



**GROWTH BEYOND THE TOWN**  
A longitudinal study on youth leaving care



UNIVERSITY  
OF  
JOHANNESBURG

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**12-MONTH OUTCOMES REPORT**  
**COHORT 1**  
**JULY 2014**



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**Note to the reader**

This report tells some of the stories of care-leavers' lives after exiting Girls and Boys Town, approximately one year earlier. We have tried to remain true to their words, however in some instances their words have been edited slightly to better convey their meaning. This is especially true for some of the interviews which did not take place in English.

# Key Findings

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- 17 participants are described in this report. They are the first cohort in the *Growth Beyond the Town* research study who disengaged between November and December 2012. This report presents the findings of the follow-up interviews, 12 months after leaving Girls and Boys Town (GBT). It focuses on the outcomes of these young people since leaving care.
- Of all the outcome categories measured, participants on average scored highest in their relationships with partners (84.1%) and lowest in terms of their financial security (52.1%).
- The majority the participants (n=15) are living at home with family. A few live with a parent, but some live with extended family (primarily their aunts). One youth is fully independent living on his own and paying his own rent. Two youth have broken family ties and have been forced out of their family homes, where they disengaged to. One youth lives with his girlfriend and her family, while another lives with his friends. Friends and partners form significant support networks for youth who cannot rely on their families or in cases when relationships break down. The importance of these networks cannot be understated for care-leavers. Not one of the youth had experienced any days of homelessness, which is extremely positive considering international research shows at least 20% of care-leavers experience homelessness in the first two years of leaving care (Ward, Henderson & Pearson, 2003).
- Only seven of the youth are currently working, three full-time and four part-time. Two of those youth are also still in school. Ten of the participants are considered NEETs (not in employment education or training). At the time of leaving care, six of the participants had only completed Grade 9, compared to three who had completed Matric. Educational attainment at the time of exiting care serves as a predictor for improved outcomes as they journey to adulthood.
- Physically, participants are doing better than they are psychologically. Very few of the youth require regular medical treatment (n=3) and most have enough energy to function well in everyday life (n=11). More than half the participants (n=9) report feeling slightly depressed and have feelings of hopelessness.
- Financially, participants are not faring well. Youth that do not work rely on their parents or families for support (n=4), on state grants (n=3), and some have no income at all (n=3). Nine of the youth reported that their income is less than R400 per month. Furthermore, eight of the participants do not have their own bank account. Most alarming, eight of the participants did not have any food to eat for at least two full days in the previous month, indicating a lack of food security.
- Substance and alcohol use amongst participants is fairly low. While more than half the youth smoke cigarettes every day, two thirds do not engage in regular drinking. Only three participants use marijuana daily, but not one of the participants reported using any Class A drugs during the time of their interviews.
- Similarly, criminal activity amongst the participants is even lower than for substance abuse. The vast majority of care-leavers have not been involved in stealing or much violence and have not been in trouble with the law.
- In summary, there appear to a total of five youth who are doing well (they are not NEETs and are not involved in negative behaviours). A further six of the youth are doing adequately (they are not involved in negative behaviour but are NEETs), and six of the youth are doing poorly (they are NEETs and involved with either crime or substance abuse or both).

## 1. INTRODUCTION

How successful are GBT youth once they leave Girls and Boys Town (GBT)? This is the nagging question that underlines everything we do at GBT. If we are able to understand and measure the care-leavers' progress and adjustment on their journeys from care, perhaps we can gain insight into how well the GBT programme is preparing them. In the face of the immense amount of resources that are invested into placing and keeping youth in residential care, this insight is critical to the future success of GBT and its youth. At GBT, not only are their basic and educational needs met, they are provided safety, support and guidance, away from their homes, which are deemed inadequate to care for them properly. Teams of professionals work tirelessly to provide this care, so that when youth leave, they can live independently, productively and with a sense of well-being. That, at least, is the ideal. This study is intended to gain an understanding of how care-leavers navigate their way through this challenging transitional period. It seeks to measure their 'success' in spite of the challenges they have faced and to observe how they use the tools the GBT programme equips them with, and their own resilience, to help them overcome such challenges. Armed with that knowledge, the GBT programme can better understand what the youth need before they exit care, to give them the best chance of success after leaving care.

There is extensive literature on the problems associated with leaving care internationally, detailing how youth struggle to survive and often cannot cope as they are forced to become independent overnight. However, there still exists a considerable gap in the care-leaving literature in South Africa (Pinkerton, 2011). To date, there have only been eight known South African studies<sup>1</sup> which examine the transition of youth out of residential care. Further, very little is known about care-leavers past the initial period (from one to two years) after leaving care. There is also little research that, using the benefits of a longitudinal perspective, delves deeper into the social processes (as opposed to just static 'success factors') that form part of the care-leavers journeys in South Africa.

This study focuses on care-leavers exiting from GBT in South Africa. GBT is a non-profit residential care organisation that aims to develop and strengthen youth, families and communities in challenging circumstances (GBTSA, 2012). Youth in their care typically arrive from extremely vulnerable households with few resources. Others have been abandoned, abused or neglected, while many have difficulty with school, display challenging behaviours and do not demonstrate strong social skills (GBTSA, 2012). One of the core activities of GBT is to provide a residential care programme using a social learning/behavioural model (van Breda, Marx & Kadar, 2012). The in-care programme aims to equip youth with effective coping mechanisms, essential skills and the general support that they need to become more resilient and in turn, more productive and responsible adults.

In their endeavour to conduct on-going research and evaluation within the organisation, GBT initiated a **three-phased research plan** to understand how their youth transition out of care and how GBT can better prepare them for that journey. **Phase 1** was completed in 2012 and consisted of a grounded theory exploratory study. It retrospectively examined "critical success processes in the

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<sup>1</sup> Bond, 2010; Mamelani, 2013; Meyer, 2003, 2008; Miller, 2004; Mmusi, 2013; Pinkerton, 2011; van Breda, 2013; van Breda et al., 2012.

narratives of self-defined success” (van Breda et al., 2012, p. 1) for care-leavers, approximately five years after they had left GBT. What emerged was a ‘nascent’ model of care-leaving, where five central social *processes* form part of the care-leavers’ journeys after care, as shown in the figure below.

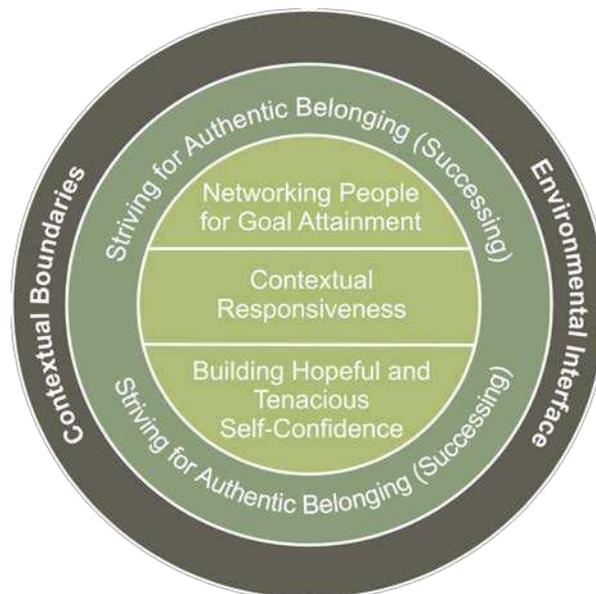


Figure 1. A model of care-leaving from Phase 1 (van Breda, 2013, p. 59)

Findings from the study recommended that there was a clear need to delve deeper into the care-leavers’ transition out of care towards independence. As a result, **Phase 2**, which commenced towards the end of 2012, grew from Phase 1 and was based on the need to develop an understanding of their processes. Phase 2 tracks youth annually for at least three years. As part of that ‘deeper’ investigation, it became necessary to be able to predict the likelihood that a youth will succeed after they have exited from care. In doing so, it will be possible to inform GBT on which factors they should focus on within their programme that will improve the youths’ chances of adjusting. This will be done by closely examining the level of resilience the youth have when they leave care and then later, the types of outcomes they experience as they make their way through this tumultuous transition.

To achieve this, the GBT study is using a longitudinal, rolling cohort, as care-leavers disengage from GBT. The aim of this study is to prospectively verify and deepen the care-leaving model (van Breda, 2013) developed in Phase 1 and to identify central variables that forecast the successful transitioning of care-leavers into independent living over at least a three year period.

**The study has 5 objectives:**

1. To investigate how the care-leaving model has manifested in the youth while in GBT’s care.
2. To identify resilience variables that are known (based on existing theory or prior evidence) to be associated with an increased chance of a successful transition into independent living by care-leavers.
3. To utilise these variables to forecast the likelihood of a successful transitioning to independence.

4. To identify known outcomes variables that constitute 'success' for the care-leavers throughout their journey into independence.
5. To measure these outcomes over a period of time to determine the care-leavers' on-going journey of 'succeeding'.

**The aim of this report is to present the results and findings on the outcomes of care-leavers**, one year after disengaging from GBT – linked to Objective 5 above. The interviews focused on the type of progress they had made during that first year, which is generally considered the most challenging one, where youth have to struggle with significant difficulties (Courtney & Dworsky, 2006). It includes a broad discussion about success and outcomes in the context of care-leavers, and clarifies what is meant by outcomes for this study. Thereafter, the methodology is described, including the design of the study, the sampling of participants, instrumentation design, as well as important ethical considerations. A profile of the participants who made up the sample is described. The main part of the report presents the outcome results and findings, discussed according to each outcome category. Each section ends with lessons learned from the data and implications for practice. Included in the narrative also, is a case study from one of the care-leavers to further explain his journey from his perspective. Thereafter, a discussion follows with reflections from the youth about their experiences of being in care and what they had learnt, as well as, their experiences of the interviews themselves. The report concludes with a section on general practice implications and tools for improving outcomes.

## **2. UNDERSTANDING SUCCESS AND OUTCOMES**

### **2.1 The challenge of defining success**

A simple, narrow definition of 'success' is problematic in the context of care-leavers. How do we choose to define and conceptualise success or successful outcomes for the youth after they have been out of care for 12 months? By what standards is the term 'success' defined? What is reasonable to expect from these youth? The term 'success' seems too normative and static a term. It may be unfair to expect a child who leaves GBT at 17 or 18 years old (or any other 17-18 year old for that matter) to, for example, have a stable job, suitable accommodation, or a healthy significant romantic relationship.

The term success is closely associated with a sense of well-being. However, using the concept of 'well-being' as a measure of success for care-leavers is problematic (Daniel, Wassell & Gilligan, 2010). It is difficult to define what factors combine to elicit feelings of well-being. It may refer to coping or thriving and encapsulates physical, mental and potentially economical features. Furthermore, feelings of well-being can be difficult to express with a limited vocabulary of feelings. Perhaps most pertinently, differing aspirations, perspectives and goals could vastly shift the meaning of 'well-being' amongst youth. Daniel et al. (2010, p. 20) sum the issues succinctly with the question "Does being 'less miserable than before' equate with well-being?"

Another path in defining success is to identify patterns of similarity and difference within the processes and institutions of globalisation in the interests of all care-leavers. Pinkerton (2011) states that the long-term goal ought to be to ensure that gains made anywhere in the world become part

of a global resource for care-leavers. Thus a definition of success could also take into account the varied positive outcomes and goals held by the pooled knowledge of institutions around the globe. The result may be a more universal and flexible definition of success, not ultimately tied to the specificities of a particular context. Pinkerton (2011) argues that a young person's resilience and social capital will determine whether they succeed or fail to cope with care-leaving – defined either socially or personally.

In response to the challenge of defining 'success', van Breda et al. (2012) coined the term 'succeeding' (during Phase 1 of the study), to more appropriately describe the *process* care-leavers undergo in striving towards a successful transition out of care. This is compared to the more static idea of 'success' – which is based on externally imposed criteria. Instead, 'succeeding' more adequately describes what is commonly referred to as 'success'. van Breda et al. (2012, p. 15) explains "Care-leavers engage in an on-going, perhaps life-long, process of 'succeeding', as they journey, albeit not linearly, towards success". Resilience could be considered then a prerequisite to successful adaptation for the care-leavers. Resilience plays a central role in enabling youth to effectively overcome stresses and challenges that lay in their path. It is becoming more and more apparent however, that resilience is not limited to internal capacities (Mamelani, 2013; van Breda, 2013) and may also rely on resources, support networks and relationships.

Similar to the re-labelling of success, Strümpfer (2002, p. 4) discusses the notion of 'resilient' and defines it as "a pattern of psychological activity which consists of a motive to be strong in the face of inordinate demands, the goal-directed behaviour of coping and rebounding, and of accompanying emotions and cognitions." It is the verb of being resilient, showing its dynamic nature and making it less like a personality trait (Strümpfer, 2002). Therefore 'resilient' is to resilience as 'succeeding' is to success. To do this, they use a range of social skills learned from the GBT programme, their own experience and their peers to achieve more favourable outcomes.

## **2.2 The quest for global outcomes**

It is clear that care-leavers go through an up and down process of 'succeeding' during their journeys to independence. Sometimes they will be ahead and appear to be doing really well, and other times circumstances will change, adversity will be unavoidable, and they have to use all their skills, networks and resilience to overcome hardship. How then, does one go about quantifiably measuring this process of succeeding? There are two ways we used in this study: First, we heard their stories – to hear what they saw as successes in their journeys and what they thought helped them be successful, as well as to hear what they identified as challenges, and what helped them to overcome those challenges. This was the *qualitative* component of the research. Second, we also identified key outcomes, used from past studies and our understanding of success, which indicate how well a care-leaver has arranged the building blocks of an independent life. Outcomes include those factors that, according to prior research or theory and public opinion, constitute 'success'. This forms the more quantifiable quantitative component of the research. Third, although this report focuses just on the one-year outcomes, which are static, the overall study intends to track these outcomes over multiple years, which will allow us to see these ups and downs more clearly.

Most of the studies<sup>2</sup> documenting outcomes for care-leavers have focused on at least some of the following main areas of a young person's life once they leave care: housing, employment, training, education, income, substance abuse, involvement in crime, relationships, health and well-being, and early parenthood. Some focus on the poor outcomes care-leavers experience within some or all of these categories, while others identified these as "predictors of successful adult living" (van Breda et al., 2012, p. 3). Johnson and Mendes (2014) note these areas are often interlinked and overlap in the care-leaver journey and can significantly influence one another. For example, where young people live may affect their involvement in gang activity or, what they have studied certainly influences their ability to find employment. There is, however, **no globally accepted set of standards with regard to outcomes which measure the 'succeeding' of care-leavers, nor is there a standardised tool which does this**. Since institutionalised care has been in existence for hundreds of years, this fact is both surprising and troubling. Surely where the world has championed the rights of children above others, one would have expected there to be an intensified interest in discovering if the care for the most marginalised of these, is in fact effective or not. There is already such a large investment in youth while they are in care, but still no standardised way in which to measure how they do in the 'real world'. Therefore, in our quest to measure the succeeding of care-leavers, we drew on these past studies to develop our own measures to define what we thought of successful adjustment after leaving care.

This was done through conducting a content analysis of the literature for outcomes that define succeeding, which we called 'outcome measures of success'. In our conceptualisation of this, we thought of these measures of success as the 'good life', a term we borrowed from philosophy. Aristotle defined the 'good life' as one that fulfils its nature (Trott, 2013). Living the 'good life' is what you aspire to in a holistic manner. It is *not* just about being financially wealthy or having a big house, but rather a focus on the whole (having a family, being fit and healthy, having a stable, fulfilling job and so on). The content of what constitutes a 'good life' may vary somewhat from person to person, although there may well be elements that are common to almost everyone.

Based on this literature, the following **nine outcomes** were selected as outcome variables, viz. measures of success:

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<sup>2</sup> For example For example Akister, Owens & Goodyer, 2010; Anctil, McCubbin, O'Brien, Pecora, & Anderson-Harumi, 2007; Cashmore & Paxman, 2006; Cashmore, Paxman & Townsend, 2007; Clayden & Stein, 2005; Courtney & Dworsky, 2006; Daining & DePanfilis, 2007; Dixon, 2007; Flynn & Tessier, 2011; Freundlich & Avery, 2006; Hollingworth, 2011; Ibrahim, Dickens & Howe, 2010; Johnson & Mendes, 2014; Jones, 2011; Lindsey & Ahmed, 1999; Mendes, 2005; Mendes & Moslehuddin, 2006; Munson & McMillen, 2009; Stein, 2005; van Breda et al, 2012; Wade & Dixon, 2006,.



**Figure 2. Nine outcome measures of success selected for measurement**

Good outcomes for our care-leavers would therefore be that they score highly in the positive areas, i.e. accommodation, health & well-being, financial security, relationships, employment and studying, and score low in the negative areas, i.e. crime and drugs & alcohol. The scoring that the care-leavers achieve is then indicative of them living ‘the good life’ and having successfully transitioned out of care, or not. Youth scoring well in these outcomes will thus be seen as ‘success stories’ for GBT and institutionalised care, whereas poor scores indicate less successful outcomes. We do, however, recognise that these outcomes may go up and down over time – thus a currently low ‘success’ outcome may become a high ‘success’ outcome next year. For this reason, repeated measures of these outcomes over several years is important.

This section has described the challenges of defining success and how success has been conceptualised in the context of GBT care-leavers. It has also explained that there is lack of global outcomes to measure the success of care-leavers and, in light of this, we used current literature to conceptualise selected outcome measures for this study. The following section discusses the methodology, that is, how the research team went about designing and conducting the data collection and analysis, on which the findings are based.

### 3. METHODOLOGY

#### 3.1 Research Design

This is a longitudinal rolling cohort<sup>3</sup> study, where data is gathered on numerous occasions over a period of time from the same sample elements (Lessof, 2009, p. 38). Longitudinal studies are useful for the measurement, and possibly explanation, of change (Gravetter & Forzano, 2012; Menard, 2008). The past decade has seen several longitudinal studies on care-leavers<sup>4</sup>, as they provide value suited to identifying processes over time. Berthoud (2000, p. 15) describes longitudinal research as a 'movie' rather than a snapshot of time. The care-leavers are followed in 'real time', where the researchers intensively walk alongside the youth as their lives unfold. Cohort studies assist in evaluating simultaneously the impact of an event (such as leaving residential care) on different groups of people (Smith, 2008). Detailed observations of interactions and outcomes are key.

The study used a mixed methods approach, combining both quantitative and qualitative components, which together provide a more thorough understanding of the situation (Creswell, 2006). Qualitative research focuses on the individual subjective content of the research problem (Neale & Flowerdew, 2003). In this case, this refers to the care-leavers' experiences and social processes as they progress towards independence. The qualitative investigation, using in-depth interviews, assisted in building trust among the care-leavers and also allowed for greater insight into the care-leavers' journeys, yielding data that is rich and detailed. Swartz (2011) argues that building trusting relationships is one of the most valuable activities in data collection, especially when the participants are youth. Quantitative research, on the other hand, measures the strength of relationships and the veracity of theories by comparison (Rowan & Wulff, 2007). Specifically, quantitative research uses numerical data (through counting and measuring) which are analysed using statistics to explain the phenomenon being studied (Creswell, 2006). It is generally considered a more 'scientific' approach to conducting research, because the views and biases of the researcher are more limited.

#### 3.2 Instrumentation Design

Three instruments were designed and used for the follow-up interviews, each corresponding to one of the three parts of the interview. The three-part interviews were built to hear their life stories of the youth since leaving care as well as measure their outcomes. During the interviews, special attention was paid to hearing their **challenges and successes** during this transitional time, in our endeavour to deepen the care-leaving model developed in phase 1 of the study.

##### *Part 1: Opening Story*

Part 1 consisted of an in-depth unstructured interview. The question was slightly adapted from the grounded theory study (Phase 1) (van Breda, et al., 2012).

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<sup>3</sup> A cohort is a group of participants that are followed over a period of time (Hulley, Cummings, Browner, Grady & Newman, 2007) through repeated studies. Generally, cohort studies relate to an age group, but as with the case in this study it relates to a time grouping (youth disengaging from GBT and commencing their journey into independent living).

<sup>4</sup> For example Akister et al., 2010; Cashmore & Paxman, 2006; Cashmore et al., 2007; Connell, Katz, Saunders, & Tebes, 2006; Courtney et al., 2011; Daining & DePanfilis, 2007.

*I am interested in hearing about your life experiences over the past year, from the time when you left Girls and Boys Town. I am interested in the experiences that you feel good about, that you feel were successful, and what you think helped you to be successful. And I am interested in the challenges or difficulties that you have had, and how you dealt with these experiences, and what you think helped you deal with them. I am happy to hear your story however you would like to share it with me, but it may be helpful to tell it to me as a story, starting with your departure from Girls and Boys Town and continuing until today. Tell me the story of the past year in your life, since I last saw you.*

This open-ended question was designed to encourage participants to speak about their stories of care-leaving since their disengagements and to hear a detailed narration of their care-leaving journeys since leaving care (van Breda et al., 2012). Certain prompts were given to the interviewer to assist them in facilitating and deepening the interview, with a focus on hearing their processes, viz. the care-leaving theory.

#### *Part 2: Self-administered questionnaire*

Part 2 of the interview consisted of a self-administered quantitative measure of some of the outcomes, viz. health and well-being; relationships; resilience; and relationship to Girls and Boys Town. Care-leavers completed the questionnaire on their own, but could ask for the assistance from the fieldworker if they required. A five-point Likert scale was used with a range of response categories. This questionnaire is included as Appendix 1 to this report.

#### *Part 3: Semi-structured interview schedule*

Part 3 of the interview included a mixed methods structured interview schedule administered by the fieldworker and is a measure of the majority of the outcomes, viz. accommodation; employment; studying; financial security; drugs and alcohol; and crime. The fieldworker recorded the participants' answer according to the categories, but was also encouraged to take notes of the discussion around the participants' answers. There are also several descriptive questions which were not scored, but were used to give an account of what the scores mean. This interview schedule is included as Appendix 2 to this report.

#### *The design of the questionnaire and interview schedule*

The following general scale development procedure was used to design the instruments for Parts 2 and 3 of the interviews:

The team, consisting of Adrian van Breda, Peter Marx and Lisa Dickens, convened a three day workshop where the questionnaires were designed. An iterative process was conducted of conceptualising the components of each outcome and from that, each concept was operationalised (for example, what would successful housing look like?). We asked ourselves what questions could we ask, how could we scale them, and then how would that fit with the conceptualisation. It must be noted that trying to get the complexity and variation of multifaceted human experience into a four-point scale is a notably difficult process. This was largely a reductionist exercise by focusing on the tangible aspects of 'succeeding'.

Each outcome was then graded from 'highly successful' to 'extremely unsuccessful' to calculate a success score for each outcome. In other words, the team examined what a positive and negative outcome for each outcome would be. For example with accommodation, owning your own house with a fully paid off bond would be a very successful outcome and being homeless would be a very unsuccessful outcome. We did this for each outcome. Generally, scores for each item within an outcome were weighted on a range from 0 to 3. This processes guided us towards determining how to measure each outcome (what type of questions would we ask) and those questions would enrich it further. Before finalising the tool, we did some conceptual theoretical validation using the literature. A qualitative component was used to contribute to the narratives on each outcome. There were some descriptive questions but the majority of the questions are outcomes questions that contribute to an outcomes score. The qualitative questions provide the narrative detail. Some sections would not be answered, for example, if a participant is not working, they will not answer that section. All outcomes were scored using Hudson's Universal Scoring Formula, which accommodates missing values and converts scores to a range from zero to 100, much like a percentage, with high scores indicated a large amount of the construct being measured.

#### *Social worker Questionnaire*

The self-administered social worker questionnaire was designed to collect in-care information of youth, at baseline, when the youth disengaged from care. The aim of this tool was to obtain information about the care-leavers' history and psychosocial functioning, as these constitute helpful predictors. The tool is divided into five sections, as per the care process at GBT. Some of the information from the questionnaire was utilised for the purposes of this report, viz. biographical details of the youth.

### **3.3 Pilot study**

The three instruments designed for the follow-up interview were piloted by Adrian van Breda, one member of the research team, in Randfontein on the 23 September 2013 with a voluntary care-leaver from the campus. The youth had also participated as the pilot participant for the baseline study, one year earlier. A pilot study is a smaller version of the full-scale study (also known as a 'feasibility study') but can also include the pre-testing of research instruments (Teijlingen & Hundley, 2001). Pilot studies are an essential component of good study design. The aim of the pilot was to determine the usability and comprehensibility of the instruments, determine any problems with the questions which may impact the validity and quality of the results (Blessing & Chakrabarti, 2009) and identify possible fieldwork challenges. Specific attention was also given to the clarity of the questions and the format of the questionnaire. Several valuable insights were obtained from the pilot and some questions were suggested for revision, along with the answer sheet. The order of the documents was also reworked, to make it simpler for fieldworkers. However, no *major* revisions were required for the instruments and therefore this interview was added into the dataset. This care-leaver continues to participate in the study as a participant.

### **3.4 Participants**

The participants for this follow-up study included the first cohort of participants for the larger GBT study, viz. they disengaged from GBT during November and December 2012. This was their follow-up

interview, approximately 12 months later. Both males and females at GBT between the ages of 14 and 21 were invited to participate. They had to have been in the care of GBT for at least 6 months. Initially, there were 22 participants who were interviewed at baseline in 2012, however for several reasons, only 17 had their follow-up interview. An explanation about the five participants who dropped out of the study is given in the participant profile section below (Section 4).

