*

Similarly, Lumumba said, *I felt uneasy interacting with women, sitting down and starting a conversation was difficult".* Although they seemed to negotiate this challenge after some time, exclusion from interaction with the opposite sex needs more analytical attention because it reduced social capital, deepened othering between the genders, and affected interrelationships.

Constructing their Own Marginalized World or Simply Social Capital?

Williamson and Greenberg (2010:6) have argued that young people from institutions experience challenges constructing and sustaining meaningful relationships after care (Williamson and Greenberg 2010: 6). Even though they experience these challenges, Field (2008: 87) argues that difficulties have a potential to enhance connections predominantly among those socially excluded. Some young in the study, especially those who had no biological relatives seemed to maintain homogenous, networks, opting to live locally close to each other. A group participant shared, "*Some ended up marrying people they grew up with, because they felt that they understood them better, and they shared a lot in common".* Leila shared, *"I am content and comfortable with friends that I grew up with. I scarcely interact with community members because they look at us like aliens".* These networks have relational advantages by providing a sense of belonging and identity. Similarly, some young people draw material advantage from these networks as revealed by Chuchu: "*I see them as my brothers and sisters, and we visit each other and talk about our lives. But they are also very supportive in situations where I don't have money. They can lend it to me, but also when I fall sick they visit me. Some are really close and they even take me to the hospital when I am sick…they are my family".* Zuena, also shared, *"We have formed a chama [meaning a group where they contribute a standard amount of money and in rotational basis give one individual] and often meet to discuss personal issues because most of us stay around the same community".* Nyongesa, who had a casual job offering motivational talks on drug use, said he experienced memory lapses due to drugs. His friend whom he grew up with in the institution, is a work mate and a source of support. He shared, *"he calls me and passes by my house to remind me of the work schedule, and we go together".*

However, some staff saw these homogenous networks as a threat to institutions. One staff shared, *"They have grouped together and often meet to criticize the institutions. They meet and I hear some have formed 'whatsapp' chat groups, where they only complain, some have even threatened to sue us".* However, these networks offer a sense of belonging and identity, and also can be seen as a space for moral support, where young people voice their concerns and frustrations.

On the other hand, predominantly homogenized and condensed relationships can be worrisome (Field 2008: 87, Furlong 2009: 76), because they give little access and space to heterogeneous community networks which could be of benefit. Halpern (2005: 70) adds that having more extensive heterogeneous networks are associated with lower unemployment levels. Hence the integration among young people themselves can mean exclusion from socio-economic benefits of the wider society. Field (2008: 82) also argues that although networks can be used to advance personal interests, the quality of these connections matter. Kamau pointed out, *"It is very hard to rely on fellow mates from my former institution. Most of them are struggling and unemployed…some of my friends are deep into drugs, some have been killed because of getting into robbery and some are living desolate and poor lives".* From the beginning, many young people are socially excluded from economic

opportunities and hence such networks might be of little help, and could even be a source of negative peer pressure. Additionally, this also indicates that to be able to get out or stay out of drugs and other deviant actions they need mentors who can be situated beyond their current networks, who can also help them integrate in the society.

Chapter 7 Redressing the Injustices of Institutionalization

In conclusion, from life stories, I have used a life course approach to examine the ways in which social capital amongst "care leavers" can be both limited and in some cases enhanced by institutionalization as a model of care and protection. I have contested the relations between social actors and children that reinforce their representations as "orphans" or as "care leavers" that impose their own narratives and connotes negative stereotypes. The analysis presented shows social capital in their childhood is not only undermined by childhood vulnerabilities, but also by simplistic interventions by social actors that ignore their agency and address symptoms of these risks and not underlying structural problems through institutionalization.

Having contextualized institutions as a network, institutionalization reinforces othering and exclusion from normative family and community experiences and interactions; consequently these reduce children and young people's social capital. Most relationships within institutions are defined by neglect, abuse, and exploitation. In addition, I have contested the processes and determinants of leaving institutions as simplistic and inadequate not only as markers of exit, but also maturity. Young people's subjectivities, material and relational facets of well-being are significantly ignored in the process. Institutions being an unreliable network after exit, and lacking adequate relational and material support in communities, life becomes even more challenging. Furthermore, young people struggle with independent living and life skills, grapple with negative self-identities, negative stereotypes, issues that adversely affect their coping to community life.

