



GROWTH BEYOND THE TOWN
A longitudinal study on youth leaving care



UNIVERSITY
OF
JOHANNESBURG

GROWTH BEYOND THE TOWN
A longitudinal study on youth leaving care

BASELINE REPORT
COHORTS 1 - 3
MARCH 2015

Prepared by
Lisa Dickens, Adrian van Breda and Peter Marx

Girls and Boys Town South Africa
In partnership with the
Department of Social Work,
University of Johannesburg

Girls and Boys Town South Africa and the Department of Social Work at the University of Johannesburg would like to gratefully acknowledge the financial contributions of the Anglo American Chairman's Fund Trust towards this 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.



TABLE OF CONTENTS

1. INTRODUCTION	4
2. UNDERSTANDING RESILIENCE IN THE CONTEXT OF THIS STUDY.....	4
3. WHAT ARE RESILIENCE VARIABLES?	6
4. HOW WAS DATA COLLECTED?.....	7
5. PROFILE OF PARTICIPANTS.....	7
6. BASELINE RESULTS AND FINDINGS	8
6.1. ROLE MODEL AND TEACHER RELATIONSHIPS AND LEARNING	10
6.2. WORTH AND CAPABILITY	13
6.3. WORKING WITH OTHERS	15
6.4. HANDLING STRESS AND BOUNCING BACK	17
6.5. FINANCIAL SECURITY.....	19
6.6. FEELINGS ABOUT LEAVING	20
7. CONCLUSION	21
REFERENCES	23
APPENDIX 1.....	25

1. INTRODUCTION

Youth leaving care are of some of the most vulnerable people in our society. Extensive international research in the field of care-leavers has emphasised this point (for example, Stein, 2012). Yet very little research has taken place in our country, or developing countries around the world, in this field. Knowledge of this fact should heighten our accountability to the outcomes for care-leavers. *'How successful are our youth when they leave? Do they end up finding a happy life for themselves or, do they generally live a life of struggle and despair where they are unable to make positive contributions to their family and society?'* Girls and Boys Town, South Africa (GBT), in partnership with Prof Adrian van Breda from the University of Johannesburg (UJ), have embarked on a longitudinal study into the journey of leaving care among youth who have been at GBT to examine these questions. This follow-up study is the second phase to a previous study that retrospectively studied the same topic with a group of young adults who had left care some years earlier (Phase 1). Phase 2 aims to prospectively verify and deepen the Care-Leaving Theory (developed in the earlier study) and to identify central variables that forecast the successful transitioning of care-leavers into independent living. The study was approved at UJ by the Faculty of Humanities Academic Ethics Committee on 20 September 2012.

As one part of the larger study, we conducted baseline interviews with youth disengaging from GBT. During this time of leaving care, participants were assessed on a range of measures of resilience and readiness to leave care. We then tracked these care-leavers once per year every year and have done so for the last three years, through doing follow-up interviews with them. The purpose of this report is to provide a synopsis on the type of information we gather from care-leavers during the baseline interviews – when they are on the verge of disengaging from GBT. The data will then be used at a later stage to predict their outcomes after 12, 24 and 36 months. The objective of this report is to show how we are measuring resilience and the particular areas under investigation. It will not, however, actually report on the how resilient the youth are at disengagement. It will provide information on the methods used to gather information about the youth's resilience (baseline statistics) and it will show the resilience variables we are measuring. This report will provide data to show how the youth, upon disengagement, score in each resilience area on the resilience tool we have developed. It shows where the youth's strengths and potential weaknesses are in relation to the resilience factors we are measuring. These results are a reflection of 48 GBT youth who disengaged from care between September 2012 and December 2013.

2. UNDERSTANDING RESILIENCE IN THE CONTEXT OF THIS STUDY

Resilience is 'ordinary magic'. The great surprise of resilience research is the ordinariness of the phenomena ... which appears to be a common phenomenon that results in most cases from the operation of basic human adaptional systems ... Resilience is not especially rare, nor does it require superhuman powers or extreme good luck; it seems to grow out of "ordinary magic," the common protections, resources, and opportunities available in many individuals, families, neighbourhoods, and cultures around the world.

(Masten, 2001, p.227)

Life is unfortunately not without challenges, difficult situations, trauma and unexpected crises. And life is not about trying to build a life devoid of these unavoidable problems, but rather how we face and overcome them. That is resilience – the ability to cope or bounce back in the face of adversity (van Breda, 2014a). Resilience theory, which will guide this study, tries to understand why some individuals cope with major stress or risks, while others do not (van Breda, 2001). It comprises two main components: (1) Exposure to a risk(s) and (2) demonstration of successfully adapting to that risk(s). This study takes it as a given that young people in care have faced adversity and that they will continue to face adversity as they transition out of care. This study is rather focused on the coping abilities of care-leavers in the face of such obstacles. Most resilience research shows that it is the result of “how people interact with the environments around them, the processes (such as coping strategies) that either promote well-being or protect them against the overwhelming influence of risk factors” (Zautra, Hall & Murray, 2010, p. 3). The youth’s ability to ‘bounce back’ after experiencing adversity or how they ‘resile’, is the independent variable being measured at baseline. This is the critical central organising concept for the study. This is because the concept of resilience gives coherence to understanding how the youth transition out of care and the processes they go through on this journey (Dickens, van Breda & Marx, 2014). This study is intended to determine which resilience-promoting factors at disengagement will give the better outcomes after care. It asks which strengths and resources do these youth access. Core to that is to understand how to nurture the resilience present in the youth so they can continue on a path of succeeding. This links to gaining an understanding of the way in which change occurs.

Resilience at baseline should facilitate positive adjustment for youth after they have journeyed from care (Stein, 2005). To that end, the resilience paradigm is at the heart of this study and is its’ central organising notion. Van Breda et al. (2012, p. 7-8) best describe the essence of how critical the resilience-based lens is in the context of this study:

... we are more concerned with how youths successfully manage the transition out of care, that we aim to locate these success factors not within the individual, but in their interaction with the social environment, and that we expect to gain the greatest insight through focusing on social interactions as processes over time.

These young people who successfully overcome many extreme hardships in life require admiration. However, resilience in and of itself is not an exceptional quality (as it was previously thought of) but rather a normal adaptive process present in many humans (Masten, 2001). This is echoed in Masten’s quote seen earlier, that resilience is ‘ordinary magic’. Indeed, many youth show positive outcomes when only a few systems are operating efficiently (for example a nurturing relationship with one adult). Even simple changes to life experiences or circumstances may cause extraordinary improvements to individual’s outcomes (Lemay, 2005). That there are many high-risk environments where young people do not fare well is evidence that a disruption to a protective factor may be disruptive to positive development (Braverman, 2001). The answers to fostering positive child development may lie less in reducing risk factors, and more in enhancing protective factors. This means that the goal should not be to make young people ‘resilient’, so they become *immune* to the risks in their environment, but rather to *promote* protective factors in their environment and strengthen their support systems. Examples of protective factors might include secure attachments

to another person, structure and routine, school support or even common sense (Gilligan, 2004). This should increase their chances of being able to withstand adversity.

3. WHAT ARE RESILIENCE VARIABLES?

There are a total of 24 resilience variables which were selected for measurement in this study. These variables were selected based on past research and theory. We believe that the resilience variables presented here are indeed helpful for the youth as they adjust to life after leaving GBT. Each of the variables has been shown to contribute to and promote resilience. For example, youth who have strong relationship skills are likely to adjust better after leaving care. We propose that, if the care-leavers show some mastery in one (or a few) of these resilience variables, thus showing high levels of resilience, they will have an increased likelihood of overcoming inevitable obstacles in the future. Therefore, these resilience variables are the selected ‘protective factors’¹ that will reduce the risk of poor outcomes when exposed to risk and increase resilience for the care leavers, thereby increasing and promoting positive outcomes.

The table below provides the list of resilience variables, as well as their operational definitions (clear, concise detailed definition of a measure). These resilience variables will be used to predict outcomes.

