



GROWTH BEYOND THE TOWN

A longitudinal study on youth leaving care

QUANTITATIVE RESEARCH REPORT

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SUMMARY OF KEY FINDINGS

This report presents the findings of the *Growth Beyond the Town* longitudinal research study since its inception in 2012, up until the last round of data collection, which took place in late 2018. It includes the results from 133 participants who were interviewed as they disengaged from Girls and Boys Town South Africa (GBTSA) and then presents on their outcomes measured each year during follow-up interviews for five years. The report also shows which resilience variables predict better outcomes for care-leavers as they transition out of care over those five years. In total, 335 interviews were conducted with these participants over a period of six years.

The disengagement interviews measured 24 different resilience variables within five overarching domains: relational, interactional, in-care, environmental and individual. The results revealed that the highest scoring of the resilience variables at disengagement mainly fell into the relational resilience domain. In particular, role model relationships, teacher relationships, family relationships and love relationships all fell within the top ten for care-leavers. In the in-care domain, supportive relationships with GBTSA staff and maintaining contact with GBTSA staff were shown to score highly for GBTSA youth. Two interactional domains were also prominent, including empathy and teamwork. The only high scoring resilience variable in the individual domain was optimism. No variables in the environmental domain emerged as high scoring.

During the follow-up interviews, various outcomes were measured to see how the youth were progressing on their transition from care. In most of the outcomes measured, participants showed that they either remained the same or improved over the years:

- Less than half the participants had self-supporting accommodation, and the majority were living in formal dwellings, and most with their families. There were low levels of homelessness, which is a positive finding compared to care-leavers from other parts of the world.
- Two thirds of the youth were not working one year out of care, which is not necessarily a negative
 finding, as many should still be in school or further education. Particularly in the first year out of
 care however, there were slightly higher levels of employment stability, which increased as the
 years went on.
- Fewer participants were studying as the years progressed, either resulting from youth dropping out of their studies or because of moving into work.
- Youth who were Not in Employment, Education or Training (NEET) is a concern, as the problems associated with being NEET compound the longer they are NEET. The participants' NEET rate is slightly higher than the national average and increased slightly over the years.
- A quarter of youth had a liveable income after leaving care, and this trend increased over the years, meaning youth were becoming increasingly self-sufficient. Participants initially relied on their families for financial support, despite many reporting financial challenges within the family home. Several years after care, independent employment became their primary source of income.
- There were generally low levels of substance use, but it did increase slightly over the years. Cigarette smoking was high.
- There was an upward trend in criminal activity, especially at year 5.

- Participants felt a strong sense of belonging to communities, even though many reported their communities not being very safe and/or having substance abuse problems.
- Participants showed consistently average overall global health scores across the five years. They showed higher levels of physical than psychological wellness.
- The resilience of care-leavers increased over the five years. For example, participants perceived ability to bounce back after illness, injury, or other hardships in their lives increased over the years. They increasingly thought of themselves as stronger and more able to deal with life's challenges and were less discouraged by failure.
- Upon disengagement, participants felt well prepared to leave GBTSA and optimistic about their futures. These feelings of positivity about their care experiences at GBTSA continued over the years (even five years later) and they still felt feel free to reach out to GBTSA staff after all the years.

The most important resilience predictors at disengagement for successful independent living outcomes later on were relational resilience, including relationships with friends, role models, community and family, as they significantly predict the largest number of successful outcomes over the five years from leaving care. All except for one of the in-care variables emerged as significant in promoting transitional outcomes, therefore these are also very important predictors of positive outcomes. One interactional domain (teamwork) and one individual domain (self-esteem) were prominent predictors. Composite (average) scores for relational resilience, in-care resilience, and individual resilience also predicted a significant number of positive outcomes. Resilience and friend relationships were the two outcomes that were most frequently predicted by the resilience variables.

These findings support the need to have a multilevel, holistic understanding of youth in transition out of care. Resilience, which enables youth to withstand hardship and overcome the challenges they experience as they leave care, is not only an individualised, internal trait but rather a process that can be facilitated and enhanced through their relationships, in care, and within the interactions that take place in their environments. This social-ecological view of resilience, means that at GBTSA, there are protective factors that can be put in place that will have a compounding positive effect on care-leavers and support them towards better outcomes as they transition from care.

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1. INTRODUCTION

The *Growth Beyond the Town* study was formed in 2012 through a partnership between Girls and Boys Town (GBTSA) and Prof Adrian van Breda in the Social Work Department at the University of Johannesburg (UJ). The purpose was to rigorously and repeatedly measure how youth were doing on a range of outcomes as they transitioned through and out of care at GBTSA. This longitudinal study provides data on their progress and describes how the youth adjust to life after they leave care. It also seeks to gain further clarity on the resilience factors that facilitate those smoother transitions. This in turn enables GBTSA to make informed decisions about where to focus their efforts in preparing youth to leave care and how they can be better supported thereafter. Through understanding and measuring their progress and adjustment after care, it is possible to gain an understanding into how well and in what areas the GBTSA programme is preparing youth adequately and what the areas they can be supported after care.

Research on care-leavers globally has shown that many experience considerable challenges once they transition out of care. Particular areas they have shown to struggle in include finding suitable accommodation, getting and maintaining employment, studying further, refraining from drugs and alcohol and getting involved in crime, suffering from depression, and becoming parents early. Often, this is the result of having to leave care before they are ready and while they are still too young. They may have battled with substance abuse, or been victims of abuse and neglect, they might have had learning difficulties, and many do not finish school. In contrast to peers of a similar age, where young people can stay in their family homes well into their twenties, leaving residential care, is sometimes unplanned and may be under quite drastic circumstances. This leaves them with little time to make preparations and adjustments to be adequately equipped to live life independently. Therefore, careleavers may not receive the same support that other youth do, leaving them feeling unsupported, lonely, isolated, and frustrated. If they go into independent living, they would have gone from living a highly structured life in care, where they were constantly surrounded by other people, to almost no structure and often being on their own.

However, several studies have also shown that this is not the case for all care-leavers, and despite the odds, many go on to succeed and thrive. Data from the *Growth Beyond the Town* study up until this point has shown that some GBTSA youth seem to be doing surprisingly well in some areas, including fairly secure accommodation, low levels of homelessness, low levels of criminal involvement and substance abuse. One of the greatest concerns has been that too many youth become NEET, i.e. youth who are Not in Employment, Education or Training. The impact of this is tremendous, because being NEET means young people are unable to provide for themselves and this increases their feelings of being unproductive and feeling hopeless. It also means they have less likelihood of getting work in the future, and when they do, they have an increased chance of earning less (De Lannoy & Mudiriza, 2019). Thus, being NEET has a compounding negative effect over time.

This report provides the most up to date data on the resilience and outcomes of youth who have left GBTSA from 2012 to 2018 in the *Growth Beyond the Town* study. It shows how the youth are faring up to five years after they have left GBTSA's care. The report starts with an overview of the care-leaving landscape in South Africa, followed by the methodology. It then describes the impact of the study, with the aim of showing how a non-profit, Non-Governmental Organisation (NGO) and academic

based research collaboration can be mutually beneficial. The results are then presented, including disengagement and outcomes data. The report then reveals the most important resilience factors for care-leavers to improve their transitional outcomes, followed by a discussion on what those findings mean for practice. All analysed data is presented in tables with explanatory notes in the Appendixes.

2. THE CARE-LEAVING LANDSCAPE IN SOUTH AFRICA

In mid-2017, the total South African population was approximately 56.5 million people, 19.6 million (35%) of whom were young people 18 years of age and younger (Hall & Sambu, 2018, p. 132). Of these, 2.8 million children were orphans (Hall & Sambu, 2018, p. 134), and while there is very little robust data on the exact number of youth in residential care, there were approximately 355 registered CYCCs (Proudlock, 2014, p. 6) serving an estimated 21,000 children (Jamieson, 2017). Despite these figures, and the large financial cost of supporting youth living in residential care, little attention and priority has previously been given to youth exiting these homes. Pinkerton (2011) has also stated that careleavers in South Africa have not been a focal point for government and international stakeholders. Very little in the way of formal care leaving programmes or support has existed and where support does occur, it has been on an ad hoc and discretionary basis at best. Legislation guiding care-leaving and aftercare support is still lacking and vague in South Africa (Dickens, 2018). Alongside this, not enough evidence-based research into transitions from care was taking place prior to 2012 and thus South Africa was underrepresented within the global landscape of care-leaving literature and knowledge generation. However, since 2012, Van Breda (2018) notes there has been a rapidly growing body of knowledge about care-leavers in South Africa. Many studies that were previously only descriptive in nature are now becoming explanatory, however many remain small.

In the field, important work is taking place: Mamelani, a transitional support programme, has made considerable strides in advocating for the needs of care-leavers and providing them with hands on, practical support. The South African Youth Education for Sustainability (SA-YES) also provides a one-on-one youth mentoring programme called Transition to Independent Living (TIL) programme, designed to offer care-leavers with mentors. This programme has shown to have a positive impact in facilitating positive outcomes for care-leavers (Pinkerton, 2011). The *Growth Beyond the Town* study run by GBTSA has also played an important role in contributing to both care-leaving literature and practice, through various channels including book chapters and journal articles, local and international conference presentations, networking with other CYCCs, heading up and co-ordinating a Gauteng based care-leaving forum group, and most recently, developing practice guidelines for CYCCs regarding care-leavers, which is being spearheaded by Adrian van Breda in conjunction with the Gauteng Care-leaving Forum (van Breda, 2019).

Based on anecdotal feedback, at the end of 2017, GBTSA adapted their Independent Living Skill daily lessons and sessions to that of an independence skills lived-experience within the daily milieu. Youth now take direct responsibility for their daily chores and independence responsibilities. The impact of this change has been notable with families expressing improved relationships with their children when they visit home. The youth are reportedly more helpful and contribute to family life, they have more time for recreation and enjoy their visits more, and they fight far less with family members.

In 2018, van Breda conducted a systematic review of research on residential care-leaving in South Africa, from 2003 to 2016. He identified a total of 40 research outputs related to eight identified focus areas, including a theory of leaving care, the design of measurement tools, care-leavers experiences of transitioning from care, outcomes of care-leavers, processes of leaving care, factors that facilitate improved outcomes, care-leaving services, and policy related to care-leavers (Van Breda, 2018, p. 513). Below are some highlights identified through the thematic analysis:

- Care-leaving in South Africa is primarily informed by resilience theory. As the findings in this report support, there has been a particular emphasis on a social-ecological view of resilience (Ungar, 2012; van Breda, 2018a), in that they "emphasize care-leavers' interactions with the world around them, rather than internal characteristics" (Van Breda, 2018, p. 514). Understanding care-leavers holistically, including their relationships, individual, interactional, in-care, and environmental factors (Van Breda & Dickens, 2018) is essential.
- Van Breda (2016) also argues that both agency and structure— and the interactions between them

 are critical for youth to transition out of care successfully. Agency refers to the role youth play
 in shaping their own lives and the control they have on a micro level to influence their outcomes.
 Structure, on the other hand, refers to the interventions at the macro level or environment that
 surrounds care-leavers, including the opportunities, support and services they have access to (Van
 Breda, 2019a).
- Commonly reported in the care-leaving literature, both locally and abroad, is the abrupt transitions young people experience when leaving care. Insufficient support and services (Bond, 2010; Oelofsen, 2015), along with insufficient preparation and independent living and social skills means care-leavers can feel isolated, fearful, stigmatised, and a sense of loss as they transition out. These factors have shown to influence their outcomes for many years after leaving care. Youth are generally not given much notification prior to their leaving residential homes (Bond, 2010).
- Previous care-leaving studies in South Africa have focused on care-leaver's outcomes. Positive outcomes, or "success" for care-leavers has been described as something they need to continue to strive towards (Muller et al., 2003). In a similar vein, Van Breda et al. (2012) found that care-leavers describe "success" as a verb (and hence coined the term "successing") to show the active process of 'striving towards' a successful transition out of care. Van Breda (2018) notes several of these studies have shown poor outcomes in relation to the NEET status of youth, the educational outcomes of youth, and the outcomes in relation to independent living. There are no improvements over the years one and two out of care (Dickens et al., 2015; Van Breda, 2018b).
- Previous studies have also found that the enabling factors and facilitators of better transitional outcomes for care-leavers include having a high self-esteem (Dickens, 2016; Van Breda, 2016a), a sense of self-efficacy and hope (Bond, 2010), relationships with caring adults (Dickens, 2016, Oelofsen, 2015; Van Breda, 2016a), goal-setting and being street smart (Oelofsen, 2015), being able to work collaboratively in teams, spirituality and optimism (Dickens, 2016).
- There has been growing attention in South Africa towards focusing on the 'interdependence' of care-leavers rather than their 'independence'. Mamelani (2013) describes this as more practical and realistic young people who have just left care. Interdependence focuses on building healthy relationships and support networks that are able to support and meet the needs of care-leavers. Therefore, youth healing in care and then transitioning into independence do not do so successfully in a void, where concurrent family strengthening and development work is essential to a child's longer-term well-being and success. GBTSA advocate for the formal and structured

- strengthening and skill development within the family, as well as assisting families to understand, access and use the supportive community and supportive State networks available to them from the moment their child is admitted into care.
- There are several obstacles when providing care-leaving services in South Africa, as described by Mamelani (2013): there is a lack of resources to do so, not enough family support and engagement, and residential care facilities do not provide adequate preparation and transitional support services. Mamelani, in response to these challenges, developed principles to guide transitional support services, and wrote a handbook to guide practitioners in preparation for care-leaving through a series of guidelines and activities.
- Van Breda (2018) describes GBTSA's well developed social skills programme and notes that, in a study conducted by Mmusi (2013), many of the skills were found to be useful and applied to careleavers' lives after care. A further qualitative investigation into the use of social skills is currently underway at GBTSA, the findings of which will be released in 2019.
- There is very little in the way of policy related to care-leavers is South Africa (Bond, 2015). While
 there are some outlines in the Children's Act, they are vague and discretionary. Van Breda (2018)
 notes that this is because of the focus on the provision on basic welfare care as being the priority
 and more immediate needs of youth. He notes elsewhere the importance of social policy as
 creating an ecology of resilience for care-leavers (Pinkerton & Van Breda, 2019).
- The Africa Network of Care-Leaving Researchers (ANCR) (https://careleaving.com/) was established as an informal network of researchers in 2016, with the aim of promoting care-leaving research on the continent and providing a space for collaboration between countries. ANCR, in collaboration with Queens University Belfast (QUB) is currently pursuing a cross-country study on care-leaving in Africa (including South Africa, Zimbabwe, Uganda and Ghana). In 2017, ANCR was affiliated to the International Research Network on Transitions to Adulthood from Care (INTRAC) (https://globalintrac.com/), whose purpose it is to promote national and international research on care-leaving. ANCR is presently publishing a themed issue of the journal *Emerging Adulthood* on care-leaving in Africa, edited by Adrian van Breda and Kwabena Frimpong-Manso (of Ghana), to which GBTSA has contributed two articles (Dickens & Marx, 2018; Van Breda & Pinkerton, 2019).

3. METHODOLOGY

Research design. The *Growth Beyond the Town* study is a mixed-methods, longitudinal study currently running at GBTSA. The aim of the study is to "prospectively narrate the journey out of the care of GBTSA, describe care-leaving outcomes over time, and identify resilience resources that facilitate better transitional outcomes" (Van Breda & Dickens, 2017, p. 266). Up until 2019, it has been the only longitudinal study of youth leaving care in Africa and is the largest and longest running study of careleaving outcomes in South Africa (Van Breda, 2018). The study is in its seventh year, having commenced with the first interviews in September 2012.

Research site. GBTSA is one of the largest national therapeutic residential child and youth care programmes in South Africa. It works with orphaned, abused or neglected vulnerable children, as well as youth who display challenging behaviours, including defiance of authority figures, substance use, and ranges of anger issues for example. Youth are admitted to and placed with GBTSA via the Children's Court (Van Breda & Dickens, 2016).

Disengagement phase. Every year, youth over the age of 14 years who are just about to disengage from GBTSA are invited to attend information workshops and then recruited into the study. Youth then partake in a disengagement interview, which has both a qualitative and quantitative component. In the qualitative component, youth are asked questions to get a detailed picture on their thoughts, opinions and beliefs as they prepare for disengagement. At the same time, the youth's social worker completes a biographical questionnaire concerning their background and in-care history.

Measuring youth resilience. In the quantitative component of the disengagement interview, youth are asked to complete the Youth Ecological Resilience Scale (YERS) (Van Breda, 2017), which is a self-administered questionnaire, that was validated in 2014 (Van Breda, 2016b). Participants answer responses on a five-point Likert scale, from strongly disagree to strongly agree. The YERS measures resilience in the care-leavers, within a person-in-environment (PIE) framework (Figure 1 below). The PIE framework (which graphically shows the social-ecological perspective) includes relationship, environmental, in-care, interactional and individual resilience domains.

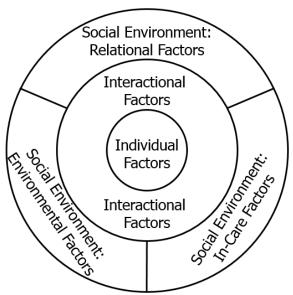


Figure 1. Person-in-environment domains of the YERS (adapted from Van Breda, 2017, p. 250)

Within each of these domains, subscales are used to measure specific resilience variables (column 2 in <u>Table 1</u>) and each scale ranges from 0 to 100. The resilience variables are called 'predictors' because they predict later outcomes of youth. They were selected because previous literature suggested they may contribute towards better outcomes for care-leavers and have been shown to promote and foster resilience in youth. Column 3 defines each resilience predictor (Van Breda, 2017a). Domains were established by summating the resilience variables (predictors) into composite (overall) scores (Van Breda & Dickens, 2017), thus relational resilience, environmental resilience, in-care resilience, interactional resilience and individual resilience.

