

PREPARATION FOR SOCIAL REINTEGRATION AMONG YOUNG GIRLS IN RESIDENTIAL CARE IN INDIA

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Abstract: This study focuses on the preparation for social reintegration of young Indian girls about to leave their residential care homes. It assesses the level of preparation by capturing the perception of readiness of 100 girls in institutions: whether they expect to complete higher education, and whether they believe they have acquired such skills as searching for a job, managing finances, problem solving, and maintaining satisfactory relationships. It also explores the impact of different factors, such as the present age of the girls, their self-esteem, and the availability of support networks, on the preparation for their social reintegration. Overall, the findings revealed that the girls felt better prepared with life skills and access to housing after leaving care, but were not so hopeful about their psychological well-being and ability to access higher education, social support, employment, and financial independence. Factors such as age, educational qualifications, self-esteem, and availability of support while in care had a positive relationship with their preparation for social reintegration. Interestingly, the girls' level of preparation varied significantly across the eight residential care homes studied. The study is intended to help address gaps in the existing literature and to play a significant role in informing future legislative decisions.

Keywords: young people, care experiences, social reintegration, residential care

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In India, the Ministry of Women and Child Development (n.d.) has estimated that there are over 10 million children in residential care. Every year, many of these children are expected to leave care upon attaining adulthood. A few receive extended support for a longer period but this decision is made on a case-by-case basis. After leaving care, the youths either return to their biological families or, if there is no family support, start living independently. To support and help these youths prepare for smooth transitions, various policies and services are provided by law. The Integrated Child Protection Scheme of 2009 and the Juvenile Justice (Care and Protection of Children) Act, 2015 have outlined detailed provisions on preparation for social reintegration and aftercare for children in institutions in India. However, little academic research has measured the readiness of youth for effective social reintegration into society.

The focus of this study is the preparation for social reintegration of girls who have been in care for a substantial period of their childhood and will be leaving care within two years. The term *preparation for social reintegration* has been used to signify the readiness of these girls to adjust to society after a period of disassociation. This study assesses their level of preparation, in the areas of education, work, and life skills, to face the challenges of the outside world. It also examines the different factors that may facilitate or hinder their preparation.

Empirical and Theoretical Background

Worldwide research studies have indicated that children in care experience educational, behavioural, and mental health problems; poorer social relationships; and difficulties in finances and housing (Cashmore & Paxman, 2007; Courtney & Dworsky, 2006; Fowler, Toro, & Miles, 2009; Mendes, 2009; Stein, 2006a, 2006b, 2008; Zeira, Arzev, Benbenishty, & Portnoy, 2014). When the youth leave care, their disciplined lives and daily routines are also left behind, and they can find themselves in a vacuum. Stein (2008), however, has argued that young people leaving care can be categorised into three different groups: “moving on”, “survivors”, and “victims”. The moving on group are the ones considered most likely to become well adjusted and successful in their adult lives. Their readiness to leave care is one of the key factors in their ability to achieve a settled future.

These findings signify the need to study the readiness of youth for independent living and the factors contributing to it. A few studies have tried to understand youths’ perception of readiness to leave care and have identified certain factors associated with it. For example, Iglehart (1994) found in a study with 152 adolescents that school performance, working hours, and contact with the biological father were positively associated with preparedness to leave care, while mental health problems and the numbers of placements were negatively associated. In another study, with 174 youths, Iglehart (1995) found that youth in three different settings — foster care, kinship care, and non-foster care — showed no differences in the perception of readiness to leave care. However, Mech, Dobson, and Hulseman (1994) reported that the life-skills knowledge of youths in apartment placements was the highest, followed by youths in foster-family placements, while

youths in group home or institutional placements scored lowest. Benbenishty and Schiff (2009) concluded that Israeli foster-care youth felt comparatively well prepared for employment, access to housing, and daily living after leaving care, but less confident about finding financial resources for higher education and accommodation. Their study reported that school performance, peer support, and acceptance of youth by foster-carers were positively correlated with readiness. Dinisman and Zeira (2011) studied the readiness to leave care of 272 Israeli adolescents and found that their preparedness was mostly explained by individual characteristics such as self-esteem and their present employment status. Support from peers and residential staff also had a positive impact on their preparedness. Zeira and Benbenishty (2011) explored the perceptions of professional staff about the readiness for independent living of adolescents residing in youth villages. According to them, the youth were relatively confident about completing their education and creating positive interpersonal relationships but were less sure about tangible skills like finding a place to live, budgeting, managing finances, and so on. Sulimani-Aidan and colleagues (2014) conducted a longitudinal study on Israeli youths' transition out of care. They interviewed the participants in two waves. The first round of interviews, conducted a few months before the adolescents were to leave care, assessed their preparedness for independent living. The second wave of interviews was done one year after the participants had left care, to capture the ways in which they had adjusted to their new lives. The findings revealed that higher readiness to leave care, optimism, and support from mother and peers were positively correlated with better economic status and satisfaction with accommodation after leaving care.

