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22 March 2022

Dear Colleagues,

Girls and Boys Town South Africa (GBTSA) and the University of Johannesburg Department of Social Work are delighted to present to you with their latest research report:

### **Resilience and Outcomes of South African Girls and Boys Town Care-Leavers Seven Years On**

This is the third annual report presenting the most recent findings from the *Growth Beyond the Town* longitudinal research study. The data presented in this report includes all findings since the project's inception in 2012, to the most recently collected data, which took place in late 2020. The findings are based on 176 participants who were interviewed just prior to their disengagement from GBTSA, and outcomes data from many of these care-leavers were measured each year during follow-up interviews. The report also provides an analysis of resilience variables that predict better outcomes for care-leavers as they transition out of care over the seven years since leaving care.

We hope you find this an interesting and valuable report and we encourage questions or comments.

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## **GROWTH BEYOND THE TOWN**

**A longitudinal study on youth leaving care**

# **Resilience and Outcomes of South African Girls and Boys Town Care-Leavers Seven Years On**

**2021**

**Lisa Dickens and Adrian van Breda**

**Girls and Boys Town South Africa**

**In partnership with the**

**Department of Social Work and Community Development,  
University of Johannesburg**

## SUMMARY OF KEY FINDINGS

This is the third quantitative annual report presenting the most recent findings from the *Growth Beyond the Town* longitudinal research study. The study is the result of a longstanding partnership between Girls and Boys Town South Africa (GBTSA) and the Social Work and Community Development Department at the University of Johannesburg (UJ). Similar reports presenting these research results were released in 2019 and 2020. The data presented in this report includes all findings since the project's inception in 2012, to the most recently collected data, which took place in late 2020. The findings are based on 176 participants who were interviewed just prior to their disengagement from GBTSA, and outcomes data from many of these care-leavers were measured each year during follow-up interviews. Three key sets of results are presented, viz. baseline results, outcome results and prediction results, where disengagement data was used to predict the outcome data. The resilience of our care-leavers – the skills, tools, and resources they use to overcome the challenges they face during their transition out of care – is a key component of what this study investigates. We thus provide a detailed analysis of those resilience variables that predict better outcomes for them after care.

Twenty-four (24) resilience variables are measured during the disengagement interviews. They fall into five overarching domains: relational, in-care, environmental, interactional, and individual. These are the different 'levels' or 'layers' of the young person in his/her environment. Our findings suggest the highest scoring resilience variables at disengagement fell mainly into the relational resilience domain, particularly role model relationships, teacher relationships and love relationships. There were also some prominent resilience variables in the in-care domains, interactional domains, and an individual domain. In the in-care domain, positive care experiences, supportive relationships with GBTSA staff, and contact with GBTSA were shown to score highly for GBTSA youth. The interactional domains that scored highly included 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. These findings are very similar to the preceding years.

During the follow-up interviews, various outcomes of care-leavers were measured. These follow-up interviews occur annually with the intention of quantifiably measuring how care-leavers were doing according to a range of independent living outcomes. Similar to both the 2019 and 2020 reports, we found most of the outcomes measured remained the same or improved over the years:

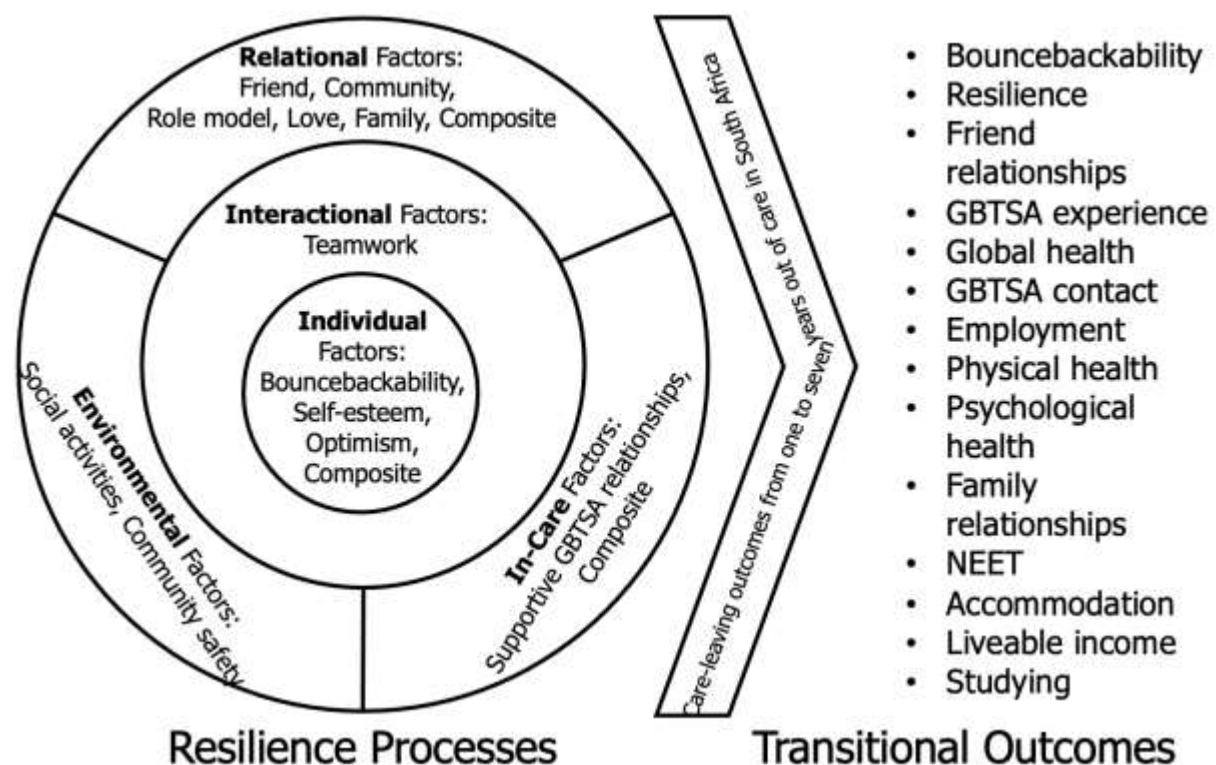
- Between a third to a half of participants had self-supporting accommodation over the years. By the sixth and seventh years, approximately half the participants had self-supporting accommodation. Four fifths lived with their families after the first year, but this decreased over the years and by the seventh year 50% of participants were paying for their own accommodation.
- There is a modest downward trend in participants who were Not in Employment, Education or Training (NEET) over the seven years, which means more participants (12% between years one and seven) were being employed or in education as the years progressed. The most reported reason participants said they were not working was because they were not able to find work requiring their skills.

- There was a notable 11% upward trend in participants who were reliably employed over the seven years. It appears that participants who were working were likely to stick with their jobs as they got older. Participants also fared well in terms of gaining employment as they got older.
- Studying rates were stable in the first four years after care, with approximately a third of participants studying. This decreased in the fifth year onwards.
- There was a noticeable upward trend over the years of participants who had a liveable income. As many as 78% of participants had a liveable income by the seventh year. Employment increasingly became their main source of income. Participants also reported very low levels of debt, and by the seventh year, as many as 83% said they had at least some savings.
- There were some food security concerns in the first three years since leaving GBTSA, pointing to the vulnerability of some participants. As many as 16 participants (20%) said they had not had enough food to eat for at least one day in their first year out of care. This dropped dramatically by the seventh year, where only one of 12 (8%) said they did not have enough food to eat.
- Four fifths (83%) of participants were drugs and alcohol 'free' one year out of care. Overall, this trend remained high over the years that followed, although there was a slight downward trend up until the sixth year after care. By the seventh year, as many as 92% of youth were drugs and alcohol 'free'.
- In the first five years after leaving GBTSA, there was a stable trend where youth were not involved in crime. This increased sharply, to 100% of all participants being crime 'free', and then in year seven, only one participant (8%) was involved in some criminal activity.
- Participants reported higher physical than psychological health. Physical health improved by about nine percentage points across the years, but psychological health remained flat. There was an increase in both from year five to year six, suggesting better investment in health as care-leavers got older.
- The finding's suggested participants were more able to cope and bounce back from adversity as they adjusted to life after care - as they got older the more settled they became.
- Over all the years since leaving GBTSA, over two thirds (between 68% to 81%) of participants reported having felt prepared by GBTSA for life after care. There was thus a stable and positive trend in the positive GBTSA experience over the seven years.
- It appears that even after seven years after leaving care, three quarters (62%) of care-leavers still thought positively about contacting GBTSA staff. This emphasises how important relationships with their carers are.

Finally, the resilience variables at disengagement were statistically compared with care-leavers' outcomes over the seven years to identify which were most important in facilitating improved outcomes. The most prominent resilience predictors at disengagement for successful independent living outcomes were relational resilience factors. Relational resilience has consistently been the variable that significantly predicts the largest number of successful outcomes over the years after leaving GBTSA. More specifically, friend, community and role model relationships produced the greatest number of positive outcomes over the years and were also amongst the highest of all the variables measured in the study. Also prominent were family and love relationships. Three individual domains emerged as prominent, namely self-esteem, bouncebackability and optimism. Two environmental domains emerged as significant (social activities and community safety). One interactional domain (teamwork) and one in-care domain (supportive relationship with GBTSA staff)

were prominent predictors. It is noteworthy that all the composite measures (relational resilience, environmental resilience, in-care resilience, interactional resilience, personal resilience, and global resilience) were prominent predictors of multiple care-leaving outcomes, again providing support that resilience is located within the entire social environment of care-leavers. As with both the 2019 and 2020 findings, resilience and friend relationships were the two outcomes that were most frequently predicted by the resilience variables.

These key findings are summarised into the graphic shown below. This is called a Person-In-Environment (PIE) framework and portrays the resilience processes within each domain that emerged as prominent, along with the most frequently predicted transitional outcomes that they produce.



Now into its seventh year, these findings are providing even stronger support for a social-ecological view of resilience (also called a person-in-environment framework) which may contribute to improved aftercare outcomes. The prominent contributors to better outcomes for care-leavers exist in their social environment as well as within the young person them self. Resilience in care-leavers is neither fixed nor linear, but rather, it is an interplay of internal and external process that can be nurtured on all these various levels. Resilience building is therefore multifaceted and holistic. It can be facilitated and enhanced through supportive networks and relationships, within themselves, through their experiences of care, and within the interactions that take place in their environments. These findings are encouraging, because it means GBTSA could continue to build on the social and structural influences of the youth during care, which many promote wellbeing after care.

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We wish to thank the Department of Social Work and Community Development at the University of Johannesburg for their partnership in this research. We are grateful for your expertise and commitment to practice.



## **1. INTRODUCTION**

How do young people fare once they leave care? What are the factors that help them to overcome and thrive in the face of the many challenges they face? What can we, as carers and guardians of these young people, do to foster resilience, so that they have the best chance of a successful life once they leave our care? How can we maximise their time in our care and equip them with the best possible skills and tools to ensure a smoother transition from care for our care-leavers?

These are the questions Girls and Boys Town South Africa (GBTSA), along with Prof Adrian van Breda in the Social Work and Community Development Department at the University of Johannesburg (UJ), sought to discover. Beginning in 2012, the Growth Beyond the Town research study has systematically collected, analysed, and reported on data from GBTSA care-leavers and staff, with the intention of answering these critical questions. This study aimed to measure the resilience and outcomes of care-leavers rigorously and repeatedly. Using a resilience-based lens, we have accumulated many years of data, assisting us to better understand the factors that help care-leavers thrive.

In the quest to do so, fieldworkers travelled all over the country, conducting hundreds of interviews with youth in different stages of their care-leaving journey. Some had disengaged from GBTSA in 2020, others had left up to six or seven years ago. Each story is unique, and in its own way, remarkable. And every story has important learnings and lessons for us, as we continuously work to improve GBTSA interventions and share this insight with other organisations. As a result, we have been progressively enabled to identify and confirm how our therapeutic intervention programmes have effectively strengthened and supported care-leavers, as well as pinpoint developmental areas for focused efforts to further prepare and support care-leavers for the life that awaits them.

This third annual report describes the resilience outcomes and resilience predictors of GBTSA care-leavers (Dickens & Van Breda, 2019; 2020). It includes seven years of data, from youth who left GBTSA from 2012 up until those who left in 2020. With up to seven years of data, we are afforded a greater depth of understanding into the care-leaving journey. This report begins with an examination of care-leaving developments during 2021 and includes a discussion on the National Child Care and Protection Policy (2019). This is followed by a description of the impact of the study, with a special focus on the past year. We then describe the study's methodology and present the research findings. This will include disengagement data from the point of departure from care, as well as outcome data from the time after care. Supplementary data from the social workers is also included to provide more depth to the findings. In the final part of the report, the most critical resilience factors for care-leavers to improve their transitional outcomes are discussed. Practice implications are then explored in the context of these results. The detailed analysed data is presented in tables with explanatory notes in the Appendixes.

## **2. CARE-LEAVING POLICY DEVELOPMENTS IN 2021**

South Africa has an estimated 21 000 children living in 355 registered Child and Youth Care Centres (CYCCs) and approximately 2000 children living in 115 unregistered CYCCs. Many of these young people stay in care until they turn 18 years old. Because they are still young, and because many of their home circumstances are inadequate or their families are unable to take care of them, many care-

leavers struggle with the challenges that face them after disengagement. These factors may contribute to their poorer outcomes. Instead of the slower, delayed transitions that other young people should be able to experience with the safety nets of their family in place, many experience an abrupt transition (Stein, 2012), and one that is badly planned (Höjer & Sjöblom, 2014). In South Africa, the vulnerability of care-leavers is exacerbated by the extremely difficult socio-economic conditions currently facing the country, which has the worst rate of income inequality in the world (Sulla & Zikhali, 2018). Care-leavers have been ‘forgotten’ amongst the many other vulnerable groups of people in the country, with a lack of legislation to protect them and a lack of formal aftercare support. There is an increasing awareness of care-leavers and concern for their lack of appropriate support. This has been reinforced by the growing body of literature, research, and dialogue globally and in the country on care-leavers (Mendes & Snow, 2016; Pinkerton & Van Breda, 2019). Some organisations (like SA-Yes and Mamelani) are making progress in advocating for their needs for more hands-on, practical transitional and aftercare support.

Thus, until now, there has only been some guidance in the Children’s Act 38 of 2005 (Section 191(3)(e)) (hereafter referred to as the Children’s Act), which *recommends* CYCCs offer formal transitional support to care-leavers. However, specific support services required to provide appropriate transition assistance to youth was not addressed. This changed with the release of the National Child Care and Protection Policy (RSA, 2019) (The policy) in 2019. The policy document included more than was expected in terms of a discussion on preparation for care-leavers, independent living programmes, transitional support and aftercare for youth transitioning from both residential and foster care. Most surprising and welcoming, was the emphasis on transitional support and resilience, both of which align with what this current study supports and promotes. It was also much clearer and more specific than described in the Children’s Act.

