



GROWTH BEYOND THE TOWN
A longitudinal study on youth leaving care

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30 MONTH STATUS REPORT
JULY 2015



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We acknowledge the financial support of the Anglo American Chairman's Fund Trust towards the Growth Beyond the Town Project.

This work is based on research supported in part by the National Research Foundation of South Africa for the Grant No.93634. Any opinion, finding and conclusion or recommendation expressed in this material is that of the author(s) and the NRF does not accept any liability in this regard.



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1. INTRODUCTION

The aim of this study is to explore the experiences of youth who leave residential care to determine the key factors that contribute to better outcomes for them. This report provides preliminary results on the first and only longitudinal study on youth leaving residential care in South Africa. It begins with a discussion of Girls and Boys Town's (GBT) larger research strategy and is followed by the contribution of the study and an overview of the methods used to collect the data. There are four main results sections:

- **Demographic data:** Provides background information on the youth for context;
- **12 month outcomes data:** Provides information on what happens to the youth a year after leaving GBT, detailing where they are in their lives at that time;
- **12 to 24 month outcomes data:** Provides information on what happens to care-leavers in their second year after leaving GBT;
- **Predictions:** Provides information on the factors that enable a more effective transition out of care into adulthood.

The report concludes with a summary and implications of these findings for practice.

2. GBT'S THREE-PHASED RESEARCH STRATEGY

In early 2012, GBT, in partnership with the Department of Social Work at the University of Johannesburg (UJ), completed the first phase of a larger three-phased research study focused on youth leaving residential care. **Phase 1** examined the social processes involved in this care-leaving journey. It was a retrospective, grounded theory investigation of nine young men who left the care of GBT approximately five years earlier. It told their stories of the care-leaving experience.

In June 2012, **Phase 2** commenced, designed as a prospective longitudinal study to investigate how young people make the transition of leaving GBT and what happens in their lives afterwards. It sought to identify what factors help the youth make the transition to independence more successfully. This study, named *Growth Beyond the Town*, was both timely and important, as prior to this, very little research on care-leavers had taken place in South Africa. As research is critical for both innovation and gaining insight, this was an excellent opportunity for GBT to contribute to and broaden the understanding of the journeys faced by care-leavers. At the heart of this study is a focus on how young people use their resilience when they leave care to improve their outcomes in life after GBT.

The vision for **Phase 3** is to continue with the longitudinal approach, but additionally, to begin tracking youth from when they *enter* care at GBT (not only as they leave GBT) and then continuing through care and into the post-disengagement phase. Although demographic data is already collected by GBT during admission, this phase would collect additional data focused on improving the chances of success for youth once they leave GBT.

3. CONTRIBUTION OF THIS STUDY

There has been considerable international focus on the transitional period of care-leavers, especially regarding their outcomes. However, there still remain significant gaps in the care-leaving literature, especially in South Africa where there have been only eight known studies¹ which examine the transition of youth out of residential care.

With this study, we intend to contribute to the dialogue about care-leavers in South Africa in the following ways:

- By sharing our research findings, we will continue to find opportunities to make this information as accessible to others as possible. One way of doing this is by disseminating our results. By June 2015, we had published three academic journal articles and submitted another, written four reports, presented at nine conferences locally and internationally and presented at four public lectures or seminars (see Appendix 3 for a list of these publications). These have all been opportunities to discuss some of the findings from the study and to hear the experiences of others.
- Past research has not focused on improving how care-leavers do, resulting in a lack of progress in improving evidence-based practice that helps youth better prepare for leaving care (Harrington, 2006). This research will increase an understanding of the needs of care-leavers as they transition out of care in the unique South African context. We will also have an increased awareness of which factors enable care-leavers and help to smooth their transitions into the 'real world'. Therefore, the findings from this research are valuable to GBT because they can improve practice. For example, we intend to highlight how crucial aftercare support is in smoothing the transition for care-leavers and providing guidelines for effective aftercare programmes.
- We hope that as our research develops, the findings will become valuable in contributing to the development of policy and programme development for other organisations.

4. DATA COLLECTION

Data collection occurs in two parts: **baseline and follow-up interviews**.

In the **baseline interviews**, we collect 'baseline' data, which is the starting point against which future data will be measured and occurs when the youth disengage from GBT. As youth disengage from GBT, they are invited to become participants in the study, known as a 'rolling cohort' (meaning we continue to enrol participants into the study over an extended period). The youth complete a questionnaire which measures their resilience on various resilience variables. In this study, these resilience variables are called 'resilience predictors' because we use them to 'predict' the likelihood of positive outcomes for our youth, as they facilitate positive transitions into independent living.

¹ Bond, 2010; Mamelani, 2013; Meyer, 2003, 2008; Miller, 2004; Mmusi, 2013; Muller, Jansen van Rensburg, & Makobe, 2003; van Breda, Marx & Kader, 2012.

There are four broad categories of resilience predictors:

- Relational factors (such as supportive family relationships)
- In-care factors (such as positive experiences of care)
- Environmental factors (such as social activities)
- Personal factors (such as self-esteem)

Under these four categories, there are 24 resilience predictors (for the full list, see Appendix 1). We propose that, if the care-leavers show mastery in one (or a few) of these resilience predictors, thus showing high levels of resilience, they are more likely to overcome future obstacles during the care-leaving process.

We gather this resilience and demographic data through two methods: a 90 minute interview of semi-structured questions and a questionnaire and a staff completed questionnaire. The interviews take place at the Youth Development Centres (YDCs) or Family Homes (FHs) in the Western Cape, Gauteng and KwaZulu-Natal. Youth are asked to sign a consent form before the interview, and if they are under 18 years old, we also obtain consent from their parent/guardian. The interviews are entirely voluntary and confidential, and youth can choose to withdraw from the study at any time.

Every 12 months after their baseline interview, we conduct **follow-up interviews**. There is both a qualitative and a quantitative component to the interviews. In the qualitative part, we ask the youth to tell their stories since our last interview. In this way, we get their subjective account of how their transitions out of GBT have gone. We ask them about the successes and challenges they have had in the past year. In the quantitative part, we measure the youth against set criteria of 'success' using a questionnaire and a structured interview. These interviews take place either at their former YDCs or FHs or at another suitable venue convenient for the participants. Often, we go to the youths' homes.

The next section examines the biographic information about the youth who have participated in the study so far.

5. BIOGRAPHIC PROFILE OF YOUTH

Cohorts of participants

There are currently six cohorts² in this study, with a total of 65 youth who have had baseline interviews. Of these youth, 33 have had their 12 month follow-up interviews and 14 their 24 month follow-up interviews as well.

The first 'wave' of data collection took place in late 2012. Table 1 below, provides a description of each cohort, the date of their first interview, the number of youth per cohort and the status of that group (i.e. how many active youth there are compared to youth who are no longer participating).

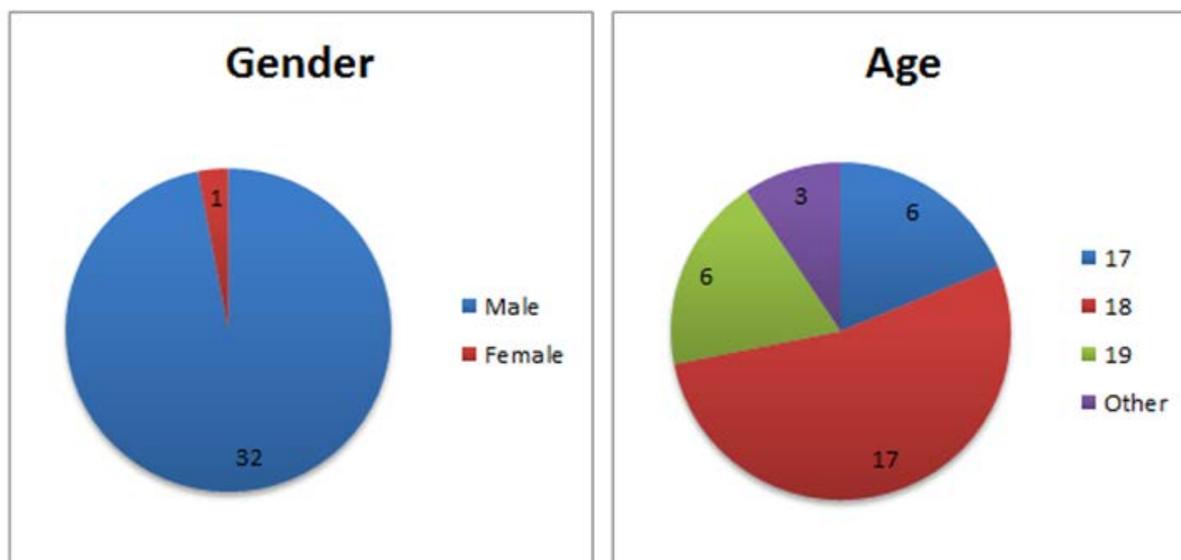
² A cohort is how the participants are grouped together depending on when they disengaged from GBT. So since October 2012 we have enrolled six groups of GBT care-leavers.

