

Exploring young residential care leavers' participation in care leaving decisions in Ghana: An interpretive analysis using Hart's ladder of participation

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ABSTRACT

Each year, a significant number of children transition out of residential care in Ghana into family-based or other viable settings. This transition is often challenging, as care leavers encounter considerable economic, relational, educational, and employment difficulties that affect their well-being and post-care outcomes. In Ghana, inadequate preparation for leaving care, limited aftercare support, and weak welfare systems exacerbate these vulnerabilities compared to care leavers in other countries. Meaningful participation in care leaving planning has been shown globally to strengthen self-efficacy, self-esteem, and young people's sense of agency and improve their wellbeing outside of care. However, little is known about how care leavers in Ghana experience participation in such decisions. This qualitative study explores the involvement of young residential care leavers in decisions about their departure from care, using semi-structured interviews with ten participants and Hart's Ladder of Participation as an analytic lens. The findings indicate that despite Ghana's commitments under the UNCRC and related national policies, care leavers' participatory rights are often neglected in practice. Participants described feeling excluded from key decisions, with their views frequently overlooked or manipulated, positioning them at the lowest levels of the participation ladder. This study highlights the gap between policy and practice and emphasizes the need for more inclusive approaches that recognise care leavers as active partners in planning and decisions around their transition out of care.

1. Introduction

When children are placed in alternative care because their families cannot provide adequate nurturing and protective environments, eventual care leaving and reintegration are key goals of the case plan (UN Guidelines for the Alternative Care of Children, 2009). Residential care, also known as group homes, children's homes or institutional care, provides round-the-clock substitute care for children unable to live with their families (Giraldi et al., 2022), and remains a dominant alternative care model globally (Petrowski, Cappa & Gross, 2017). Care leaving, although varies across countries, typically occurs between ages 16 and 25 when hitherto placed children attain maturity (that is, turn eighteen years) or reach the end of the care plan (Crous et al., 2021; Havlicek & Dworsky, 2021; Sulimani-Aidan, 2014). Care leaving pathways include reunification with family (Díaz-Esterri et al., 2025; van Breda, 2018), independent living (Courtney et al., 2001), adoption, or guardianship (Havlicek & Dworsky, 2021; Testa & Slack, 2002). Fig. 1 Levels of Young People's Participation in Care-Leaving Decision-Making (Adapted from

Hart, 1992).

Young people exiting residential care (care leavers) represent one of the most vulnerable groups in child welfare systems worldwide (Stein, 2012; Stein & Munro, 2008). Although care leaving may offer freedom, autonomy and relief from restrictive institutional rules (Atkinson & Hyde, 2019), care leavers must navigate adulthood with limited support compared to peers who grow up in families (Palmer et al., 2022; Stein, 2012). Many continue to face emotional trauma associated with abuse and neglect before care, inadequate support during care and abrupt transitions afterward, compounded by the absence of structured after-care (Mann-Feder, 2020; Campo & Commerford, 2016; Dinisman et al., 2013; Hyde, 2018; Dixon, 2008; Mendes & Moslehuddin, 2006). Extensive research from the Global North shows that care leavers are at higher risk of homelessness, incarceration, school disengagement, criminal justice involvement, early parenthood, unemployment and NEET status (Font et al., 2021; Mann-Feder, 2020; Campo & Commerford, 2016; Dixon, 2008; Mendes & Moslehuddin, 2006; Stein, 2012; Kääriälä & Hiiilamo, 2017; Mendes & Snow, 2016; García-Quiroga et al.,