The policy (RSA, 2019, p. 29) states that youth in care must receive the following:

- Family reunification, reintegration, aftercare services and ongoing support services to ensure the return of the child to a developmentally promotive family environment;
- Transitional support services to all children who are in out-of-home placements; and
- Preparation for independent living and transitional support services for youth who are not returning to families and are aging out of care at the age of 18, to prepare them emotionally and practically for their transition to the environments to which they will return, to support them through the transition, and to provide aftercare support that enables their reintegration into the other options for care in the community.

Furthermore, it is noteworthy that government identified itself as the primary agency responsible for providing the former two points to care-leavers, hence demonstrating their commitment and willingness to assume responsibility for care-leavers during their transition out of and after the care system.

Thus, the focus of the policy (RSA, 2019) as it relates to alternative care of children, is on permanent reunification and reintegration of young people to nurturing and safe family homes. There is an emphasis that this process should commence as soon as children enter care and should continue after they are reunified with family members. GBTSA implements these practices - and findings from the

study support preparation for leaving and focus on reunification beginning as early as possible. Preparation for care-leaving should not take place only once a young person's disengagement date has been set. The same principal applies to aftercare services - a detailed, systematic and clear plan of what these services will entail and who will provide them. The policy highlights that acquiring social and life skills is paramount to preparing care-leavers for self-reliance.

What is most encouraging is the policy (RSA, 2019, p. 88) requirement that the following mechanisms be put in place by the child protection system to ensure effective aftercare preparation and support:

- An effective tracking system to keep track of the child once he or she leaves alternative care;
- Peer support networks to provide a mentoring and support role to children once they leave alternative care;
- A youth development sector that is linked to the children's sector and has the mandate and capacity to provide appropriate aftercare support programmes for children as they transition from childhood to young adulthood;
- Strong networks between the children's sector and the private sector to assist in job creation for youth at risk;
- Ongoing, systemically available educational and vocational training opportunities for supporting young people leaving care to become financially independent; and
- Access to social, legal and health services, together with appropriate financial support, for young people leaving care and during aftercare.

Finally, it is also stated that young people may be disengaged from care after reaching the age of 18 or 21 years. There is considerable international evidence that the longer youth stay in care, the better (Courtney, Okpych & Park, 2021). Hopefully this age can be extended further in the future in South Africa.

Nonetheless, this policy is a big leap forward for the sector – not only is attention given to the plight of care-leavers and their needs, but specific and detailed mechanisms are described regarding what should be done in the way of aftercare preparation and support and the responsible parties.

### **3. IMPACT OF THE GBTSA STUDY**

One of the strengths of this study is the NGO-academic partnership between GBTSA and Adrian van Breda at UJ. This has fostered a project guided by the research expertise of academia, whilst also deeply grounded in practice. The result is a rigorous research design and implementation, which is a purpose-driven, responsive research agenda designed to make lasting and real change. Exposure and stature through publications gets the research out there and increases the credibility for funders. Together, this collaboration increases evidence-based change through an impact on policy and practice.

This partnership has contributed to the continued growth of the GBTSA study, both in numbers of care-leavers who join it, and in its reach and contribution to the field. [Figure 1](#) illustrates the study's impact and reach.

- Since the start of the project, a total of 21 publications have been produced.
- In 2020-2021, four conference presentations took place, bringing the total number of presentations to 38 since the start of the study.
- A Care-leaving Practice Forum established in both Gauteng and the Western Cape meets every few months. These groups bring together NGOs, from around the provinces, working with youth in and leaving care. The forum goals are to share updated research findings, and collaborate on, develop, and influence research-to-practice based policy and interventions.

GBTSA also remains an important contributing member of the Africa Network of Care-Leaving Researchers (ANCR). ANCR is an informal network of researchers, from around the African continent, who are interested in advancing research on care-leavers ([www.careleaving.com](http://www.careleaving.com)).



Figure 1. Impact of the Growth Beyond the Town study

## 4. METHODOLOGY

**Research design.** Currently in its ninth year, the *Growth Beyond the Town* study is a mixed method, rolling cohort, longitudinal study. The study aimed 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). It continues to be the largest and longest study of resilience and care-leaving outcomes in South Africa (Van Breda, 2018).

**Research site.** The study is based at GBTSA, a Non-Governmental Organisation (NGO) which runs one of largest national therapeutic residential child and youth care programmes in South Africa. Children come into care through the Children’s Court. Placed youth have been exposed to or victims of different forms of abuse, severe neglect and/or abandonment. Approximately a third of the placed youth are orphaned in one way or another. Youth generally lack mastery of even the most basic social skills and demonstrate challenging behaviours - such as substance abuse, school and academic performance issues, relationship and interactional difficulties and/or anger management issues - as a result of their abuse, neglect and/or abandonment. GBTSA’s mission is to “create opportunities for youth to Shine - to grow and develop into responsible citizens, able to contribute to family and community life in the spirit of peace, dignity, tolerance, equality and solidarity with others” (GBTSA website). GBTSA focuses their efforts on the young person, but also works to strengthen and empower youth, families and the communities within which the young person operates. True to this, this research is evidence of their long-term commitment to understanding how they shape and support responsible citizens.

**Disengagement phase.** Annually, youth aged 14 years or older and who have been assessed to be ready for disengagement are invited to attend information workshops and then recruited into the study. The participants then partake in a disengagement interview, which has both qualitative and quantitative components. Qualitative questions are asked to get a detailed picture of participants’ 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, in-care information, and disengagement plans.

**Measuring youth resilience.** In the quantitative component of the disengagement interview, participants are asked to complete the Youth Ecological Resilience Scale (YERS) (Van Breda, 2017a), which is a self-administered questionnaire, that was validated in 2014 (Van Breda, 2017b). 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 2](#) below). The PIE framework (which graphically shows the social-ecological perspective) includes the relationship, environmental, in-care, interactional and individual resilience domains.

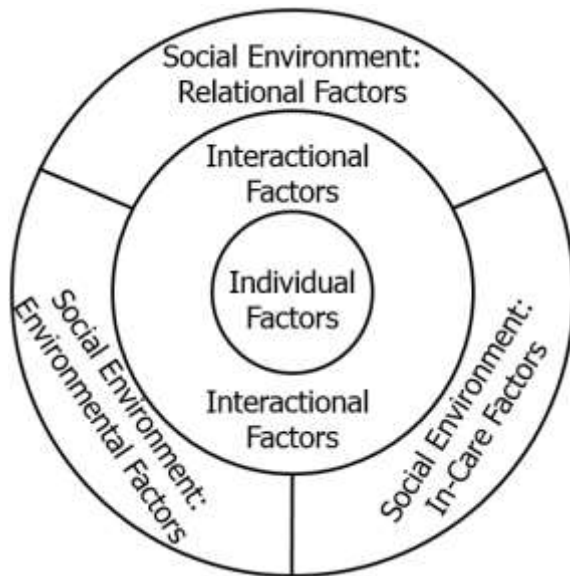


Figure 2. Person-in-environment domains of the YERS (adapted from Van Breda, 2017a, p. 250)

Within each of these domains, subscales are used to measure specific resilience variables (column 2 in [Table 1](#)) and each scale ranges from 0 to 100. The 24 resilience variables are called ‘predictors’ because they are used to 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). Domain scores were established by averaging 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. Thus far, we have completed 176 of these resilience interviews at disengagement.

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.



Domains	Resilience Variables	Definitions
	Family financial security	The family has sufficient money to cover their needs and does not worry or argue about money.
	Social activities	Regular participation in pro-social group activities.
In-care	Supportive relationship with GBTSA staff	A relationship with at least one GBTSA staff 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 staff after leaving care.
	Care-leaving readiness	A perception and feeling of being ready to leave residential care.
Interactional	Teamwork	A perceived ability to work productively with others in a team.
	Empathy	Feeling with and caring for the well-being of other people.
	Interdependent problem-solving	A preference for an interdependent approach to problem-solving.
Individual	High self-expectations	High expectation of self to work hard and achieve the best results.
	Bouncebackability	A general belief in one's ability to 'bounce back' after difficult times.
	Self-efficacy	The belief in one's ability to organise and execute the courses of action required to manage prospective situations.
	Optimism	A general expectation that good things will happen in the future.
	Self-esteem	A general feeling of self-worth and self-acceptance.
	Resourcefulness	A belief in one's ability to perform difficult tasks with limited resources.
	Distress tolerance	The perceived capacity to withstand negative psychological states.
	Spirituality	A global orientation towards personal spirituality.

**Follow-up phase.** Once a year after the disengagement interview, participants are contacted and asked whether they want to participate in a follow-up interview. This includes both qualitative and quantitative components. The qualitative part originally involved an in-depth, unstructured open-ended question, intended to explore the participant's story over the past year. The focus is on hearing their story, which gives us greater insight and depth into their journey to young adulthood. In recent years, we have begun to use the qualitative interview in more purposeful ways to explore specific topics of interest to GBTSA. In 2018, we interviewed participants about the GBTSA social skills programme, and in 2019 we collected in-depth data about the care-leaving processes they were

implementing, based on the original grounded theory study that informed this research (Van Breda, 2015). In 2020, we conducted an in-depth exploration into the participants' employment pathways.

In the quantitative part of the interviews, which is the focus of this report, the outcomes of care-leavers are measured to track their progress over time. This is done with two tools: a self-administered questionnaire and a structured interview schedule. These two tools assess eight indicator outcomes and 12 scale outcomes. Together, these tools measure all the well-recognised domains of independent living outcomes from international literature on care-leavers. 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. [Table 2](#) shows the eight indicators measured and their definitions (Van Breda, Dickens & Marx, 2015).

**Table 2. Indicator outcomes and definitions**

Indicator Outcome	Definition
Self-supporting Accommodation	The percentage of care-leavers who are paying for, or own, their own 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

[Table 3](#) shows the 12 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.
Studying	The extent to which studying care-leavers persist in and perform well in their studies.

Scale Outcome	Definition
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.** All data were captured in an Access database. The quantitative data were exported and analysed in SPSS v27. We ran both descriptive statistics and frequencies. Predictions were analysed using the Mann-Whitney U test for dichotomous categories and Spearman's rho correlations to examine the association between pairs of continuous variables. Significance was set at  $p < .05$ , meaning there is a 5% chance that a significant result could have happened by chance.

**Ethics.** Careful ethical procedures were followed to protect participants to protect their anonymity and confidentiality. At each interview, informed consent was obtained from the participants and their parents/guardians if they were younger than 18. Youth could choose to decline from participating in the study entire, could withdraw at any point in the future and could decline to participate in one year and participate again in a later year. Participants were offered compensation for travel and for their time. The narrative part of the interview was used to build rapport with participants, providing them with an opportunity to reflect and debrief about their experiences in the past year. After each interview, participants had the option of seeing a social worker, as a type of debriefing. Participants were also given a summary of the study's results, so they too were aware of the study's findings. Ethical clearance for the study was granted by the University of Johannesburg (UJ) Faculty of Humanities Research Ethics Committee on 20 September 2012.

## 5. STUDY FINDINGS

### 5.1. Demographic Data

This section describes the demographic data of participants. A detailed breakdown of this data is presented in Appendix 1 ([Table 11](#) to [Table 21](#)).

A total of 176 participants enrolled in the study between September 2012 to December 2019. There are two cohorts per year - a cohort during the year and one at the end of the year when most youth disengage from GBTSA. Since the start of the study, a total of 176 disengagement interviews and 279 follow-up interviews have been conducted, with a total of 455 interviews completed altogether.

Most care-leavers disengage from GBTSA at the end of the school year, and therefore those cohorts were bigger (Cohorts 1, 3, 5, 7, 9, 11, 13, 15, 17), ranging from 13 to 25 participants per cohort. These cohorts make up 86% of all disengagement interviews ([Table 11](#)[Error! Reference source not found.](#)).

The data presented in this report includes the 176 disengagement interviews, 80 one-year follow-up interviews, 65 two-year interviews, 51 three-year follow-ups, 31 four-year follow up interviews, 21 five-year follow-up interviews, 14 six-year interviews, and 13 seven-year interviews ([Table 12](#)). Only four participants had eight-year follow-up interviews and therefore have been excluded from the report because of this small number.

Previously, one of the biggest challenges of this study was the low retention and high attrition rates of participants (Dickens & van Breda, 2019, 2020). Attrition is a common methodological problem in longitudinal studies, with reports of between 30% - 70% attrition rates (Gustavson et al., 2012). It is especially problematic for longitudinal studies of care leavers because of the transient nature of the population (Devaney & Rooney, 2018). Because of this, the research team, led by Sasam Reuben, worked especially hard to find and interview participants who had been lost to follow-up (LTF) in previous rounds of data collection. Through these efforts, we have had increase in follow-up interviews from previous years and this is an important milestone for the study. The main point of losing participants is between disengagement and their first year out of care – 46% of participants are lost in this first year. The retention rate at one year is 54%, at two years is 50%, at three years is 45%, at four years is 33%, at five years is 28%, at six years is 22%, and at seven years is 29%. Of the 176 participants, 73% are active, just 1% have been lost to follow-up, 5% have withdrawn from the study, 21% were readmitted into GBTSA and 1% have passed away ([Table 13](#)[Table 13](#)). Two thirds of participants (61%) were from Youth Development Centres, while a third were from Family Homes (39%) ([Table 14](#)).

Just over three quarters (77%) of participants are male, compared with 23% who are female. This sample is representative of the current gender ratio of youth in GBTSA's care, whereby 74% are male and 26% are female. As the years go on, there has been an increase in uptake of females into the study. In terms of the population breakdown, over half (58%) of participants are African, 17% are Coloured, 15% are White, and 9% are Indian or Asian. As a benchmark, this is also similar to the occupancy rates of GBTSA youth in care in December 2020, where 51% were African, 29% were Coloured, 17% were White and 3% were Indian or Asian. Social workers reported that four participants

had a disability, including one youth with an attention deficit disorder (ADD/ADHD), two with learning difficulties, and one with an acquired brain injury.

## 5.2. Pre-Care, During Care and Pre-Disengagement Data

In this section, the pre-care, during care, and pre-disengagement data of participants collected from the social workers is presented. A detailed breakdown of this data is presented in Appendix 1 ([Table 22](#) to [Table 40](#)).

The participant age range of admission into GBTSA is between 9-17 years old, shown in [Figure 3](#) below. [Figure 4](#) shows the disengagement ages, ranging from 13-20 years old.