Table 1. Description of cohorts

Cohort	Date of baseline interview	No. of youth	12 month follow-up interviews	24 month follow-up interviews	Status
1	October – November 2012	21	17	14	14 active 1 readmitted into care 1 passed away 2 declined to participate 3 could not be located
2	January - September 2013	5	5	Scheduled for late 2015	All active
3	October – November 2013	20	10	Scheduled for late 2015	10 active 10 could not be located
4	January - September 2014	4	1	-	Currently being interviewed
5	October – November 2014	14	Scheduled for late 2015	-	14 Active
6	January - September 2015	Current	-	-	

Demographic profile

The demographic data that is presented below is for the 33 youth who have had at least one follow-up interview and are still active in the study, as most of the results in this report pertain to them and thus excludes youth who have completed only their baseline interviews. Figure 1 below, represents the gender, age, race and province of origin of the youth. All are South African and none have physical or mental disabilities.



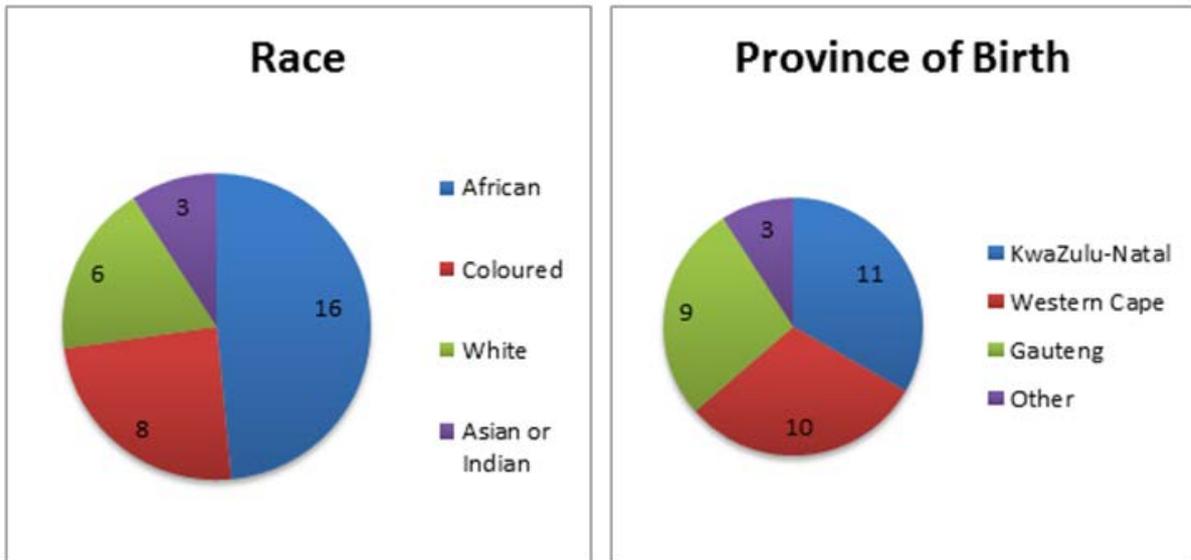


Figure 1. Demographic profile of youth

Admission into GBT

Participants were admitted into GBT from 12 years old, but two thirds were admitted at 14 or 15 years. Their ages at the time of disengagement ranged from 15 to 21 years. Approximately half of the youth did not have any previous placements, while a third had one placement. There were five youth who had two placements and three youth who had three or more placements before they arrived at GBT. Thus, GBT youth appear to have had stable placements. International research shows that the fewer placements youth have and the less they have to move around, the better their outcomes are after care (Stein, 2006). They are more likely to stay in one school and also more likely to establish more stable relationships. Half of our participants had stayed at GBT for longer than three years. Global literature also highlights that the longer youth are able to remain in care, the better their chances are after care. Stable, long-term placements are ideal for youth (like a young person would have in a 'normal' family living at home).

We asked social workers to describe the key referral challenges the youths faced when they entered GBT, a summary of which is shown in Table 2 below.

Table 2. Challenges youth faced on referral to GBT

Biggest challenge youth faced on referral to GBT	Frequency
Does not follow rules	15
Alcohol and substance abuse	13
Truancy	12
Aggression/fighting with peers	11
Stealing/theft/shoplifting	11
Leaving home without permission and sleeping away from home	6
Peer pressure	6
Lying and/or manipulation	6
Bullying	5

Skills taught while in care

Table 3 below shows the most commonly taught skills at GBT as well as, in the opinion of the Social Worker, how well these were mastered. Most of the skills were partially mastered. It is interesting to note that, before leaving GBT, the youth sometimes question the usefulness of learning some of the skills while they are in care. Often in their follow-up interviews however, they explain how helpful the skills have been for them since they left GBT. This suggests that when youth have the opportunity to practically implement the skills in 'real world' spaces, it reinforces the value and importance of learning these skills. As this youth describes:

When I was there I actually thought some of the skills were a bit useless. I say a bit useless but they are actually not, because while I was there I did not think that I would ever come to a point in my life that I would actually use them, but surprise, surprise they were there and thank God I actually had paid attention because I need them and use them now.

This and the fact that relatively few are fully mastered, has a strong practice implication in that while the youth are in care, teaching needs to focus on bringing reality to bear. If this happened then possibly there would be more complete mastery of these skills.

Table 3. Commonly taught skills at GBT

Skill	Taught	Not Mastered	Partially Mastered	Fully Mastered
Following instructions	23		16	7
Accepting no for an answer	21	2	13	6
Disagreeing appropriately	13		11	2
SODAS: Rational problem solving	13		8	5
Respecting others	11		8	3
Greetings	10		7	3
Relationship building	10		7	3
Resisting peer pressure	9		8	1
Dealing with anger	9	3	4	2

Education

The type of educational programme youth were attending at the time of their disengagement is shown in Figure 2 below.

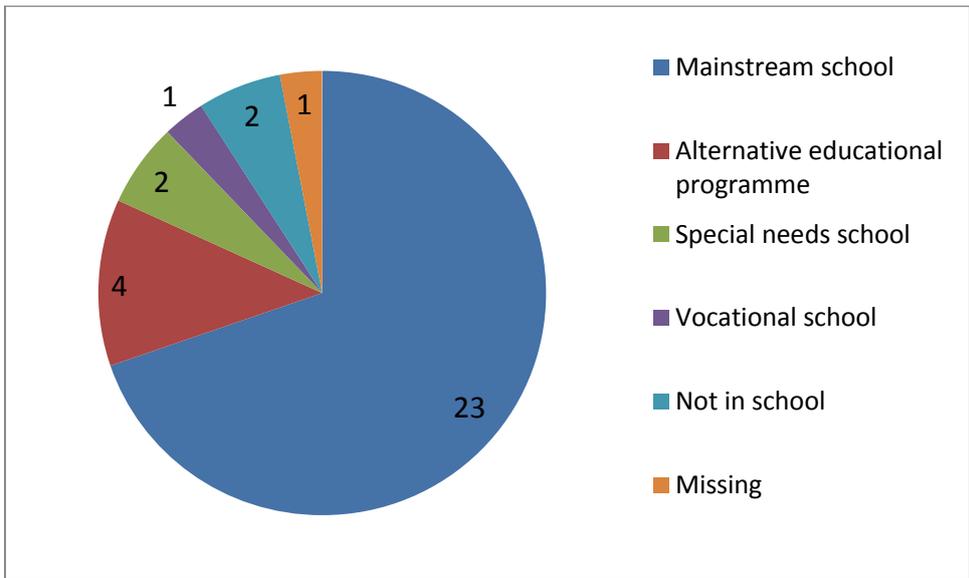


Figure 2. Type of education youth were attending

Just above two thirds were attending a mainstream school. In addition, just less than half the youth had not failed a year of education before, however just over a third had and two had failed twice. There were four responses not filled in for this question. Five of the participants had achieved an academic award at school, three had achieved a GBT academic award and two achieved a sport award.

Reasons for leaving GBT

We asked social workers what the main reason for youth disengagement was, shown in Figure 3 below. The most common reason for disengagement was that the youth had completed schooling, followed by the fact that they had turned 18 and thus aged out of care. For five of the 33 youth, the main reason was that their family wanted them to return home.