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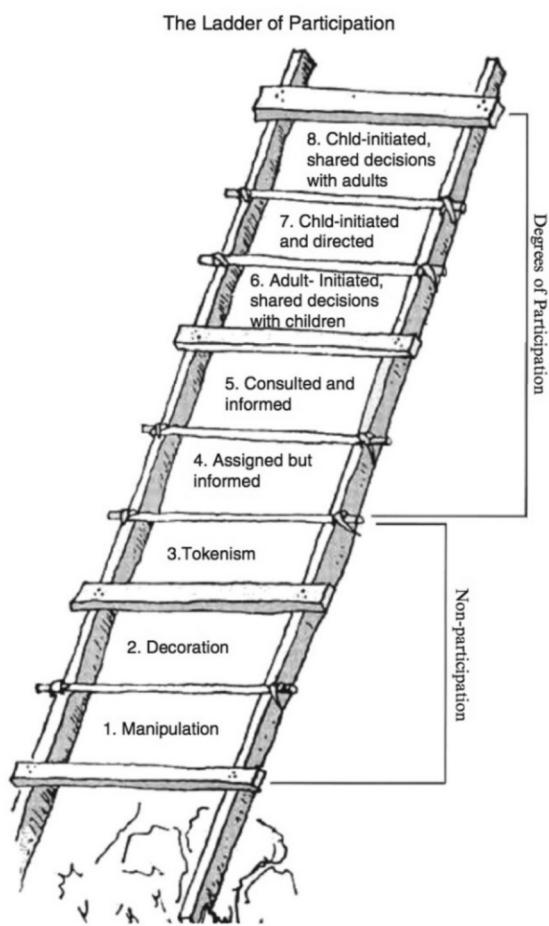


Fig. 1. Hart's ladder of participation.

Source: Children's Participation: From Tokenism to Citizenship (Hart, 1992).

2022; Palmer et al., 2022). Evidence from the Global South, including sub-Saharan Africa, similarly highlights profound vulnerability associated with sudden loss of structure alongside weak social safety nets (Bodiroa & Ross, 2023; Dickens & Marx, 2020; Sekibo, 2019; Diraditsile & Nyadza, 2018; Frimpong-Manso, 2018; Adeboye et al., 2017). Additional challenges linked to cultural norms, birth identity (e.g. birth to a sex worker, HIV/AIDS afflicted parents, or out of wedlock) and placement-related stigma have also been documented (Ibrahim & Howe, 2011; Islam, 2013).

Care leaving coincides with emerging adulthood— a critical developmental period characterized by identity formation, education, career choices, and intimate relationships (Arnett, 2015). In this transitional period care leavers take on adult responsibilities and independence far sooner and with fewer resources, than their peers who grow up in families (Palmer et al., 2022; Stein, 2012), predisposing them to a myriad of psychosocial, economic and relational difficulties (Pepe et al., 2024; Shook et al., 2013).

Agency has long been identified as a key factor in enhancing human well-being, dignity, resilience and enabling control over one's actions and life outcomes (Sen, 1985; Alkire, 2005; Welzel & Inglehart, 2010; Brown & Westaway, 2011; Hojman, & Miranda, 2018). Similarly, recognizing care leavers' agency and centering their voices in care-leaving planning enhances their self-worth, autonomy, confidence and mental wellbeing (Pepe et al., 2024; Ross et al., 2020; Sulimani-Aidan, 2014; Rose et al., 2016) and reduce feelings of helplessness (Skauge et al., 2021; Lee & Berrick, 2014; McDowell, 2013), which in turn improves their post-care outcomes, relationship with practitioners and satisfaction with services (Glynn & Mayock, 2019; Höjer & Sjöblom,

2014; Crowe, 2007). Conversely, exclusion heightens vulnerability and limits independence (McDowell, 2013; Leeson, 2007; van Breda & Frimpong-Manso, 2020), reinforcing feelings of helplessness and low self-esteem (Kaasinen et al., 2022; Bengtsson et al., 2020; Leeson, 2007).

Meanwhile, research consistently shows that children and young people in alternative care arrangements continue to be sidelined when it comes to important decisions around their wellbeing, including care leaving (Bessell, 2011; Bradwell et al., 2011; Freundlich et al., 2007; Saarnik, Sindi & Toros, 2024; Törrönen & Vornanen, 2014; Bockhooven, 2024). When participation is absent, dissatisfaction and disengagement from services become more common (Bessell, 2011).