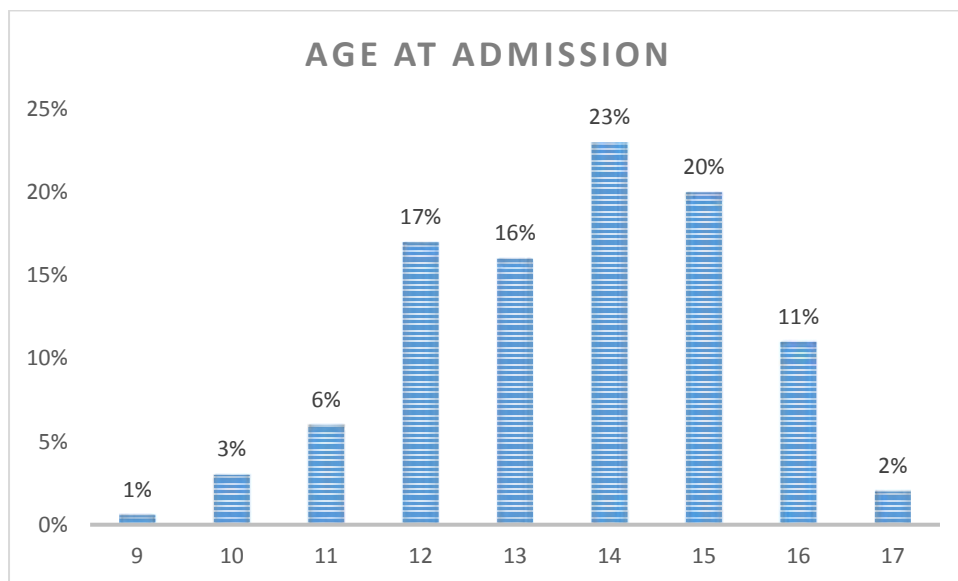


Figure 3. Age at admission to GBTSA

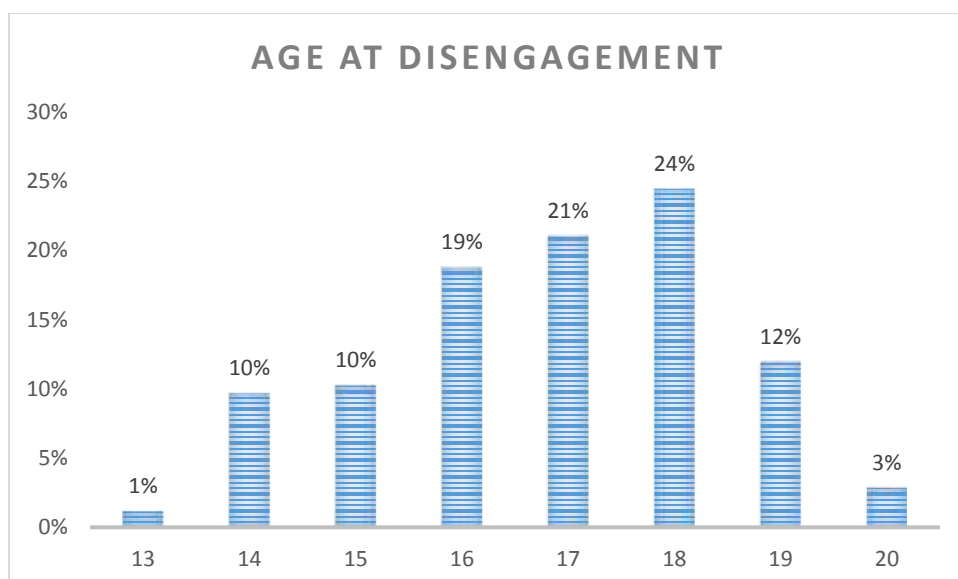
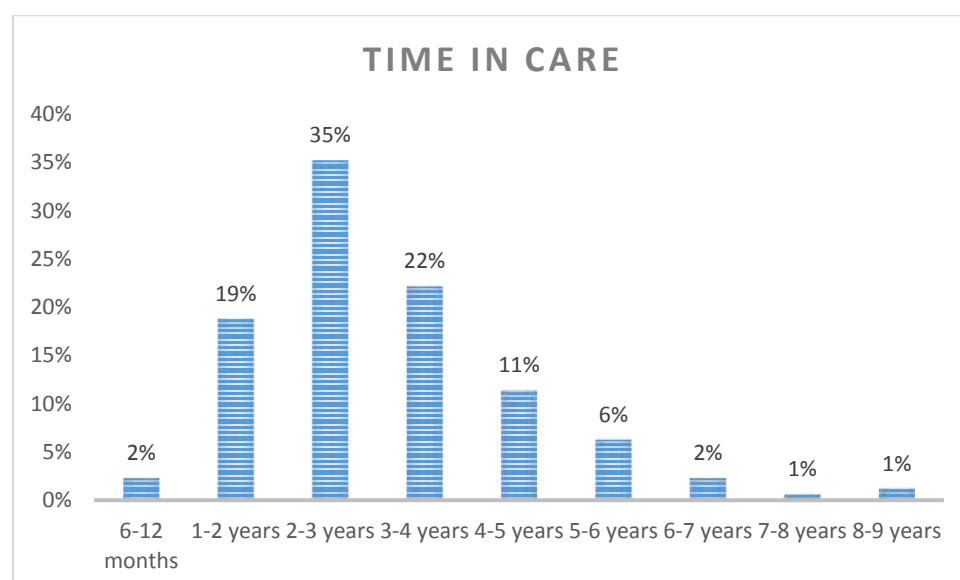


Figure 4. Age at disengagement from GBTSA

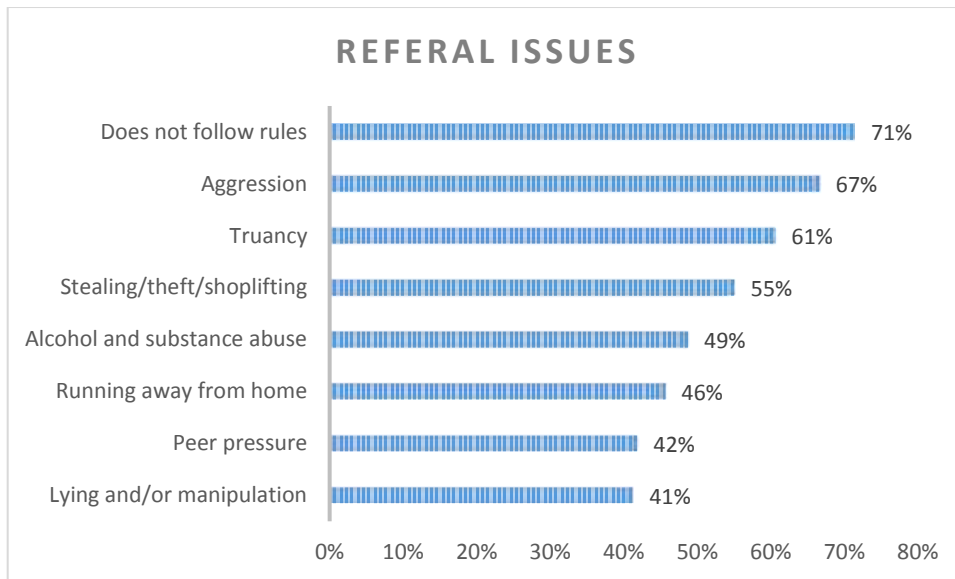
Most participants (85%) disengaged on or before their 18<sup>th</sup> year, while 12% disengaged in their 19<sup>th</sup> year, and only 3% at 20 or 21. According to the Children’s Act, a young person decides whether they are willing to remain in care, despite what the care agency may advise or be in the youth’s best interest. In many cases – as reflected in this data – the youth choose not to remain in care and have their placement order extended. Therefore, they are then disengaged at 18 years old. However, if the youth agrees to remain in care, their placement order is then extended for a further two years and they remain under the care and protection of the Children’s Act and GBTSA. Furthermore, by law, youth can also remain in care only if they are actively involved in some form of formal education/training.

[Figure 5](#) shows the participants time in care. Just over a fifth (19%) stayed for 1-2 years, a third (35%) stayed for 2-3 years and 22% stayed for 3-4 years. Seven participants (4%) stayed in GBTSA for six years or more and only 2% stayed for one year or less. Global literature on care-leaving advocates for longer placement in care (Van Breda et al., 2020). Research has shown stable, long-term placements are most ideal. However, this is in contradiction with the Children’s Act in South Africa, which states that placement at a CYCC should be temporary and ideally less than two years (Mamelani, 2013).



**Figure 5. Time participants spent in care**

In [Figure 6](#), behavioural referral issues of youth coming into care are shown. Social workers acknowledged youth not following the rules (71%) as the greatest behavioural referral issue faced by participants upon admission. This was followed by aggression (67%), and truancy (61%). Also, of concern were stealing (55%), alcohol and substance abuse (49%) and running away from home (46%).



**Figure 6. Referral issues of participants**

Social workers were asked to provide information about the participants' experiences at GBTSA, such as how they performed on the Peer Group System (PGS) or Family Home (FH) Motivation system, the skills they learned, what their educational attainment was, what their relationships were like and their family involvement. This enabled us to gather a broad picture participants experiences living in GBTSA.

[Table 4](#) portrays the most taught skills at GBTSA in the opinion of the social workers. The skills have been arranged in order of frequency of participants who were taught each skill. Following instructions, accepting no for an answer, and resisting peer pressure are the most taught skills.

**Table 4. Most taught skills at GBTSA**

Skills	Taught
Following instructions	152
Accepting no for an answer	150
Resisting peer pressure	134
SODAS: Rational problem solving	131
Greetings	124
Learning respect	120
Dealing with anger	118
Reporting whereabouts	117
Accepting consequences	117
Assertiveness	116
Disagreeing appropriately	116
Substance abuse	115
Leadership skills	112
Finishing assigned tasks	111
Respecting others	108
Relationship building	106
Making decisions	103
Learning tolerance	102

Skills	Taught
Classroom management skills	99
Independent living skills	93
Goal setting	91
Expressing apology	88

Regarding participants' type of education at the time of their disengagement, just less than three quarters (71%) were attending a mainstream school, 6% were in a special needs school, 5% in a vocational school, and the others were either being educated within the GBTSA learning support centre (2%) or were not in school (3%) at the time of their disengagement (but participating in the GBTSA learning support centre in efforts to establish an ongoing culture of education). Over half of participants (62%) were either in Grade 8, Grade 9, or Grade 10 upon their disengagement. A further 3% were in Grade 11 and 13% were in Grade 12.

The social worker questionnaire also examined disengagement information of participants. Just over a quarter (27%) were being disengaged because they were turning 18. They may not have met the criterion to remain in care beyond 18 (viz. continued education) or did not take up the opportunity to remain in care if they did meet the criterion. A fifth (16%) said referral issues had been resolved, another fifth (16%) said the family wants the youth to return home, 15% said they were no longer benefitting from being in care, and 12% were leaving because they had completed schooling.

Just over two thirds (77%) of participants said they were returning to family, 14% were going back into foster care, and 4% were going into independent living. Of those disengaging, 61% were reportedly going to attend school, 9% were going to attend a course, college, or tertiary education, 5% were going to look for work and 2% had secured work already.

### 5.3. Disengagement Data

In this section, the highest scoring resilience variables of care-leavers (n=176) is described at the time of their disengagement. An item level analysis of noteworthy findings is also presented. In Appendix 2, [Table 41](#) provides the resilience disengagement scores and [Table 43](#) shows the responses to individual YERS items. Prior to this, the Impression Management Index – which is a scale that measures social desirability - is discussed.

#### 5.2.1. *Impression Management Index*

Occasionally in social research, participants may provide an exaggerated impression of themselves to make themselves 'look better' (Van Breda & Potgieter, 2007). To counter this, we included the Impression Management Index (IMI) (Van Breda & Potgieter, 2007) into the YERS questionnaire. The IMI measures the degree to which participants answer the questionnaire honestly and comprises 10 items, scattered throughout the YERS. Impression management impacts on the validity of the data and it should be reduced as far as possible. The IMI results are shown in [Table 44](#)[Error! Reference source not found.](#)



The IMI scale score was 12.53%, which is much lower than the IMI score produced for an anonymous survey in the validation of the IMI, which was 48.8% (Van Breda & Potgieter, 2007). This suggests very low levels of impression management overall in this study. The IMI has a cutting range of 46-70%, meaning participants 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 this study, all but three participants scored below 46% and none scored above 70%. This gives us confidence that participants are reporting honestly and not attempting to create an overly positive image of themselves.

### 5.2.2. Highest scoring resilience variables

The 10 highest scoring resilience variables at disengagement (from the 24 variables measured) are shown in [Figure 7](#) (see [Table 42](#) for item level detail). A higher mean score on the resilience variables is desirable, as it demonstrates participants had higher resilience in those areas. [Figure 7](#) displays a grouping of five slightly higher scoring resilience variables compared to the second set of top five, differentiated by a 2.9 percentage point difference (between teamwork and positive care experiences).

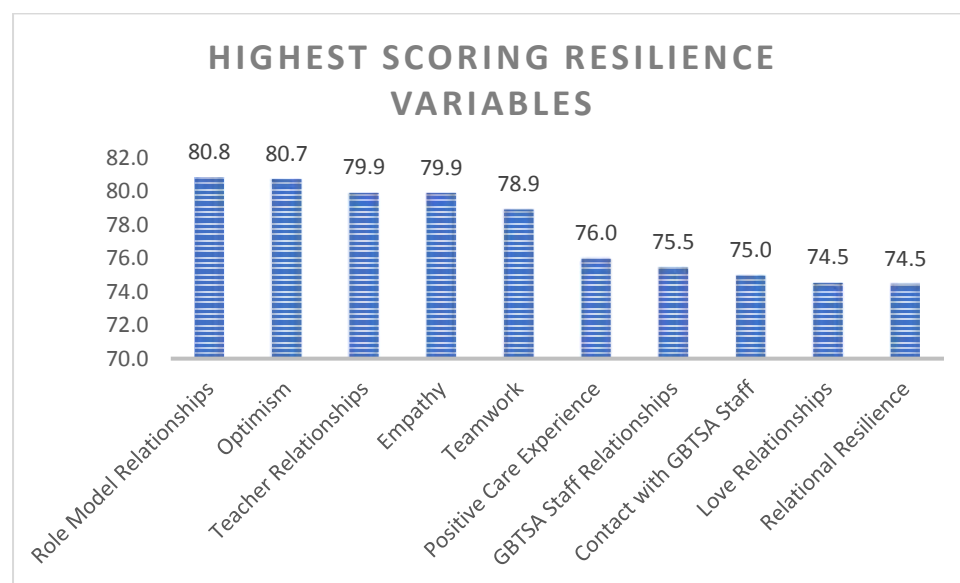


Figure 7. Highest scoring resilience variables

Shown in [Figure 7](#), the highest scoring resilience variables include four relational domains, three in-care domains, two interactional domains, and one individual domain, which is the same findings seen in the previous two years (Dickens & van Breda, 2019; 2020). Once again, no environmental domains were represented in the top 10 highest scoring resilience variables.

The prominence of **relational** domains year after year provides evidence for the important role relationships play for care-leavers upon disengagement, and rightly so. Strong, consistent, and supportive relationships have repeatedly shown to foster resilience in care-leavers (Stein, 2012). In particular, role model relationships (80.8%) – a supportive adult in the young people’s lives other than parents/guardians, teachers or caregivers – was once again the highest scoring resilience variable. Relationships with teachers (79.9%) and love relationships (74.5%) were also amongst the highest

scoring resilience variables, as well as global relational resilience (74.5%). Family relationships did not, however, fall within the top 10, as it had with previous years. It thus appears that relationships within the environment of the care-leavers, and not specifically family members, are important resilience variables for care-leavers upon their disengagement.