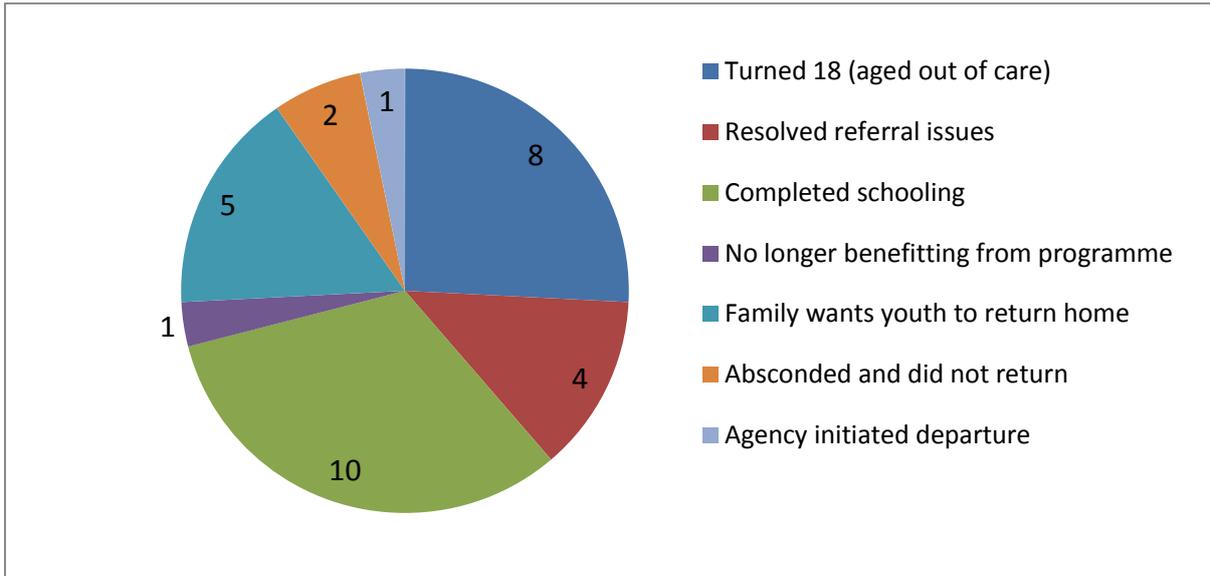


Figure 3. Reasons for disengagement

Future planning

It is interesting to note that 26 of the youth disengaged to their families, four went back into foster care and one to independent living. Over two thirds of the youth had a formal preparation plan in place, while seven did not. Figure 4 shows the details on the plans put in place for these youth after they leave GBT.

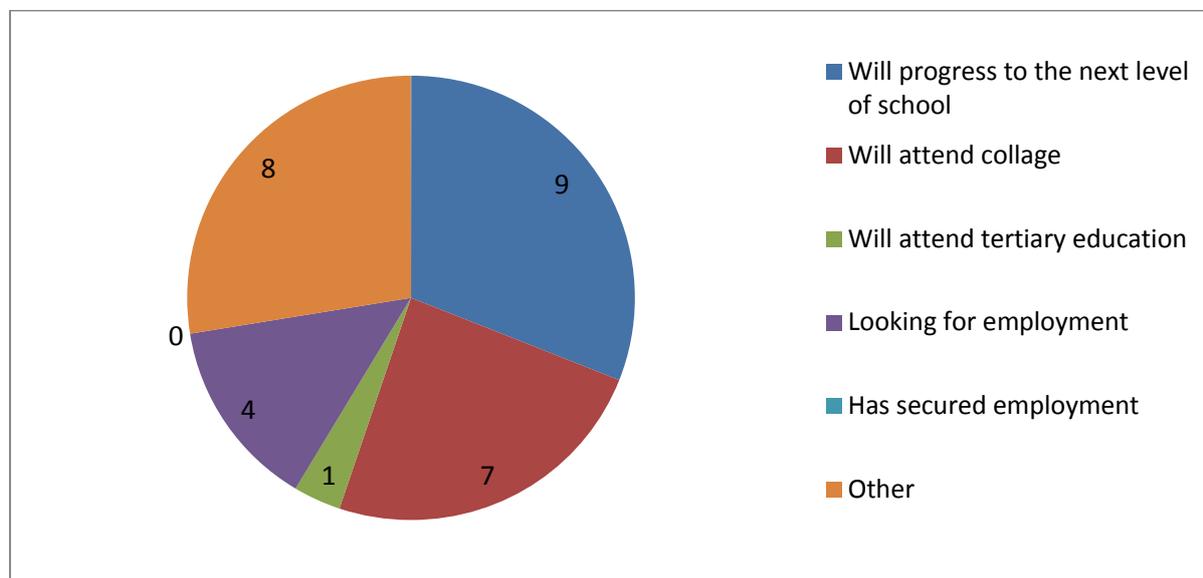


Figure 4. Plans for youth disengagement

Altogether, a total of 28 of the youth have an aftercare plan in place and the social workers believe that 31 of the 33 youth have been adequately prepared for their disengagements. Regarding the youth who were not adequately prepared, one social worker wrote:

The youth would have benefited much more had he stayed longer [2 years]. The period of his stay did not give the staff enough time to give him support he needed especially with regards to his anger issues and sense of instability.

Readiness to leave care

The vast majority of social workers who completed the forms believed that the youth were ready to leave GBT. Similarly, Figure 5 is taken from the youth's questionnaires which they completed during their baseline interview. The figure shows that the majority of youth feel well prepared to leave GBT and that makes a useful point in terms of the contradiction with their aftercare experience.

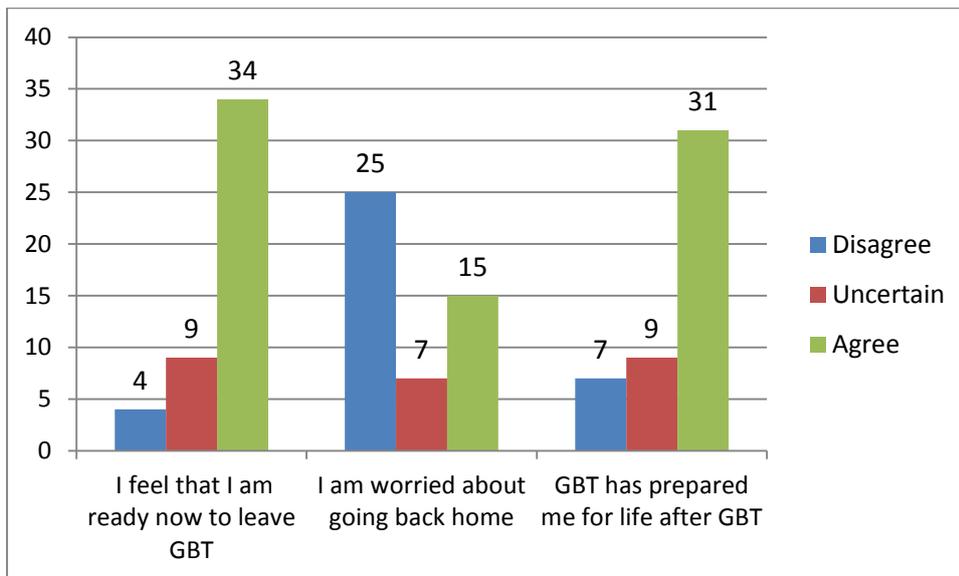


Figure 5. Youth's perceptions of leaving care

In the follow-up interviews 12 months later, the loss of structure in their living experience is very prominent for many participants. It seems that the transition from care is quite abrupt. This suggests we may need to create more opportunities for young people to be independent while they are in care at GBT and to be able to create their own structure so they have greater sense of responsibility over their lives.

This section has provided some biographic data about the participants and included background information about their lives pre-care, during-care and as they prepare for disengagement. The next section will present the outcomes of the 33 youth who have had 12 month follow-up interviews. It starts with a brief explanation about outcomes for care-leavers in general.

6. 12 MONTH OUTCOMES (COHORTS 1 TO 3)

In our endeavour to get a comprehensive picture of how care-leavers are doing each year, we drew on past studies to develop our own areas of success. Based on the literature, the following **nine outcomes** were selected to measure different areas of the care-leavers' lives (refer to Appendix 2 for definitions of each outcome):

1. Accommodation
2. Not in Employment, Education or Training (NEET)
3. Paid Employment
4. Studying
5. Financial Security
6. Drugs and Alcohol
7. Crime
8. Health and Well-Being
9. Relationships

The results below provide a summary of the 12 month data for the 33 youth from Cohorts 1 to 3, according to each of these outcomes.

6.1. Accommodation

Overall, the accommodation situation for our youth in the first year had been positive. None of them were homeless and over three quarters lived in a whole formal dwelling, like a house. Figure 6 shows the type of dwelling some of the youth indicated they live in.