In this study, the concept of preparation for social reintegration has been drawn from studies conducted by various researchers (Benbenishty & Schiff, 2009; Newman & Blackburn, 2002; Rutter, Giller, & Hagell, 1998; Stein & Wade, 2000). The preparation for leaving care is a critical phase in the life of every care-leaver because it provides an opportunity for planning and for learning new competencies and life skills (such as personal hygiene, sex education, shopping, cooking, cleaning, budgeting, developing new relationships). Therefore, imparting practical knowledge and training for independent living is essential for improving their life prospects. Benbenishty and Schiff (2009) have proposed a model that defines a person's readiness for independent living as the ability of that person to fulfil his or her needs and social roles in different relationships. One can achieve these goals by acquiring certain skills and abilities. Benbenishty and Schiff have identified different tangible skills (job search, budget management) and intangible skills (social skills, problem solving) that must be developed to enable adolescents leaving care to face the outside world.

The objectives of this study are: (a) to measure the level of preparation for social reintegration among the girls by capturing their perceptions about their own abilities: whether they expect to complete higher education, and whether they have acquired such skills as searching for a job, managing finances, problem solving, and maintaining satisfactory relationships; (b) to identify the different factors associated with their level of preparation for social reintegration.

Methodology

Face-to-face interviews were conducted with 100 respondents selected from eight different residential care homes based in two metropolitan cities of India, Mumbai and Kolkata. Within each organisation, almost all the girls who were expected to leave care in the next two years were interviewed. Only those who were not available or refused to participate in the study were excluded. The organisations were sampled purposively to include variations in characteristics such as model of care, source of funding, and nature of support.

Basis of Selection of the Residential Care Homes

Model of care: In the institutional model, represented by 6 of the 8 organisations in this study, the number of children varied between 10 and 100, with all the children staying together in large dormitories under a single roof. In the group home model, the organisation housed the children in different group homes, with each group home having 20 to 25 girls of varying ages under the care of one or more housemothers. In the hostel model, a part of a school was reconstructed with a living area, kitchen, and toilets where underprivileged children could stay and continue their education. One group home and one hostel were included in the study.

Source of funding: Two of the eight organisations were government institutions, which are primarily operated through government funds and receive additional donations from philanthropists. The remaining six were residential care homes run by non-governmental organisations. Three of these facilities received some funding from the government while the remaining three depended on private funding only.

Nature of support: All the organisations provided basic facilities such as education, vocational training, extracurricular activities, recreational facilities, and so on. However, there were differences in the nature of their services. For example, 3 of the 8 had an age limit of below 10 years for admission: new admission of older girls was generally not allowed. Two institutional homes only admitted girls who had a legal guardian. They did not have any orphans or destitute children in their care. Four of the organisations had an aftercare facility and supported girls until 21 years, while the others generally terminated support at 18 years. In the latter case, there were provisions for transfer to aftercare homes, but such a transfer was conditional, and depended largely upon the judgement of the management of the residential care home or government officials.

Instruments Used

Different types of scales and indexes were used to measure the respondent's preparation for social reintegration and the associated factors that impacted the process. Initially, an exhaustive list of items required by Indian girls in residential care for their effective preparation for social reintegration was developed by the researcher. The list was based on field work, personal experience, and a review of the literature. It was distributed to academicians, field practitioners, social workers, and counsellors working with children and youth in care in India. They scored each

item for its appropriateness as a measure of social integration using a scale of 1 to 5, where 5 was the most appropriate and 1 was the least. The highest-scored essential items with the lowest standard deviations were taken into consideration for developing the Preparation for Social Reintegration Index.

The Preparation for Social Reintegration Index: This instrument was designed by the author, inspired by Benbenishty and Schiff (2009), and has been used in another study by the author (Dutta, 2017). It was administered orally during the interview process. It has 26 items, each starting with, “When you leave care do you think you will...”. Each of the items allows three possible responses: “Yes”, “No”, and “More or Less”. However, the scoring was dichotomous, with Yes = 1; More or Less and No = 0. The means of all items were added to compute a preparation for social reintegration score. The higher the score, the better was the preparation for social reintegration. The overall internal consistency (Cronbach’s α) of the instrument was .748.