Table 1. Resilience domains, variables and definitions

Domains	Resilience Variables	Definitions
Relational	Family relationships	Relationships with family members are
		experienced as caring and supportive.
	Friend relationships	Relationships with friends are experienced as
	·	pro-social, caring and supportive.
	Teacher relationships	A relationship with at least one teacher who is
		experienced as caring and encouraging.
	Community relationships	A reciprocally supportive and caring
		relationship between the youth and
		community.
	Role model relationships	A relationship with at least one adult (other
	·	than parents, teachers or employers) who is
		experienced as caring and encouraging.
	Love relationships	A romantic relationship that is experienced as
	•	intimate and characterised by mutual
		understanding.
Environmental	Community safety	The perception of the community as being safe
	., ., .,	in terms of low crime/drugs and high in safety
		and security.
	Family financial security	The family has sufficient money to cover their
	,,,	needs and does not worry or argue about
		money.
	Social activities	Regular participation in pro-social group
	Social delivities	activities.
In-care	Supportive relationship with GBTSA staff	A relationship with at least one GBTSA staff
iii care	Supportive relationship with abis/tstair	member who is experienced as caring and
		encouraging.
	Positive care experience	A positive feeling about the in-care experience.
	Maintain contact with GBTSA staff	Feeling free to remain in contact with GBTSA
	Walltain contact with GB13A stail	staff after leaving care.
	Care-leaving readiness	A perception and feeling of being ready to
	care reaving readiness	leave residential care.
Interactional	Teamwork	A perceived ability to work productively with
interactional	realiiwork	others in a team.
	Empathy	Feeling with and caring for the well-being of
	Linpatriy	other people.
	Interdependent problem-solving	A preference for an interdependent approach
	interdependent problem-solving	to problem-solving.
Individual	High self-expectations	High expectation of self to work hard and
muividuai	riigii seii-expectations	achieve the best results.
	Bouncebackability	A general belief in one's ability to 'bounce
	Bouncebackability	back' after difficult times.
	Self-efficacy	
	Self-efficacy	The belief in one's ability to organise and
		execute the courses of action required to
	Ontimism	manage prospective situations.
	Optimism	A general expectation that good things will
	Colf astrom	happen in the future.
	Self-esteem	A general feeling of self-worth and self-
	2 (1	acceptance.
	Resourcefulness	A belief in one's ability to perform difficult
	8:1	tasks with limited resources.
	Distress tolerance	The perceived capacity to withstand negative
		psychological states.

Domains Resilience Variables		Definitions
	Spirituality	A global orientation towards personal
		spirituality.

Follow-up phase. Every year after the disengagement interview, participants are contacted and take part in a follow-up interview, which also includes qualitative and quantitative components. The qualitative part of the interview includes an in-depth unstructured open-ended question, with the goal of exploring the participant's journey since leaving GBTSA.

The quantitative part of the interview measures the outcomes of care-leavers, using two tools: a self-administered questionnaire and a structured interview schedule. These two tools assess eight indicator outcomes and 12 scale outcomes. Indicator outcomes are scored dichotomously – care-leavers are either 'achieving' this outcome or not and therefore they provide powerful 'clear cut' data. The scale outcomes differ because they range from 0 to 100 for each participant (approximating a percentage). For both types of outcomes, care-leavers who at follow-up are doing better in these areas can be considered to be having positive independent living outcomes. <u>Table 2</u> shows the eight indicators measured and their definitions (Van Breda, Dickens & Marx, 2015).

Table 2. Indicator outcomes and definitions

Indicator Outcome	Definition			
Self-supporting	The percentage of care-leavers who are paying for, or own, their own			
Accommodation	accommodation, or receive accommodation in exchange for work			
Education for Employment	The percentage of care-leavers who have completed, or are busy with,			
	secondary education or a trade qualification.			
NEET	The percentage of care-leavers who are not working, studying, or in training			
Reliable Employment	The percentage of employed care-leavers who have maintained a reliable			
	work record			
Diligent Education	The percentage of studying care-leavers who attend class and have not failed			
	their modules during the past year			
Liveable income	The percentage of care-leavers earning above R1600 per month through			
	employment and with no short term loans (other than from the bank, friends			
	or family)			
	Note: minimum wage for domestic workers for 2015 = R2000/month			
Drug & Alcohol 'Free'	The percentage of care-leavers who, during the past 2-4 weeks, avoided			
	binge drinking more than once a week, who used dagga no more than twice			
	a week, and who did not use hard drugs			
Crime 'free'	The percentage of care-leavers who avoided any serious crime or trouble			
	with the law during the past year			

<u>Table 3</u> shows the scale outcomes and corresponding definitions (Van Breda et al, 2015).

Table 3. Scale outcomes and definitions

Scale Outcome	Definition
Accommodation	The extent to which care-leavers live independently (or with a partner) in self- funded accommodation, with no moves or periods of homelessness since their last interview.
Paid Employment	The extent to which working care-leavers have stable employment and perform well in their jobs.

Scale Outcome	Definition
Studying	The extent to which studying care-leavers persist in and perform well in their studies.
Financial Security	The extent to which care-leavers are financially independent, with a well-paying job, their own bank account, sufficient savings and no 'bad' debt.
Drugs & Alcohol	The extent to which care-leavers used cigarettes, alcohol, cannabis and hard drugs over the past 2-4 weeks.
Crime	The extent to which care-leavers engaged in vandalism, theft and violence and have had trouble with the law since their last interview.
Health & Well-being	Physical health: The extent to which care-leavers feel healthy (e.g. good energy, mobility, sleep and absence of pain), so that they can function in daily life.
	Well-being: The extent to which care-leavers experience psychological health (e.g. good body image, self-esteem, concentration, meaning in life and absence of negative emotions), so that they can function in daily life.
Relationships	Family relationships: Relationships with family members are experienced as caring and supportive.
	Friends relationships: Relationships with friends are experienced as pro-social, caring and supportive.
	Love relationship: A romantic relationship that is experienced as intimate and characterised by mutual understanding.
Resilience	Measured using the Connor–Davidson Resilience Scale (CD-RISC), defined as "the personal qualities that enable one to thrive in the face of adversity" (Connor & Davidson, 2003, p. 76)
'Bouncebackability'	A general belief in one's ability to 'bounce back' after difficult times.
Positive Care Experience	A positive feeling about the in-care experience.
Maintain Contact with GBTSA Staff	Feeling free to remain in contact with GBTSA staff after leaving care.

Data management and analysis. Once the data was collected, it was captured in an Access database and quantitative data were exported and analysed in SPSS v24. Descriptive statistics and frequencies were run and predictions were done using the Mann-Whitney U test for dichotomous categories and Spearman's rho correlation to examine association between pairs of continuous variables.

Ethics. In order to protect participants, careful ethical procedures were followed throughout. Informed consent was obtained from both the youth and, if younger than 18 years old, their parents or guardians too at the start of each interview. Youth could choose to decline from participating in the study and could also withdraw at any point in time. Participants were offered compensation for travel and for their time. The narrative part of the interview encouraged participants to build rapport, and also gave the youth an opportunity to reflect and debrief about their experiences in the past year. Participants were also given the option of seeing a social worker at the end of every interview, as a type of debriefing. During the interviews, participants were given a summary of the results of the study, so they too were aware of the outcomes. Ethical clearance for the study was given by the University of Johannesburg (UJ) Faculty of Humanities Ethics Committee on 20 September 2012.

4. IMPACT OF THE STUDY

Core to the *Growth Beyond the Town* study has been the partnership that was formed between Adrian van Breda at UJ and GBTSA. This NGO-academic collaboration has had several benefits to both role-players. For academics, research based in an NGO means the study is grounded in practice and offers

access to participants, which can be difficult for researchers to obtain. The needs of NGOs are often more urgent and in direct response to the needs of the people they serve and so this ensures academics work with a very purpose-driven, responsive research agenda designed to make lasting and real change. For non-profit NGOs, co-producing research alongside academics increases the credibility and rigour of the research and opens up possibilities in terms of publications and exposure to other partners and very importantly, funders as well. Together, there is increased likelihood they can demonstrate evidence-based change and impact and influence policy and practice.

Both UJ and GBTSA have been privileged to benefit from their strong collaboration. Figure 2 shows the impact and reach of the *Growth Beyond the Town* study. Some findings from the study have informed and adjusted certain areas of practice at GBTSA, such as focused attention to teaching and practicing independent living skills. From 2012 to 2018, 13 journal articles were published, 31 local and international conference presentations, seminars and lectures took place, a set of standard tools were developed, and through the study, contributions have been made to the ANCR. Furthermore, because of the validity and rigour of the study, the study has been replicated locally and in Africa. Furthermore, there is a strong link and work with other NGO's in the practice sector and an established care-leaving forum has enabled us to present our findings, but also get feedback and input from the sector on the results. The GBTSA research methodology is currently (in 2019) being adapted for use in a multi-country study in Africa, with substantial funding from the Global Challenges Research Fund in the United Kingdom.



Figure 2. Impact of the Growth Beyond the Town study

5. STUDY FINDINGS

5.1. Demographic Data

Between September 2012 and December 2017, 133 participants took part in the disengagement interviews, comprising 13 cohorts. There are two cohorts per year: a cohort at the end of each year and a cohort during the course of the year. Most of the youth disengage from GBTSA during the end of the school year, so those cohorts are larger than the cohorts of youth who disengage during the year. Appendix 1 (Table 8 to

<u>Table</u> 15) presents a detailed breakdown of the demographic data, and reference to specific tables is cross-referenced to the appendixes in the text.

The data presented in this report includes 133 baseline interviews, 68 one-year follow-up interviews, 51 two-year interviews, 33 three-year follow-ups, 22 four-year follow up interviews, and 12 five-year follow-up interviews (Table 8). Only five participants (who were all from cohort 1) had six-year follow-up interviews; these are excluded from the report because of the very small number of participants in this group. Participants mainly disengaged from GBTSA at the end of the school year, therefore those cohorts were bigger (Cohorts 1, 3, 5, 7, 9, 11,13) and ranged between 13 to 21 participants per cohort (Table 9). Of the 133 participants, 63% of youth are still active, 2% have passed away, 26% have been lost to follow up and cannot be located, 3% were readmitted into care and 6% have chosen to withdraw from the study (Table 10). This has meant the retention rate at one year is 61%, at two years is 53%, at three years is 40%, at four years is 34%, and at five years is 26%. The high dropout rate is a limitation of the study and concerted efforts have been made to address this.

Of the 133 participants, 66% disengaged from GBTSA's Youth Development Centres (YDCs) and 34% from the Family Homes (FHs) (see <u>Table 11</u>). The campus where the most participants came from was Magaliesburg (28%), 23 % came from Tongaat, 11% were from Macassar and only 5% were from Kagiso (see <u>Table 12</u>). The age range of participants at disengagement was between 13-21 years old, where most of the youth disengage at the ages of 16 (11%), 17 (11%), 18 (26%) and 19 years (12%) (<u>Table 13</u>). The participants are largely comprised of males (83%) compared to only 17% who were females (<u>Table 14</u>). This is changing though and every year more females disengage from GBTSA and join the study. Just over half (56%) of participants are African, 17% are Coloured, 7% are Indian or Asian, and 19% are White (<u>Table 15</u>).

5.2. Disengagement Data

The disengagement data provided in this section shows the highest scoring resilience variables youth reported as they were preparing to leave care. It also includes a deeper item level analysis of particular data. The sample size for the disengagement data analysis is n=133 for most analyses. In Appendix 2, <u>Table 16</u> provides the resilience disengagement scores and <u>Table 17</u> provides a breakdown of responses to each individual YERS item.

5.2.1. Highest scoring resilience variables

The 10 highest scoring resilience variables during disengagement (from the 24 variables measured) are shown in <u>Figure 3</u> (see <u>Table 16</u> for item-level detail). The higher the average (means) score of each, the higher or better the resilience participants demonstrate in those areas. Figure 3 shows a distinct grouping of the top five and then the second top five, differentiated by a 5 percentage point difference (between Teamwork and Family relationships).

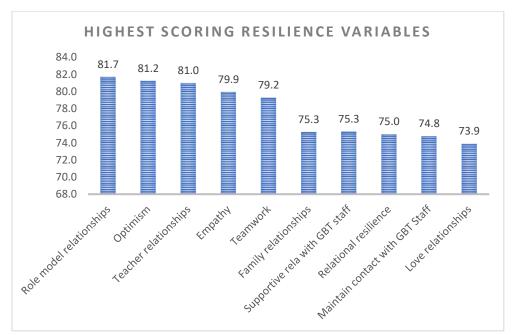


Figure 3. Highest scoring resilience variables

The findings reveal that the 10 highest scoring resilience variables were comprised of five relational domains, two interactional domains, two In-care domains, and one individual domain. None of the environmental domains were represented in the top 10 highest scoring resilience variables.

The prominence of the **relational** domains in the 10 top scoring resilience variables suggests the importance of relationships for youth who are just about to disengage from care. Of all the resilience variables, participants felt most cared for and encouraged by role models (adult in their lives other than parents/guardians, teachers or caregivers) during their disengagement. This may suggest that due to the distance youth have from family members, participants may form closer bonds with other people in their environments and therefore think of these relationships as stronger. The same is true for teachers, which was the second highest scoring type of relationship. However, family relationships, love relationships are also amongst the higher scoring resilience variables measured, showing overall the importance of relationships in resilience.

The two **in-care** domains that were high scoring included relationships with GBTSA staff and maintaining contact with GBTSA staff. This reiterates the importance of the youth's relationships with their carers at GBTSA and the importance for them of maintaining these relationships once they leave care. As GBTSA models are centred around relational child and youth care practices, youth are likely

to identify GBTSA staff as a great source of support and encouragement for them and that they feel they can freely contact GBTSA staff after leaving.

Two **interactional** domains were prominent, including empathy and teamwork. Therefore, these results support an ecological view of resilience (Ungar, 2012), showing that resilience is fostered through various domains of the PIE framework, and not only individual resilience. However, it is surprising that none of the three environmental domains were prominent.

Optimism was the only high scoring of the **individual** domains, suggesting the importance of youth looking toward their futures with excitement and a promise of succeeding in life after GBTSA.

5.2.2. Item level analysis at disengagement

Exploring some of the items within the environmental domain further, it is noteworthy how participants perceived their community and financial situations at home. Figure 4 (see Table 17 for item-level detail) depicts the feelings the participants have about the safety and security within their communities.

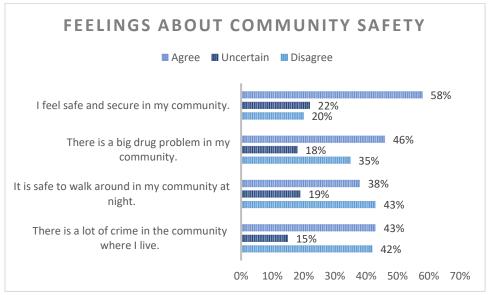


Figure 4. Item level analysis about community safety

Although just under half the participants perceive their communities to have drug problems and just over a third think there is a lot of crime in their communities, a third think it is okay to walk around at night, and even more surprisingly, a half to two thirds feel safe and secure in their communities. This may be because participants feel a strong sense of belonging with their neighbours within a tightknit community, whilst still not actually being safe. They have also been living away from their community for at least some time, so their thoughts and feelings of their community may be of safety, but the reality is that the communities have security and substance abuse problems.

It is also interesting to note how participants thought about their family's financial situation upon their disengagement from GBTSA, shown in <u>Figure 5</u>. Many financial challenges within the family home were clear from the participants responses: Just under a quarter of the youth said their families often

argue about money, under half said their family worries a lot about money and a quarter said their family does not have enough money to live comfortably. Alarmingly, a quarter said there is often not enough food for the family to eat. These results suggest the financial concerns and pressures of the families of many participants.

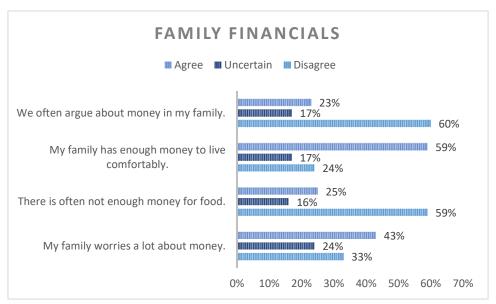


Figure 5. Item level analysis of family financial situations

<u>Figure 6</u> shows the participants feelings about leaving GBTSA. Three quarters of participants said they felt ready to leave GBTSA, with a similar percent stating GBTSA had prepared them for life. These results suggest participants felt well prepared to leave GBTSA, and as seen earlier, they may optimistic about the futures. However, the results also show a third said they were worried about going back home, perhaps pointing towards their ambivalence towards what life might be like once they returned home or their uncertainty about reintegrating back into living with their families. A third of participants also wish they could stay longer at GBTSA.

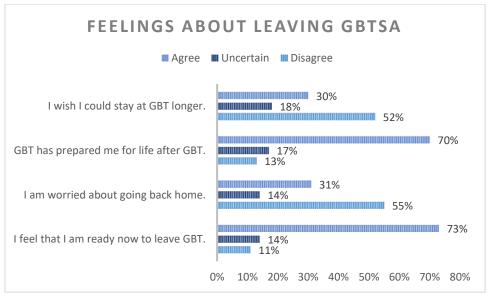


Figure 6. Feelings about leaving GBTSA

5.2.3. Impression Management Index

The YERS scale included 10 items of the Impression Management Index (IMI) (Van Breda & Potgieter, 2007) that were scattered throughout. The IMI items measures the degree of honesty in the participants' answers. Impression management give an indication as to how much participants give an exaggerated impression of themselves in a research study and shows the degree to which they give answers they think the researcher wants to hear, by portraying themselves in a positive light rather than being completely honest (Van Breda & Potgieter, 2007). Impression management impacts on the validity of the data and it should be reduced as far as possible. Therefore, the YERS tested for this using the IMI. The results are shown in Appendix 2, Table 18.

The mean IMI score was 12.7%, which is considerably lower than the mean score for an anonymous survey in the validation of the IMI, viz. 48.8% (Van Breda & Potgieter, 2007), suggesting very low levels of impression management overall. The IMI has a cutting range of 46-70%, meaning people who score below 46% may be regarded as not showing impression management and those above 70% as showing impression management, while those with the 46-70% range may or may not be showing impression management. In our study, all but three participants scored below 46% and none scored above 70%. This give us confidence that participants are reporting honestly and not attempting to create an overly positive image of themselves.

5.3. Outcome Data

All the analysed outcome data is presented in Appendix 3. Table 19 shows the descriptive statistics of the indicator outcomes. Table 20 depicts the descriptive statistics of the scale outcomes. An item level analysis of the outcomes data is provided in <u>Table 21</u> to <u>Table 36</u>. <u>Table 4</u> and <u>Table 5</u> below summarise the detail in the appendixes and is followed by a discussion of some of the highlights.

A summary of the indicator outcomes (by percentage) over the five years is shown below in <u>Table 4</u>. These are the percentages of care-leavers who met the criteria for each of the outcomes. The table provides a summary of the trends of the care-leavers over the five years. For all indicator outcomes, except NEET, a high score indicates a desirable or positive outcome.