The findings reveal that three **in-care** domains were also amongst the 10 top scoring resilience variables. These include positive care experiences (76.0%), relationships with GBTSA staff (75.5%), and contact with GBTSA staff (75.0%). These three in-care resilience variables were also amongst the highest scoring resilience variables in 2020, implying that participants' perceived experience of care and of their carers remains stable over the years as more care-leavers join the study.

Empathy (79.9%) and teamwork (78.9%) were the two **interactional** domains that once again were prominent. Both resilience variables remained consistently prominent in the 2019, 2020, and 2021 data, suggesting the significance of these variables for care-leavers upon disengagement. Participants' scoring highly in these areas suggests they care for the well-being of others and have a strong belief in their ability to work constructively and collaboratively in teams.

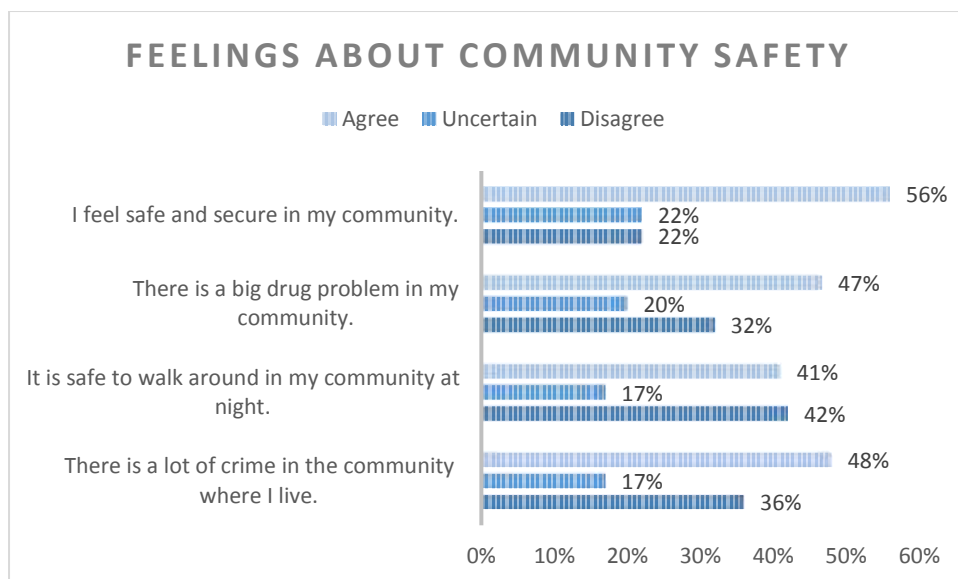
Only one of the **individual** domains, optimism (80.7%) was amongst the highest scoring resilience variables. Optimism— feelings of hopefulness about the future – has consistently emerged as one of the most prominent resilience variables in 2019 and 2020.

Therefore, the findings are mostly consistent across the past three years (2019, 2020, and 2021). Year on year, the top 10 highest scoring resilience variables remain almost all the same. This is positive as it gives us greater confidence in the findings as more participants are recruited into the study. Each year, these findings have supported an ecological view of resilience (Ungar, 2012). This suggests that resilience does not come from internal traits only or even primarily, but rather is a process which is fostered through various domains of the PIE framework. Social and environmental factors impact individual processes to improve the wellbeing of care-leavers (Vaughn & DeJonckheere, 2021). Despite this, none of the three environmental domains was prominent amongst the top resilience variables.

### *5.2.3. Item level analysis at disengagement*

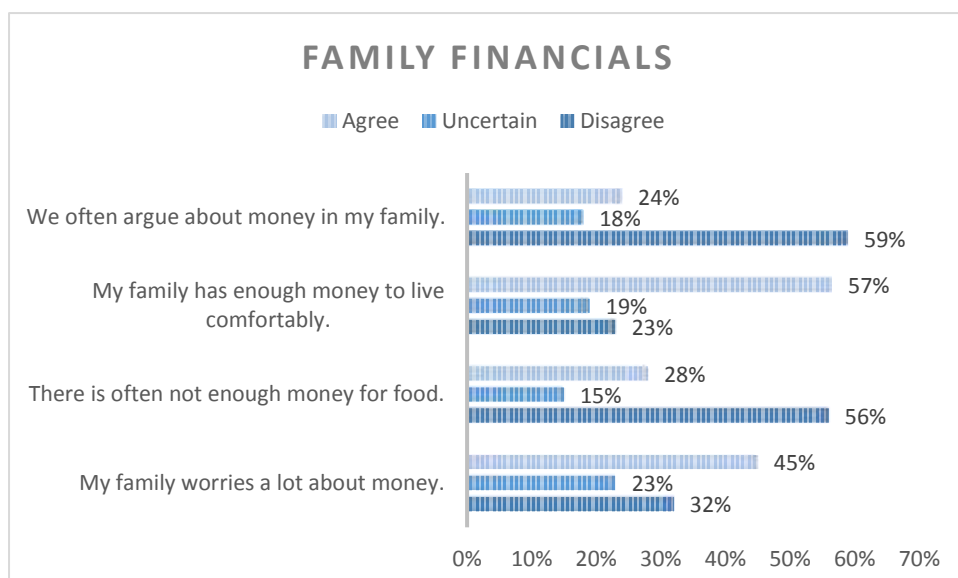
The following section provides an item level description of the participants' perceptions relating to selected resilience variables during their disengagement.

While no environmental domains emerged above as high-scoring resilience variables, it is important to explore these items in greater detail to understand participants' perceptions of their environment. This includes how they perceived their community, their financial situations at home, and the activities they are involved in. [Figure 8](#) portrays participants' perceptions of the safety and security within their communities.



**Figure 8. Item level analysis about community safety**

Just under half the participants thought there to be a drug problem in their communities (47%), as well as a lot of crime in their communities (48%). Despite this, 56% felt safe and secure in their communities and 41% felt safe to walk around at night. Thus, it appears that despite the risk in their home communities, participants felt safe moving around their communities. Perhaps an area for further research, where possibilities such as whether the care-leavers felt a sense of belonging with their neighbours or romanticised ‘being home’ because of living away for some time and so on, could be further explored. Participants’ perceptions about their family’s financial situation upon their disengagement is shown in [Figure 9](#).

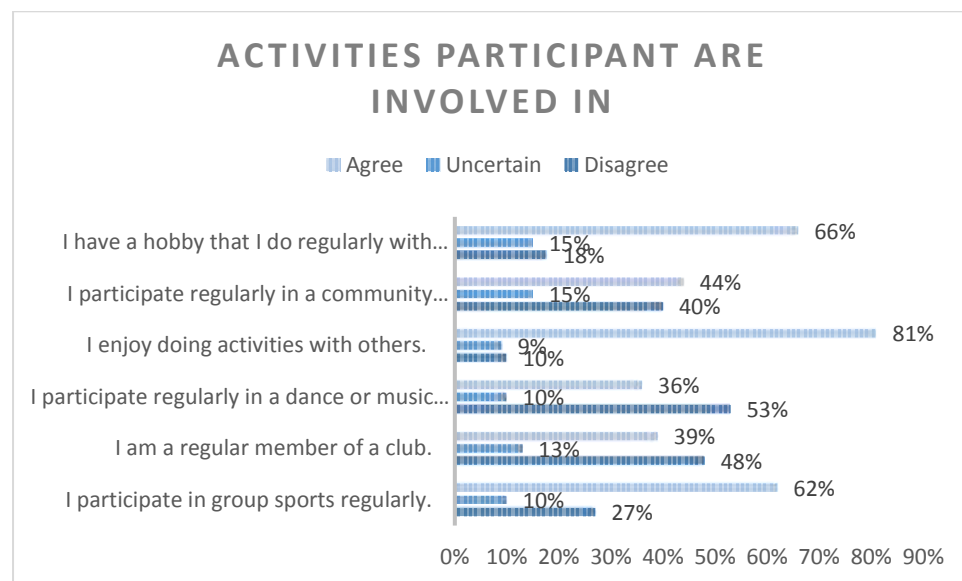


**Figure 9. Item level analysis of family financial situations**

Just less than half (45%) of participants said their family worries a lot about money, while as many as a quarter (24%) said their families often argue about money. Just under a quarter (23%) said their family does not have enough money to live comfortably, but what is most alarming, is more than a

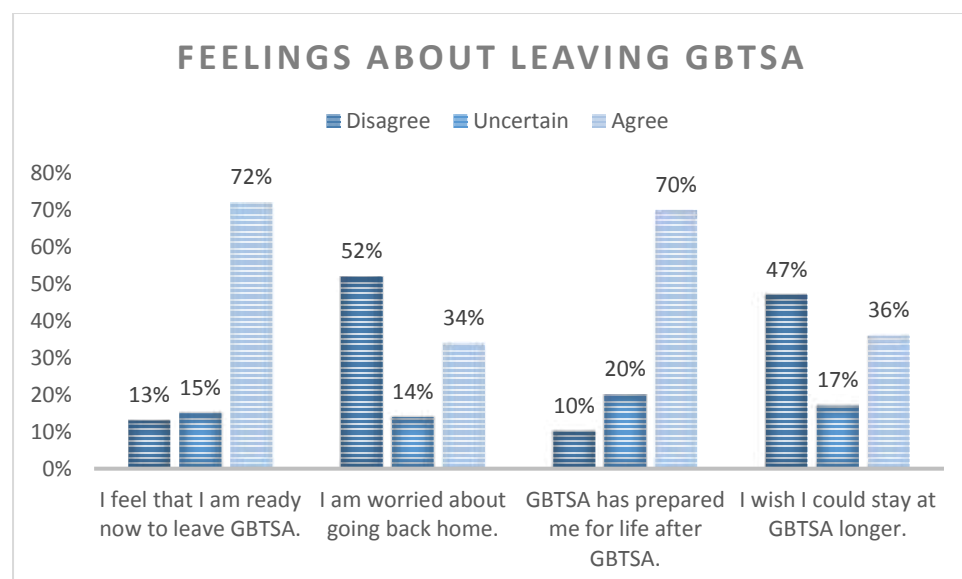
quarter (28%) said there is often not enough food for the family to eat. These findings point to the financial struggles that participants perceive their families to have. It also suggests that some participants' families may live in highly vulnerable and poverty-stricken situations or perhaps even struggle with budgeting and money management issues.

[Figure 10](#) displays the activities participants are involved in upon disengagement. It is interesting to note that as many as four fifths (81%) of participants care about doing activities with others. The strong need to connect with others is evidence of these findings, supported by the 66% of participants who said they have a hobby they do regularly with others, and 39% who do group sports regularly. These findings suggest participants' need for connection with others, most likely peers or role models, and that they are involving themselves in activities that meet this need.



**Figure 10. Activities participants are involved in**

Each year, we report on participants' feelings about leaving GBTSA, shown in [Figure 11](#).



**Figure 11. Item level analysis feelings about leaving GBTSA**

Just below three quarters (72%) of participants felt ready to leave GBTSA, and 70% said GBTSA has prepared them for life. Presumably, these participants felt well equipped and prepared to leave GBTSA. However, a third (34%) acknowledged that they are worried about going back home and 36% wished they could stay at GBTSA for longer. This may be suggestive of their ambivalence towards what life might be like once they return home, or concerns or uncertainty of their home life situation or family financial worries. These pre-disengagement apprehensions are common in care-leavers globally. For example, in a recent Swedish study, care-leavers expressed concerns about the practical issues of life – where and how they would live and survive. They also described a great deal of stress and anxiety on leaving, feeling isolated, and said care felt like being in a “bubble” (Bengtsson, Sjöblom & Öberg, 2017). However, despite these short-term concerns upon disengagement, participants felt more positive about their long-term prospects.

This section described the disengagement data of participants. The next section presents the outcomes data, obtained during follow-up interviews with participants.

### 5.3. Outcome Data

All the analysed outcome data discussed in this section is presented in Appendix 3, where [Table 45](#) shows the descriptive statistics of the indicator outcomes, while [Table 47](#) shows the descriptive statistics of the scale outcomes. An item level analysis of the outcomes data is provided in [Table 49](#) to [Table 64](#). [Table 5](#) and [Table 6](#) below provide summaries of the detail in the appendix and are followed by a discussion of some of the highlights.

A summary of the indicator outcomes (by percentage) over the seven years is provided in [Table 5](#). 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 seven years. For all indicator outcomes, except NEET, a high score indicates a desirable or positive outcome. Definitions for the indicator outcomes ([Table 2Error! Reference source not found.](#)) and scale outcomes ([Table 3Error! Reference source not found.](#)) are provided in the methodology section (Section 4).

**Table 5. Indicator outcomes over the seven years**

Indicator	Y1	Y2	Y3	Y4	Y5	Y6	Y7
	%	%	%	%	%	%	%
Self-Supporting Accommodation	30	53	39	53	45	50	42
Education for Employment	65	65	62	68	68	79	73
NEET*	39	32	34	32	36	21	27
Reliable Employment	64	57	73	67	83	80	75
Diligent Education	55	30	39	70	67	33	50
Liveable Income	21	30	27	25	67	67	78
Drugs Alcohol Free	83	91	82	81	77	71	92
Crime ‘free’	78	80	80	84	73	100	92

\* A low score is desirable

[Error! Reference source not found.](#) provides a summary of the scale outcomes over the seven years. These are the percentages scored for each outcome, on a range of 0-100. As with the previous

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

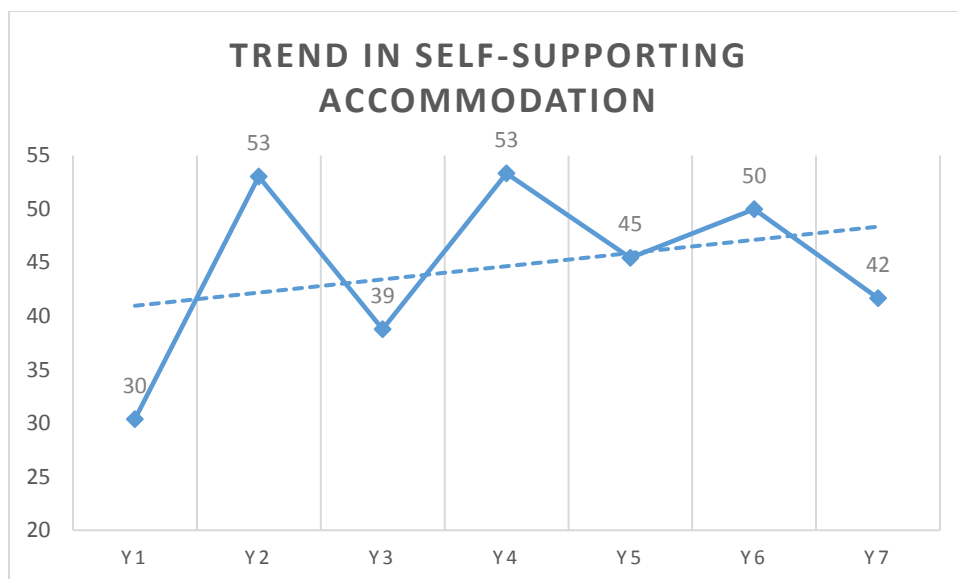
**Table 6. Scale outcomes over the seven years**

Outcome	Y1	Y2	Y3	Y4	Y5	Y6	Y7
	%	%	%	%	%	%	%
Health Global	73	73	73	75	77	80	80
Health Physical	76	76	75	79	81	84	85
Health Psychological	69	70	71	71	73	76	74
Family Relationships	67	66	70	66	75	74	75
Friend Relationships	72	71	70	72	76	77	75
Love Relationships	83	83	85	76	88	89	86
Resilience (Resilience)	73	71	76	72	79	78	81
Bouncebackability	57	58	61	59	66	72	64
GBTSA Experience	79	84	81	83	82	84	80
GBTSA Contact	71	71	71	73	72	71	71
Accommodation	38	43	39	40	40	45	43
Employment	75	51	48	53	57	49	57
Studying	76	54	57	68	58	63	53
Finances	48	48	44	50	47	40	55
Drugs and Alcohol	9	8	11	11	14	12	12
Crime	5	5	5	4	6	1	1

The following section examine these findings by outcome, viz. accommodation, employment, NEET, studying, financial security, drugs and alcohol, crime, health and wellbeing, relationships, resilience, and in-care experiences.