Resilience Variable	Operational Definition
Family Relationships	Relationships with family members are experienced as caring and supportive.
Friends Relationships	Relationships with friends are experienced as prosocial, caring and supportive
Teacher Relationships	A relationship with at least one teacher who is experienced as caring and encouraging.
Community Relationships	A reciprocally supportive and caring relationship between the youth and community, other than friends or a teacher.
Role Model Relationships	A relationship with at least one adult (other than parents, teachers or employers) who is experienced as caring and encouraging.
Love Relationships	A physically sexual relationship that is experienced as intimate and characterised by mutual understanding.
Community Safety	The perception of the community as being safe in terms of low crime/drugs and high in safety and security.
Family Financial Security	The family has sufficient money to cover their needs and does not worry or argue about money.
Social Activities	Regular participation in pro-social group activities.
Positive Learning Experience	An orientation to learning characterised by low anxiety and high attention.
High Self-Expectations	High expectation of self to work hard and achieve the best results.
Bouncebackability	A general belief in one’s ability to ‘bounce back’ after difficult times.

¹ Protective factors are attributes used to buffer exposure to risk and lower the probability of poor outcomes (Jenson & Fraser, 2005).

Interdependent Problem-Solving	A preference for an interdependent approach to problem-solving.
Self-Efficacy	The belief in one's ability to organize and execute the courses of action required to manage prospective situations.
Optimism	A general expectation that good things will happen in the future.
Self-Esteem	A general feeling of self-worth and self-acceptance.
Resourcefulness	A belief in one's ability to perform difficult tasks with limited resources.
Distress Tolerance	The perceived capacity to withstand negative psychological states.
Spirituality	An orientation towards personal spirituality.
Team Work	A perceived ability to work productively with others in a team.
Empathy	Feeling with and caring for the well-being of other people.
Readiness to Leave Care	A perception and feeling of being ready to leave residential care.
Positive Care Experience	A positive feeling about the in-care experience.
Maintain Contact with GBT Staff	Feeling free to remain in contact with GBT staff after leaving care.

4. HOW WAS DATA COLLECTED?

In order to gather this baseline data on the resilience of the youth at disengagement, a quantitative self-administered questionnaire was developed (Appendix 1). The interview focused on the care leaving process, the participants' preparedness to leave care and their expectations for the future, with particular reference to opportunities and hopes for the initial year out of care. The quantitative questionnaire (of which the data presented in this report is based) is a self-administered summated rating scale, using a five-point Likert scale, measuring 24 subscales and 117 items. The questionnaire was designed using key resilience variables that the literature associates with increased chance of a successful transition for care-leavers or increased resilience. It was then developed by doing a content analysis on pre-existing scales to select key resilience variables. A pool of possible items was then generated and revised by a team of researchers until a satisfactory and completed item pool was generated. A separate answer sheet which matched the scale was designed. The questionnaire was translated into Afrikaans. A validation study was then conducted by Prof van Breda on this questionnaire to evaluate its econometric properties using a sample of 575 South African children across seven sites, including high schools and child and youth care centres in multiple provinces. In terms of reliability, all the scales are sufficiently reliable for group research (van Breda, 2014a, p. 18). In his study, he further concluded that it can be concluded that all the scales demonstrate reasonable construct validity (van Breda, 2014a, p. 20).

5. PROFILE OF PARTICIPANTS

This section provides a brief profile of the 48 participants who made up the sample until September 2014. It was comprised of three cohorts:

Cohort	Number of youth	Disengaged from GBT
1	22 youth	September – December 2012
2	5 youth	January – August 2013
3	21 youth	September – December 2013

Total	48 youth
--------------	----------

Table 1. Breakdown of the three cohorts

The sample consists of 46 males and only two females, which we recognise as a limitation of the study. Until 2008, GBT only accepted boys into their programme (it was previously referred to as ‘Boys Town’). The sample, as is can be seen, is almost exclusively a male sample. This is the result of the relatively slow uptake of females in the organisation. This is recognised as a limitation of the study, as it reduces the generalizability of the findings.

Of the 48 participants who participated in the baseline study, 16 youth had been in care at Magaliesburg YDC, ten at Macassar YDC and nine at Tongaat YDC. There were four youth each at Kagiso YDC and Dingle Family Home; three at Glenwood Family Home and two from Alpha Family Home (for females).

Campus	Number of Youth
Alpha	2
Dingle	4
Glenwood	3
Kagiso	4
Macassar	10
Magaliesburg	16
Tongaat	9
Total	48

Table 2. Campuses youth originated from

At the time of disengagement, the age range of participants was 16 – 21 years old. Nearly 80% of the youth were 18 or younger. Most of the interviews took place in English, except for four that were done in Afrikaans and three were in Zulu.

The next section moves onto the baseline results and findings.

6. BASELINE RESULTS AND FINDINGS

The table below shows the baseline scores across all the variables measured. A high score (indicating a higher score for that resilience variable) is desirable for all baseline resilience variables. The scores presented below reflect the **average score** for all the items within a scale, for all the GBT youth. Currently, these scores do not predict good or poor outcomes for GBT care-leavers because we do not yet have enough comparative data with which to compare them against. However, these results will grow in value as we collect more outcome follow-up data and are then able to draw correlations between them. For example, if Jason scores 80% for role model relationships at disengagement and then several years after leaving care shows good employment outcomes, it is likely role models are important for youth at disengagement. Likewise, if Xolani scores 40% in self-esteem at disengagement from GBT and then several years later after leaving care shows he is involved in crime and substance abuse, that would be a strong indicator to suggest that GBT needs to work to improve self-esteem in the youth before they exit care.

Even though we do not have those statistics available now, these still do afford us the opportunity to see which of the resilience variables youth reported as strongest or weakest for them. They thus describe which resilience variables we are measuring in the youth at disengagement. In the table below, they have been arranged from highest to lowest, according to the youth's scores. They have also been categorised together by score in different colours to distinguish them into four groups: (1) above 80%; (2) 70% - 79.9%; (3) 60% - 69.9%; (4) Less than 60%.

Resilience Variable	Average Percentage Scored
Role Model Relationships	82.9%
Optimism	81.5%
Empathy	80.6%
Team Work	80.4%
Teacher Relationships	79.8%
Family Relationships	77.6%
Love Relationships	75.7%
Self-Efficacy	75.0%
Spirituality	73.9%
High Self-Expectations	73.3%
Resourcefulness	72.7%
Community Relationships	72.3%
Maintain Contact with GBT Staff	72.1%
Friends Relationships	68.1%
Readiness to Leave Care	67.4%
Self-Esteem	66.4%
Positive Care Experience	64.4%
Social Activities	61.6%
Family Financial Security	61.2%
Bouncebackability	55.2%
Community Safety	53.3%
Interdependent Problem-Solving	50.8%
Positive Learning Experience	43.5%
Distress Tolerance	33.9%

Table 3. Baseline scores across all categories from highest to lowest

The table above shows that out of the baseline categories measured, youth scored highest in role model relationships (82.9%), followed by optimism (81.5%), empathy (80.6%) and team work (80.4%). On the other hand, youth scored lowest in terms of distress tolerance (33.9%), a positive learning experience (43.5%) and interdependent problem-solving (50.8%). Aside from role model relationships, youth scored 79.8% for teacher relationships, followed by family relationships (77.6%) and then love relationships (75%). Friends' relationships come much further down the list with 68.1%. It is also noticeable that youth perceive their families financial security as fairly low (61.2%) as well as their community safety (53.3%).

These results do not necessarily mean that youth have high or low resilience in those areas, as we cannot determine that at this point. It only shows the care-leavers' perceptions with regards to each resilience variable. However this will be very valuable later on when we have more comparative resilience data and can start making predictions, which will then determine which resilience predictors are needed while in care in order to improve their likelihood of good outcomes when they disengage.

In the sections which follow, we present some interesting observations of the initial data baseline.