Table 4. Indicator outcomes over five years

Indicator Outcome	Y1	Y2	Y3	Y4	Y5
Self-Supporting Accommodation	31%	57%	38%	45%	42%
Education for Employment	61%	65%	61%	64%	67%
NEET*	42%	35%	30%	36%	50%
Reliable Employment	70%	65%	73%	70%	100%
Diligent Education	57%	29%	42%	75%	50%
Liveable Income	21%	23%	19%	27%	33%
Drugs & Alcohol 'Free'	85%	90%	79%	77%	83%
Crime 'Free '	76%	82%	82%	82%	58%

^{*} A low score is desirable.

<u>Table 5</u> provides a summary of the scale outcomes over the five years. These are the percentages scored for each outcome, on a range of 0-100. As with the previous summary table, one can see the

changes over the years. For all scale outcomes, except Drugs & Alcohol and Crime, a high score indicates a desirable or positive outcome.

Table 5. Scale outcomes over five years

Scale Outcome	Y1	Y2	Y3	Y4	Y5
Health Global	74%	74%	73%	77%	76%
Health Physical	77%	77%	76%	81%	80%
Health Psychological	71%	70%	71%	72%	72%
Family relationships	68%	68%	75%	72%	72%
Friend Relationships	72%	71%	71%	69%	72%
Love relationships	84%	84%	80%	82%	86%
Resilience	74%	71%	75%	73%	79%
Bouncebackability	58%	58%	62%	61%	65%
Positive GBTSA Experience	78%	82%	80%	82%	80%
Maintain Contact with GBTSA					
Staff	70%	72%	70%	74%	69%
Accommodation	40%	45%	40%	37%	39%
Employment	76%	51%	50%	54%	54%
Studying	76%	54%	53%	67%	50%
Finances	51%	52%	48%	54%	45%
Drugs & Alcohol*	9%	9%	13%	11%	10%
Crime*	5%	4%	5%	5%	9%

^{*} A low score is desirable

5.3.1. Accommodation

<u>Table 4</u> shows that, besides for the second year after leaving GBTSA, less than half the participants had **self-supporting accommodation** across the five years. As 82% of the participants were 18 years or younger at the time of their disengagement, this is an expected finding, as it is unrealistic for them to be paying for their own accommodation, particularly in the first years out of care and especially if they are not working and earning an income. There is also a flat trend over the five years, indicating that participants' self-sufficiency in their accommodation does not increase over time.

An item level analysis of accommodation (Table 29) also shows that across the five years, the majority of participants lived in whole formal dwellings (such as a house) and that not many were living in informal dwellings like shacks. Furthermore, the majority of participants lived with their families and were not paying rent even after four and five years after care, while some live on their own or with a partner or friend.

The results reveal that at each year out of care, between two and five youth experienced at least some period of homelessness. International literature shows this can be common amongst care-leavers, particularly in the first year (e.g., Dworsky, Napolitano & Courtney, 2013). For this reason, aftercare planning, placement and preparation from staff in this area before youth leave care is imperative.

5.3.2. Employment

<u>Figure 7</u> (<u>Table 30</u> for item-level detail) shows of the trend in participants who were working over the five years since leaving GBTSA.

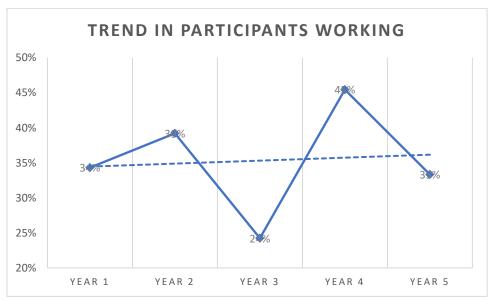


Figure 7. Trend in participants who were working

There were more youth who were not working compared to those who were working over the five years. There was a 21 percentage point difference between the lowest and highest percentages of youth who were working. The employment trend also did not change, thus remained consistent, over the five years. Of those youth who were working, more worked on a full-time compared to part-time basis at every year.

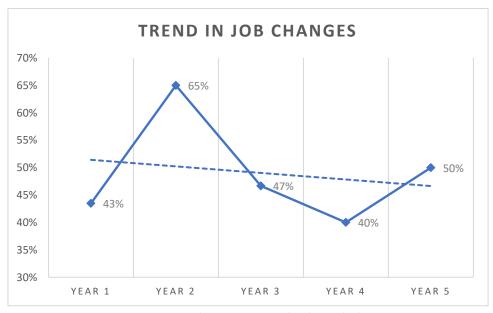


Figure 8. Trend in participants who changed jobs

Of the youth who were working (Table 32), just under half had changed jobs once or more in the first year out of care, and then a slight downward trend in the number of job changes over the years (shown in <u>Figure 8</u>). This suggests slightly higher levels of employment stability and lower levels of movement between jobs.

Youth were engaged in quite a range of differing types of jobs. At one and two years out of care, as one would expect, the jobs were more entry level opportunities, including for example administrative work, bartending and waitrons, gardening work, construction work and plumbing. At four and five years, the jobs become slightly more skilled and specialised, and include for example web design, student advisor, mechanic, chef work and construction work.

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

One concern arising from the findings of this study has been the number of **NEET** participants following disengagement (Dickens & Marx, 2018). Comparing this study NEET rate of 42% one year after leaving care (<u>Table 4</u>; see Table 31 for item-level detail) with the 29.8% second 2018-quarter NEET rate of youth in South Africa in the general population aged 15-24 (De Lannoy & Mudiriza, 2019, p. 33), study participants seem to struggle more than the national average. <u>Figure 9</u> also shows a rise in the participant youth NEET rate over the five years, implying the problem compounds for care-leavers. The literature supports this finding, were the effects of being NEET compound. Thus, the longer a young person is NEET, the harder it is for them to get work in the future (Bäckman & Nilsson, 2016) and results in a "scarring effect", affecting their sense of well-being, future earnings and employability potential (Brown & Prinstein, 2011). In South Africa, being NEET puts young people at risk for poverty, chronic unemployment and social exclusion (Graham & De Lannoy, 2016).

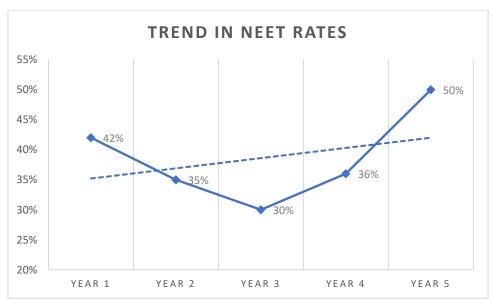


Figure 9. Trend in participants who were NEET

Participants have consistently reported, per year, that the two most common reasons for not securing work was that they were awaiting the season for work and/or that they were unable to find work requiring their skills. Furthermore, across the years, less than half of youth had been for a job interview and less than a fifth had applied for any course of study.

5.3.4. Studying

<u>Figure 10</u> (<u>Table 30</u> for item-level detail) shows the trend in participants who were studying over the five years since leaving GBTSA. There was a downward trend in the percentage of participants who were studying over the five years, implying that less participants were studying as the years progressed, either due to a higher dropout rate or more participants moving from studying into work.

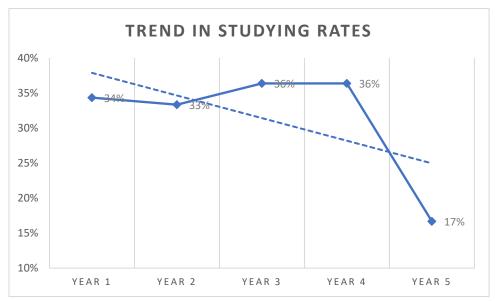


Figure 10. Trend in participants studying

<u>Table 4</u> (<u>Table 30</u> for item-level detail) shows by one year out of care, just under two thirds of care-leavers had **education for employment**, i.e. they had a matric or were studying towards matric or were training for a trade. This means that, one year after leaving GBTSA, about two thirds of the youth had attained a level of education that seemed to set them up for better chances of gaining employment in the future. This is of concern, as the lack of educational attainment can have long-term ripple effects over their young adulthood.

Of youth who were studying after the first year since disengagement, 57% demonstrated **diligent education**, where they regularly attended class and had not failed any of their modules. Overall, diligent education showed a modest upward trend from 29% to 75% over the 5 years.

5.3.5. Financial Security

One year after leaving GBTSA, under a quarter of the youth met the requirements for the **liveable income** indicator (<u>Table 4</u>; see <u>Table 34</u> for item-level detail), where only 21% of participants earned above R1,600 per month through employment and had no short-term loans of an unusual nature, other than perhaps loans from the bank, friends or family.

It is noteworthy that the percentage of GBTSA care-leavers who had a liveable income increased steadily over the years (with a 14 percentage point difference between the highest and lowest), as shown in <u>Figure 11</u>. This is consistent with the findings shown in <u>Figure 7</u>, which reported an increase

in participants working over the five years and suggests increased self-sufficiency for the GBTSA care-leavers over the years.

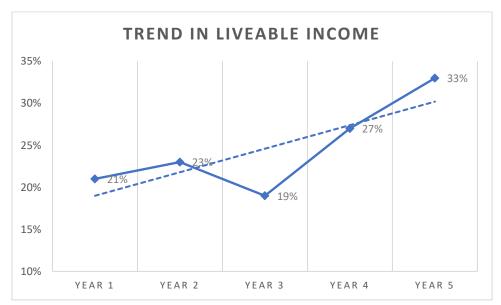


Figure 11. Trend in participants who had a liveable income

<u>Figure 12</u> (<u>Table 34</u> for item-level detail) shows the participants' main source of income over the five years.

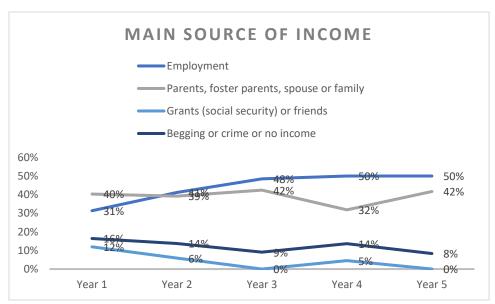


Figure 12. Main source of income

It is encouraging to note that, while in year one the most prominent source of income was participants' parents, fosters parents, or family, thereafter employment becomes the primary source of income. This suggests that GBTSA care-leavers become more independent as they mature and are able to generate their own income, even if needing additional support from family (as is probably true for most young people).

Indeed, it is encouraging to note that youth *are able* to rely on their families for support, especially those who are unemployed. This may help to explain the lower rates of homelessness seen amongst our care-leavers and may possibly point to stronger family relationships. This suggests GBTSA is doing good work in preparing youth and their families to build relationships before they disengage, as discussed in the disengagement data. GBTSA also trains parents and families through two of their programmes: the Common Sense Parenting programme and through their 'Building Skills in High Risk Families' model. Both of these models are designed in line with principles to increase and strengthen relationships.

One year after leaving care, over a third of participants did not have their own bank account and two thirds did not have any savings. This outcome suggests the need to prepare youth for disengagement with a focus on financial preparation with youth, before they leave care and for ongoing financial education and budgeting as important elements of an aftercare programme. There could also be targeted financial education elements within the GBTSA family development programmes so that youth have better financial role models within their families.

5.3.6. Drugs and Alcohol

One year after leaving GBTSA, the vast majority of participants were **drugs and alcohol 'free'** (Table 4; see Table 35 for item-level detail). Overall, the percent of youth that remained drugs and alcohol 'free' over the next few years remained high, although there was a downward trend over the years, suggesting an increase in youth who were taking substances over the years. For example at one year after care, just over a third of the participants had drunk alcohol during the past two weeks prior to their interview, a quarter of whom reported more than one drink in a row. A further eleven youth had used dagga during the two weeks prior to the interview. Furthermore, dagga usage over year 2 and year 3 is a concern, but then with only one youth reported using dagga at years 4 and 5. Cigarette smoking is high amongst participants, where half of the 'one year out of care' youth smoke cigarettes at least every day and that trend remains consistent or increases over the next few years.

5.3.7. Crime

The results show that, one year out of care, 76% of youth were **crime 'free'**, with a quarter having been involved in crime or in trouble with the law (see <u>Table 4</u>; <u>Table 36</u> for item-level detail). Less than a fifth of these youth were involved in unarmed assault, two were assaulted requiring medical care and three were threatened with the use of a weapon, but not actually assaulted. There was a slightly downward trend of youth who remained crime 'free', implying an increase in criminal activity over the years. In the fifth year, one of those youth was serving a prison sentence, one youth had been found guilty of a crime, two had had charges laid against them and one had spent at least one night in a correctional facility. The one youth who was serving a prison sentence had been charged with murder in his fourth year out of care and subsequently found guilty. He is currently serving a 20-year sentence for murder, as well as 10 years for robbery with aggravating circumstances and another three years for theft.

A separate, in-depth analysis of criminal activity among the participants who have had at least two interviews since leaving care (Van Breda, forthcoming) suggests three groups of care-leavers:

- 1. **Crime 'free'.** Those reporting no (or very low level and infrequent) criminal activities (73% of participants);
- 2. **Incidental crime.** Those reporting criminal activity in just one follow-up interview, with the crime being of low severity and seldom having conflict with the law (10% of participants); and
- 3. **Regular crime.** Those reporting criminal activity in two or more follow-up interviews; more severe types of crime, with the greater likelihood of coming into conflict with the law (including being found guilty of a crime in court and spending a night or more in jail); and an increase in frequency and severity of crime over the years out of care (18% of participants).

5.3.8. Health and wellbeing

The findings showed a consistent average overall global health score across the five years (ranging from 73-76%) (<u>Table 5</u>; <u>Table 21</u> for item-level detail). <u>Figure 13</u> compares the average physical and psychological health of participants who at every year, reported higher physical rather than psychological wellness.

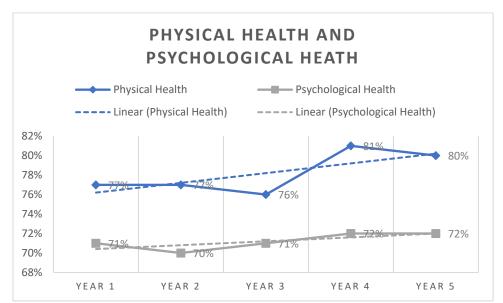


Figure 13. Comparison of physical health and psychological health

5.3.9. Relationships

The relationship status of participants is shown in <u>Table 22</u>. One year after care, three of the 68 participants categorised themselves as being married, six said that they were living together, but the vast majority (87%) were never married. One year after leaving care, half the participants said they were in a romantic relationship, but by the fifth year, only a third said they were in a romantic relationship. After the first year, a tenth of participants already had a child or were expecting a child; this percentage remained constant over the following four years.

5.3.10. Resilience

At every follow-up, the youth's resilience was measured using the Connor–Davidson Resilience Scale (CD-RISC), called 'Resilience' (Table 5; see Table 26 for item-level analysis). Participants

'bouncebackability' was also measured, defined as the general belief in one's ability to 'bounce back' after difficult times. Figure 14 shows the upward trend on both the resilience and the boucebackability measures over the five years, suggesting participants are more able to cope and bounce back from adversity as they adjust to life after care. This may be because the skills they learnt while in care at GBTSA become more relevant and accessible to youth, or they have more opportunity to 'find their feet' as they mature and gain life experience – and then were able to draw on their GBTSA learned social, emotional, decision-making and rationale problem-solving skills in retrospect. They may develop greater competence in using challenges as opportunities for growth, problem-solving and learning, rather than seeing them as merely obstacles (Newman & Blackburn, 2002). It also may point to an increased ability and desire to foster relationships and network with those around them over the years, which is an important support factor in helping youth overcome adversity. Finally, it may be suggestive of the young people's ability towards increased self-reliance, where they are able to trust themselves more to handle difficulties, as they become active agents in their own lives (Bengtsson, Sjöblom & Öberg, 2018).

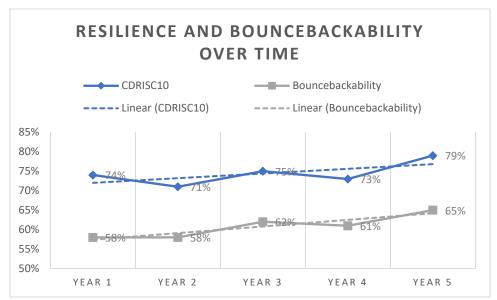


Figure 14. Resilience and bouncebackability over time

5.3.11. In-Care Experiences

The findings show that, looking back at their care experience, participants were positive about their experiences at GBTSA over the years, with approximately four fifths of participants at every year stating they had positive in-care experience. It is positive to note that, at all five years since leaving GBTSA, more than three quarters of participants reported having felt prepared by GBTSA for life after care, depicted in Figure 15 (see Table 28 for item-level detail). It is also noteworthy that this increases over the years, suggesting that the longer they are out of care, the more they perceive GBTSA to have prepared them for the ongoing challenges of post-care life and the more solidified the lessons they learnt while at GBTSA become for them.

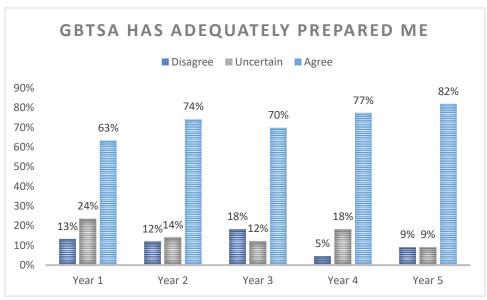


Figure 15. Preparation for life after care

Participants reported on whether they felt free to be in contact with GBTSA staff members at each follow-up interview, shown in Figure 16 (see <u>Table 28</u> for item-level analysis).

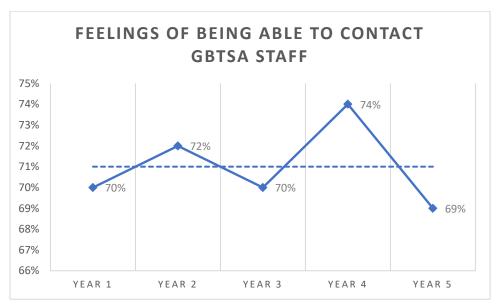


Figure 16. Feelings of being able to contact GBTSA staff

The overall trend is very stable over the years, showing that even after several years of leaving care, youth felt free to make contact with staff members, which is a positive finding. It supports what was noted upon disengagement (Figure 3), how important the youth's relationships are with their carers at GBTSA and that they are a great source of support and stability for them. With positive relationship building and development being a core principle for youth outcomes within the GBTSA programme, it is significant to note that the participants perceptions do not change over the years, GBTSA continues to offer a place of caring for them and plays an important role in their lives, even several years after care.