### 5.3.1. Accommodation

The trend in participants who had **self-supporting accommodation** over the years is shown in [Figure 12](#). Self-supporting accommodation is defined as the percentage of participants who are paying for, or own, their own accommodation, or receive accommodation in exchange for work. The overall trend is fairly stable over the seven years, despite there being some fluctuations. While it is unexpected (and impressive) for care-leavers to have self-sufficiency in their accommodation situation in the first few years, we would hope to see that as they mature and secure work, they gain more independence in their living situation. This is somewhat the case after six and seven years out of care with the participants, where approximately only half have self-supporting accommodation.

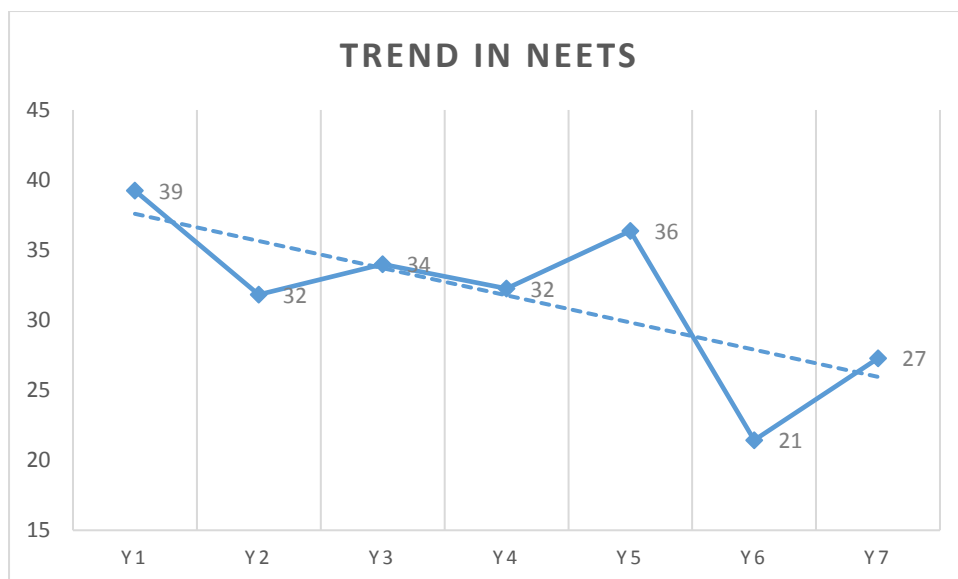


**Figure 12. Trend in self-supporting accommodation**

An item level analysis of accommodation shows that 72% of participants live in a whole formal dwelling (such as a house) in their first year after leaving GBTSA, and by the seventh year this increases to 83%. This is compared to only 10% of participants living in informal dwellings (like a shack) after year one, and only 8% after seven years. As many as four fifths (82%) of participants go live with their families after the first year, and by the seventh year, this decreases to 58%. The other 42% either live on their own or with friends. As would be expected of recently disengaged care-leavers at year one, 70% do not pay rent for their accommodation, but it is interesting to note that 14% are paying rent themselves which indicates their taking active responsibility for their accommodation situations. By the seventh year, 50% of participants were paying for their own accommodation, suggesting that with increasing age comes increased independence. There is some instability in their housing situations – 53% of participants moved between residences at least once in the previous year. This does not improve by much by the seventh year, where 42% moved at least once in the previous year. However, homelessness levels remain low, which is very positive considering this is common amongst care-leavers even from the Global North (Glynn & Mayock, 2021). Participants in their third follow-up interview had the highest rates of homelessness, where 16% reported at least some period of homelessness.

### 5.3.2. *Not in Employment, Education or Training (NEET)*

The trend in **NEET** rates, defined as the percentage of care-leavers who are not working, studying, or in training, is displayed in [Figure 13](#). There is a modest downward trend in participants who are NEET over the seven years, which is a positive finding and what we would hope for. It appears that as the years go on, more participants were able to secure work or become meaningfully engaged in education or training.



**Figure 13. Trend in participants who were NEET**

Relative to the general South African youth population, these findings are even more encouraging. In the first quarter of 2021, approximately 3,3 million young people of the 10,2 million persons aged 15–24 years were NEET. This means the NEET rate was 32,4% (StatsSA 2021, p. 14). In other words, one in three young South Africans between the ages of 15 and 24 years were NEET in the country. StatsSA (2021) emphasises that when the NEET rate is examined in conjunction with the current unemployment rates, which are over 60%, it is evident that young South Africans face extreme difficulties engaging with the labour market. [Figure 14](#) shows the NEET rates by age in South Africa, and demonstrates it has increased by 1,7 percentage points in Q1:2021 compared to Q1:2020 (StatsSA 2021, p. 16). This has most likely been exacerbated by the COVID pandemic. What is quite alarming is how these NEET rates in the country steadily worsened over the past eight years. Khuluvhe and Negogogo (2021) report that a breakdown of NEETs into inactive and unemployed reveals that most NEETs are inactive and not looking for work.



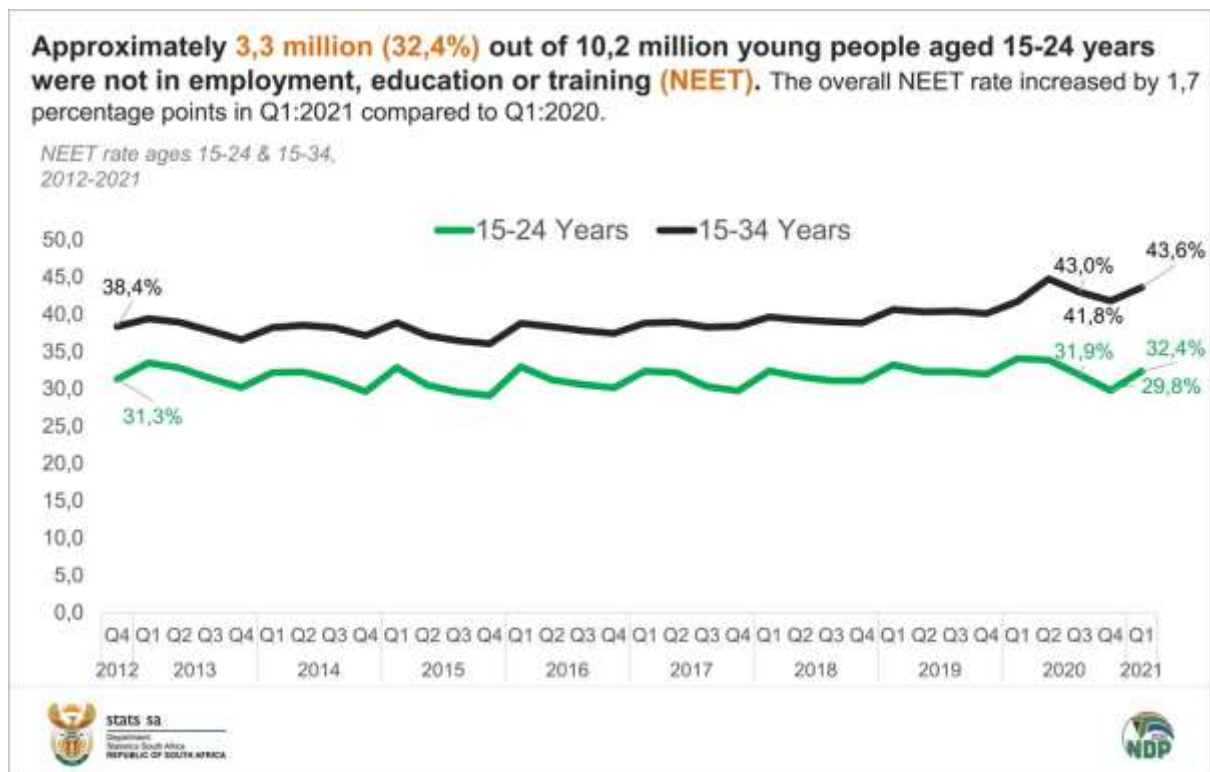


Figure 14. NEET rates in South Africa from 2012-2021 Q1: 2021

Thus, compared to the wider youth population, GBTSA's participants have slightly lower NEET rates – 27% of those after seven years compared to 32.4% national SA figures. In the context of care-leavers in other parts of the world, the GBTSA findings are also encouraging. A study by the Department for Education (2018) in the United Kingdom shows more than one in three care-leavers end up being NEET – as many as 37%.

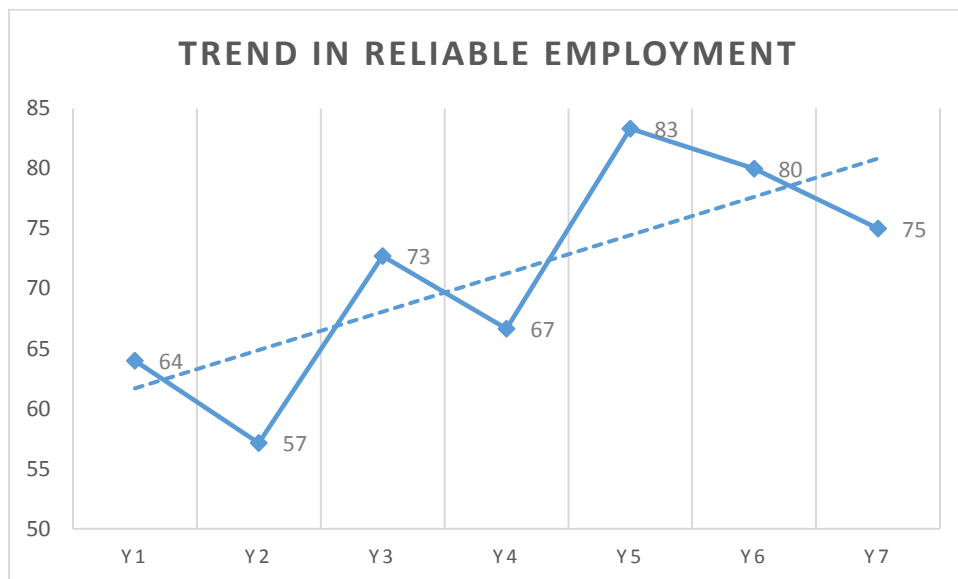
Each year, the most reported reason GBTSA participants gave for not working was because they were unable to find work requiring his/her skills. In the first year out of care, 22% said they were awaiting the season for work, while 13% reported not wanting to work.

To compare, in the general population of South African youth aged 15-34 years between 2013 to 2020, reasons given for being NEET included: being new entrants into the labour market, discouraged job seekers, home makers, job losers and health reasons (Khuluvhe & Negogogo, 2021). Despite being NEET, many GBTSA participants did not go for job interviews. For example, after year 1, less than a quarter (28%) had been for an interview, and even fewer (13%) had applied to study for a course. Those going for job interviews decreased further over the years, perhaps because they had become discouraged job seekers, or because they were making job applications but not getting to the interview stage.

### 5.3.3. Employment

Figure 15 shows a notable upward trend in participants who met the criteria for **reliable employment** over the seven years since leaving GBTSA. That is, the percentage of employed care-leavers who maintained a reliable work record. It thus appears that of those care-leavers working, they were likely

to stick with their jobs as they got older. Becoming more dependable and responsible in their work is perhaps indicative of maturity.



**Figure 15. Trend in reliable employment**

Obtaining work is especially challenging in South Africa, with an official unemployment rate in the first quarter of 2021 at 32,6% (StatsSA, 2021). [Figure 16](#) shows the immense vulnerability of young people in the labour market, with an unemployment rate of those aged 15-24 years of 63,3%, an absorption rate of about 7,6% and a labour force participation rate of 20,6%. Of those aged 15-34, unemployment was 46,3%. Alarming, this suggests approximately one in every two youth in the labour force were without jobs. StatsSA (2021, p. 15) reports a quarter (24,4%) of young people have jobs and 45,3% of them participate in the labour market.