The following areas were included:

- Education and vocational training — 4 items (e.g., be able to go to school or college daily),
- Life skills — 9 items (e.g., know how to shop for vegetables and groceries),
- Psychological well-being — 4 items (e.g., have a bright future to look forward to),
- Financial arrangements — 2 items (e.g., have savings for your future),
- Employment — 2 items (e.g., know how to search for a job),
- Support network — 4 items (e.g., be able to make friends who are close to you), and
- Living arrangements — 1 item (e.g., have a place to live).

Medical Outcomes Study: The Medical Outcomes Study (MOS; Sherbourne & Stewart, 1991) was used to measure the level of social support available to the girls. It was slightly modified so that it could be adapted to the Indian context. It consists of 12 items pertaining to various types of support. The MOS 4-point scale assessed how often each type of support was available to the girls, from 1 (*never*) to 4 (*always*). Several dimensions were captured: tangible support, emotional support, affectionate support, and positive social interaction. Cronbach’s alpha for this study was .731.

Rosenberg Self-Esteem Scale: The 10-item Rosenberg Self-Esteem Scale (Rosenberg, 1965) was used to measure different aspects of each girl’s confidence level, satisfaction with self, and attitude. Each item was answered on a 4-point scale, ranging from 1 (*strongly agree*) to 4 (*strongly disagree*). The Cronbach’s alpha score for this study was acceptable at .528.

Analysis

At the first level, various descriptive statistics were used to portray the quantitative findings, along with the distribution of the Preparation for Social Reintegration Index. At the next stage, tests were applied to validate associations or differences between the dependent and

independent variables (Newton & Rudestam, 1999, p. 103). All the scores and variables were subjected to a normality test. It was found that most variables had an approximately normal distribution with moderate skewness and a kurtosis value within the acceptable range. As most of the data and scores did not violate normal distribution assumptions, parametric tests such as correlation, ANOVA, and regression were used. In a few cases where a slight skewness was visible in the data, non-parametric tests were computed to confirm the parametric findings. Since the results were similar, the parametric findings were reported (Newton & Rudestam, 1999, p. 184). However, the findings are not meant to be generalised to the populations from which the samples were drawn (Newton & Rudestam, 1999, p. 120).

Findings

Profile of the Respondents

The average age of the sample selected was 17.91 years ($SD = 1.65$). The respondents followed different religious practices: Hindu (56%), Muslim (26%), Christian (8%), Buddhist (8%), and other (2%). The majority of the girls were either in high school (48%) or junior college (36%); the remaining 16% were pursuing education at the graduate level. At the time of the interview, 87% of the sample were students, while 8% were working and 5% were involved in other activities.

Family Background

Out of the 100 respondents, 76 girls had families. The rest either had no family or did not wish to reveal anything about them. Out of these 76 girls, there were variations in the types of families: 16 (21.05%) had at least one parent and siblings as well as relatives; 39 (51.32%) had at least one parent and siblings but no relatives; 4 (5.26%) had siblings and relatives; 6 (7.9%) had only siblings; and, 8 (10.52%) had only relatives.

The family occupations of these 76 girls were also varied: 34.2% of families worked as labourers, 26.3% were in service, and 19.7% were self-employed. Twelve girls (15.79%) had families who were not working or were employed in other jobs, and three girls (3.95%) had no idea about the occupation of their family members. Forty-four respondents (57.89%) did not know their family income. The mean monthly income of the families of the remaining 32 girls was 8,550 rupees (about \$130 USD) but there was wide variation, ranging between 500 rupees (about \$7) for a family of four to 40,000 rupees (about \$600) for a family of eight.

Experience of Care

The respondents' average age at joining residential care was 8.15 years ($SD = 4.16$), with 32% entering care below 5 years, 38% between the ages of 6 and 10, and the remaining 30% in their teens. Multiple factors were identified by the girls as reasons for entering care; some of these self-reports were cross-checked with their case files. The single highest factor reported was having a single parent (23%); closely followed by dysfunctional family situations such as divorce,

separation, domestic violence, and substance abuse (18%); and being orphaned (18%). Before entering residential care, 10% had run away from home, 9% were living in the street or coping with severe poverty, and 7% were trafficked for child labour and sex work, not only from India but also from neighbouring countries such as Nepal and Bangladesh. Nine percent had entered residential care in order to receive a quality education. The remaining 6% entered the care facility due to various other reasons such as incest rape, or being affected by HIV-AIDS; two girls who refused to divulge why they had entered care were also included in the “other” category.