6. CONTRIBUTION OF RESILIENCE TO OUTCOMES

This section presents the findings on the resilience variables, which the data suggests facilitates improved outcomes for care-leavers over time. Thus, it identifies the most important resilience variables at disengagement, and then examines which are the outcomes most frequently predicted by those resilience variables. This was achieved by measuring the youth's resilience at disengagement and then statistically comparing that with their outcomes every year thereafter. The section ends with the PIE framework, which pulls together the findings into one graphic.

6.1. Prominent Resilience Variables at Disengagement

<u>Table 6</u> provides a summary of the most important resilience variables at disengagement, because they significantly predict the most outcomes over the five years. The resilience variables are connected to the PIE domain within which they are located (see <u>Figure 1</u>), shown in column 1. 'Prominent' resilience variables, shown in bold, produced nine or more significant tests over the five years. In Appendix 4, Table 37 provides a detailed analysis of the indicator outcome predictions and Table 39 shows a detailed analysis of the scale outcome predictions.

Table 6. Prominent resilience variables at disengagement

PIE domain	Resilience variable (at disengagement)	No of indicator outcome predictions	No of scale outcome predictions	Total no of significant tests Y1-Y5
Relationship	Family relationships	1	8	9
•	Friend relationships	5	13	18
	Teacher relationships	0	5	5
	Community relationships	2	10	12
	Role model relationships	4	12	16
	Love relationships	1	3	4
	Relational Resilience	1	18	19
Environmental	Community safety	2	4	6
	Family financial security	1	5	6
	Social activities	1	6	7
	Environmental resilience	3	4	7
In-care	Supportive relationship with GBTSA staff	1	9	10
	Positive care experience	0	9	9
	Maintain Contact with GBTSA staff	1	7	8
	Care-leaving readiness	3	11	14
	In-care resilience	1	14	15
	Teamwork	1	8	9
Interactional	Empathy	0	4	4
	Interdependent Problem- solving	2	2	4
	Interactional resilience	0	3	3
Individual	High Self-expectations	1	6	7
	Bouncebackability	1	7	8
	Self-efficacy	0	1	1
	Optimism	2	5	7
	Self-esteem	2	13	15

PIE domain	Resilience variable (at disengagement)	No of indicator outcome predictions	No of scale outcome predictions	Total no of significant tests Y1-Y5
	Resourcefulness	2	2	4
	Distress tolerance	0	0	0
	Spirituality	0	2	2
	Individual resilience	1	11	12
Global	Global resilience	1	11	12

The bolded rows in <u>Table 6</u> show which of the resilience variables facilitate (nine or more) better outcomes once the youth leave care. It is noteworthy that most of the composite measures (relational resilience, in-care resilience, individual resilience, and global resilience, but not environmental or interactional resilience) are prominent, suggesting that resilience is multifaceted and that care-leavers draw on the full spectrum of resilience enablers across the PIE framework.

Four different relationship types emerged as prominent, which confirms the importance of **relational** resilience for improving outcomes in care-leavers over time. Friend and role model relationships produced the greatest number of outcomes over the years. They may act as a buffer against some of the challenges the care-leavers face, perhaps because they help improve their self-confidence, they could give them access to opportunities and resources around them, they may help them to learn of important social skills, and also, give them a sense of belonging. Positive, consistent and supportive relationships have also shown to improve young people's self-concept and self-worth (Bostock, 2004) because youth feel listened to, cared for, and worthy. In international studies of care-leavers, support from friends has shown to contribute to their overall life satisfaction, which can result in positive outcomes (Refaeli, Benbenishty & Zeira, 2019).

It is also notable that all but one of the in-care variables emerged as significant in improving careleavers outcomes. This is very empowering for GBTSA, because it suggests that there are specific resilience processes that they already do, but can continue fostering and developing within their programme that could improve outcomes later in the young people's lives. Experiences in care are an important determinant of how well the young person will do after care. In particular, care-leaving readiness produced the most significant tests, suggesting that the feeling of being reading to leave care is very important. This may include feeling equipped with both independent (e.g., cooking, budgeting) and interdependent (e.g., conflict negotiation, greeting) living skills, having healthy relationships in place, being optimistic about the future, having stable and positive in care experiences, and feeling good within themselves (Benbenishty & Zeira, 2012) - and all key elements within the GBTSA models of care. The other two in-care variables, supportive relationship with GBTSA staff and positive care experiences, highlight the importance of the carer-youth relationships, as well as a sense of stability and security these can offer them. Gilligan and Arnau-Sabatés (2015) note that these relationships with carers can open up opportunities for the youth people, offer them practical support and develop their skills. They can also become important role models to the youth and play a central role in cultivating agency in the youth.

Within the **interactional** domain, teamwork showed to be the most important resilience enabler. Care-leavers who are able to co-operate effectively and work together with others, also become

connected to others and gain a sense of belonging. Such skills and abilities are fostered within and through the GBTSA social skills teaching and family-style living programme. Through teamwork, they learn important skills like respecting others, listening to one another, using their own creativity to contribute to a shared goal, and fostering a sense of responsibility. They also learn to trust others and communicate effectively. This might open opportunities for them post-care, both in a social and work environment, making them more employable (Brewer, 2013).

Of the resilience variables within the **individual** domain, self-esteem was prominent in facilitating improved outcomes over time. Self-esteem is considered a fundamental resilience-promoting factor in the care-leaving literature (e.g., Bostock, 2004; Stein, 2005). Because low self-esteem is linked to certain risk behaviours, it is of particular concern for care-leavers (Refaeli et al, 2019). While it usually stems from positive attachment experiences, Bostock (2004) explains that self-esteem can also be promoted through participating in activities that young people value — and where GBTSA are known for their intervention focus on offering youth real self-governance opportunities and responsibilities. Together, these findings support the notion that a social-ecological view of resilience (Ungar, 2012; van Breda, 2018a), promoting a holistic view of care-leavers, can enable a number of positive outcomes. While individual factors, such as self-esteem play an important protective role, it is the relational, interactional and in-care factors too — which all involve how care-leavers interact with the world around them - that can enhance and impact positively on the care-leaver outcomes.

6.2. Most Frequently Predicted Outcomes

<u>Table 7</u> integrates and summarises which outcomes are most frequently predicted by the resilience variables. It lists the indicator and scale outcomes and the combined number of significant correlations that were found over the five years. Prominent outcomes have been shown in bold, where they predict nine or more significant outcomes over the five years.

Table 7. Most frequently predicted outcomes

Outcome	Total no of significant correlations Y1-Y5
Resilience	29
Friend relationships	27
Global health	22
GBTSA contact	21
Physical health	20
Family relationships	20
GBTSA experience	19
Psychological health	18
NEET	12
Crime	11
Bouncebackability	10
Studying	10
Employment	7
Self-supporting	
accommodation	6
Education for employment	6
Drugs & alcohol	6
Reliable employment	5
Accommodation	5

Outcome	Total no of significant correlations Y1-Y5
Liveable income	3
Drugs alcohol free	3
Crime 'free'	3
Love relationships	3
Diligent education	2
Finances	2

Resilience and bouncebackability were both predicted by a substantial number of resilience processes, highlighting how resilience processes during disengagement can be an enabler for later resilience.

GBTSA contact and GBTSA experience, two GBTSA-care-related outcomes, were also predicted by several resilience processes, located in the social environment of the youth. This means that certain resilience processes at disengagement may impact on the contact care-leavers have with GBTSA staff as well as their feelings of positivity towards their in-care experience. These are important outcomes, because of the significant supportive and enabling role GBTSA carers do, but can to an even greater extent, play in positively influencing and supporting youth once they have left care.

In terms of the more personal, intrapsychic outcomes (Van Breda & Dickens, 2017), it is noteworthy that all three **health outcomes** – global health, physical health and psychological heath - were predicted by many resilience processes. Family and friends relationships, which are interpersonal outcomes, were similarly predicted by a large number resilience processes.

Crime, studying and NEET, which are more environmental and tangible measures in the care-leavers' lives, were predicted by several resilience processes. NEET, which is considered an 'objective' measure of the vulnerability of care-leavers (Van Breda & Dickens, 2017), was predicted by 12 resilience variables.

Thus, these results show that a mix of both the intangible or 'softer' outcomes (such as health and relationships) as well as tangible or 'harder' outcomes (such as NEET, crime and studying) were frequently predicted by the resilience variables. This suggests the resilience processes at disengagement can positively impact multiple areas of the care-leavers' lives once disengaged from care. It also confirms earlier findings from this study, which after investigating the one-year outcomes of GBTSA care-leavers (Van Breda & Dickens, 2017), found that resilience at disengagement can have a multisystemic and multilevel impact later.

6.3. Summary of Findings in PIE Framework

A summary of these findings is shown in the PIE framework below (adapted from Van Breda, 2017, p. 250). Figure 17 illustrates the resilience processes within each domain that emerged as prominent, along with the most frequently predicted transitional outcomes that they produce. This framework is useful for understanding how resilience processes at various levels (except environmental) seem to enable independent living outcomes in many areas of the care-leavers' lives.

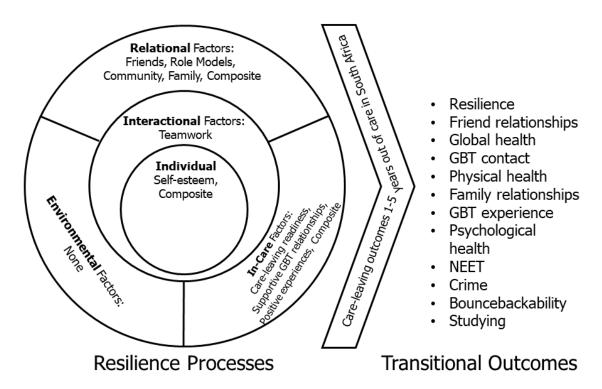


Figure 17. Prominent resilience predictors in the PIE framework

7. PRACTICE IMPLICATIONS

The results from this report highlight the important role of resilience processes for care-leavers about to disengage from care.

A recurring theme from the findings has been the critical role relationships play at the various stages in transitioning out of care. This confirms previous findings from this study (Van Breda & Dickens, 2017; Van Breda, 2014; 2018; Van Breda & Pinkerton, 2019), which support a social-ecological view of resilience. While previously, resilience research over emphasised individual factors or inherent traits that make individuals resilient, these findings suggest the importance of care-leavers' interactions with the world around them as playing a protective and enabling role in fostering resilience.

Another noteworthy theme has been the prominent contribution of in-care processes, especially relationships with GBTSA staff for later outcomes, positive care experiences and care-leaving readiness as playing a protective role that promotes better transitional outcomes over the five years. These resilience variables, also located in the social environment of the care-leavers, also provides support for a social-ecological view of resilience. The findings highlight the importance of contextual factors in supporting care-leavers, and that through creating supports in their environments, can buffer them against life's challenges.

Thus, there is much work that can be done with the youth during their time in care to influence and improve their transitional independent living outcomes later.

Along with relationships and in-care factors, individual and interactional factors have the ability to impact on both the tangible and intangible outcomes in care-leavers. This has certain implications for practice, noted below.

7.1. In-Care Recommendations

- Build on strengths. Youth at disengagement have demonstrated higher resilience in certain areas. They have a tendency towards establishing strong, supportive relationships, especially with role models, teachers, family, and love relationships. These relationships should be nurtured and encouraged, because of the significant protective role they play in buffering youth from life's challenges. Together with this, the findings have shown how important relationships with GBTSA carers are to the youth, as evidenced by the fact that they also feel they can freely connect with and contact them. GBTSA does have an alumni association, which provides a support and mentoring service for care-leavers. Other formal structures with partners could also be put in place to foster these relationships. For example, SA-Yes, through their Transition to Independent Living (TIL) programme, could provide youth with structured weekly mentorship, and these relationships would likely extend past disengagement.
- Build interpersonal skills. Upon disengagement, care-leavers scored highly in terms of their empathy and teamwork, which both support their ability to form nurturing relationships. Particular focus on these two social skills through modelling and time to practice and enhance these skills is offered to youth while in care. Time for self-care and self-reflection also provides opportunities to enhance these and other skills. Through the Peer Group System (PGS) at GBTSA, older youth are also given the opportunity to mentor younger youth in care (like a buddy system). This gives them the chance to practice important interpersonal skills. Once youth have left care, the GBTSA alumni association provides the platform for a mentorship system. Caring for others is an effective way to enhance self-esteem as well. Local research has shown that the social skills youth learn while they are in care at GBTSA are well implemented in other social contexts (Mmusi & Van Breda, 2017), so learning these skills will have a lasting effect beyond care. These skills contribute to care-leavers' ability to live interdependently.
- Hope for the future. The findings show that youth feel optimistic about their futures, that good things will happen to them. These positive and hopeful feeling should be used in preparation and planning for their disengagements and should also be used to encourage staff at GBTSA that indeed youth are enthusiastic about their future prospects. It is an important reminder though, that while youth may feel very optimistic, careful discussions take place with them about setting realistic goals and managing expectations after care. The development of possible selves (images of the self in the future) can be a powerful way to nurture hope for the future and to motivate behaviour that leads towards positive future selves (Bond & van Breda, 2018).
- Foster self-esteem. While the practical part of getting youth ready to leave care is extremely important, therapeutic work with youth should also be a focal point. GBTSA currently measures the resilience of youth entering care so as to track progress. While in care, fostering self-esteem and working on interventions that build their individual resilience will act as an important buffer for care-leavers to improve their outcomes later. Self-esteem can be enhanced through participation in shared activities that youth find meaningful. Currently GBTSA staff encourage youth to participate in activities, at school, in sports, and in cultural and religious activities.

- Building sincere, supportive relationships with GBTSA carers may also have an impact on their self-esteem, reduce stigma and develop their self-confidence.
- Community connection. Youth at GBTSA reported feeling a strong sense of belonging to their communities, even though they report feeling not very safe in their communities. Building networks of support and connections within their communities should be a very important part of preparing for disengagement. This may include fostering relationships with family, friends, and others in the community, such as religious leaders, neighbours, schools and cultural centres. It may also be valuable to explore what the key elements are that make youth feel unsafe in their communities, and then working through practically how they can stay safe once returning home. Substance use prevention and education and crime prevention may also form an important component of this education.
- **Financial education.** The findings suggested youth perceived there to be many financial challenges within the family home. Part of the daily programme at GBTSA includes empowering youth through financial literacy programme (such as budgeting and saving). This is an important part of preparation planning. Ensuring youth have a bank account in place is also imperative. If youth are under the age of 18, GBTSA provides assistance to youth in accessing the Child Support Grant or other grants that may be available to them.
- Care-leaving preparation and readiness. Improving the readiness of care-leavers for life once they leave care is very important and can have a lasting impact on their post care journey. This means giving youth as much warning as possible before they are due to leave, so they can emotionally and practically prepare. Care-leaver's readiness for disengagement should be based on meeting certain minimum requirements that set them up to be able to cope after care. Consideration should be given to a type of resilience or readiness questionnaire to assess their readiness. Securing accommodation that is safe, stable and secure should form part of this assistance, while also thinking through pre-planned alternatives if these plans do not work out.
- Focus on reducing NEET rate. Being NEET affects all other areas of a young person's life. Prevention of this outcome starts with education while they are in care. Youth who are unable to attend mainstream schooling should be encouraged to study further in trades and practical courses. This is especially important in the context of the chronic youth unemployment problems being experienced in South Africa today. The macro social context must be taken into consideration when planning for young people's disengagement (Van Breda & Dickens, 2016).
- Pathways towards youth's employability. Further NEET-reducing strategies could also include securing them into jobs, employment programmes, the next level of schooling or further education before they leave care. An important part of this is enhancing the youth's employability and job readiness (such a preparation of CV's or practicing interview skills), through fostering entrepreneurial skills, or promoting apprenticeships. The high rate of movement between jobs, particularly in the first year, suggests some focus needs to be on 'stickability' in jobs and how to manage potential problems that may arise.

7.2. After-Care Recommendations

• Continue to cultivate relational networks. Relationships appear to offer structural benefits to care-leavers. Beyond care, youth should be encouraged to foster relationships on various levels, including relationships with friends, family, role models, teachers, love relationships, and relationships with people in the community where the youth will return to. Relationships may act

- as a buffer and safety net for the care-leavers, especially in terms of tangible outcomes. Multiple networks may offer opportunities for employment, bursaries, accommodation assistance, preventing youth from becoming NEET and improving their health and well-being. They also may reduce isolation and stigma care-leavers could experience after care.
- Maintaining GBTSA relationships. Additionally, the importance of ongoing, stable relationships with GBTSA staff members after care should not be underestimated. Currently, GBTSA staff formally maintain contact with youth for six months after care, however care-leavers are also welcomed back and invited for dinners, to address and share their experiences with newer youth, to participate in GBTSA events, and engage in media opportunities for example. However, further strategies could be put in place to encourage carers with existing relationships to maintain these relationships over time. They could perhaps be recognised for this work and given time within their normal work hours to foster relationships with youth who have left care. It may also be worthwhile to assign a staff member who the young person easily trusts and connects with to be a designated contact once they leave care. This can become an important method in monitoring care-leaver progress after disengagement.
- Mobilising practical, quality support. While practical or financial support is often beyond the capacity of residential care organisations, other means of practical ongoing and reliable aftercare support and resources should mobilised. The continuity in care offered to care-leavers may become a lifeline to them and could be mobilised through transitional support programmes such as Mamelani, for example. Informal support networks, such as through extended family or religious institutions, for example, could also play a critical role in offering practical support.
- Advocacy. The Growth Beyond the Town research and other studies are highlighting the need for continued advocacy by both practitioners and researchers to change legislation so that youth are able to stay in care longer.

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9. APPENDIXES

APPENDIX 1: DEMOGRAPHIC DATA

Table 8 to

<u>Table</u> 15 below show participant numbers per demographic field. This includes the number of study participants per year, the number of participants per cohort, the status of participants, a breakdown of youth in family homes and youth development centres (YDCs), a breakdown of participants per campus, the age of participants at disengagement, the gender of participants, and the participant population group.