**Youth aged 15-24 years and 25-34 years recorded the highest unemployment rates of 63,3% and 41,3% respectively**

Labour market rates by age group, Q1:2021

Change: Percentage points  
Q4:2020 to Q1:2021

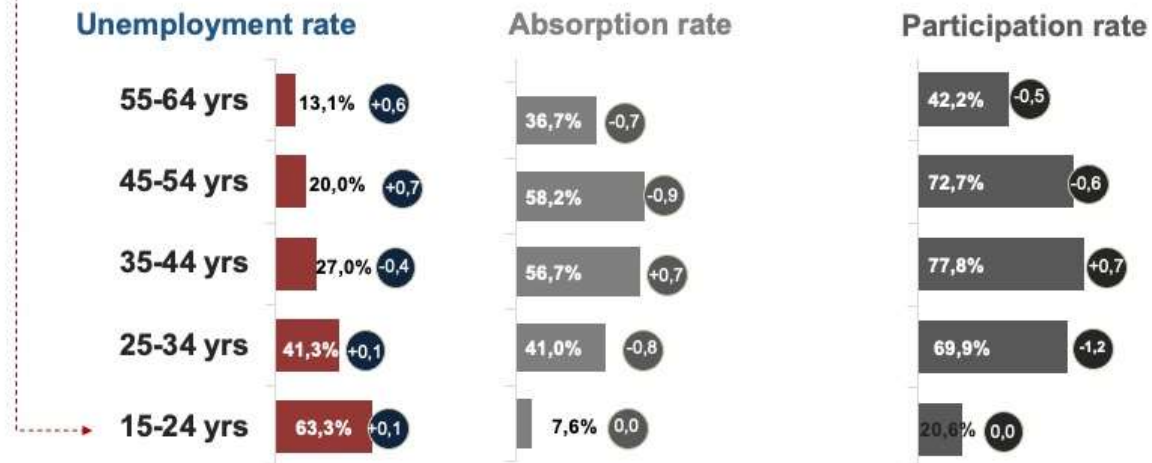
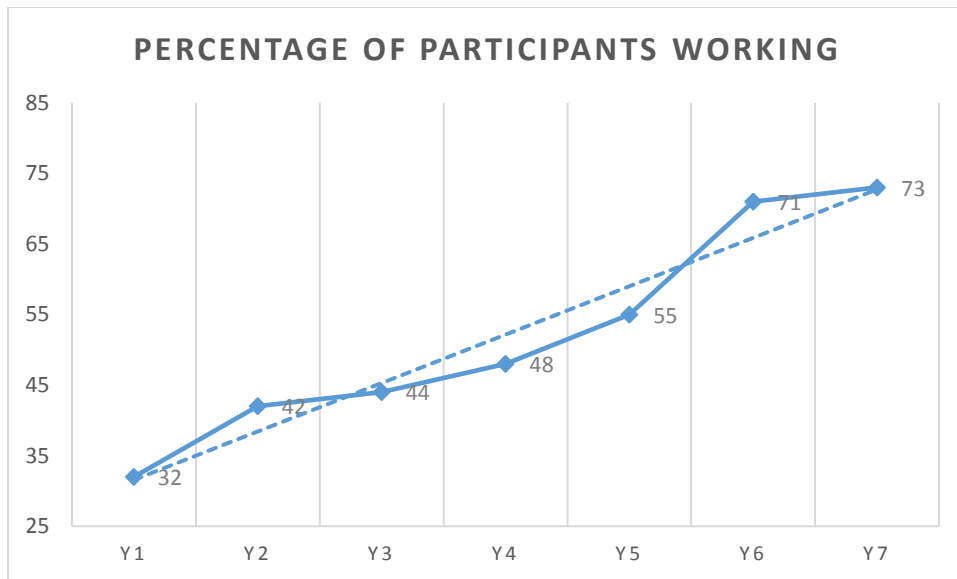


Figure 16. Unemployment rate in South Africa by age Q1: 2021

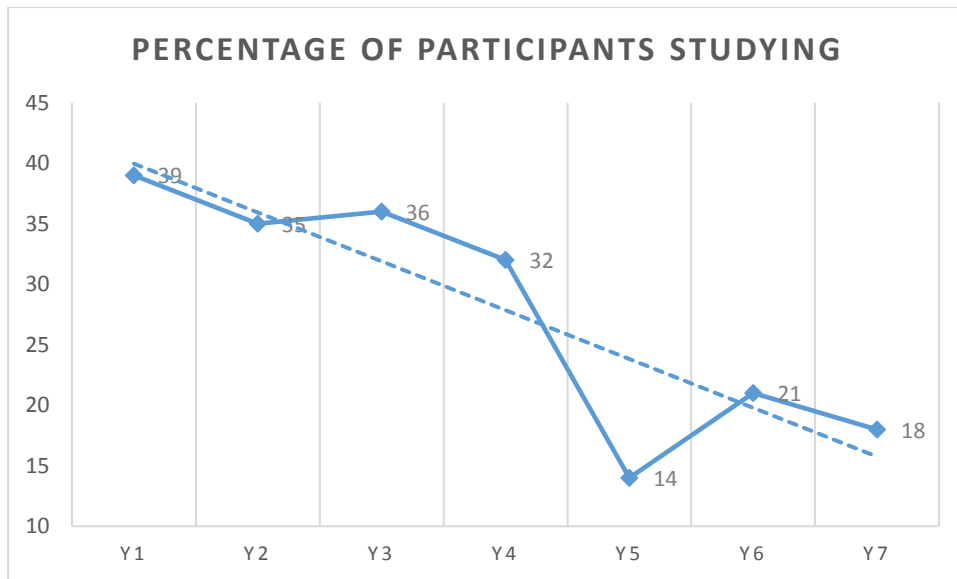
Considering these unemployment statistics, GBTSA care-leavers appeared to fare well in terms of gaining employment over the years, as shown in [Figure 17](#). While only 32% of participants were working one year out of care, by year seven, as many as 73% were working. This is a vast improvement in employment rates over the years. One possible explanation is that they move from education to employment, and that is why the rate increases by the sixth and seventh year. Having employment is a powerful protective factor for care-leavers, not only economically, but also by providing opportunities for enhancing their self-worth by being meaningfully engaged (Dinisman & Zeira, 2011).



**Figure 17. Percentage of participants who had employment over time**

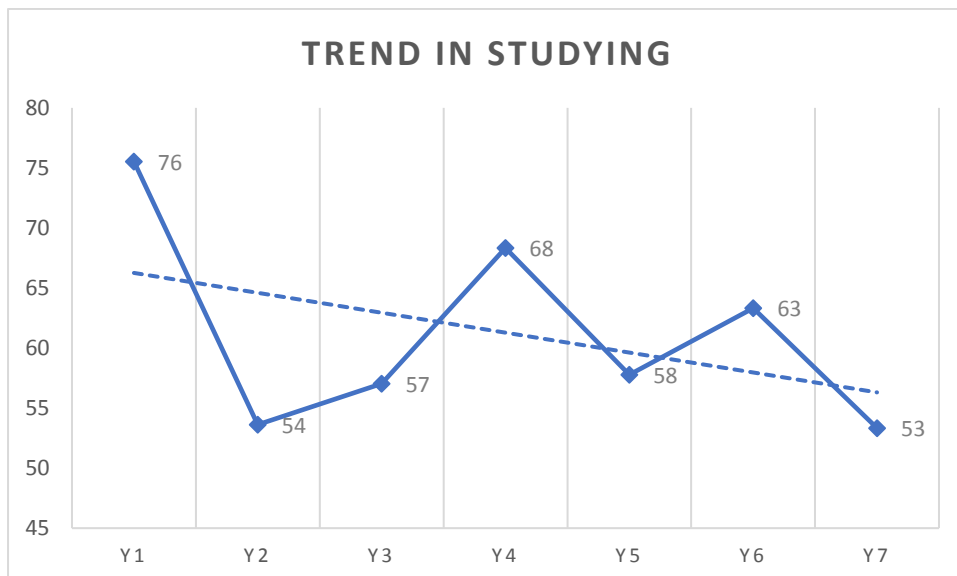
#### 5.3.4. Studying

The percentage of care-leavers who were studying over the years is shown in [Figure 18](#). It depicts approximately a third of participants were studying in the first four years. From year five onwards, there is a downward trend in those who were studying. This is not unexpected, as over time, care-leavers complete their studies and move into employment. Care-leavers commonly experience lower school attainment compared to the broader population (Sebba et al, 2015). For example, in the UK, approximately 12% of care-leavers attend university up to the age of 23, in comparison with 43% in the general population (Harrison, 2017). Therefore, the participants in the current research study appear to be faring well in terms of studying attendance. One reason for this improved GBTSA care-leaver statistic may be GBTSA's commitment to their youth leaving care where youth qualify for further studies and request ongoing assistance from GBTSA. Despite no governmental support, GBTSA self-funds some of their care-leavers who would otherwise not have the opportunity to afford on-going studies.



**Figure 18. Percentage of participants who were studying over time**

[Figure 19](#) shows the trends of those participants who were met the criteria for the outcome studying, defined as the quality of studying and academic achievement among those who are studying.

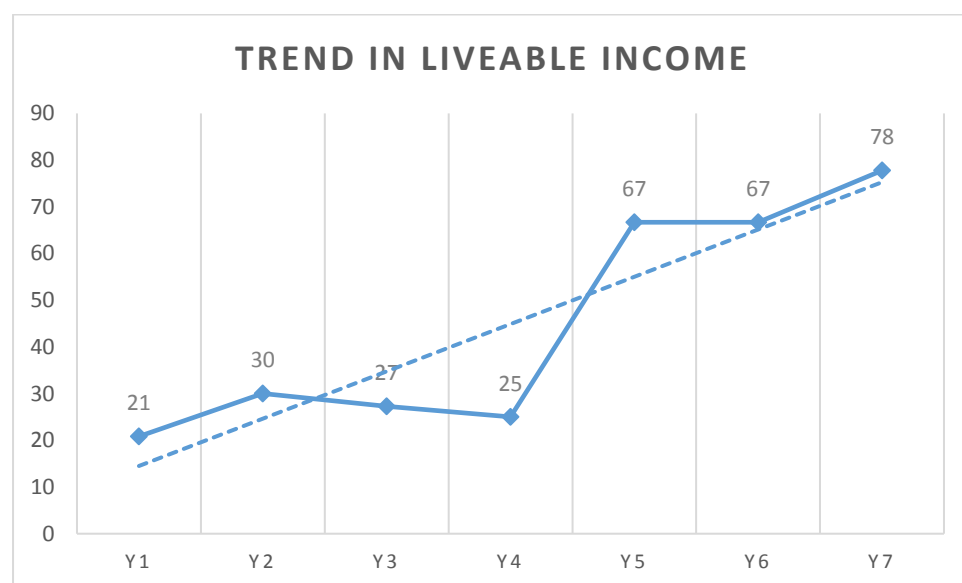


**Figure 19. Trend in participants who met the criteria for studying**

The data resembles a curve (a shallow u). In their first year out of care, participants who were studying performed very well (76%), but then show a big drop in their second (54%) and third (57%) year out of care. They then return to a more stable and persistent performance in the years that follow. Perhaps this is because of GBTSA's positive influence and impact on them in their first year out of care, but the challenges of life become harder and their persistence wanes for a few years, before they become serious about studying and strive to academically achieve.

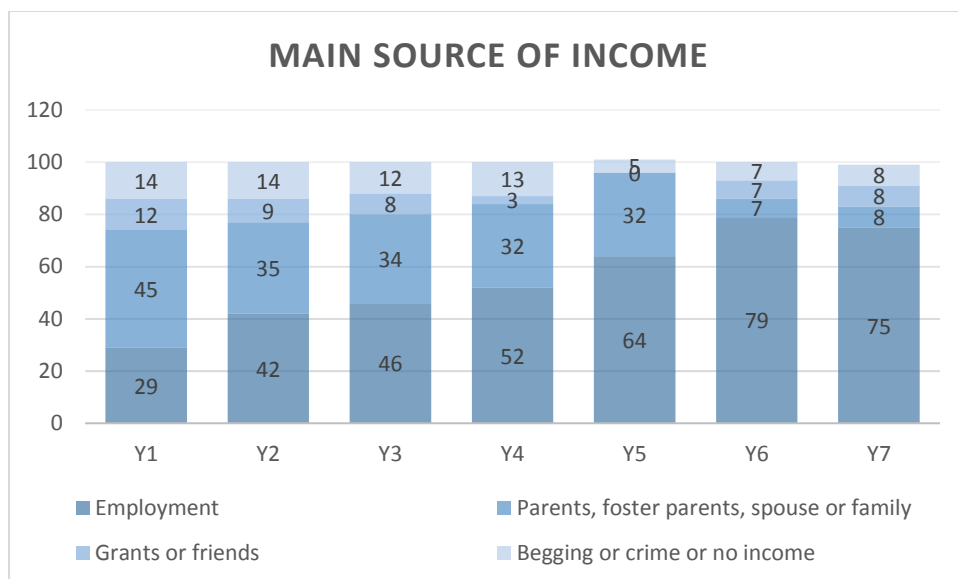
### 5.3.5. Financial Security

[Figure 20](#) portrays a noticeable upward trend over the years in the percentage of participants who have a **liveable income**, especially in years five, six and seven. Liveable income is defined as those who have 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. While to be expected, only 21% of participants met the criteria for this indicator after one year. From year four to five, there is a marked increase in those who have a liveable income. By the seventh year, it is both surprising and encouraging that as many as 78% of participants have a liveable income. It appears that the longer care-leavers are out of care, the more they mature into responsible earners and savers. It seems their ability to earn a stable wage and look after their financial health increases as they get older.



**Figure 20. Trend in participants who have a liveable income**

[Figure 21](#) shows participants' main sources of income over the years. It appears that as the years go on, participants increasingly rely on employment as their main source of income. This may signify that as they mature, they are steadily gaining their independence and becoming more self-reliant. In a sense, they can find their feet. This is immensely positive in the context of the staggering unemployment rates as described in Section 5.3.3. Also depicted in [Figure 21](#) is how care-leavers rely less on their parents over the years. There are a few participants each year that are either begging or have no income and, although small, this remains a concern.



**Figure 21. Participants' main source of income**

Reportedly, 57% of participants held a bank account one year after leaving GBTSA, compared to 90% who had a bank account after seven years. This is perhaps another indication of the independence of care-leavers as they mature. Also promising is the very low levels of debt reported by participants every year – as many as 92% said they had no debt after the first year. By the seventh year – which is when one may expect this to increase, all but two had no debt – and one of those who had debt had a housing bond, which is considered a better type of debt. Also reassuring is that, while two thirds (62%) of participants said they had no savings after one year, by the seventh year as many as 83% said they had savings. More than half of those said they had saved as much as R12 801 or more. This may also be linked to the care-leavers implementation of their experiences whilst at GBTSA. The GBTSA youth responsibility and Independent Living Programme application requires that youth learn to save one third of all pocket money or earned income. Youth are then taught what savings are for and rational criteria-driven problem-solving processes are engaged with regarding the need for savings and when they should access and utilise savings.

Participants were asked about food security each year. During the initial years out of care, and especially the first year, some reported that they did not have enough food to eat for one day or more. Concerningly, ten of the 16 participants who did not have enough food to eat said that this was for four days or more. In the second year, 18% reported one day or more of not enough food and 12% reported such in the third year. However, in the subsequent years, this dramatically decreases, where almost all participants said they had enough food to eat. This may coincide with securing work. 11% of participants in the earlier years, who had reported 'not enough food' dropped out of the study in later years. This is not an uncommon finding in care-leavers, who have an increased risk compared to others of poverty and social exclusion (Powell, 2018).

### 5.3.6. Drugs and Alcohol

After the first year, four fifths (83%) of participants were **drugs and alcohol 'free'**, as shown in [Figure 22](#). Drugs and alcohol 'free' is defined as those who avoided binge drinking more than once a week, who used dagga/weed no more than twice a week, and who had not used hard drugs in the past

month. Overall, this trend remained high over the years that followed, although there was a slight downward trend up until the sixth year after care, implying an increase in youth who were taking substances over these years. Then in the seventh year, the vast majority (92%) of care-leavers met the criteria for being drugs and alcohol ‘free’.