On average, the respondents had spent 9.82 years ($SD = 4.11$) in residential care, with the shortest stay being 3 years, and the longest 22 years. A majority of the girls (62%) had lived in one residential home, 34% had lived in two residential homes, and only 4% had shifted institutions twice or more. Overall, the girls self-reported being happy with their lives in residential care. On a happiness scale ranging from 1 (*extremely unhappy*) to 4 (*very happy*), only 3% of the girls reported being extremely unhappy and 4% reported being unhappy, whereas 55% were moderately happy and 38% were very happy.

Preparation for Social Reintegration

Among the respondents, 86% of the girls were aware of what their exit process from the residential homes would be. However, only 35% felt that they would be consulted before they were asked to leave, 52% did not think they would have any say in the transition process, and 13% were not sure how the process would unfold.

When asked about the ideal time to leave care, 10% of the girls were not sure, 33% wanted to stay in residential care until they had a job, 21% preferred to wait until finishing their junior college, and 18% wanted to leave after completing their graduation. The rest of the girls (18%) felt that they would leave whenever they were asked to go; all of these 18 girls had family support.

Table 1 shows the distribution of the girls’ responses on a series of questions regarding their perceived preparation to leave care. It was computed as the 26-item Preparation for Social Reintegration Index (Cronbach’s $\alpha = .748$), with scores ranging between 4 and 26 ($M = 14.66$, $SD = 4.53$). The better the preparation for reintegration, the higher the score.

Table 1 *Distribution of Girls' Responses — Preparation for Social Reintegration*

Reintegration skills and abilities	Yes (%)	No (%)	<i>M</i>	<i>SD</i>
Education and vocational training				
Be able to go to school/college every day.	27.0	73.0	0.27	0.45
Be able to understand when someone speaks to you in English.	37.0	63.0	0.37	0.49
Know a vocation which can help you earn money if you need to.	66.0	34.0	0.66	0.48
Be trained in basic computer operations.	55.0	45.0	0.55	0.50
Life skills				
Cook regular food items like dal, rice, roti, and vegetables.	67.0	33.0	0.67	0.47
Know how to manage monthly budget.	72.0	28.0	0.72	0.45
Know the emergency numbers like the police, ambulance, fire brigade, etc.	57.0	43.0	0.57	0.50
Be trained about the importance of nutrition and balanced diet.	75.0	25.0	0.75	0.44
Know how to shop for vegetables and groceries.	71.0	29.0	0.71	0.46
Know how to open and operate a bank account.	35.0	65.0	0.35	0.48
Know how to avoid drugs and alcohol.	66.0	34.0	0.66	0.48
Be trained in sex education and know how to avoid sexually transmitted diseases like HIV-AIDS.	61.0	39.0	0.61	0.50
Know how to take care of yourself when sick.	76.0	24.0	0.76	0.43
Psychological well-being				
Have a goal which you want to pursue and achieve.	75.0	25.0	0.75	0.44
Be satisfied with your life and your future.	47.0	53.0	0.47	0.50
Be able to help friends when they are in need.	76.0	24.0	0.76	0.43
Have a bright future to look forward to.	55.0	45.0	0.55	0.5
Financial arrangements				
Be able to get financial assistance if you need.	57.0	43.0	0.57	0.50
Have savings for your future.	36.0	64.0	0.36	0.48
Employment				
Know how to search for a job.	32.0	68.0	0.32	0.47
Be trained to succeed in a job interview.	39.0	61.0	0.39	0.49
Support network				
Be able to make friends who are close to you.	74.0	26.0	0.74	0.44
Share your problems with the organisation's social worker or counsellor.	45.0	55.0	0.45	0.50
Get support from the organisation in the future.	40.0	60.0	0.40	0.49
Get assistance to prepare a plan for independent living.	45.0	55.0	0.45	0.50
Living arrangements				
Have a place to live.	80.0	20.0	0.80	0.40

Note. Items under *Reintegration skills and abilities* begin with “When you leave care do you think you will...”.

Seven different dimensions were identified in computing the preparation for social reintegration score: education and vocational training ($M = 1.85$, $SD = 1.10$), life skills ($M = 5.80$, $SD = 2.29$), psychological well-being ($M = 2.53$, $SD = 1.10$), financial arrangements ($M = 0.93$, $SD = 0.70$), employment ($M = 0.71$, $SD = 0.82$), social support ($M = 2.04$, $SD = 1.17$), and living arrangements ($M = 0.80$, $SD = 0.40$).

Education and vocational training: A small proportion of girls (27%) felt that they would be able to attend regular school or college after leaving the residential home. At the time of the interview, about one third of the girls (37%) thought that they could understand if someone spoke to them in English. More than half of the girls (55%) felt they had received a basic computer education, while a larger majority (66%) reported having a vocation that could help them earn money in the future.