### **3.5 Procedure**

The 16 interviews (other than the pilot follow-up interview mentioned in Section 3.3) took place between November 2013 and January 2014 – approximately one year after the participants had disengaged from GBT – and the data was collected by a team of fieldworkers in each of the provinces. Each fieldworker had received training on the tools prior to data collection commencing. Interviews took place at the participant’s house, at a GBT campus or at predetermined venue suitable for both the fieldworker and the participant. Each interview lasted 90 – 120 minutes. Part 1 and Part 3 were captured using a voice recorder and fieldwork notes. Part 2 was completed by the participant on the questionnaire itself. At the end of the interview, youth were offered the option of speaking to a social worker should they require debriefing/counselling.

### **3.6 Data Processing and Analysis**

At the completion of each interview, all the data was sent to Lisa Dickens. The voice recordings were then sent to an external transcribing company to be transcribed. The data from Parts 2 and 3 were captured directly into the database in Microsoft Access. The database is backed up by a secure external company each week. All transcripts were verified by checking for omissions or errors against the voice recordings. All data was then made anonymous by assigning pseudonyms and stripping them of any identifiers. Each participant was assigned a participant code (for example Jon Smith = 001) and each interview was assigned an interview code.

The quantitative outcome data was then exported from Access to SPSS for analysis. The data analysis included descriptive statistics, frequencies and correlations. As the name suggests, descriptive statistics are used to describe and provide a summary of the data. Frequency distributions show the number of times (‘frequency’) a variable emerges within each category. Frequency distributions “take disorganised sets of scores and place them in order from highest to lower, grouping together individuals who all have the same score” (Gravetter & Wallnau, 2014, p. 38). Table and graphs were produced from those. Correlations, on the other hand, measure the extent two variables fluctuate together (Field, 2013).

The qualitative data was analysed using a deductive approach. After reading through the transcripts several times, a content analysis was conducted using a set of pre-determined codes. Many of these codes were established in Phase 1 of the research (van Breda et al., 2012). Several others, relating to outcomes and care-leavers experiences after care were added. Almost every ‘meaning unit’ was coded according to the pre-determined codes. Notes were also made of particular phrases or quotes that related to the code. In some instances, meaning units overlapped over two or more codes.

### 3.7 Ethical considerations

There are certain risks and concerns when conducting research; in this case, special precautions must be taken as children and care-leavers can be considered some of the most vulnerable people in society (Barn, Andrew & Mantovani, 2005). Morrow (2009) explains that youths' competencies and perceptions differ from those of adult research participants. Children and youths are also potentially more vulnerable to being exploited when interacting with adults, because they can more easily become objects of research, rather than subjects (Morrow, 2009). In order to ensure the integrity and dignity of the participant and to address all necessary ethical considerations, the following measures were established:

1. **Confidentiality and anonymity** was preserved as far as possible during the research. The data was stripped of all identifiers and each participant was assigned a pseudonym. Each participant was assigned a number so they can be tracked in the database.
2. Participants were **informed** about the purpose, methods and intended possible uses of the research, prior to being invited to participate. Consent to participate in the study was given by each youth freely and voluntarily. Care-leavers knew they could refuse any question or withdraw at any time from the study.
3. **No participants were harmed** through their involvement in the research and everything was done to ensure their interests were safe-guarded. After each interview, participants were entitled to ask to see a social worker should they require a debriefing. They were also given a contact number where they could call after the interview (the GBT hotline number), if they required more support.
4. Fieldworkers tried to maintain a **relationship** with the participant, to ensure participants felt valued and cared about during their first year after leaving care.
5. One of the most important ethical considerations was the prerequisite **informed consent**, as it is a more complex procedure than when working with other populations. Informed consent was obtained from each youth prior to the interview, as well as their parents/guardians if they were younger than 18 years old.
6. Although participants had consented to be contacted for follow-up interviews at baseline, they were asked to again consent to the follow-up interview, as they may have changed their minds in the interim.
7. All participants were given the option to have **access to the results** of the study.

Finally, the overall GBT proposal was submitted to the UJ Faculty of **Humanities Ethics Committee** and their approval was obtained on 20 September 2012.

### 4. PROFILE OF PARTICIPANTS

The data below describes the participants who made up the sample.

Initially, 22 youth were interviewed at their disengagement in September (the pilot interview), October and November 2012. The table below shows a profile of the participants, including their

assigned pseudonym<sup>5</sup>, the date of their first interview, and the language of the interview. The fourth column shows the status of participants in the study. Seventeen participants are 'active' (including the pilot) and are reported on in this report. For the five youth who were lost to follow-up, two were readmitted into GBT, and therefore could no longer participate in the study. A further two of the youth declined to participate in the study further. One participant was tragically killed in a gang fight in August 2013.

Pseudonym	First Interview Date	Language	Status
<b>Andile</b>	26-Sep-12	English	Pilot/Active
<b>Brent</b>	15-Nov-12	English	Readmitted into care (04/11/2013)
<b>Cherise</b>	14-Nov-12	Afrikaans	Readmitted into care (15/01/2013)
<b>David</b>	20-Oct-12	English	Active
<b>Eugene</b>	25-Oct-12	Afrikaans	Active
<b>Frank</b>	01-Nov-12	Afrikaans	Active
<b>Gomotso</b>	05-Nov-12	Afrikaans	Deceased (August 2013)
<b>Henry</b>	19-Nov-12	English	Declined to participate (07/12/2012)
<b>Ian</b>	01-Nov-12	English	Active
<b>Jacob</b>	22-Nov-12	English	Active
<b>Kieren</b>	14-Nov-12	English	Active
<b>Lance</b>	07-Nov-12	English	Declined to participate (10/06/2013)
<b>Mpho</b>	06-Nov-12	English	Active
<b>Nku</b>	13-Nov-12	Zulu	Active
<b>Zodwa</b>	22-Nov-12	English	Active
<b>Amu</b>	22-Oct-12	English	Active
<b>Raju</b>	25-Oct-12	English	Active
<b>Tebogo</b>	06-Nov-12	English	Active
<b>Sipho</b>	31-Oct-12	English	Active
<b>Thabiso</b>	01-Nov-12	English	Active
<b>Unathi</b>	18-Oct-12	English	Active
<b>Vuyo</b>	29-Nov-12	Zulu	Active

**Table 1. Profile of participants and status in research study**

Of the 17 participants who participated in the 12-month outcome study, five had been in care at Tongaat; four each at Kagiso and Magaliesburg; three at Macassar and one was from Glenwood Family Home.

<sup>5</sup> A pseudonym is assigned to each participant in the study. A pseudonym is a fictional name used to protect the anonymity of the participants so they cannot be identified. All youth in the study are aware they have been assigned a pseudonym and is agreed upon as per the consent form signed before each interview takes place.

Campus	Number of Youth
Glenwood	1
Kagiso	4
Macassar	3
Magaliesburg	4
Tongaat	5
<b>Total</b>	<b>17</b>

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. Just under half (n=8) of the participants were 18 years old, while a little under a quarter (n=4) were 17 years old. Two of the participants were 19 years old. Only one youth in this study is old enough to be typically classed as an adult at 21 years of age. All of the participants are male.

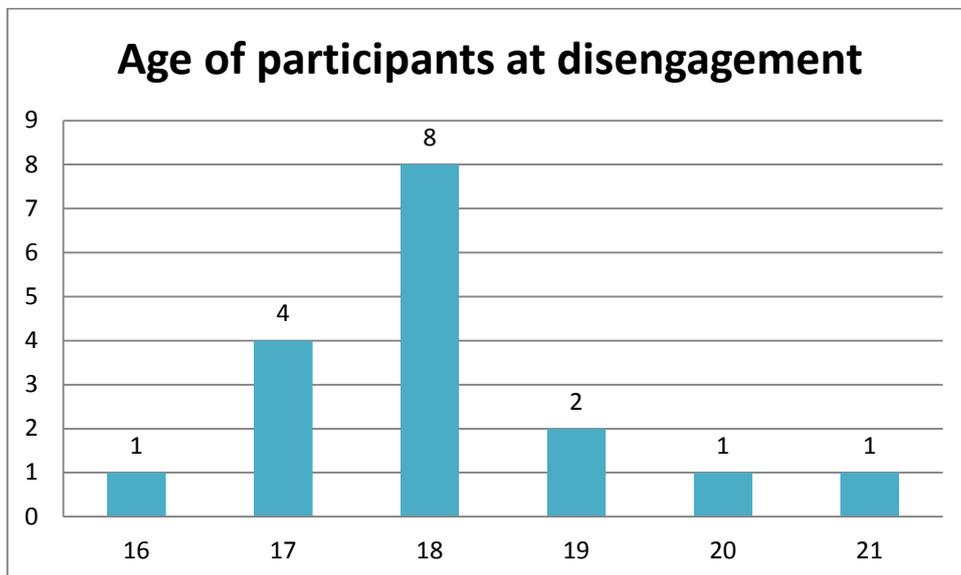


Figure 3. Age of participants at disengagement from care

Under two-thirds of the participants (n=10) are African, a minority (n=3) are Coloured, while an even smaller minority are Indian/Asian (n=2) and White (n=2), thus the participants are demographically representative.

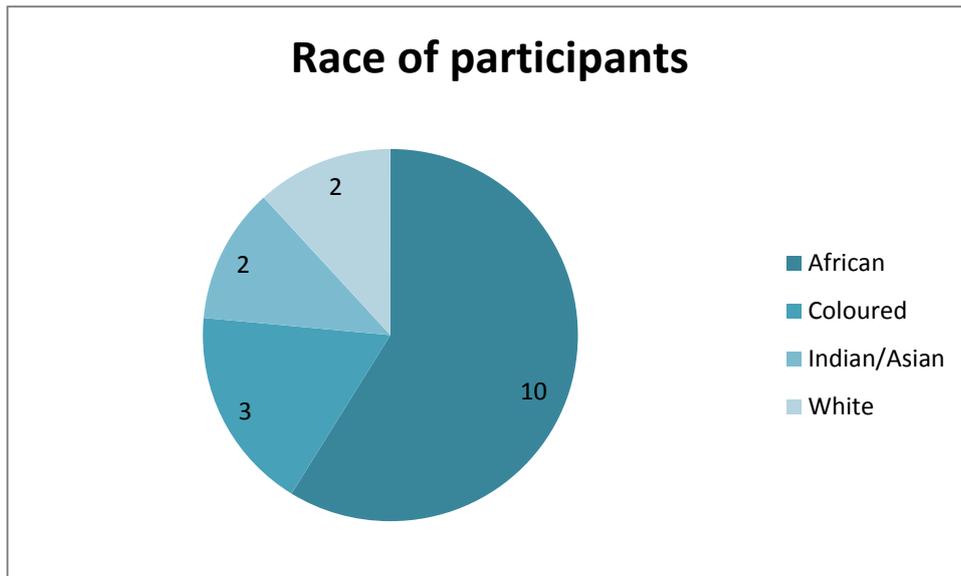


Figure 4. Race of participants

Just under a third of participants were born in Gauteng (n=6) and KwaZulu-Natal (n=6). All participants currently reside in either Gauteng (n=8), KwaZulu-Natal (n=6) or Western Cape (n=3). The graph below shows that those participants that were born in Limpopo (n=1) and North West (n=1) have since moved to Gauteng.

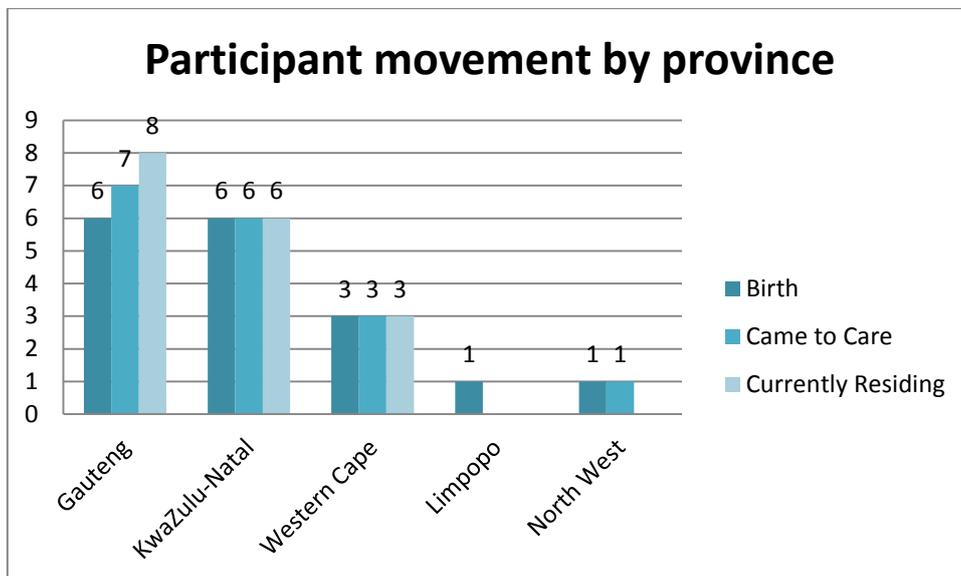


Figure 5. Participant movement by province

In terms of length of stay at GBT, more than half (n=7) the participants stayed in care for 3-4 years. Six stayed for 2-3 years, while 2 of the youth stayed for two years. The range varied from 19 months (1.5 years) to 72 months (6 years) in care. Table 3 below shows a breakdown of the length of time participants spent in care by years. Almost all the youth (n=16) spent at least two years at GBT. Generally, youth get placed in GBT for a two year period or more. However, Raju who had stayed in care for a shorter period of 1 year and 7 months was admitted in May 2011 for bunking classes, succumbing to peer pressure, bullying and threatening teachers and learners. He disengaged sooner

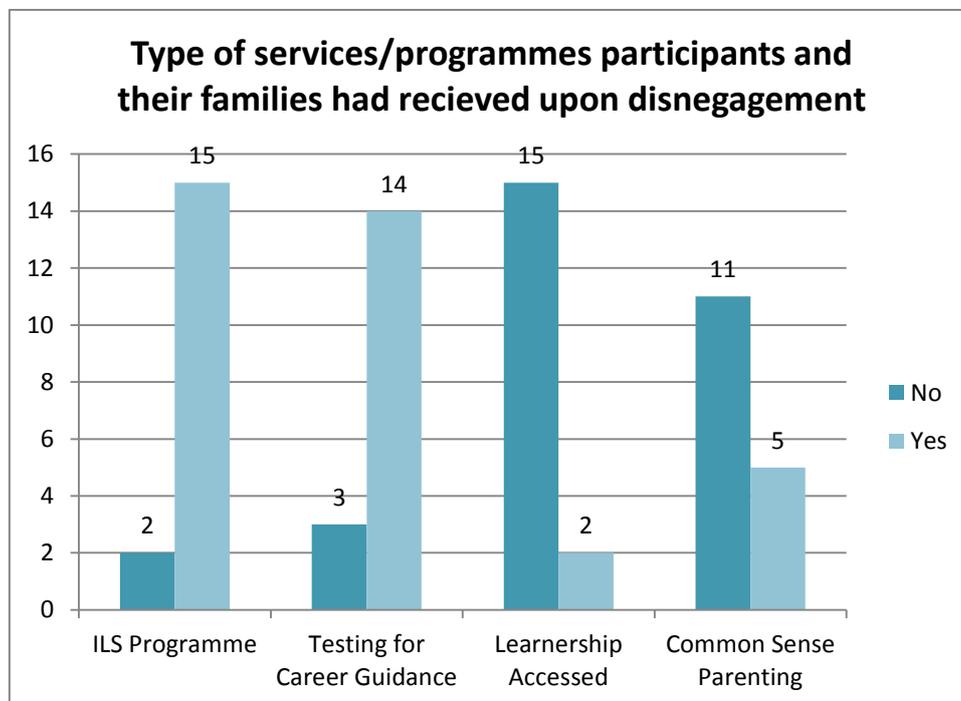
than expected because he had made sincere efforts to manage most of his referral issues. His family wanted him to return back home. This shows good work was being done by the youth, his family and the GBT team.

Years	Number of youth	Percentage
Less than 2 years	1	5.9%
2-3 years	6	35.3%
3-4 years	7	41.1%
5 years	2	11.8%
6 years	1	5.9%

**Table 3. Breakdown of length of participant time in care by year and percentage**

Social workers were asked to rate each participant’s intelligence as below average, average or above average. Well over two-thirds (n=12) were considered of ‘average intelligence’, while three participants were considered ‘below average’ and two were rated as being ‘above average’ intelligence.

The table below provides a comparison between how many participants and their families had received different services and programmes, by the time they disengaged from GBT. The majority of the participants (n=15) had completed the Independent Living Skills programme. 14 had also received testing for career guidance. However, the majority of the youth (n=15) had not accessed a learnership and only five of the parents of the youth had completed the Common Sense Parenting Course, with one of the answers missing.



**Figure 6. Services and programmes received by participants and their families while in care**

Now that the baseline profile of the participants has been presented, the next section moves onto the results and findings according to the various outcomes categories discussed previously, beginning with accommodation.

## 5. OUTCOMES RESULTS AND FINDINGS

The table below shows the outcome scores across all the constructs measured. A high score (indicating higher levels of positive outcomes) is desirable for all outcomes, except for Drugs & Alcohol and Crime, where low scores are desirable (indicating lower levels of negative outcomes). The percentages are a summary of the profile of participants on multiple dimensions of each outcome. Each outcome will be discussed in detail in the following subsections.

Outcome	Percentage
Health & Well-being	75.7%
Family Relationships	60.0%
Friend Relationships	67.4%
Love Relationships	84.1%
Bouncebackability	56.4%
GBT Experience	79.4%
Contact with GBT	71.8%
Accommodation	73.5%
Employment	80.6%
Studying	66.6%
Finances	52.1%
<b>Drugs &amp; Alcohol</b>	12.9%
<b>Crime</b>	7.1%

Table 4. Outcome scores across all categories

The table shows that out of all the outcome categories measured, youth are performing the best in their **love relationships** and poorest in terms of **financial security**. The two low scores for drugs and alcohol and crime show that youth report low levels of substance abuse and criminal conduct – they are performing well in those outcome categories also. The sections which follow go into detail about how these categories were measured and scored and what the findings were.

### 5.1 Accommodation

Generally, research shows that youth who leave care display poor housing outcomes (Cashmore & Paxman, 2007; Liddiard, 2010; Mendes 2005) in relation to their peers. Care-leavers often struggle to secure an affordable, suitable, stable place to live and when they do, it is often of poor quality (Fauth, Hart & Payne, 2012). Where a young person will live after they disengage from care is often the top priority for staff and the youth themselves in preparation for leaving care. Internationally, the majority of children under 15 years old who leave care return home to their families or relatives (Liddiard, 2010). However, many care-leavers over 16 years often do not have somewhere to go and

are forced into independent living (Liddiard, 2010). This is in stark contrast to youth from the general population who leave home sometimes well into their twenties.

The major difference between youth in the general population and those leaving care, is that the former are often able to *choose* when they want to leave home into a place of their own. For care-leavers, this decision is most often determined by them turning 18 and they are forced out of care. Still, for most youth, they have the option to return home if circumstances dictate – a luxury care-leavers often are not afforded. Therefore, there is a markedly different sense of security for care-leavers, who have very little ‘safety net’ with which to fall back on. Accommodation is also a key determining factor in other aspects of the care-leaver’s journey. It may determine where they work or study, their access to social services and health care (Berzin, Rhodes & Curtis, 2011), who forms their social circle, and their susceptibility to crime and substance abuse. In general, stable housing directly influences the quality of life of care-leavers.

For this study, accommodation was measured using the criteria in the table below. The ‘high score’ and ‘low score’ refer to the best and worst situations considered for each criterion. The other options considered are not reflected in this table, but included in Appendix 2:

Criteria	High Score	Low Score
Type of dwelling	Whole formal dwelling	Currently homeless
Reside with	On own or with partner	Currently homeless
Paying rent/bond	Dwelling is paid off or paying off a bond him/herself	Currently homeless
Accommodation stability	No moves in past year	Currently homeless
Any homelessness	None	Yes
Length of homelessness	None	6 months or more

The average scored by participants: **73.5%**

GBT care-leavers are managing well in this outcome category. The data presented below shows that most of the care-leavers are living at home with their parents in reasonable housing, hence the good score, but are not living independently, therefore it is not as high as it could be. The results show that two thirds of care-leavers (n=11) live in a whole formal dwelling, including houses and apartments. Only three live in part of a formal dwelling. One of these youth lives in a cottage, one lives in a granny flat, and one lives in an RDP house. A further three youth live in an informal dwelling, viz. a shack in a squatter camp. This data is important to assess the degree and safety of the actual structure of their accommodation. Living in a shack is considered less desirable than living in a whole formal dwelling.

As shown in Figure 7 below, seven of the youth live with their extended families, while a little less than a third (n=5) live with at least one biological parent. Two participants live with their friends, while one youth lives on his own with his girlfriend and her family, as he has broken ties with his own family. Only one of the participants lives on his own, entirely independently.

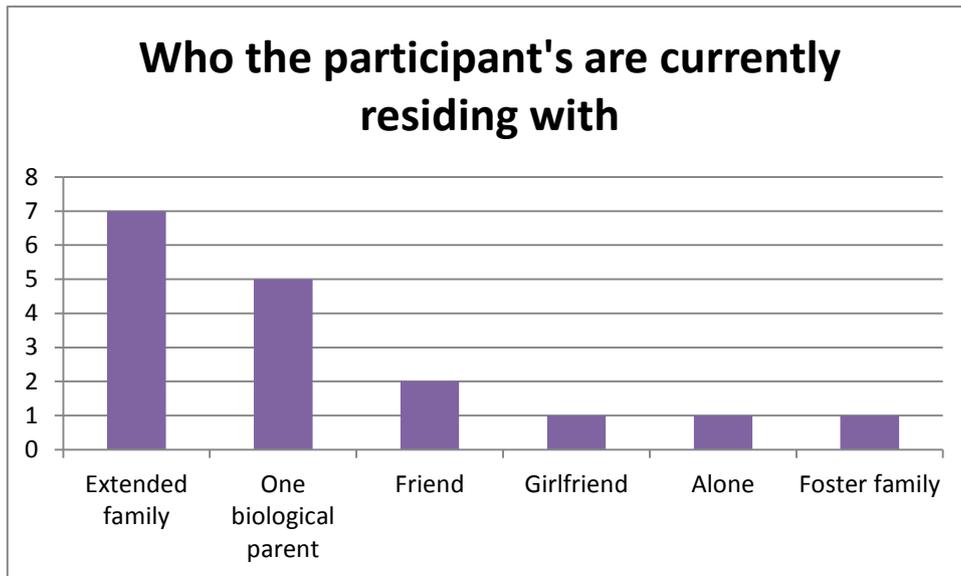


Figure 7. Current participant accommodation

GBT's disengaging youth do not fit the general profile given internationally, namely that most youth above 16 have to become independent, as highlighted above. For the participants living with their families, only one participant is living with both his parents. Another three participants reported they primarily live with their mother's family and other family, such as siblings, but with no father present. One participant does live with his father and a sibling. The data shows that youth rely on extended family for accommodation, as five currently live with their aunts, one lives with his grandmother, and another with distant extended family. This is not always desirable for care-leavers. For this study, living with friends or acquaintances is defined as more independent than living with family.

The graph below shows the number of people living with the participant, including the participant themselves.

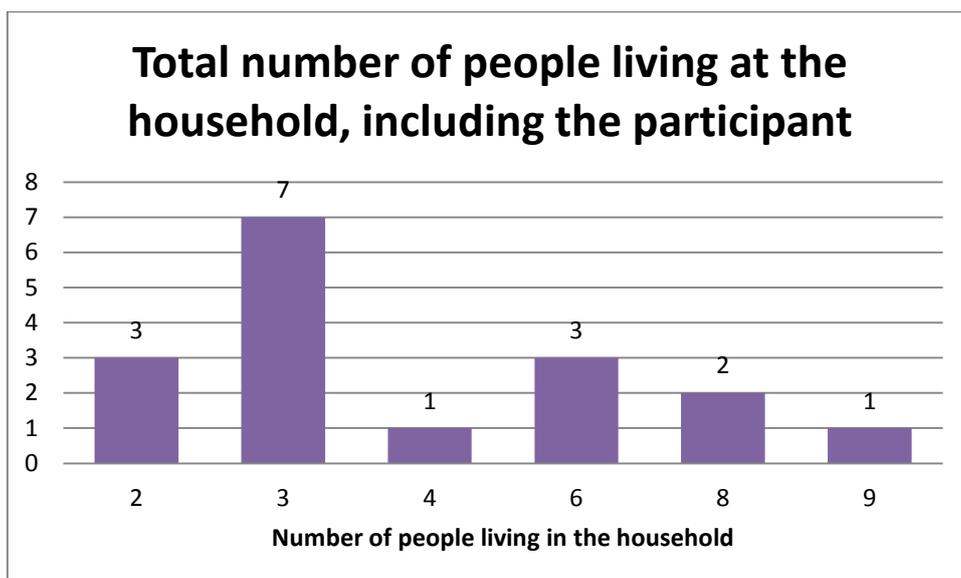


Figure 8. Total number of people living in the household

Figure 8 above, shows under half (n=7) of the participants are living with two other people. However, one of the participants is living with eight other people, and two participants are living with seven other people. This is less than ideal, because living with many people, especially in small, informal structures like these youth, leads to overcrowding. Just over two thirds of the participants are not paying rent themselves (n=12), mainly because the parents or family members are paying the rent. For two of the participants, the dwelling is paid off. However, three participants are paying rent themselves, a very good indication of independence.