6.1. ROLE MODEL AND TEACHER RELATIONSHIPS AND LEARNING

For GBT youth who are just about to disengage from care, they rated role model relationships (mentors) (82.9%) as the highest scoring of all resilience factors. Role models may come from adults at their schools or staff at GBT. As shown in the graph below, for almost every item in this variable of role models, youth reported in the vast majority that there is an adult in their lives that has a positive influence on them. For example, the vast majority of youth have an adult in their lives that believes they will be a success (N=43). Care-leavers also reported that there is an adult who wants them to do their best (n=42), and an adult who really cares about them (n=42). Within this scale the lowest scoring item for positive role models was "there is an adult in my life who I trust". Even still, the majority (n=38) of youth agreed with this statement, however there were five youth who do not feel they have an adult in their lives who they can trust. Generally though, the graph shows how positively-orientated their perception of role models are in their lives.



Figure 1. Youth perception of relationships with role models

Youth also explained why role models were so important. For example, Anton said:

It is important to have a close relationship with them [role model] because they show you how life is, how they experienced life and they do not want you to make the same mistakes as they did. They can give you guidance going into life as you go through the phases of life.

Another youth, Mark, also emphasises why role models are so important:

I feel that they are more educated and know more about life. They have been years on this earth. They know, but they will motivate me not to do that and do this. They have more experience.

The second highest scoring resilience variable in terms of relationships was 'supportive teacher relationships'. An average of 79.8% of the GBT care-leavers believes that they have supportive teachers. It is well understood that teachers can have a fundamental impact on youth, as they inspire and encourage them to reach their potential. Youth are able to model and learn from teachers as well as seek their advice and guidance. Therefore it is encouraging that GBT youth perceive their relationships with their teachers as positive and supportive.

Therefore, youth believe that role models and teachers actively show an interest in their lives, want them to do their best, believe in them, really care about them and support them and are to be trusted. Many youth in care at GBT have been let down by their families and because of the void this creates, it is plausible that youth seek other nurturing adult relationships in their environment to fill gaps. Role models and teachers form a very important support system for youth.

International research supports this and shows that mentoring relationships help youth leaving care to positively adjust. For example, in a study conducted by Ahrens (2008) of 310 youth in foster care, they found that mentored youth had improved adult outcomes. In the study, 160 youth were mentored, and 150 youth were non-mentored. A mentor included a non-parental adult, and a relationship that lasts for at least 2 year. The study showed that youth who were mentored had more positive outcomes than youth who were not mentored. Particularly, they had better health outcomes, were less likely to think about suicide, and not having hurt someone else in a fight during the past year. They were also more likely to participate in higher education.

In addition, the role of teachers in building resilience in youth was also found in van Breda's (2014b, p. 8) validation study:

In an otherwise deprived social environment, the children ... appear to draw significantly from their relationships with their teachers at school, complemented by supportive family and community relationships and strong spirituality, to form a solid resilience profile, even though the other resilience factors are much less impressive.

This highlights the crucial role that role models and teachers play in building the resilience of youth, even if other areas of the youth's life show low resilience. It is important that youth in care have the opportunity to foster these relationships. The *Capacity Building Series* (2014, p. 3) which is a Canadian-based support service for effective schooling, explains the importance of teacher relationships:

A recurring theme throughout the academic literature that is resonant with stories of lived experience is the importance of a "caring adult." Educators and school staff who make the effort to build relationships with children and youth in care can have a deeply meaningful

impact on their success in school. For many youth, the school is a safe place. A caring adult in the school reinforces this notion of the school as a safe place.

One example of a mentoring programme for youth leaving care is the South African Youth Education for Sustainability (SA-YES), which is described in the text box below.

South African Youth Education for Sustainability (SA-YES)

SA-YES run a Transition to Independent Living (TIL) programme, which is a one-on-one youth mentoring programme. The aim of the programme is to support youth who leave care through providing them with positive mentors who guide them. The programme was intended as a three year pilot, completed at the end of 2012. It is a three-phased programme, including recruitment and training, matching, teambuilding, monitoring and support. Then the programme moves to closure, graduation and post-programme support. In the programme, youth (mentees) are matched with mentors who are trained volunteers. Both commit to meet once a week for the duration of a year to work together on what they deem important (Pinkerton, 2011). Youth are provided with access to job opportunities through mentoring, training and advice. Mentors help to develop skills, provide personal development, focus on education and community reintegration and set goals with their mentees. Pinkerton (2011) reports that of the 15 mentees, three went on to attend university, four attend a college, and three remain in school. One of them has full time employment. Eight of the youth remain in their CYCC's and four have moved back to their communities. Therefore, initial results from the programme indeed seem positive and impactful, especially as education is so highly regarded in promoting positive outcomes for care leavers.

There are two important points which follow from this finding: Teachers, social workers and CYCW's are all paid and invested in youth in care and youth have access to these mentors – so long as they remain in care. As van Breda (2014b, p. 7) states, “a good children’s home will provide high quality ‘parenting’ and psychosocial development opportunities to its children.” However, when they leave school and GBT, as most do when they are 18 years old - it results in an immense loss of their support/mentor and may be part of why they experience such a shock and stressful time when they exit GBT. This illustrates the significance of support (interdependence) that youth must have as they leave the care system. Amu, for example, talks about the difficulty in leaving care for him because he feels like he will be losing his ‘family’:

I got a sense of belonging from them. In Boys Town, almost with everyone who was working there, when you around them, it does not feel like you in the front of people that employed by Boys’ Town. We had such a relationship like a family. Your house mother would wake you up like your own mother would. You would get that treatment that you did not get at home. And if you do not go to school, they would become furious. At home, if you do not go to school it is none of their problem. But in Boy’s Town, they celebrate your school results, no matter small or how great you did as long as you try to take a small step. That little bit of improvement they celebrate it. So, as a youth you feel sense of belonging. It is so sad that when you are about to leave Boy’s Town, you will be crying. It is like you are leaving home.

Furthermore, despite the youth believing they have supportive mentor and teacher relationships, this does not necessarily link with their *own* confidence in their ability to learn, as seen with their

relatively low score for positive learning experiences (43.5%). The figure below shows that just under half (n=22) of the youth often feel lazy or bored when they study and land up quitting before they finish. Over half of the youth (n=26) think of the consequences of failing when they write a test or exam while 12 do not think about the consequences of failing. Just under half (n=22) lack focus during class time, while only 10 youth think they are focused during class time. These mixed responses contribute to the low average score for positive learning experiences.

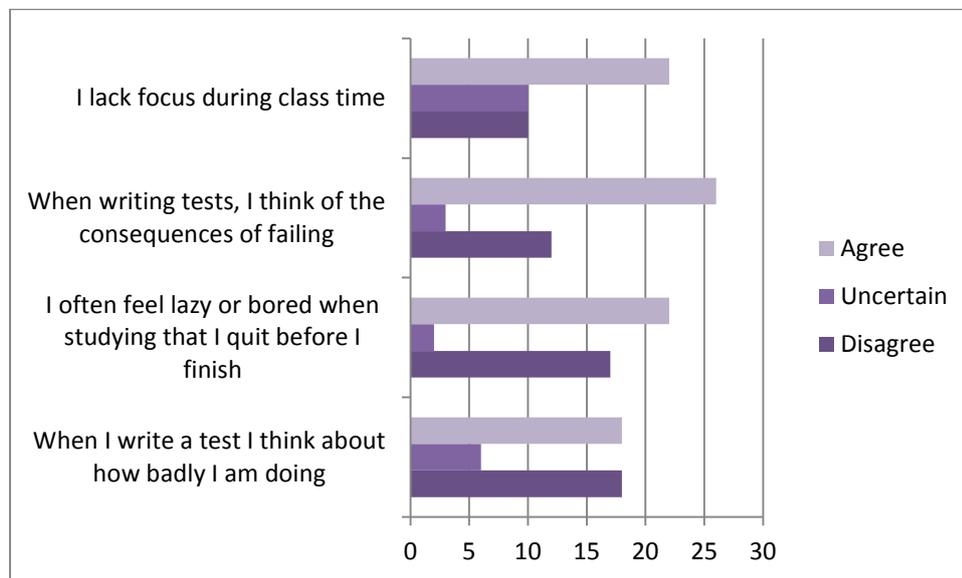


Figure 2. Youth's orientation to positive learning experiences

The next section highlights the results from two resilience constructs: self-esteem and self-efficacy.