Participation in child protection, including care leaving processes, is defined as the active involvement of children and young people in decisions that affect their lives, ensuring their voices are heard and considered in planning and policy-making (Skauge, Storhaug, & Martthinsen, 2021; Heimer, Näsman & Palme, 2017). This engagement is not merely consultative but empowers children and adolescents to influence outcomes, fostering a sense of agency and ownership over their circumstances. The UNCRC enshrines children's participation in all matters affecting them, which includes their exit from care (Heimer, Näsman & Palme, 2017; Young et al., 2014; Mason & Bolzan, 2010; Prout, 2000; Healy & Darlington, 2009), yet participation remains inconsistent child welfare settings and countries (Heimer, Näsman & Palme, 2017; Race & Frost, 2022a; Krž & Skivenes, 2017; Welty & Lundy, 2013). In Ghana, childhood norms of deference to adults contribute to limited involvement in decision-making (Twum-Danso, 2009; van Breda & Frimpong-Manso, 2020). Although Ghana was the first to ratify the UNCRC, implementation of participatory rights has been inconsistent and children's expressed views often hold little influence both outside and within child protection realms (Cudjoe, Uggerhøj & Alhassan, 2020; Manful & Manful, 2013; Twum-Danso, 2009). While prior research has explored aftercare experiences, challenges and resilience of care leavers (Frimpong-Manso & Bugyei, 2019; Frimpong-Manso, 2014; Frimpong-Manso, 2017, 2012) and children's participation in child protection meetings while in care (Cudjoe et al., 2020; Salifu-Yendork, 2020), no study to the best of my knowledge— has focused specifically on the care leaving process and the extent to which care leavers are involved in the care leaving planning and decisions. This study therefore addresses this knowledge gap by examining the participation of Ghanaian care leavers in decisions concerning their exit from residential care.

1.1. Overview of child protection and care leaving in Ghana

In Ghana, residential care has historically been the go-to alternative care arrangement for orphaned and vulnerable children, with foster care and adoption less commonly pursued (Mawutor, 2015; Ministry of Gender, Children and Social Protection 2018a). Children often enter residential care due to poverty, orphanhood, maltreatment, child labour, and trafficking (Frimpong-Manso, 2022a; van Breda & Frimpong-Manso, 2020; Frimpong-Manso et al., 2019). Once placed, these children frequently experience reduced contact with birth families and communities of origin, loss of tribal and religious identities and insufficient psychological care (Department of Social Welfare [DSW], 2015). These together with care-related stigma, overcrowding, incidents of maltreatment, over-age placements, rushed care leaving timelines, proliferation of unlicensed children's homes, and recent exposés of corruption within the residential care sector have made institutionalization of children undesirable in Ghana (Frimpong-Manso, 2014; DSW, 2015). As of 2021, there were 139 residential homes for children (locally known as orphanages and children's homes) housing about 3,530 children, with only a fraction (nine) of these institutions formally licensed to operate (DSW, 2015; Ghana Department of Social Welfare and UNICEF, 2021).

In recent years, there have been unprecedented reintegration efforts in Ghana following the Ministry of Gender, Children and Social Protection's (MoGCSP) commitment to reform and streamline residential

care in Ghana, with a focus on kinship-based care (DSW, 2015). These efforts, mandated by the Care Reform Initiative, have resulted in the reintegration of several thousands of formerly placed children and adolescents into family settings and is expected to continue into the foreseeable future, as the MoGCSP aims to close up to 90% of orphans nationwide (Better Care Network, 2021; DSW, 2015). At the end of the first quarter of 2013 alone, 1,577 children were reintegrated with families (Better Care Network, UNICEF, PEPFAR & USAID, 2015).

The standard practice in Ghana is that care-experienced children leave care when they reach eighteen 18, or when the goals of their placement have been achieved (Better Care Network et al., 2015). However, due to the fixed timelines of residential homes and the aggressive reform of the residential care sector, children are being pushed out of care and returned to incapacitated families even when conditions that necessitated their placement persist (Frimpong-Manso, 2022a,b; Amissah, 2021). At the same time, children in residential care are aging out into interdependent living arrangements (van Breda & Frimpong-Manso, 2020; Frimpong-Manso, 2022b).