These significant shortcomings in after institutional care lead me to question whether attempts to improve the institutional care model makes substantial sense when the model inherently isolates and denies children and young people normative lives in society, and fundamentally reproduces vulnerabilities it purports to address in children and young people's lives. Instead it seems sensible that a fundamental shift is required. Abuses, neglect and exploitation analyzed in this paper make this a social justice issue. Moreover, social actors, actors are not only accountable to childhood vulnerabilities as a result of institutionalization but also its negative outcomes on young people; the lack of independent living skills, impoverishment, the uprootedness from community networks and relationships detailed in this study.

This being a social justice issue interventions should not be charity framed as they are currently but as mandatory to try and redress their plight. I therefore recommend responses at both micro and macro levels. At the micro-level, there is need to support parent(s) from disadvantaged backgrounds as sources of social capital important for children. Social actors should protect families from vulnerabilities such as poverty and disease, which tend to undermine social relationships, and also protect them from interventions that deplete or ruin their social capital, further predisposing them to vulnerabilities. The UN Guidelines for the Alternative Care of Children, which Kenya has embraced provides clearly that "family is the fundamental group of society and natural environment for the

growth, wellbeing and protection of children (UNICEF 2015). Social actors should provide necessary support to alternative family care models such as kinship care, local adoptions, foster care and guardianship which can enhance and preserve social capital. Models that sustainably provide opportunities for children to achieve full potential and become productive adults, successful parents of consequent generations should be encouraged. Finally, social actors should bridge the gap of blatant neglect of plight of young people. Being young does not mean they have outgrown the need for material and relational support. Mentoring initiatives have been posited as powerful mechanisms for providing access to social capital (Harpern, 2005: 297). These would supplement inadequate or the unavailable relationships of biological families or relatives but also strengthen their sense of belonging and identity. Furthermore, to improve their wellbeing young people need support to address independent living and life skills challenges, as well as livelihoods.

References

Abrams, D. and J. Christian (2007) *Multidisciplinary Handbook of Social Exclusion Ed. by Dominic Abrams, Julie Christian and David Gordon.* Chichester: Wiley.

African Child Policy Forum (2013) 'African Report on Child Well-being 2013: Towards Greater Accountability to Africa's Children', pp. 80-81.

Barn, R. (2010) 'Care Leavers and Social Capital: Understanding and Negotiating and Ethnic Identity'*, Ethnic and Racial Studies* 33(5): 832-850.

Bautista, V., A. Roldan and M. Garces-Bacsal (2001) *Working with Abused Children: From the Lenses of Resilience and Contextualization / Violeta Bautista, Aurorita Roldan and Myra Garces- Bacsal.* Quezon City: Save the Children Sweden and University of the Philippines, Center for Integrative and Development Studies.

Bornstein, E. (2001) 'Child Sponsorship, Evangelism, and Belonging in the Work of World Vision Zimbabwe'*, American Ethnologist* 28(3): 595-622.

Bourdillon, M. and W. Myers (2012) 'Introduction: Development, Children, and Protection'*, Development in Practice* 22(4): 437.

Braitstein, P. (2015) 'Institutional Care of Children in Low-and Middle-Income Settings: Challenging the Conventional Wisdom of Oliver Twist'*, Global Health: Science and Practice* 3(3): 330-332.

Browne, K. (2009) *The Risk of Harm to Young Children in Institutional Care.* London, UK: Save the Children.

Cheney, K. (2015) 'Addicted to Orphans: How the Global Oprhan Industrial Complex Jeorpardises Local Child Protection Systems'. (Final draft accepted for publication in Geographies of children and young people Volume 11: Conflict violence and peace (Springer 2015)

Chiam, H.K. (1993) 'organised by Child Development Centre & Faculty of Medicine, University of Malaya, 19-21 November 1991', Securing our future: Children, Our Future, 19-21 November, 1991. Child Development Centre, University of Malaya with the support of Friedrich Ebert Stiftung pp236.

Cole, A.L. and J.G. Knowles (2001) *Lives in Context: The Art of Life History Research.* Walnut Creek, California: AltaMira Press.

Connolly Baker, K. and N. Mazza (2004) 'The Healing Power of Writing: Applying the expressive/creative Component of Poetry Therapy'*, Journal of Poetry Therapy* 17(3): 141-154.