6.2. WORTH AND CAPABILITY

Self-esteem and self-efficacy are both recognised as important resilience promoting factors (Stein, 2005). In this study, self-esteem is defined as "A general feeling of self-worth and self-acceptance." During their baseline interviews, the average score for self-esteem as reported by the youth was 66.4%. The following graphs shows that just over half the youth (n=25) think that at times, they are no good, and nine youth who were uncertain. There were however 14 youth who disagreed with this statement.

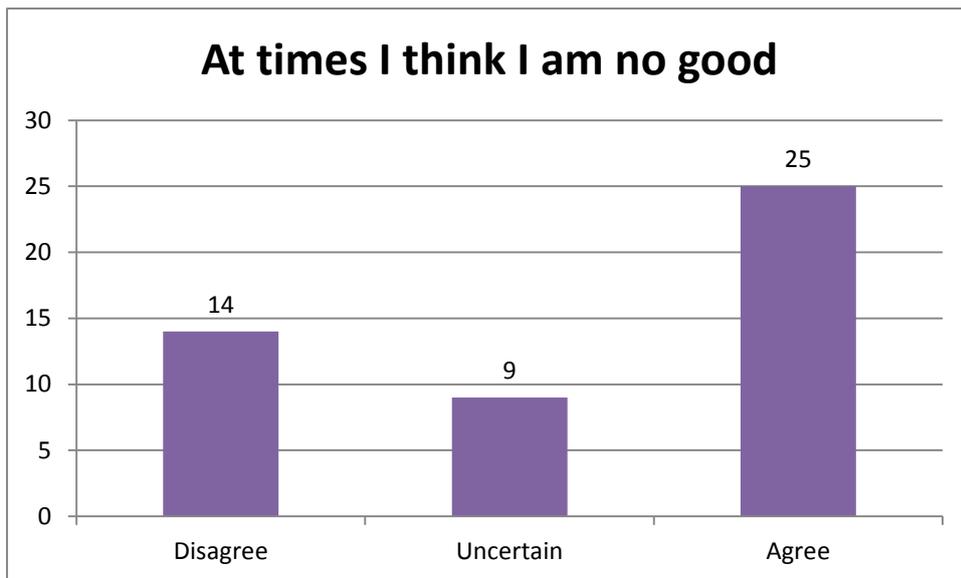


Figure 3. Youth's perception of their self-worth

Similarly, a third (n=18) of the youth said they did not feel they had much to be proud of, as shown in the graph below. However, 22 youth did think they had something to feel proud of, while seven were unsure.

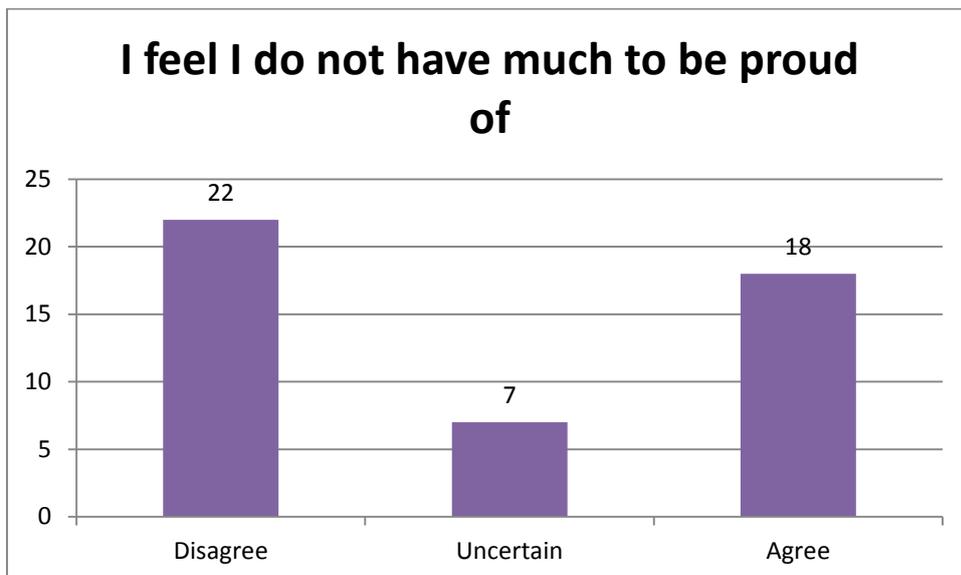


Figure 4. Youth's perceptions of feeling proud of themselves

In comparison to self-esteem is self-efficacy, which is defined in this study as “The belief in one’s ability to organize and execute the courses of action required to manage prospective situations.” It relates to the belief of oneself that youth can have the ability to accomplish a specific goal or task. Self-esteem, on the other hand, is the respect a person has for oneself or their self-worth.

Maclean (2003, p. 1) provides valuable insight into both self-esteem and self-efficacy. She explains youth have to assign value to a relationship or task, if self-esteem is to be improved.

Good self-esteem derives from being accepted by people whose relationship one values and from accomplishment in tasks one values. Praise, on its own, will not improve self-esteem; the child him or herself has also to ascribe value to the achievement.

A belief in one's own self-efficacy means having the qualities of optimism, 'stickability' and believing that one's own efforts can make a difference. For children and young people who have had very damaging childhoods the creation of 'survivor's pride', i.e. the ability to value how far they have overcome huge adversity in their lives, is helpful. Young people's sense of self-efficacy is enhanced by taking responsibility and making decisions.

Youth scored an average of 75% for self-efficacy, while they score 66.4% for self-esteem. In the figure below, each item presented is strongly in favour of the youth's belief in their own ability. For example, the vast majority (n=45) of youth believe in their ability to solve difficult problems, while the majority (n=41) can think of solution when they are in trouble. There were however, nine youth who reported that it is not easy for them to stick to their plans. If at follow-up, youth have more positive outcomes, then we will be able to surmise that self-efficacy is one important predictor for better outcomes.

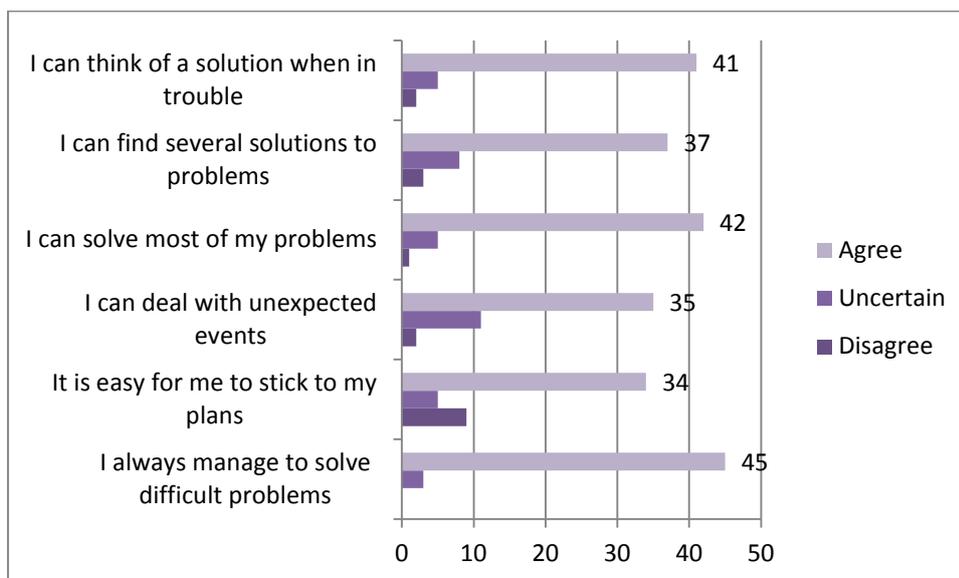


Figure 5. Youth's perceptions of their self-efficacy

The next section examines how the youth scored in terms of empathy, problem-solving and social activities.