Ghanaian care leavers face challenges similar to those experienced by care leavers globally regarding unemployment, stigma, discrimination, drug issues, poor education and school retention (Manful, Takyi & Gambrah, 2015; Frimpong-Manso et al., 2019). However, since formal aftercare and other targeted services are unavailable in Ghana, many care leavers are often at the mercy of benevolent family members and neighbours, making them more vulnerable than care leavers in other countries (Frimpong-Manso, 2022b; van Breda & Frimpong-Manso, 2020; Frimpong-Manso, 2014). With global research confirming that when care leaving decisions are made for rather than with care leavers, they are more likely to experience diminished autonomy and self-efficacy, weakened identity development, and disrupted relational continuity- factors shown to increase risks of unemployment, housing instability, psychological distress, and social exclusion, the extent to which Ghanaian care leavers are involved in planning and decisions surrounding their exit from care may impact how well they fare post residential care, and need to be explored.

2. Theoretical framework

This study employs Roger Hart's (1992) Ladder of Participation as a guiding framework to evaluate the extent and quality of care leavers' involvement in planning their transition from residential care. Hart's model conceptualises participation as a continuum spanning eight rungs, from forms of non-participation- manipulation, decoration, and tokenism- to progressively genuine levels of engagement such as consultation, information sharing, and child-initiated shared decision-making (Hart, 1992). The lower rungs signify superficial involvement where young people's inputs are symbolic and lack substantive influence (Križ & Skivenes, 2017), whereas the upper rungs reflect meaningful collaboration and co-production of decisions between adults and young people (Delgado, Carvalho & Alves, 2023).

Although Hart's Ladder (1992) has been criticized for its linear and hierarchical framing of participation (Lundy, 2007; Smith & Thomas, 2010), it remains especially valuable in contexts where participatory practices are minimal or ambiguous, since it provides a practical continuum for distinguishing between tokenistic, consultative, and collaborative forms of engagement. Applying this theory in the Ghanaian child welfare context allows for a clear appraisal of how care leavers' involvement is enacted, perceived, or denied across different decision-making junctures. Further, its visual and categorical simplicity makes it easy to identify and communicate the findings on the levels of care leavers' participation to practitioners and policymakers. It is for these reasons that Hart's ladder is privileged over similar theories in this study.

3. Methodology

3.1. Study design

This study used a phenomenological approach to explore the participatory experiences of care leavers in the care leaving process. This approach was suitable for this study as it informed the use of semi-structured interviews and open-ended questions which allowed for an in-depth exploration of the phenomenon (Creswell & Creswell, 2018; Stebbins, 2001). The use of phenomenology also allowed participants to not only frame the problem but also accentuate how they make sense of and interpret their experiences (Creswell & Creswell, 2018). Given that this present study delves into the experiences of care leavers and takes into consideration their personal experiences and participation in decisions surrounding their care exit, this design is appropriate as it allows for a deep understanding of care leavers world by looking at the interpretations they make of their experiences (Bryman, 2012).

3.2. Sampling techniques and recruitment

A non-probability sampling technique was employed to recruit participants for this study. Participants were purposively selected from the larger population of care leavers in Ghana, on the basis that they fall into the population being studied and can provide information that helps answer the research questions, meet its objectives, and explore the themes that are covered in this study (Bryman, 2012). The inclusion criteria required that care leavers be at least 18 years old, have experienced care for a minimum of two years, and have been out of care for at least one year. Since recruitment was done during the coronavirus pandemic where the global malady distorted access to participants and made cumbersome the process of gaining access cumbersome, it was difficult to touch base with guardians or parents of care leavers younger than 18 for consent to involve their wards in a study. Therefore, the researcher decided to go with persons who are out of care but 18 or above, at the time of the recruitment. The researcher contacted the Department of Social Welfare office in Accra, Ghana as well as other residential homes for children, and obtained a list of care leavers. The list was screened and all persons who had not been committed to alternative child placements were taken out. The remaining persons who fit the study purpose were contacted and sent a Microsoft form to fill in their available dates and times and preferred modes of contact. In the end, 10 persons filled out the form and were selected for the study.

