

Facilitating the Transition of Adolescents and Emerging Adults From Care Into Employment in Kampala, Uganda: A Case Study of Uganda Youth Development Link

Emerging Adulthood
2020, Vol. 8(1) 35-44
© 2019 Society for the
Study of Emerging Adulthood
and SAGE Publishing
Article reuse guidelines:
sagepub.com/journals-permissions
DOI: 10.1177/2167696819833592
journals.sagepub.com/home/eax



Paul Mukisa Bukuluki¹, Sarah Kanya¹, Rogers Kasirye²,
and Anna Nabulya²

Abstract

Uganda has an increasing number of vulnerable youth in care who require support to transition into adult life. This article explores the agency enablers and the factors which hinder adolescents and emerging adults transitioning from care to adulthood, with an emphasis on the transition into work taking a case study of the Uganda Youth Development Link. Cross-sectional and case study designs were employed using structured questionnaires, focus group discussions, and in-depth interviews. Results show that care programs helped care leavers gain skills that facilitated self-reliance through employment in the formal sector and self-employment, a savings culture and expansion of social networks. Enablers included the mentors, exchange learning visits, placements with businesses, and positive social support networks. Unaffordable business premises, stigma and discrimination, limited access to credit, and insecurity inhibited successful post care transition. The conclusion emphasizes the importance of agency and structure in the transition out of care in Uganda.

Keywords

transitions to adulthood, positive youth development, employment, child maltreatment/abuse, delinquency, social support, peers, agency, structure

In Africa, and Uganda in particular, there is a general cultural tendency toward a protracted transition to adulthood for young people (Bukuluki, 2010). There is a proverb in one of the main ethnic groups (Baganda) that says, “You are always a child before your parents.” This means that from a cultural perspective and perception of one’s parents, the transition into adulthood and availability of parental support is lifelong. However, orphans and vulnerable children and young people leaving out-of-home care often lack such support and are likely to be in a disadvantageous position compared to their peers (Bukuluki, Rwemisisi, & Mafigiri-Kaawa, 2017; Frimpong-Manso, 2018). Therefore, for this category of young people, support that is received from social services agencies in this transitional phase may be crucial for their successful transition into adult life. Depending on the package and quality of care received, young people may experience and cope with care leaving in different ways.

However, particularly in Uganda, the care leaving experiences, challenges, and enabling factors of young people transitioning from care into adulthood are seldom documented. Little is known about how young people experience

care leaving and how they deal with life challenges such as work, resettling in families and communities, and building relationships and networks. Similarly, little is known about the agency enablers as well as structural constraints adolescents and emerging adults face as they transition from care toward living independent lives.

The overall aim of the article is to explore the agency enablers as well as the factors which hinder adolescents and emerging adults transitioning from care to adulthood, with an emphasis on the transition into work. This article is guided by the social-ecological model that informs Uganda Youth Development Link’s (UYDEL) program. UYDEL aims

¹Department of Social Work and Social Administration, School of Social Sciences, Makerere University, Kampala, Uganda

²Uganda Youth Development Link, Kampala, Uganda

Corresponding Author:

Paul Mukisa Bukuluki, PhD, Department of Social Work and Social Administration, School of Social Sciences, Makerere University, Kampala, Uganda.

Email: pbukuluki@gmail.com

at facilitating young people to attain agency and makes deliberate efforts to work with stakeholders to address the structural issues in the social environment. We intend through this article to contribute to bridging the information gap because there appears to be limited research on leaving care in Africa (Pinker, 2011).

The Ugandan Context

Uganda ranked 161/186 in the 2012 United Nations Human Development Index and has one of the fastest growing populations in Africa, with an annual population growth rate 3.2% (Uganda Bureau of Statistics [UBOS] & ICF, 2018). Youth (aged 12–30) constitute almost 80% of Uganda's 34.6 million citizens (UBOS, 2016). The National Youth Policy (Ministry of Gender, Labour and Social Development, 2001) cites the lack of employable skills and focus of existing programs on the informal sector and agriculture as two of the main causes of youths' inability to live independent and self-sustaining adult lives (Ministry of Gender, Labour and Social Development, 2001, 2011).

The vulnerability of young people has also been heightened by orphanhood that has been largely influenced by AIDS and armed conflict, which have characterized Uganda for the last two and half decades. Uganda has an estimated 2 million orphans (Wylde, Ssewankambo, & Baryabanoha, 2012). It has been affected by several civil armed conflicts, particularly the Lord's Resistance Army and also the civil conflict in Karamoja, linked to cattle raids and access to illegal firearms, which led to high levels of displacement and disruption of livelihoods (Government of Uganda, 2007).