Life skills: Overall, two thirds of the girls were confident they could carry out everyday tasks and take care of their daily needs, including managing a monthly budget. Their knowledge of emergency phone numbers was slightly lower (57%). Confidence about money management — opening and operating a bank account — was quite low (only 35% were sure that they could do it).

Psychological well-being: Most girls had a goal that they wanted to achieve (75%). Although over half (55%) felt that they had a bright future to look forward to, their confidence about a satisfying life was a bit lower (47%). Whatever the circumstances, most girls reported being willing to help their friends whenever needed (76%).

Financial arrangements: Only one third of the girls (36%) had any form of savings. The savings were kept in a bank, usually in a joint account with the organisation. Almost all of these girls (92%) wanted to use the money for their higher education. Half of the respondents (57%) perceived that they would be able to get financial assistance in the future, from either their families (36%) or their organisations (21%).

Employment: Although 75% of the girls had goals they wished to pursue, only 63% had made plans to fulfil them, either on their own (36%) or with the help of others (27%), including social workers (22%), family members (3%), and friends (2%). But only one third (32%) of participants felt equipped to search for a job effectively and only two in five (39%) had the training to succeed in a job interview.

At the time of the interview, 15% were working in the private (5%) and the development (10%) sectors. One third of these girls reported that vocational training learnt at their organisation had helped them get a job. The range of average monthly income varied between 130 rupees (about \$2) and 12000 rupees (about \$180). The median income was 700 rupees (about \$10) per month. On average, the girls had been working for 1.13 years ($SD = 1.26$). In 80% of cases, the organisation had helped them find a job. For three respondents, their family members or friends had assisted them. All but one of the girls were satisfied with their current employment.

Support network: Most of the girls (75%) had confidence they would be able to make close friends after leaving their organisations. However, they were not so sure about getting support from their organisations in the future (40% thought they would) or being able to share their problems with the social workers or counsellors (45% felt they would). Only 45% expected to receive help from any of their various support systems in planning their future and transitioning to independent living.

Living arrangements: Most girls (80%) were sure that they would have a place to stay after leaving the organisation, 13% were more or less sure, and only 7% had no idea where they would go. Out of the 76% of girls in contact with their families, 75% (57) wanted to return home. The rest did not wish to go home because they did not feel secure (42%), felt unhappy and had adjustment issues (37%), or had financial problems (21%).

Among the remaining 43 respondents, 33 girls (76.7%) expected that the organisation would help them, and 3 girls (6.9%) thought they would be supported by their friends. The remaining 7 girls (16.2%) felt that they would have to find accommodation on their own.

Factors Affecting Preparation for Social Reintegration

In this section, the relationships in the data are examined to identify the factors associated with preparation for social reintegration. These factors relate either to the girls' personal characteristics or to their environment.

Demographic Indicators: The age of the participants had a significant positive association with the preparation for social reintegration ($r = .257, p = .010$). There was a significant association between the educational qualifications of the girls and their preparation for social reintegration ($F[2,97] = 16.659, p = .001$). The post-hoc comparisons using the Tukey HSD test indicated that the mean score for the high school girls ($M = 12.58, SD = 3.84$) was significantly lower than for those in junior college ($M = 15.56, SD = 4.09$). Again, the social reintegration scores of girls in junior college were significantly lower than those of the girls with college education and above ($M = 18.88, SD = 3.96$).

Residential Care: Eight residential homes were approached for the study. The mean preparation for social reintegration scores of the girls varied significantly across the homes (see Table 2). A one-way ANOVA was conducted to compare the significance of the differences in scores among the four organisations in Mumbai (I to IV) and the four in Kolkata (VI to IX). The structure, model, and nature of the services provided by an organisation had a significant effect on the preparation for social reintegration score ($F[7, 92] = 6.31, p = .001$). Post-hoc Tukey comparison showed that: (a) the girls in organisations Mumbai I, Mumbai III, and Kolkata VIII had significantly lower scores than those in Mumbai IV; (b) the girls in organisations Mumbai II, Kolkata VII, and Kolkata IX had significantly higher scores than those in Kolkata VI; (c) the girls in Mumbai IV had significantly higher scores than those in Mumbai I, Mumbai III, Kolkata VI,

and Kolkata VIII; and (d) the girls in Kolkata VI had significantly lower scores than those in Mumbai II, Mumbai IV, Kolkata VII, and Kolkata IX.