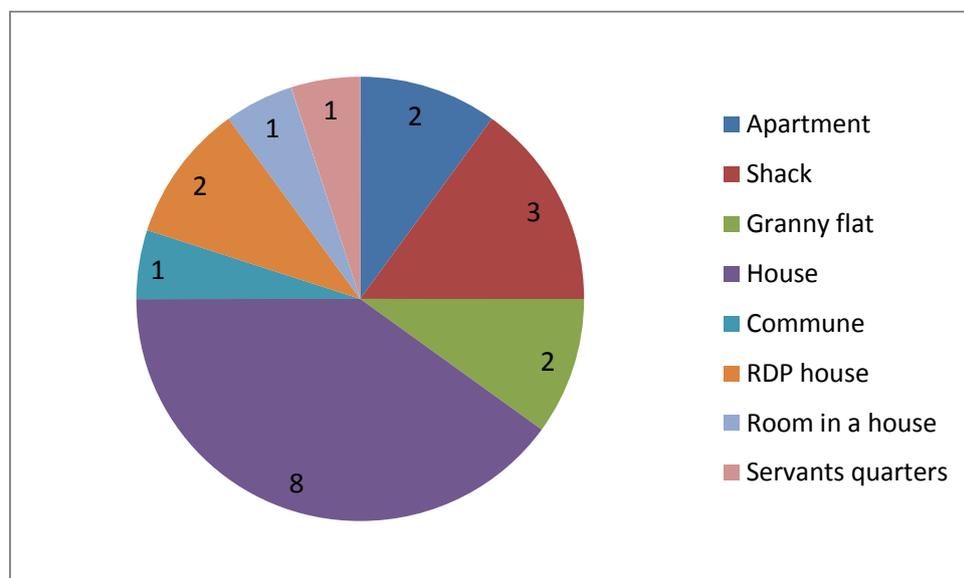


Figure 6. Type of dwelling youth live in

There were 29 of our youth who lived with their families and 22 did not pay rent, which is typical for this age group. Three youth were considered to be living more independently, sharing with a friend.

Accommodation had been stable for over half the youth over their first year out of care, but 14 have moved at least once which shows some instability. Instability is a problem for care-leavers, as every time they move they need to rebuild their support networks, rediscover resources and means of access, and possibly even find new work.

6.2. Not in Employment, Education or Training (NEET)

Our youth are at a high risk of becoming NEET, for several reasons, including low educational attainment and a highly competitive labour market with high unemployment. Being NEET impacts care-leavers' sense of well-being, productivity and hinders their chances of independent living, forcing them to be dependent on others for financial support. Most worrying is that it is well known that people living the NEET life, experience a purposelessness, which if this situation persists, can lead to a sense of helplessness in the face of adversity, thus undermining resilience (van Breda & Dickens, in press). The longer the youth remain NEET, the more susceptible they are to self-esteem issues and despondency, which makes it more difficult for them to overcome this inactivity.

A third of the youth (13 out of 33) were NEET 12 months after leaving care. Although this is a concerning statistic, GBT's youth are not disproportionately NEET compared with the national stats for youth between these ages. StatsSA (2014, p. 15) reports that 32.2%, or one out of three people between the ages of 15–24 years are NEET. There are 20 care-leavers who were working, studying or

doing some form of training, either full-time or part-time. The responses to the two questions which asked about NEET are displayed in Table 4 below.

Table 4. NEET outcome

Item	Response	Frequency
1. Are you currently working?	Full time	7
	Part time	7
	No	19
2. Are you currently studying?	Full time	7
	Part time	2
	No	24

According to the social worker plans described at disengagement, half the youth should have been studying. However, less than a third were actually studying. This means that the plans to further their education did not always materialise and youth required additional support in this area after care.

The reasons given by youth for not working are as follows:

- Could not find work requiring his/her skills
- Youth did not want to work
- Too young to work
- Was awaiting the season for work
- Lack of money for transport to look for work

Participants had not done much to remedy their NEET status. Three quarters had not been for a job interview and only four participants had applied to study for a course. Youth generally relied on their networks for finding work, or as this youth explained, “I just take my CV to different shops and wait for the person to give me an answer”. This reflects the despondency that might be settling in with the youth.

Youth should not be considered for disengagement from GBT if it is known they are at risk of becoming NEET. At a minimum, part-time, but preferably full-time involvement in studying or working should be confirmed prior to disengagement. Prior to youth disengaging, youth need to have been actively trained in employment procedures like developing a CV, conducting oneself in an interview and applying for positions. It is ideal for them to have real opportunities to practice these before disengaging. In addition, youth who had indicated they were furthering their studies need to have established themselves in these institutions and have ‘Plan B’s’ in place if problems arise. They should know where to seek help so they can prevent the loss of the placement in their further education.

6.3. Paid Employment

After leaving home, the movement from education to employment is considered one of the biggest transitions facing all youth (Cashmore & Paxman, 2007). Being employed significantly impacts and improves other areas of one’s life – it gives individuals a sense of purpose and it is crucial to increasing young people’s independence, sense of dignity and self-esteem (Blumenfeld, 2013). Most importantly, it gives them an income to survive.

International statistics show that only half of care-leavers are able to find work within two years of leaving care (Ward, Henderson & Pearson, 2003, p. 1). As described in the NEET section above, only 14 of the 33 youth were employed 12 months after leaving care. Nine of these were considered to have 'reliable' employment (they maintain a reliable work record), suggesting that the majority of care-leavers who do obtain work have a good work ethic. They were also fairly consistent with attending work, as the results show that 10 youth had not missed any days of work in the past month. There were two youth who had received a warning for performance issues from their employer in the past month, but none of the youth had been fired in that first year since leaving GBT.

Regarding the type of work they are doing, two were gardeners, three were waiters at restaurants, one was a bartender, and two were working in administration (e.g. file clerk). Three youth worked in retail (e.g. scanner or till operator), one was a web designer, one was a plumber and another replaced street lights.

One of our boys, Roland (not his real name), left GBT a mayor and a leader. He had no family, but was taken in by host parents. He soon got a job at Woolworths, where he continues to go from strength to strength. Despite his unusual upbringing, he had good friends and a caring and nurturing support system. He also chose never to use drugs, despite peer pressure. Despite all the stumbling blocks he had, he worked hard and passed matric - a goal he set for himself and worked towards. He even represented GBT in Parliament one year. In scenarios like this, it really does not matter where the rejection came from, but he had a few people who believed in him and supported him. The more support a youth has the more likely he is to succeed. His social worker at GBT, who recently attended his 21st birthday, said this, "Once again it taught us that this type of work can never be measured in the money that we earn, but in the memories that we create." The investment of staff in Roland after his care at GBT was significant, as this example shows. This may point to a more structured after care programme as being essential for later success.

6.4. Studying

Of the 17 youth who should be studying, based on the social worker reports, only nine were studying one year later. Of those nine, only four participants were regarded as having 'diligent' education. Diligent education is defined as studying care-leavers who attend class and have not failed any modules during the past year. Some youth were performing well in their education - five had attained a distinction in a course or subject. Overall, however, not enough youth were studying and furthering their education, thereby increasing their chances of attaining employment. What we need is to determine why those nine succeeded in enrolling in further studies and how those five are succeeding with distinctions and how these lessons can be passed on to future disengaging youth.

Participants were asked what they are studying. Five of the nine youth were in school (one in Grade 10, three in Grade 11 and one in Grade 12). One of the youth was doing ABET (Adult Basic Education and Training) Level 4, two were doing technical studies (one is studying mechanical engineering and another is doing panel beating) and one of the participants was doing Bible studies. Findings from past research consistently shows that youth who are able to finish their schooling are up to three times more likely to find work or continue with higher education (Cashmore, Paxman & Townsend, 2007). It is therefore essential that youth are encouraged to complete their Matric.

Education for employment

What is very significant for practice is that only eight of the 33 care-leavers had completed or were busy completing their secondary schooling 12 months after leaving care. GBT youth should not be considered for disengagement unless they have reached, or are continuing to study in order to reach a significant milestone in education. For example, completion of matric, post matric education, or an alternative education certificate, could be considered a significant milestone. Reaching these milestones significantly enhances employability and thus should be an essential requirement for disengagement.

6.5. Financial Security

A total of six participants had a basic level of financial security, receiving above R1600 per month through employment and with no short term loans (other than from the bank, friends or family). This means that just over three quarters were not financially secure one year after leaving care. Half of the participants' main source of income was from family, while just 11 youth receive their main income from employment. Figure 7 below shows the different sources of income for the youth.