Table 8. Number of participants per year

Year	Frequency
Disengagement	133
1	68
2	51
3	33
4	22
5	12

Table 9. Number of participants per cohort

Cohort	Frequency	Percent
1	20	15
2	5	4
3	21	16
4	4	3
5	15	11
6	2	2
7	14	11
8	4	3
9	10	8
10	3	2
11	13	10
12	3	2
13	19	14
Total	133	100

Table 10. Status of participants

Status	Frequency	Percent
Active	85	63
Deceased	2	2
Lost to	34	26
Follow-up		
Readmitted	4	3
Withdrawn	8	6
Total	133	100

Table 11. Participants per Family Homes and Youth Development Centres

Campus	Frequency	Percent
Family Homes	45	33.8
Youth Development Centres	88	66.2
Glenwood Family Home	133	100

Table 12. Participants per campus

Campus	Frequency	Percent
Alpha Family Home	6	5
Dingle Family Home	10	8
Glenwood Family Home	8	6
Kagiso Family Home (Boys)	4	3
Kagiso Family Home (Girls)	12	9
Verulam Family Home	5	4
Kagiso YDC	6	5
Macassar YDC	15	11
Magaliesburg YDC	37	28
Tongaat YDC	30	23
Total	133	100

Table 13. Participant age at disengagement

Years old	Frequency	Percent
13	4	3
14	9	7
15	9	7
16	14	11
17	15	11
18	35	26
19	16	12
20	2	2
21	1	1
Total	105	79
Missing	28	21
	133	100

Table 14. Participant gender

Gender	Frequency	Percent
Male	110	83
Female	23	17
Total	133	100

Table 15. Participant population group

Population	Frequency	Percent
African	75	56
Coloured	23	17
Indian /	9	7
Asian		
White	25	19
Total	132	99
Missing	1	1
	133	100

APPENDIX 2: DISENGAGEMENT DATA: RESILIENCE PREDICTORS

Resilience Variables - Descriptive Stats

<u>Table 16</u> shows the disengagement scores across all the resilience variables measured in the YERS questionnaire.

The first column shows the domain (i.e. relational, environmental, interactional, internal, or resilience in GBTSA). The second column lists the resilience predictors. The third column presents the frequency (n) of participants per predictor who answered that scale. It is worth noting that (a) not all participants answered every question, some leaving out questions they did not want to answer, hence the fluctuating number of participants across categories and predictors and (b) love relationships only those who reported they were in love relationships (n=104) were asked to complete the love relationships section. The fourth column indicates the mean scale scores (\overline{x}) for each resilience predictor. The mean reflects the average score for all the items within a scale, for all the GBTSA participants. This is scored as a percentage, with a possible range of 0 to 100 and shows which of the resilience constructs participants reported as highest or lowest. The fifth column reflects the standard deviation (SD) which measures the standard difference from the mean value.

Table 16. Resilience Disengagement Scores

Domain	Resilience Predictor	N	\overline{x}	SD
Relational	Family Relationships	133	75	25.0
	Friend Relationships	133	69	21.5
	Teacher Relationships	120	81	19.9
	Community Relationships	133	70	19.5
	Role Model Relationships	132	82	19.9
	Love Relationships	104	74	22.7
Environmental	Community Safety	133	52	26.1
	Family Financial Security	133	59	24.0
	Social Activities	132	58	23.6
In-care	Supportive Relationships with GBTSA Staff	130	75	22.7
	Positive Care Experience	133	73	25.8
	Care-leaving Readiness	132	66	26.0
	Maintain Contact with GBTSA Staff	133	75	24.5
	Teamwork	133	79	21.2
	Empathy	132	80	21.2
	Interdependent Problem Solving	133	49	20.4
Individual	High Self-Expectations	133	71	15.0
	Bouncebackability	133	54	18.2
	Self-Efficacy	133	74	15.0
	Optimism	133	81	15.8
	Self-Esteem	132	65	16.2
	Resourcefulness	133	69	16.5
	Distress Tolerance	132	39	20.0
	Spirituality	132	71	22.9
Global	Relational Resilience	133	75	13.9
	Environmental Resilience	133	56	16.6

Domain	Resilience Predictor	N	\overline{x}	SD
	Interactive Resilience	133	70	12.0
	Internal Resilience	133	63	10.5
	Resilience in GBTSA	133	72	15.3
	Global Resilience	133	66	9.6

Resilience Predictors – Frequencies

<u>Table 17</u> provides an item level analysis of the YERS by percent. To present concise results, the five response categories have been added and combined into three response categories, viz. 'disagree' represents the 'disagree' plus 'strongly disagree' responses; 'agree' represents the 'agree' and 'strongly agree' responses; and 'uncertain remains as reported. For some of the YERS items, the total score across the three categories does not equal to 100%, due to the rounding of the decimals to report the percentages. The ten items that form part of the Impression Management Index (IMI) discussed after have been removed from the table.

Table 17. Responses to the YERS Items

		Disagree	Uncertain	Agree
Family	relationships			
1.	My family really tries to help me.	9%	9%	82%
2.	I get the emotional help and support I need from my family.	15%	11%	73%
3.	I can talk about my problems with my family.	22%	16%	62%
5.	My family is willing to help me make decisions.	13%	14%	73%
6.	I feel cared for/loved by my family.	7%	13%	80%
	nships with friends	7,75	2070	3075
7.	I have friends about my own age who really care about me.	14%	10%	76%
8.	I have friends about my own age who talk with me about my problems.	23%	10%	68%
9.	I have friends about my own age who help me when I'm having a hard time.	17%	10%	73%
10.	My friends try to do what is right.	12%	17%	70%
11.	My friends do well in school or work.	15%	15%	68%
12.	My friends are sensitive to my needs.	16%	29%	55%
School	relationships			
13.	At my school, there is a teacher who really cares about me.	9%	8%	74%
14.	At my school, there is a teacher who notices when I'm not there.	7%	11%	72%
15.	At my school, there is a teacher who listens to me when I have something to say.	7%	7%	76%
16.	At my school, there is a teacher who tells me when I do a good job.	5%	5%	79%
17.	At my school, there is a teacher who always wants me to do my best.	6%	5%	79%
18.	At my school, there is a teacher who believes I will be a success.	5%	10%	76%
Relatio	nships with people in the community			
19.	I feel part of the community where I live.	15%	14%	71%
20.	I care about my community.	9%	11%	80%

		Disagree	Uncertain	Agree
22.	People in my community look out for me.	19%	27%	54%
23.	I am close to people in my community.	15%	20%	65%
24.	I try to help others in my community	10%	14%	76%
Relation	ships with role models			
25.	There is an adult in my life who really cares about me.	11%	7%	82%
26.	There is an adult in my life who notices when I am upset	11%	7%	82%
	about something.			
27.	There is an adult in my life who I trust.	11%	10%	78%
28.	There is an adult in my life who tells me when I do a good job.	6%	7%	87%
29.	There is an adult in my life who believes that I will be a success.	3%	8%	88%
30.	There is an adult in my life who always wants me to do my best.	5%	5%	90%
Love rel	ationships			
31.	When I have free time I spend it with my partner.	14%	5%	58%
32.	I often show my partner affection.	10%	16%	52%
33.	I often share very personal information with my partner.	14%	14%	51%
34.	I understand my partner's feelings.	5%	11%	61%
35.	I feel close to my partner.	8%	10%	60%
MY SITU				
Feelings	about my community			
36.	There is a lot of crime in the community where I live.	42%	15%	43%
37.	It is safe to walk around in my community at night.	43%	19%	38%
38.	There is a big drug problem in my community.	35%	18%	46%
39.	I feel safe and secure in my community.	20%	22%	58%
Financia	ls			
40.	My family worries a lot about money.	33%	24%	43%
41.	There is often not enough money for food.	59%	16%	25%
42.	My family has enough money to live comfortably.	24%	17%	59%
43.	We often argue about money in my family.	60%	17%	23%
Activitie	s I'm involved in			
44.	I participate in group sports regularly.	29%	7%	63%
45.	I am a regular member of a club.	50%	11%	39%
46.	I participate regularly in a dance or music group.	59%	8%	33%
47.	I enjoy doing activities with others.	10%	5%	83%
48.	I participate regularly in a community organisation serving others.	41%	14%	43%
49.	I have a hobby that I do regularly with other people.	19%	10%	71%
MY INTE	RACTIONS WITH THE WORLD AROUND ME			
Solving	problems and making decisions			
50.	In general, I do not like to ask other people to help me to solve problems.	31%	21%	48%
52.	I like to get advice from my friends and family when deciding how to solve my personal problems.	20%	11%	69%
53.	I would rather struggle through a personal problem by myself than discuss it with a friend.	39%	22%	39%
54.	I prefer to make decisions on my own, rather than with other people.	34%	21%	44%
55.	I do not like to depend on other people to help me to solve my problems.	21%	22%	57%
Poliof in	my ability			

		Disagree	Uncertain	Agree
56.	I can always manage to solve difficult problems if I try hard enough.	7%	5%	88%
57.	It is easy for me to stick to my plans and accomplish my goals.	15%	14%	71%
58.	I am confident that I could deal efficiently with unexpected events.	9%	26%	65%
59.	I can solve most problems if I invest the necessary effort.	4%	11%	85%
60.	When I am confronted with a problem, I can usually find several solutions.	6%	17%	77%
61.	If I am in trouble, I can usually think of a solution.	4%	11%	85%
62.	I can usually handle whatever comes my way.	14%	18%	67%
Using w	hat I have to get things done			
63.	I am positive when things go wrong.	20%	18%	62%
64.	I cope with difficult situations.	15%	17%	68%
66.	I usually manage one way or another.	11%	15%	74%
67.	I look for positive aspects in new situations.	7%	11%	82%
68.	I am resourceful in new situations.	9%	20%	71%
69.	I am efficient in difficult situations.	12%	27%	61%
70.	I work through long, difficult tasks.	13%	15%	72%
Teamwo				
71.	I am generous and helpful to others.	4%	6%	71%
72.	I am an effective team member.	11%	11%	77%
73.	I co-operate well with people.	18%	47%	35%
74.	I work well with people.	5%	11%	84%
75.	I consider the feelings of other people when I work with them.	4%	12%	84%
Underst	tanding others			
76.	I feel bad when someone gets their feelings hurt.	5%	8%	86%
77.	I try to understand what other people feel and think.	3%	8%	88%
78.	I am sensitive to what, how and why people feel and think the way they do.	3%	17%	79%
79.	I care about others and show interest and concern for them.	3%	9%	88%
80.	I try to understand what others are feeling.	5%	7%	87%
81.	The needs of others are important to me.	8%	11%	81%
82.	I care about others.	3%	7%	90%
83.	Being concerned for others makes me feel good about myself.	7%	7%	85%
PERSON	IAL			
Expecta	tions of myself			
89.	I always do my best.	7%	17%	76%
90.	I make the most of every opportunity.	8%	12%	80%
91.	I don't always put in my best effort.	32%	23%	45%
92.	I strive to excel in all my tasks.	5%	17%	78%
93.	I work hard to receive outstanding results.	5%	11%	84%
Ability t	o 'bounce back'			
94.	I tend to bounce back quickly after hard times.	16%	23%	61%
95.	I have a hard time making it through stressful events.	27%	19%	54%
96.	It does not take me long to recover from a stressful event.	19%	22%	59%
	event.			
97.	It is hard for me to snap back when something bad happens.	35%	20%	45%

Optimism 99.	s for the future	-		
99.	i for the future			
100	In uncertain times, I usually expect the best.	5%	20%	75%
100.	I'm always hopeful about my future.	3%	5%	92%
101.	I am excited about what my future holds.	3%	5%	92%
103.	My future feels bright.	4%	13%	82%
Feelings :	about myself			
104.	On the whole, I am satisfied with myself.	5%	14%	81%
106.	At times, I think I am no good at all.	27%	18%	54%
107.	I feel that I have a number of good qualities.	4%	14%	81%
109.	I feel that I don't have much to be proud of.	47%	17%	34%
110.	I certainly feel useless at times.	42%	17%	41%
111.	I feel that I'm a person of worth, at least on an equal	11%	17%	71%
	plane with others.			
112.	All in all, I am inclined to feel that I am a failure.	58%	20%	21%
113.	I take a positive attitude toward myself.	6%	16%	78%
Dealing v	vith stress			
114.	Feeling distressed or upset is unbearable to me.	28%	21%	50%
115.	I can't handle feeling distressed or upset.	39%	15%	44%
117.	There's nothing worse than feeling distressed or upset.	29%	16%	55%
118.	I'll do anything to avoid feeling distressed or upset.	16%	17%	67%
119.	I'll do anything to stop feeling distressed or upset.	20%	19%	60%
Spiritual		2070	1370	0070
121.	It is important for me to spend time in private spiritual	12%	15%	73%
121.	thought and meditation.	12/0	1370	7370
122.	I try hard to live my life according to my religious beliefs.	15%	12%	73%
123.	The prayers or spiritual thoughts that I say when I am	9%	14%	76%
123.	alone are as important to me as those said by me during	370	1470	7070
	services or spiritual gatherings.			
124.	I enjoy reading about my spirituality and/or my religion.	18%	14%	67%
126.	Spirituality helps to keep my life balanced and steady.	10%	16%	73%
127.	My whole approach to life is based on my spirituality.	18%	20%	61%
	S ABOUT GIRLS AND BOYS TOWN	10/0	2070	0170
	ships with GBTSA Staff			
128.	There is always a GBTSA staff member around when I am	14%	11%	73%
120.	in need.	14/0	11/0	75/0
129.	I can share my joys and sorrows with at least one of the	13%	9%	77%
123.	GBTSA staff members.	13/0	370	7770
130.	The GBTSA staff members care about my feelings.	13%	24%	61%
131.	I am helped and encouraged to do my best by the GBTSA	7%	6%	83%
151.	staff.	770	0,0	0370
Experien	ces of Being in GBTSA			
132.	I enjoyed my time at GBTSA.	11%	12%	77%
133.	I hated staying at GBTSA.	57%	20%	22%
134.	My stay at GBTSA was a good experience for me.	11%	10%	79%
135.	I felt happy at GBTSA.	17%	19%	64%
136.	My stay at GBTSA was horrible.	58%	24%	17%
	about Leaving GBTSA	3670	24/0	17/0
137.	I feel that I am ready now to leave GBTSA.	11%	14%	720/
				73%
138.	I am worried about going back home.	55%	14%	31%
139.	GBTSA has prepared me for life after GBTSA.	13%	17%	70%
140.	I wish I could stay at GBTSA longer.	52%	18%	30%
	about contacting GBTSA staff after I leave GBTSA			

		Disagree	Uncertain	Agree
142.	I think I will always feel welcome at GBTSA.	9%	18%	73%
143.	I know if I am in trouble in the future I can call on GBTSA for help.	14%	18%	68%
144.	GBTSA is not here for people who have already left GBTSA.	39%	16%	25%
145.	I will not contact GBTSA if I have a problem in the future.	52%	23%	24%

Impression Management Index

Table 18. Participant IMI honesty measurement within the YERS Scale

Item no.	Item	Disagree	Uncertain	Agree
4.	I sometimes hurt other people's feelings.	25%	14%	61%
21.	I am always honest with people.	19%	27%	54%
51.	There are times when I get angry with my superiors.	10%	13%	75%
65.	I am always punctual (on time).	18%	25%	57%
102.	Sometimes I have bad thoughts.	2%	11%	86%
105.	Sometimes I do not tell the truth.	13%	17%	70%
108.	Sometimes I am not completely honest when I fill in a questionnaire.	41%	13%	46%
116.	Sometimes I get very angry.	7%	15%	78%
120.	I sometimes feel pushed to hit someone.	31%	12%	56%
125.	I was always a happy child.	29%	18%	52%

APPENDIX 3: OUTCOME DATA

Indicator Outcomes - Descriptive Stats

<u>Table 19</u> shows the number (N), frequency (F), percentage (%) and standard deviation (SD) of care-leavers that met the criteria for the various outcome indicators, across the five years. Column 1 shows the outcome indicator.

Table 19. Descriptive statistics of indicator outcomes

Indicator		Yea	ar 1			Yea	ar 2			Yea	ar 3			Yea	ar 4			Yea	ar 5	
	N	F	%	SD																
Self-Supporting	67	21	31	46.7	51	29	57	50.0	32	12	38	49.2	22	10	45	51.0	12	5	42	51.5
Accommodation																				
Education for	67	41	61	49.1	51	33	65	48.3	33	20	61	49.6	22	14	64	49.2	12	8	67	49.2
Employment																				
NEET	67	28	42	49.7	51	18	35	48.3	33	10	30	46.7	22	8	36	49.2	12	6	50	52.2
Reliable	23	16	70	47.0	20	13	65	48.9	15	11	73	45.8	10	7	70	48.3	4	4	10	0.0
Employment																			0	
Diligent	23	13	57	50.7	17	5	29	47.0	12	5	42	51.5	8	6	75	46.3	2	1	50	70.7
Education																				
Financial Security	48	10	21	41.0	35	8	23	42.6	16	3	19	40.3	11	3	27	46.7	3	1	33	57.7
Drugs Alcohol	66	56	85	36.1	51	46	90	30.0	33	26	79	41.5	22	17	77	42.9	12	10	83	38.9
Free																				
Crime 'free'	67	51	76	43.0	51	42	82	38.5	33	27	82	39.2	22	18	82	39.5	12	7	58	

Scale Outcomes - Descriptive Stats

Table 20 shows the outcome indicator, number of participants (N), means scores across the indicators measured (\bar{x}) , as well as the standard deviation (SD), for each of the five years. A high means score is desirable, as it indicates better outcomes. The mean scale scores presented below reflects the average score for all the items within a scale, for all the GBTSA participants, scored as a percentage, with a possible range of 0 to 100.