Cooper, E. (2012) 'Following the Law, but Losing the Spirit of Child Protection in Kenya', *Development in Practice* 22(4): 486-497.

de Milliano, M. and P. Ilze (2014) 'CC-MODA- Cross Country Multiple Overlapping Deprivation Analysis: Analyzing Child Poverty and Deprivation in Sub-Saharan- Africa', No. WP-2014-19. UNICEF Office of Research, Florence: UNICEF.

Engle, P.L., V.K. Groza, C.J. Groark, A. Greenberg, K.M. Bunkers and R.J. Muhamedrahimov (2011) 'VIII. the Situation for Children without Parental Care and Strategies for Policy Change', *Monographs of the Society for Research in Child Development* 76(4): 190-222.

Field, J.E. (2008) *Social Capital: John Field.* (2nd edn) London: Routledge.

Furlong, A. (2009) *Handbook of Youth and Young Adulthood: New Perspectives and Agendas / Ed.d by Andy Furlong.* London: Routledge.

Furstenberg Jr, F.F. and M.E. Hughes (1995) 'Social Capital and Successful Development among at-Risk Youth', *Journal of Marriage and the Family:* 580-592.

Government of Kenya (Last updated 2015) 'Guidelines for the Alternative Family Care of Children in Kenya' (a webpage of Better Care Network). Accessed 4/2 2015 <https://drive.google.com/file/d/0B4A1y230eseYaFRsdUpKWUxoa3M/view>.

Government of Kenya (2001) 'The Children Act 2001'. Laws of Kenya, Republic of Kenya.

Greenberg, A. and J. Williams (Last updated 2015) 'Families Not Orphanages' (a webpage of Better Care Network). Accessed 3/15 2015 <http://www.thinkchildsafe.org/thinkbeforevisiting/resources/Families_Not_Orphanages_J_Williamson.pdf>.

Halpern, D. (2005) *Social Capital: David Halpern.* Cambridge: Polity.

Hiemstra, R. (2001) 'Uses and Benefits of Journal Writing', *New directions for adult and continuing education* 2001(90): 19-26.

Hunt, S. (2005) *The Life Course: A Sociological Introduction.* Basingstoke: Palgrave Macmillan.

Jeffrey, C. and J. Dyson (2008) *Telling Young Lives: Portraits of Global Youth / Edited by Craig Jeffrey and Jane Dyson.* Philadelphia, Pa: Temple University Press.

Jensen, S.Q. (2011) 'Othering, Identity Formation and Agency', *Qualitative studies* 2(2): 63-78.

John, M. (2003) *Children's Rights and Power: Charging Up for a New Century / Mary John*. Vol. 9. New York; London: Jessica Kingsley Publishers.

Kenya Society of Care leavers (KESCA) and Koinonia Old Beneficiaries Association (KOBWA) (2013) 'Kenya Care leavers Conference', pp. 11-12Better Care Network.

Kvale, S., 1938-2008 and S. Brinkmann (2009) *Interviews: Learning the Craft of Qualitative Research Interviewing*. Los Angeles, CA: Sage.

Kwong, J. (2011) 'Education and Identity: The Marginalization of Migrant Youths in Beijing', *Journal of Youth Studies* 14(8): 871-13.

Lee, N. (2001) *Childhood and Society: Growing Up in an Age of Uncertainty*. Bucking ham: Open University Press.

Lister, R., (2004) *Poverty*. Cambridge: Polity.

Manso, F. (2012) 'Preparation for Young People Leaving Care: The Case of SOS Children's Village, Ghana', *Child Care in Practice* 18(4): 341-356.

McCluskey, T. (2010) 'Leaving Care', *Parity* 23(5): 29.

McCreary Center Society (Last updated 2015) 'We all have a Role: Building Social Capital among Youth in Care' (a webpage of McCreary Center Society). Accessed 10/28 2015 <http://www.mcs.bc.ca/pdf/We_All_Have_A_Role.pdf>.

Miller, T., M. Birch, M. Mauthner and J. Jessop (2012) *Ethics in Qualitative Research*. Sage.

Montgomery, H. (2013) *Local Childhoods, Global Issues: Ed. by Heather Montgomery*. Vol. 4. Bristol: Policy Press.

Montgomery, H., R. Burr and M. Woodhead (2003) *Changing Childhoods: Local and Global / Ed. by Heather Montgomery, Rachel Burr and Martin Woodhead*. Vol. bk. 4. Chichester: Wiley.