6.3. WORKING WITH OTHERS

Empathy in the context of this study is "Feeling with and caring for the well-being of other people." Empathy helps young relate to the world and the people in it and helps them to get things done. Young people use empathy to connect with people. Connecting with people is all about working together. Youth scored an average of 80.6% for empathy. Youth who are empathetic are likely to display other pro-social, resilience promoting factors. For example, the youth also believe they work very well in teams, reflected in their high average score for team work (80.4%). Team work is defined as "A perceived ability to work productively with others in a team." It is very positive that both these

findings are high and show that youth believe they are able to engage with the world around them (environmental factors). This is useful for both social activities and working relationships such as in sports teams, school projects, and work organisations. Empathy and team work are thus both central in the development of an interdependent support network for youth that will form the foundation of their adult lives and promote their resilience.

Interdependent problem-solving understood as “a preference for an interdependent approach to problem-solving,” defines youths’ need to be integrated within a community while working with others to achieve their goals. Youth at disengagement scored an average of 50.8% which means they are less likely to solve problems using a team approach and rather prefer to solve problems on their own. Shown in the graph below, a third (n=16) of the youth prefer to make decisions on their own and a third (n=15) keep personal problems to themselves. The majority however, are in favour of getting advice for help with their problems (n=39). Further, over a half of the youth (n=27) do not depend on others to help solve their problems, but 10 of the youth do. The youth were divided in terms of keeping personal problems to themselves, where 15 said they prefer to, while 15 prefer not to.

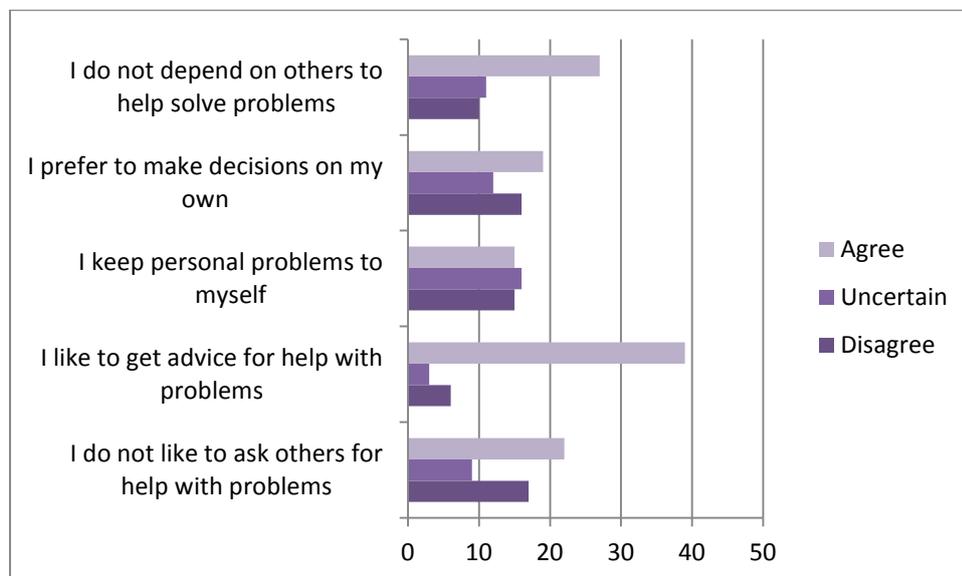


Figure 6. Youth’s perception of their interdependent problem solving

Another interesting finding is youths’ perceptions of social activities. GBT youth just about to disengage from care scored an average of 61.6% for social activities. Social activities refer to young people’s participation in pro-social group activities, including leisure and informal learning activities. They may include for example, sporting, cultural, volunteering and/or community activities. Evidence from research suggests that youth in care often miss the opportunity to engage in the range of activities their peers enjoy (Hollingworth, 2011). Similar to other disadvantaged youth, they are less likely to participate in sports, go to the movies or read a book for enjoyment (The Department for Education and Skills, 2006). This may occur if youth in care are moved around and lack stability during their in-care placement (Fong et al., 2006). These social activities offer an effective means for normalisation (Hollingworth, 2011) and give youth an opportunity to belong and form relationships decreasing social exclusion. Increasingly, research conducted in the general youth population into social and leisure activities has demonstrated the positive impact they can have on their outcomes after care (Feinstein, Bynner & Duckworth, 2005; Hollingworth, 2011).

In the graph below, the majority of youth (n=40) report they enjoy doing activities with others and 37 youth report that they actually have a hobby that they do. Thus it is clear youth enjoy being connected to others and want to get involved. It appears that 31 of the youth engage in group sports, while 22 participate in a community organisation serving others, and less - 20 youth participate in a dance or music group and another 20 are regular members of a club.

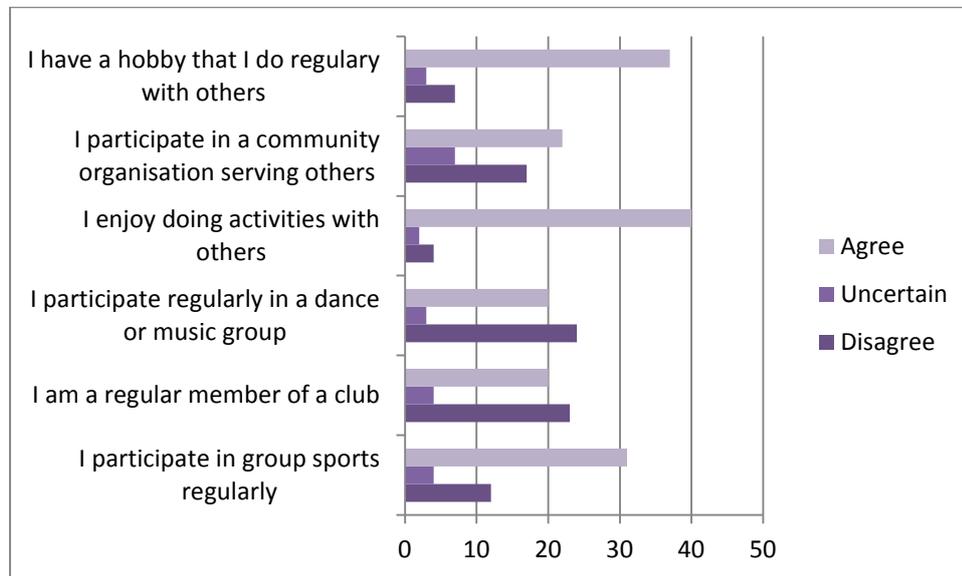


Figure 7. Youth's social activity perceptions

It will be interesting to see in the youth's follow-up interviews their involvement in social activities and whether what they reported at baseline, has had an impact on pro-social behaviour later on.

The next section examines the results from bouncebackability and distress tolerance.

6.4. HANDLING STRESS AND BOUNCING BACK

Central to this study is investigating how youth cope in the face of adversity. One part of resilience is 'bouncebackability'. Bouncebackability refers to "A general belief in one's ability to 'bounce back' after difficult times". Youth scored an average of 55.2% for bouncebackability. The graph below shows that a third of the youth (n=16) either agree or strongly agree that it takes them a long time to get over setbacks in their lives. Just less than a quarter of the youth (n=11) are uncertain whether they can get over hardships.