Mumbai IV (where the mean preparation for social reintegration scores were the highest among the sample organisations) was a group home care facility caring for girls up to 25 years of age. They provided a wide range of services to the girls for their effective reintegration. On the other hand, Kolkata VI (where the mean scores were the lowest among the sample organisations) followed an institutional model of care where over 150 girls were housed together in large dormitories under minimal supervision. The girls were expected to leave the facility at 18 years. The services provided by the institution were basic, with little scope for the holistic development of the child.

Table 2 Mean and Standard Deviation of Preparation for Social Reintegration Scores across Different Types of Residential Care Homes

Organisation	Model of Care	Number of girls	<i>M</i>	<i>SD</i>
Mumbai I	Institutional	13	13.00	2.80
Mumbai II	Institutional	15	17.07	4.17
Mumbai III	Institutional	11	13.18	5.84
Mumbai IV	Group home	6	20.16	4.40
Kolkata VI	Institutional	12	9.92	2.35
Kolkata VII	Hostel	21	15.90	3.48
Kolkata VIII	Institutional	8	13.13	3.80
Kolkata IX	Institutional	14	15.50	3.88

Social Support Network: The literature review showed that the support system played a critical role in a girl's preparation for social reintegration. Four different dimensions were identified in computing the support network score using the adapted version of the MOS instrument: tangible support ($M = 12.79$, $SD = 2.75$), affection ($M = 5.86$, $SD = 2.03$), positive interaction ($M = 7.64$, $SD = 2.55$), and emotional support ($M = 7.24$, $SD = 2.07$). Overall, the mean score of the MOS instrument was 33.53 ($SD = 6.29$). The full score achievable on the MOS is 48.0, which indicates access to the highest levels of social support as perceived by the respondent. A Pearson product-moment correlation coefficient was computed to assess the relationship between the social support available to a girl and her preparation for social reintegration. There was a positive correlation between the two variables ($r = .231$, $p = .021$), indicating that the girls who perceived better access to social support also reported better preparation for social reintegration.

Self-esteem: The Rosenberg Self-Esteem Scale was used to measure self-esteem among the respondents. The mean score on each item varied between 0.80 and 2.31. The average score on the Rosenberg Self-Esteem Scale was 17.86 ($SD = 3.29$). The full score achievable on the instrument is 30.0, which indicates the highest level of self-esteem as perceived by the respondent.

A Pearson product-moment correlation coefficient was calculated to assess the relationship between the a girl's self-esteem and her preparation for social reintegration. There was a positive association between the two variables ($r = .409, p = .001$) indicating that the girls who perceived better self-esteem also reported better preparation for social reintegration.

Predictors of Preparation for Social Reintegration

Finally, to determine the significant predictors of preparation for social reintegration, a stepwise multiple linear regression was computed based on the respondents' present age, social support network, and self-esteem (see Table 3). A significant regression equation was found ($F[97,99] = 12.699, p < .001$ with $R^2 = .207$). Participants' predicted social reintegration score was equal to $-4.728 + 0.527 \times (\text{present age}) + 0.558 \times (\text{self-esteem})$, where present age was measured in years, while self-esteem was the score from the Rosenberg scale. Social support network did not have a significant relationship with the dependent variable.

Table 3 *Regression Analysis Summary for Independent Variables Predicting Girls' Preparation for Social Reintegration*

Variable	<i>B</i>	<i>SE</i>	β	<i>t</i>	<i>p</i>
Self-	0.5	0.1	.38	4.1	.00
Age	0.5	0.2	.20	2.2	.02

From the regression findings, it can be established that within the given sample the preparation for social reintegration may have been better for those respondents who were older and had higher self-esteem.

Discussion

The perception of youth with regard to their preparation for social reintegration depended on a number of factors. The girls were better prepared in life skills and access to housing than in other areas; they were not so confident about their psychological well-being, ability to access higher education, social support, employment, and financial independence. Interestingly, the findings revealed that each girl's preparation for social reintegration was impacted by various factors operating at different systemic levels. While some of these factors functioned in the participants' subjective environment, and varied across individual cases, others were societal factors that had a general impact on their lives. A youth's profile and personal characteristics also played a critical role in the transition.

Bronfenbrenner's Ecological Theory (Bronfenbrenner, 1979) has been used to understand the impact of the individual characteristics and environmental factors on the level of preparation for social reintegration. The factors explaining the preparation for social reintegration can be divided into three ecological levels: individual (micro-level), institutional characteristics and social support (meso-level), and the role of the state (macro-level; see Figure 1).

The factors affecting preparation for social reintegration at each level were dependent on the processes operating at other levels. For example, the age for leaving care was dependent on the institutional characteristics and services available at the meso-level, which was affected in turn by the actions of the state in terms of legislation and policies. The significant variations in preparation for social reintegration scores across the eight residential care homes clearly indicates that there were considerable differences in the type and quality of skills imparted to the girls to facilitate their social reintegration. The discrepancies in the services provided by the homes points to the lack of standardisation of practices across the organisations.