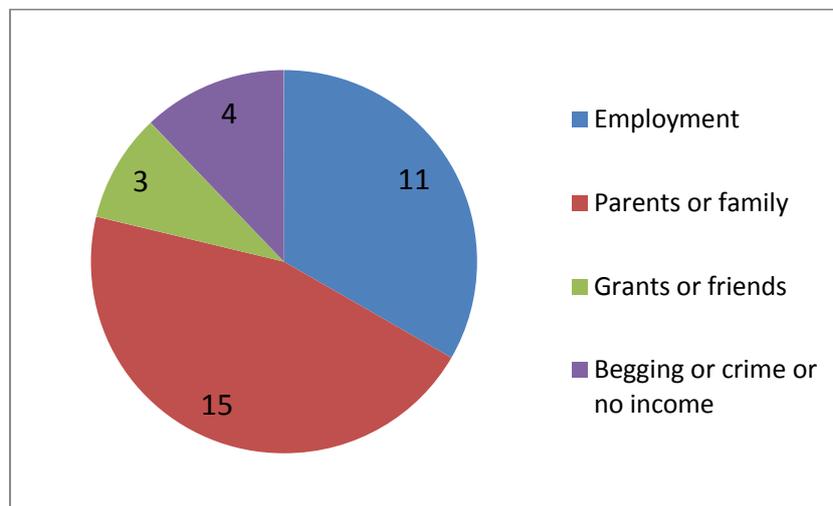


Figure 7. Youth's main source of income

Just over a third of the youths' income last month was under R400, but just over a fifth received between R3 201 and R6 400. All except one youth have no debt. About a third did not have their own bank account and three quarters had no savings. At 18 or 19 years old, no savings may be acceptable, but all youth should leave GBT with a bank account. While most of the participants had not gone hungry over the past month, a fifth did not have food for one day or more because they lacked money to buy food. Youth one year out of GBT were generally reliant on their families. Financial literacy is a crucial skill for adult life and a habit of saving, even with low earning, is important for building up a 'buffer' to weather difficult times.

6.6. Drugs and Alcohol

The vast majority of GBT youth reported being drug and alcohol 'free' 12 months after exiting GBT, despite this being one of the major youth problem issues reported by the staff, while youth were in GBT's care (13 youth were reported as having an alcohol and substance abuse problem). Drug and alcohol free is defined as the percentage of care-leavers who, during the past 2-4 weeks, avoided

binge drinking more than once a week, who used dagga no more than twice a week, and who did not use any hard drugs. Just less than half of the participants did not smoke cigarettes, with a fifth who smoked a pack or more a day. Over half had not drunk any alcoholic beverages in a two week period. There were a total of six youth who in the past two weeks had smoked dagga. One participant, Raju, described that he smoked dagga “more than 20 times a day. I smoke weed all day from the time I wake up until I go to sleep”. Including Raju, there were four youth who had smoked dagga frequently. It is perhaps also significant that the youth who had reported that they had done Class A³ drugs (mainly Mandrax and Tik) earlier in the year after disengaging, had since stopped. This could possibly be a reaction to having being brought low by the harsh reality of life. Or it could have been an indication that youth were taking more responsibility as they realised this growing need. It may also be reflective of their low income because of the high cost of abusing substances and alcohol.

6.7. Crime

The findings show that 25 of the 33 participants were crime ‘free’, having avoided any serious crime or trouble with the law during the past year. Five of the youth had been involved in serious crime or been in trouble with the law in the 12 months since leaving GBT. Table 5 below details this.

Table 4. Youth in trouble with the law

Type of involvement with the law	Number
Serving a prison sentence	1
Found guilty of a crime	2
Charges laid against me	1
Spent at least one night in a correctional facility	1

Only one youth had damaged someone’s property on purpose during the past year. There were four youth who had stolen money or things during that time period and four youth who had knowingly sold or held stolen goods or drugs. Just under a fifth of the youth had been involved in unarmed assault and one had threatened someone else with the use of a weapon.

6.8. Health and Well-Being

Health and well-being is made up of two aspects related to health: physical health and psychological health. The GBT youth showed a general tendency towards good physical health, for example, youth reported good levels of energy and minimal physical pain. The vast majority of the youth reported that they enjoy life, at least a moderate amount. The majority of GBT youth found life to be meaningful. Four fifths of the youth said they were either ‘satisfied’ or ‘very satisfied’ with themselves. However, in response to the item, ‘How often do you have negative feelings?’, they were more negative (42% indicating they had negative feelings from ‘quite often’ to ‘always’), shown in Figure 8 below. This indicates that youth may have experienced hard times, and experienced negative feelings, but overall still enjoyed life and found it to be meaningful.

³ Illegal drugs are separated into three categories or classes (A, B or C), each of which carries a different of penalty for possession and dealing. Class 1 drugs are: Crack cocaine, cocaine, ecstasy (MDMA), heroin, LSD, magic mushrooms, methadone, methamphetamine (crystal meth) (Bennett and Holloway, 2005).

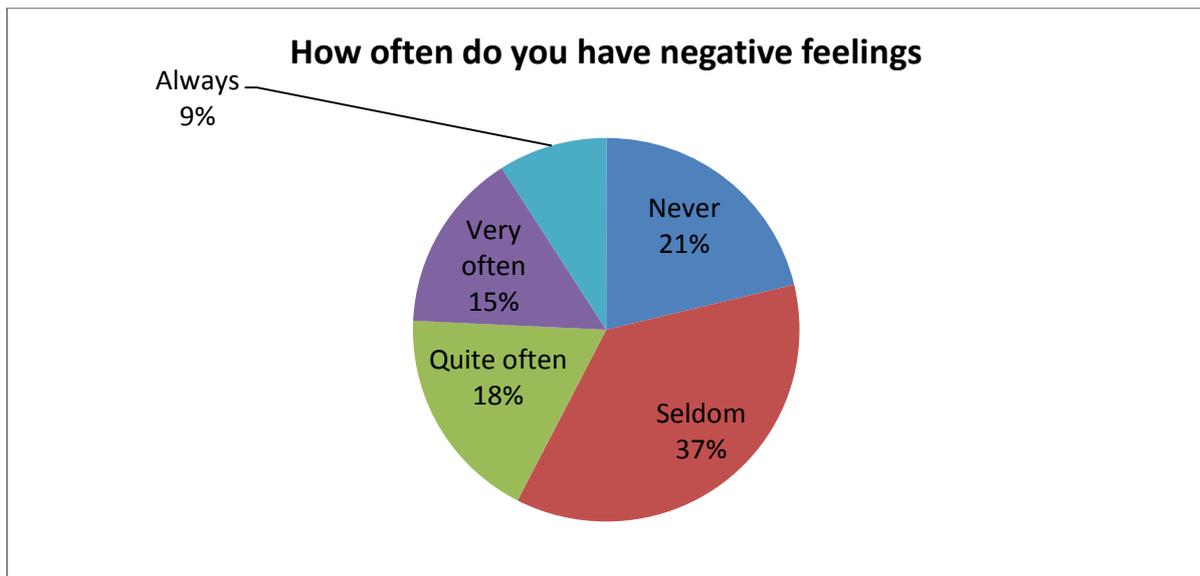


Figure 8. Percentage of youth on how often they have negative feelings

6.9. Relationships

We measured three types of relationships related to youth: family relationships, friend relationships and love relationships.

Family relationships

The majority of participants believed their family really tried to help them, with only four disagreeing with this statement. There were seven youth who didn't feel they can talk about their problems with their family and five who felt their families were not willing to help them make decisions. The results showed that the majority thought they get emotional support and help from their family. What it also showed is that although youth believe they are being helped and supported by their families, there were some youth who believed they had to turn elsewhere for guidance. In the other outcomes above, we have found that youths' basic needs are usually being met by their families, but often their relationships do not fully nurture their development. A key point is the emphasis on youths' development of a diverse support network.

Peer relationships

On the whole, the majority believed that their friends support and care for them. The average score for peer relationships is 69%, compared to the average score for family relationships which is slightly higher at 72.5%. A high score (indicating higher levels of positive outcomes) is desirable. These percentages are a summary of the profile of participants on multiple dimensions within relationships. Three quarters of the youth had friends their own age who really cared about them, and just less than three quarters had friends they could talk to about their problems. Another 25 of the youth said their friends tried to do what is right – indicating positive peer relationships. A small proportion felt they could not talk to their friends about their problems nor believe their friends would help them when they are having a hard time.

Love relationship

Love relationships are the highest scoring of the three relationship outcomes, with an average score of 82.8%. This means that between family, peer and love relationships, youth are performing on average, best in terms of their love relationships. A total of 20 of the 33 participants were in a love

relationship and thus answered this section. The majority felt close to their partners, understood their partner’s feelings, showed their partner affection and shared personal information with their partners.

Participants were asked about their current marital status. One participant said he was married, four said they were living together like married partners and the vast majority (number=27) of participants had never been married, which is to be expected from youth at this age. The vast majority of youth said they did not have any children, although one said he had and another, said his partner was expecting a child. It would be interesting to note whether there would be an increase in the rate of care-leavers having children if more of the sample was made up of women. Statistics show that in South Africa, a third of women give birth before they turn 20 years old (Richter et al., 2007).

This section has examined the 12 month outcomes of the 33 youth who have had at least one follow-up interview. The following section still focuses on outcomes, but examines the difference of care-leavers at 12 months and then at 24 months. This data will enable us to examine whether youth start to improve as they ‘settle’ into life out of GBT. Although two years is not very long, it gives us a longer-term view of how GBT youth do.