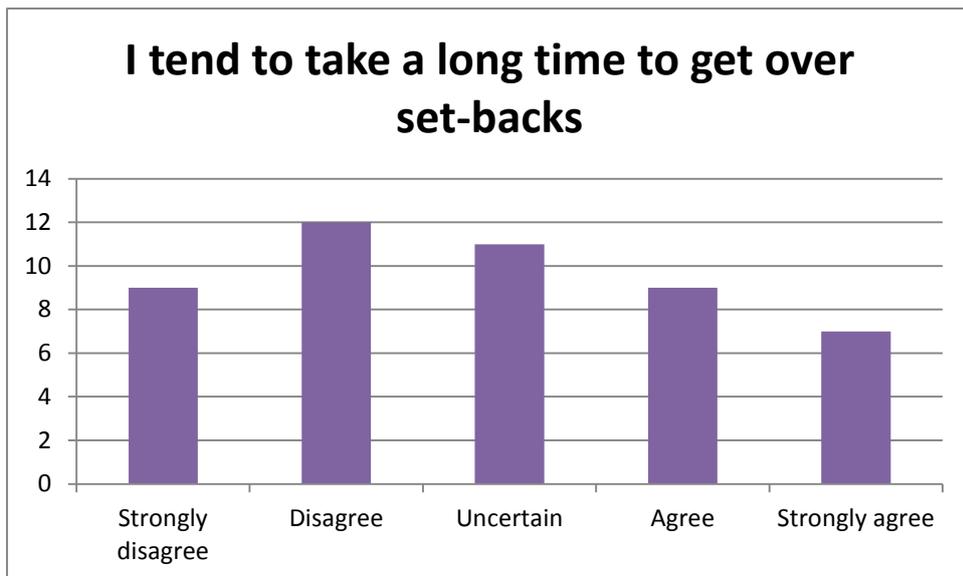


Figure 8. Youth's perceptions of getting over setbacks

The graph shows that youth leaving GBT feel quite divided about whether they will be able to cope in the face of obstacles, hardships, or struggles. A total of 16 youth strongly agree or agree with that statement, however 21 youth believed they do not take a long time to get over set-backs. This perhaps shows that the youth are less certain about their ability to handle negative circumstances but more confident in their ability to produce positive circumstances.

On the other hand, distress tolerance was the lowest scoring resilience factor (33.9%) of them all. One of the resilience variables we measured was distress tolerance. Distress tolerance is defined as “The perceived capacity to withstand negative psychological states.” Youth with low distress tolerance show it contributes to poor methods of coping, such as substance use or anxiety disorders (Leyro, 2011). This means that youth do not think they will be able to handle negative psychological states. As shown in the graph below, three quarters (n=36) of the youth said they will do anything to avoid feeling upset, while the majority (n=39) said they can't handle feeling upset.

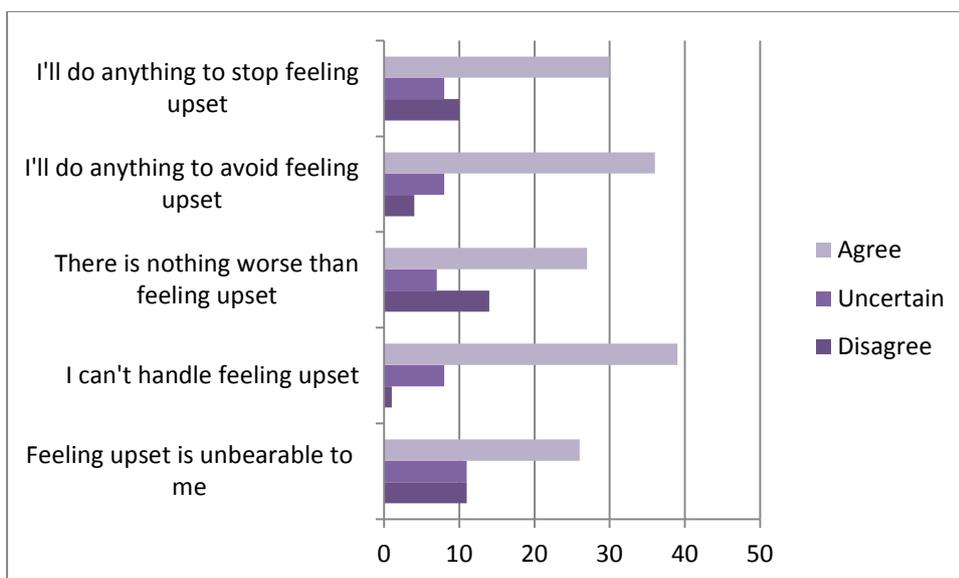


Figure 9. Youth's perceptions of distress tolerance

All in all, youth have less confidence in their ability to withstand short and prolonged periods of stress and feeling upset. The youth's belief in their ability to handle stress is likely to predict their ability to handle stress, in the way that a person's belief in their own ability, often predicts their performance. As Henry Ford said "Whether you believe you can or you believe you can't, you are generally right".

The next section examines the self-reported financial security youth believe their families have.

6.5. FINANCIAL SECURITY

This resilience variable relates to whether the youth believes his/her family has sufficient money to cover their needs and does not worry or argue about money. On average, the youth scored 61.2%. Upon leaving institutional care, many youth are faced with significant financial worries and concerns. Apart from the challenge of finding a stable place to live, they also have to figure out how to produce an income. Youth often lack financial planning skills, do not know how to adequately budget and many do not have their own bank account. Money management was one area of investigation in Cashmore and Paxman's (2007, p. 52) longitudinal study of 41 care-leavers in Australia. They found that many care-leavers were better off 4-5 years later than they had reported just one year after care. Others were still struggling to make ends meet. Approximately half (49%) of the sample had debt, with no savings. They explain it is common for care-leavers to have these types of difficulty in managing their money. Financial security is a challenge because of inadequate income and back up support, an inability to budget, poor living skills and in some cases it is exacerbated by substance dependence.

The graph below shows that just less than half (n=23) of the youth's family worries a lot about money, compared to 17 youth whose family does not worry about money. Just over two thirds of the youth (n=32) report that there is often enough money for food, but what is concerning is that 12 of the youth reported there was not enough money for food. A further 10 youth reported that their family does not have enough money to live comfortably and more than half (n=26) think they often argue about money in their families. These data show that many of the youth have financial concerns and pressure in their families.

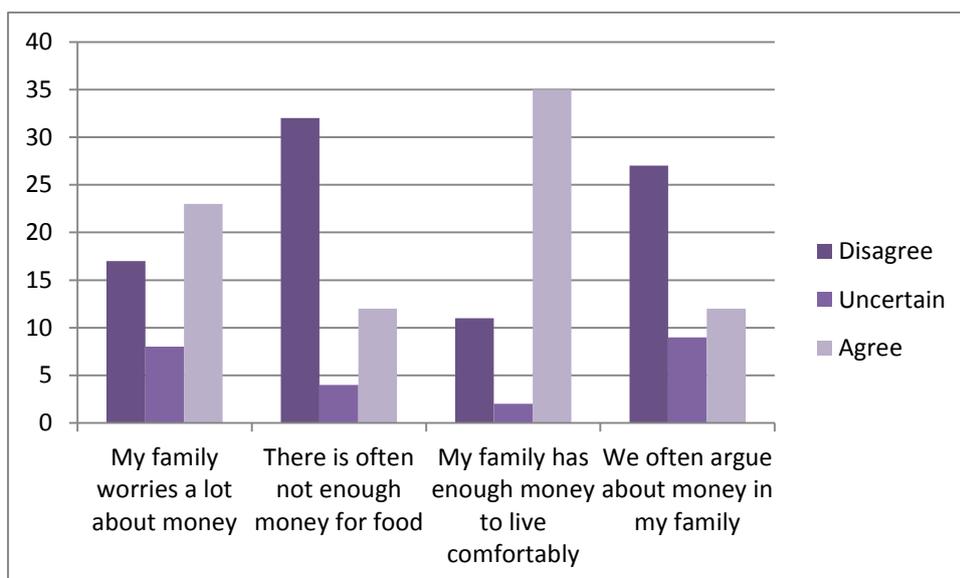


Figure 10. Youth perceptions of their family's financial security

Again, once we have follow-up data that can be linked to this baseline data, it will be very interesting to see how youth manage financially, compared to how they perceived their family finances when they were just about to leave care.

6.6. FEELINGS ABOUT LEAVING

Many of the youth expressed their feelings about leaving GBT. Generally, youth seem to be excited, but also scared and nervous. What seems to concern some is leaving the security and structure they have at GBT and entering into a world of uncertainty. Others feel confident they can cope in the face of adversity, because of the way GBT has prepared them. For example, Andile expresses his feelings, showing both his confidence and concern:

I would not say I am worried, not really, because I mean Girls and Boys Town has equipped me with everything I need to know, so I am not really worried about it, but there is a little bit of concerns. How am I going to deal with certain situations you know? I am ready. It is just that part of me inside that does not want to leave, it is just like a teenager once they have reached 18 or 21 and they have to leave home and they have been there for such a long time, they do not really want to go although they would like to experience the world and stuff. Inside you do not want to go because you are leaving.