3.3. Profiles of study participants

The study included 10 participants, consisting of 5 males and 5 females, aged between 19 and 21. Each participant had a minimum of 7 years of residential care experience. The participants had been out of care for at least 3 years at the time of the interview and the ages ranged from 14 and 17 years at the time they were leaving care. None of the participants had both parents living. While all of them had lost at least one parent, 2 were biologically orphaned. Nine of them had lost their fathers and either lived with their mothers or relatives, before they were placed in care.

3.4. Data collection and Ethics

In this study, data was gathered through semi-structured interviews, which included open-ended questions, that allowed participants to express themselves in depth and enabled the researcher to probe further for a deeper understanding of their experiences. While all interviews were conducted in English, participants occasionally used the native language, Twi, to emphasize certain points. The researcher, fluent in Twi and other native Ghanaian languages, was able to accurately interpret these contributions. All interviews were conducted independently and lasted 45 min on average.

Data used in this paper was collected as part of the researcher's master's thesis. Ethical clearance was granted by the Research Ethics Committee of the University of Gothenburg (Sweden) and support letter from the Department of Social Welfare, Ghana, was received.

Participants were provided with an information letter, which contained a description of the study objectives and the participants' role in it, as well as a consent form at least one week prior to the interview to ensure they had sufficient time to comprehend the study's purpose and the nature of the questions that would be asked. Informed consent was obtained from participants by having them upload signed consent forms onto an encrypted folder on the Gothenburg University cloud, only accessible by the researcher. They were also informed of their right to withdraw from the study at any time or to refrain from answering any questions that caused discomfort or distress. The researcher emphasized minimizing harm to participants over the pursuit of information, ensuring their well-being was always a priority. To protect participants' identities, pseudonyms were used in the transcripts, and no identifying information was disclosed to any staff members of the organizations from which the participants had previously received care. The researcher avoided using platforms like WhatsApp for data collection due to data privacy concerns, opting instead for direct phone calls, from a private study room at the university, and recordings made with a laptop. Interview recordings, transcripts, and demographic data were securely stored on an encrypted flash drive to maintain confidentiality and privacy, tapes on the laptop were erased entirely.

3.5. Thematic analysis

All interviews were audio-recorded and transcribed verbatim using a denaturalised approach, focusing on participants' meanings rather than detailed linguistic features (Oliver, Serovich, & Mason, 2005). Thematic analysis was conducted following Braun and Clarke's (2006) six-phase procedure, supported by principles of qualitative rigor and reflexivity (Creswell & Poth, 2017; Schwartz-Shea & Yanow, 2012). First, the researcher read all transcripts multiple times for deep familiarisation, making margin notes to capture initial impressions and potential patterns. Coding was abductive in nature; grounded in the participants' narratives yet informed by the research questions and the theoretical lens of Hart's Ladder of Participation (Bradbury-Jones et al., 2014). Open coding was conducted manually in Microsoft Word, where meaningful units were highlighted and initial codes developed line-by-line (Saldaña, 2016). To strengthen credibility, the transcripts were uploaded into Dedoose and re-examined. Codes were then grouped into broader categories through axial coding and refined into final themes in line with the study's aim. Throughout the process, analytic memos were maintained to document interpretive decisions and reflexive insights (Creswell & Poth, 2017). Themes were continually compared against the interview data to ensure they reflected participants' accounts. Illustrative quotations were extracted to demonstrate each theme. This approach ensured that care leavers' voices were central to the interpretation, and that findings meaningfully linked individual experiences to structural and policy contexts. The themes were: care exit reasons and formalities,

4. Findings

4.1. Care exit reasons and formalities

This study found that most participants lacked clear, consistent explanations for their departure from residential care. Three overlapping interpretations emerged: some believed their exit was based on institutional policy, others perceived it as a legal or administrative routine enforced by the Department of Social Welfare, and a few saw it as facilitating reunification with birth families. A majority (six participants) attributed their exit to an official directive.