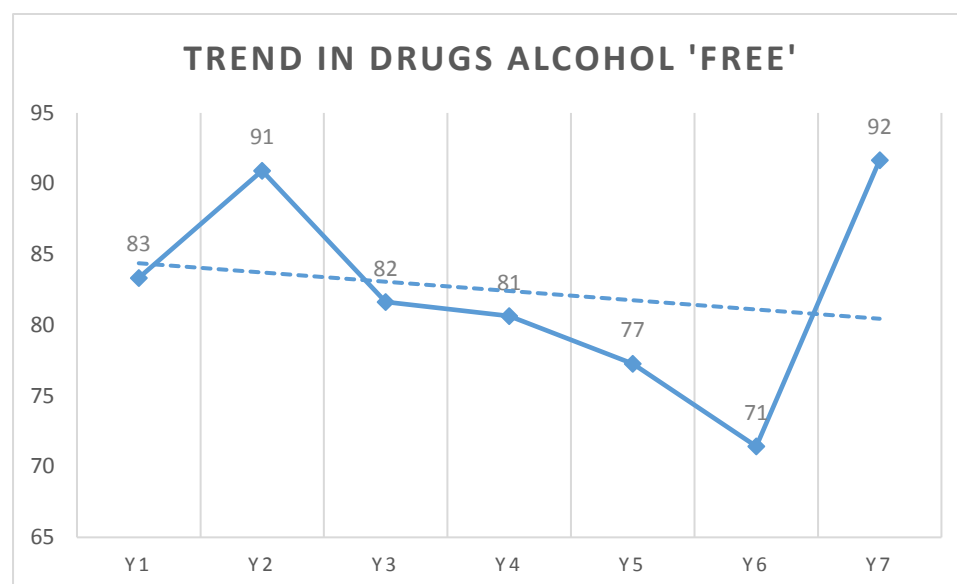


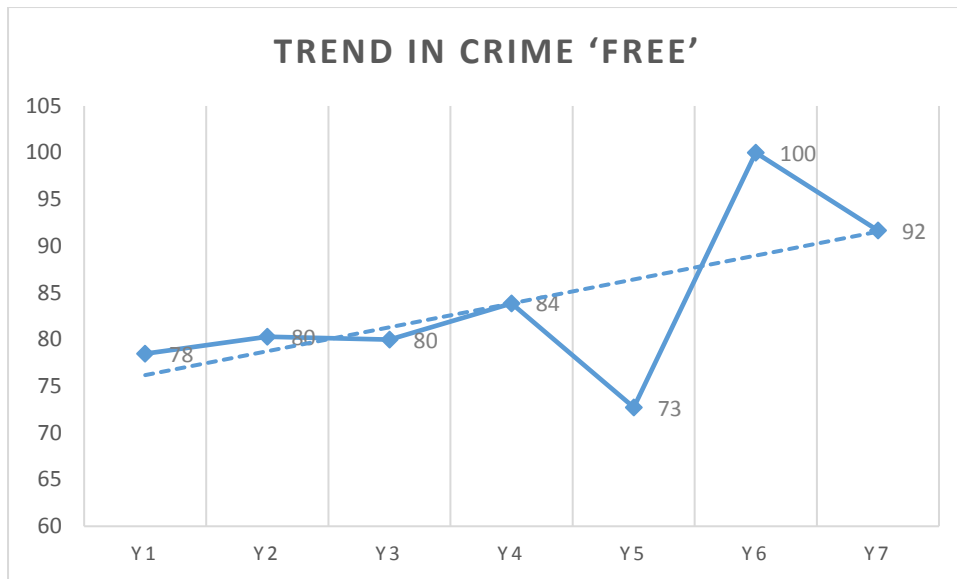
Figure 22. Trend in drugs and alcohol ‘free’

Cigarette smoking was high amongst participants, where just less than half (46%) smoked cigarettes at least every day one year after leaving GBTSA, and as many as 75% smoked after seven years. At least some alcohol usage was to be expected of young people who have just left care at 18 – after the first year, 34% reported having had at least one alcoholic beverage in the two weeks prior to the interview, and of those, 18% said they drank more than five drinks in a row (binge drinking). There was also some, but not alarming, levels of dagga use - for example after one year, more than four fifths (85%) said they had not used dagga in the two weeks before the interview. Almost no participants said they had used any ‘harder’ drugs over the years, and in most years, this was limited to one or two participants.

### 5.3.7. Crime

The findings suggest high levels of participants who were **crime ‘free’**, defined as the percentage of care-leavers who avoided any serious crime or trouble with the law during the past year. [Figure 23](#) portrays an upward trend in those who were not involved in crime, from between 73% to 84% over the first five years since leaving GBTSA. This increases sharply, to all participants being crime ‘free’ in the sixth year, and then in year seven, one participant was involved in some criminal activity.

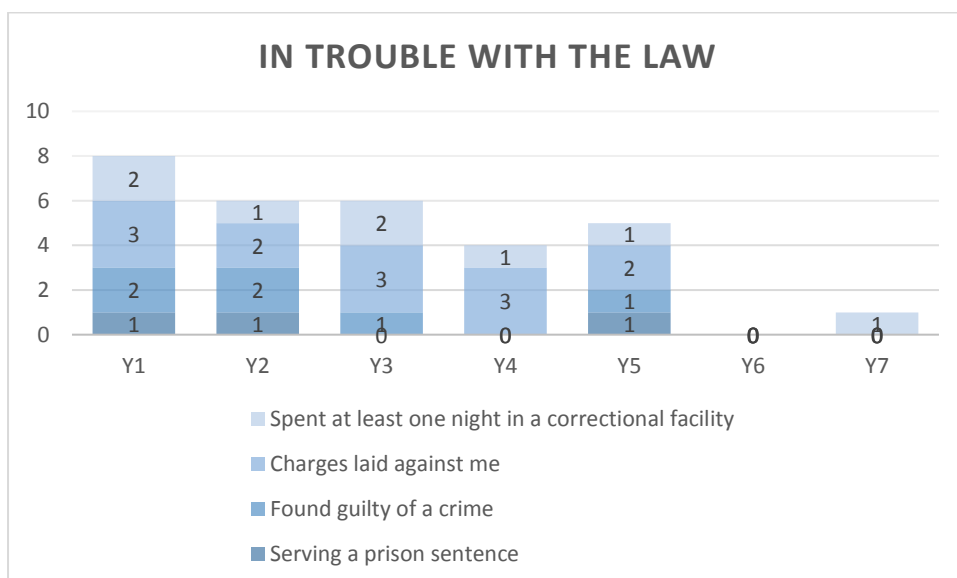




**Figure 23. Trend in crime 'free'**

An item level analysis of the crime indicator shows very few participants who said they had damaged anyone else's property on purpose in the past year. A small minority (11%) said they had stolen or tried to steal money or things after the first year. These made up 14% in the second year, but thereafter it was only one or two participants per year. In terms of violence at year one, three participants said they were involved in assault requiring hospitalisation in the past year, four said they threatened with the use of a weapon, and nine (11%) were involved in unarmed assault not requiring medical care. By years five, six and seven, only one participant was involved in any violence in the past year, and that was unarmed assault not requiring medical care.

[Figure 24](#) displays participants who were in trouble with the law.



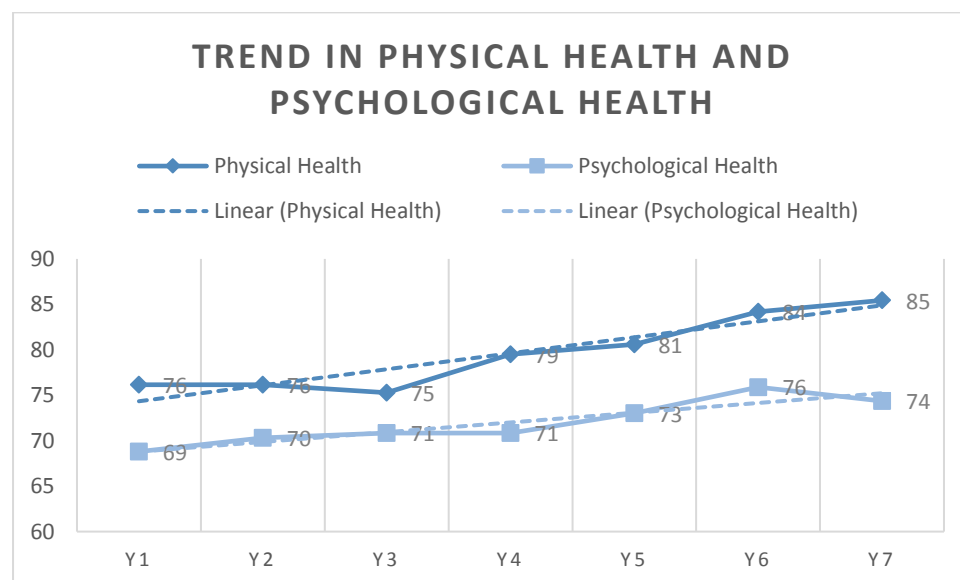
**Figure 24. Participants in trouble with the law**

Across all years, except year six, at least one participant spent a night in a correctional facility. In years one through to five, there were charges laid against two to three participants. The participant who was serving a prison sentence in year one, was the same participant who appears in years two and five as well. For the other years, the research team was unable to gain access to him, as he is still in jail.

Van Breda (2020) conducted an in-depth analysis of criminal activity among GBTSa participants up to five years out of care. He distinguished between the care-leavers and identified three groups within which they fall: those who are crime ‘free’ (73% of participants), those who engage in incidental crime (10%), and those who engage in regular crime (18%). The findings above support this.

### 5.3.8. Health and wellbeing

The physical and psychological health trends of participants over the seven years are shown in [Figure 25](#). Physical health is defined as the extent to which care-leavers feel healthy, whereas psychological health is defined as the extent to which care-leavers experience psychological wellness so that they can function in daily life. The figure shows that each year, the participants reported higher physical than psychological health. Additionally, physical health improved by about nine percentage points across the years, while psychological health remained fairly flat. There is an increase in both from year five to year six, suggesting better investment in health as care-leavers get older. Similar findings have been reported from a longitudinal study of care-leavers in the United States. Courtney et al. (2011) found at a follow-up of 26 years olds that as many as 63% had high life satisfaction.



**Figure 25. Trends and comparison of physical health and psychological health**

### 5.3.9. Relationships

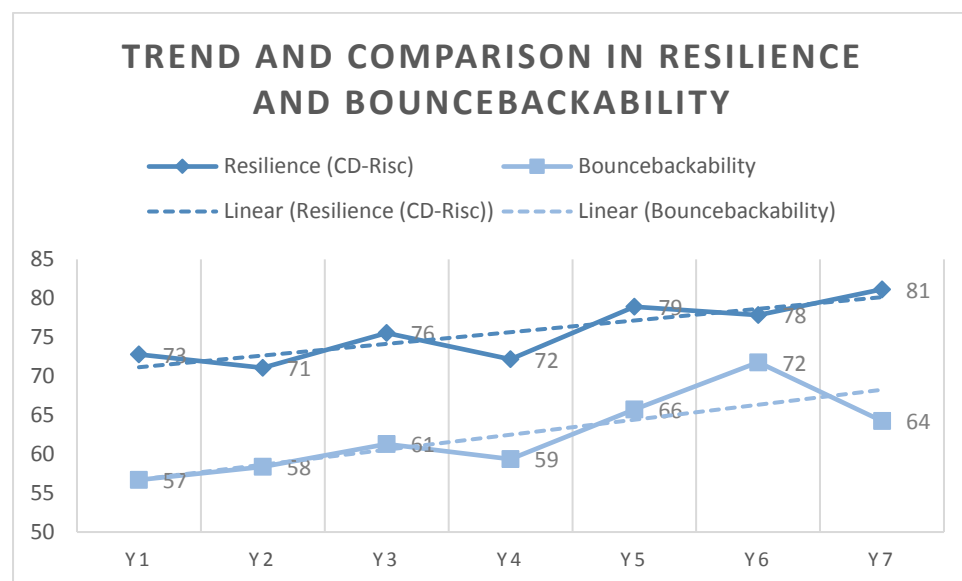
An item level analysis of the relationship status of participants is shown in [Table 50](#). One year after care, two of the 79 participants categorised themselves as being married, six said that they were living together, but the vast majority (89%) were never married, as expected of young people approximately 18 years old. By the seventh year, this dropped slightly, where 62% said they were never married.

Approximately half of participants most years reported currently being in an intimate or romantic relationship, perhaps suggestive of the need and significance of these relationships for care-leavers, but also is age appropriate. After the first year, seven of the 80 participants (9%) either had a child or were expecting a child. In the third year, nine of 50 (18%) either had a child or were expecting, compared to three of 13 (23%) in the seventh year.

### 5.3.10. Resilience

Care-leavers resilience was measured using the Connor–Davidson Resilience Scale (CD-RISC) ([Table 54](#)), which is the most widely used measure of how people thrive in the face of adversity (Velickovic et al., 2020). Participants ‘bouncebackability’ was also measured, defined as the general belief in one’s ability to ‘bounce back’ after difficult times. In [Figure 26](#), there is an upward trend on both the resilience and the bouncebackability over the years, although bouncebackability drops from 72% to 64% in the seventh year. An item level analysis of the data reveals a decrease in the mean for the item “I tend to bounce back after illness, injury, or other hardships” between these two years. Therefore, there may have been some kind of trauma, which promoted participants to answer in this way.

Besides this, the findings reveal participants are more able to cope and bounce back from adversity as they adjust to life after care, the older they get and the more settled they become.



**Figure 26. Trends and comparison of resilience and bouncebackability**

These findings may also suggest that once care-leavers have a chance to both practice the skills they learned at GBTSA and benefit from the lessons learned within the self-governance milieu of GBTSA, the more able they are able to withstand life’s challenges. Perhaps they use hardship to draw on the various levels of the PIE domain, to overcome the difficulties they face. In doing so, they may gain greater competence and problem-solving abilities, and could also strengthen relationships with those around them. As suggested through the findings, supportive relationships are resilience promoting for the youth as enablers to overcome challenges.

### 5.3.11. In-care experiences and maintaining contact

An examination of the participants' memories of their in-care experiences once they left care reveals that they remained positive about their time and experiences at GBTSA over the years. [Figure 27](#) shows a stable but positive trend in the positive GBTSA experience over the seven years, defined as a positive feeling about the in-care experience.