One of the most distinct ways to identify stability or instability in terms of accommodation for youth in transition, is to assess the number of times they move between places. The graph below shows the number of times care-leavers have moved between places to stay since leaving GBT.



Figure 9. Number of times participants have moved between places to stay

Just under a third (n=5) of participants have moved two or more times in the year since they disengaged. Just under a quarter (n=4) have moved once. This means that just over half the youth have moved at least once in a one year period and that just under half have not moved at all. Specifically, one youth had moved five times during that first year, another one had moved four times, two youth had moved three times and three of the youth had moved twice. This is not a positive finding, as it indicates instability in their accommodation. The primary reason youth move around so much is because they experience friction with their families and are either forced out or chose to leave. The quote from Nku discusses the challenges of being forced out of home from his family:

*When I left Boys Town I went to Mohlakeng and stayed with my uncle, his wife and their children. And as time went on there were some problems at home. My uncle said to me and his son, he does not want to see us anymore. So I decided to go and stay at Section 7, that's where I stay right now. I stay with friends. My uncle said he wants nothing to do with us and we should not come to his funeral. I left because I did not want to live that kind of a life. If I*

*stayed I would have either start doing crime or hurt someone. So I decided that I need to avoid these things. I could see where that life was leading to, they even started hiding food from me. So it would be easy to start stealing, and I would not have any conscience, so I left.*

None of the youth, however, had experienced any periods of homelessness since they disengaged from GBT. Even those who were forced out of their homes networked with friends or other family members and found a suitable place to stay, regardless of its stability. This is extremely encouraging because international research shows that as many as 20% of care-leavers become homeless at some point in their care-leaving journey (Ward et al., 2003, p. 1), which is an indicator of economic hardship (Courtney et al., 2005).

Andile moved back to the GBT campus after disengagement, after he experienced some challenges with his foster family. He saw himself as contributing to the campus and providing value to the younger youth in care during his stay:

*Then I moved back with Uncle Mark. But there we had a few issues going on where he wanted to kick me out of the house and stuff because of his finance. It was just the pressure of it and stuff. I have not done anything wrong... Then I moved back to Girls and Boys Town and I was staying in the old boys flat there. I just had a few things. Actually when I went there, I did not go there with the intentions of staying for a long time. I did not know that I would stay there and I just took clothes for a week, maybe two weeks, a week and a half. And then as time went after me training the guys in helping them, teaching them what they need to do and what not to do, so I ended up staying there for some extra time. So then while I was there, while they were at school, I was in the gym, running, training, just getting my bit done as well for myself while I was helping them*

While there is some instability in terms of accommodation for the care-leavers, most have established stable housing with their families – not necessarily a show of independence, but certainly better than homelessness.

#### **Practice implications**

- Eight of the original placements at disengagement have continued a year later, while five of the youth have had two or more moves within a one year period. This instability in placement must clearly have a profound impact on all other areas of the youth's functioning, such as getting a job. Stable placements need to be secured before the youth disengage from care.
- Research shows that accommodation instability after leaving care is often determined by the number of placements youth experienced during their time in care (Cashmore & Paxman, 2007). In other words, if GBT can be a stable form of care for youth, where they feel secure in their placement with us, it will have a significantly positive impact on the stability of their accommodation after care.
- One of the most significant predictors of positive outcomes for care-leavers is the feeling of security while they are in care. This can either be measured by the number of times youth are placed in different settings or how long they remain in care. A positive, stable experience of care allows youth continuity in their networks and relationships (Cashmore & Paxman, 2007) and impacts on their overall health and wellbeing as they transition to adulthood.

- 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. This can be as simple as assisting the youth and family with problem solving.
- GBT care-leavers should have priority access to housing which is both stable and affordable.
- 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.

## 5.2 Not in Employment or Training (NEET)

South Africa has one of the worst youth-unemployment problems globally. The unemployment rate according to the Census 2011 is 40% (Statistics South Africa, 2011, p. 56) and for youth between the ages of 15-24 years the figure is even higher at 51%. That means that one out of every two South Africans in that age group is unemployed, making it the third highest unemployment rate in the world (Fin24, 2014), after Greece and Spain. There are several explanations for the significantly high unemployment rate amongst youth in South Africa. Reasons attributed to this are described as extremely complex, but are primarily due to a skills shortage, a result of failed educational and skills-training policies, as well as not enough supply. Job creation is slower than the rate youth are leaving school annually (Blumenfeld, 2013) because of slow economic growth. Further, young people lack experience, especially those who are historically disadvantaged and do not have the required networks that can help them in finding employment (Altman, Mokomane, Wight & Boyce, 2012). This means there are more South Africans needing social grants, evident by the 300 percent increase of beneficiaries over the past nine years (Holborn, 2011). It is clear that the youth unemployment levels in South Africa have reached a crisis situation – and that is for all youth in the general population.

For youth who have aged out of care, securing stable employment is even more of a challenge. Globally, estimates show that 50% of youth who leave care are unemployed (Ward, et al., 2003, p. 1). Research shows that they have even less chance of gaining employment and when they do, they are likely to earn lower salaries (Hook & Courtney, 2011). Without additional help, they struggle to maintain independent living (Reed in Partnership, 2011). Therefore, South African care-leavers are faced with an extremely competitive labour market situation over and above the poor employment outcomes they are likely to experience because of their having been in care. Hook and Courtney (2011) report that while many care-leavers are able to find at least some work after leaving care, it is commonplace for them to be underemployed and unemployed.

The movement from education to employment is considered one of the biggest transitions facing all youth (Cashmore & Paxman, 2007), after leaving home. Successfully securing a job is becoming increasingly dependent on whether the young person has finished their matric and engaged in higher education. The importance of educational attainment is highlighted by Hook and Courtney (2011, p. 1857):

*One of the most consistent predictors of employment and wages is an individual's human capital as measured by educational attainment. High school completion, college attendance,*

*and a college degree are all associated with the likelihood of employment and higher wages (Murnane, Willett, & Boudett, 1995; Surrette, 1997). Employment prospects are particularly dim for youth who do not attain a high school diploma or equivalency degree (Bloom, 2010; Danziger & Ratner, 2010)...*

Youth that stay in care past the age of 18 years, are more likely to obtain higher levels of educational attainment – which invariably means better job opportunities. However, this is rarely the case in South Africa, where most youth have no choice but to leave care at the end of the year of their 18<sup>th</sup> birthday (Mamelani, 2011). Furthermore, being employed significantly impacts and improves other areas of one’s life – it gives one a sense of purpose and it is critical to increasing young people’s independence, sense of dignity and self-esteem (Blumenfeld, 2013).

GBT’s youth showed very poor performance in education and employment - more than half the youth (n=10) reported that they are not currently working, while three are working full time and four youth are working part time (a total of seven that are working). This is only slightly worse than the national average – 51% compared to GBT’s 58%. This would be justifiable if the participants were studying, however 15 of the youth reported that they are not studying either. Globally, youth who are not working, studying or doing some sort of training are called ‘NEETs’ (Not in Education, Employment or Training) (Cieslik & Simpson, 2012; Sissons & Jones, 2012). NEETs are common in South Africa in the general population. Altman et al. (2012, p. 18) reports there are 2.53 million (37.5%) South African youth who are inactive (i.e. neither studying nor working). Of the 6.76 million youth between the ages of 18 – 24 years old, 66.13% of those NEETs are available and willing to work in the labour market. This is shown in the table below, which provides a breakdown of NEETs aged 18 – 24 years old who are unemployed and not studying in South Africa, including those who are available for the labour market by percentage (Altman et al. 2012, p. 18).

NEETS IN SOUTH AFRICA	% of total in 18-24 age group	% available for labour market
Unspecified	0.43%	0.76%
Primary or less	6.48%	11.44%
Secondary education less than Grade 10	6.67%	11.76%
Grade 10 or higher but less than Grade 12	13.21%	23.30%
Grade 12 (without university exemption)	8.26%	14.58%
Grade 12 (with university exemption)	1.24%	2.20%
Certificate with Grade 12	0.65%	1.14%
Diploma with Grade 12	0.33%	0.59%
Bachelors degree	0.12%	0.21%
Btech	0.02%	0.04%
Post graduate diploma	0.03%	0.05%
Honours degree	0.02%	0.04%
Higher degree Masters/PhD	0.00%	0.01%
<b>Total</b>	<b>37.47%</b>	<b>66.13%</b>

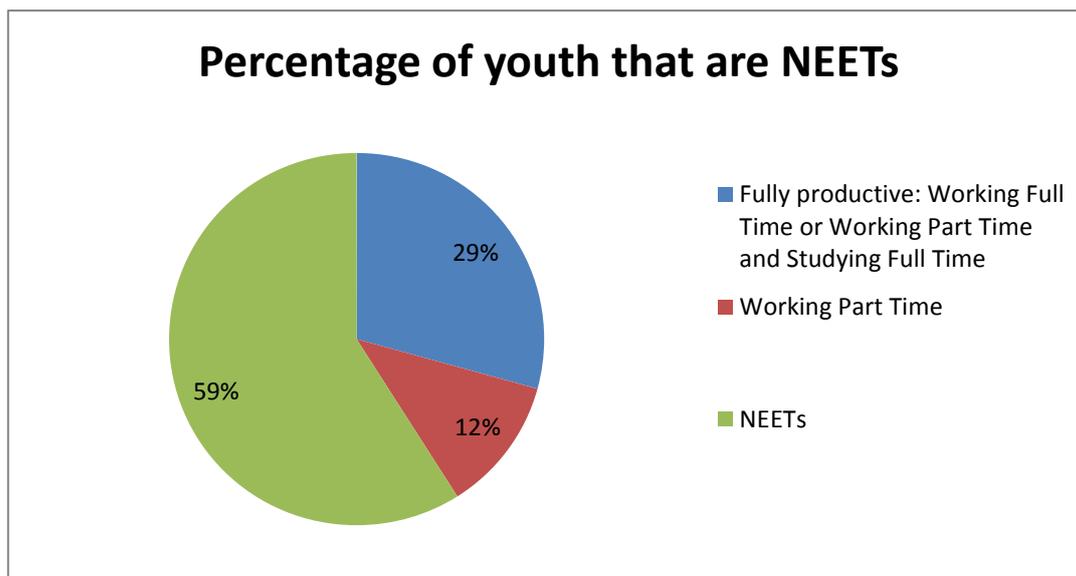
**Table 5. A breakdown of NEETs in South Africa aged 18 – 24 years**

Only two of the GBT youth are currently studying full time: Mpho is busy with Grade 9 and Zodwa is currently in Grade 10. These two are also working part-time. The table below shows the employment and education of each youth in the study, to further portray how many NEETS there are.

Pseudonym	Working Full Time	Working Part Time	Studying Full Time	Studying Part Time	NEET
Andile	✓				
David					X
Eugene	✓				
Frank					X
Ian	✓				
Jacob		✓			
Kieren					X
Mpho		✓	✓ (Gr. 9)		
Nku					X
Zodwa		✓	✓ (Gr. 10)		
Amu		✓			
Raju					X
Tebogo					X
Sipho					X
Thabiso					X
Unathi					X
Vuyo					X

Table 6. Employment and education breakdown of participants

By percentage, 59% of the participants in this study are NEETs, compared to only 29% who are fully active, i.e. working full time or working part time and studying full time, as shown in the pie chart below. It depicts that there is a disproportionately high number of NEETs, greater than the national situation (viz. 37.5% 18-24 year olds are inactive).



**Figure 10. Percentage of GBT youth that are NEETs**

We tried to dig deeper and gain more understanding as to why there was such a high percentage of NEETs. Specifically, participants were asked what the primary reasons were that they are not currently working (n=10). One of the participants said he is waiting to hear from potential employers, one said there is no work in the area, two participants said they do not want to work, and over half the NEETs (n=6), said they were unable to find work. This closely matches the situation for the general population in the country, as discussed above, where 66.13% of the NEETs in the country are available for the labour market, but cannot find work.

Frank, who lives in a small town in the Eastern Cape, speaks further to his lack of mobility and resources to look for work in his area:

*At the moment in this place here there are no jobs. I did try to do something to help people, build and that kind of stuff but there is no place for permanent jobs, just three or four days and then all I do is stay at home. This is a small township.*

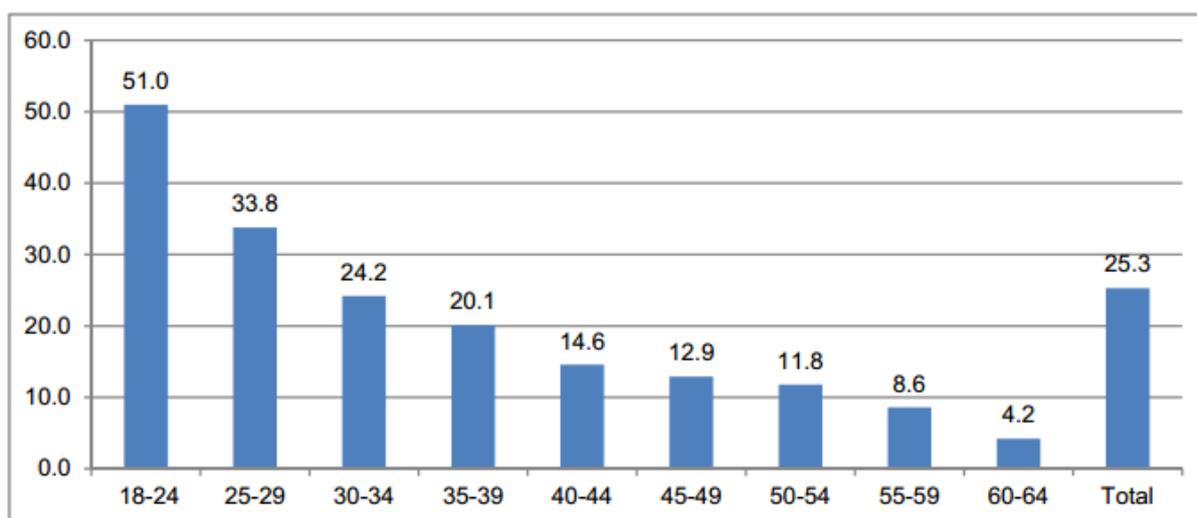
Eight of the NEETs had not been for any job interviews in the year they had been disengaged from GBT, while only two had been. This may be a reflection of the highly competitive labour market and broader unemployment crisis occurring in South Africa, where there is simply a lack of job opportunities available, as described earlier. It may however, point towards care-leaver apathy and/or hopelessness, where they do not even feel as though they should be trying. The quote below from Raju (who is a NEET) shows the challenges he faces not going to school or finding work. His sense of hopelessness is apparent through the narrative:

*Jobs do not come easy especially if you are not educated fully. So that has been quite difficult. Also coming here living with your parents and knowing that you do not have a job, and you are not going to school. It puts more pressure on them. Also when I moved out of Girls and Boys Town, it was even harder because not everything is spoon fed for you like. At Girls and Boys Town, your food is there, everything is brought to you and now you have to get prepared and stuff for yourself...*

Vuyo, also a NEET, avoids taking responsibility for his actions and believes things have not changed for him. His apathy also comes through in the quote:

*Since living Girls and Boys Town I do not see any difference in myself, I still live the same way I did in the location. When I got home I stopped attending school and joined bad company and did wrong things... I was involved in drugs and crime, you know. So I quit school.*

Nine of the youth had not applied to study for a course during the year after they were disengaged from GBT, while only two had. The high rate of unemployment amongst GBT care-leavers is consistent with the unemployment rates across South Africa, as displayed in Figure 11 below, which shows unemployment by age group. People between the ages of 18-24 have the highest unemployment rate compared with the other age groups, and twice as high as the national average (Altman et al., 2012, p. 16). Considering only seven of the participants work and two of those are in school, it brings into question how youth are able to survive financially with extremely limited income.



Source: Statistics South Africa Quarterly Labour Force Survey, September 2010 cited by National Treasury (2011)

**Figure 11. Unemployment rates across South Africa**

Another interesting finding is to examine the correlation of NEETs in relation to substance abuse and criminal activity. The table below shows which youth are ‘active’ (either working part or full time and/or studying), which youth are NEETs and which of those youth are using substances (Column 3) or engaging in crime (Column 4). All but one the youth who are active in some way (n=6 – Eugene being the one exception) do not use substances or involve themselves in crime. By contrast, six of the ten NEETs report abusing substances and five report criminal behaviour. This further reiterates how vitally important it is that youth continue with some form of schooling or work after they leave care. It also shows how the youth who either binge drink, or use marijuana, get involved with crime, viz. the negative influence they have on one another. Interestingly though, the youth that use marijuana, do not abuse alcohol and vice versa.

Pseudonym	Productive: Working or Studying or both	NEET	Substance Use	Criminal Involvement
1. Andile	✓			
2. David		X	Binge drinking	Drug deals Assault
3. Eugene	✓		Binge drinking	Assault
4. Frank		X		
5. Ian	✓			
6. Jacob	✓			
7. Kieren		X	Marijuana	Damage to property Drug deals On parole
8. Mpho	✓			
9. Nku		X	Marijuana	Stealing
10. Zodwa	✓			
11. Amu	✓			
12. Raju		X	Binge drinking	
13. Tebogo		X	Binge drinking	
14. Siphon		X		Damage to property Stealing Assault
15. Thabiso		X		
16. Unathi		X		
17. Vuyo		X	Marijuana	Case pending

**Table 7. NEETs in relation to substance abuse and criminal activity**

### Practice implications

- The high number of NEETs is an exceptionally troubling statistic. It is a highly problematic situation that youth are not involved in education or training in the years of transition, because it makes them susceptible to negative influences (such as drugs and crime) and has negative mental health impact (for example depression). The longer the youth remain as NEETs, the more susceptible they are to self-esteem issues and despondency, which makes it more difficult for them to overcome this inactivity.
- Youth should not be considered for disengagement if we know they will be taking up a NEET status. Minimally part time, but preferably fulltime involvement in studying/working should be confirmed prior to disengagement.

### 5.3 Employment

This employment outcome is analysed only for youth who are full-time or part-time employed.

For this study, employment was measured using the following criteria:

Criteria	High Score	Low Score
Employment	Full-time	No work
Employment stability	No changes or promotion	Three or more changes
Length of employment	All of the months	Under 50%
Hours of work	45 hours	Under 10 hours
AWOL from work	None	More than three days
Disciplinary issues	None	Two or more
Fired	No	Yes

The average scored by participants who are in some form of employment: **80.7%**

The seven youth who are working are doing very well, with most experiencing stable jobs, where they do not over work and do not frequently miss work without a valid reason. For example, Eugene, who has a stable job at Fair Cape Dairy, still has aspirations of finding a better job:

*Everything with me is quite well, not totally good though; there are still some things that I want to do. I was thinking of my CV, throwing new CVs out, trying to get into other places and get a better job. I want to earn enough money for me for the month and then something to show because when I am about 25 I want to go overseas and that has been my dream since I was a baby. I want to go overseas; I want to experience new places with somebody that I really care about at the moment. That person is my girlfriend.*

The first few months after leaving care are perhaps the most tumultuous in settling into work, marked by a lack of direction, where care-leavers are trying to find their feet. Ian describes his first few months after leaving GBT:

*In the beginning of the year I tried to start a business with my uncle and that did not go well. Then I went to go work at a scrap yard, but I resigned there and then after a month I found that I was offered a job at that IT place and so I have been doing that since.*

For the youth that do have work, employers include: Fair Cape Dairy; Girls and Boys Town; Modelware Systems (IT company); Mr Price; Oxers Metre Readers; Mark's Plumbing Company; and Spur. None of the youth have more than one job.

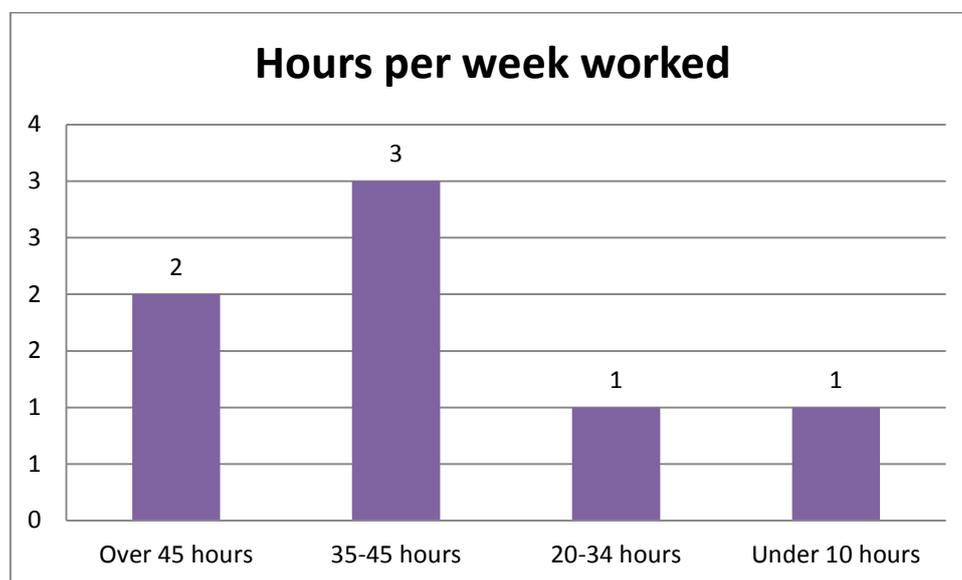
Most of the positions the youth fill are low-skilled, but appropriate for their age group. The types of jobs the participants perform include:

- Administrator/customer care
- File Clerk
- Gardener
- IT-Web Design
- Plumbing
- Scanner
- Waiter

Another indicator of living the ‘good life’ is job stability. Participants who move between jobs often, show a lack of commitment to their work and risk losing the stable income required to be independent and stay out of debt. Over half of the working youth (n=4) had not changed jobs or position, since working there. This also means they had not obtained a promotion. One youth had changed jobs once, not unreasonable in a one year period, however another youth had changed jobs twice and a further, had changed jobs three or more times, which is quite a lot of moves in a one year period. In a similar vein, the researchers assessed how long the youth had held down their jobs in the year. The data shows that three of the youth had stable work positions (all of the months), while three youth had stayed in their jobs for between nine months to a full year. Only one youth, David, had had his job for less than six months. He was fired from that job because of smoking marijuana (‘dagga’) on the job. Some of the youth were able to find work fairly easily, such as Andile. The quote also reflects his self-confidence in his ability to work:

*So I came through here, I got a job, finished the training a week earlier than I was supposed to be done, passed the tests in the 90s that I have wrote here. I have been doing waitering during ever since and slowly getting the hang of things.*

The researchers also assessed the quantity of work youth were doing, viz. the hours per week youth work. Ideally, we thought participants working full-time should not work more than 45 hours per week, as overworking can compromise one’s health and social relationships. The graph below shows the hours worked per week.



**Figure 12. Number of hours worked per week worked by employed participants**

Two of the youth work over 45 hours per week, which is perhaps excessive and thus undesirable, impacting on their quality of lives. Ian indicated that he works as much as 60 hours per week. A further three youth work 35-45 hours per week, which is in the normal range for full time employment. One youth works between 20-34 hours and one works under 10 hours. Both of these youth were also studying, which accounts for the lower hours they work. It must be noted that

there is a difference between a youth who is working part-time *and* studying, compared to a youth who is working only part-time.

The researchers examined the number of days participants missed work without leave in the past month, which may lead to them losing their job. This excludes being sick with a medical certificate, or taking official leave. Missing work without leave is not consistent with the 'good life'. GBT participants showed positive outcomes in this regard. Five of the seven working participants had not missed any days of work without leave in the past month, while one youth missed one day and another youth missed two to three days of work.

In terms of performance issues, six of the seven participants had not received any warnings for performance issues from their employers in the past month; however Andile had received three warnings for coming late to work. None of the youth who were working at the time of the interview had been fired from a job since they started working after leaving care. As mentioned, one youth, who at the time of the interview was unemployed, was fired from his work for smoking marijuana. These are good indicators of positive outcomes for the youth.

Thus, while only seven of the 17 youth currently engaged in work, which is of concern, those who are working show good employment outcomes. The following section goes into detail about the education situation of the participants one year out of care.

#### **Practice implications**

- The majority of youth who have full-time and part-time work are doing fairly well. It is important to foster this while in care through work internship opportunities. Preparing youth for the practicalities of work also entails building up their professionalism and teaching them about work ethics.
- Career assessments should be conducted regularly for youth nearing their disengagement so as to match suitable career opportunities to their personal attributes and interests.
- As youth disengage, it is important that they build up a stable work record. Support systems should encourage young people to 'stay put' if they are able to find a job.
- 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. Youth need to have had actual real opportunities to practice these before disengaging. Only 2 of the 17 youth had applied for positions, strongly indicating a lack of ability or confidence in their employment procurement skills.

#### **5.4 Education**

Education is central to healthy development in children – both physically, mentally and socially. It contributes not only to their ability to be employable, but also to their well-being (Broad, 1998; Cashmore & Paxman, 2007). The knowledge they obtain from gaining an education prepares them for early adulthood, so they can make informed decisions about their futures. It is where the future workforce learns to read and write and do mathematics. It is one of the most fundamental forms of spreading knowledge and creating critical thinkers. On a macro level, it is also arguably, the most

powerful poverty-reducing strategy and is the cornerstone of sustained economic growth (Bruns, Mingart & Rakotomalala, 2003).