O'Neill, T. and D. Zinga (2008) *Children's Rights: Multidisciplinary Approaches to Participation and Protection*. London; Toronto: University of Toronto Press.

Park, N. (2004) 'The Role of Subjective Well-being in Positive Youth Development', *The Annals of the American Academy of Political and Social Science* 591(1): 25-39.

Pinheiro S., P. (2006) 'World Report on Violence Against Children 'United Nations- secretary General's Study on Violence Against Children.

Portes, A. (2000) 'Social Capital: Its Origins and Applications in Modern Sociology', *LESSER, Eric L. Knowledge and Social Capital. Boston: Butterworth-Heinemann*: 43-67.

Huijsmans, R., S. George, R. Gigengack and S.J. Evers (2014) 'Theorising Age and Generation in Development: A Relational Approach', *European Journal of Development Research* 26(2): 163-174.

Sabates-Wheeler, R., S. Devereux and A. Hodges (2009) 'Taking the Long View: What does a Child Focus Add to Social Protection?', *IDS Bulletin* 40(1): 109-119.

Save the Children (2007) *Child Rights Programming: How to Apply Rights Based Approaches to Programming- A Handbook for International Save the Children Alliance Members.* (2 edn) London: Save the Children. Accessed 3/23/2015 <http://www.crin.org/docs/PDN%20Ingles%20Final.pdf>.

Shonkoff, J.P., L. Richter, J. van der Gaag and Z.A. Bhutta (2012) 'An Integrated Scientific Framework for Child Survival and Early Childhood Development', *Pediatrics* 129(2): e460-72.

Shonkoff, J.P. and L. Richter (2013) 'The Powerful Reach of Early Childhood Development', 'The Powerful Reach of Early Childhood Development', New York: Oxford University Press.

Siddiqi, A., E. Hertzman, L.G. Irwin and C. Hertzman (2012) 'Early Child Development: A Powerful Equalizer', *Improving equity in health by addressing social determinants*: 115.

Silver, H. (2007) *The Process of Social Exclusion: The Dynamics of an Evolving Concept.* Rhode Island, USA: Department of Sociology Brown University.

Stein, M. (2006) 'Young People Aging Out of Care: The Poverty of Theory', *Children and Youth Services Review* 28(4): 422-434.

Stuckenbruck, D. (2013) 'Advancing the Right of Children Deprived of Parental Care: Domestic Adoption of Children in Kenya -', Masters of Advanced Studies in Children's Rights. Fribourg: Institut Universitaire Kurt Bosch- University of Fribourg.

Suárez-Ortega, M. (2013) 'Performance, Reflexivity, and Learning through Biographical-Narrative Research', *Qualitative Inquiry* 19(3): 189-200.

Sumner, A. (2010) 'Child Poverty, Well-being and Agency: What does a '3-D Well-being' Approach Contribute?', *Journal of International Development* 22(8): 12/15/2014-1064-1075. Wiley online Library. Accessed 12/15/2014 <http://www.chronicpoverty.org/uploads/publication_files/CP_2006_Silver.pdf>.

Tanur, C. (2012) 'Project Lungisela: Supporting Young People Leaving State Care in South Africa', *Child Care in Practice* 18(4): 325-340.

Twum-Danso Imoh, A. and N. Ansell (2014) *Children's Lives in an Era of Children's Rights: The Progress of the Convention on the Rights of the Child in Africa*. New York; London: Routledge, Taylor & Francis Group.

UNAIDS, the Joint United Nations Programme on HIV/AIDS (Last updated 2015) 'Children and AIDS: Fifth Stocktaking Report, 2010' (a webpage of UNAIDS). Accessed 2/21 2015 <http://www.unicef.org/aids/files/ChildrenAndAIDS_Fifth_Stocktaking_Report_2010_EN.pdf>.

UNICEF (2015) 'Resolution Adopted by the General Assembly, Guidelines for the Alternative Care for Children: On the Report of the Third Committee (A/64/434). United Nations Sixty-Fourth Session Agenda Item 64' (a webpage of UNICEF). Accessed 12/15 2014 <http://www.unicef.org/protection/alternative_care_Guidelines-English%282%29.pdf>.

UNICEF (2015) 'Convention on the Rights of the Child' (a webpage of UNICEF). Accessed3/22015 http://www.unicef.org/crc/index_30160.html>.