7. 12 TO 24 MONTH CARE-LEAVING OUTCOMES (COHORT 1)

This section focuses on presenting what the youth’s outcomes are at 12 and 24 months after leaving GBT. International literature states that the first year after leaving care is the hardest for many youth. Table 6 provides a summary of how the youth were doing at 12 months compared to 24 months, for the 14 Cohort 1 youth who had 12 and 24 month follow-up interviews.

Table 6. 12 month outcomes compared to 24 month outcomes

Outcomes	12 months		24 months	
	frequency	number	frequency	number
Self-Supporting Accommodation	5	14	6	14
Education for Employment	5	14	6	14
NEET*	7	14	6	14
Reliable Employment	2	3	2	3
Diligent Education	1	1	0	1
Financial Security	4	14	4	14
Drugs & Alcohol Free	13	14	12	14
Crime Free	12	14	10	14

*A low frequency is desirable

All the outcomes above resulted in non-significant findings. This means that there were **no statistically significant changes or improvement in outcomes from 12 to 24 months**. What we had hoped to see was that gradually over time, youth would improve in their adjustment towards independent adult living. However, despite the small sample size, youth were not showing any change over time and in fact, there may have been a general deterioration over time during the first

two years out of care. Given the marginal differences between 12 and 24 month outcome data, some of the most important findings from Table 6 are highlighted below.

7.1. Self-Supporting Accommodation

Two years after leaving care, fewer than half the participants were paying for, or owned their own accommodation, or received accommodation in exchange for work. They were thus dependent on others for their accommodation – six of these eight were living with family. This is not necessarily ‘bad’ or unusual for 19-20 year olds, as they may have been relying on family and others to assist with accommodation while they pursued their education and/or first ventures into employment.

7.2. Education for Employment

Fewer than half of the participants had completed or were busy completing their secondary education or a trade qualification. It is of concern that two years after leaving care, care-leavers had not closed the gap in securing an education that increased their chances of acquiring reasonable work. Two years out of care, nine of the 14 participants had not completed their secondary schooling and only three of these were currently studying.

7.3. NEET

Just under half of the participants were NEET 24 months after leaving care. This figure (approximately 43%, among these 18-23 year old care-leavers) can be compared with 32% among 15-24 year old South Africans (StatsSA, 2014, p. 15), 45% of 18-24 years old South Africans in another report (Spaull, 2013, p. 8) and 16% of 15-29 year olds in OECD countries⁴ (OECD, 2013, p. 1). Because of the differences in reported figures, it is difficult to determine if this NEET rate among care-leavers was significantly worse than the general South African population. Reasons provided for not seeking work or education suggested a loss of hope, e.g. “Don’t know people that help find work”, “In December it’s hard to find work”, and “Tried [applying for a course of study] but occupancy too full”.

7.4. Reliable Employment

In total, five participants were working at 24 months, down from seven at 12 months. Only three of these were employed at both 12 and 24 months. Two participants who were not working at 12 months, were working at 24 months, while four who were working at 12 months were no longer working at 24 months. These shifts in employment suggest instability in patterns of working, typical among young adults (Arnett, 2004). Two of the three participants who were working at both 12 and 24 months maintained a reliable work record, which is a positive sign among the few who do secure work.

7.5. Diligent Education

This indicator focuses on class attendance and passing the modules among those who are studying. While two participants were studying at 12 months and three at 24 months, **only one was studying at both 12 and 24 months and is therefore reflected in the table as such**. The three studying at 24 months were studying secondary school subjects, a certificate in panel beating and labour law. None

⁴ OECD (Organisation for Economic Co-operation and Development) countries includes 34 countries including most European countries and Australia, Canada, Chile, Ireland, Japan, Korea, Mexico, New Zealand, UK and USA. No African countries are members of the OECD.

of those studying at 24 months met the requirements of this indicator: two failed one or more modules, two failed one or more assessments and two missed two or more days of class during the past month without good reason.

7.6. Financial Security

Only four participants earned above R1,600 per month (minimum wage for a domestic worker is R2,000 pm) through employment and had no short-term loans (other than from the bank, friends or family). Five participants indicated that their main source of income was employment, four of whom reported earnings above R1,600. Only two participants reported having debt; both debts can be regarded as 'acceptable' debt (viz. a student loan and a credit card or shopping account). Five participants did not yet have their own bank account and only two participants had saved more than R1,600 (above their monthly income). Three participants reported going hungry for two or more days during the past month, one of whom had gone hungry for four or more days.

7.7. Drugs & Alcohol 'Free'

While the previous outcomes have been less than positive, this area has been encouraging. Twelve out of the 14 participants, during the past 2-4 weeks, avoided binge drinking more than once a week, used cannabis no more than twice a week, and did not use hard drugs. Eight participants smoke cigarettes, two of whom smoked a pack or more a day. Seven participants drank alcohol in the past two weeks, one of whom had more than seven drinks and one of whom binge drank three or four times. Two participants reported smoking cannabis during the past two weeks, both more than four times. One participant reported using hard drugs, more than eight times during the past month.

7.8. Crime 'Free'

Ten participants avoided any serious crime or trouble with the law during the past year, down from 12 during the first year out of care. This change of two participants is the largest change across the eight outcome indicators. Three participants reported having stolen money or goods during the past years, but only one stole more than R1,000. Two participants reported selling stolen goods to the value of more than R1,000. Four participants were involved in assaults, one of which required the other person to be hospitalised (he stabbed someone in jail with a piece of glass). One participant served jail time during the year and another spent a night in a holding cell.

Over and above the indicators discussed above, we also measured relationships, health and wellbeing, general resilience and 'bouncebackability' in the youth. These are described below. These were scored on a scale with a range from 0 to 100. Therefore, their scores are shown as percentages below. **A high score is desirable for the outcomes, while a lower score indicates lower levels of negative outcomes. The percentages are a summary of the profile of participants according to various items.**

7.9. Relationships

Family Relationships. Family relationships obtained a reasonably high score both 12 and 24 months after leaving care, which is noteworthy, given that the family is a significant part of the reason for young people winding up in care. The item with the least positive score was "I can talk about my problems with my family" with which three participants disagreed and four were uncertain.

Friendship Relationships. This also achieved good scores, with the lowest item being “My friends are sensitive to my needs”.

Love Relationships. Half of the participants reported being in an intimate relationship. These seven were all very positive about this relationship, which scored higher than both family and friendship relationships. The lowest score was for “I often show my partner affection”, with which two participants disagreed.

7.10. Health & Well-Being

Scores for health were generally positive, with the lowest scores for “How well are you able to concentrate” and “How often do you have negative feelings such as blue mood, despair, anxiety, depression.”

7.11. CD-RISC

The CD-RISC scale, a measure of general resilience, is the only instrument where youth did significantly worse between 12 and 24 months. Lowest scores were obtained for “Having to cope with stress can make me stronger” and “I tend to bounce back after illness, injury, or other hardships”.

7.12. ‘Bouncebackability’

This scale, a measure of a general belief in one’s ability to ‘bounce back’ after difficult times, had the lowest score of all the scales. The items emphasise the ease and speed with which people are able to bounce back from adversity. Lowest scores (after reverse scoring) were obtained for “I tend to take a long time to get over set-backs in my life” and “It is hard for me to snap back when something bad happens”. It seems that while care-leavers may have resilience resources available to them, this does not make bouncing back quick or easy.

This section of the report has examined the care-leaver’s outcomes at 12 months, compared to outcomes at 24 months. The 12 to 24 month data shows that there are no significant improvements in the youth over time. While making assumptions based on such a small sample is problematic and we should wait for a more substantial sample, the fact that there is no significant improvement from 12 to 24 months for youth leaving care does beg the question, ‘Have we released these young people back into society to fail?’

The next section presents the findings on the significant predictors, namely which resilience factors are more effective in facilitating a positive transition for youth.

8. RESILIENCE PREDICTORS: INCREASING THEIR ODDS

One of the major contributions of this study is that we are able to link the resilience predictors (resilience variables measured at baseline) together with the outcomes (measured at follow-up). Youth who have some mastery in one or a few of the resilience predictors, are likely to be able to adjust to life more easily and have better outcomes. As an example, if Xolani has very good family relationships, has a high self-esteem and is involved in various social activities when he leaves GBT (resilience predictors), there is an increased likelihood he will be performing better in the outcome

areas 12 months after leaving care. The power of our data is that we are starting to tell which of the resilience predictors are most important for youth to have when leaving care. As we continue to gather more data and more youth join our study, we will have increased confidence in which resilience predictors are most significant. Although we measure 24 resilience variables in our study, Table 7 below is a summary showing which resilience factors positively predict which outcomes – only the resilience factors that predict the largest number of outcomes are included here.