Uganda has witnessed an increase in the numbers of children and young people living on the street, who are susceptible to sexual violence, transactional sex, and substance abuse (Fallon, 2014; International Centre for Research on Women, 2017). Uganda has also witnessed increasing rural–urban migration of children, including unaccompanied children, from impoverished and postconflict areas including Lango and Karamoja. Adolescent childbearing stands at 25% of adolescents aged 15–19, and teenage pregnancy contributes to the country's high rate of maternal deaths, with a pregnancy-related mortality ratio of 368 deaths per 100,000 live births (UBOS & ICF, 2018). An estimated 40,000–50,000 children in Uganda are living in residential care facilities, two thirds of whom have been victims of abuse and exploitation (Measure Evaluation, 2018).

Uganda has made commendable progress in establishing laws and policies geared toward child protection; however, it is characterized as a law- and policy-burdened country because it has significant institutional and structural bottlenecks to their effective implementation (McLean & Bukuluki, 2016).

UYDEL Model of Care

UYDEL is one of the nongovernmental organizations working in partnership with the Government of Uganda and other stakeholders to advocate for the rights of vulnerable children and

young people. The major reasons for coming into UYDEL's care include seeking temporary shelter, stigma and discrimination, lack of employable skills, and limited market linkages and job opportunities. Some are tired of engaging in indecent and illegal work, exploitative labor, and prostitution for survival.

Both female and male adolescents and emerging adults can stay in the residential program for 6–12 months, where they are provided with temporary shelter. During this time, they are enrolled into socioeconomic interventions including vocational skills training, business skills training, entrepreneurship and financial literacy training, and saving groups formation and are supported with income generating activities. While at UYDEL transitional shelter, residents can attain vocational training skills in plumbing, electronics, motorbike mechanics, catering and baking, hairdressing, tailoring, knitting and sweater making, welding, jewelry, bags, shoes, and crafts. Relationships are also created with the private sector to link them to market-oriented jobs and internship placements. With the support of the families and communities, they are linked to community mentors who are well established with local businesses to provide mentorship. These are complemented with life skills and behavioral change sessions to address the myths, mind-set, and positive assets needed to build resilience.

UYDEL developed a model based on recognition that the adolescent transition is a high-risk period that predisposes them to high-risk behavior, usually triggered by peer influence and lack of a social support system, given that many vulnerable adolescents and emerging adults are living outside a secure family support system. The UYDEL interventions are designed based on sociobehavioral models, strength-based approaches, and the social–ecological model to address the individual and structural factors that affect emerging adults from successfully transitioning in adulthood. The main elements of the model include the following:

- Building economic capital: The UYDEL recovery and reintegration intervention includes provision of livelihood skills to adolescents and emerging adults through vocational skills training, business skills development, financial literacy training, and promotion of village savings and loans schemes.
- Building human capital: The UYDEL interventions aim at building the individual skills of adolescents and emerging adults through training in life skills to help them identify risk factors and support them to develop positive assets. UYDEL provides psychosocial care and support, including temporary shelter, to enable them to deal with the multiple adversities and build their resilience.
- Building health capital: The UYDEL interventions are aimed at supporting emerging adults to develop positive health-seeking behaviors, attitude change, and acquiring knowledge about their sexual and reproductive health rights. This involves linkage and referral to health services, social norms change, and community sensitization.
- Building social capital: The UYDEL interventions aim at supporting emerging adults to develop their

interpersonal and social skills through reconstruction of positive peer support groups, provision of psychosocial support, and strengthening the family social support systems.

The emerging adults are able to stay in the UYDEL's care, recovery, and reintegration program for a period of 6–12 months before reintegration back into their communities either to stay with a family member/guardian and/or to be supported to live independently. The UYDEL social workers conduct follow-up visits for a period of 1–2 years, and within these follow-up visits, they provide mentorship and psychosocial support, strengthen the peer support and social support networks, and provide a resettlement start-up kit to enable care leavers deal with the challenges they are faced with during the transition.

Method

Research Design

A mixed-methods (Creswell & Plano-Clark, 2011; Schoonenboom & Johnson, 2017) cross-sectional and case study design (Baxter & Jack, 2008) was conducted. A cross-sectional mixed-methods design was appropriate for this study because it involves looking at people who differ on one key characteristic at one specific point in time. It allows researchers to look at numerous characteristics at once (age, income, gender). In addition, a case study design was used to allow an in-depth exploration of how young people transition from care to adulthood. UYDEL Care Program was selected to give a clear picture of care leavers transitioning into adulthood.

Semistructured questionnaires, focus group discussions (FGDs), and in-depth interviews (IDIs) were employed, targeting “emerging adults” who graduated from UYDEL between 2015 and 2016. The quantitative approach was used to elicit data about the number of emerging adults enrolled into the UYDEL Care Program and their perception of how they benefited from the program. The qualitative approach was valuable because it provided in-depth information about how the emerging adults experienced care leaving or post care and how they used the agency and networks gained during the care and support process.

Area of Study

The study was undertaken with emerging adults in selected areas in Kampala (capital city of Uganda), Makindye, Rubaga, Nakawa, and Central Divisions and Wakiso districts in central Uganda, included Busukuma and Nangabo subcounties. All these were selected because they are among the most highly urbanized areas in Uganda, with a high population of youths and urban settlements.