However, care-leavers are more likely than youth in the general population, to have poorer educational attainment outcomes. Research done in Australia, America, Canada and the United Kingdom all show that care-leavers leave school early and often do not obtain any post-school qualifications (Cashmore, Paxman & Townsend, 2007). Care-leavers are often preoccupied with finding suitable accommodation and resolving financial issues, and committing to a course after school is not a priority when they are struggling to meet their basic needs (Reed in Partnership, 2011). They are less likely to complete Matric (secondary schooling) and far less likely to continue their education with college or higher education (Kirk & Day, 2011). There are several reasons for this. First, youth who are placed in care generally come from disruptive and disadvantaged pasts. Second, their in-care experiences are sometimes marked by instability and they are moved around several times between placements, and thus schools. These disruptions impact their learning and ability to write exams at one school (Cameron, 2007). Third, they are also overrepresented in special needs programmes (Kirk & Day, 2011). Youth in care risk falling behind their peers and are more likely to repeat grades, drop out of school (Kirk & Day, 2011), be suspended or get expelled (Courtney, Terao & Bost, 2004). It is estimated that approximately 75% of care-leavers do not have any formal educational qualifications past secondary school (Ward, et al., 2003, p. 1). However, past research is clear that positive outcomes for care-leavers are strongly associated with higher levels of education (Jackson et al., 2002).

In South Africa, the 2011 Census (StatsSA, 2011, p. 47) reports that approximately 95% of children between 7 and 14 years old are attending school – the vast majority of youth in that age group are at school. The 2011 Census reported on the population aged 20 years and older by the highest level of education completed in South Africa, displayed in the figure below (StatsSA, 2011, p. 51):

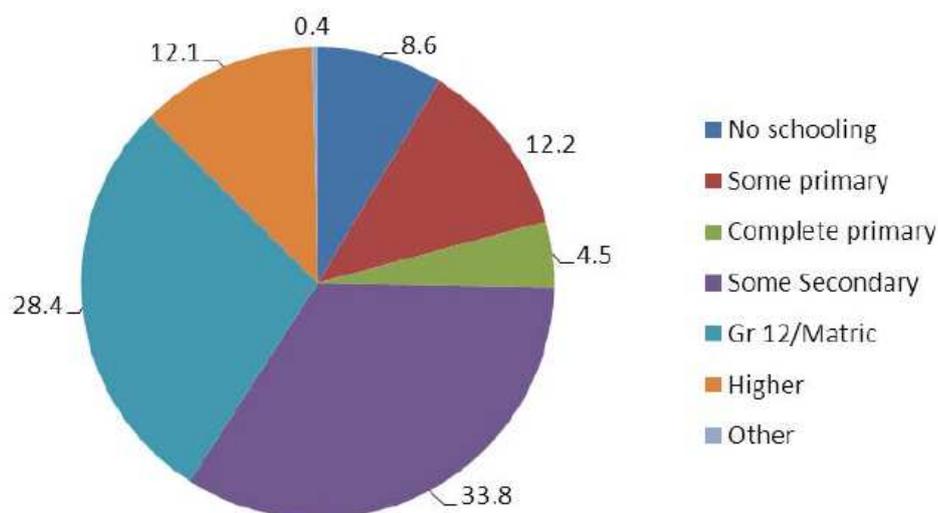


Figure 13. Breakdown of highest level of education of over 20's completed in South Africa

From the figure, it is evident that most people over 20 years old have at least completed primary school, with a third having completed some secondary schooling. Of the general population, 28.4% have completed Matric and only 12.1% have a higher education qualification.

The General Households Survey 2002-2011 (StatsSA, 2011) reports that 85% of youth aged 16 to 18 attend an educational institution – also the majority, but not as high as children between 7 and 14 years age range. That indicates that in the general population of 16-18 year olds, 15% are not attending any type of educational institution. The biggest reason in 2011 attributed to not attending any type of education facility is ‘no money for fees’ (26.8%) and secondly, ‘education is useless or not interesting’ (13.1%). This has a significant societal impact, as many of those youth rely on government grants, and are more at risk of getting involved in criminal activity and substance abuse, especially if they are NEETs.

The national figures are comparable to GBT – at the time of leaving care, all participants in the sample (n=17) were in some educational programme. 13 of the youth were in regular school and 4 youth were in alternative schooling. This is the influence of GBT’s programme and their commitment to ensure all their youth receive some type of education. However, while the youth were receiving education, at least half were in lower grades that were common for their ages. This is problematic, as research indicates that educational attainment in care has a direct correlation with positive outcomes after care. Figure 14 below, reflects that, at the time of their disengagement, the largest group of participants (n=6) had only completed Grade 9, while just under a quarter (n=4) had completed Grade 10-11. Two of the youth had only completed a Grade 8 or lower. If just under half the youth are leaving GBT with a Grade 9, their chances of post-care success is extremely limited if they do not continue with their education afterwards. One participant had completed Grade 10 and another one had completed Grade 11. On a positive note, three of the participants had a matric, while two had a post-matric diploma. As has been discussed on a national level, a similar pattern has emerged with a very low rate of young people completing high school (Altman et al., 2012).

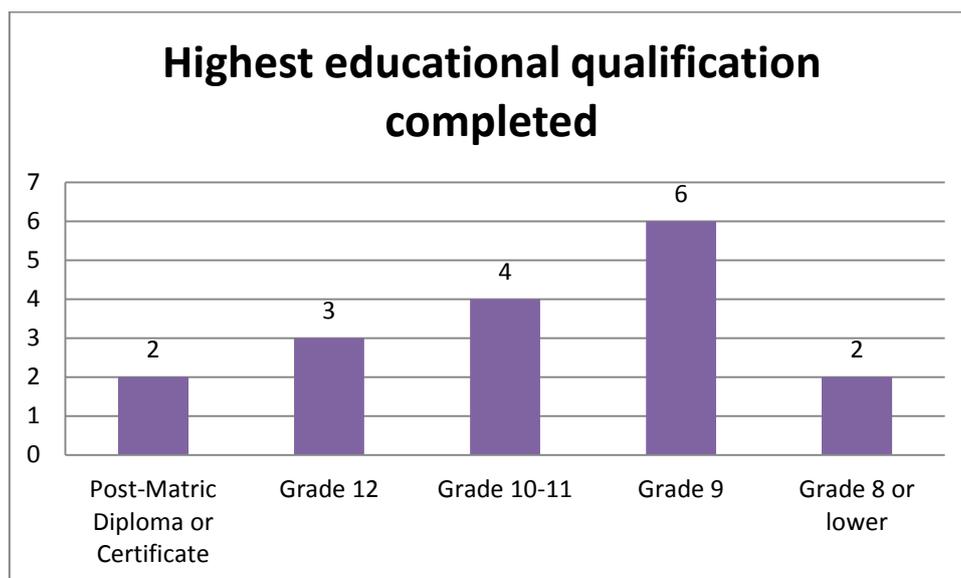


Figure 14. Participant’s highest educational qualification at the time of disengagement

Five of the youth reported they had completed an educational qualification since their last interview, this included Matric (n=3) (which they completed at roughly the same time as their disengagement) and two youth had completed a post-matric diploma or certificate, which they commenced since leaving care, which is a positive indicator of succeeding. Of the two youth that said they were busy studying, one was doing a panel beating course at a Grade 9 level. The second youth was busy completing Grade 11 at high school. However, unless a youth reaches a significant milestone in his education, i.e. matric, diploma or practical course certificate, then all youth need to be involved in some form of further education.

Andile explains he did not have money to further his education:

*Well I wrote my Matric exam and I did quite well. I got the university entrances and all that stuff but unfortunately I could not go study because financial issues with my foster parents.*

Several of the youth, like Unathi, speak about their dreams of going to school, but his plans are vague and there appear to be too many obstacles in securing this for himself:

*I do not care about everything else. If only I get my education and my food and a little bit of clothes. I will leave the rest behind and if I do not have a phone for five years, six years, then when I finish school I can get a better phone. I am based on my education but I cannot see my education going upwards if I am having all these struggles at home. That is why I called my mom to make arrangements for me and my social worker. I do not want to live where I am living now, but I know if I stay in one place, I know in the morning I will wake up and get on the bus, go to school, and come back.*

What is most concerning about these findings is the number of youth (n=10) not yet finished matric who chose to drop out of school after they left GBT, with no consideration for completing their schooling.

For this research, studying was measured using the following criteria:

Criteria	High Score	Low Score
Continued progress	Yes passing all subjects	Dropping and failing multiple subjects
Attendance	100%	Absent more than three days
Achievement	Distinction / A	None

The average scored by participants: **66.7%**

This outcome indicator, which reflects only the two youth who are currently at school (Grade 11 and a panel beating course at Grade 9 level, shows care-leavers who are in education are having some success with regards to their education. They are passing most of their subjects, attending school regularly unless sick and have some achievements.

More specifically, neither of these two youth had dropped any courses or modules in their studies since leaving GBT. However, both of the youth had each failed one test or assessment in the time period. Mpho, in Grade 11, reported he was struggling with Core Mathematics, while Jacob, who is doing panel beating, had expressed concern about all his subjects. Mpho obtained one distinction for another subject during the past month. Although he failed Maths, it does show he is doing well and being successful in other areas of his schooling. This may point towards positive outcomes as he continues on the journey of succeeding. He did, however, miss two to three days of school, excluding sick days. Considering only seven of the participants work and two of those are in school, it brings into question how youth are able to survive financially with extremely limited income.

#### Practice implications

- Young people who move around less during their placement in care are likely to achieve higher educational outcomes (Cashmore, Paxman & Townsend, 2007). Instability in care disrupts youth education as they have to move between schools and this impacts their ability to keep up with their peers.
- Findings from past research consistently show 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.
- GBT youth are leaving with very low levels of education and few are continuing with their education, i.e. only 2 of the 12 who left GBT without completing their matric were studying. 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 alternative education certificate, could be considered a **significant milestone**. Reaching these milestones significantly enhances employability and thus should be an essential requirement for disengagement. Furthermore, aftercare support should be provided to youth and their families in ensuring the continuation of education, at least until any these milestones are reached.

### 5.5 Financial security

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. In South Africa, youth who are cared for in a state institution are not eligible for the Child Support Grant of R310 per month (South African Social Security Agency, 2014), which ends at 18 anyway. Further, unlike some 'first world' countries like the United Kingdom and America, care-leavers are not given any financial support after they exit care, unless provided by the organisation itself. Youth often lack financial planning skills, do not know how to adequately budget and many do not have their own bank account.

Financial security was measured against the following criteria:

Criteria	High Score	Low Score
Source of income	Employment	Begging or crime or no income
Total income	R12 801 or higher p.m.	R0 – R400 p.m.
Bank Account	Yes	No
Savings	R12 801 or higher p.m.	R0 – R400 p.m.
Debt type	No debt	Short term loan e.g. loan shark
Debt amount	R0 – R400	R12 801 or higher
Food security	100%	Four or more days without food per month

The average scored by participants: **52.1%**.

This is the lowest score amongst all the outcomes measured and shows that youth require much financial education, planning and budgeting if they are to rely on themselves in the future. This is also the result of unemployment, linking back to the significantly large number of NEETs in the study.

Just less than half (n=7) of these GBT care leavers were employed and unsurprisingly, for all seven, their primary source of income was from their work. Four other youths' main source of income is from their parents or foster parents. One of these four care-leavers is studying in Grade 9, thus it is appropriate that he receives support from his parents. The other three are NEETs. A further three have income from grants and three of the youth, most concerning, have no income at all. David said he begs to produce some money since losing his job. This would impact their overall score and explains why it is somewhat lower than the other outcome categories. Relying on state grants and not having an income also links back to the high number of NEETs in the study, who are not producing any money themselves because they do not work.

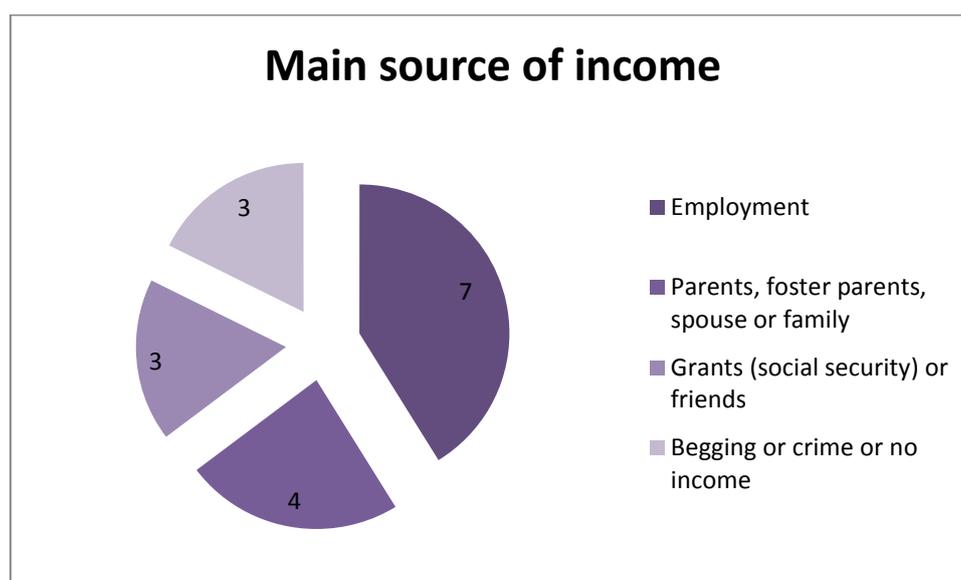


Figure 15. Participant's main source of income

Over half the youth (n=9) said that in the last month, they had a total income of R0-R400. This is not income earned solely through work; it includes all forms of income, including for example, grants and pocket money. Unathi describes how he negotiates with his family for grant money so he can go to school:

*I told my mom, if you pay for my school fees and my transportation from this I can get food and I can buy my own clothes from that little bit of money, from the grant money. It is only R800. From the R800, I pull out R400 for food and then I pull out another R400 for transportation. My friends are giving me a little bit of help of how to budget.*

The pie chart below shows the spread of income across various monetary categories. The highest available category for youth income in the questionnaire was set at R12 801. However, the data shows that none of the 17 participants have an income more than R6 400 per month. This lack of income is a significant hindrance to these youth achieving independence, compounded by their lack of employment and low educational standing.

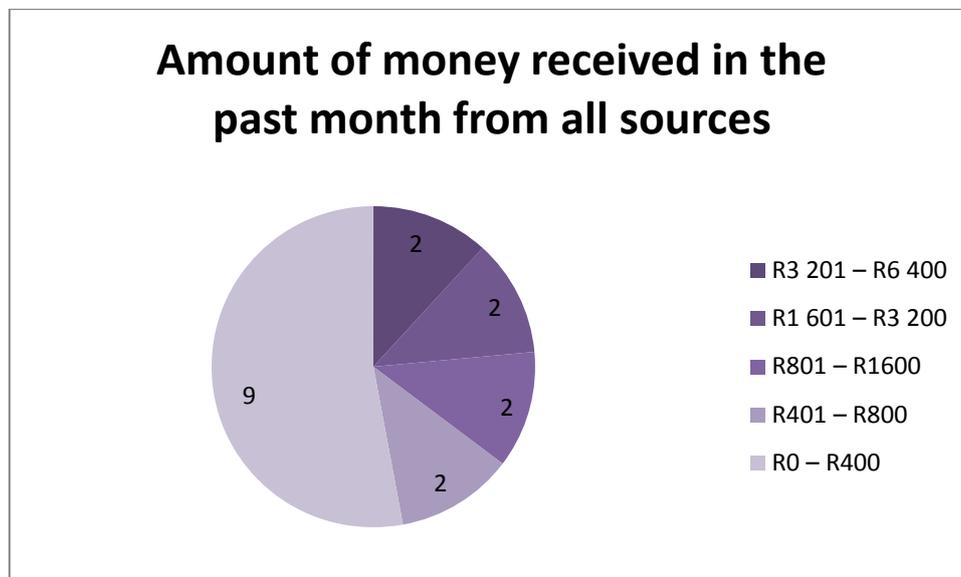


Figure 16. Amount of total income for participants

Just over half the youth (n=9) have their own bank account, while 8 do not. This is a significant point as it indicates a lack of independence and succeeding in the GBT youth. All care-leavers (and young people for that matter) should have a personal bank account which goes hand in hand with developing the skills to manage their own finances. Not having a bank account could put limitations on their financial well-being. Often employers will require that youth have even a basic savings account and there are many situations where an account is necessary, for example, in applying for a loan. Bank accounts also provide records of spending patterns, which are important for financial budgeting and planning. Bank accounts are also safer than using cash, especially if the youth lives in a dangerous area.

The researchers also examined savings, over and above their income for the month. This is important in assessing the participant's long-term planning and financial security. The majority of

participants (n=14) reported they had R0-R400 in savings, which probably means that they do not have any savings. One youth said he had savings of between R401-R800; another youth said he had savings of between R801-R1600 and a third youth reported he had savings of R1601-R3200.

Ian, who is living entirely independently, on his own in a granny flat and who has a stable long-term job and paid off his car on his own, discusses how he is managing his money after recently moving into his own place:

*The thing is I had lots of things to buy, things like furniture and all that stuff so now that all of that is bought for December I can breathe and maybe I can buy something nice for myself and then from next year I will save.*

Amu is currently residing with his Mom in Gauteng. After leaving GBT, he originally went to stay with his Aunt in KwaZulu-Natal. He has secured part-time employment at Mr Price. He is not currently enrolled for any academic study. Amu shows growth and responsibility towards his financial situation, now that he has to work and earn money for himself, compared to when everything was simply provided for him in GBT:

*I hope that I am doing well and honestly I do feel proud. No one just gives me things, I have to work for them and that is why I feel a little bit proud and that is why I feel that I have achieved something. Everything that I own at the moment I have worked for. In Girls and Boys Town I was sitting there and you do not think about these things honestly. At Girls and Boys Town there is that system but when I got out in the world then I was out of the comfort zone. Things were harsh because even if I wanted to buy bubblegum, I had to go and budget. I had to think about everything that I was doing. I have learned once you get money you cannot just blow it. You have got to keep something. So you have to think about what you want to buy. I ask myself, is this necessary? I think always about everything and I think that is very important and it keeps me going and also reminds me not to misuse the money, especially because I have worked for it.*

On an extremely positive note, almost all the participants had no debt (n=16). Only one youth reported that he had a small short term loan, where he had borrowed money from a friend. Ian reported he was able to pay off his second hand car in six months, which he purchased soon after leaving care. One youth said he had been in debt on leaving GBT, but has managed to clear that now, which can be considered successing.

Within the category of financial security, the researchers also included a food security question. Youth were asked whether in the last month, they experienced some days where they had absolutely no food to eat. Displayed in Figure 17 below, over half the participants had food to eat every single day, which is fine and to be expected. However, two of the participants did not have any food to eat for two to three days in the past month. Even more frightening, just over a third (n=6) of the participants did not have any food to eat for four or more full days during the past month.

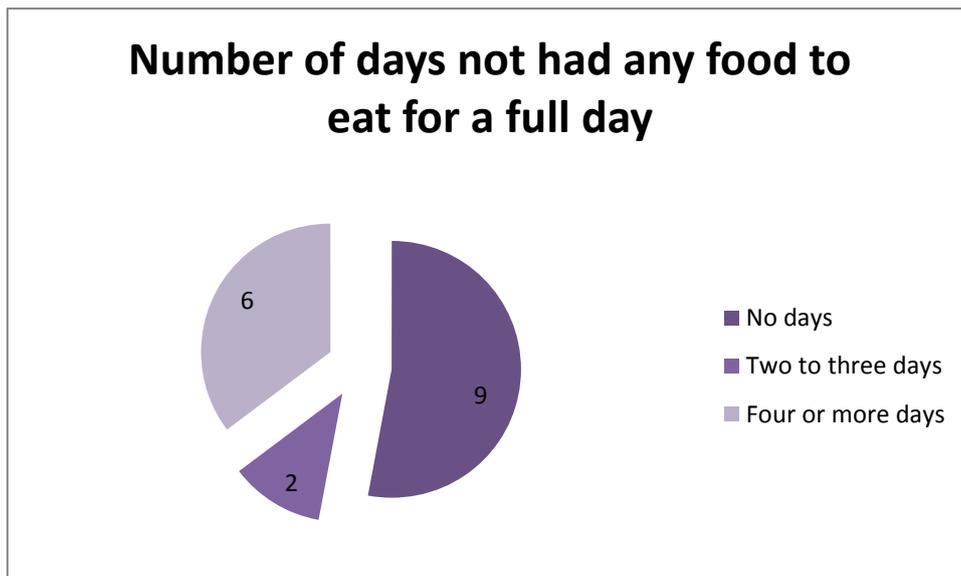


Figure 17. Youth who have not had food for one day or more in the previous month

Zodwa discusses his challenges with not having any food to eat:

*It is difficult to answer, since leaving Girls and Boys town, life has been difficult. I suffered because I did not have money. Sometimes we did not have enough food in the house. Sometimes we went to sleep on an empty stomach...*

Similarly, Frank says he does not get any food to eat if his mother does not have work:

*We don't eat because sometimes my mother does not get paid because she does not have a permanent job.*

Other participants report:

*We had no food until my father got his grant. (Tebogo)*

*I was not working and my granny was in hospital, so we had no food to eat. (Sipho)*

#### Practice implications

- Eight of the youth missed food for two or more whole days in the last month. This points to youth in extremely needy situations and suggests that an aftercare assessment should be incorporated into GBT's programme. If these dire circumstances for our youth could be identified, they could be avoided.
- The fact that 8 of the 17 participants had no bank account one year after leaving is very concerning. It should be part of the social and independent living skills curriculum for youth at GBT that they receive adequate financial skills education. In adequately providing these important skills and preparing youth for disengaging from GBT, all youth should have an active bank account and have had opportunity to use it before leaving GBT.

- Saving should be a compulsory practice while at GBT. A percentage of youths' pocket money should go to savings and this should be made accessible to these youth when leaving. All youth should be able to leave with a 'nest egg' to give them a kick start. Teaching and preparation for saving should be actively done during their stay.
- ILS and preparation of youth for living outside of GBT needs to be far more intensive. Real opportunity to discover the challenges of independent life needs to be given 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. For example, planning a living budget and actually getting opportunity to live off of that for a week. Or another example is to live at home for a week and go to school using public transport. 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.

## 5.6 Drugs and alcohol

The South African Community Epidemiology Network on Drug Use (SACENDU) reports that substance abuse is becoming an increasingly difficult problem among adolescents in South Africa. Studies confirm that 90% of adolescent drinkers have had their first drink by the age of 14 years (Pluddemann et al., 2005). Alcohol and substance abuse amongst South African adolescents is common, and exacerbated by the extremely high youth unemployment rates (Seggie, 2012). Still, relative to their peers in the general population, care-leavers are particularly at risk to developing substance abuse problems and show relatively high levels of drug use (Hannon, Wood & Bazalgette, 2010). One out of three care-leavers abuses drugs or alcohol in their first year of exiting care (Dixon, 2008). A further 10% have reported to use a Class A<sup>6</sup> drug weekly, while one in three consume alcohol, at least once per week (Dixon & Stein, 2005, p. 86). The primary cause of this is psychological problems (such as depression) and behavioural problems youth in care are prone to, primarily the result of pre-care experiences and challenges of living in care (Ward et al., 2003). Further, substance abuse can both be caused by and result from feelings of social exclusion, which they experience once they leave care, as they battle with a range of other issues during this transition (Dixon, 2008). Ward et al. (2003) report that compared to their peers, care-leavers are more likely to abuse marijuana, alcohol, cocaine, heroin and solvents. Youth in care also tend to start using substances earlier than their peers, to help them cope with negative pre-care and in-care experiences. Substance abuse also has a strong correlation with poor well-being and poor mental health, and care-leavers are generally less motivated and have more negative feelings about their life (Dixon, 2008).

Drugs and alcohol were measured using the following criteria. A high score in this category indicates high drug and alcohol use and thus, a poor outcome. While most criteria in the previous outcomes were equally weighted, these criteria are not equally weighted, because, for example, high cigarette use is less concerning than high Class A drug use. Consequently, the relative weighting of each criteria is also included in the table:

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<sup>6</sup> 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).

Criteria	High Score	Low Score	Weight
Cigarettes	A pack or more a day	None	6
Alcohol	More than seven drinks in the past two weeks	None	6
Binge drinking	More than four times in the past two weeks	None	6
Marijuana	More than four times in the past two weeks	None	18
Class A drugs	More than eight time in the past month	None	40

Average scored by participants: **12.9%**.

This score and the data presented below represent the low patterns of substance and alcohol use among care-leavers. Participants were asked how many cigarettes they smoked each day in the past two weeks. Figure 18 illustrates that more than half of the youth smoke cigarettes every single day. Just under a third (n=5) reported that they smoke more than a pack a day, while 2 youth smoke half a pack a day on average. Up to a quarter of the youth (n=4) smoke up to five cigarettes a day. Encouragingly, just over a third (n=6) do not smoke any cigarettes.