In another example, David expresses his concerns about leaving care:

When I leave this place I know that I will be challenging a lot of stuff that I must still challenge. I know it is going to be a hard time for me. And I am not happy to be leaving Girls and Boys Town. When you are here you have a lot of people, you get anyone to speak to, so you always feel comfortable, like they say they keep you safe, you feel safe at all times. You don't need to worry about anything when you need something. You can ask them and they will be there now. Outside of Girls and Boys Town there will not be the things that you found there, they will not be outside. Some of it will be, some will not be there.

This youth, Roland, has amore ambivalent and open approach to leaving care:

I do not have feelings about leaving because I have learnt a lot of skills and do a lot of things that can help me to build more relationships outside of Boys Town, so for me it is just how I explore myself into the community.

Mostly, youth feel they have learnt valuable tools while staying at GBT. This is reflected in the figure below, which shows how youth perceive GBT, right before they are about to leave. Three quarters of the youth (n=35) felt they enjoyed their time at GBT and a further third (n=33) felt that being at GBT was a good experience for them. Just less than two thirds of the youth felt happy at GBT. There were some youth who did not feel as positive though – just less than a third (n=15) felt their stay at GBT was horrible and a third (n=16) said they hated staying at GBT. However, for the most part, two thirds of youth are positive about their stay while at GBT while a third are negative and this means youth generally have positive perceptions of their stay at GBT.



Figure 11. youth's perceptions of being in care

Although care-leavers often cannot and do not know what to expect, they bravely face the 'open world', despite their concerns and fears.

7. CONCLUSION

This report was designed to present some of the highlighted findings regarding how youth rate their resilience as they disengage from GBT. While this data is limited because it does not provide any comparative data, it does give us an understanding of a snapshot in our youths' lives and psyches as they disengage from care. It provides valuable insight into how care-leavers see themselves and how they believe they will engage with their future challenges. While it is too early at this point to make any predictions about the likelihood of whether the youth are likely to succeed or struggle in life after care, this report describes what we are investigating in the youth at disengagement. Thus, the data presented in this report is a starting point, but it will grow in value once the follow-up data is paired with it. With that, we will be able to make predictions on which resilience variables are most

important for the youth as they disengage from GBT because we will know the impact they have on their outcomes. Cautiously drawing some insights from these findings can provide usable points of discussion for stakeholders at all levels. The follow up data will expand on these findings, providing much needed contrast, support and validation for certain ideas as well as real world data on what actually happens. For example, if we find that high role modelling at GBT relates to good out comes, then we can make recommendations for practice for the importance of role models while in care. Even without this necessary half, this data gives us a good foundation to open up dialogue on improving the odds of success for youth by increasing their resilience, including necessary changes, current successes and areas of concern.

REFERENCES

- Ahrens, K., DuBois, D. L., Richardson, L., Fan, M. & Lozano, P. (2008). Youth in foster care with adult mentors during adolescence have improved adult outcomes, *Pediatrics*, *121*, 246–252.
- Braverman, M. T. (2001). Applying resilience theory to the prevention of adolescent substance abuse. University of California, Davis: Center for Youth Development Focus.
- Capacity Building Series (2014). *Improving the Educational Outcomes of Children and Youth in Care*. Special Edition # 37. Retrieved from http://learnteachlead.ca/wp-content/uploads/2014/12/CBS_ImproveEducation.pdf
- Cashmore, J., Paxman, M. & Townsend, M. (2007). The educational outcomes of young people 4-5 years after leaving care: An Australian perspective. *Adoption & Fostering*, *31*(1), 50-61.
- Dickens, L., van Breda, A. & Marx, P. (2014). *12-Month Outcomes Report (Cohort 1)*. Johannesburg, RSA: University of Johannesburg and Girls & Boys Town South Africa.
- Feinstein, L., Bynner, J., & Duckworth, K. (2005). *Leisure Contexts in Adolescence and Their Effects on Adult Outcomes*. London: Centre for Research on the Wider Benefits of Learning, Institute of Education.
- Fong, R., Schwab, J., & Armour, M. (2006). Continuity of activities and child wellbeing for foster care youth. *Children and Youth Services Review*, *28*, 1359– 1374.
- Gilligan, R. (2004). Promoting resilience in child and family social work: Issues for social work practice, education and policy. *Journal of Social Work Education* *23*(1), 93-104.
- Hollingworth, K. E. (2011). Participation in social, leisure and informal learning activities among care-leavers in England: positive outcomes for educational participation. *Child and Family Social Work*, *17*. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2206.2011.00797.x/full>
- Jenson, J. M., & Fraser, M. W. (2006). A risk and resilience framework for child, youth, and family policy. In J. M. Jenson & M. W. Fraser (Eds.), *Social policy for children and families: A risk and resilience perspective* (pp. 1–18). Thousand Oaks, CA: Sage.
- Lemay, R. (2005). Resilience, the Developmental Model and Hope. *The Crucial Times*, *34*, 5-6.
- Leyro, T. M., Zvolensky, M. J., & Bernstein, A. (2010). Distress tolerance and psychopathological symptoms and disorders: A review of the empirical literature among adults. *Psychological Bulletin*, *136*, 576-600.
- Maclean, K. (2003). *Resilience: What it is and how children and young people can be helped to develop it*. In Residence, no 1, Glasgow: Scottish Institute for Residential Child Care.
- Masten, A.S. (2001) Ordinary magic: resilience processes in development. *The American Psychologist*, *56*, 227–238.
- Pinkerton, J. (2011). Constructing a global understanding of the social ecology of leaving out of home care. *Children and Youth Services Review*, *33*(12), 2412-2416.

Stein, M. (2005). *Resilience and young people leaving care: Overcoming the odds*. York, UK: Joseph Rowntree Foundation.

Stein, M. (2012). *Young people leaving care*. Jessica Kingsley. London.

Van Breda, A.D. (2001) *Resilience Theory: A Literature Review*. South African Military Health Service, Pretoria, South Africa.

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). Journey towards independent living: A grounded theory investigation of leaving the care of Girls & Boys Town South Africa. *Journal of Youth Studies*. doi: 10.1080/13676261.2014.963534

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 South Africa.

Zautra, A. J., Hall, J. S., & Murray, K. E. (2010). Resilience: A new definition of health for people and communities. In J. R. Reich, A. J. Zautra, & J. S. Hall (Eds). *Handbook of Adult Resilience* (pp. 3-30). New York: Guilford.

APPENDIX 1



BASELINE QUESTIONNAIRE FOR CARE-LEAVERS



GROWTH BEYOND THE TOWN

A longitudinal study on youth leaving care

INTRODUCTION

This questionnaire is aimed at understanding your feelings, experiences, knowledge and skills. Your answers are very important to us. Please answer the questions as honestly as you can. All the information that you provide is confidential and private. You do not have to put your name on the answer sheet, so we won't know those answers are yours.

INSTRUCTIONS

- You have been given two booklets:
 - (1) The first booklet has all the questions you need to answer.
 - (2) The second booklet is the answer sheet. This is where you must fill in your answers.
- Read each question carefully
- In your answer sheet, colour in the circle that best describes how you feel about that question.
- Use a pencil to colour in the answer on the answer sheet.
- You can use an eraser to change an answer if you need to.
- Make sure you answer **all** the questions that apply to you.
- Focus on how you feel **today** – these are all 'now' questions.
- You will notice that some questions sound similar to each other – just answer each question as best you can.
- Colour only **one** circle per question like the example below shows:

Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
SD <input type="radio"/>	D <input type="radio"/>	U <input type="radio"/>	A <input checked="" type="radio"/>	SA <input type="radio"/>

RELATIONSHIPS

Family relationships

Remember to focus on how things are in your family today.