Study Population

The study population constituted approximately 500 adolescents and emerging adults who were enrolled in the UYDEL

rehabilitation and transitional shelter in the Kampala and Wakiso Districts of Uganda and who had graduated between August 1, 2015, and August 1, 2016. Their ages ranged between 14 and 25 years.

Study Sample

A total of 256 adolescents and emerging adults were selected randomly using systematic sampling and contacted to participate in the study. The sample constituted 88 (34%) male and 168 (66%) females. In addition, a total of five FGDs were conducted with 10–12 participants each, and 10 participants were purposively selected to participate IDIs. They were purposively selected based on particular characteristics (agency or lack of it, unique family situations, and experiences with being in work after leaving care) and their willingness to participate in the FGDs and IDIs. The participants were recruited on the basis that they were young people who had been reintegrated back into their communities.

Data Collection

A survey was conducted among the entire sample, using a structured questionnaire to collect quantitative data. The qualitative methods of data collection included FGDs and IDIs with subsamples of participants. An interview guide and FGD guide were used to elicit data. The purpose of FGDs was to explore the general opinions and experiences of care leavers of the support provided by UYDEL and how it was perceived to influence their transition into adult life. The IDIs were used to explore specific experiences and the perceptions of participants of factors influencing care leaving and transition into adult life. Qualitative methods enabled collecting of in-depth information on the context, meaning, and perceptions (Baxter & Jack, 2008) of care leaving. The study team piloted tested the data collection tools and made the necessary adjustments. Interviews were conducted in Luganda, the major local language in the study areas.

Data Collection Procedure

The data collection team included UYDEL social workers, volunteers, and student interns who were working with the adolescents and emerging adults. The team retrieved all the phone contacts and home visits reports for each of the individuals who had left UYDEL in the designated study period and used this information to invite them to participate in the study. A trained project coordinator was in charge of the data collection team and chaired debrief meetings with the data collectors at the end of each day to review the questionnaires and record any incidents or events occurring during data collection.

Data Processing and Analysis

SPSS software was used to analyze the quantitative data and to run frequencies and cross tabulations. Some of the data were exported to Excel to develop graphs and pie charts.

Table 1. Age-Group.

Age-Group	Gender	
	Male (N)	Female (N)
14–19	42	93
20–25	46	75
Total	88	168

Qualitative data from the FGDs and IDIs were analyzed manually. The initial analysis started during the debrief sessions done during fieldwork to identify the key emerging issues (Crang & Cook, 2007). More systematic thematic analysis was conducted after the transcripts had been translated from Luganda into English. Data were organized under the codes, categories, and themes (Braun & Clarke, 2006) related to care leaving processes and experiences; perceived benefits of care leavers from UYDEL care and support programs; beneficiaries' use of their agency, skills, competencies, and networks gained during the care; and structural challenges care leavers encounter while transitioning from care. From the thematic analysis, data under each theme were synthesized to draw implications and meaning of the data in relation to the objectives (Braun & Clarke, 2006).

Ethical Considerations

Verbal informed consent was sought from all the study participants, and voluntary participation and confidentiality were emphasized in the data collectors' training and during fieldwork and post-fieldwork activities (Dundon & Ryan, 2009). Pseudonyms are used in reporting participant quotations. The younger participants in the study (14–17 years) were treated as emancipated minors and provided their own consent for participation. We followed the ethics guidelines developed by the Uganda National Council of Science and Technology, which regulates all studies conducted in Uganda.

Results

Social Demographic Characteristics

Two hundred and fifty-six adolescents and emerging adults participated in the study. Two thirds (65.5%) were females, while a third (34.4%) were males. The mean age was 19.5 years (Table 1). More than half of the emerging adults (54%) had attained primary education; a considerable proportion (41%) had attained secondary, while a small proportion had no formal education.

Post Care Duration

The study intended to find out the period which participants spent out of the UYDEL Care Program (Table 2). More than three quarters (85%) of the participants in this study had lived out of UYDEL for a period of 3–6 months, with only 6%

Table 2. Post Care Duration.

Time Lived Out of UYDEL Care Programme	Frequency (N)	%
Less than 3 months	23	9.0
3–6 months	218	85.2
7–12 months	15	5.9
Total	256	100

Table 3. Perceived Social Well-Being.

How Is Life After UYDEL	Frequency (N)	%
Very good	13	5.3
Good	148	60.4
Fair	78	31.8
Bad	6	2.44
Missing data	11	4.3
Total	256	100

Table 4. Support Received From Parents/Guardians.

Support received from parent (s) or guardian	Frequency (N)	%
Any support from your parent(s) or guardian?		
Yes	162	63.3
No	94	36.7
Total	256	100
If Yes Which Kind of Support		
Financial	70	43.2
Emotional	92	56.7
Total	162	100

having spent more than 6 months in post care indicating that the majority were in their early stages of care leaving.