Table 7. Prominent resilience predictors

Prominent Resilience Factors
Supportive Role Model Relationships predicts <ol style="list-style-type: none"> 1. Diligent education 2. Not NEET 3. Financial security 4. Physical health 5. Psychological health
Family Financial Security predicts <ol style="list-style-type: none"> 1. Self-supporting accommodation 2. Not NEET 3. Accommodation 4. Financial security
Team Work predicts <ol style="list-style-type: none"> 1. Self-supporting accommodation 2. Not NEET 3. Financial security 4. Physical health
Self-Esteem predicts <ol style="list-style-type: none"> 1. Self-supporting accommodation 2. Financial security (scale) 3. Financial security (indicator) 4. Psychological health

The table above shows the resilience variables which are most predictive of positive outcomes for youth. All five of the relationship types we measured (role model, family, peer, lover and teacher) are good predictors of positive outcomes for youth as they depart from GBT. However supportive role model relationships is the most important because it predicts five of the outcomes. This means that if youth have supportive role model relationships at disengagement from GBT, they are more likely to have diligent education, be not-NEET (i.e. be engaged with work or studying), have financial security, better physical health and better psychological health one year later. Role models are defined as a significant relationship with an adult who is not a parent or teacher. Peer relationships, teacher relationships, love relationships and family relationships were also found to be predictive of better outcomes for youth after care.

The second strongest predictor of the resilience variables we measured is family financial security, which is the financial situation of the family at the time of disengagement. This means that youth who have a family that has some financial security at disengagement have a better chance of having self-supporting accommodation, being not-NEET, having better quality accommodation and financial security 12 months later. Team work, the ability to work in teams and co-operate, predicts self-

supporting accommodation, financial security and physical health. Self-esteem is also a strong predictor, facilitating self-supporting accommodation, financial security and psychological health. In addition to these, optimism and spirituality were also good predictors of positive post-care outcomes.

In this section we propose that if we could invest in developing aspects of resilience while youth are in care, we could equip young people better to negotiate their way to independent living. The specific resilience predictors that are shown to be more significant than others were presented. The final part of the report examines what these findings mean and provides suggestions for improving practice.

9. STRATEGIES FOR IMPROVING PRACTICE

GBT aims to provide strong preparation of young people for leaving care: the whole programme is geared towards developing a range of crucial social and life skills. Furthermore, an independent living programme is in place and GBT assists all care-leavers with an individual development plan for after they have left care. All care-leavers are referred back to the welfare organisations providing services in their area. It would seem then, that we are doing everything possible to prepare young people for independence and prosocial living; yet the outcomes are not positive. It seems we have more work to do in preparing young people for a successful life after care!

The findings from our research so far suggest that, while some youth do manage in certain areas of their lives, there are many struggles they face, especially in relation to finding work or being active after care. Without employment and their own income, youth have to rely on their families for accommodation and for at least some financial support. Family relationships are sometimes strained, but youth seem to rely on peers and love relationships as well. We are finding that for the most part, youth are staying off drugs and not getting involved in serious criminal activity. They also seem to be physically healthy, but psychologically may feel a sense of anxiety and hopelessness at times. Having a sense of purpose is especially critical for improving overall well-being. Work or studying also opens up their networks, gives them more access to resources and increases their sense of belonging. It seems though that there is not an improvement in their outcomes after two years after leaving care, which means that the initial struggles we fear for the youth do not 'ease up' after the first year.

So what can we learn from this research so far and what can we do to improve the way we work with the youth? Below are some key themes that are emerging from the study and suggested implications for practice, which are all based on the following critical question:

What are we doing to support youth in their transitions to adulthood?

We need to continually critically examine not only the in-care journey of youth, but also their preparation for leaving care and the support they require after care. What can we do to encourage smooth, gradual transitions? The United Kingdom has a system of 'corporate parenting', where care-leavers are seen as the state's responsibility and all their needs are met, well past the age of 18 years. GBT youth require ongoing support and assistance once they have left care, through a

network of aftercare support services so they can secure stable accommodation, meaningful employment and continued education or training. International research is clear that aftercare is vital for care-leavers and that it provides significant support to smooth out the transition.

9.1. Fostering Relationships

This research is showing that relationships, and particularly role modelling and teacher relationships, are key for improving care-leavers' outcomes. We need to actively help youth connect with adults in the community who could take on a mentoring role. A sporting person, or someone in the church are examples of this. They also have the double benefit of encouraging youth to engage in pro-social activities. These supportive adult relationships should not only be established from the GBT community, but also and more importantly, from the community where they will live after leaving GBT. Two mentorship programmes which GBT has had some experience with are SA-YES (South African Youth Education for Sustainability) and Bright Stars Mentorship Programme. Both these organisations work particularly with youth leaving residential care and provide one-on-one mentorship.

Generally, preparation for disengagement should involve intensive relationship-building work with the family to whom the youth returns. This will serve as a barrier to the relationships breaking down, causing the youth to have to seek alternative (often less stable) accommodation elsewhere if they are forced out of home. Families also need to be in a position where they can reasonably support the young person. The financial security of the family has been shown to be an important predictor of better outcomes after care.

9.2. Personal Growth

The research has begun to demonstrate just how important it is to develop personal strengths within the youth. In particular, self-esteem, optimism, spirituality and team work have been shown to increase the odds of a better life for youth when they are on their own after care. Youth who have the confidence "that I can do for myself" appear to take more responsibility and be more active agents in their lives. This means that, in practice, we should be building on the strengths the youth show. Although this may be a redundant suggestion where all GBT programmes profess to be "strength based", it may be worthwhile interrogating the staff ability to implement this intention of the programmes.

9.3. Independent Living Skills (ILS)

We need to look for strategies to intensify ILS and preparation of youth for living outside of GBT. We suggest that we seek out opportunities for the youth to discover the challenges of independent life while still at GBT. Most youth have reported in their interviews how they had taken the basic needs which they get at GBT for granted, but only realised this once they left, such as planning a living budget and actually getting the opportunity to live off of that for a week. Affording youth real opportunities to practice managing these independent living skills while still at GBT, will enhance their preparation to deal with the challenges when they have less support outside of GBT. One specific action we can take is to open a bank account for each youth and ensure that they save at least a small amount of money in this account prior to leaving GBT. Johannesburg Children's Home, for example, has begun a project where they get their youth to go out and research the costs of living, and important aspects of life, such as how the transport system works. At SOS Children's Village, youth used to transition to 'youth houses' where they lived alone. This model did not prove

to work well for them however, and they have since returned to keeping the youth in the ‘family houses’ until they think they are ready for independent living, even well past 18 years.

9.4. Employment, Education and Training

NEET has been demonstrated to be a major concern for young people after care, with no notable improvement over the first two years. Social work plans for youth to continue in education are often not realised as youth drop out of education and do not get taken up into employment. Preparation for disengagement, during the last six or so months in care, will need to be more proactive in developing detailed and advanced plans for the youths’ persistence in employment, education or training. This could require communication between GBT and the schools, training centres or employers that the youth will return to, even if these are in communities far from GBT. It will also require establishing relationships between the youth and their families with key people in the organisations providing the employment/education services. GBT can draw more profitably on the various NGOs and government organisations that are giving attention to addressing the high rates of unemployment among South African youth in general. All of these activities will require us to extend ourselves beyond the care environment. This is what we do for our own children – we do not stop at providing good care for them in the home; we also build bridges out of our homes into the employment, education and training environments. None of our youth should be disengaged into a NEET status and where there are risks to them becoming NEET, contingency plans to avert this situation should be in place. We should do no less for our GBT children.

9.5. Questions to Challenge Ourselves

We want to challenge staff to think about the following practice questions related to preparing youth for after care.

- Independent living skills – is this a programme reserved for just prior to disengagement?
- Do we tick all the Independent Living skills boxes only in our controlled campus environments?
- When does preparation for disengagement begin? 6 months from disengaging? At admission?
- In our life-space interaction with youth, are we able to introduce a focus on the future, or are we over focussed on resolving the day-to-day in care issues?
- Do we ‘risk’ or trust enough to afford youth real practice in preparation for leaving, while still in care? For example, mastering the preparation of at least three meals, finding and renting a place to stay, real budgeting where the consequences of poor budgeting come to bare while still in care, actual engagement/communicating with service providers like Home affairs officials, medical clinics, the police, general public etc, doing mock/real job interviews.

10. CONCLUSION

This report has presented selected findings from the Girls and Boys Town *Growth Beyond the Town* longitudinal research study. It first discussed the context and the contribution of the study and then discussed the results in four sections starting with the biographic profile of the youth, then 12 months outcomes, then 12 to 24 month outcomes and finally, the most important resilience predictors for good outcomes. These resilience predictors are beginning to show promise and may well provide insight into the kinds of resiliencies that are most useful in developing youth who transition more successfully into young adulthood. This would generate important practice

guidelines for child and youth care. In particular, the GBT programme could attend more purposefully to developing these important resilience factors in youth while they are in care – this is central to the focus of Phase 3 of the GBT study mentioned in Section 2.