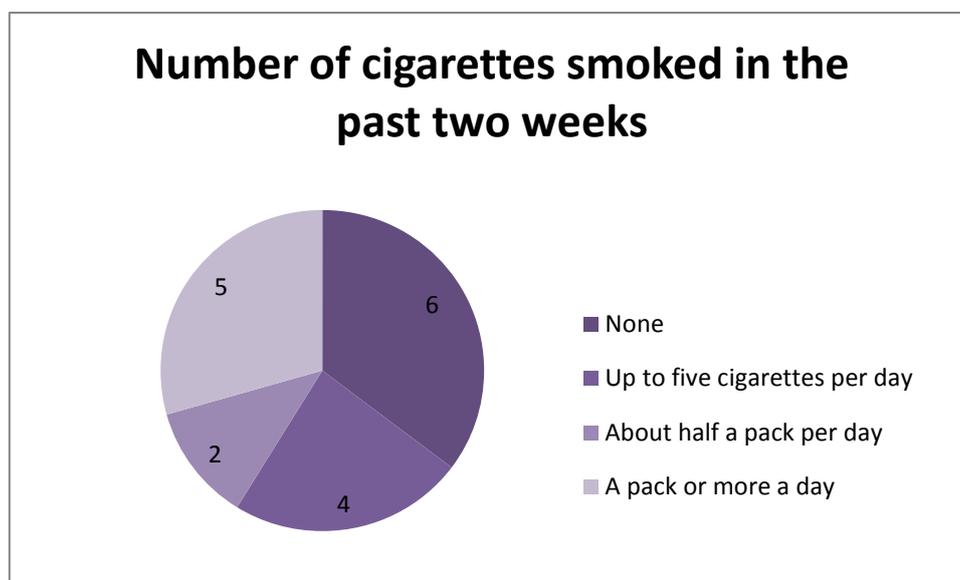


Figure 18. Number of cigarettes smoked by participants in the previous two weeks

In light of the recorded incidence of higher alcohol use and abuse among care-leavers internationally (Ward et al., 2003), GBT youth appear to be faring very well. Almost two thirds (n=11) of the youth report that they do not drink alcohol regularly, which is an extremely positive finding. Further, the research team also assessed the quantity of binge drinking of participants. Youth who drink excessively every so often indicate poorer adjustment. Fortunately, three quarters of the youth (n=13) reported no binge drinking (five or more alcoholic drinks in a row) in the past two weeks. Four participants however, indicated they had.

In terms of substance use, marijuana was separated from Class A drugs because it does not fall into the category of other severe drugs taken by drug users. The majority of youth (n=14) report not using marijuana at all, an extremely encouraging finding. However, three of the participants reported they had used marijuana more than four times in the two weeks before the interview took

place. When asked specifically how often they use the drug, they said at least once per day. One participant even admitted to being ‘high’ during the interview itself. Some of the youth described how they used to use marijuana, but have since stopped. For example, Tebogo says:

*I used to smoke dagga and cigarettes and I ended up stealing and all those things. Now I am happy because if I am going out I know that there are no stories coming behind me because I am not doing those things anymore and now they can defend me if there is someone that accuses me.*

None of the youth reported they had been using any Class A drugs, such as aerosol cans, cocaine, crack, crystal meth, ecstasy, or prescription drugs without prescription in the past month. However, two of the youth conveyed they had been using substances during the year out of care, but had since stopped.

Table 8 below, provides a summary of the type of substances used and displays the number of participants not using any substances compared to those who reported they are using some type of substance. What follows is a case study of Eugene, specifically focussing on his involvement in drugs and alcohol, as well as with crime and his GBT experiences. In telling Eugene’s story with regard to his battle with crime and substance dependence adds greater depth to the challenges faced by our youth in this regard.

TYPE OF SUBSTANCE	NO SUBSTANCE USE	SUBSTANCE USE
Smoked cigarettes	6	<ul style="list-style-type: none"> <li>• 4 youth smoke up to five cigarettes a day</li> <li>• 2 youth smoke half a pack a day</li> <li>• 5 youth smoke a pack or more a day</li> <li>• Total: 11</li> </ul>
Alcohol drank in a two week period	11	<ul style="list-style-type: none"> <li>• 3 youth had one to four drinks</li> <li>• 1 youth had five to seven drinks</li> <li>• 2 youth had more than seven drinks</li> <li>• Total: 6</li> </ul>
Alcohol binge drinking in a two week period	13	<ul style="list-style-type: none"> <li>• 4 youth had five or more alcoholic drinks in a row</li> <li>• Total: 4</li> </ul>
Used dagga in a two week period	14	<ul style="list-style-type: none"> <li>• 3 youth had used dagga more than four times</li> <li>• Total: 3</li> </ul>
Used Class A drugs in a two week period	17	0

**Table 8. Summary of substance use and alcohol by participants**

## CASE STUDY

Eugene currently lives with his girlfriend and her family in Elsies River, a predominately coloured area in Cape Town. He attended Macassar Youth Development Centre for two years, where he completed Grade 10. Upon his disengagement in November 2012, he returned to his aunt and went to school for 3 months before deciding to drop out. The relationship also broke down at the same time and he made the decision to leave. He then got a job at Diary Bell as a product scanner. He lives with nine other people at his girlfriend's house. He contributes towards the rent.

Part of determining successing is being able to measure how young people are able to overcome previously dangerous or bad habits that negatively impact on the quality of their lives. The brief case story below provides an example of how Eugene was able to remarkably overcome a previous Tik addiction while in care.

*I used Mandrax, dagga, and I used Tik. Tik was my main substance. I could not go without it, but then they told me they are going to send me to rehab. And I stole money there [in GBT] because I needed to keep going. I needed my fix. They told me they do not want me there anymore because things keep on disappearing. I was like "I do not care". Then they sent me to rehab in the December holiday. I thought to myself, what am I going to do in a rehab in the December holiday? I went to Team Challenge and it was like a holiday for me because I was smoking cigarettes, drinking beer, and really, I did not care. I was just a "never mind it" type of boy. I thought I am going to do what I want to, not what you tell me to do. After a while we were four friends there that were all from Boys Town. We decided we are going to cause again a fight. We are just going to argue, we want to fight and then they have to put us out and that is what we did. They put us out. Then we went to friends that we knew and we had our own jols [parties] and partying and what what. Then we got into big trouble with gangsters from a gangster cell. The one Friday night we had a big fight with them and Saturday morning we were still sitting drunk again. They came to attack us. We had to run from that place and run back to the Team Challenge because there was no other way.*

*Girls and Boys Town was closed in December, everyone went home there and we went back there and got picked up by the police. We spent the rest of December by the Carlton Police Station. I was stuck in jail for 3 and a half weeks. After that, they sent me back to rehab but again I thought, nah, this is not going to work for me. I am just going to spend two days here and the rest of the three weeks I am going to walk. But after those two days, something changed. It is just how the program goes and what they teach you and the classes... everything got really interesting so I thought no, I am going to stay in this. I heard things that I have never heard before so that is the reason why I stayed. Alcoholics Anonymous came there every Tuesday and Thursday. So some people spoke about experiences that linked to mine, exactly to mine and that was interesting for me. It made me realise I am not just the only one; there are more people in the world that have faced the same things I have faced so I just thought to myself I am going to stay. And they really helped me. Those two months in there, I can say that it really helped me.*

*When I came out my first day, my welcoming and so on, there was Girls and Boys Town boys that knew that I was coming out, they already purchased the stuff, the stuff was there so that was the*

*most difficult day for me because I still felt fragile, I was not totally recovered. I still had the sickness, I was still weak. But still they called me and they just wanted to greet me so I told them do it on the premises, but they wanted to take into the bush. They said let's go and I went with them and they showed me the stuff and then there was alcohol and we drank and drank and drank and after a while I thought I am going to run away. Since that day I never used Tik and Mandrax ever again and I stressed. I still smoke weed though to calm me down but it is not a habit and I will not buy it. If I am in a stressful position then I am just going to take one puff and when people ask me why do I do it, it is just for stress.*

This section of the report has described the relatively low substance and alcohol use amongst participants, which compares very favourably to the more negative picture that international literature paints for youth leaving care, which is very positive for our GBT leavers. Noteworthy though, is that this is self-reported substance use and therefore, youth may be reluctant to always be honest in their responses.

#### **Practice implications**

- There are fairly low levels of substance or alcohol abuse in GBT youth 12 months after leaving care and thus, there is a less urgent need to address these through enhanced practice measures. It is, however, noteworthy that substance abuse and dependence is one of the major youth problem issues reported by the staff, while youth are in GBT's care.
- It is perhaps also significant that the youth who had reported (n=2) that they had done Class A drugs earlier in the year after disengaging, but had since stopped. This could possibly be a reaction to having being brought low by the harsh reality of life. Or it could be an indication that youth are taking more responsibility as they realise this growing need. It may also be reflective of their low income because of the high cost of abusing substances and alcohol.
- While the number of substance abusers is small in the GBT sample, there is still a lack of specialist services for them. For those who do want treatment, there needs to be support available to them so they can work towards their recovery.
- Drug education while at GBT should be focussed, both on how to reduce substance abuse, and on where to find help for this problem.

#### **5.7 Crime**

The National Offender Management Services (2013) reports that youth who have left care are more likely than youth in the general population to be involved in crime or have a criminal conviction. In the United Kingdom, for example, approximately 27% of the adult prison population are care-leavers (National Offender Management Services, 2013, p. 3). In addition, youth leaving residential care have the strongest criminogenic influences compared to other types of alternative care, viz. secure care, foster and kinship care (Marsh, 2009). Marsh (2009, p. 5) explains, "children who are looked after for over a year are 250% more likely to be convicted of a crime or subject to a final warning compared to their peers." A study on young people transitioning from out of home care in Australia (Mendes, Snow & Baidawi, 2014) found that the majority of offending care-leavers began committing crime from as early on as 12 years old. The most common types of crime committed by care-leavers included substance use, assault and theft, as well as damage to property. Key factors associated with crime included substance use and social pressure from peers. Almost all youth did

crime while under the influence of a substance and a small minority committed crime to fund their substance abuse addiction. A chaotic departure from care is also linked to criminal behaviour after care. The most common reasons why youth landed up in jail after care was because they had no support from their social worker when they left care, they had no informal post-care support, and because they had been homeless since leaving care. Often care-leavers commit offences because they are seeking care or attention or because it is a way to cope with their difficult experiences (Mendes, Snow & Baidawi, 2014).

For this study, crime was measured using the following criteria (high score in this category indicates poor outcome):

Criteria	High Score	Low Score
Vandalism	Yes including fire setting	None
Stealing	R1 000 or more	None
Dealing	R1 000 or more	None
Violence	Murder	None
In trouble with the law	Serving a prison sentence	None

The average scored by participants: **7.1%**

This is one of the most positive average scores in all the income categories and shows the low levels of criminal involvement by GBT care-leavers. In the scoring of criminal activity, the regularity of criminal incidents indicated the level of severity of the crime. For example, a youth that damages someone else’s property more than once scored *more* than someone who damaged someone else’s property only once. The low score indicates that participants showed minimal involvement in crime since their departure from care, apart from a few of the participants. This is remarkable, bearing in mind some of the adverse conditions many of the youth come into care with as well as considering what literature is saying about youth involvement in crime

### CASE STUDY CONTINUED

Following with the case study of Eugene regarding his substance abuse and how he came to overcome it, he describes his troubled childhood and his clear need for acceptance and belonging, which impacted on his need to use substances and how he got involved with crime at an early age.

*I am 19 years old but I can tell you, I did not have a childhood because I have been doing the wrong stuff since the age of nine years old. When you are nine you are supposed to play on the grass and all kinds of stuff. I was roaming with gangsters... I just felt strong, I was there with gangsters, nobody can touch me, nobody can do anything mean to me, nobody can tell me anything because I am Lord. I was used not sexually abused and stuff like that but they made me climb through windows, opening doors and stuff like that and one day I got caught man so they could break into houses. I was just like I just stay here at someplace and now the other ouens [guys] was long gone. I was the only one there at that house when they put me through. I climbed through the window, the burglar bars; just stretch it open, and I am in. While I was trying to open the door from the inside I got caught. From there I went to a place for kids and I spent six months there. And I was only just*

*nine. That's when I started smoking weed [marijuana]too. That is why I say I did not really have a childhood.*

*Then while I was at Girls and Boys Town I got rejected by everyone I knew man. Life was just so hard... So I just thought, this is my life, from Girls and Boys Town I am just going back to being me, trying to survive on my own and all that kind of stuff. But then Girls and Boys Town got in contact with my aunt and she told me she was looking for me and all that kind of stuff. This made me realise there is somebody that still cares for me. After all the rejection I felt I just put it aside and thought that there is still somebody that cares, and the only way that that person is going to care further is if I care about myself. I think that is where everything started. I started looking at everything with different eyes.*

*Now I am 19 years old so it's time to make decisions for myself. Because if I bump my head, I must bump it through my decisions, not because why you told me I must do that. So they told me, they don't like it (relationship with girlfriend who he currently resides with) and they don't want us to be together, so I thought that it is not your decision to make. Because, from 9 years old people have been making decisions for me and it wasn't even my parents, it was other people. From 9 years old I have been in and out of reformatories, so just for one time in my life let me make a decision that I think is right for me. I came to her and told her the situation, and I took her home again but they still do not want us to be together. I tried to explain myself and what, what, so they told me if I want to I must move out. That is what I did because it was my decision now. If she hurts me and I bump my head, it's all on me.*

The vast majority of the youth (n=15) said that since the last interview, they had not damaged or tried to damage anyone else's property on purpose. However two participants had said they had purposefully damaged someone else's property. Kieren had caused damage to someone else's property and Siphso had damaged someone else's property, including fire setting but did not want to discuss the details of this.

Again, youth were asked about theft – whether they had stolen or tried to steal money or things since they had been disengaged from care. The vast majority (n=15) of youth reported they had not stolen anything, however, one youth said he had stolen something less than R100 and another youth had stolen something R1000 or more. The former youth had stolen goods to sell for money to buy food and electricity for his household. The latter youth had stolen a TV set. Almost all the participants (n=15) had said they had not knowingly sold or held stolen goods or drugs, or tried to steal any of these things. Over and above causing damage to property, Kieren also buys and sells stolen cell phones which he buys for R400 and sells for R1000 per cell phone.

In terms of violence, participants were asked if they had physically hurt or tried to hurt someone on purpose. The type of violence categories were ranked according to severity of the harm. 14 participants reported they had not been involved in any violence in the year they had been disengaged from care. Two of the participants had been involved in unarmed assault not requiring medical care. One participant had threatened someone else with a weapon (knife), but did not actually assault the other person.

The vast majority (n=15) of youth had not been in trouble with the law during their year after care. However, Thabiso had spent at least one night in a correctional facility. Kieren was found guilty of a crime and spent four nights in a correctional facility. At the time of the interview, he was on parole.

Table 9 below provides an overall summary of the criminal involvement across all the items.

TYPE OF CRIMINAL ACTIVITY	NO CRIMINAL INVOLVEMENT	CRIMINAL INVOLVEMENT
Damaged someone else's property on purpose	15	<ul style="list-style-type: none"> <li>• 1 youth damaged someone else's property, including fire setting</li> <li>• 1 youth damaged someone else's property once</li> <li>• Total: 2</li> </ul>
Stolen or tried to steal money or things	15	<ul style="list-style-type: none"> <li>• 1 youth stolen money/things R1000 or more</li> <li>• 1 youth stolen money/things R100 or less</li> <li>• Total: 2</li> </ul>
Sold or held stolen goods or drugs	15	<ul style="list-style-type: none"> <li>• 1 youth sold stolen goods R1000 or more</li> <li>• 1 youth sold stolen goods R100 or less</li> <li>• Total: 2</li> </ul>
Physically hurt someone on purpose	14	<ul style="list-style-type: none"> <li>• 2 youth involved in unarmed assault</li> <li>• 1 youth threatened another with a weapon</li> <li>• Total: 3</li> </ul>
Been in trouble with the law	15	<ul style="list-style-type: none"> <li>• 1 youth found guilty of crime</li> <li>• 1 youth been to jail</li> <li>• Total 2</li> </ul>

**Table 9. Summary of criminal involvement of participants**

The table shows that in general, this cohort of GBT participants had engaged in very low levels of criminal activity, especially in comparison to what has been reported internationally. However, 11 of the 17 youth got a 0% score for crime, indicating they had no involvement in criminal activity whatsoever. A further three of the youth scored 4% in crime, which is not really severe nor is the 8% another one youth got. However, two of the youth, Kieren and Siphso both scored quite high in crime (28% and 32% respectively), indicating a fair amount of criminal involvement. It must be taken into consideration though that this is self-reported criminal activity and therefore youth may not always be honest in their responses.

### Practice implications

- In terms of ILS (Independent Living Skills) it should be a crucial part of the group of skills that youth know how to respond to incidents of crime. i.e. How to report crimes against self and others, specific rights in specific situations; getting legal assistance, managing arrest, etc.
- Staff need to be made aware of what international literature is saying with respect to the youth leaving care and the correlation of their involvement in crime.

## 5.8 Health and wellbeing

Due to the accelerated transition (Stein, 2005; van Breda et al., 2012; 2013) young people experience when they leave care, they are not afforded the opportunity to deal with their issues over time, like other young people during the transition to adulthood (Broad, 1999). This becomes a barrier to promoting their overall health and well-being. Past research shows that health and well-being generally declines after leaving care (Howell 2008; Stein, 2005). Furthermore, health and well-being are closely linked and influenced by other areas of a young person's life. Notably their accommodation, employment, education and ability to access emotional and material support influences their health and well-being. Depression, feelings of isolation and loneliness, attachment disorders and social exclusion are common symptoms experienced by care-leavers, in turn affecting their mental health (Stein, 2006). Care-leavers have higher chances than youth in the general population of having emotional and behavioural difficulties, mental health issues and learning disabilities (Dixon et al., 2006). This may well be a result of their pre-care experiences, which may have involved abuse and neglect as well. A study by Wyler (2000) regarding the health of care-leavers, found that forty percent had tried to commit suicide. Attempted suicide is also more common for care-leavers than for youth who are still living in care (Cowan, 2008; Furnivall, 2013).

There is a greater proportion of disabled youth in care, compared to youth in the greater population. Between 12% and 48% of care-leavers have shown long term health problems (Horton, 2005), with one in four care-leavers having a disability (Stein, Sufian & Hazlehurst, 2001, p. 125). Despite this, care-leavers are less likely to receive proper health care (Stein et al., 2001). This poses an even greater challenge as they embark on the journey from care, who may struggle to find suitable housing which can accommodate their disability (Lamont et al., 2009). The National Children's Bureau (2009) identify two key health and well-being promoting factors for care-leavers, namely having a safe place to live and having the tools and skills for independent living.

However, the picture from GBT care-leavers is somewhat different. None of the youth were described as having a disability at the time of leaving care by their social workers. In the follow-up interviews, we measured two specific areas of health in the participants, viz. psychological health and physical health. Selected subsections from the abbreviated World Health Organisation Quality of Life measurement instrument (WHOQOL-BREF) were used to measure health and well-being<sup>7</sup>. The overall health score average for the sample was **75.7%**. The average score for physical health (**79.2%**) was higher than for psychological health (**71.8%**), but both are relatively positive, indicating a sense of well-being amongst participants.

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<sup>7</sup> Available at <http://www.who.int/>

For **physical health**, the majority of the participants (n=14) reported that they do not need any medical treatment to function in their daily lives. Three of the participants said they used some form of medication. In terms of their energy levels, 11 participants said they had at least “very much” energy for everyday life, as shown in Figure 19 below. Some participants (n=6) were less convinced, with five saying they only had a moderate amount of energy.

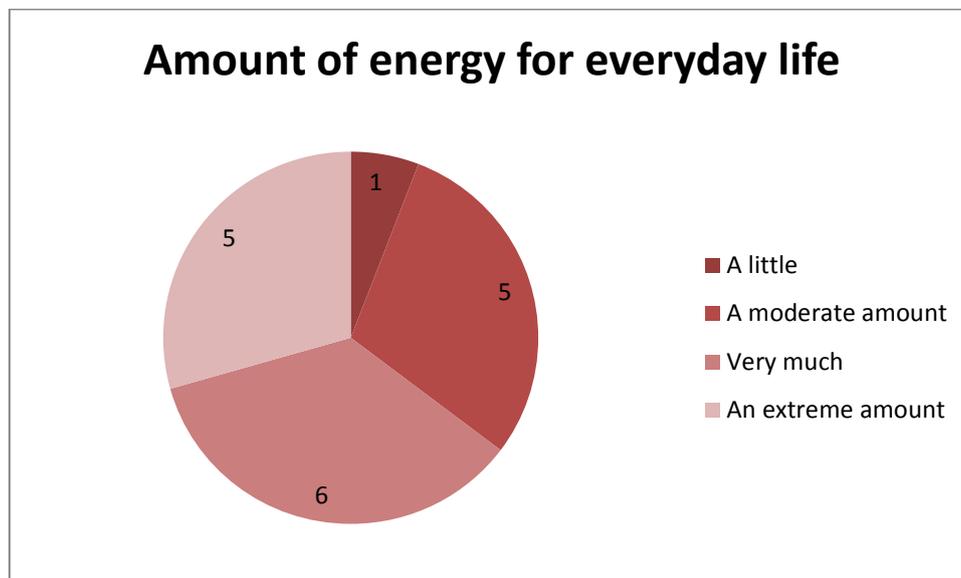


Figure 19. Amount of energy participants have for everyday life

Most of the participants reflected on the fact that they felt healthy and strong. Andile, for example, focuses on both his physical well-being and his spiritual connection. He sees boxing as an enabler and the way in which he can fund his studies:

*So from the beginning of the year until now I have just been boxing, training, training, training, boxing. I started boxing and I managed to get graded earlier than most people, and I have been pushing ever since, and I made regional teams and provincial teams and obviously I couldn't go to the SA teams but I am waiting for next year. I was at home for a bit and I was in and out of Girls and Boys Town sometime this year, just going through there and helping with my training there, gyming and helping to lose the weight that I have lost. Yes, just getting extra assistance in terms of accommodation there by Girls and Boys Town and medical care when I was sick at the time.... I actually also got baptised this year while I was there at one of the churches that they go to, so from then on I just decided I needed to start making a plan because I have always been in an orphanage and stuff so some orphans tend to get used to be the whole time independent. This is my opportunity to become independent because I have learnt so many extra skills through boxing that I have not learnt in Girls and Boys Town and so many skills that I have learnt in there through boxing. I think that is my way, and actually I did not just start wanting to do boxing on my own. It is a whole spiritual thing. God worked with me in the beginning, I was not interested in boxing when I was in Girls and Boys Town... So I honestly do believe in a physical and spiritual basis that this is it and through the Scriptures that I have been reading when I read my Bible every day, it has all been in line with basically God telling me that He has got me protective. I came to Psalms*

*1:44 verse 1 to 2 that talks about God being my strength, my protector, my guidance and my shield and He trains my fingers for battle and all of that so it is more of those things that I look in there. You know, it just makes me feel even better and have faith and hope that God... That is what God wants for me so I have just been taking it through there. And that is where I am going to have my breakthrough...*

In stark contrast, Nku stopped taking his treatment because it was having a bearing on the amount of food he has to eat which was causing issues at home. The type of treatment he takes is unclear.

*I stopped taking my treatment because I wanted to avoid issues at home. When my uncle gets drunk he starts telling us that he gives us everything, food and all these things. We just eat and go to the toilet. That made me see that the pills are making me eat a lot and people here are aware of it so I decided to take everything and flush it down the drain and put away the file, it's one thing I have accepted. I quit everything. It's accepting their way of life and avoiding a lot of complaints. Not that I stopped eating entirely but now I can choose to eat small amounts. When I stopped taking my treatment I would eat once maybe sometimes. I take my treatment in the morning with that I would have to eat in the morning and lunch time because at 19:00 I would take the treatment again.*

He then later went on to say:

*Emotionally, I feel like in the middle. At times things seem okay, other times they are not okay.*

Just less than half (n=7) of the participants felt they were able to concentrate very well, while only four youth said they could concentrate moderately. Just under a half of the youth (n=7) are very satisfied with their capacity for work, meaning that youth do not feel they *cannot* work, just that they cannot access opportunities for work.

For **psychological health**, participants were asked how much they find life to be meaningful and the degree to which they enjoy life. As displayed in Figure 20 below, 12 of the participants said they found their lives to be very much meaningful, compared to five who said they found very little meaning from life. The majority of participants (n=10) were enthusiastic about how much they enjoyed life. The majority of participants seem to be expressing good psychological health.

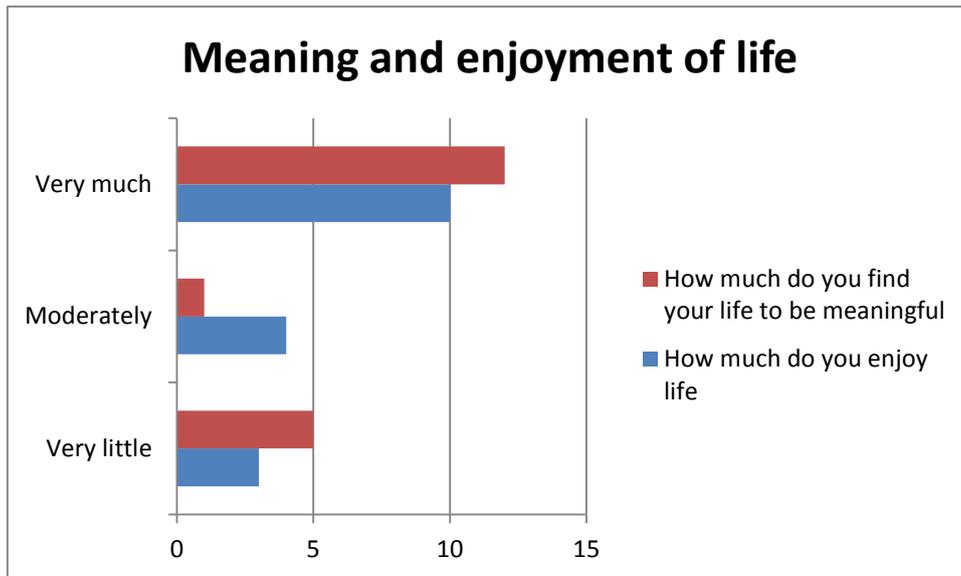


Figure 20. Degree to which participants find meaning and enjoyment from life

What is very interesting is the spread across which participants responded to the experience of negative feelings (such as blue mood, despair, anxiety and depression) they had, as shown in the figure below.