Table 20. Descriptive statistics of scale outcomes

Outcome		Year 1			Year 2			Year 3			Year 4			Year 5	
	N	\overline{x}	SD												
Health Global	68	74	14.1	50	74	14.8	33	73	17.4	22	77	13.0	11	76	6.7
Health Physical	68	77	13.9	50	77	14.8	33	76	18.6	22	81	12.7	11	80	7.2
Health	68	71	16.6	50	70	18.0	33	71	18.5	22	72	15.3	11	72	10.1
Psychological															
Family	68	68	29.8	50	68	24.9	33	75	25.2	22	72	27.0	11	72	11.0
Relationships															
Friend	68	72	20.0	50	71	19.1	33	71	21.0	22	69	26.4	11	72	17.7
Relationships															
Love Relationships	35	84	14.9	27	84	15.0	13	80	21.7	9	82	13.9	4	86	17.0
Resilience	68	74	16.3	50	71	16.3	33	75	16.7	22	73	16.4	11	79	11.3
(Resilience)															
Bouncebackability	68	58	15.9	50	58	15.2	33	62	17.3	22	61	10.5	11	65	15.3
GBTSA Experience	68	78	22.5	50	82	17.9	33	80	20.3	22	82	18.0	11	80	21.2
GBTSA Contact	68	70	20.6	50	72	18.4	33	70	19.6	22	74	20.0	11	69	15.8

Accommodation	67	40	10.9	51	45	13.4	33	40	15.2	22	37	16.5	12	39	12.2
Employment	23	76	24.9	20	51	12.4	15	50	12.2	10	54	9.5	4	54	8.8
Studying	23	76	21.6	17	54	15.0	12	53	19.2	7	67	14.4	2	50	4.7
Finances	67	51	19.1	51	52	19.5	33	48	23.2	22	54	20.8	12	45	13.7
Drugs and Alcohol	67	9	11.1	51	9	14.8	33	13	15.0	22	11	10.1	12	10	13.2
Crime	67	5	8.9	51	4	10.9	33	5	8.2	22	5	16.1	12	9	11.9

Outcomes: Item Level Analysis

Table 21 to Table 36 provide an item level analysis of the outcomes that were measured at follow-up. The results are presented per construct as labelled in the questionnaires (health and well-being, relationship status, family relationships, friend relationships, love relationships, resilience (CD-RISC), positive care experience, maintain contact with GBTSA staff, accommodation, currently occupied, Not in Employment, Education or Training (NEET), paid employment, studying, financial security, drugs and alcohol, and crime). In the tables, frequencies (f) are presented per item that was measured, over the five years. Descriptive stats were also included for each item, which shows the mean, per year. The mean enables easier interpretation of changes over the five years.

Health & Well-being

Table 21. Item level analysis of heath and well-being

ltem	Y1	Y2	Y3	Y4	Y5
	f	f	f	f	f
To what extent do you feel that physical pain prevents					
you from doing what you need to do					
Not at all	31	16	15	13	4
A little	19	17	9	5	4
A moderate amount	10	10	5	3	1
Very much	4	5	4	1	1
An extreme amount	4	2	0	0	1
Total	68	50	33	22	11
Mean	2.0	2.2	1.9	1.6	2.2
How much do you need any medical treatment to					
function in your daily life					
Not at all	44	27	21	16	9
A little	15	10	6	2	0
A moderate amount	6	5	1	2	2
Very much	2	7	5	2	0
An extreme amount	1	1	0	0	0
Total	68	50	33	22	11
Mean	1.5	1.9	1.7	1.5	1.4
Have marcale allowed a various life.					
Not at all	4	1	1	0	0
	9	1	3		
A little		6		3	1
A moderate amount	10	10	10	5	3
Very much	21	20	6	9 5	3
An extreme amount	24	13	13	_	
Total	68	50	33	22	11
Mean	3.8	3.8	3.8	3.7	3.8

ltem	Y1	Y2	Y3	Y4	Y5
	f	f	f	f	f
To what extent do you feel your life to be meaningful					
Not at all	2	0	0	1	0
A little	10	6	4	1	2
A moderate amount	11	11	7	8	2
Very much	16	22	12	6	5
An extreme amount	29	11	10	6	2
Total	68	50	33	22	11
Mean	3.9	3.8	3.8	3.7	3.6
	0.0	0.0	5.5	0.7	
How well are you able to concentrate					
Not at all	1	6	4	1	0
A little	6	15	6	5	4
A moderate amount	19	19	11	9	5
Very much	27	10	12	7	2
An extreme amount	15	50	33	22	11
Total	68	83	100	111	122
Mean	3.7	3. 7	3.9	4.0	3.8
Wiedii	3.7	3.7	3.9	4.0	3.0
Do you have anough anargy for everyday life					
Do you have enough energy for everyday life Not at all	2	1	2	1	0
A little	9	17	7	3	1
	19	16	12	13	5
A moderate amount					<u> </u>
Very much	19	16	12	5	
An extreme amount	19	50	33	22	11
Total	68	83	100	111	122
Mean	3.6	3.9	4.0	4.0	4.4
Ave very able to account record by although a company					
Are you able to accept your bodily appearance	1	2	1	2	0
Not at all A little	1	2	1	2	0
	6	6	7	1	0
A moderate amount	10	12	_	3	1
Very much	29	11	9	10	4
An extreme amount	22	19	12	6	6
Total	68	50	33	22	11
Mean	4.0	3.8	3.8	3.8	4.5
Harris and Bridge de constant and a second a					
How satisfied are you with your sleep	4	2	4	1	0
Very dissatisfied Dissatisfied	7	2	1	1	0
		2	5	0	0
Neither satisfied nor dissatisfied	6	9	5	3	0
Satisfied	27	17	12	9	6
Very satisfied	27	20	10	9	5
Total	68	50	33	22	11
Mean	4.1	4.0	3.8	4.1	4.5
How satisfied are you with your ability to perform your daily living activities					
Very dissatisfied	1	1	3	0	0
·	5	1	4	1	1
Dissatisfied))				
Dissatisfied Neither satisfied nor dissatisfied	15	6	2	4	3

Very satisfied Total Mean How satisfied are you with your capacity for work Dissatisfied Neither satisfied nor dissatisfied Satisfied Very satisfied Total Mean How satisfied are you with yourself Dissatisfied Neither satisfied nor dissatisfied Satisfied Very satisfied Very satisfied Very satisfied Very satisfied Very satisfied	9 12 23 24 68	f 17 50 4.1 2 10 21	f 12 33 3.8	f 9 22 4.1	f 2 11 3.7
Total Mean How satisfied are you with your capacity for work Dissatisfied Neither satisfied nor dissatisfied Satisfied Very satisfied Total Mean How satisfied are you with yourself Dissatisfied Neither satisfied nor dissatisfied Satisfied	9 12 23 24	50 4.1 2 10	33 3.8 4	22	11
Mean How satisfied are you with your capacity for work Dissatisfied Neither satisfied nor dissatisfied Satisfied Very satisfied Total Mean How satisfied are you with yourself Dissatisfied Neither satisfied nor dissatisfied Satisfied	9 12 23 24	2 10	3.8		
How satisfied are you with your capacity for work Dissatisfied Neither satisfied nor dissatisfied Satisfied Very satisfied Total Mean How satisfied are you with yourself Dissatisfied Neither satisfied nor dissatisfied Satisfied	9 12 23 24	2 10	4	4.1	3.7
Dissatisfied Neither satisfied nor dissatisfied Satisfied Very satisfied Total Mean How satisfied are you with yourself Dissatisfied Neither satisfied nor dissatisfied Satisfied	12 23 24	10	•		
Dissatisfied Neither satisfied nor dissatisfied Satisfied Very satisfied Total Mean How satisfied are you with yourself Dissatisfied Neither satisfied nor dissatisfied Satisfied	12 23 24	10	•		
Neither satisfied nor dissatisfied Satisfied Very satisfied Total Mean How satisfied are you with yourself Dissatisfied Neither satisfied nor dissatisfied Satisfied	12 23 24	10	•	1	1
Satisfied Very satisfied Total Mean How satisfied are you with yourself Dissatisfied Neither satisfied nor dissatisfied Satisfied	23 24		6	1	2
Very satisfied Total Mean How satisfied are you with yourself Dissatisfied Neither satisfied nor dissatisfied Satisfied	24		10	12	5
Total Mean How satisfied are you with yourself Dissatisfied Neither satisfied nor dissatisfied Satisfied		17	13	8	3
Mean How satisfied are you with yourself Dissatisfied Neither satisfied nor dissatisfied Satisfied	00	50	33	22	11
Dissatisfied Neither satisfied nor dissatisfied Satisfied	3.9	4.1	3.9	4.2	3.8
Dissatisfied Neither satisfied nor dissatisfied Satisfied					
Neither satisfied nor dissatisfied Satisfied		_	_	_	
Satisfied	4	3	3	2	0
	9	4	3	1	1
Verv satisfied	13	14	11	8	4
	42	29	16	11	6
Total	68	50	33	22	11
Mean	4.4	4.4	4.2	4.2	4.5
How well are you able to get around					
Very poor	1	0	0	0	0
Poor	1	2	1	0	0
Neither poor nor good	7	4	5	3	0
Good	22	16	10	3	6
Very good	37	28	17	16	5
Total	68	50	33	22	11
Mean	4.4	4.4	4.3	4.6	4.5
How often do you have negative feelings such as blue					
mood, despair, anxiety, depression					
Never	8	7	6	4	1
Seldom	28	22	11	12	3
Quite often	13	9	8	4	5
Very often	14	12	5	2	1
Always	14 5	0		-	
	5		2 I	<u>^</u>	1
Total Mean	68	50	33	22	1 11

Relationship Status

Table 22. Item level analysis of relationships

Item	Y1	Y2	Y3	Y4	Y5
	f	f	f	f	f
What is your current marital status					
Married	3	2	1	0	0
Living together like married partners	6	7	3	1	0
Never married	59	40	29	20	10
Separated	0	1	0	1	1
Total	68	50	33	22	11

Item	Y1	Y2	Y3	Y4	Y5
	f	f	f	f	f
Are you currently in an intimate/romantic relationship					
Yes	36	27	14	10	4
No	32	23	19	12	7
Total	68	50	33	22	11
Do you currently have any children					
Yes	5	4	3	1	1
No	62	45	30	20	10
Expecting a child	1	1	0	1	0
Total	68	50	33	22	11
If yes, how many children do you have					
0	0	1	0	0	0
1	5	3	3	1	1
2	0	1	0	1	0
Total	5	5	3	2	1

Family relationships

Table 23. Item level analysis of family relationships

Item	Y1	Y2	Y3	Y4	Y5
	f	f	f	f	f
My family really tries to help me					
Strongly disagree	9	4	2	2	0
Disagree	3	4	0	0	0
Uncertain	3	3	2	1	3
Agree	21	21	14	9	5
Strongly agree	32	18	15	10	3
Total	68	50	33	22	11
Mean	3.9	3.9	4.2	4.1	4.0
I get the emotional help and support I need from my family					
Strongly disagree	8	2	3	3	0
Disagree	7	5	0	1	1
Uncertain	7	7	4	2	1
Agree	22	21	16	9	6
Strongly agree	24	15	10	7	3
Total	68	50	33	22	11
Mean	3.7	3.8	3.9	3.7	4.0
I can talk about my problems with my family					
Strongly disagree	10	6	4	2	1
Disagree	12	8	3	3	1
Uncertain	8	8	3	4	2
Agree	20	14	10	5	5
Strongly agree	18	14	13	8	2
Total	68	50	33	22	11
Mean	3.4	3.4	3.8	3.6	3.5
My family is willing to help me make decisions					

Item	Y1	Y2	Y3	Y4	Y5
	f	f	f	f	f
Strongly disagree	9	3	3	2	1
Disagree	6	11	3	1	0
Uncertain	6	9	2	4	2
Agree	28	15	13	8	6
Strongly agree	19	12	12	7	2
Total	68	50	33	22	11
Mean	3.6	3.4	3.8	3.8	3.7
I feel cared for/loved by my family					
Strongly disagree	7	4	2	1	0
Disagree	4	4	1	1	0
Uncertain	4	4	0	2	1
Agree	25	17	12	7	7
Strongly agree	28	21	18	11	3
Total	68	50	33	22	11
Mean	3.9	3.9	4.3	4.2	4.2

Friend relationships

Table 24. Item level analysis of friend relationships

ltem	Y1	Y2	Y3	Y4	Y5
	f	f	f	f	f
I have friends about my own age who really care about					
me					
Strongly disagree	4	2	1	3	1
Disagree	5	2	3	0	0
Uncertain	7	10	9	6	1
Agree	26	23	12	4	6
Strongly agree	26	13	8	9	3
Total	68	50	33	22	11
Mean	4.0	3.9	3.7	3.7	3.9
I have friends about my own age who talk with me					
about my problems					
Strongly disagree	2	4	1	3	1
Disagree	9	3	2	11	6
Uncertain	6	6	7	0	0
Agree	26	22	13	0	0
Strongly agree	25	15	10	8	4
Total	68	50	33	22	11
Mean	3.9	3.8	3.9	4.0	4.1
I have friends about my own age who help me when					
I'm having a hard time					
Strongly disagree	3	2	1	3	1
Disagree	8	4	2	1	0
Uncertain	9	8	10	2	1
Agree	25	23	10	8	7
Strongly agree	23	13	10	8	2
Total	68	50	33	22	11
Mean	3.8	3.8	3.8	3.8	3.8

Item	Y1	Y2	Y3	Y4	Y5
	f	f	f	f	f
My friends try to do what is right					
Strongly disagree	2	2	1	1	0
Disagree	3	4	2	1	1
Uncertain	11	8	10	3	1
Agree	38	23	10	11	6
Strongly agree	14	13	10	6	3
Total	68	50	33	22	11
Mean	3.9	3.8	3.8	3.9	4.0
My friends do well in school or work					
Disagree	3	2	3	2	0
Uncertain	11	11	5	3	3
Agree	37	23	15	11	6
Strongly agree	17	14	10	6	2
Total	68	50	33	22	11
Mean	4.0	4.0	4.0	3.9	3.9
My friends are sensitive to my needs					
Strongly disagree	3	1	1	3	1
Disagree	7	3	4	2	0
Uncertain	11	17	5	4	3
Agree	36	16	13	11	7
Strongly agree	11	13	10	2	0
Total	68	50	33	22	11
Mean	3.7	3.7	3.8	3.3	3.5

Love relationships

Table 25. Item level analysis of love relationships

Item	Y1	Y2	Y3	Y4	Y5
	f	f	f	f	f
When I have free time I spend it with my partner					
Strongly disagree	2	1	0	2	1
Disagree	2	3	3	0	1
Uncertain	3	4	1	2	1
Agree	17	13	8	5	1
Strongly agree	16	11	5	3	2
Total	40	32	17	12	6
Mean	4.1	3.9	3.9	3.6	3.3
I often show my partner affection					
Disagree	2	2	3	2	2
Uncertain	5	5	1	4	1
Agree	17	14	7	3	3
Strongly agree	16	11	6	3	0
Total	40	32	17	12	6
Mean	4.2	4.1	3.9	3.4	3.3
I often share very personal information with my partner					

ltem	Y1	Y2	Y3	Y4	Y5
	f	f	f	f	f
Strongly disagree	3	2	4	2	2
Disagree	2	3	0	0	0
Uncertain	2	14	2	2	0
Agree	13	0	3	2	2
Strongly agree	20	13	8	6	2
Total	40	32	17	12	6
Mean	4.1	4.0	3.9	3.8	3.3
I understand my partner's feelings					
Strongly disagree	2	1	4	2	1
Uncertain	4	6	1	0	0
Agree	12	10	6	4	2
Strongly agree	22	15	6	6	3
Total	40	32	17	12	6
Mean	4.3	4.2	3.8	4.0	4.2
I feel close to my partner					
Strongly disagree	2	1	1	2	1
Disagree	1	0	2	3	1
Uncertain	4	2	0	0	0
Agree	11	14	7	0	2
Strongly agree	22	15	7	7	2
Total	40	32	17	12	6
Mean	4.3	4.3	4.0	4.1	3.5

Resilience (CD-RISC) and Bouncebackability

Table 26. Item level analysis of Resilience and Bouncebackability

ltem	Y1	Y2	Y3	Y4	Y5
	f	f	f	f	f
I am able to adapt when changes occur					
Not true at all	0	1	0	0	0
Rarely true	4	3	1	0	0
Sometimes true	15	18	6	7	2
Often true	24	16	12	9	7
True nearly all the time	25	12	14	6	2
Total	68	50	33	22	11
Mean	4.0	3.7	4.2	4.0	4.0
I can deal with whatever comes my way					
Not true at all	1	0	0	1	0
Rarely true	4	0	2	0	0
Sometimes true	17	20	8	3	1
Often true	21	9	11	11	7
True nearly all the time	25	21	12	7	3
Total	68	50	33	22	11
Mean	4.0	4.0	4.0	4.0	4.2
I try to see the humorous side of things when I am					
faced with problems					
Not true at all	2	1	2	0	0

ltem	Y1	Y2	Y3	Y4	Y5
	f	f	f	f	f
Rarely true	2	4	1	0	0
Sometimes true	19	16	8	9	1
Often true	23	17	11	7	6
True nearly all the time	22	12	11	6	4
Total	68	50	33	22	11
Mean	3.9	3.7	3.8	3.9	4.3
Having to cope with stress can make me stronger					
Not true at all	6	4	5	2	2
Rarely true	6	8	4	3	0
Sometimes true	14	10	7	6	3
Often true	17	15	8	6	1
True nearly all the time	25	13	9	5	5
Total	68	50	33	22	11
Mean	3.7	3.5	3.4	3.4	3.6
			_	_	
I tend to bounce back after illness, injury, or other					
hardships					
Not true at all	7	2	1	1	0
Rarely true	5	4	2	3	0
Sometimes true	6	14	4	4	2
Often true	20	15	14	6	3
True nearly all the time	30	15	12	8	6
Total	68	50	33	22	11
Mean	3.9	3.7	4.0	3.8	4.4
	0.0				
I believe I can achieve my goals, even if there are					
obstacles					
Not true at all	1	0	1	0	0
Rarely true	4	1	0	1	0
Sometimes true	2	6	3	3	1
Often true	20	16	9	6	2
True nearly all the time	41	27	20	12	8
Total	68	50	33	22	11
Mean	4.4	4.4	4.4	4.3	4.6
Under pressure, I stay focused and think clearly					
Not true at all	3	1	0	1	0
Rarely true	5	8	2	1	0
Sometimes true	16	13	8	5	3
Often true	23	15	9	9	3
True nearly all the time	21	13	14	6	5
Total	68	50	33	22	11
Mean	3.8	3.6	4.1	3.8	4.2
I am not easily discouraged by failure					
Not true at all	1	1	1	1	0
Rarely true	7	6	1	2	1
Sometimes true	16	15	10	4	2
Often true	18	8	13	8	5
True nearly all the time	26	20	8	7	3
Total	68	50	33	22	11