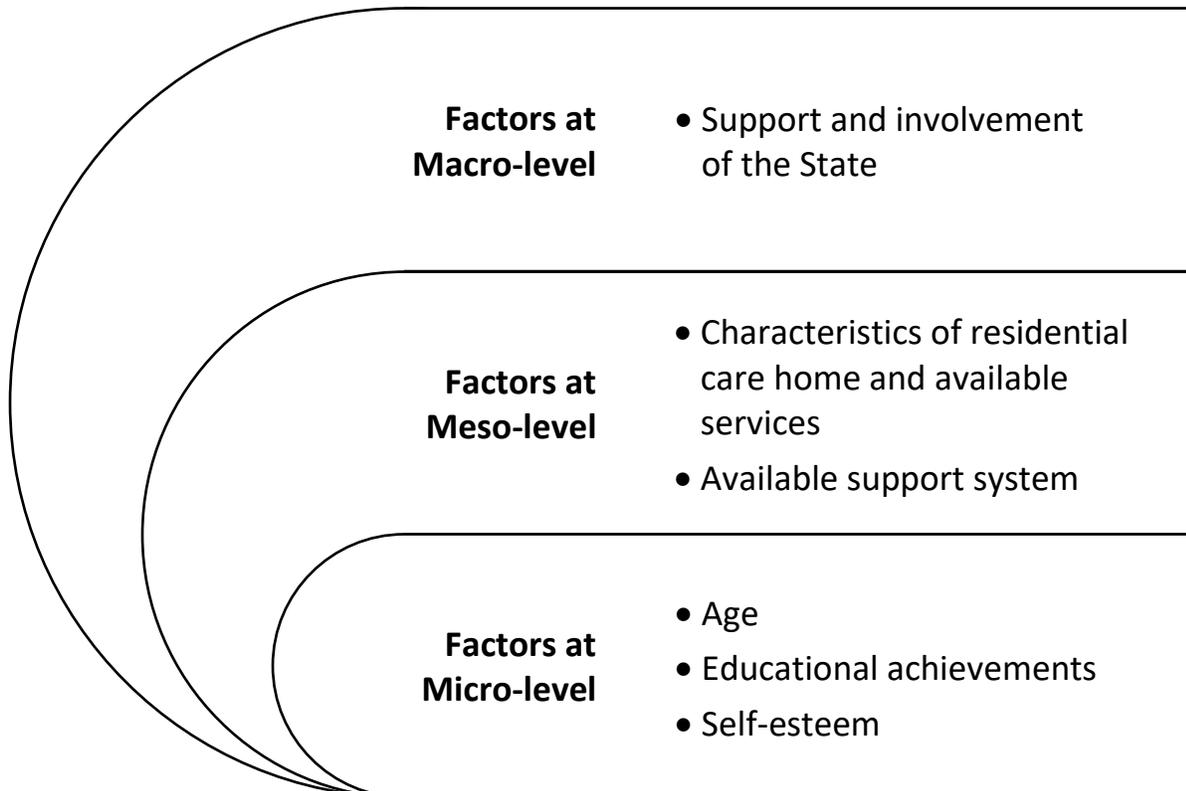


Figure 1. Factors affecting preparation for social reintegration at different systemic levels.

Micro-level

Chronological versus developmental age: Mendes, Johnson, and Moslehuddin (2011) have shown that being developmentally ready to leave care has no link with chronological age. Forcing young people in care to leave prematurely and abruptly led to their involvement in criminal activities. Another study by Dutta (2017) showed that girls who left care in their early twenties were more equipped to adjust to their lives after leaving the residential home than those who left care in their teens. This research also reported a positive association between a girl's age and her effective preparation for social reintegration. Overall, the participants who were in their early twenties and still in care tended to have a higher Preparation for Social Reintegration Index score than those who were in their teens.

Educational achievement: Lemon, Hines, and Merdinger (2005) noted that educational achievement among care leavers after leaving care, and their ability to fulfil academic goals, were dependent on their motivation for education while in care. The findings of this study revealed that higher educational qualifications had a positive association with preparation for social reintegration.

Personal characteristics: Due to a background of poverty, neglect, abuse, and other traumatic events, children in out-of-home care often displayed mental health problems (Melzer, Lader, Corbin, Goodman, & Ford, 2004, Burns et al., 2004). They performed below their academic ability and became involved in juvenile delinquency (Gilligan, 2007). Low self-esteem as a result of limited experiences of socialisation while in care had a negative impact on care leavers' ability to form new relationships and enhanced their fear of independent living (Prisyazhnaya, 2007 as cited in Stepanova, 2014). Similar findings were observed in this study, where self-esteem had a positive association with preparation for social reintegration.