Because this is an ongoing rolling cohort study, participants will continue to join the study as they disengage and the study will continue to grow. By the end of 2015, the number of participants will have doubled and we will have our first three-year out of care data. The more data we accumulate, the more robust the study becomes. As time goes on, the information gathered from this study will enable us to predict with confidence, which youth are likely to succeed after they have exited from care and which youth may struggle. The way in which youth are prepared for independent living and the type of support we offer them after care can only be changed and improved through evaluating change.

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Appendix 1: Resilience Predictors: Resilience Definitions & Measurement Properties

Scales	Operational Definitions	Items	Cronbach alpha	Construct Validity
Family Relationships	Relationships with family members are experienced as caring and supportive.	5	.816	.616
Friends Relationships	Relationships with friends are experienced as pro-social, caring and supportive.	6	.783	.532
Teacher Relationships	A relationship with at least one teacher who is experienced as caring and encouraging.	6	.829	.604
Community Relationships	A reciprocally supportive and caring relationship between the youth and community.	5	.834	.637
Role Model Relationships	A relationship with at least one adult (other than parents, teachers or employers) who is experienced as caring and encouraging.	6	.908	.751
Love Relationships	A romantic relationship that is experienced as intimate and characterised by mutual understanding.	5	.809	.603
Community Safety	The perception of the community as being safe in terms of low crime/drugs and high in safety and security.	4	.766	.570
Family Financial Security	The family has sufficient money to cover their needs and does not worry or argue about money.	4	.711	.500
Social Activities	Regular participation in pro-social group activities.	6	.775	.525
Positive Learning Experience	An orientation to learning characterised by low anxiety and high attention.	5	.723	.483
High Self-Expectations	High expectation of self to work hard and achieve the best results.	5	.787	.576
Bouncebackability	A general belief in one's ability to 'bounce back' after difficult times.	5	.751	.517
Interdependent Problem-Solving	A preference for an interdependent approach to problem-solving.	5	.747	.513
Self-Efficacy	The belief in one's ability to organize and execute the courses of action required to manage prospective situations.	7	.775	.503
Optimism	A general expectation that good things will happen in the future.	4	.741	.538
Self-Esteem	A general feeling of self-worth and self-acceptance.	8	.807	.521
Resourcefulness	A belief in one's ability to perform difficult tasks with limited resources.	7	.791	.531
Distress Tolerance	The perceived capacity to withstand negative psychological states.	5	.735	.498
Spirituality	A global orientation towards personal spirituality.	6	.870	.671
Team Work	A perceived ability to work productively with others in a team.	5	.833	.633
Empathy	Feeling with and caring for the well-being of other people.	8	.888	.668

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Appendix 2: Outcome Definitions

Outcome Scale	Definition
Accommodation	The extent to which care-leavers live independently (or with a partner) in self-funded, formal housing, with no moves or periods of homelessness since their last interview.
Paid Employment	The extent to which working care-leavers have stable employment, with reasonable working hours and perform well in their jobs.
Studying	The extent to which studying care-leavers persist in, commit to and perform well in their studies.
Financial Security	The extent to which care-leavers are financially independent, with a well-paying job, their own bank account, sufficient savings and no 'bad' debt.
Drugs & Alcohol	The extent to which care-leavers used cigarettes, alcohol, cannabis and hard drugs over the past 2-4 weeks.
Crime	The extent to which care-leavers engaged in vandalism, theft and violence and have had trouble with the law since their last interview.
Health & Well-being	<p>Physical health: The extent to which care-leavers feel healthy (e.g. good energy, mobility, sleep and absence of pain), so that they can function in daily life.</p> <p>Psychological health: The extent to which care-leavers experience well-being (e.g. good body image, self-esteem, concentration, meaning in life and absence of negative emotions), so that they can function in daily life.</p>
Relationships	<p>Family relationships: Relationships with family members are experienced as caring and supportive.</p> <p>Friends relationships: Relationships with friends are experienced as pro-social, caring and supportive.</p> <p>Love relationship: A romantic relationship that is experienced as intimate and characterised by mutual understanding.</p>
Ability to 'bounce back'	A general belief in one's ability to 'bounce back' after difficult times.

Van Breda, A. D., Dickens, L., & Marx, P. (2015). *A measurement tool of independent living outcomes for South African youth*. Johannesburg, RSA: University of Johannesburg and Girls & Boys Town South Africa.

Appendix 3: Project Publications

- Dickens, L. & Marx, P. (2014). Prepared for promising citizenship? The journey of youth leaving residential care. Paper presentation at the 14th International Winelands Conference in Stellenbosch, 31 March - 4 April 2014.
- Dickens, L. & Van Breda, A. D. (2013a). *How do they fare? Transitioning out of care in South Africa*. Paper presented at the "Voices for Development" World Conference, Sandton, RSA.
- Dickens, L. & Van Breda, A. D. (2013b). *How do we increase their chances of success? The journey of youth leaving residential care*. Paper presented at the NACCW 19th Biennial Conference: Social Service Innovations Towards Social Justice, Johannesburg, RSA.
- Dickens, L., Van Breda, A. D., & Marx, P. (2014). *Growth beyond the town: A longitudinal study on youth leaving care: 12-month outcomes report (cohort 1)*. Cape Town, RSA: University of Johannesburg and Girls & Boys Town South Africa.
- Dickens, L., Van Breda, A. D., & Marx, P. (2015). *Growth beyond the town: A longitudinal study on youth leaving care: Baseline report*. Cape Town, RSA: Girls & Boys Town South Africa and University of Johannesburg.
- Marx, P. & Dickens, L. (2015). *'Successing' or Despair? The Journey out of Care*. Paper presentation at the NACCW 20th Biennial Conference, entitled "Advocacy, Development, Professionalism, Cape Town, South Africa, 30 June - 2 July 2015.
- Van Breda, A. D. (2013a). Youth at the crossroads – transitioning out of the care of Girls & Boys Town, South Africa. *Relational Child & Youth Care Practice*, 26(4), 57-63.
- Van Breda, A. D. (2013b). *Youth at the crossroads: Transitioning out of care in South Africa*. Paper presented at the Child and Youth Care World Conference, St John, Newfoundland and Labrador, Canada.
- Van Breda, A. D. (2014a). A comparison of youth resilience across seven South African sites. *Child & Family Social Work*. doi: 10.1111/cfs.12222
- Van Breda, A. D. (2014b). *Social processes of resilience among young men leaving the care of girls and Boys Town, South Africa*. Paper presented at the Second World Congress on Resilience (From Person to Society), Timisoara, Romania.
- Van Breda, A. D. (2014c). *Validation of a measure of resilience of youths exiting residential care*. Johannesburg, RSA: University of Johannesburg.
- Van Breda, A. D. (2015a). Journey towards independent living: A grounded theory investigation of leaving the care of Girls & Boys Town South Africa. *Journal of Youth Studies*, 18(3), 322-337. doi: 10.1080/13676261.2014.963534
- Van Breda, A. D. (2015b). *Young people leaving residential care in South Africa: Risk and resilience at 12 and 24 months after leaving care*. Paper presented at the Journal of Youth Studies Conference, Copenhagen, Denmark.
- Van Breda, A. D. (2015c). *Youth transitions from residential care in South Africa: In pursuit of authentic belonging*. Public lecture, Queens University, 25 March, Belfast, Northern Ireland.
- Van Breda, A. D. & Dickens, L. (2014). *Young people transitioning out of care into contexts of deprivation*. Paper presented at the colloquium hosted by the Poverty and Inequality Initiative, University of Cape Town, entitled "Youth in South Africa: Uncertain Transitions in a Context of Deprivation", Cape Town, RSA.
- Van Breda, A. D. & Dickens, L. (2015a). *Youth people leaving residential care: Layers of vulnerability and resilience*. Public seminar for Centre for Social Development in Africa, University of Johannesburg 21 May, Johannesburg, South Africa.
- Van Breda, A. D. & Dickens, L. (2015b). *Young people leaving residential care: Layers of vulnerability and resilience*. Paper presented at the himaya 1st annual symposium: 'Building and strengthening resilience in child protection', Beirut, Lebanon.
- Van Breda, A. D., Dickens, L. & Marx, P. (2015). *A measurement tool of independent living outcomes for South African youth*. Johannesburg, RSA: University of Johannesburg and Girls & Boys Town South Africa.

Van Breda, A. D. & Dickens, L. (in press). Educational persistence and social exclusion among youth leaving residential care in South Africa. *Nuances: Estudos sobre Educação*.

Van Breda, A. D., Marx, P. & Kader, K. (2012). *Journey into independent living: A grounded theory*. Johannesburg, RSA: University of Johannesburg and Girls & Boys Town.