Item	Y1	Y2	Y3	Y4	Y5
	f	f	f	f	f
Mean	3.9	3.8	3.8	3.8	3.9
I think of myself as a strong person when dealing with					
life's challenges and difficulties					
Not true at all	0	1	0	0	0
Rarely true	4	2	2	0	0
Sometimes true	10	7	3	7	1
Often true	26	20	12	3	5
True nearly all the time	28	20	16	12	5
Total	68	50	33	22	11
Mean	4.1	4.1	4.3	4.2	4.4
I am able to handle unpleasant or painful feelings like					
sadness, fear, and anger					
Not true at all	1	1	1	1	0
Rarely true	7	6	0	1	0
Sometimes true	15	14	11	3	3
Often true	22	15	9	11	3
True nearly all the time	23	14	12	6	5
Total	68	50	33	22	11
Mean	3.9	3.7	3.9	3.9	4.2
I kand to have a hark quickly often hand times					
I tend to bounce back quickly after hard times	2	2	1	0	
Strongly disagree	3 6	7	1 0	0	0
Disagree Uncertain	16	4	10	3	1 2
Agree	26	25	15	10	6
_	17	12	7	8	2
Strongly agree Total	68	50	33	22	11
Mean	3.7	3.8	3.8	4.1	3.8
IVICALI	3.7	3.0	3.0	7.1	3.0
I have a hard time making it through stressful events					
Strongly disagree	4	3	3	2	2
Disagree	19	16	10	5	4
Uncertain	18	13	8	7	3
Agree	19	17	9	5	1
Strongly agree	8	1	3	3	1
Total	68	50	33	22	11
Mean	3.1	2.9	3.0	3.1	2.5
Madaga wakisha wa lawaka wa sana ƙasar					
It does not take me long to recover from a stressful					
event Strongly disagree	2	1	1	0	1
Strongly disagree	5	6	5	_	2
Disagree Uncertain	12		8	2	
	29	10 23	10	15	3
Agree Strongly agree	-		9	4	4
Strongly agree Total	20	10	33	22	11
Total	68	50			
Mean	3.9	3.7	3.6	4.0	3.6
It is hard for me to snap back when something bad					
happens					

Item	Y1	Y2	Y3	Y4	Y5
	f	f	f	f	f
Strongly disagree	7	4	8	2	3
Disagree	23	21	10	7	1
Uncertain	15	8	9	6	3
Agree	14	13	5	6	4
Strongly agree	9	4	1	1	0
Total	68	50	33	22	11
Mean	2.9	2.8	2.4	2.9	2.7
I tend to take a long time to get over set-backs in my					
life					
Strongly disagree	10	1	6	1	1
Disagree	19	21	13	9	7
Uncertain	13	9	6	4	3
Agree	19	15	4	6	0
Strongly agree	7	4	4	2	0
Total	68	50	33	22	11
Mean	2.9	3.0	2.6	3.0	2.2

Positive Care Experience

Table 27. Item level analysis of positive care experience

Item	Y1	Y2	Y3	Y4	Y5
	f	f	f	f	f
I enjoyed my time at GBTSA					
Strongly disagree	4	0	2	0	0
Disagree	5	2	0	1	1
Uncertain	4	4	3	2	0
Agree	23	18	12	7	5
Strongly agree	32	26	16	12	5
Total	68	50	33	22	11
Mean	4.1	4.4	4.2	4.4	4.3
I hated staying at GBTSA					
Strongly disagree	24	20	13	12	5
Disagree	30	21	14	5	4
Uncertain	9	6	4	3	1
Agree	3	3	1	2	1
Strongly agree	2	0	1	0	0
Total	68	50	33	22	11
Mean	2.0	1.8	1.9	1.8	1.8
My stay at GBTSA was a good experience for me					
Strongly disagree	2	0	0	0	0
Disagree	6	3	1	1	1
Uncertain	4	4	3	8	5
Agree	20	17	11	0	0
Strongly agree	36	26	18	13	5
Total	68	50	33	22	11
Mean	4.2	4.3	4.4	4.5	4.3
I felt happy at GBTSA					

Item	Y1	Y2	Y3	Y4	Y5
	f	f	f	f	f
Strongly disagree	3	1	2	1	0
Disagree	5	2	1	1	1
Uncertain	7	9	5	3	1
Agree	24	18	12	9	6
Strongly agree	29	20	13	8	3
Total	68	50	33	22	11
Mean	4.0	4.1	4.0	4.0	4.0
My stay at GBTSA was horrible					
Strongly disagree	31	30	18	11	6
Disagree	24	14	10	7	3
Uncertain	6	4	2	4	1
Agree	4	2	3	0	1
Strongly agree	3	0	0	0	0
Total	68	50	33	22	11
Mean	1.9	1.6	1.7	1.7	1.7

Maintain Contact with GBTSA Staff

Table 28. Item level analysis of maintaining contact with GBTSA staff

ltem	Y1	Y2	Y3	Y4	Y5
	f	f	f	f	f
I feel free to contact GBTSA now that I have left GBTSA					
Strongly disagree	8	1	1	0	1
Disagree	3	3	1	2	1
Uncertain	6	7	7	4	2
Agree	25	22	14	7	4
Strongly agree	26	17	10	9	3
Total	68	50	33	22	11
Mean	3.9	4.0	3.9	4.0	3.6
I think I will always feel welcome at GBTSA					
Strongly disagree	4	0	1	0	0
Disagree	2	4	0	0	0
Uncertain	9	8	7	4	2
Agree	24	14	15	7	5
Strongly agree	29	24	10	11	4
Total	68	50	33	22	11
Mean	4.1	4.2	4.0	4.3	4.2
I know if I am in trouble I can call on GBTSA for help					
Strongly disagree	5	1	3	0	2
Disagree	5	9	3	3	0
Uncertain	20	8	5	4	5
Agree	19	18	14	7	3
Strongly agree	19	14	8	8	1
Total	68	50	33	22	11
Mean	3.6	3.7	3.6	3.9	3.1
GBTSA is not here for people who have already left GBTSA					
Strongly disagree	24	15	11	8	4

Item	Y1	Y2	Y3	Y4	Y5
	f	f	f	f	f
Disagree	22	22	12	8	3
Uncertain	8	4	6	4	3
Agree	6	4	2	2	1
Strongly agree	8	5	2	0	0
Total	68	50	33	22	11
Mean	2.3	2.2	2.2	2.0	2.1
I will not contact GBTSA if I have a problem					
Strongly disagree	19	13	12	5	1
			7	6	
Disagree Uncertain	23	16	9	6	4
	14 9	12 5	3	2	2
Agree	3	4	2	3	11
Strongly agree Total	68	50	33	22	0
				2.6	
Mean	2.3	2.4	2.3	2.6	2.6
GBTSA has prepared me for life after GBTSA					
Strongly disagree	4	1	3	0	0
Disagree	5	5	3	1	1
Uncertain	16	7	4	4	1
Agree	16	16	12	7	1
Strongly agree	27	21	11	10	8
Total	68	50	33	22	11
Mean	3.8	4.0	3.8	4.2	4.5
Have you been in contact with GBTSA staff since your					
last interview					
Yes	40	30	15	7	3
No	28	20	17	15	8
Total	68	50	32	22	11
Mean	1.5	1.4	1.6	1.7	1.7
- Trouis					
How satisfied were you with the support you received					
from this contact/these contacts					
Dissatisfied	1	0	1	0	0
Neither satisfied nor dissatisfied	5	0	4	1	0
Satisfied	14	12	4	2	2
Very satisfied	26	18	10	4	0
Total	46	30	19	7	2
Mean	4.4	4.6	4.2	4.4	4.0

Accommodation

Table 29. Item level analysis of accommodation

Item	Y1	Y2	Y3	Y4	Y5
	f	f	f	f	f
What sort of dwelling are you living in at the moment					
Whole formal dwelling	46	37	20	14	11
Part of formal dwelling	13	9	9	6	1
Informal dwelling	8	5	3	2	0
Homeless	0	0	1	0	0
Total	67	51	33	22	12

Item	Y1	Y2	Y3	Y4	Y5
	f	f	f	f	f
Who do you currently live with					
On own or with partner	7	10	7	4	3
With friend or acquaintances	5	7	4	2	1
With family	55	34	21	16	8
Homeless	0	0	1	0	0
Total	67	51	33	22	12
Do you pay money to live in the place where you currently live					
Dwelling is paid off or paying bond himself	5	10	2	1	0
Paying rent himself	11	10	8	6	4
Accommodation in exchange for work	5	9	2	3	1
Someone else or no one is paying	46	22	20	12	7
Homeless	0	0	1	0	0
Total	67	51	33	22	12
Have you experienced any periods of homelessness					
Yes	2	4	4	5	2
No	65	47	29	17	10
Total	67	51	33	22	12
For how long have you been homeless					
No periods of homelessness	65	51	30	17	9
Less than a week in total	1	0	0	1	3
A week to less than 6 months	1	0	2	3	0
6 months or more	0	0	1	1	0
Total	67	51	33	22	12

Currently Occupied

Table 30. Item level analysis of currently occupied

Item	Y1	Y2	Y3	Y4	Y5
	f	f	f	f	f
Are you currently working					
Yes - full time	13	15	8	8	2
Yes - part time	10	5	7	2	2
No	44	31	18	12	8
Total	67	51	33	22	12
Are you currently studying					
Yes - full time	16	14	8	6	1
Yes - part time	7	3	4	2	1
No	44	34	21	14	10
Total	67	51	33	22	12
Since the last interview, have you completed an educational qualification					
Yes	20	12	4	7	1
No	47	39	29	15	11
Total	67	51	33	22	12

Item	Y1	Y2	Y3	Y4	Y5
	f	f	f	f	f
What is the highest educational qualification you have completed					
Post-graduate Degree	1	3	0	1	1
Post-Matric Diploma or Certificate	5	11	3	2	0
Grade 12	16	0	5	6	2
Grade 10-11	3	5	4	3	4
Grade 9	23	17	12	6	3
Grade 8 or lower	19	15	9	4	2
Total	67	51	33	22	12

Not in Employment Education or Training (NEET)

Table 31. Item level analysis of NEET

ltem	Y1	Y2	Y3	Y4	Y5
	F	F	F	F	F
What is the main reason for you not currently working					
Awaiting the season for work	7	4	3	3	0
Waiting to be recalled to former job	1	1	0	1	0
Health reasons	0	0	1	0	0
Pregnancy	1	1	0	0	0
Disabled or unable to work	0	0	0	0	0
Housewife	0	1	0	0	0
Undergoing training to help find work	0	0	0	0	0
Lack of money to pay for transport	1	0	0	1	0
Unable to find work requiring his/her skills	7	5	4	3	1
Lost hope of finding work	0	1	0	0	0
Scholar/student	1	1	0	0	0
Retired	0	0	0	0	0
Too old/young to work	2	0	0	0	1
Does not want to work	0	1	0	0	1
Job loss too recent	2	0	0	0	0
Other	2	1	2	1	2
Total	24	16	10	9	5
Have you been for a job interview					
Yes	9	4	2	3	2
No	19	15	8	5	4
Total	28	19	10	8	6
Have you applied to study for a course					
Yes	4	5	2	2	0
No	23	14	9	6	6
Total	27	19	11	8	6

Paid Employment

Table 32. Item level analysis of paid employment

Item	Y1	Y2	Y3	Y4	Y5
	F	F	F	F	F
Do you currently have more than one job					
Yes	4	3	3	0	1

Item	Y1	Y2	Y3	Y4	Y5
	F	F	F	F	F
No	18	16	12	11	3
Total	22	19	15	11	4
How many times have you changed jobs					
No changes or clear promotion	13	7	8	6	2
One change	2	7	3	3	1
Two changes	3	3	1	0	1
Three or more changes	5	3	3	1	0
Total	23	20	15	10	4
For how many months have you held down a job					
All of the months	11	11	7	7	2
75% to under 100%	6	3	2	1	1
50% to under 75%	0	4	2	0	0
Under 50%	6	2	4	2	1
Total	23	20	15	10	4
How many hours per week do you work at your					
current job					
Over 45 hours	6	10	4	5	2
35-45 hours	6	5	7	2	0
20-34 hours	2	0	1	2	1
10-19 hours	4	1	1	0	0
Under 10 hours	5	4	2	1	1
Total	23	20	15	10	4
In the past month, how many days have you missed					
work					
None	19	13	13	10	4
One day	2	2	0	0	0
Two to three days	1	3	1	0	0
More than three days	1	2	1	0	0
Total	23	20	15	10	4
In the past month, have you received any warnings for					
performance issues from your employer	10	10	4.4		
No	19	19	14	8	4
Yes, one	3	1	1	2	0
Total	22	20	15	10	4
Cinco the lost intension, house we have the discount					
Since the last interview, have you been fired from a job	24	4.0	4.4	0	
No Yes	21	18	14	9	4
Yes	2	2	1	0	0
Total	23	20	15	9	4

Studying

Table 33. Item level analysis of studying

Item	Y1	Y2	Y3	Y4	Y5
	F	F	F	F	F
Since the last interview, have you dropped any courses					
or modules					

ltem	Y1	Y2	Y3	Y4	Y5
	F	F	F	F	F
No	22	14	10	6	2
Yes, one	1	2	1	1	0
Yes, more than one	0	1	1	0	0
Total	23	17	12	7	2
Since the last interview, have you failed any courses or modules					
No	17	13	7	6	1
Yes, one	3	1	4	1	1
Yes, more than one	3	3	1	0	0
Total	23	17	12	7	2
Since the last interview, have you failed any tests or other assessments					
No	15	8	7	6	1
Yes, one	5	2	2	1	1
Yes, two	2	4	1	0	0
Yes, three or more	1	3	2	0	0
Total	23	17	12	7	2
In the past month, how many days have you missed class					
None	13	7	10	7	1
One day	4	1	0	0	1
Two to three days	3	3	0	0	0
More than three days	3	6	2	0	0
Total	23	17	12	7	2
Since the last interview, have you obtained a distinction or an A for any course or subject					
More than one	7	5	3	2	0
One	6	3	2	3	0
None	10	9	7	2	2
Total	23	17	12	7	2

Financial Security

Table 34. Item level analysis of financial security

Item	Y1	Y2	Y3	Y4	Y5
	F	F	F	F	F
What is your main source of income					
Employment	21	21	16	11	6
Parents, foster parents, spouse or family	27	20	14	7	5
Grants (social security) or friends	8	3	0	1	0
Begging or crime or no income	11	7	3	3	1
Total	67	51	33	22	12
In total, how much money did you get last month					
R12 801 or higher	1	1	2	2	0
R6 401 – R12 800	0	4	2	0	0
R3 201 – R6 400	11	4	2	1	0
R1 601 – R3 200	3	2	2	3	1

ltem	Y1	Y2	Y3	Y4	Y5
	F	F	F	F	F
R801 – R1600	5	3	0	2	1
R401 – R800	10	9	2	1	1
R0 – R400	20	12	6	2	0
Total	50	35	16	11	3
Have you got your own bank account					
Yes	40	33	19	15	9
No	27	17	14	7	3
Total	67	50	33	22	12
Do you have any savings over and above this month's					
salary					
R12 801 or higher	3	2	3	4	1
R6 401 – R12 800	1	1	0	0	0
R3 201 – R6 400	2	2	2	1	0
R1 601 – R3 200	5	1	0	0	0
R801 – R1600	4	0	3	2	0
R401 – R800	2	5	1	1	1
R0 – R400	32	23	7	3	2
Total	49	34	16	11	4
Do you currently have any debt					
No debt	59	43	26	17	11
Yes, student loan	0	1	1	1	1
Yes, short term loan	2	1	1	3	0
Yes, credit card, bank overdraft or other shopping	1	4	2	0	0
account					
Yes, utilities in arrears	2	0	1	0	0
Yes, short term loan	0	0	1	1	0
Total	64	49	32	22	12
In thinking back over the last month, how many days,					
have you not had any food to eat					
No days	53	43	28	22	11
One day	2	0	0	0	1
Two to three days	4	7	4	0	0
Four or more days	8	1	1	0	0
Total	67	51	33	22	12

Drugs and Alcohol

Table 35. Item level analysis of drugs and alcohol

ltem	Y1	Y2	Y3	Y4	Y5
	F	F	F	F	F
In thinking back over the last two weeks, have you smoked any cigarettes					
No	33	25	12	7	5
Up to five cigarettes per day	21	18	13	8	4
About half a pack per day	6	4	6	7	2
A pack or more a day	7	4	2	0	1
Total	67	51	33	22	12

ltem	Y1	Y2	Y3	Y4	Y5
	F	F	F	F	F
During the past two weeks, how many alcoholic beverages have you drunk					
None	41	26	22	14	8
One to four drinks	13	13	3	3	1
Five to seven drinks	3	5	3	2	0
More than seven drinks	10	7	5	3	3
Total	67	51	33	22	12
During the past two weeks, how many times have you had five or more alcoholic drinks in a row					
No times	52	32	25	17	10
Once or twice	13	16	6	4	1
Three or four times	0	1	2	0	0
More than four times	1	2	0	1	1
Total	66	51	33	22	12
During the past two weeks, have you used dagga					
No	56	47	24	17	9
Once or twice	3	0	3	2	1
Three or four times	1	0	0	2	1
More than four times	7	4	6	1	1
Total	67	51	33	22	12
In thinking back over the last month, have you used any other drugs					
No	66	50	31	21	12
Five to eight times	1	0	1	1	0
More than eight times	0	1	1	0	0
Total	67	51	33	22	12

Crime

Table 36. Item level analysis of crime

ltem	Y1	Y2	Y3	Y4	Y5
	F	F	F	F	F
Since the last interview, have you damaged or tried to					
damage anyone else's property on purpose					
Yes, including fire setting	2	0	1	0	0
Yes, once	1	0	2	0	0
No	64	51	30	22	12
Total	67	51	33	22	12
Since the last interview, have you stolen or tried to					
steal money or things					
R1000 or more	1	2	0	1	0
Less than R1000 but more than R100	2	3	0	0	0
Less than R100	4	1	1	0	2
No	60	45	32	21	10
Total	67	51	33	22	12

Item	Y1	Y2	Y3	Y4	Y5
	F	F	F	F	F
Since the last interview, have you knowingly sold or held stolen goods or drugs, or tried to do either of these things					
R1000 or more	2	2	1	2	1
Less than R1000 but more than R100	1	1	0	0	1
No	64	48	32	20	10
Total	67	51	33	22	12
Since the last interview, have you physically hurt or tried to hurt someone on purpose					
Murder	0	0	0	1	0
Assault requiring medical care	2	1	1	0	0
Threatened with the use of a weapon, but not actually assaulted	3	2	1	0	0
Unarmed assault not requiring medical care	8	5	8	2	1
No	54	43	23	19	11
Total	67	51	33	22	12
Since the last interview, have you been in trouble with the law					
Serving a prison sentence	1	1	1	0	1
Found guilty of a crime	2	1	0	0	1
Charges laid against me	2	1	3	2	2
Spent at least one night in a correctional facility	2	1	1	1	1
No	60	47	28	19	7
Total	67	51	33	22	12

APPENDIX 4: CORRELATIONS BETWEEN RESILIENCE VARIABLES AND INDICATOR AND SCALE OUTCOMES

Indicator Outcome Predictions

This section reports on the resilience variables that predict better independent living outcomes for care-leavers. Data regarding the young people's resilience, collected during the disengagement interviews, are statistically compared with their indicator outcomes every year thereafter. Due to the small sample size, the non-parametric Mann-Whitney U test was conducted. As this an exploratory study, significance was set at p < .05. Table 37 shows the indicator in the first column, and then the resilience variables that predict that indicator each year. Where the same resilience variable predicts an outcome over multiple years, those appear in the same row.