"They say according to the laws of social welfare, if you are 18 years or

complete JHS, you are no longer supposed to be in residential care. You are supposed to be sent to your family, and they would continue with the care-taking." (Raphael).

Participants explained that leaving care upon reaching the age of majority or completing basic education was described as standard practice at their institutions.

"It is not like they came for me or I was sent away, but that was the rule there that once you complete JHS, you go and live with your family." (Agnes).

However, other participants admitted to limited understanding of the specific reasons or policies governing their care exit.

"I think I heard that they wanted you to be with your family after JHS, but I do not know why. I don't even know about that." (Queenstar).

For some, the stated reasons seemed unconvincing or superficial, raising doubts about whether the exit decisions genuinely considered their circumstances.

"The reason they gave didn't really sound good to me. It is not that I didn't want to leave but the reason they gave didn't make sense. Because, if you say we have to know where we come from, during vacations or when we were on a break from school, we used to go back to our parents so what is the excuse? At least give something better." (Mike).

These accounts reflect a lack of transparent communication and indicate that decisions were made with minimal consultation or explanation, placing participants at the lowest rungs of Hart's Ladder where information is limited or manipulated rather than genuinely shared.

4.2. Participation in the care leaving Decision-Making process

Participants unanimously reported an absence of meaningful involvement in planning their exit from care. None were asked for their input about whether, when, or how they would leave or where they would go. Many described the process as automatic, governed by rigid institutional policy rather than individual needs.

"It was compulsory. I was not involved in any decision or anything of that sort. They just brought some papers for our parents to sign, saying we are non-residential, but I was not actively involved in anything that concerns me leaving the home." (Mike).

Participants emphasized that care leaving was pre-determined and non-negotiable, with no room for individual preference.

"I was not able to give my opinion. It was a policy, not based on one person or that I had done something wrong, so I was being sent back. The decision was made long before I went there." (Meshack).

"They just call your family, and they will come for you. So there, you don't have any say. Whether you want to go or not, you don't have a say." (Pamela).

A few noted that although they were not included in decision-making, staff sometimes attempted to explain the situation only after young people questioned the process.

"No, we were not actually involved in the decision but because some of us it was our desire to still stay on campus, so they had to explain these things to us." (Kwadwo).

Participants consistently expressed a preference for remaining in care longer due to economic hardship and instability in their family homes. They described how premature exit undermined their well-being and sense of security.

"I really think we should have stayed here for a while, because some of us, our people are now picking up; they are now getting jobs and preparing themselves. Yes, so there was no need to rush us out because JHS 3 was too early... you're young, you can't do anything for yourself." (Mike).

"I expected that they would keep me there and, at least, help me because they know my parents can't. So sending you away doesn't help. You are returning to the same hardship; where to sleep, what to eat is a problem, so I had a different plan and didn't want to leave." (Raphael).

Overall, participants' testimonies demonstrate that their participation was superficial or tokenistic at best, aligning with the lower rungs of Hart's Ladder. Their voices were heard only informally, often after exit

arrangements were already finalized.

4.3. Care leaving preparation

Regarding preparation for life after care, all participants reported an absence of formal, structured transitional support. They noted that no systematic training or skill-building activities were offered. A few received only verbal encouragement or minimal tangible items.

"We were given forms to sign that we had been reintegrated, and we were advised and given some words of encouragement by the managing director." (Meshack).

"Initially, they spoke to us that we have to know that we have a family out there and I was given some food and dresses." (Agnes).

Some participants described preparing themselves mentally, drawing lessons from observing older peers who left care before them.

"That's why I told you it looked normal, because I know that after JHS I have to go back to my family, so that idea is already there. Those who were ahead of me, that's the same process they went through so it was something that I already had an idea about." (Jason).