Perceived Social Well-Being

The participants were asked about their social well-being after graduating from UYDEL Care and Support Programs (Table 3). Close to two thirds of participants (60.4%) perceived their social well-being after leaving UYDEL to be good, while only 5.3% perceived it to be very good. On the other hand, a third (31.8%) perceived it to be fair. This can be interpreted to mean that they are starting to cope with the demands/needs placed upon them after leaving UYDEL and are engaged in the process of transitioning from care into adult life. A handful of participants (2.4%) felt that their social well-being was bad.

Support Received From Parents/Guardians

The study sought to find out what support participants received from their parents and guardians (Table 4). Receiving support was perceived to be a positive resource in coping after care leaving. Two thirds of participants (63.3%) had received support from their parents or guardian. The type of support received varied, with just under half reporting receiving financial support (43.2%) and over half receiving emotional support

Table 5. Employment/Business Skills.

What Are You Currently Doing?	Gender	
	Male (%)	Female (%)
Employed	46.6	44
Self-employed	15.9	22
Still job hunting	36.3	33.3
Peasants	1.1	1.1
Total	100	100
Nature of Employment	Frequency (n)	%
Formal	40	15.6
Informal	127	49.6
None of above	89	34.8
Total	256	100
Employment Is It In Line With Skills Acquired	Frequency (n)	(%)
Yes	141	55.1
No	115	44.9
Total	256	100

(56.7%). Similarly, findings from the IDIs reveal that some participants received various forms of support from their parents/guardians, friends, people of close relations (boy/girl-friends), and spouses. For example, one of the girls reported that she obtained help from her mother as well as her boyfriend:

My mother bought me a knitting machine 3 months after I left UYDEL and I started my business from the home veranda. I do not pay rent, but I wake up very early in the morning and set up my knitting machine and wait for customers. My boyfriend also supports me with the business as he is good with art and design and he helps with the branding and marketing of my products. (IDI, Resty, 18 years)

Employment/Business Skills

The study sought to find out the kind of employment or business skills in which the youths participated. The participants were involved in various employment and business skills (Table 5). Fewer than half the participants were employed (46.6% of males and 44% of females), while some were self-employed (15.9% of males and 22% of females). Half (49.6%) were employed in the informal sector. More than half of those employed (55.1%) had jobs that were in line with the skills attained while at UYDEL.

Skills Attained Through the Training Received at UYDEL

The study intended to find out the specific skills attained by participants through the training they received at UYDEL (Table 6). Results show that nearly two thirds (61.7%) attained skills in hairdressing, and most were females. Seventy had attained skills in electronics, most of whom were males.

Table 6. Skills Attained by Beneficiaries at Uganda Youth Development Link.

Skills Attained by Youths	Gender	
	Male (N)	Female (N)
Building	3	0
Catering	3	1
Electronics	65	5
Hairdressing	5	153
Motorbike mechanics	7	0
Plumbing	1	0
Tailoring	1	9
Welding	3	0
Total	88	168

Table 7. Savings.

Questions and Answers	Frequency (N)	%
Are you saving some part of your income?		
Yes	162	63.3
No	94	36.7
Total	256	100
How do you save the income obtained from the business?		
Bank	25	9.8
Microfinance	5	2.0
Informal saving groups	27	10.5
Self (saving box)	85	33.2
Other	114	44.6
Total	256	100
How much do you save every month?		
Less than Shillings (SHS) 5,000	10	3.9
5,000–15,000	42	16.4
15,001–25,000	48	18.8
25,001–35,000	9	3.5
35,001–45,000	11	4.3
45,000–55,000	17	6.6
More than SHS 55,000	31	12.1
Missing data	88	34.4
Total	256	100

IDIs also revealed that some females are involved in male-dominated jobs:

I am very happy being a girl who is undertaking a job culturally designed for males [specify the job Janet was doing]. It’s not been easy. Some of my workmates do not like the fact that I was offered this job and am getting a lot of attention from my supervisors in terms of additional training to make me better at my skill. They feel threatened by a young girl who is undertaking masculine jobs and who is liked my many. (IDI, Janet, 18 years)

Methods of Saving Money

Savings are means for financial sustainability and investment (Table 7). Nearly two thirds (63.3%) of the care leavers were engaged in saving money. The strategies for saving money varied. A third used self (savings box; 33.2%), while smaller

numbers used informal saving groups (10.5%) or banks (9.8%), and almost half used other unspecified means (44.6%). A third of the participants (35%) saved between 5,000 and 25,000 Ugandan shilling (Ug.sh; 1.4–7 U.S. dollar) a month. However, 12% saved more than Ug.sh 55,000 (15 U.S. dollar) every month.

Qualitative findings reveal that some of the participants used different ways to save, including using Mobile Money Services of telecommunication companies.

I save part of my income I earn via mobile money and monthly I am able to save 50,000 to 100,000 Ug.shs [14–28 USD] and I would like to use my savings to start up my own salon and avail it with everything needed in it. (FGD, Sheddy, 23 years)

Factors Facilitating Successful Care Leaving

Several facilitating factors were articulated by the participants. These are reported mostly through qualitative data. These include acquisition of vocational/business and entrepreneurial skills, livelihood skills, start-up and resettlement kits, support from family and community, and peer support and mentorship groups.