UNICEF (2015) 'Orphans' (a webpage of UNICEF). Accessed 10/7 2015 <http://www.unicef.org/media/media_45279.html>.

Williams, J, P and J. Njoka (Last updated 2008) (a webpage of Save the Children). Accessed 11/16 2014 http://resourcecenre.savethechildren.se/sites/default/files/documents/6399.pdf>.

Wyn, J. and R. White (1997) *Rethinking Youth*. London: SAGE.

Appendices

Appendix A: Life History Snapshots

Aluoch spent 14 years in an institution. She hardly had much information about her early childhood. She was three or four years old when she was taken to the institution. Rumors had it that she was taken to a children's home after she was found abandoned, together with her only sibling brother. She does not have any other relatives or family members. She has lived in two institutions, she stayed in the first institution for about two to three years before she was taken to the next place as the first one is purported to have lacked funds. Aluoch says what made a difference in her life was that she used to perform well in school. She passed both her primary and secondary examinations and earned a B in her secondary education. She was exited from the institution soon after her high school results were received. The institution asked her to find a hostel and they continued to pay for her university studies. Currently she is doing a business and commerce degree at a local university. The institution supports her education. At the end of the interview she said, "I pray that I will be there for my children because I know what it means to grow up as an orphan. Many times I wished I had my parents…"

Wanja (F) 22 year old

Wanja spent 10 years in an institution. She is the first born in a family of two children. She used to live in the slums of Korogocho and was born to a single mother who died of tuberculosis when she was seven years old. When I asked her what she thought of her she said, "*She was hardworking, caring and loving*". *That's all I can remember*". The death of her mother marked the beginning of her struggles. Her aunt and uncle never wanted to support her and her brother. They suffered physical abuse and were hardly provided food. They were forced to sleep on the floor. Her aunt and uncle were also after her mother's property and the house she owned. When women of stature in the community, referred to as "Wamama wa Kijiji" recognized the children were being abused and neglected, they approached the local chief and advocated that she be placed in an institution. She was separated from her brother who ended up in a different institution. The institution she lived in closed down during her second year in secondary school. Wanja is currently being supported by a Good Samaritan in a local university and is studying social work.

Zuena (F) 21 year old

Zuena spent 14 years in an institution, she spent part of her life in the institution with her brother who was exited earlier because he was older. She was born in a family of six and she is the youngest. Her mother died when she was five years old and her father died later on. After her mother died she could not live with

her father who was a drunkard and abusive and went and lived with her eldest brother. Her eldest brother could not support her and her sibling, because he had his own family to support. Zuena's aunt, who could not support them and worked in an institution, brought them in the institution she worked. She was separated from four other siblings. They were taken to an institution. Asking her how she left care, she said it was a "shock". She was in a boarding school when the institution asked her not to come back to the institution. She was instructed to go and live with her brother who had earlier been exited and being supported by the institution with food and rent. Zuena never proceeded to college after high school. Currently she lives alone and on a short-term contract with an NGO where she facilitates workshops.

Lumumba (M) 34 year's old

Lumumba spent six years in an institution. He was born in a polygamous family. His father had been employed by the government. He was laid off work, he got depressed and started abusing alcohol. He also turned violent and often beat Lumumba and his mother. Talking of his father he said, "he only cared about his chwara", referring to local brew. His mother worked hard to meet the family needs. However, they often went to bed hungry and he even stopped going to school. At the age of 10, to escape hunger and abuse at home, he left to the streets. At the age of 12 he said, "I used to sniff glue, smoke bhang and cigarettes". He narrated harassment and sexual exploitation in the streets by police and older street boys. After four years he was taken to an institution from the streets by an organization. Currently he is a social worker in the institution he grew up in. Asking him what he thought of his life, he said" I wish I had a person who could hold my hand and guide me out of drugs. Drugs have affected me…I have lost job opportunities and failed in relationships because of drugs".

Karanu (M) 23 year old

"*I was born to a single mother in a family of eight…I was taken to an institution because my mother struggled to make ends meet*". Karanu spent nine years in an institution. He was born in the slums of Kibera and he is the only child in the family that was taken to the institution by his mother. Karanu saw this as fate and as a blessing in disguise because none of the other family members had attained the level of education he had received from the institution. He left care at the age of 20 after completing high school and went to live with his mother. Currently he lives alone although he is in frequent contact with his mother and siblings. He is supported in business management studies by the institution. He also said, "my life is better than that of my siblings, they still live in the slums and currently I am not, my education is also better".