Table 37. Indicator outcome predictions

Indicator	Year 1	Year 2	Year 3	Year 4	Year 5
Self-supporting	Community				
Accommodation	Relationships				
(6)	Optimism				
		Friend			
		Relationships			
		Bouncebackability			
			Role Model		
			Relationships		
					Resourcefulness
Education for	Friend				
employment (6)	Relationships				
	Care-leaving		Care-leaving		
	Readiness		Readiness		
		Role Model	Role Model		
		Relationships	Relationships		
					Supportive
					Relationship with
					GBTSA Staff
NEET (12)	Family				
	Relationships				
	Community				
	Relationships				
	Role Model				
	Relationships				
	Teamwork				
	Optimism				
	Self-Esteem				
	Relational				
	Resilience				
	Internal				
	Resilience				
	Global Resilience				
		Care-leaving			
		Readiness			
		Maintain Contact			
		with GBTSA Staff			

Indicator	Year 1	Year 2	Year 3	Year 4	Year 5
					Friend Relationships
Reliable		Social Activities			
Employment (5)		Environmental			
		Resilience			
			Love		
			Relationships		
				Friend	
				Relationships	
				Interdependent	
				Problem Solving	
Diligent Education		Community Safety			
(2)		Environmental			
		Resilience			
Liveable Income	Community				
(3)	Safety				
			Family Financial Security		
			Environmental		
			Resilience		
Drug & Alcohol	Resourcefulness		- Neemenee		
Free (3)			Resilience in		
			GBTSA		
				Interdependent	
				Problem Solving	
Crime 'free' (3)		High Self-			
		Expectations			
					Friend
					Relationships
					Self-Esteem

<u>Table 38</u> provides a summary of the findings. It shows which of the resilience variables are most important, as they predict the most number of significant correlations. Resilience variables that did not predict any outcomes after care have been excluded. The number of significant correlations predicted by each resilience variable is shown in brackets in Column 2.

Table 38. Summary of indicator outcome predictions

Domain	Resilience Variable	Indicator	Year
Relational	Friend Relationships (5)	Education for Employment	1
		Self-supporting	
		accommodation	2
		Reliable Employment	4
		NEET	5
		Crime 'free'	5
Relational	Role Model Relationships (4)	NEET	1
		Education for Employment	2
		Self-supporting	
		accommodation	3
		Education for Employment	3
In-care	Care-leaving Readiness (3)	Education for Employment	1

		NEET	2
		Education for Employment	3
Environmental	Environmental Resilience (3)	Reliable Employment	2
		Diligent Education	2
		Financial Security	3
Individual	Resourcefulness (2)	Drugs & Alcohol Free	1
		Self-supporting	
		accommodation	5
Relational	Community Relationships (2)	Self-supporting	
		accommodation	1
		NEET	1
Individual	Optimism (2)	Self-supporting	
		accommodation	1
		NEET	1
Individual	Self-Esteem (2)	NEET	1
		Crime 'free'	5
Interactional	Interdependent Problem Solving (2)	Reliable Employment	4
		Drugs & Alcohol Free	4
Environmental	Community Safety (2)	Financial Security	1
		Diligent Education	2
In-care	Supportive Relationship with GBTSA		
	Staff (1)	Education for Employment	5
Relational	Family Relationships (1)	NEET	1
Interactional	Teamwork (1)	NEET	1
In-Care	Maintain Contact with GBTSA Staff (1)	NEET	2
Environmental	Social Activities (1)	Reliable Employment	2
Relational	Love Relationships (1)	Reliable Employment	3
Environmental	Family Financial Security (1)	Financial Security	3
Individual	High Self-Expectations (1)	Crime 'free'	2
Individual	Bouncebackability (1)	Self-supporting	
	Bouncepackability (1)	accommodation	2
Global	Relational Resilience (1)	NEET	1
Global	Internal Resilience (1)	NEET	1
Global	Global Resilience (1)	NEET	1
Global	Resilience in GBTSA (1)	Drugs & Alcohol Free	3

Scale Outcome Predictions

Outcome predictions were established by measuring the correlations between the outcome scale scores and the resilience constructs. Due to the small sample size, data permitted that the nonparametric Spearman's Rho was used. Significance was set at p < .05. The number of significant correlations predicted by each resilience variable is shown in brackets in Column 1.

Table 39. Scale outcome predictions

Outcome	Year 1	Year 2	Year 3	Year 4	Year 5
Global Health	High Self-				
(22)	Expectations				
	Internal Resilience			Internal Resilience	
		Family			
		Relationships	F: 1		
		Friend	Friend		
		Relationships Role Model	Relationships Role Model		
		Relationships	Relationships		
		Teamwork	Relationships		
		Bouncebackability			
		Self-Esteem			
		Supportive GBTSA			
		Relationships			
		Relational	Relational		
		Resilience	Resilience		
		Internal Resilience			
		Resilience in			
		GBTSA			
		Global Resilience			
				Family Financial	
				Security	
				Spirituality	
				Care-leaving	
				Readiness	
				Maintain Contact	
				with GBTSA Staff	
				Environmental Resilience	
Health Physical	Resourcefulness			resilience	
(20)	High Self-				
	Expectations				
		Family			
		Relationships			
		Friend	Friend		
		Relationships	Relationships		
		Role Model	Role Model		
		Relationships	Relationships		
		Bouncebackability			
		Self-Esteem	Common antibora CDTCA		
		Supportive GBTSA Relationships	Supportive GBTSA		
		Relationships	Relationships Relational		
		Resilience	Resilience		
		Internal Resilience	Resilience		
		Resilience in	Resilience in		
		GBTSA	GBTSA		
		Global Resilience	Global Resilience		
		22.12.12	23 1525	Care-leaving	
				Readiness	
				Maintain Contact	
				with GBTSA Staff	

Outcome	Year 1	Year 2	Year 3	Year 4	Year 5
Health Psychological (18)	High Self- Expectations				
, , ,	Self-Esteem	Self-Esteem			
		Family Relationships			
		Friend			
		Relationships			
		Community			
		Relationships Role Model	Role Model		
		Relationships	Relationships		
		Bouncebackability	Relationships		
		Relational	Relational		
		Resilience	Resilience		
		Internal Resilience	Resilience	Internal Resilience	
		Global Resilience		internal Resilience	
		Global Nesillerice		Social Activities	
				Care-leaving	
				Readiness	
				Environmental	
				Resilience	
					Community Safety
Family	Family	Family	Family		
Relationships (20)	Relationships	Relationships	Relationships		
	Teacher Relationships				
	Community		Community		
	Relationships		Relationships		
	Family Financial Security	Family Financial Security			
	Supportive GBTSA	,	Supportive GBTSA		
	Relationships		Relationships		
	Relational		Relational		
	Resilience		Resilience		
	Internal Resilience			Internal Resilience	
	Resilience in GBTSA		Resilience in GBTSA		
	Global Resilience		GBTSA		
		Self-Esteem			
		Care-leaving	Care-leaving		
		Readiness	Readiness		
Friend	Friend	Friend	Friend		
Relationships (27)	Relationships	Relationships	Relationships		
. , ,	Supportive GBTSA	·	·		
	Relationships				
	Positive Care				
	Experience				
	Relational	Relational	Relational		
	Resilience	Resilience	Resilience		
	Resilience in	Resilience in	Resilience in		
	GBTSA	GBTSA	GBTSA		
		Teacher Relationships			

Outcome	Year 1	Year 2	Year 3	Year 4	Year 5
		Community	Community		
		Relationships	Relationships		
		Role Model	Role Model		
		Relationships	Relationships		
		Social Activities			
		Teamwork			
		Empathy			
		Bouncebackability			
		Self-Esteem			
		Environmental			
		Resilience			
		Interactive			
		Resilience			
		Global Resilience			
			Optimism		
			Maintain Contact		
			with GBTSA Staff		
				Care-leaving	
				Readiness	
Love Relationships			Role Model		
(3)			Relationships		
			·	Self-Esteem	
				Internal Resilience	
Resilience (29)	Interdependent				
resilience (23)	Problem Solving				
	Bouncebackability	Bouncebackability			
	Care-leaving	Bouncebackability			
	Readiness				
	Internal Resilience	Internal Resilience			
		Family			
		Relationships			
		Friend	Friend		Friend
		Relationships	Relationships		Relationships
		Role Model	Role Model		'
		Relationships	Relationships		
		Social Activities	Social Activities		
		Teamwork			
		Self-Esteem		Self-Esteem	
		Relational	Relational	2011 20000111	
		Resilience	Resilience		
		Resilience in	Resilience in		
		GBTSA	GBTSA		
		Global Resilience	Global Resilience		Global Resilience
		Global Resilience	Empathy		Global Resilience
			Maintain Contact		
			with GBTSA Staff		
			With ObioA Stail		Community
					Relationships
					Family Financial
					1
					Security
		1			Environmental
					Resilience

Outcome	Year 1	Year 2	Year 3	Year 4	Year 5
Bouncebackability	Bouncebackability				
(10)	Environmental				
	Resilience				
	Global Resilience				
		Family			
		Relationships			
		Care-leaving			
		Readiness			
		Maintain Contact			
		with GBTSA Staff			
		Relational			
		Resilience			
			Role Model		
			Relationships		
			Self-Esteem		
GBTSA Experience	Supportive				
(19)	Relationship with				
(13)	GBTSA Staff				
	Positive Care	Positive Care	Positive Care	Positive Care	
	Experience	Experience	Experience	Experience	
	Care-leaving	Care-leaving	'	'	
	Readiness	Readiness			
		Teamwork		Teamwork	Teamwork
		Maintain Contact			
		with GBTSA Staff			
			Resilience in GBTSA		
			GBTSA	Empathy	
				Linpatriy	Community
					Relationships
					Love Relationships
					Social Activities
					Optimism
					Relational
					Resilience
					Global Resilience
GBTSA Contact	Teacher				
(21)	Relationships Teamwork	Teamwork			
	Empathy	Teathwork		Empathy	
	Optimism			Linpatriy	
	Supportive				
	Relationship with				
	GBTSA Staff				
	Positive Care	Positive Care		Positive Care	
	Experience	Experience		Experience	
	Care-leaving				
	Readiness				
	Maintain Contact				
	with GBTSA Staff				
	Resilience in				
	GBTSA				

Outcome	Year 1	Year 2	Year 3	Year 4	Year 5
		Family			
		Relationships			
		Self-Esteem			
		Relational Resilience			
		Resilience	Community		
			Relationships		
			Self-Efficacy		
				Love Relationships	
				Social Activities	
				Interactive Resilience	
Accommodation (5)	Community Relationships				
(3)	Family Financial				
	Security				
	Relational				
	Resilience				
			Community Safety		
				High Self-	
				Expectations	
Employment (7)	Love Relationships				
	Bouncebackability				
		Teacher			
	-	Relationships Role Model			
		Relationships			
		Relational			
		Resilience			
				Optimism	
				Global Resilience	
Studying (10)		Family			
		Relationships			
		Community			
		Relationships			
		Role Model Relationships			
		Teamwork			
		Self-Esteem		Self-Esteem	
		Supportive			
		Relationship with			
		GBTSA Staff			
		Relational			
		Resilience			
		Internal Resilience			
Fig (2)	Familiani 11			Community Safety	
Finances (2)	Family Financial Security				
					Resourcefulness
Drugs & Alcohol			Friend		
(6)			Relationships		
			Role Model		
			Relationships		

Outcome	Year 1	Year 2	Year 3	Year 4	Year 5
			Positive Care		
			Experience		
			Interactive		
			Resilience		
			Resilience in		
			GBTSA		
				Interdependent	
				Problem Solving	
Crime (11)	High Self-	High Self-			
	Expectations	Expectations			
		Social Activities			
		Optimism			
		Spirituality			
			Friend		Friend
			Relationships		Relationships
			Teacher		
			Relationships		
			Community		
			Relationships		
			Resilience in		
			GBTSA		
					Self-Esteem

<u>Table 40</u> provides a summary of the findings. It shows which of the resilience variables are most important as those predict the most number of significant correlations. The number of significant correlations predicted by each resilience variable is shown in brackets in Column 2.

Table 40. Summary of scale outcome predictions

Domain	Resilience Variable	Predicts the following Outcome	Year
Relational	Relational Resilience (18)	Accommodation	1
		Family Relationships	1, 4
		Friend Relationships	1, 2, 3
		Health Global	2, 3
		Health Physical	2, 3
		Health Psychological	2
		Resilience	2, 3
		Bouncebackability	2
		GBTSA Contact	2
		Employment	2
		Studying	2
		GBTSA Experience	5
In-care	Resilience in GBTSA (14)	Family Relationships	1, 2, 3, 4
		Friend Relationships	1
		GBTSA Contact	1
		Health Global	2
		Health Physical	2, 3
		Resilience	2, 3
		GBTSA Experience	3
		Drugs & Alcohol	3
		Crime	4
Relational	Friend Relationships (13)	Friend Relationships	1, 2

Domain	Resilience Variable	Predicts the following Outcome	Year
		Health Global	2, 3
		Health Physical	2, 3
		Health Psychological	2
		Resilience	2, 3, 4
		Drugs & Alcohol	3
		Crime	3, 5
Individual	Self-Esteem (13)	Health Psychological	1, 2
		Health Global	2
		Health Physical	2
		Family Relationships	2
		Resilience	2, 4
		GBTSA Contact	2
		Studying	2, 4
		Bouncebackability	3
		Love Relationships	4
		Crime	5
Relational	Role Model Relationships	Health Global	2, 3
	(12)	Health Physical	2, 3
	,	Health Psychological	2
		Resilience	2, 3
		Employment	2
		Friend Relationships	3
		Love Relationships	3
		Bouncebackability	3
		Drugs & Alcohol	3
Global	Global Resilience (11)	Family Relationships	1
Global	Global Resilience (11)	Bouncebackability	1
		Health Global	2
		Health Physical	2
		Health Psychological	2
		Resilience	2, 3, 5
		Health Physical	3
		Employment GBTSA Experience	5
In-care	Care-leaving Readiness (11)	Resilience	1
iii-care	care-reaving readiness (11)	GBTSA Experience	1, 2
		GBTSA Contact	1
		Family Relationships	2
		Bouncebackability	2
		Health Physical	3
		Health Global	4
			4
		Health Psychological	
Individual	Internal Desilianes (44)	Family Relationships	1, 4
Individual	Internal Resilience (11)	Resilience	1, 2
		Health Global	2, 3, 4
		Health Physical	2
		Health Psychological	2, 4
		Studying	2
		Friend Relationships	4
		Love Relationships	4
Relational		Family Relationships	1, 3

Domain	Resilience Variable	Predicts the following Outcome	Year
	Community Relationships	Accommodation	1
	(10)	Health Psychological	2
		Studying	2
		Friend Relationships	3
		GBTSA Contact	3
		Crime	3
		Resilience	5
		CDTCA Functioned	F
la saus	Companies Deletionabie	GBTSA Experience	5
In-care	Supportive Relationship with GBTSA Staff (9)	Family Relationships	1, 4
		Friend Relationships	1
		GBTSA Experience	1
		GBTSA Contact	1
		Health Global	2
		Health Physical	2, 3
		Studying	2
In-care	Positive Care Experience (9)	Friend Relationships	1
		GBTSA Experience	1, 2, 3, 4
		GBTSA Contact	1, 2, 4
		Drugs & Alcohol	3
Relational	Family Relationships (8)	Family Relationships	1
		Health Global	2
		Health Physical	2
		Health Psychological	2
		Resilience	2
		Bouncebackability	2
		GBTSA Contact	2
		Studying	2
Interactional	Teamwork (8)	GBTSA Contact	1
		Health Global	2
		Resilience	2
		GBTSA Experience	2, 4, 5
		GBTSA Contact	2
		Studying	2
Individual	Bouncebackability (7)	Resilience	1, 2
		Bouncebackability	1
		Employment	1
		Health Global	2
		Health Physical	2
		Health Psychological	2
In-care	Maintain Contact with GBTSA Staff (7)	GBTSA Contact	1
meare		Bouncebackability	2
	, ,	Teamwork	2
		Health Physical	3
		Resilience	3
		Health Global	4
		Friend Relationships	4
Environmental	Social Activities (6)	Resilience	2, 3
	Jocial Activities (0)	Crime	2, 3
		Health Psychological	4
		GBTSA Contact	4
			5
		GBTSA Experience	ɔ

Domain	Resilience Variable	Predicts the following Outcome	Year
Individual	High Self-Expectations (6)	Health Global	1
		Health Physical	1
		Health Psychological	1
		Crime	1, 2
		Accommodation	4
Individual	Optimism (5)	GBTSA Contact	1
		Crime	2
		Friend Relationships	3
		Employment	4
		GBTSA Experience	5
Relational	Teacher Relationships (5)	Family Relationships	1
		GBTSA Contact	1
		Friend Relationships	2
		Employment	2
		Crime	3
Environmental	Family Financial Security (5)	Family Relationships	1
		Accommodation	1
		Finances	1
		Health Global	4
		Resilience	5
Interactional	Empathy (4)	GBTSA Contact	1, 4
cractional		Resilience	3
		GBTSA Experience	4
Environmental	Community Safety (4)	Bouncebackability	1
		Accommodation	3
		Studying	4
		Health Psychological	5
Environmental	Environmental Resilience (4)	Bouncebackability	1
		Health Global	4
		Health Psychological	4
		Resilience	5
Relational	Love Relationships (3)	Employment	1
Neidilollai	Love Relationships (5)	GBTSA Contact	4
		GBTSA Experience	5
Interactional	Interactive Resilience (3)	Health Global	1
micractional		Drugs & Alcohol	3
		GBTSA Contact	4
 Interactional	Interdependent Problem	Resilience	1
interactional	Solving (2)	Drugs & Alcohol	4
Individual	Resourcefulness (2)	Health Physical	1
		Finances	5
Individual	Spirituality (2)		2
		Crime Health Global	4
<u>Individual</u> Individual	Self-Efficacy (1) Distress Tolerance (0)	GBTSA Contact	3