1. My family really tries to help me.
2. I get the emotional help and support I need from my family.
3. I can talk about my problems with my family.
4. I sometimes hurt other people's feelings.
5. My family is willing to help me make decisions.
6. I feel cared for/loved by my family.

Relationships with friends

7. I have friends about my own age who really care about me.
8. I have friends about my own age who talk with me about my problems.
9. I have friends about my own age who help me when I'm having a hard time.
10. My friends try to do what is right.
11. My friends do well in school or work.
12. My friends are sensitive to my needs.

School relationships

Only answer the following questions if you currently attend school.

13. At my school, there is a teacher who really cares about me.
14. At my school, there is a teacher who notices when I'm not there.
15. At my school, there is a teacher who listens to me when I have something to say.
16. At my school, there is a teacher who tells me when I do a good job.
17. At my school, there is a teacher who always wants me to do my best.
18. At my school, there is a teacher who believes I will be a success.

Relationships with people in the community

These questions exclude your family – so people other than your family.

If you living in a children's home, these questions are about your relationship with the people who live in the community where you live when you are not at the children's home.

19. I feel part of the community where I live.
20. I care about my community.
21. I am always honest with people.
22. People in my community look out for me.
23. I am close to people in my community.
24. I try to help others in my community.

Relationships with role models

The following questions ask you about an adult in your life, other than your parents, teachers or employers.

25. There is an adult in my life (other than my parents, teachers or employers) who really cares about me.
26. There is an adult in my life who notices when I am upset about something.
27. There is an adult in my life who I trust.
28. There is an adult in my life who tells me when I do a good job.
29. There is an adult in my life who believes that I will be a success.
30. There is an adult in my life who always wants me to do my best.

Relationships with GBT staff

31. There is always a GBT staff member around when I am in need.
32. I can share my joys and sorrows with at least one the GBT staff members.
33. The GBT staff members care about my feelings.
34. There are times when I get angry with my superiors.
35. I am helped and encouraged to do my best by the GBT staff.

Love relationships

Only answer the following questions if you are currently in a romantic relationship with someone.

36. When I have free time I spend it with my partner.
37. I often show my partner affection.
38. I often share very personal information with my partner.
39. I understand my partner's feelings
40. I feel close to my partner.

RELATIONSHIP TO GIRLS AND BOYS TOWN

Experiences of being in GBT

41. I enjoyed my time at GBT.
42. I hated staying at GBT.
43. My stay at GBT was a good experience for me.
44. I felt happy at GBT.
45. My stay at GBT was horrible.

Feelings about leaving GBT

46. I feel that I am ready now to leave GBT.
47. I am worried about going back home.
48. GBT has prepared me for life after GBT.
49. I wish I could stay at GBT longer.

Feelings about contacting GBT staff after I leave GBT

- 50. I feel free to contact GBT once I have left GBT.
- 51. I think I will always feel welcome at GBT.
- 52. I know if I am in trouble in the future I can call on GBT for help.
- 53. GBT is not here for people who have already left GBT.
- 54. I will not contact GBT if I have a problem in the future.

MY SITUATION

Feelings about my community

- 55. There is a lot of crime in the community where I live.
- 56. It is safe to walk around in my community at night.
- 57. There is a big drug problem in my community.
- 58. I feel safe and secure in my community.

Financials

- 59. My family worries a lot about money.
- 60. There is often not enough money for food.
- 61. My family has enough money to live comfortably.
- 62. We often argue about money in my family.

Activities I'm involved in

- 63. I participate in group sports regularly.
- 64. I am a regular member of a club.
- 65. I participate regularly in a dance or music group.
- 66. I enjoy doing activities with others.
- 67. I participate regularly in a community organisation serving others.
- 68. I have a hobby that I do regularly with other people.

PERSONAL

Feelings about learning

Only answer the following questions if you currently attend school.

- 69. When I write a test I think about how badly I am doing.
- 70. I often feel so lazy or bored when I study that I quit before I finish what I planned to do.
- 71. When I write tests I think of the consequences of failing.
- 72. I have an uneasy, upset feeling when I write a test or exam.
- 73. During class time, I often miss important points because I am thinking of other things.

Expectations of myself

- 74. I always do my best.
- 75. I make the most of every opportunity.
- 76. I don't always put in my best effort.
- 77. I strive to excel in all my tasks.
- 78. I work hard to receive outstanding results.

Ability to 'bounce back'

- 79. I tend to bounce back quickly after hard times.
- 80. I have a hard time making it through stressful events.
- 81. It does not take me long to recover from a stressful event.
- 82. It is hard for me to snap back when something bad happens.
- 83. I tend to take a long time to get over set-backs in my life.

Solving problems and making decisions

- 84. In general, I do not like to ask other people to help me to solve problems.
- 85. I like to get advice from my friends and family when deciding how to solve my personal problems.
- 86. I would rather struggle through a personal problem by myself than discuss it with a friend.
- 87. I prefer to make decisions on my own, rather than with other people.
- 88. I do not like to depend on other people to help me to solve my problems.

Belief in my ability

- 89. I can always manage to solve difficult problems if I try hard enough.
- 90. It is easy for me to stick to my plans and accomplish my goals.
- 91. I am confident that I could deal efficiently with unexpected events.
- 92. I can solve most problems if I invest the necessary effort.
- 93. When I am confronted with a problem, I can usually find several solutions.
- 94. If I am in trouble, I can usually think of a solution.
- 95. I can usually handle whatever comes my way.

Hopefulness for the future

- 96. In uncertain times, I usually expect the best.
- 97. I'm always hopeful about my future.
- 98. I am excited about what my future holds.
- 99. Sometimes I have bad thoughts.
- 100. My future feels bright.

Feelings about myself

- 101. On the whole, I am satisfied with myself.
- 102. Sometimes I do not tell the truth.
- 103. At times, I think I am no good at all.
- 104. I feel that I have a number of good qualities.
- 105. Sometimes I am not completely honest when I fill in a questionnaire.
- 106. I feel I do not have much to be proud of.
- 107. I certainly feel useless at times.
- 108. I feel that I'm a person of worth, at least on an equal plane with others.
- 109. All in all, I am inclined to feel that I am a failure.
- 110. I take a positive attitude toward myself.

Using what I have to get things done

- 111. I am positive when things go wrong.
- 112. I cope with difficult situations.
- 113. I am always punctual.
- 114. I usually manage one way or another.
- 115. I look for positive aspects of new situations.
- 116. I am resourceful in new situations.
- 117. I am efficient in difficult situations.
- 118. I work through long, difficult tasks.

Dealing with stress

- 119. Feeling distressed or upset is unbearable to me.
- 120. I can't handle feeling distressed or upset.
- 121. Sometimes I get very angry.
- 122. There's nothing worse than feeling distressed or upset.
- 123. I'll do anything to avoid feeling distressed or upset.
- 124. I'll do anything to stop feeling distressed or upset.
- 125. I sometimes feel pushed to hit someone.

Spiritual life

- 126. It is important for me to spend time in private spiritual thought and meditation.
- 127. I try hard to live my life according to my religious beliefs.
- 128. The prayers or spiritual thoughts that I say when I am alone are as important to me as those said by me during services or spiritual gatherings.
- 129. I enjoy reading about my spirituality and/or my religion.
- 130. I was always a happy child.
- 131. Spirituality helps to keep my life balanced and steady.
- 132. My whole approach to life is based on my spirituality.

Team work

- 133. I am generous and helpful to others.
- 134. I am an effective team member.
- 135. I co-operate well with people.
- 136. I work well with people.
- 137. I consider the feelings of other people when I work with them.

Understanding others

- 138. I feel bad when someone gets their feelings hurt.
- 139. I try to understand what other people feel and think.
- 140. I am sensitive to what, how and why people feel and think the way they do.
- 141. I care about others and show interest and concern for them.
- 142. I try to understand what others are feeling.
- 143. The needs of others are important to me.
- 144. I care about others.
- 145. Being concerned for others makes me feel good about myself.

THANK YOU FOR YOUR TIME IN COMPLETING THIS QUESTIONNAIRE