Acquisition of vocational/business and entrepreneurial skills. The acquisition of vocational/business and entrepreneurial skills at UYDEL was perceived as an important factor in enabling participants to sustain their lives. Acquiring practical skills was perceived to have helped them gain self-confidence and self-worth to engage in both the formal and informal sector activities and to start up their own businesses.

I joined UYDEL when my life was so prone to social and economic upheavals. I was recruited by the UYDEL Centre to undertake hair-dressing skill. I was well equipped with skills and experience in bookkeeping, customer handling, hairstyles based on new trends and fashions. I managed to start up my own saloon and was motivated by my earlier customers who believed in me. On a good working day, I earn a pay of 15,000 Ug.shs (4 USD), and I am able to take care of my basic needs at home to train some of my peers. (FGD, Hajati, 22 years)

Livelihood skills. The findings also revealed that participants were exposed to several skills related to sexual, reproductive health, and rights, such as family planning and HIV Counseling and Testing, in addition to other livelihood skills, such as dreadlocks making, liquid soap making, shampoo, and conditioner making. This helped them to earn extra income. For example, one of the girls reported that she was linked to an active salon by UYDEL. She gets two to four clients a week and earns 30,000–70,000 Ug.sh (15–25 U.S. dollar) per day. Her life has been transformed and the condition of living for her and family improved. She has worked for more than a year and saves 100,000 Ug.sh (35 U.S. dollar) per month which has accumulated to 1,150,000/= (about 315 U.S. dollar). She plans to use this money to start up her own salon.

Table 8. The Number of Participants Who Received Start-Up Kits by Category of Skills Acquired.

Skills for Start-Up Kits Given	Number of Youths	%
Electronics	21	8.75
Hairdressing	210	87.5
Motorbike	5	2
Catering	4	1.6
Total	240	100

Start-up kits. Participants perceived the start-up and resettlement kits given to them after completion of vocational skills training and internship placement as useful in facilitating their transition to adult life after UYDEL. These kits enable them start up their own livelihood activities. For example, participants with interest in motorbikes were given a toolbox with the basic equipment they need to start work in their communities, while those in electronics were also given the basic tool kits linked to their work. Those involved in hairdressing were given hair-dryers, oils, braids, and combs, and for some unique cases, UYDEL would pay for the trading license for the place of operation and rent for the first 3 months.

Table 8 shows that 16 participants (the difference between 256 and 240) did not receive the start-up kits. Social workers had assessed them and found that their parents had already given the participants these necessities.

Family and community support. The family and community support was perceived as a key factor in successful care leaving. A considerable proportion of participants (41.8%) reported the existence of a trusted member in their families/community during care and after their reintegration. Although this is encouraging, it suggests that majority of the young people did not enjoy family support, yet supportive family relations were perceived to be associated with emotional stability and resilience after leaving care.

Similarly, participants underscored the role of family support in facilitating successful care leaving experiences. They demonstrated how family support can facilitate agency by encouraging care leavers to act on the knowledge and skills acquired to exploit their potential.

My Auntie visited our home, and saw me doing hair of one of the customers; she talked to me about where and when I had learnt such a skill. I shared with her about my dream of at least starting my own salon. She believed that I could do this and this encouraged me a lot. She even started a saloon and asked me to work for her. At the salon, I am the manager and take care of all the business matters. (IDI, Bezo 22 years)

I always cried whenever I could not find work to do, but later I realized that I have to work a lot because I knew most of the hair styles. My mother encouraged me and was happy with what I could do. She always supports me and when I have enough money, I am happy to share it with my family. (IDI, Bella, 19 years)

Peer support and mentorship groups. IDIs reveal the salience of positive peer support in facilitating coping with care leaving and transitioning into adult life. This, coupled with continued mentorship and networking, was perceived as a resource.

I got very many friends whom we had studied with. We decided to work together. Whenever one person got work to do, she could invite us to work together and share the profits. This kept us moving for some time. I found a job and I get some small money that can cater for my basic needs and also take care of my child's needs. (IDI, Chocolate, 19 years)

I had no money to start my own salon after the training and my father was certain that I was a failure in life. I decided to make more friends whom we had trained with in hairdressing at the center. I also joined the peer education team and I learnt a lot from my friends. It was not easy for me to find a job for a period of 2 months but we decided to always work together to perfect our skills. (IDI, Bezo, 22 years)

Peer education proved to be a significant enabling factor for carrying out business. Through peer education, most participants were empowered to start business on their own and they were able to start employing other young people. In addition, some participants are supporting their siblings by buying scholastic materials.