However, despite such informal foreknowledge, participants reflected that these experiences did not equip them for the stark challenges of life after institutional care.

"I think the life outside and life inside here are two different things altogether, so I didn't get that preparation for the life outside." (Jason).

These findings highlight a critical gap between policy expectations of self-reliance and the actual support provided. Consistent with Hart's framework, the lack of meaningful preparatory involvement indicates that care leavers were positioned on the lower, non-participatory rungs, with minimal agency to shape their readiness for post-care life.

5. Discussion

This study's aim was to ascertain the level of participation of Ghanaian care leavers in decisions about their departure from residential care. The findings show a persistent disregard for children's participatory rights as enshrined in established international and national child protection instruments, including the United Nations Convention on the Rights of the Child (United Nations General, 1989), the UN Guidelines for the Alternative Care of Children (United Nations General, 2009), Ghana's Children's Act (1998), the National Plan of Action for Orphaned and Vulnerable Children and the National Standards for Residential Homes for Children (Better Care Network, UNICEF, PEPFAR & USAID, 2015). The uncertainty and lack of clarity surrounding the reasons for leaving care, as narrated by participants, is particularly concerning. Participants were often informed of their exit date only at the point of departure, with minimal or no opportunity to express their wishes or influence the decision, highlighting a fundamental neglect of their agency.

This situation raises important questions about the extent to which children in care are genuinely engaged in broader protective processes, including the formulation and periodic review of care plans, which are explicitly meant to be developed collaboratively with the child (United Nations General Assembly 1989, 2009; Better Care Network, UNICEF, PEPFAR & USAID, 2015). Although the UNCRC upholds the right of the child to express views freely in all matters affecting them, this study reveals that Ghanaian care leavers, many of whom were between 14 and 17 years old and thus developmentally capable of informed participation, were systematically excluded from such processes. Instead, their "participation" was largely limited to passive awareness, consistent with what Hart (1992) describes as decoration or tokenism.

Notably, some participants interpreted their abrupt exit as intended to promote family bonding, yet this rationale contradicts both international norms and local child welfare policies, which stipulate that children should leave care only when placement goals have been fully met or when transitioning to suitable alternative arrangements. From the narratives, it appears that reintegration was treated as a blanket policy

triggered by age or completion of basic education rather than by individual readiness or the condition of the family environment. This practice contravenes the principle of the child's best interests and reflects what Frimpong-Manso (2014, 2020) has described as a disempowering culture for care leavers in Ghana. Similar patterns of premature, poorly planned exits have been observed across sub-Saharan Africa (van Breda & Frimpong-Manso, 2020; Diraditsile & Nyadza, 2018).

The absence of involvement extends beyond care exit to the broader legal and administrative processes surrounding child protection. Existing literature (Leeson, 2007; McDowall, 2013) shows that assumptions about children's capacity to participate can marginalize them further, denying them critical agency at key moments. There is robust evidence that involving care leavers meaningfully in decision-making can mitigate negative outcomes and enhance their well-being (Pepe et al., 2024; Höjer & Sjöblom, 2014; Sulimani-Aidan, 2014). The lack of such engagement in this study signals missed opportunities to equip care leavers with a sense of control and optimism, both of which are pivotal for resilience and successful transition (Butterworth et al., 2016; Cox et al., 2022).

Another dimension revealed by this study is the disconnection between practitioners' intentions and the real experiences of care leavers. While policies mandate reintegration should be carefully planned and involve assessments of the family's ability to provide for returning children, participants' accounts show that they were often reintegrated into economically unstable homes without systematic support. This reinforces previous Ghanaian research (Frimpong-Manso, 2014; van Breda & Frimpong-Manso, 2020), showing that independent living models are ill-suited to contexts where extended family and community support remain essential. The consequence is a heightened risk of poverty, homelessness, exploitation, and care re-entry (Frimpong-Manso, 2014; Kimberlin et al., 2009; Dworsky, 2005). Limited job opportunities further exacerbate these vulnerabilities, driving some care leavers towards hazardous work or risky survival strategies, including transactional sex, as other studies in Ghana and the broader African context have found (Frimpong-Manso, 2022a; Van Breda, 2020; Sekibo, 2019).