Chuchu (F) 25 year old

Chuchu spent 11 years in an institution. She was born in a family of four. She was told by her mother that her father died when she was very young. Her mother had problems with her legs, and due to lack of enough money for care and treatment she succumbed to the illness. However, before her death she took

Chuchu and her three siblings to the institution. Chuchu left the institution in 2012. She completed a diploma in early child development as she worked in the institution. She exudes sheer resilience and determination. After she left care, her grandmother took in two of her relative's children aged nine and three and told her that their mother had died and she could not support them. Besides supporting her niece and nephew she is also supporting two of her siblings who were exited recently from care. Currently she works as a casual teacher and her aspiration is to find a permanent job. Talking about taking care of her siblings and children, *"although I am not well-off I can't take them to an institution. They need love which I don't think they can get in that institution. I know this from my experience of having lived there"*.

Kamau (M) 22 year old

Kamau spent four years in an institution. He grew up in Mathare slum area and used to live with his single mother and aunt. His mother fell sick due to an unknown disease. After she fell sick she quit her job. Her aunt (who was dependent on his mother as well) left them alone. Kamau and his brother often went to bed hungry and could only watch their mother struggle. His mother begged for support around the community from neighbors. At the age five Kamau and his brother decided to leave home to the streets to fend for themselves. In the streets he separated with his brother who was seven years old at the time. After a year he was taken from the streets to an institution by the police. He ended up in a rehab center. Describing the rehab, *"it was a scary place for me, it was like a prison…the place was crowded"*. At the age of eight he was taken to an institution because he was young. After four years he was exited from the institution to live with his grandmother's sister.

Nyongesa (M) 24 year old

Nyongesa spent three years in an institution. He is a sibling to Kamau who is among the participants in the study. As mentioned, he separated with his brother after moving to the streets. He started using drugs at the age of 10. While living in the streets his best experience was learning how to play drum sets. He also shared about the difficulties on the street. There was constant harassment, exploitation and abuse by passersby, older boys and the police. Once he was rounded up by the police and taken to a rehab center. His rehab experience was shrouded with physical abuse from staff and older boys. He was moved from the rehab to an institution where he met Kamau his brother. Life was different from the previous institution, but, *"almost as bad as the streets"*, he said. Children there took drugs and suffered physical abuse from the staff. After three years he was separated from his brother again and taken to a Catholic-run institution. Nyongesa did not attend high school after finishing primary school. He is, however, a talented vocalist, drummer and knows how to disc jockey, which is how he earns extra money. His current job is as a casual trainer in an NGO that runs life skills projects.

Leila (F) 21 years old

Leila is 16 years, and the younger of two siblings. Leila spent 16 years in an institution. Her mother died as a result of an accident in her place of work. After her death they realized that their father had a second wife and a family. He immediately went to live with his other wife abandoning the children despite the children's desire to live with their father. After the owner of the company that had employed Leila's mother received the news that they had been abandoned, he took the children to an institution. Leila, is appreciative of the support she got in the institution but regrets and laments that the institution withdrew her from school when she didn't perform well enough. They cited that she was not determined enough. At 18, she was exited from the institution. She currently lives alone and is enrolled in vocational training college near her residence. After an organization seeking to support orphans came to her school she received an education sponsor. Leila is currently studying medicine in one of the local universities. Although she is still grieved about not finishing high school she told me, *"I am motivated by the fact that they withdrew me from school. I want to prove to the institution that I am not what they thought I was after they removed me from high school". She added, "I won't let my past define me or dictate my future".*

Appendix B: Narratives Interview and FGD Guide

- What was your life like prior to institutional care i.e. when you with parents or guardian (s)?
- How did you end up in the institution?
- What were your experiences in care? (Involvement in care process; social interactions with children, staff, sponsors visitors and community.)
- How were you prepared for exit? (Including the skills, knowledge, educational experiences, and vocational training skills.)
- How was your experience when leaving the institution? (Reflections on the process, experience of change of environment and relationships that facilitated that change from within the institution and outside of the institution.)
- How was life after exiting the institution?
- What were the challenges after institutional care?
- What were the coping mechanisms that you applied to help yourself during after care?