I have made many savings that I started another business where I employ other young people. I have also started lending money to my friends such that they get what to do. I also continue with my peer education work and many young people see me as their role model. My father now believes in me and I support some of the scholastic needs of my young siblings. (FGD, Bella, 22 years)

Constraints to Successful Care Leaving

Several constraints were identified that affect participants' transition into adult life, especially in relation to starting and sustaining livelihoods. Particularly in relation to starting small-scale micro enterprises, participants experienced a range of structural constraints, including inadequate capital (55.3%) and high rental costs for business premises (15%), lack of business premises (6.3%), lack of access to credit facilities (3%), ever-increasing competition in business (3.7%), and the high interest rates on loans (1.7%).

The IDIs also revealed that losing relatives or becoming an orphan made their lives difficult, and some had to even quit their jobs. Other participants reported the burden of care for their sick parents forced them to quit their jobs.

Our mother got really sick forcing me to quit work and care for her. Unfortunately, she did not survive. After my mother passing on, my brother advised me to utilize the skills I had to cater for my needs because he claimed that I had grown up and could be able to meet my basic needs. (FGD, Genavive, 19 years)

This is a clear indication that the burden of care for the sick and ailing relatives or guardians can negatively affect the

coping capacities of care leavers and affect their transition from care into work and self-sustenance.

The participants further raised challenges related to uncertainty about the future. Some were not certain about life after leaving UYDEL. They had fears and insecurity especially in relation to losing friends whom they had while at UYDEL.

My life has not been an easy one! After graduation, I was not sure about what to expect and especially feared a lot leaving the UYDEL center. I did not want to lose the friends I had already because I was not really good at making new friends. Actually, I was really shy when with other people. I was sad that I was to find other friends and also had to look for a job to cater for my needs. (FGD, Lucy, 19 years)

Other participants were considered to be too young to carry out some businesses and people would look down upon them and were consequently stigmatized.

Being a young girl who is making a lot of progress in my business, comes with some difficulties as some people in the community still do not believe in my potential and are always finding ways to destroy and or compete with me but I do not care about them and I see these challenges as opportunities to make me better. (IDI, Resty, 18 years)

Overall, several individual and environmental (structural) factors interacted to influence the care leaving experiences of adolescents and emerging adults who had graduated from UYDEL Care and Support Programs. Family and community support, acquisition of livelihood skills and start-up capital and kits, peer support, mentorship and coaching, supportive social environment, and linkages with other available resource systems were critical factors in facilitating successful care leaving experiences.

Limitations

This study was conducted among care leavers who underwent the UYDEL program. It does not include beneficiaries from other nongovernment organizations. However, it helps to shed light on the experiences of care leavers who may have similar experiences to those of UYDEL care leavers, in transitioning from care into work and adult life. We also focused more on the transition into employment, given that this is what most of the participants in the study reported to be the best approach for their reintegration yet there are some who have also gone back to formal school and are also successfully reintegrated.

Translation of interviews and FGDs from Luganda to English may be a limitation because some meaning was lost in the translation. However, we made efforts to back translate the transcripts to minimize this loss.

Discussion and Conclusion

Care leaving for emerging adults is a complex process, particularly for vulnerable groups of adolescents whose needs have

been neglected by their biological parents and relatives (Mendes & Snow, 2016). This is more so in low-resource settings, where investment in care and the quality of care is wanting. In many under-resourced countries, such as Uganda, although several laws and policies exist that should ideally serve as building blocks for improving the quality of care during care and facilitate care leaving processes post care, their enforcement is limited due to several structural issues. These include limited availability and competence of human resources, funding limitations, and stewardship and coordination challenges among the key stakeholders (McLean & Bukuluki, 2016; Van-Breda & Dickens, 2016).

Nevertheless, this study indicates that many UYDEL care leavers do transition successfully into employment in both the formal and informal sectors. For example, more than half (66%) of the care leavers are employed either in the formal or informal sectors. This exceeds the employment rates of care leavers in other countries (Child Welfare Information Gateway, 2013), including South Africa (Dickens, 2017).

The study has revealed the resources inherent in the exercise of agency among young people leaving care (Carr & McAlister, 2016). This agency was further enhanced through several agency enablers that are part of the UYDEL care and support model that also extended into the post care period of care leavers. These included existence of mentors and an adult to give guidance and continuous mentorship, conducting of exchange learning visits to established businesses, creation of contract with the formal and informal business sector, and signing of memorandums of understanding with existing business for internship placement and employment and existence of positive peer and social support networks (Mendes, Snow, & Baidawi, 2016).

A combination of rehabilitation (psychosocial support) in a safe environment and provision of life skills and vocational training is helpful in facilitating positive care leaving experiences and self-sustenance through finding work/employment. This was further complemented by positive and supportive family and social environments, peer support networks, and positive role models (Mendes et al., 2016) that facilitated young people to exercise their agency (see also Van-Breda & Dickens, 2016).