Culturally, the limited participation observed mirrors broader societal norms in Ghana, where children are generally expected to be deferential and silent in the presence of adults (Twum-Danso, 2010). This tendency can discourage practitioners from genuinely engaging in collaborative decision-making with children (Cudjoe, Uggerhøj & Alhassan, 2020; Abdullah, Cudjoe & Frederico, 2018). Yet, the research from other countries underscores that when children are meaningfully engaged, they develop stronger self-worth and adaptive capacities (Kaasinens et al., 2022; Glynn & Mayock, 2019; Höjer & Sjöblom, 2014; McDowall, 2013; Leeson, 2007; Crowe, 2007). Contrary to findings from Cudjoe et al. (2020), which suggest some level of consultation during child protection meetings, this study shows that when it comes to care leaving specifically, participation remains practically non-existent. Signing a reintegration form does not equate to meaningful engagement; rather, it exemplifies the symbolic gestures that Hart (1992) critiques as decoration. True participation should go beyond informing children about planned exits to actively seeking their views, respecting their input, and reflecting their preferences in final decisions (Delgado et al., 2023; Young et al., 2014). Therefore, the findings strongly support the need for Ghana's child protection system to shift from superficial compliance to genuine co-production in care planning and exit processes. Such a shift would elevate care leavers' participation from the lowest rungs of Hart's Ladder to higher levels that promote shared decision-making and mutual trust, aligning practice with international standards and improving post-care outcomes.

6. Conclusion and Recommendations

This study concludes that care leavers transitioning from residential care in Ghana face significant barriers to meaningful participation in

decision-making, despite a policy landscape that formally guarantees this right. Using Hart's Ladder of Participation, the study demonstrates that care leavers' involvement remains confined to the lower rungs, reflecting tokenism and superficial gestures rather than genuine consultation or shared power. This gap between policy and practice not only contravenes the UNCRC and Ghana's Children's Act but also has severe implications for the well-being and resilience of care leavers.

The findings underscore the urgent need for both policy reform and practical measures to institutionalize participatory approaches. As a concrete step, Ghana should consider enacting a dedicated Care Leaver Act that specifies the age and conditions under which young people exit care, mandates genuine involvement in decision-making, and guarantees structured aftercare support. Training for social workers and child welfare practitioners should prioritize skills and attitudes that enable collaborative practice, ensuring that children's voices inform every stage of the care continuum.

Future research should explore in depth the perspectives of practitioners and policymakers on barriers to implementing participatory principles and identify contextually appropriate strategies for empowering children in alternative care settings. In addition, studies should examine how care leavers themselves define meaningful participation and what support structures they view as essential for a safe and successful transition to independent or interdependent living.

Promoting authentic participation will align Ghana's practice more closely with the higher rungs of Hart's Ladder, where care leavers are respected as active agents in decisions affecting their lives. This shift is vital to uphold their rights, build their capacity for self-reliance, and break the cycle of vulnerability that so often persists after leaving care.

7. Limitations

There were some limitations to this study. First, while the study represents the views and experiences of ten unique and valuable individuals, accurately drawing attention to the participatory experiences of Ghanaian care leavers, the relatively small number of participants limits the transferability of the findings beyond this group of (residential) care leavers.

Also, the data relies heavily on retrospective accounts of care leavers of their experience with the care leaving process and planning. Therefore, there is the possibility of memory recall bias and reinterpretation over time.

Further, the sample consisted largely of care leavers who were enrolled in higher education. This profile does not necessarily reflect the educational trajectories of most care leavers in Ghana, and thus the findings primarily represent a subset of young people who may have had more favorable post-care opportunities. This is because the residential home from which they transitioned is well-resourced.

Declaration of competing interest

The author declares that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

The data that has been used is confidential.

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