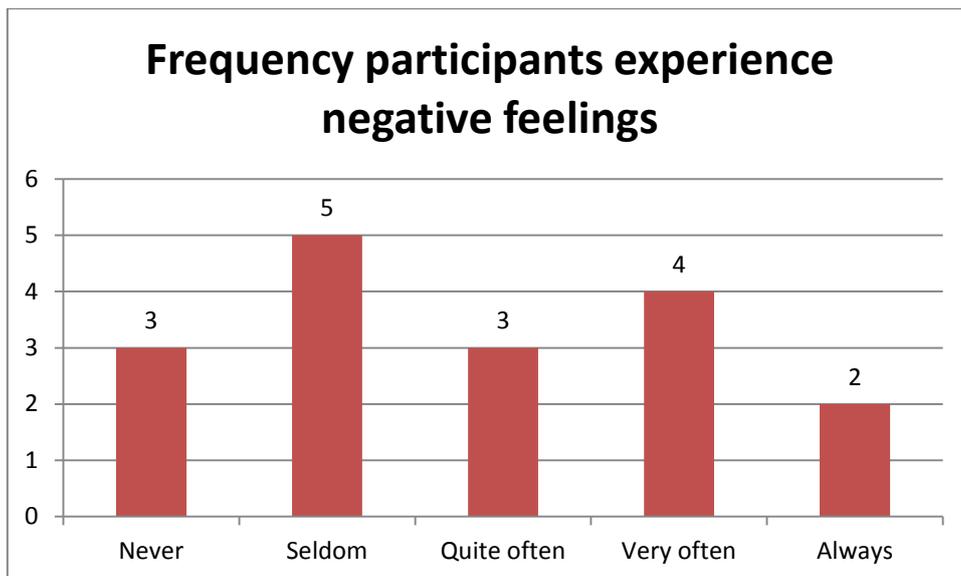


Figure 21. Frequency participants experience negative feelings

Nine of the participants indicated that they experienced negative feelings, either quite often (n=3), very often (n=4) or always (n=2). This may show there are some feelings of hopelessness and perhaps even depression amongst more than half of the youth.

#### Practice implications

- The GBT youth show a general tendency towards good physical health, for example youth report good levels of energy and minimal physical pain. It is noteworthy that there are relatively low negative feelings and more positive satisfaction with self, which could indicate higher levels of

self-esteem or alternatively, point towards an immature externalisation of responsibility for negative outcomes of life. For example, participants may not fully accept their own steering role in their own lives. This is typical of adolescence, however there is a possibility this may be more pronounced in care-leavers.

- Closely linked to psychological health is feeling connected to at least one other person, or to a group of friends or community. GBT should develop these relationships with peers and GBT staff, which should continue after the youth have exited care.
- Team sports and other healthy group activities should be promoted. They are an effective means for youth to learn belonging, teamwork (networking) and their role in the success of themselves and others. This relates strongly to their ownership of the results of their actions. Sports have the added physical advantages of fitness and health, and it also keeps the youth occupied, which alleviates boredom, imparts discipline, is recreational and helps prevent the destructive behaviour that results from idleness.
- During the time youth leave GBT, support should be intensified and increased for care-leavers, not 'cut off' abruptly.
- The ILS programme should include special Healthcare education and where to access these services within the communities they are disengaged to.
- Generally, staff should monitor the wellbeing of GBT youth while in care, to assess how they are coping and to ensure their emotional needs are met. This could be done through regular counselling sessions.

## 5.9 Relationships

*In order to develop normally, a child requires progressively more complex joint activity with one or more adults who have an irrational emotional relationship with the child. Somebody's got to be crazy about that kid. That's number one. First, last, and always.*

Urie Bronfenbrenner

There is substantial evidence in the literature (for example Cashmore & Paxman, 2007; Deverux, 2014; van Breda, 2013) to support the notion that care-leavers require strong emotional support networks (both formal and informal) in their transition from care to increase their likelihood of positive adjustment. In fact, there are very few studies on care-leavers that do not speak, at least in part, to the importance of relationships in helping and supporting care-leavers overcome adversity. Supportive relationships encompasses the full range of support from networks in the young person's environment including relationships with family members, positive peers, relationships at school and at work, in the community, with mentors, with staff at the home (for this study, GBT staff), as well as intimate relationships. Past research indicates that supportive relationships with positive role models contribute to increased educational and employment performance as well. In the case of work or school, relationships that are positive between student and teacher or employer and employee may prove essential in keeping youth motivated and preventing them from absconding or dropping out (Cashmore & Paxman, 2007). Research indicates that youth in care who have secure, caring relationships with care givers have increased social competence and less behaviour challenges (The National Scientific Council on the Developing Child, 2004). However, due to high caregiver

turnover, who often lack preparation and training, youth are not privy to these types of relationships which hampers smoother transitions.

It is commonplace for care-leavers to have experienced weak family ties, characterised by separation, broken or unstable mistrusting relationships (Cashmore & Paxman, 2007). Correspondingly, spending time away from their family and the community while placed in care weakens these often fragile relationships further. Stein and Wade (2000) suggest that repairing these relationships is key for improving positive post-care outcomes. However, care-leavers' relationships with social workers and care workers have a tendency to decline once they leave care. Upon leaving care, re-establishing and repairing relationships becomes an important element of the transitional journey from care. Close relationships also help to combat loneliness and social exclusion, another factor which impedes care-leavers' ability to adapt. When young people have nurturing relationships, they open themselves up to receiving support and encouragement. They also feel like they really belong and are valued. A positive relationship with at least one supportive adult helps youth to develop trust, which they need during this fragile time. However, much of the time spent after care is focused on the practicalities – where to live, work, go to school, pay bills, how to manage on their own. Building and re-establishing relationships is not a central priority at that time (Adley, 2013). Care-leavers access to social support helps care-leavers not only to cope better, but also provides them with access to resources around them (Frimpong-Manso, 2012).

In terms of the study, the three relationship variables we measured on were family relationships, friend (peer) relationships, and love relationships, as those are the most significant relationships for a young person who has left care. Overall, care leavers scored an average lowest with family relationships (**60%**), while on average, they scored **67.4%** on friend relationships. The highest score (**84.1%**) was for love relationships. However, that score is limited to the youth that are in love relationships, where the former two categories were for all participants in Cohort 1. Still, it shows that love relationships are the strongest.

#### *Family Relationships*

13 of the 17 participants felt that their families tried to help them and that that they are cared for (n=12). However, less (n=9) felt they could talk about their problems with their families and that they get emotional support from their families.

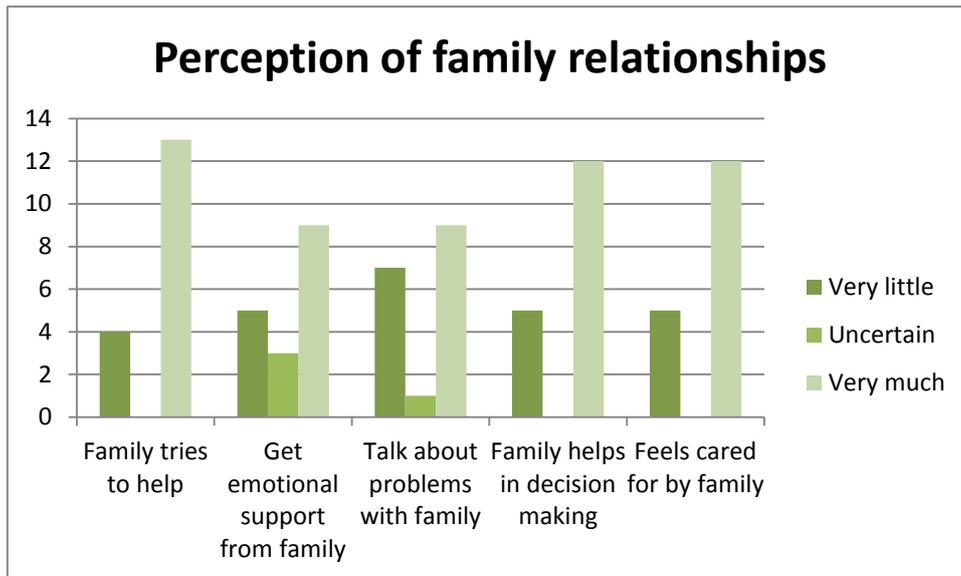


Figure 22. Participant's perception of their relationships with family

The narrative below from Ian shows just how powerful strong support can be for youth – they get an enormous sense of confidence knowing there are people behind them. It shows that with the support available, he had the confidence to become more independent:

*In the beginning when I just got out of Girls and Boys Town, my foster dad and mom, they were very supportive. You know, they told me to go for it, do it and then I just felt like I can do so much while I am there and I felt like I still could do more but I could not do it while I was there. And I wanted to go and do it myself, I did not want to the support anymore. I did not want to do this to get a pat on the back or something; I want to see that I could do it myself. I think that is why, I want to show them that I can do it by myself.*

Thabiso, for example speaks highly of his family and the strength of their relationship:

*And you must always respect your family and do great things for them. And at home everything I have done is smooth as well. No fights, no ugliness. I have just been at home with my family, enjoying the outside world.*

Mpho on the other hand has a clearly strained relationship with his grandmother with whom he lives, and also difficult friend relationships:

*My drinking friends, I don't even want to go there because I have seen people outside, the way they get drunk. Some of them get bumped by cars, some of them just get beat up for the stupid things they do. So I do not want to see myself fill those shoes, I will not even try that. Then at home sometimes things are good and sometimes... actually most of the time bad. Then a few days it will be maybe good. There is no day that my grandmother does not yell at me, sometimes for good reason and sometimes for no reason. Most of the time it is no reason, and sometimes when I did something wrong I know that I have to be yelled at, it is not a problem... When I go there to her, I would sometimes ask her, why did you make this*

*decision. She just says, I couldn't take it anymore... that grandmother of ours cannot treat a person right. The way she treats us, she treats us like dogs! From the time that I came into Girls and Boys Town I could control my anger, and no one wants to see my anger. But she's forcing it out of me. From my side I know that I will not take it out unless I have to. And there is only just one thing that I like at that house, actually just one person that I like the most, it is my grandfather.*

### Friend Relationships

Friends or peers form a significant part of support for care-leavers. More than half the youth (N=9) felt supported by their friends. However, as shown in the figure below, five participants did not feel they had support from their friends during hard times. The graph shows participants have some ambivalence towards their friends being sensitive towards their needs, even though clearly, youth reported they have many positive friends (n=14). Less than a quarter (n=4) felt their friends were not sensitive at all. This may indicate youth felt they could not rely on and trust their peers for support in difficult times. However, youth often rely on their friends for accommodation when circumstances at home with their families change. At least two of the youth that left their homes went straight to their friends for support and a place to stay under these difficult circumstances.

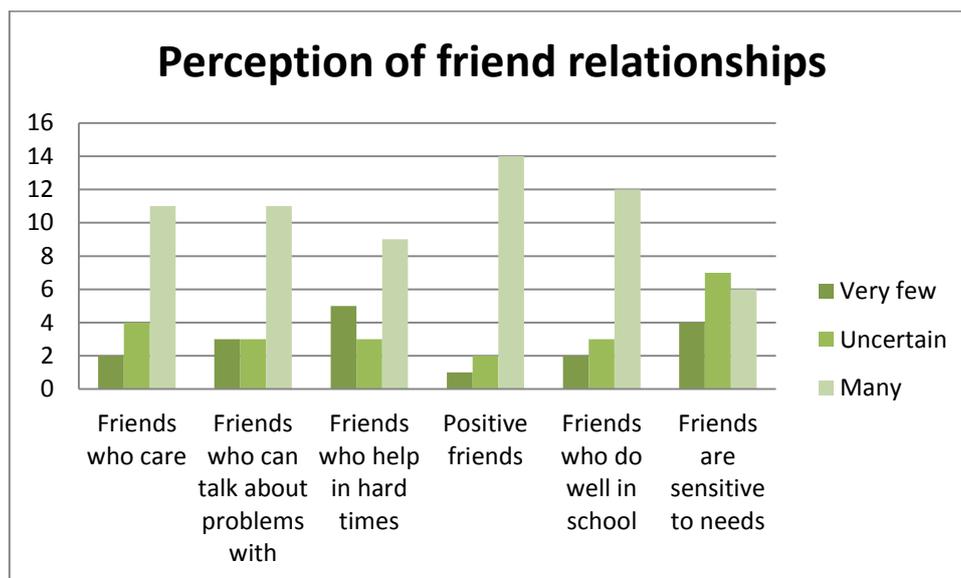


Figure 23. Participant's perceptions of their friends

Especially at the age of adolescence, peer pressure remains a constant threat to these young peoples' friendships. Mpho describes the struggles of peer pressure:

*If you have a strong mind you will be able to tell yourself that man, what I am doing is wrong so I have to leave it, even if some of my friends come to me and say, hey let's go and smoke... If you are a credible person, or a person that has knowledge or you have already tried it, and you know that it is not easy to go out, you will not go with those people and do it again, talking from experience, me, that is what happened to me.*

Trust came across as a central theme for youth, in terms of having friend relationships. Amu for example, expressed how those close to him had supported and guided him:

*Having friends is like having an extended family, it is like having a huge cargo ship on the ocean, an anchor, so having friends is stability in your life. You can also compare them with traffic signals that also guide you sometimes towards safety, and also guide you sometimes towards success...*

### Love Relationships

None of the GBT participants have ever been married (n=0). As mentioned, Eugene reported that he was living together with his girlfriend like married partners. However, he is living with his girlfriend and their family, so it is not an independent marriage. Over half the youth (n=11) said they were not currently in a romantic relationship, while six participants said they were. The average length of these relationships was 1.6 years. The longest relationship participants reported was 3 years and the shortest is 5 months, which indicates some relationship stability and commitment. Meaningful stable relationships are essential for helping youth have more positive outcomes after leaving care. Sixteen of the participants do not have children, but one of the youth does have one child.

Of the six participants with partners, almost all (n=5) felt close to their partner. Almost all (n=5) also felt they were able to understand their partner's feelings. They also spend much of their free time with their partners (n=2 for strongly agree and n=4 for agree). However, only one participant felt they could share personal information with their partner. That seems to be quite significant in indicating the lack of depth of the relationships, as shown in Figure 24 below.

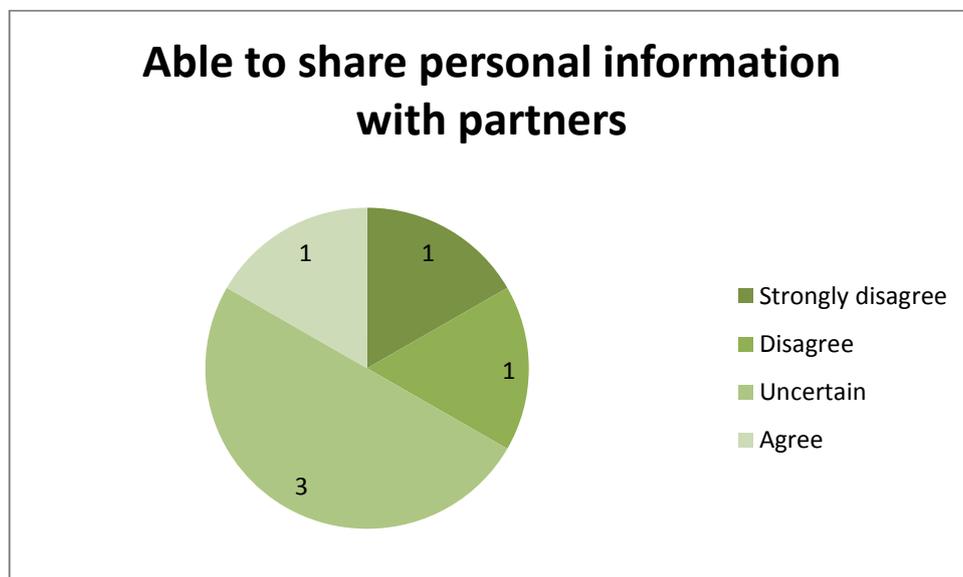


Figure 24. Degree to which participants are able to share personal information with their partners

Although the intensity of these relationships varies between each of the youth, in some cases youth become extremely reliant on their partners.. For example, Eugene describes the significant role his girlfriend plays in his life:

*At the moment my girlfriend is the most important person in my life, I share everything with her. She is my life at the moment.*

What is interesting about the relationship data in general is the relatively high level of support youth report from their partners. So while participants do not feel they can easily share personal information with their partners, they do feel close to them. The majority of the youth feel they have someone they can trust and talk to and feel cared for. Strong, nurturing attachments is one of the factors associated with promoting resilience in children and youth.

#### **Practice implications**

- The data presented above shows that up to 40% of the youth leaving care feel negative about the support provided to them by their families, one year after leaving care. This may indicate that much more realistic work needs to be done with youth and their working with their family members before leaving.
- Peer friendships showed that youth require assistance in choosing and developing the friends they want. One very good way to foster friendships and improve health and wellbeing is through team sport. It is an effective means for youth to learn belonging, teamwork (networking) and their role in the success of themselves and others. This relates strongly to their ownership of the results of their actions. Sport has the added physical advantages of fitness and health, and it also keeps the youth occupied, which alleviates boredom, imparts discipline, is recreational and helps prevent the destructive behaviour that results from idleness.

#### **5.10 Bouncebackability**

The term 'bouncebackability' was coined by Williams (2007) to describe the nature of resilience. Resilience theory tries to understand why some individuals cope with major stress or risks, when others do not (van Breda, 2001). The graph below shows the participants' ability to bounce back at follow-up. Care-leavers showed a tendency to bounce back after stressful events that had happened to them. Although self-reported, they most strongly agree that they are able to recover quickly after a stressful event and that they can bounce back quickly. It seems though that more than not, youth struggle to make it through stressful events.

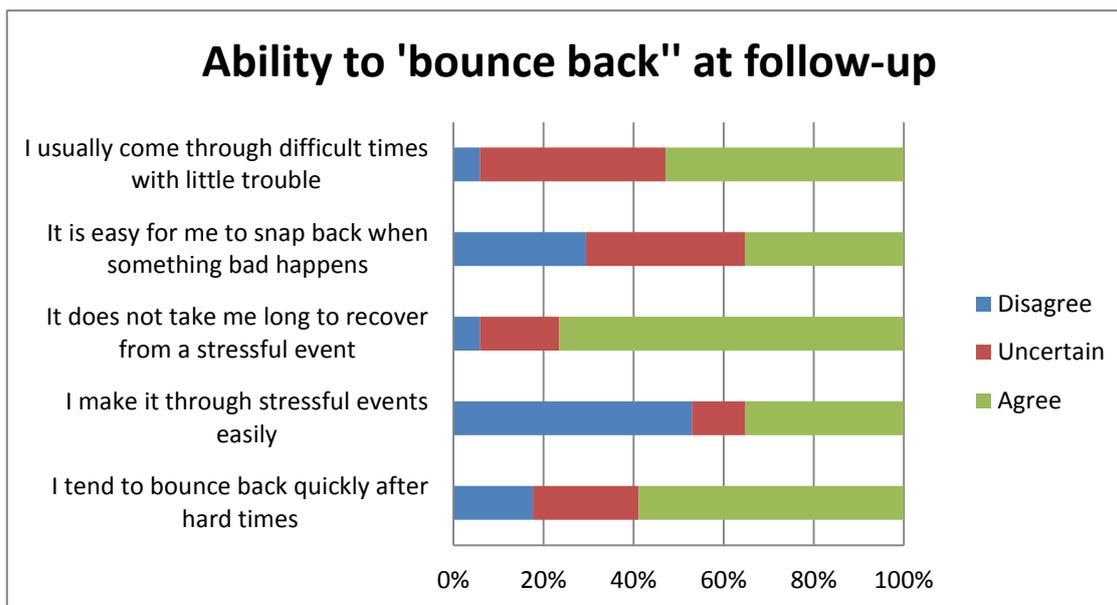


Figure 25. Ability of participants to bounce back at follow-up

#### Practice implications

- This data suggests that having to live and survive out in the 'real world' has developed youth resilience or at least, their belief in this, even though the times may have been really rough. This perhaps suggests that GBT needs to make the ILS programme much more intensively practically orientated. This will hopefully reduce the number of stressful events youth experience when disengaging and, the level of 'struggle' experienced in overcoming these stressful events.

## 6. GBT EXPERIENCE

Participant's felt positive on reflecting back on their time in GBT. On average, they scored **79.4%** across all the participants. Just under three quarters (n=12) of participants disagree with the statement that their stay at GBT was horrible, one year after leaving care, while only two youth felt their stay was horrible. This data is more positive than what they had experienced when they had just left care and may reflect their growth and maturity. Some of the youth may have come to the realisation that the outside world is a lot harder than life was in care. They may have come to realise how much was done for them too, and how much of the responsibility has been placed on them, as "accelerated adults".

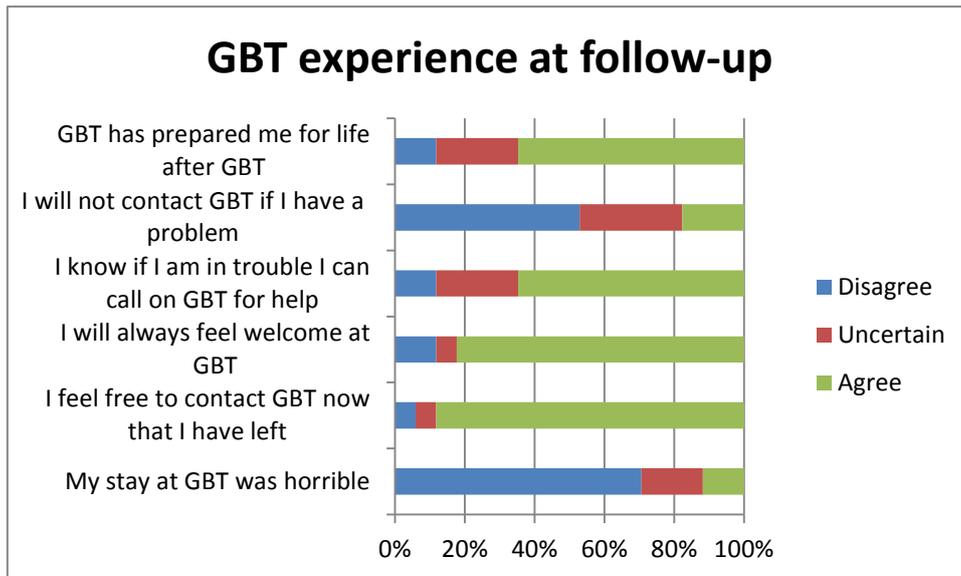


Figure 26. Reflections on GBT after one year follow-up

The vast majority of youth (n=15) feel free to contact GBT since leaving, and similarly, 14 participants will always feel welcome at GBT. This indicates their fondness for the organisation one year later, that on reflection, they had a positive experience of care. It also indicates continuity in their care and some attachment to their carers while at GBT. A slightly smaller number of youth (n=11) would call on GBT if they are in trouble. Perhaps they have moved on and now rely more on their surrounding networks for help and this may be a show of independence, especially from the programme. The same number of youth (n=11) feel that GBT has done something to prepare them for life after GBT.

The positive feelings youth have towards GBT after one year of exiting the programme is reflected in the narrative too, as shown in the example of Eugene.

#### CASE STUDY CONTINUED

*Girls and Boys Town was my success, understand, because you have encouragement and motivation every day... when you slope there is always somebody that pulls you, to tell you are going the wrong way, go, go for what you want. So Girls and Boys Town was one of my successes. Without them I would not be this Eugene that I am today. I would still be the old one.*

*Girls and Boys Town has a huge variety of programs. Every day they teach you something new. It is like they are giving you a book in the path of life. Without that book you cannot face anything so the thing is they have given that book to all the boys that was in Boys Town. I am not the only one that received it. You must stick to that book. Sometimes you will stick to that book but troubles will still appear. Then what is the next step? You need to turn the page around. If you want to change, if you want to alter your own life and your ways then just do it. It is about you. Like I had some problems when I came out of Girls and Boys Town, with gangsterism, but then I knew I was not prepared to go into it again, but still I was a gangster. When they look at me, I was a gangster. I still have that slang in me, but here I am still trying to ignore it and I annoy people.*

*For me it was good just to be outside, I am enjoying life but I know where is the point that I must stop and take life more seriously so at the moment I am doing quite well. I am working as I said before and I will go because as I said the same work. Just to think last year December I was in a place called Girls and Boys Town, this year December I am outside without any problems. I am still this, doing what I have to do and doing what I want to do so it is a big change in my life. There are difficulties everywhere, you are going to come across them every day, every single day but if you know that there are people that stand behind you then so it is better and there are a lot of people that stand behind me 100% and I can just run to them and tell them this is the situation is, I do not know what to do so that they can give me guidelines.*

He also shows how he is striving for independence.