This study has also demonstrated that several factors hinder young people's transition from care to independent or self-sustaining livelihoods. These include lack of capital to start up a business, lack of affordable business premises, lack of access to credit facilities, the high interest rates on loans, discrimination, limited family support, and insecurity associated with slum areas (Van-Breda, 2016; Van-Breda & Dickens, 2016; Walakira, Dumba-Nyanzi, & Luwangula, 2016). Others include involvement of some youth in looking after their sick parents or loss of parents who would have supported them more so in countries affected by HIV/AIDS (Uganda AIDS Commission, 2014; Van-Breda & Dickens, 2016). These structural hindrances influence care leavers' effective transition to sustainable livelihood options after leaving care (MacDonald, Ellem, & Wilson, 2016). This suggests that empowering care

leavers with vocational skills and providing psychosocial support/rehabilitation need to be complemented by transformative approaches that address the structural issues (MacDonald et al., 2016; McLean & Bukuluki, 2016), which affect the agency of young people leaving care to make optimal use of the skills and resources gained.

This clearly shows the interplay between structure and agency as young people negotiate their pathways from care and support programs to transition in adult life during the post care period (Atwool, 2016; Van-Breda, 2016). This also points to need for systematic rather than ad hoc follow-up interventions for care leavers to understand their challenges in post care and support them in the process of transitioning into adult life (Mendes, 2007). The goal of post care interventions for care leavers should be geared toward enabling and consolidating agency of care leavers and creating an enabling environment for care leavers to transition into work and adult life. As argued by Van-Breda (2016), there is need for care leaving research to give more critical reflection and analysis on the contributions of agency and structure to the successful transition out of care and into independent living and sustainable livelihoods for emerging adults. Particularly useful is for scholars, practitioners, and policy makers to pay attention to both agency and structure, and how these two constructs interact with each other to influence care leaving and post care (Van-Breda, 2016).

The UYDEL case study has demonstrated that a combination of rehabilitation (psychosocial support) in a safe environment, the provision of life skills and vocational training, and the availability of aftercare support (e.g., start-up kits) is helpful in facilitating positive care leaving experiences and self-sustenance through youth successfully engaging into the world of work. However, it needs to be complemented by transformative approaches that address the structural issues at the macro level (Van-Breda, 2016), which affect the ability of care leavers to positively exercise their agency in transitioning to adult life. We recommend that in policy and programming interventions for adolescents and care leavers, the interplay between agency and structure needs to be given optimal consideration but tailored to the context of a given country or locality.

Acknowledgment

We thank all our care leavers who participated in the study for their willingness to share information with us about their care leaving experiences and transition into adulthood. We also thank the staff of Uganda Youth Development Link and volunteers who participated in the data collection processes.

Author Contributions

Paul Mukisa Bukuluki contributed to conception, design, acquisition, analysis, and interpretation; drafted the manuscript; critically revised the manuscript; gave final approval; and agrees to be accountable for all aspects of work ensuring integrity and accuracy. Sarah Kamyia contributed to conception and interpretation, drafted the manuscript, critically revised the manuscript, gave final approval, and agrees to be accountable for all aspects of work ensuring integrity and accuracy. Rogers Kasirye contributed to conception, design, acquisition, and

interpretation; critically revised the manuscript; gave final approval; and agrees to be accountable for all aspects of work ensuring integrity and accuracy. Anna Nabulya contributed to conception, design, analysis, and interpretation; drafted the manuscript; critically revised the manuscript; gave final approval; and agrees to be accountable for all aspects of work ensuring integrity and accuracy.

Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The authors disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: Uganda Youth Development Link.

Open Practices

Data and materials for this study have not been made publicly available. The design and analysis plans were not preregistered.