Meso-level

Institutional characteristics: Stein (2006a) has emphasised the importance of aftercare support in helping care leavers to address relationship issues and providing structural assistance for seeking employment and housing. Such support was particularly important for those who had problematic transitions from care. Persistent professional relationships helped in better social reintegration (Stein, 2008). In this study, preparations for social reintegration of the girls varied significantly across the eight residential care homes. In the group home, where girls received individual attention and were cared for until 25 years, they were better prepared for social reintegration than those housed in institutional settings in dormitories under minimal supervision. In the latter homes, girls were expected to leave care upon attaining adulthood (18 years), and aftercare services were very limited. It was also observed that the support received by the girls in the group home was not simply generic but was adapted to the individual person. The study revealed that the variation in services provided by the institutions had an impact on the girls' preparation for social reintegration. Recently, under the Juvenile Justice (Care and Protection of Children) Act, 2015, efforts have been undertaken to standardise the services being provided by the organisations, but their impact at the field level is yet to be assessed.

Support network: Developing social capital for young care leavers as a crucial factor for their subsequent well-being has been highlighted by researchers time and again. Ridge and Millar (2000) emphasised that, in the absence of family bonds, friendships in care are important for an effective transition out of care. Along with peer support, the assistance of staff members of residential homes has been identified by Dinisman and Zeira (2011) as a positive influence affecting the readiness for social reintegration. Schiff and Benbenishty (2006) have further established that when the staff had a positive impact on the adolescents' lives, their skills and general well-being improved. In this study too, the availability of a multi-branched support

network that includes staff, peers, family, and relatives, had a positive association with preparation for social reintegration.

Macro-level

Involvement of the state: Unfortunately, in India the government has no uniform database on the number of children in residential care homes at a given time. Out of millions of children in care in 2012 to 2013, the Ministry of Women and Child Development only had data on 75,052 children residing in 1,195 statutory homes (Committee on the Rights of the Child, 2014). There is no available data about the number of children residing in private residential homes run by non-governmental organisations.

The Juvenile Justice (Care and Protection of Children) Act, 2015 and the Integrated Child Protection Scheme 2009 are epitome pieces of legislation providing guidelines for children in care in India. The latter had provisions for the creation of an aftercare fund, which has been placed at the disposal of each District Child Protection Unit. Initially, an amount of 100,000 rupees has been allocated as an aftercare fund for each district. The amount of financial support for aftercare is 2000 rupees (about \$31) per child per month. However, most of the residential homes studied complained about irregularity in fund disbursement from the government. They also felt that the amount was insufficient in view of rising prices for basic necessities and education of the children.

The good news is that there are steps being taken to improve the facilities for child care in India. Since India became a signatory to the United Nations Convention on the Rights of the Child in 1992, the government has been making efforts to amend its laws and legislations in accordance with the Convention provisions. National programmes and policies have also come under global scrutiny through the mandatory periodic reports submitted to the Committee on the Rights of the Child that outline the processes the government has undertaken for protecting the rights of children and young people.

Implications for Practice and Policy

One major gap in the Indian context is the paucity of scientifically documented literature on social reintegration of children in care. Very few research reports have been circulated over the years (e.g., Ahuja, 2013; Azavedo, 2005; Kochuthresia, 1990; Nagrath, 2005; Ravi, 2011). Unfortunately, the few studies available depict a very dismal situation, emphasising that efforts for effective social reintegration are currently very limited and unregulated. Therefore, assessing the preparation for social reintegration among these girls was important at all levels. At the individual level, it would be useful to prepare a plan of intervention at an early stage to meet individual requirements. At the systemic level, this study can provide a framework to policy makers, an overview of the level of preparation at the present time, and a guide to identifying areas of challenge where focused efforts are needed if there is to be improvement.

In assessing the life chances of care leavers, this study makes apparent that there is a growing and continued need for comprehensive and specialised national legislation detailing

transparent policies, procedures, and guidelines for effective social reintegration. It is essential that there be clear communication about the preparatory processes required, especially in the areas of life skills, education and training, employment, and housing. Aftercare provisions must be made mandatory rather than discretionary. Last but not least, flexibility and extension in the chronological age for ending care support is another change recommended at the policy level for better reintegration and adjustment (Mendes, Snow, and Baidawi, 2012; Stein, 2012; Stein & Verweijen-Slammescu, 2012; Stepanova & Hackett, 2014).

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