*So if I repeat the same path is going to take me past Girls and Boys Town, and take me straight to prison and that is a place I do not want to be, so I just thought to myself, do the steps that I have learned at Girls and Boys Town, it can help me but the only one that can really help yourself when you are in the outside is yourselves so I just put my foot down and told myself I am going to go back to school and that is exactly what I did. I went back to school but I never liked it really but everybody told me you are a bright boy you are clever and all that but I do not like school. I do not know why, but I did not like school so that I had the opportunity to get a job, they offered me a job. The Monday I was at school, the Tuesday I was working and from that Tuesday I am still at the same work.*

In another example, Mpho reveals how difficult it can be after leaving care and it is not what he expected:

*My first day out of Girls and Boys Town was great. But I hear from the youth carers that life outside is challenging. Because at Boys Town you get whatever you want. But when you are outside you have to work for what you want. You know I took that as a joke in terms of that they are just talking those things, so I went out of Boys Town last year December... A few days went past, and then I start seeing what they were saying... life is challenging on the outside.*

#### **Practice implications**

- The findings show the sharply improved experience of care once they have left. This points to the lack of understanding of the real world again and that practice is not doing a good enough job of bringing home this reality. For our youth to 'mess up' out of GBT is far more catastrophic than for youth with regular family backgrounds. Therefore, GBT's preparation for their disengagement should incorporate added practice and testing before releasing the youth to discover the hurdles that might unhinge their delicate placement and transitioning plans.

## **7. INTERVIEW EXPERIENCE**

Swartz (2011) discusses planning 'research-as-intervention' as an ethical strategy, relating to how the participants can benefit from the research. She advocates for viewing research as a psychosocial intervention as a way to 'give back' to the participants. For this study, the very existence of the research itself has elements of intervention, providing a lot more aftercare contact and

opportunities for reflection, and is therefore a significant 'giving back' to the care-leavers. The opportunity to reflect on one's life after 12 months is an intervention, and provides more support and care to GBT care leavers than before. Below are some of the reflections of youth on their interview experience:

*I found this interview enlightening. It's like when you go to rehab you have this bag full of stones... which is all your problems. For me my bag feels empty now because I spoke about most of the stuff that I have not spoken about with anybody. I spoke them with you so I feel good today. This is the first time in two years that I have been open since I left Girls and Boys Town and I have not had such openness like today. I have spoken about the stuff that bothered me. There was stuff that I used to think about and just for the outcomes. I am bringing that stuff out and I am feeling good. I have been open with you today so most of the stones are off my shoulders so it is more lighter.*

*I feel that it was good because I could tell my story since Girls and Boys Town and I am thinking a lot about it because this past year because I have lost two of my friends that were sleeping with me in one cottage when I was there.*

*This interview was actually interesting, because I am good. Because before this I actually have not given feedback on where I have come from over the past year until now, so this has helped me to fill in what I did not do.*

*It was good for me to speak about my stories. People care about me.*

*For me everything was nice because if you carry on and keep on asking me some things that shows me that there are still people who care about me so I am still happy.*

*For me it was amazing.... Also it was encouraging me to work harder and harder to achieve.*

One youth found it difficult though:

*I found the interview depressing because it is too emotional and you have to be honest. But I have to share most personal things rather than keeping it as a stress.*

One youth saw it as his way to give back to GBT:

*I understand where Girls and Boys Town is coming from with the survey so I want to do my part. They did their part and now I am doing my part.*

The results presented in this report point to some important lessons and can provide guidelines for improving practice at GBT, to better prepare youth for their journeys after care. These are discussed in the section which follows.

## 8. IMPLICATIONS FOR PRACTICE

While there are certain elements which cannot be changed in the participants' lives, such as their gender or what family and social environment they were born into (Cashmore & Paxman, 2007), there are resilience-promoting factors that can be put in place during and after care to smooth and delay the abrupt transition these youth commonly experience.

Like other young people journeying to adulthood, care-leavers too, require a safety net of support, which they can lean on when they fall. They need to know that there are people who will guide them, mentor them and provide emotional and financial assistance when they require it. Positive relationships with significant adults and peers are central to positive adjustment. Every young person should have at least one, stable nurturing relationship to improve their chances of success after care. This translates into feelings of acceptance and belonging with a family member, friend or partner or a community group into which they can tap. As Cashmore and Paxman (2007, p. 144) write, "Positive long-term outcomes for young people leaving care and after care are built on a secure base provided by stability and quality care for children while they are in care, to help compensate for the adverse circumstances that brought them into care."

Care-leavers are excellent networkers and they are often able to leverage those around them to achieve their goals (van Breda, 2013). However, in South Africa there is very little in the way of formal support networks (such as after care or mentorship). Most often this support is within their informal support networks. South African Youth Education for Sustainability (SA-YES) for example, runs 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. Initial evaluations show the programme seems to be tremendously positive and impactful, and there certainly is a need for these types of formalised aftercare supports in the country. Further, youth require continuity of relationships established during their time in care, taking them into early adulthood. Unstable, untrusting relationships severely impact their feeling of belonging, which filters into other areas of their lives and leaves them feeling alone and inadequate.

Broad (2007) argues that perhaps the most critical factor promoting successful outcomes for care-leavers is the age they are moved out of care. There is considerable support for this in the literature (for example Casey Family Programs, 2008; Shook et al., 2013), which says that the older a young person is when they leave care, the better chance they have in obtaining positive outcomes. Of secondary importance, but not to be underestimated, is placement stability while in care (Broad, 2007). This has been found to be particularly true in Australia, France and the United Kingdom, where much research has been done (Ward & Stein, 2008). Youth need as little disruption to their living environments as possible to promote positive outcomes when they become young adults. Moreover, effective preparation for youth before leaving care is critical in ensuring a smooth transition.

Findings from the Midwest Evaluation of the Adult Functioning of Former Foster Youth (Courtney et al., 2011) show that youth who stay in care past 18 years of age are likely to adjust better. Good independent living and life skills training programmes will enable youth in terms of their concrete

resources as well. Youth should always leave care with an Identity Book (in the case of South Africa), a learners/driving license, a bank account, money and other tools they might need, which will mean that they are better prepared for home, seeking employment and becoming financially independent (The Casey Family Program, 2008). Care-leavers require assistance with finding a stable home because of the known instability they experience.

At only 18 years old, we should be aiming for a form of 'interdependence', rather than the abrupt ending as experienced by care-leavers. Mamelani (2013, p. 24) strongly advocates for this approach, stating that "interdependence refers to healthy relationships and networks of support that enable people to meet their various needs in different ways. This suggests that people are able to rely on others, without becoming dependent. It also suggests that when taking resources from a system, one also has something of value to offer." Strategies should be put in place which youth can rely on, but also have a responsibility to give back. This increases their own self-worth, but also enables them the type of support they require.

In summary, we make the following recommendations to improve practice:

- Young people in care require **real time practice** for each of the outcomes. They need the opportunity to 'try things out', to work out where their own strengths lie and to be able to have the support systems in place to effectively lift them up when they need it. This is critical for building their confidence and to create an opportunity for understanding better what life is like after they leave GBT's care.
- All youth in care require **stability and security in their placements**. The less they are moved around, the less disruptions they will experience in other areas such as schooling and forming meaningful, nurturing relationships with peers and carers.
- Youth in care should have intensive **relationship building sessions** with the family they will return to. They will need to rely on their families for support and guidance when they are no longer at GBT.
- Similarly, two critically important practical aspects should be put in place **before** the youth disengage from GBT:
  - A **safe, secure place to live** where there is a positive relationship.
  - **Enrolment in a school** or alternative education institution or they should have some form of work secured. This would significantly reduce the high rate of youth who are NEETs.
- GBT youth should be required to **save money** while in care and should have an **active bank account** before they disengage.
- Youth need the space to reflect on life events. This should be incorporated into the 'daily living' skills for youth. Practice needs to incorporate regular '**reflection time**' as a personal skill to learn. It also needs to be supported in the 'Aftercare programme' by providing a space for this reflection for these youth. The comments from the youth about the use they got out of the research process strongly argues this point.
- In order to achieve the above, it is strongly recommended that **ILS and preparation of youth for living out of GBT** needs to be far more intensive. This needs to begin from the time youth are admitted and not soon before leaving.

## 9. CONCLUSION

As a child care organisation, GBT's primary focus is on striving for better practice in line with the Evaluation and Research Division's vision of fostering a culture of continuous development. We believe this study expands the limited body of local literature on care leaving and will be the largest study (both in number of participants and complexity of design) on this topic in the country. This study is giving us the unique opportunity to gain a deeper understanding about care-leaving journeys – to capture the successes and challenges of these often resilient youth, who have faced tremendous adversity in their lives. By further understanding their needs, we hope to enhance the preparation and support that those in the child care field can provide to them. Our findings will provide the information needed to make more informed decisions about an aftercare programme and enhance the Independent Living Skills Programme which youth receive during care. We should also be able to see how effective the programme is, including what the major successes and challenges are. This will enable programme implementers to make improvements to the programme and similar programmes working with disadvantaged youth. On a macro level, it is GBT's intention to use this study as a means to contribute to broader society by ensuring its youth become positive contributors to society through empowering them and equipping them with the tools to become productive independent adults. As an NGO doing research 'in-house', GBT has the unique advantage of being immersed in a practice setting and is well placed to have such an awareness and connectedness throughout the research.

## REFERENCES

- Adley, N. (2013). *Care-leavers need a strong emotional support network*. Guardian Professional. Retrieved from <http://www.theguardian.com/social-care-network/2013/dec/12/care-leavers-strong-emotional-support-network>
- Akister, J., Owens, M. & Goodyer, I. M. (2010). Leaving care and mental health: Outcomes for children in out-of-home care during the transition to adulthood. *Health Research Policy and Systems*, 8(10).
- Altman, M., Mokomane, Z., Wight, G. & Boyce, G. (2012). *Policy framework on social security for youth in South Africa*. Pretoria: Human Sciences Research Council.
- Anctil, T. M., McCubbin, L. D., O'Brien, K., Pecora, P. & Anderson-Harumi, C. A. (2007). Predictors of adult quality of life for foster care alumni with physical and/or psychiatric disabilities. *Child Abuse & Neglect*, 31(10), 1087-1100.
- Barn, R., Andrew, L. & Mantovani, N. (2005). *Life after Care: The experiences of young people from different ethnic groups*. York: Joseph Rowntree Foundation.
- Berthoud, R. (2000). Introduction: The Dynamics of Social Change. In R. Berthoud and J. Gershuny, (eds.) *Seven Years in the Lives of British Families*. Bristol: Policy Press.
- Berzin, S. C., Rhodes, A. M. & Curtis, M. A. (2011). Housing experiences of former foster youth: How do they fare in comparison to other youth? *Children and Youth Services Review*, 33(11), 2119-2126.
- Blumenfeld, J. (2013). *Youth Unemployment in South Africa and the Wage Subsidy 'Debate'*. Focus-state and national. Retrieved from [hsf.org.za/resource-centre/focus/focus-67/JBlumenfeld.pdf/download](http://hsf.org.za/resource-centre/focus/focus-67/JBlumenfeld.pdf/download)
- Bond, S. (2010). *Adult adjustment and independent functioning in individuals who were raised in a children's home* (Masters dissertation). Nelson Mandela Metropolitan University, Port Elizabeth, RSA.
- Broad, B. (1998). *Young people leaving care: Life after the Children Act 1989*. Jessica Kingsley, London.
- Broad, B. (2007). *Care-leavers in Transition*. de Montford University.
- Bruns, B. Mingart, A. & Rakotomalala R. (2003). *Achieving Universal Primary Education by 2015: A chance for Every Child*. Washington, D. C. The World Bank.
- Cameron, C. (2007). Education and self-reliance among care-leavers. *Adoption & Fostering*, 31(1), 39-49.
- Casey Family Program. (2008). *Improving Outcomes for Older Youth in Foster Care*. Retrieved from [http://www.casey.org/resources/publications/pdf/WhitePaper\\_ImprovingOutcomesOlderYouth\\_FR.pdf](http://www.casey.org/resources/publications/pdf/WhitePaper_ImprovingOutcomesOlderYouth_FR.pdf)

Cashmore, J. & Paxman, M. (2007). *Longitudinal Study of Wards Leaving Care: Four to Five Years On*. Sydney: Social Policy Research Centre. Retrieved from [www.community.nsw.gov.au/.../research\\_wards\\_leavingcare2.pdf](http://www.community.nsw.gov.au/.../research_wards_leavingcare2.pdf)

Cashmore, J. & Paxman, M. (2006). Predicting after-care outcomes: The importance of 'felt' security. *Child & Family Social Work*, 11(3), 232-241.

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.

Deverux, C. (2014). *Survival of the Fittest? Improving life chances for care-leavers*. London: Centre for Social Justice. Retrieved from [http://www.centreforsocialjustice.org.uk/UserStorage/pdf/Pdf%20reports/CSJ\\_Care\\_Report\\_28.01.14\\_web.pdf](http://www.centreforsocialjustice.org.uk/UserStorage/pdf/Pdf%20reports/CSJ_Care_Report_28.01.14_web.pdf)

Cieslik, M. & Simpson, D. (2013). *Key Concepts in Youth Studies*. London: Sage Publications.

Clayden, J. & Stein, M. (2005). *Mentoring Young People Leaving Care: 'Someone for Me'*. York: Joseph Rowntree Foundation.

Courtney, M. E. & Dworsky, A. (2006). Early outcomes for young adults transitioning from out-of-home care in the USA. *Child & Family Social Work*, 11(3), 209-219.

Courtney, M., Dworsky, A., Brown, A., Cary, C., Love, K. & Vorhies, V. (2011). *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at age 25 and 26*. Chicago: Chapin Hall at the University of Chicago.

Courtney, M., Dworsky, A., Ruth, G., Keller, T., Havlicek, J. & Bost, N. (2005). *Midwest evaluation of the adult functioning of former foster youth: outcomes at age 19*. Chicago: Chapin Hall Center for Children at the University of Chicago.

Courtney, M., Terao, S. & Bost, N. (2004). *Midwest evaluation of the adult functioning of former foster youth: Conditions of the youth preparing to leave state care*. Chicago: Chapin Hall Center for Children at the University of Chicago.

Cowan, C. (2008). Risk factors in cases of known deaths of young people with experience of care: an exploratory study. *Scottish Journal of Residential Child Care*, 7(1).

Creswell, J. W. (2006). *Designing and Conducting Mixed Methods Research*. Thousand Oaks, CA: Sage.

Daining, C. & DePanfilis, D. (2007). Resilience of youth in transition from out-of-home care to adulthood. *Children and Youth Services Review*, 29(9), 1158-1178.

Daniel, R. (2010). *Transitions and Resilience*. Retrieved from [www.iriss.org.uk/sites/.../iriss-whatworks-5-brigid-daniel-2010-04-15.pp](http://www.iriss.org.uk/sites/.../iriss-whatworks-5-brigid-daniel-2010-04-15.pp)

Daniel, B., Wassell, S. & Gilligan, R. (2010). *Child development for child care and protection workers*. London: Jessica Kingsley Publishers.

- Dixon, A. (2008). *Motivation and Confidence: What does it take to change behaviour?* London: The King's Fund.
- Dixon, J. (2007). Young people leaving care: Health, well-being and outcomes. *Child and Family Social Work, 13*, 207-217.
- Dixon, J. & Stein, M. (2005). *Leaving Care: Throughcare and aftercare in Scotland*. London: Jessica Kingsley.
- Dixon, J., Wade, J. Byford, S. Weatherly, H. & Jenny, L. (2006). *Young People Leaving Care: A Study of Costs and Outcome. Report to the Department for Education and Skills*. York, England: University of York, Social Work Research and Development Unit.
- Fauth, R., Hart, D. & Payne, L. (2012). *Supporting Care-leavers' successful transition to independent living*. NCB Research Centre, London: National Children's Bureau.
- Field, A. P. (2013). *Discovering statistics using IBM SPSS Statistics: and sex and drugs and rock 'n' roll* (4<sup>th</sup> ed.). London: Sage publications.
- Fin24 (2014). *SA youth unemployment 3rd highest in world*. Retrieved from <http://www.fin24.com/Economy/SA-youth-unemployment-3rd-highest-in-world-20140120>.
- Flynn, R. J. & Tessier, N. G. (2011). Promotive and risk factors as concurrent predictors of educational outcomes in supported transitional living: Extended care and maintenance in Ontario, Canada. *Children and Youth Services Review, 33*(12), 2498-2503.
- Freundlich, M. & Avery, R. J. (2006). Transitioning from congregate care: Preparation and outcomes. *Journal of Child & Family Studies, 15*(4), 503-514.
- Frimpong-Manso, K. A. (2012). Preparation for Young People Leaving Care: The Case of SOS Children's Village, Ghana. *Child Care in Practice, 18*(4), 341-356.
- Furnivall, J. (2013). *Understanding suicide and self-harm amongst children in care and care-leavers IRISS Insights*, no.21. Retrieved from <http://www.iriss.org.uk/resources/understanding-suicide-and-self-harm-amongst-children-care-and-care-leavers>
- Girls and Boys Town South Africa. (2012). *Biennial Report 2012*.
- Gravetter, F. J. & Forzano, L. B. (2012). *Research methods for the behavioral sciences* (4<sup>th</sup> ed.). Wadsworth Cengage Learning: Belmont, CA.
- Gravetter, F. J. & Wallnau, L. B. (2014). *Essentials of Statistics for the Behavioral Sciences* (8<sup>th</sup> ed.). Scarborough, ON: Wadsworth, Cengage Learning.
- Hannon, C., Wood, C. & Bazalgette, L. (2010). *In Loco Parentis*. London: DEMOS.
- Holborn, L. (2012). *Employment, South Africa Survey*. Johannesburg, South Africa: South African Institute for Race Relations.

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>

Hook, J. L. & Courtney, M. E. (2011). Employment outcomes of former foster youth as young adults: The importance of human, personal, and social capital. *Children and Youth Services Review, 33*(10), 1855-1865.

Howell, S. (2008). *Improving the health and well-being of young people leaving care: A literature review*. London: National Children's Bureau.

Ibrahim, R. W., Dickens, J. & Howe, D. (2010). *Transitioning out of residential care in Jordan: pathways and outcomes: Emerging findings and recommendations from a doctoral research study in progress*. Norwich, UK: School of Social Work and Psychosocial Sciences, University of East Anglia.

Johnson, G. & Mendes, P. (2014). Taking Control and 'Moving On': How Young People Turn around Problematic Transitions from Out-of-Home Care. *Social Work & Society, 12*(1).

Jones, L. (2011). The first three years after foster care: A longitudinal look at the adaptation of 16 youth to emerging adulthood. *Children and Youth Services Review, 33*(10), 1919-1929.

Kirk, R. & Day, A. (2011). Increasing college access for youth aging out of foster care: Evaluation of a summer camp program for foster youth transitioning from high school to college. *Children and Youth Services Review, 33*(7), 1173-1180.

Lamont, E., Harland, J., Atkinson, M. & White, R. (2009). *Provision of Mental Health Services for Care-leavers: Transition to Adult Services* (LGA Research Report). Slough: NFER.

Lessof, C. (2009). Ethical Issue in Longitudinal Survey. In P. Lynn (Ed.) *Methodology of Longitudinal Surveys* (pp. 35-54). Chichester: Wiley.

Liddiard, M. (2010). *Exiting care; entering homelessness': The housing pathways of young care-leavers*. Retrieved from [www.social-policy.org.uk/lincoln/Liddiard.pdf](http://www.social-policy.org.uk/lincoln/Liddiard.pdf)

Lindsey, E. W. & Ahmed, F. U. (1999). The North Carolina independent living program: A comparison of outcomes for participants and nonparticipants. *Children and Youth Services Review, 21*(5), 389-412.

Mamelani. (2013). *Transitional Support: The experiences and challenges facing youth transitioning out of state care in the Western Cape*. Cape Town, RSA: Mamelani.

Marsh, K. (2009). To what extent are different types of care environment criminogenic? *Internet Journal of Criminology*. Retrieved from [www.internetjournalofcriminology.com/Marsh%20-%20Criminogenic%](http://www.internetjournalofcriminology.com/Marsh%20-%20Criminogenic%20)

Menard, S. (Ed.). (2008). *Handbook of longitudinal research: Design, measurement, and analysis*. Burlington, MA: Elsevier.

Mendes, P. (2005). Graduating from the child welfare system. *Journal of Social Work, 5*(2), 155-171.

- Mendes, P., Baidawi, S. & Snow, P. (2014). Young people transitioning from out-of-home care in Victoria: Strengthening support services for dual clients of child protection and youth justice. *Australian Social Work*, 67(1), 6-23.
- Mendes, P. & Moslehuddin, B. (2006). From dependence to interdependence: Towards better outcomes for young people leaving state care. *Child Abuse Review*, 15, 110-126.
- Meyer, I. J. (2003). *A phenomenological enquiry into the experience of a late adolescent state care-leaver* (Honours dissertation). Rand Afrikaans University, Johannesburg, RSA.
- Meyer, I. J. (2008). *The experience of a late adolescent state care-leavers: A phenomenological study* (MA dissertation). University of Johannesburg, Johannesburg, RSA.
- Miller, B. (2004). *The adjustment of boys from Boys Town South Africa's programmes within the first year after disengagement* (MA dissertation). University of Witwatersrand, Johannesburg, RSA.
- Mmusi, F. (2013). *Description and assessment of care-leavers' application of social skills into independent living* (MA dissertation). University of Johannesburg, Johannesburg, RSA.
- Morrow, V. (2009). *The Ethics of Social Research with Children and Families in Young Lives: Practical Experiences*. Young Lives Working Paper 53.
- Munson, M. R. & McMillen, J. C. (2009). Natural mentoring and psychosocial outcomes among older youth transitioning from foster care. *Children and Youth Services Review*, 31(1), 104-111.
- National Children's Bureau. (2008). *Promoting the health of young people leaving care*. Healthy Care Briefing. Retrieved from [www.ncb.org.uk/healthycare](http://www.ncb.org.uk/healthycare)
- National Scientific Council on the Developing Child. (2004). *Young Children Develop in an environment of Relationships: Working Paper No. 1*. Retrieved from [www.developingchild.harvard.edu](http://www.developingchild.harvard.edu)
- Neale, B. & Flowerdew, J. (2003). Time, Texture and Childhood: The Contours of Longitudinal Qualitative Research *International Journal of Social Research Methodology*, 6(3), 189-199.
- 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.
- Pluddemann, A., Parry, C., Bhana, A., Harker, N., Potgieter, H., Gerber, W. & Johnson, C. (2005). Monitoring alcohol and drug abuse trends in South Africa (July 1996-December 2004): Phase 17. *SACENDU Research Brief*, 8(1), 1-11.
- Reed in Partnership. (2011). *From Care to Independence: improving employment outcomes for carer leavers*. Retrieved from <http://www.reedinpartnership.co.uk/media/68137/from%20care%20to%20independence.pdf>
- Rowan, N. & Wulff, D. (2007). Using Qualitative Methods to Inform Scale Development. *The Qualitative Report*, 12(3), 450-466.
- Seggie, J. (2012). Alcohol and South Africa's youth. *South African Medical Journal*, 102(7). Retrieved from <http://www.samj.org.za/index.php/samj/article/view/6003/4278>

Shook, J. J., Goodkind, S., Herring, D. Pohlig, R., Kolivoski, K. & Kim, K. (2013). How different are their experiences and outcomes? Comparing aged out and other child welfare involved youth. *Children and Youth Services Review*, 35, 11-18.

Sissons, P. & Jones, K. (2012). *Lost in Transition? The Changing Labour Market and Young People Not in Employment, Education or Training*. London: The Work Foundation [online]. Retrieved from [http://www.theworkfoundation.com/DownloadPublication/Report/310\\_lost\\_in\\_transition%20\(2\)](http://www.theworkfoundation.com/DownloadPublication/Report/310_lost_in_transition%20(2))

Smith, R. (2008). *Doing Social Work Research*. McGraw Hill/Open University Press.

South African Social Security Agency (2014). Retrieved from <http://www.sassa.gov.za/index.php/social-grants/child-support-grant>

Statistics South Africa. (2011). *Census 2011*. Pretoria: Statistics South Africa.

Stein, M. (2004). *What Works for Young People Leaving Care*. Barnardos.

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

Stein, M. (2009). Increasing the Number of Care-leavers in 'Settled, Safe Accommodation. *Research Review*, 3.

Stein, M., Suffian, J. & Hazlehurst, M. (2000). *Supporting Care-leavers: A Training and Resource Pack for Young People Leaving Car*. London: Department of Health.

Stein, M. & Wade, J. (2000) *Helping Care-leavers: Problems and Strategic Responses*, Department of Health, London.

Strümpfer, D. J. W. (2002). *A different way of viewing adult resilience*. Paper presented at the 34th International Congress on Military Medicine, Sun City, South Africa.

Swartz, C. (2011). 'Going deep' and 'giving back': strategies for exceeding ethical expectations when researching amongst vulnerable youth, *Qualitative Research*, 11(1), 47–68.

The National Offender Management Services. (2013). *Practice Guidance: Working with Care-leavers (18-25), in custody and the community, to reduce reoffending and promote effective transition to adulthood*. London: NOMS.

Trott, A. M. (2013). *Aristotle on the Nature of Community*. United Kingdom: Cambridge University Press.