References

- Atwool, N. (2016). Journeys of exclusion: Unpacking the experience of adolescent care leavers in New Zealand. In P. Mendes & P. Snow (Eds.), *Young people transitioning from out-of-home care* (pp. 309–328). London, England: Macmillan.
- Baxter, P., & Jack, S. (2008). Qualitative case study methodology: Study design and implementation for novice researchers. *The Qualitative Report, 13*, 544–559.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77–101.
- Bukuluki, P. (2010). *Succession planning for vulnerable children in the context of AIDS in Uganda*. Saarbrücken, Germany: VDM Verlag Dr. Müller Aktiengesellschaft & Co. KG & Licensors.
- Bukuluki, P., Rwemisisi, J. T., & Mafigiri-Kaawa, D. (2017). Patriarchy in patriarchal societies: Burden of care of maternal relatives and vulnerability of orphans from HIV affected households in Luwero district Uganda. In D. Kaawa-Mafigiri & E. J. Walakira (Eds.), *Child abuse and neglect in Uganda* (pp. 113–128). Gewerbestrasse, Switzerland: Springer International Publishing AG.
- Carr, N., & McAlister, S. (2016). The double-bind: Looked after children, care leavers and criminal justice. In P. Mendes & P. Snow (Eds.), *Young people transitioning from out-of-home care* (pp. 3–21). London, England: Macmillan.
- Child Welfare Information Gateway. (2013). *Helping youth transition to adulthood: Guidance for foster parents*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved from https://www.childwelfare.gov/pubpdfs/youth_transition.pdf
- Crang, M., & Cook, L. (2007). *Doing ethnographies*. London, England: Sage.
- Creswell, J. W., & Plano-Clark, V. L. (2011). *Designing and conducting mixed methods research* (2nd ed.). Thousand Oaks, CA: Sage.
- Dickens, L. (2017). One-year outcomes of youth exiting a residential care facility in South Africa. *Child & Family Social Work, 23*, 558–565.
- Dundon, T., & Ryan, P. (2009). The qualitative research interview: Fashioning respondent affinity. *Journal of Management Research, 1*, 562–581.
- Fallon, A. (2014). Uganda's street children. The police beat us with canes. We live badly. *The Guardian*. Retrieved from <https://www.theguardian.com/global-development/2014/jul/21/uganda-street-children-homeless-police>
- Frimpong-Manso, K. (2018). Building and utilising resilience: The challenges and coping mechanisms of care leavers in Ghana. *Children and Youth Services Review, 87*, 52–59.
- Government of Uganda. (2007). *The peace, recovery and development plan for Northern Uganda, 2007-2010*. Kampala, Uganda: Office of the Prime Minister.
- International Centre for Research on Women. (2017). *Understanding the knowledge, attitudes, social norms and practices associated with gender based violence and commercial sexual exploitation of children (CSEC): A population-based household survey*. Kampala, Uganda: Support Uganda's Response to Gender Equity (SURGE) Program.
- MacDonald, S., Ellem, K., & Wilson, J. (2016). Supporting young people with an intellectual disability transitioning from out-of-home care to adult life in Queensland, Australia. In P. Mendes & P. Snow (Eds.), *Young people transitioning from out-of-home care* (pp. 45–70). London, England: Macmillan.
- McLean, L., & Bukuluki, P. (2016). *Uganda gender based violence diagnostic report for the world bank and government of Uganda*. Kampala, Uganda: World Bank and MGLSD.
- Measure Evaluation. (2018). Alternative care for youth and adolescents in Uganda. Retrieved from <https://www.measureevaluation.org/our-work/youth-and-adolescents/alternative-care/alternative-care-in-uganda>
- Mendes, P. (2007). A structural analysis of young people leaving state care. *Communities, Children and Families Australia, 3*, 69–79.
- Mendes, P., & Snow, P. (Eds.). (2016). *Young people transitioning from out-of-home care*. London, England: Macmillan.
- Mendes, P., Snow, P., & Baidawi, S. (2016). Young people transitioning from out-of-home care in Victoria, Australia: Strengthening support services for dual clients of child protection and youth justice. In P. Mendes & P. Snow (Eds.), *Young people transitioning from out-of-home care* (pp. 23–44). London, England: Macmillan.
- Ministry of Gender, Labour and Social Development. (2001). *The national youth policy of Uganda*. Kampala, Uganda: Author.
- Ministry of Gender, Labour and Social Development. (2011). *The national employment policy of Uganda*. Kampala, Uganda: Author.
- Pinkerton, J. (2011). Constructing a global understanding of the social ecology of leaving out of home care. *Children and Youth Services Review, 33*, 2412–2416.
- Schoonenboom, J., & Johnson, R. B. (2017). How to construct a mixed methods research design. *Köln Z Soziol, 69*, 107–113.
- UBOS & ICF. (2018). *Uganda demographic and health survey 2016*. Kampala, Uganda; Rockville, MD: Author.
- Uganda AIDS Commission. (2014). *The case for more strategic and increased HIV investment for Uganda 2015–2025: HIV and AIDS situation analysis*. Kampala, Uganda: Author.

- Uganda Bureau of Statistics. (2016). *The national population and housing census 2014—main report*. Kampala, Uganda: Author.
- Van-Breda, A. D. (2016). The roles of agency and structure in facilitating the successful transition out of care and into independent living. *Social Work Practitioner-Researcher*, 28, 36–52.
- Van-Breda, A. D., & Dickens, L. (2016). Young people transitioning from residential care in South Africa: Welfare contexts, resilience, research and practice. In P. Mendes & P. Snow (Eds.), *Young people transitioning from out-of-home care* (pp. 349–356). London, England: Macmillan.
- Walakira, E. J., Dumba-Nyanzi, I., & Luwangula, R. (2016). *Strong beginnings: A family for all children project. End of project evaluation report*. Kampala, Uganda: Makerere University.
- Wylde, E., Ssewankambo, E., & Baryabanoha, W. (2012). *Uganda social protection public expenditure review*. Kampala, Uganda: Expanding Social Protection Programme, Ministry of Gender Labour and Social Development.

Author Biographies

Paul Mukisa Bukuluki is an associate professor at Makerere University in Department of Social Work and Social Administration. He is a specialist in child protection, social protection and gender based violence prevention programming in humanitarian and development settings.

Sarah Kamya is a senior lecturer at Makerere University in the Department of Social Work and Social Administration. She is a child protection in humanitarian and development settings.

Rogers Kasirye is a social worker and specialist in child protection and human rights for vulnerable children and youth.

Anna Nabulya is social worker and specialist in young people transitioning from care into adulthood and rehabilitation of children affected by trafficking in persons.