Van Breda, A.D. (2001). *Resilience theory: A literature review*. Pretoria, South Africa: South African Military Health Service. Retrieved from <http://www.vanbreda.org/adrian/resilience.htm>

Van Breda, A. D. (2013). 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., Marx, P. & Kader, K. (2012). *Journey into independent living: A grounded theory*. Johannesburg, RSA: University of Johannesburg and Girls & Boys Town South Africa.

van Teijlingen, E. & Hundley, V. (2001). The importance of pilot studies. *Social Research Update*, 35.

Vinnerljung, B. (1996). *Fosterbarn som vuxna [Foster children as adults]*. Lund: Arkiv Förlag,

Wade, J. & Dixon, J. (2006). Making a home, finding a job: Investigating early housing and employment outcomes for young people leaving care. *Child and Family Social Work*, 11, 199-208.

Ward, J., Henderson, Z. & Pearson, G. (2003). *One Problem Among Many: Drug use among care-leavers in transition to independent living*. London: Home Office Williams.

Wyler, S. (2000). *The Health of Young People Leaving Care*. London: The King's Fund.

## APPENDIX 1



### FOLLOW-UP DATA COLLECTION PART 2: SELF-ADMINISTERED YOUTH QUESTIONNAIRE

#### **GROWTH BEYOND THE TOWN**

##### **A longitudinal study on youth leaving care**

These questions are part of a study of how young people experience life after they have left Girls and Boys Town (GBT). The study will help us learn more about the pathways that young people follow as they strive towards independence and success in life. This will help GBT to provide better independent living skills and aftercare programmes to young people in care.

We hope that you will answer all of the questions honestly and thoughtfully. Your answers are very important to us in understanding what helps and does not help youth to be successful when they leave care. All the information that you provide is strictly confidential and private. The study is completely voluntary. If you do not want to fill out the survey or any of the questions, you do not have to. Remember this is not a test, so there are no right or wrong answers.

## Health & Well-Being

The following questions ask how you feel about your quality of life, health and other areas of your life. Please choose the answer that appears most appropriate by marking an X in the block that best describes how you are feeling. If you are unsure about which response to give to a question, the first response you think of is often the best one. In answering these questions, think about your life in the last month.

	Not at all	A little	A moderate amount	Very much	An extreme amount
1. To what extent do you feel that physical pain prevents you from doing what you need to do?	Not at all	A little	A moderate amount	Very much	An extreme amount
2. How much do you need any medical treatment to function in your daily life?	Not at all	A little	A moderate amount	Very much	An extreme amount
3. How much do you enjoy life?	Not at all	A little	A moderate amount	Very much	An extreme amount
4. To what extent do you feel your life to be meaningful?	Not at all	A little	A moderate amount	Very much	An extreme amount
5. How well are you able to concentrate?	Not at all	A little	A moderate amount	Very much	An extreme amount
6. Do you have enough energy for everyday life?	Not at all	A little	A moderate amount	Very much	An extreme amount
7. Are you able to accept your bodily appearance?	Not at all	A little	A moderate amount	Very much	An extreme amount
<b>Please note the change in the answer categories for the following questions</b>	<b>Very dissatisfied</b>	<b>Dissatisfied</b>	<b>Neither satisfied nor dissatisfied</b>	<b>Satisfied</b>	<b>Very satisfied</b>
8. How satisfied are you with your sleep?	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
9. How satisfied are you with your ability to perform your daily living activities?	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
10. How satisfied are you with your capacity for work?	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
11. How satisfied are you with yourself?	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
<b>Please note the change in the answer categories for the following questions</b>	<b>Very poor</b>	<b>Poor</b>	<b>Neither poor nor good</b>	<b>Good</b>	<b>Very good</b>
12. How well are you able to get around? (How well are you able to move around physically?)	Very poor	Poor	Neither poor nor good	Good	Very good
<b>Please note the change in the answer categories for the following question</b>	<b>Never</b>	<b>Seldom</b>	<b>Quite often</b>	<b>Very often</b>	<b>Always</b>
13. How often do you have negative feelings such as blue mood, despair, anxiety, depression?	Never	Seldom	Quite often	Very often	Always

## Relationships

The following questions ask about relationships in your life. Please choose the answer that appears most appropriate, by marking an X in the block next to the appropriate answer.

14. What is your current marital status?	1. <input type="checkbox"/> Married 2. <input type="checkbox"/> Living together like married partners 3. <input type="checkbox"/> Never married 4. <input type="checkbox"/> Widower/widow
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	5. <input type="checkbox"/> Separated 6. <input type="checkbox"/> Divorced
15. Are you currently in an intimate/romantic relationship?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
16. How long have you been in this relationship? (Answer in years and months)	_____ Years                      _____ Months
17. Do you currently have any children?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 3. <input type="checkbox"/> Expecting a child
18. If yes, how many children do you have?	

The following questions focus on your relationships with family, friends and love relationships. Please choose the answer that appears most appropriate, by marking an X in the block. If you are unsure about which response to give to a question, the first response you think of is often the best one. In answering these questions, think about how you are feeling **today**.

<b>Family Relationships</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Uncertain</b>	<b>Agree</b>	<b>Strongly Agree</b>
19. My family really tries to help me.	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
20. I get the emotional help and support I need from my family.	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
21. I can talk about my problems with my family.	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
22. My family is willing to help me make decisions.	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
23. I feel cared for/loved by my family.	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
<b>Relationships with Friends</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Uncertain</b>	<b>Agree</b>	<b>Strongly Agree</b>
24. I have friends about my own age who really care about me.	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
25. I have friends about my own age who talk with me about my problems.	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
26. I have friends about my own age who help me when I'm having a hard time.	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
27. My friends try to do what is right.	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
28. My friends do well in school or work.	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
29. My friends are sensitive to my needs.	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
<b>Love Relationships</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Uncertain</b>	<b>Agree</b>	<b>Strongly Agree</b>
<i>Only answer the following questions if you are currently in an intimate/romantic relationship with someone (a partner).</i>					
30. When I have free time I spend it with my partner.	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
31. I often show my partner affection.	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
32. I often share very personal information with my partner.	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
33. I understand my partner's feelings.	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
34. I feel close to my partner.	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree

## Ability to 'Bounce Back'

For each item, please mark an X in the block that best indicates how much the following statements are true of you **over the last month**. If a particular situation has not occurred recently, answer according to how you think you would have felt.

	<b>Not true at all</b>	<b>Rarely true</b>	<b>Sometimes True</b>	<b>Often True</b>	<b>True nearly all the time</b>
35. I am able to adapt when changes occur.	Not true at all	Rarely true	Sometimes True	Often True	True nearly all the time
36. I can deal with whatever comes my way.	Not true at all	Rarely true	Sometimes True	Often True	True nearly all the time
37. I try to see the humorous side of things when I am faced with problems.	Not true at all	Rarely true	Sometimes True	Often True	True nearly all the time
38. Having to cope with stress can make me stronger.	Not true at all	Rarely true	Sometimes True	Often True	True nearly all the time
39. I tend to bounce back after illness, injury, or other hardships.	Not true at all	Rarely true	Sometimes True	Often True	True nearly all the time
40. I believe I can achieve my goals, even if there are obstacles.	Not true at all	Rarely true	Sometimes True	Often True	True nearly all the time
41. Under pressure, I stay focused and think clearly.	Not true at all	Rarely true	Sometimes True	Often True	True nearly all the time
42. I am not easily discouraged by failure.	Not true at all	Rarely true	Sometimes True	Often True	True nearly all the time
43. I think of myself as a strong person when dealing with life's challenges and difficulties.	Not true at all	Rarely true	Sometimes True	Often True	True nearly all the time
44. I am able to handle unpleasant or painful feelings like sadness, fear, and anger.	Not true at all	Rarely true	Sometimes True	Often True	True nearly all the time
<b>Please note the change in the answer categories for the following questions</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Uncertain</b>	<b>Agree</b>	<b>Strongly Agree</b>
45. I tend to bounce back quickly after hard times.	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
46. I have a hard time making it through stressful events.	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
47. It does not take me long to recover from a stressful event.	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
48. It is hard for me to snap back when something bad happens.	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
49. I tend to take a long time to get over setbacks in my life.	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree

## Girls and Boys Town

The following items ask you about how you experienced being at GBT. Please choose the answer that appears most appropriate, by marking an X in the block. If you are unsure about which response to give to a question, the first response you think of is often the best one. In answering these questions, think about how you are feeling **today**.

<b>Experiences of being at GBT</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Uncertain</b>	<b>Agree</b>	<b>Strongly Agree</b>
50. I enjoyed my time at GBT.	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
51. I hated staying at GBT.	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
52. My stay at GBT was a good experience for me.	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
53. I felt happy at GBT.	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
54. My stay at GBT was horrible.	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree

The following items ask you about your feelings about contacting GBT staff since you have left GBT. Please choose the answer that appears most appropriate, by marking an X in the block. If you are unsure about which response to give to a question, the first response you think of is often the best one. In answering these questions, think about how you are feeling **today**.

<b>Feelings about contacting GBT staff now that I have left GBT</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Uncertain</b>	<b>Agree</b>	<b>Strongly Agree</b>
55. I feel free to contact GBT now that I have left GBT.	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
56. I think I will always feel welcome at GBT.	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
57. I know if I am in trouble I can call on GBT for help.	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
58. GBT is not here for people who have already left GBT.	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
59. I will not contact GBT if I have a problem.	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
60. GBT has prepared me for life after GBT.	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
61. Have you been in contact with GBT staff since your last interview, <b>excluding</b> a staff member involved in the research or the person interviewing you?	1. [ ] Yes 2. [ ] No				
62. Who did you contact?					
63. For what purpose did you contact them?					
<b>Support Satisfaction</b>	<b>Very dissatisfied</b>	<b>Dissatisfied</b>	<b>Neither satisfied nor dissatisfied</b>	<b>Satisfied</b>	<b>Very satisfied</b>
64. How satisfied were you with the support you received from this contact/these contacts?	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied

Thank you for taking the time to complete this questionnaire

## APPENDIX 2



### FOLLOW-UP DATA COLLECTION PART 3: STRUCTURED INTERVIEW ADMINISTERED BY FIELDWORKER

#### **GROWTH BEYOND THE TOWN**

##### **A longitudinal study on youth leaving care**

###### Instructions for fieldworker

- The questionnaire is to be completed by the fieldworker, after the self-administered questionnaire has been completed by the participant.
- Column 1 contains the question you will ask the participant.
- Column 2 has different responses to the corresponding question. Mark an X in the block or blocks [ ] next to the answer(s) the participant gives you.
- Column 3 gives you space to write notes. You do not have to write down everything the participant says but, include important information and discussion that is not captured in Column 2. Write notes where you should include specific information for that question.

Switch on the voice recorder.

## Accommodation

Complete this section for ALL participants

Question	Response Categories	Notes
1. What sort of dwelling are you living in at the moment?	1. <input type="checkbox"/> <u>Whole formal dwelling</u> : occupying the whole house, flat, apartment, cluster house, townhouse, semi-detached house 2. <input type="checkbox"/> <u>Part of a formal dwelling</u> : a dwelling in a backyard, a room in a house, servants' quarters, granny flat, psychiatric facility, hospital, jail, rehabilitation centre, residential facility, digs, student residence 3. <input type="checkbox"/> <u>Informal dwelling</u> : shack, caravan, tent, wendy house 4. <input type="checkbox"/> <u>Homeless</u>	<i>Underline the specific type of dwelling in the list to the left, or write a brief description of the dwelling if you cannot match their dwelling to this list. Explore <b>homelessness</b> in-depth. Homeless overrides any other category.</i>
2. Who do you currently live with?	1. <input type="checkbox"/> <u>On own</u> or with <u>partner</u> (of more than 6 months) and/or child 2. <input type="checkbox"/> With <u>friend</u> or acquaintances or partner less than 6 months 3. <input type="checkbox"/> With <u>family</u> members or alternative carers (including children's home, psychiatric facility, etc) 4. <input type="checkbox"/> Homeless	
3. How many people live in your dwelling, including yourself?		
4. Do you pay money to live in the place where you currently live?	1. <input type="checkbox"/> Dwelling is <u>paid off</u> or paying off a bond him/herself 2. <input type="checkbox"/> Paying <u>rent</u> him/herself 3. <input type="checkbox"/> <u>Someone else</u> is paying or <u>no-one's</u> paying (e.g. squatting or in care) 4. <input type="checkbox"/> Homeless	

Question	Response Categories	Notes
5. Since the last interview, how many times have you moved between places to stay?	1. <input type="checkbox"/> None 2. <input type="checkbox"/> Once 3. <input type="checkbox"/> Two or more times 4. <input type="checkbox"/> Homeless	<i>If more than two moves, write actual number of moves:</i>
6. Since the last interview, have you experienced any periods of homelessness?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
7. If yes, since the last interview, for how long have you been homeless?	1. <input type="checkbox"/> No periods of homelessness 2. <input type="checkbox"/> Less than a week in total 3. <input type="checkbox"/> A week to less than 6 months 4. <input type="checkbox"/> 6 months or more	

## Currently Occupied

**Complete this section for ALL participants**

Question	Response Categories	Notes
8. Are you currently working?	1. <input type="checkbox"/> Yes – full time 2. <input type="checkbox"/> Yes – part time 3. <input type="checkbox"/> No	
9. Are you currently studying?	1. <input type="checkbox"/> Yes – full time 2. <input type="checkbox"/> Yes – part time 3. <input type="checkbox"/> No	
10. Since the last interview, have you completed an educational qualification?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	<i>If yes, specify what was completed and when it was completed</i>
11. What is the highest educational qualification you have completed?	1. <input type="checkbox"/> Post-graduate Degree 2. <input type="checkbox"/> Baccalaureate Degree 3. <input type="checkbox"/> Post-Matric Diploma or Certificate 4. <input type="checkbox"/> Grade 12 5. <input type="checkbox"/> Grade 10-11 6. <input type="checkbox"/> Grade 9 7. <input type="checkbox"/> Grade 8 or lower	<i>If not matriculated AND not currently studying, explore educational aspirations or plans</i>

## Unoccupied

*Complete only if NEITHER working NOR studying*

Question	Response Categories	Notes
12. What is the main reason for you not currently working?	1. <input type="checkbox"/> Awaiting the season for work 2. <input type="checkbox"/> Waiting to be recalled to former job 3. <input type="checkbox"/> Health reasons 4. <input type="checkbox"/> Pregnancy 5. <input type="checkbox"/> Disabled or unable to work (handicapped) 6. <input type="checkbox"/> Housewife/homemaker 7. <input type="checkbox"/> Undergoing training to help find work 8. <input type="checkbox"/> Lack of money to pay for transport to look for work 9. <input type="checkbox"/> Unable to find work requiring his/her skills 10. <input type="checkbox"/> Lost hope of finding any kind of work 11. <input type="checkbox"/> No transport available 12. <input type="checkbox"/> Scholar or student 13. <input type="checkbox"/> Retired 14. <input type="checkbox"/> Too old/young to work 15. <input type="checkbox"/> Did not want to work 16. <input type="checkbox"/> Other	<i>Underline all that are relevant, but mark an X next to the answer that the participant identifies as the one MAIN reason.</i>
<b>Seeking Occupation</b>		
13. Have you been for a job interview?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
14. Have you applied to study for a course?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	

## Paid Employment

*Complete only if EMPLOYED, even if only part time*

Question	Response Categories	Notes
15. Do you currently have more than one job?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
16. If yes, how many jobs do you currently have?		
17. What is the name of the company/place where you currently work?		<i>If more than one, list them all</i>
18. What is the location (suburb) of your work?		
19. What kind of work are you doing?		

Question	Response Categories	Notes
20. Since the last interview, how many times have you changed jobs?	1. <input type="checkbox"/> No changes or clear promotion 2. <input type="checkbox"/> One changes 3. <input type="checkbox"/> Two change 4. <input type="checkbox"/> Three of more changes	<i>If more than three job changes, write actual number of changes</i>
21. Since the last interview, for how many months have you held down a job?	1. <input type="checkbox"/> All of the months 2. <input type="checkbox"/> 75% to under 100% 3. <input type="checkbox"/> 50% to under 75% 4. <input type="checkbox"/> Under 50%	<i>Write the number of months, then divide by the number of months since last interview</i>
22. How many hours per week do you work at your current job(s)?	1. <input type="checkbox"/> Over 45 hours 2. <input type="checkbox"/> 35-45 hours 3. <input type="checkbox"/> 20-34 hours 4. <input type="checkbox"/> 10-19 hours 5. <input type="checkbox"/> Under 10 hours	<i>Write actual hours</i>
23. In the past month, how many days have you missed work?	1. <input type="checkbox"/> None 2. <input type="checkbox"/> One day 3. <input type="checkbox"/> Two to three days 4. <input type="checkbox"/> More than three days	<i>Exclude sick days (with a medical certificate) or days of official leave. Write actual days missed</i>
24. In the past month, have you received any warnings for performance issues from your employer?	1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes, one 3. <input type="checkbox"/> Yes, two or more	
25. Since the last interview, have you been fired from a job?	1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes	

## Studying

*Complete only if STUDYING something, even if only part time*

Question	Response Categories	Notes
26. What are you currently studying?		
27. Where are you currently studying?		<i>Name of school, college, etc.</i>
28. Since the last interview, have you dropped any courses or modules?	1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes, one 3. <input type="checkbox"/> Yes, more than one	<i>Write actual number of dropped courses/modules</i>
29. Since the last interview, have you failed any courses or modules?	1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes, one 3. <input type="checkbox"/> Yes, more than one	<i>Note that this is about failing <b>whole</b> courses/modules. Write actual number of failed courses/modules</i>
30. Since the last interview, have you failed any tests or other assessments?	1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes, one 3. <input type="checkbox"/> Yes, two 4. <input type="checkbox"/> Yes, three or more	<i>Note that these are tests/assessments <b>within</b> a course or module. Write actual number of failed assessments</i>
31. In the past month, how many days have you missed class?	1. <input type="checkbox"/> None 2. <input type="checkbox"/> One day 3. <input type="checkbox"/> Two to three days 4. <input type="checkbox"/> More than three days	<i>Exclude sick days (with a medical certificate). Write actual days</i>
32. Since the last interview, have you obtained a distinction or an A for any course or subject?	1. <input type="checkbox"/> More than one 2. <input type="checkbox"/> One 3. <input type="checkbox"/> None	<i>Note that this is about distinctions for <b>whole</b> courses/ subjects, not just a test or other assessment in a course/subject.</i>

## Financial Security

Complete this section for ALL participants, even if not working.

Question	Response Categories	Notes
33. What is your main source of income?	1. <input type="checkbox"/> Employment 2. <input type="checkbox"/> Parents, foster parents, spouse or family 3. <input type="checkbox"/> Grants (social security) or friends 4. <input type="checkbox"/> Begging or crime or no income	List all sources, but mark only one main source
34. In total, how much money did you get last month (gross)?	1. <input type="checkbox"/> R12 801 or higher 2. <input type="checkbox"/> R6 401 – R12 800 3. <input type="checkbox"/> R3 201 – R6 400 4. <input type="checkbox"/> R1 601 – R3 200 5. <input type="checkbox"/> R801 – R1 600 6. <input type="checkbox"/> R401 – R800 7. <input type="checkbox"/> R0 – R400	Write total income from all sources (including tips)
35. Have you got your own bank account?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
36. Do you have any savings over and above this month's salary (including in your bank account, investments, stokvel, shares)?	1. <input type="checkbox"/> R12 801 or higher 2. <input type="checkbox"/> R6 401 – R12 800 3. <input type="checkbox"/> R3 201 – R6 400 4. <input type="checkbox"/> R1 601 – R3 200 5. <input type="checkbox"/> R801 – R1 600 6. <input type="checkbox"/> R401 – R800 7. <input type="checkbox"/> R0 – R400	Write estimated actual savings
37. Do you currently have any debt? If yes, what kinds of debt?	1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes, bond 3. <input type="checkbox"/> Yes, student loan 4. <input type="checkbox"/> Yes, car loan 5. <input type="checkbox"/> Yes, bank overdraft or short term loan with a bank 6. <input type="checkbox"/> Yes, short term loan (cash loan) from friends or family 7. <input type="checkbox"/> Yes, credit card, bank overdraft or other shopping account(s) (e.g. furniture, appliances, clothes or food, <b>that is not cleared monthly</b> ) 8. <input type="checkbox"/> Yes, utilities in arrears (utilities includes rent, municipal bills, water, electricity, rates) 9. <input type="checkbox"/> Yes, short term loan (not with a bank, e.g. loan shark, Mashonisa)	Mark all that apply. List any other debt not listed here.
38. If have a short-term loan or credit card debt, how much do you owe? (Short term debt should be seen as that which is not	1. <input type="checkbox"/> R0 – R400 2. <input type="checkbox"/> R401 – R800 3. <input type="checkbox"/> R801 – R1 600 4. <input type="checkbox"/> R1 601 – R3 200 5. <input type="checkbox"/> R3 201 – R6 400 6. <input type="checkbox"/> R6 401 – R12 800	Write estimated actual debt, including credit card, etc.

Question	Response Categories	Notes
settled by the end of each month).	7. <input type="checkbox"/> R12 801 or higher	
39. In thinking back over the last month, how many days, have you not had <b>any</b> food to eat?	1. <input type="checkbox"/> No days 2. <input type="checkbox"/> One day 3. <input type="checkbox"/> Two to three days 4. <input type="checkbox"/> Four or more days	<i>Explore one or more days in-depth</i>

## Drugs & Alcohol

**Complete this section for ALL participants**

Question	Response Categories	Notes
40. In thinking back over the last two weeks, have you smoked any cigarettes?	1. <input type="checkbox"/> No 2. <input type="checkbox"/> Up to five cigarettes per day 3. <input type="checkbox"/> About half a pack per day 4. <input type="checkbox"/> A pack or more a day	
41. During the past two weeks, how many alcoholic beverages have you drunk (more than just a few sips)?	1. <input type="checkbox"/> None 2. <input type="checkbox"/> One to four drinks 3. <input type="checkbox"/> Five to seven drinks 4. <input type="checkbox"/> More than seven drinks	<i>'Alcoholic beverages' include beer, wine or hard liquor</i>
42. During the past two weeks, how many times have you had five or more alcoholic drinks in a row?	1. <input type="checkbox"/> No times 2. <input type="checkbox"/> Once or twice 3. <input type="checkbox"/> Three or four times 4. <input type="checkbox"/> More than four times	
43. During the past two weeks, have you used dagga (weed, pot, zol, marijuana, cannabis, hash)?	1. <input type="checkbox"/> No 2. <input type="checkbox"/> Once or twice 3. <input type="checkbox"/> Three or four times 4. <input type="checkbox"/> More than four times	
44. In thinking back over the last month, have you used any other drugs (e.g. aerosol cans, cocaine, crack, crystal meth, ecstasy, glue, heroin, LSD, mandrax, petrol, tik, or prescription drugs without prescription)?	1. <input type="checkbox"/> No 2. <input type="checkbox"/> Once or twice 3. <input type="checkbox"/> Three or four times 4. <input type="checkbox"/> Five to eight times 5. <input type="checkbox"/> More than eight times	<i>List the type(s) of drug(s) being used</i>

## Crime

**Complete this section for ALL participants**

Question	Response Categories	Notes
45. Since the last interview, have you damaged or tried to damage anyone else's property on purpose?	1. <input type="checkbox"/> Yes, including fire setting 2. <input type="checkbox"/> Yes, more than once (but never involving fire setting) 3. <input type="checkbox"/> Yes, once (not involving fire setting) 4. <input type="checkbox"/> No	
46. Since the last interview, have you stolen or tried to steal money or things?	To the value of... 1. <input type="checkbox"/> R1000 or more 2. <input type="checkbox"/> Less than R1000 but more than R100 3. <input type="checkbox"/> Less than R100 4. <input type="checkbox"/> No	<i>List everything they have tried to steal. Ask them how much do they think what they have stolen is worth.</i>  <i>This question should include fraud, embezzlement, using someone's credit card without them knowing.</i>
47. Since the last interview, have you knowingly sold or held stolen goods or drugs, or tried to do either of these things?	To the value of... 1. <input type="checkbox"/> R1000 or more 2. <input type="checkbox"/> Less than R1000 but more than R100 3. <input type="checkbox"/> Less than R100 4. <input type="checkbox"/> No	
48. Since the last interview, have you physically hurt or tried to hurt someone on purpose?	1. <input type="checkbox"/> Murder 2. <input type="checkbox"/> Rape 3. <input type="checkbox"/> Assault requiring hospitalisation 4. <input type="checkbox"/> Assault requiring medical care 5. <input type="checkbox"/> Assault with a weapon, but not requiring medical care 6. <input type="checkbox"/> Threatened with the use of a weapon, but not actually assaulted 7. <input type="checkbox"/> Unarmed assault not requiring medical care 8. <input type="checkbox"/> No	
49. Since the last interview, have you been in trouble with the law?	1. <input type="checkbox"/> Serving a prison sentence 2. <input type="checkbox"/> Found guilty of a crime 3. <input type="checkbox"/> Charges laid against me 4. <input type="checkbox"/> Spent at least one night in a correctional facility 5. <input type="checkbox"/> No	

## Interview Experience

Question	Notes
50. Is there anything else that you can think of that might be helpful or important about your story that we have not yet discussed? Is there anything you would like to add?	
51. How have you experienced this interview today?	
52. What did you like about it?	
53. What did you not like about it?	

*Switch off the voice recorder.*