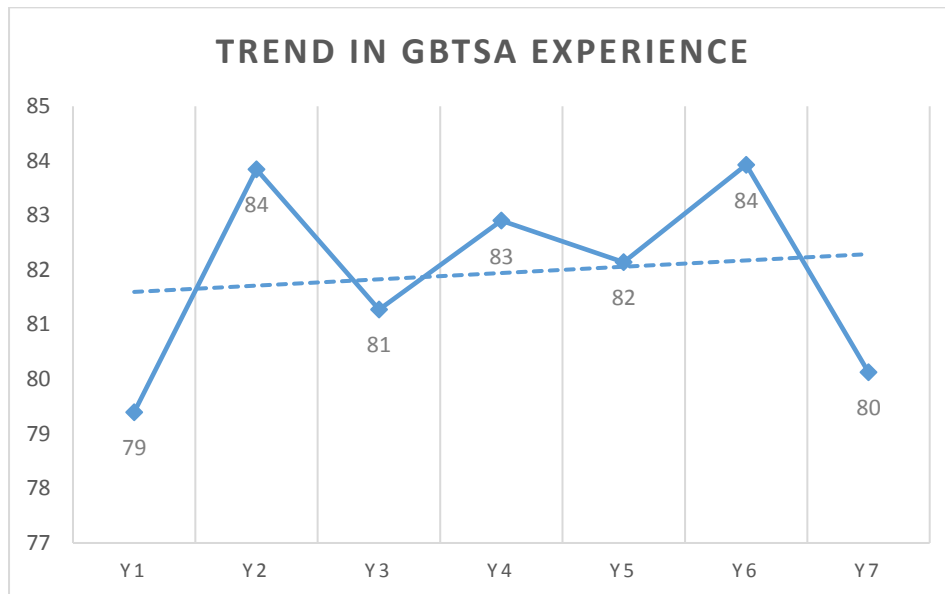
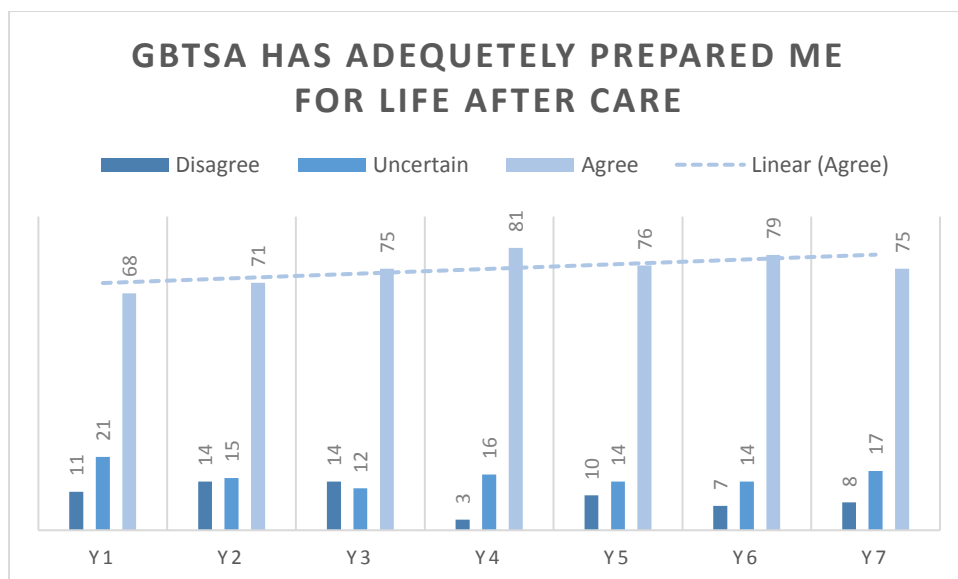


Figure 27. Trend in GBTSA experience over time

Over all the years since leaving GBTSA, over two thirds of participants reported having felt prepared by GBTSA for life after care, portrayed in [Figure 28](#). This remains fairly stable over the years, with a peak at year four. Perhaps this is when the lessons from leaving care felt most solidified for care-leavers and they were able to appreciate and then draw on what they learnt while in care. There was a small minority who felt inadequately prepared for life after care, and this also stayed stable over the years, except again for year four.



**Figure 28. Feelings of being prepared by GBTSA for life after care**

Finally, each year, participants described whether they felt free and able to contact GBTSA staff members once they left care. The overall trend remained very stable over the years (between 71%-73%). It appears that even after seven years after leaving care, three quarters of care-leavers still think positively about contacting the staff. This also emphasises how important the relationships with GBTSA members are, that they are indeed a great source of support and stability for them. Also noteworthy, many participants did make contact with GBTSA staff (excluding someone from the research team) in each of the seven years. Just under two thirds (62%) had some form of contact with a GBTSA staff member, and by the seventh year, 31% had contact, which for seven years later is impressive and speaks to the strength of these relationships. This finding likely also supports the value of the ‘relationship building’ cornerstone of the GBTSA therapeutic and developmental intervention and milieu models of care.

This section presented the study’s findings, including demographic and pre-, during, and aftercare data, disengagement data and the outcomes data over the seven years. The next section pulls these two parts together and investigates the contribution of the resilience disengagement data to the post-care outcome data.

## 6. CONTRIBUTION OF RESILIENCE TO OUTCOMES

From the finding described above, it seems some participants do better in certain areas than others after leaving care. While it is important to bear in mind care-leavers are not a homogenous group (Gwenzi, 2018) overall, many GBTSA care-leavers fare better than expected – in the context of other care-leavers and in the context of the country. The findings also show there are many different pathways of resilience (Ungar, 2021). Depending on their environment and circumstances, some have greater buffers than others and can bounce back sooner after challenges. This results in different outcomes for them. In this section, those resilience variables that enable some of the young people to do better than others after leaving care are examined. These data paint a powerful picture about the enduring contribution of resilience at disengagement over multiple years.

This section describes which resilience variables at disengagement predict the outcomes most frequently after leaving care. By doing so – by having a greater understanding of what helps care-leavers move towards better outcomes – we could improve the prospects of care-leavers. This was achieved by measuring the youth’s resilience at disengagement and then statistically comparing that with their outcomes every year thereafter. The findings are summarised and displayed in one graphic (the PIE framework) at the end of the section.

## 6.1. Prominent Resilience Variables at Disengagement

A summary of the most prominent resilience variables at disengagement is displayed in [Table 7](#) . The table is organised from most prominent resilience predictors at the top of the table to the least at the bottom. The bolded rows show which of the resilience variables facilitate better outcomes (12 or more) for care-leavers. These resilience variables are connected to the PIE domain (see Section 2, [Figure 2](#)). In Appendix 4, [Table 65](#) provides a detailed analysis of the indicator outcome predictions and [Table 67](#) shows a detailed analysis of the scale outcome predictions. In [Table 69](#) a complete summary of the resilience variables findings is displayed.

**Table 7. Summary of most 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-Y7
Relationship	<b>Friend relationships</b>	<b>7</b>	<b>21</b>	<b>28</b>
Relationship	<b>Relational Resilience (composite)</b>	<b>3</b>	<b>19</b>	<b>22</b>
Individual	<b>Self-esteem</b>	<b>4</b>	<b>17</b>	<b>21</b>
Relationship	<b>Community relationships</b>	<b>5</b>	<b>15</b>	<b>20</b>
Individual	<b>Bouncebackability</b>	<b>2</b>	<b>17</b>	<b>19</b>
Individual	<b>Personal resilience (composite)</b>	<b>4</b>	<b>15</b>	<b>19</b>
Global	<b>Global resilience (composite)</b>	<b>3</b>	<b>16</b>	<b>19</b>
Relationship	<b>Role model relationships</b>	<b>5</b>	<b>13</b>	<b>18</b>
Environmental	<b>Social activities</b>	<b>2</b>	<b>15</b>	<b>17</b>
In-care	<b>Supportive relationship with GBTSA staff</b>	<b>3</b>	<b>12</b>	<b>15</b>
In-care	<b>In-care resilience (composite)</b>	<b>2</b>	<b>13</b>	<b>15</b>
Relationship	<b>Family relationships</b>	<b>0</b>	<b>14</b>	<b>14</b>
Relationship	<b>Love relationships</b>	<b>3</b>	<b>11</b>	<b>14</b>
Environmental	<b>Community safety</b>	<b>4</b>	<b>10</b>	<b>14</b>
Individual	<b>Optimism</b>	<b>4</b>	<b>9</b>	<b>13</b>
Interactional	<b>Teamwork</b>	<b>1</b>	<b>11</b>	<b>12</b>
Environmental	<b>Environmental resilience (composite)</b>	<b>2</b>	<b>9</b>	<b>11</b>
In-care	<b>Positive care experience</b>	<b>0</b>	<b>11</b>	<b>11</b>
In-care	<b>Care-leaving readiness</b>	<b>3</b>	<b>8</b>	<b>11</b>
Interactional	<b>Empathy</b>	<b>2</b>	<b>9</b>	<b>11</b>
In-care	<b>Maintain Contact with GBTSA staff</b>	<b>1</b>	<b>9</b>	<b>10</b>
Relationship	<b>School relationships</b>	<b>2</b>	<b>7</b>	<b>9</b>
Interactional	<b>Interactive resilience (composite)</b>	<b>1</b>	<b>8</b>	<b>9</b>
Individual	<b>High self-expectations</b>	<b>0</b>	<b>8</b>	<b>8</b>
Environmental	<b>Financial security</b>	<b>1</b>	<b>6</b>	<b>7</b>
Individual	<b>Self-efficacy</b>	<b>1</b>	<b>4</b>	<b>5</b>
Individual	<b>Resourcefulness</b>	<b>3</b>	<b>2</b>	<b>5</b>
Individual	<b>Distress tolerance</b>	<b>1</b>	<b>4</b>	<b>5</b>

PIE Domain	Resilience variable (at disengagement)	No of indicator outcome predictions	No of scale outcome predictions	Total no of significant tests Y1-Y7
Interactional	Interdependent Problem-solving	2	2	4
Individual	Spirituality	1	3	4

Four of the composite measures (relational, personal, global, and in-care resilience) are prominent. This year, the composite measures of environmental and interactive resilience did not emerge as prominent in facilitating improved outcomes over time.

Each of the domains produced prominent predictors, with the relationship and individual domains being most prominent. This was followed by the environmental domain. The interactional and in-care domains both featured but had the least number of prominent predictors. Therefore, other than for the in-care and interactional domains, half or more of the resilience variables are prominent for each domain. It appears resilience is facilitated by a holistic, multitude of factors in the environment of the care-leaver. This supports a social ecological approach to resilience, as care-leavers draw on the full spectrum of resilience enablers across the PIE framework.

Five **relational** domains emerged as prominent, which has consistently been identified as the domain with the greatest number of significant tests over the past few years (Dickens & Van Breda, 2019; 2020). This suggests that the importance of relational resilience cannot be over-emphasised in its role for improving the outcomes of care-leavers. Particularly, friend, community and role model relationships produced the greatest number of outcomes over the years and were also amongst the highest all the variables measured in the study. Also prominent were family and love relationships. Care-leavers who have close friendships may benefit greatly from the support and care they receive, and this could act as a buffer against some of the challenges they face. Support from community members could offer care-leavers safety, resources and opportunities and relieve them from some stress after care. Similarly, role models provide mentorship and guidance, which could support them on their care-leaving journey.

Three **individual** domains emerged as prominent, including self-esteem, which was the second highest scoring of all the variables and bouncebackability as fourth highest. Optimism was also amongst the most prominent, although less so than the former two. However, it was also noteworthy that five of the individual domains were amongst the lowest scoring in facilitating improved outcomes over time.

The two **environmental** domains that emerged as significant were social activities and community safety.

Of the **interactional** domain, only teamwork was prominent in promoting better outcomes for care-leavers over time.

One **in-care** domain, supportive relationship with GBTSA staff, produced a significant number of positive outcomes for care-leavers.

These findings suggest that resilience is enhanced most prominently through close and supportive relationships, but also individual, in-care, interactional, and environmental factors. Positive outcomes then, are not the result of an internal disposition, but rather the consequence of a complex interplay of multiple factors on various levels in the care-leavers environment, that work together to promote resilience, viz. a social-ecological view of resilience (Ungar, 2012; Van Breda, 2018).

[Table 8](#) provides a comparison of prominent resilience variables over three years, from 2019 to 2021. It shows the most consistently prominent resilience variables that facilitate better outcomes over the years, as the sample grows and with more data.

**Table 8. Prominent resilience variables from 2019 to 2021**

		2019	2020	2021
PIE domain	Resilience variable (at disengagement)	Total no of significant tests Y1-Y5	Total no of significant tests Y1-Y6	Total no of significant tests Y1-Y7
Relationship	Family relationships	9	11	14
	Friend relationships	18	21	28
	School relationships	5	8	9
	Community relationships	12	18	20
	Role model relationships	16	20	18
	Love relationships	4	7	14
	Relational Resilience (composite)	19	22	22
Environmental	Community safety	6	9	14
	Financial security	6	8	7
	Social activities	7	16	17
	Environmental resilience (composite)	7	12	11
In-care	Supportive relationship with GBTSA staff	10	8	15
	Positive care experience	9	2	11
	Maintain Contact with GBTSA staff	8	12	10
	Care-leaving readiness	14	16	11
	In-care resilience (composite)	15	22	15
Interactional	Teamwork	9	8	12
	Empathy	4	12	11
	Interdependent Problem-solving	4	1	4
	Interactional resilience (composite)	3	13	9
Individual	High self-expectations	7	6	8
	Bouncebackability	8	14	19
	Self-efficacy	1	10	5
	Optimism	7	9	13
	Self-esteem	15	19	21



		2019	2020	2021
PIE domain	Resilience variable (at disengagement)	Total no of significant tests Y1-Y5	Total no of significant tests Y1-Y6	Total no of significant tests Y1-Y7
	Resourcefulness	4	6	5
	Distress tolerance	0	5	5
	Spirituality	2	7	4
	Personal resilience (composite)	12	13	19
Global	Global resilience (composite)	12	18	19

The resilience variables that produced prominent predictors **for all three years** are shaded in light blue. Included are friend relationships, role model relationships, community relationships, and self-esteem. It also includes four of the composite measures (relational, in-care, personal, and global resilience). These are the most consistently prominent resilience variables over the past three years.

Other resilience variables that the findings suggest improved outcomes over **at least two of the three** years are shaded in light orange. They include social activities, supportive relationship with GBTSA staff, care-leaving readiness, teamwork and bouncebackability.

The prominence of these variables over the years gives greater confidence in the results that these are the factors that produced the most significant results. It is noteworthy that there are prominent variables emerging from every one of the domains, thus giving credence to the fact that resilience is multi-faceted and comes from various levels in the young person's environment. This supports a social-ecological view of resilience.

## 6.2. Most Frequently Predicted Outcomes

[Table 9](#) summarises the outcomes that are most frequently predicted by the resilience variables. The outcomes are shown (column 1) with the combined number of significant statistics (column 2) that were found over the seven years. Prominent outcomes are displayed in bold, where they predict 12 or more significant outcomes over the seven years.

**Table 9. Summary of most frequently predicted outcomes by resilience variables**

Outcome	Total no of significant correlations Y1-Y7
<b>Bouncebackability</b>	<b>52</b>
<b>Resilience (CD-RISC)</b>	<b>42</b>
<b>Friend Relationships</b>	<b>36</b>
<b>GBTSA Experience</b>	<b>35</b>
<b>Global Health</b>	<b>28</b>
<b>GBTSA Contact</b>	<b>28</b>
<b>Employment</b>	<b>25</b>
<b>Physical Health</b>	<b>24</b>

Outcome	Total no of significant correlations Y1-Y7
Psychological Health	24
Family Relationships	20
NEET	14
Self-supporting Accommodation	13
Liveable Income	13
Studying	13
Drugs and Alcohol	11
Crime	11
Love Relationships	10
Accommodation	10
Education for Employment	9
Reliable Employment	9
Finances	9
Diligent Education	5
Crime 'free'	5
Drug & Alcohol Free	4

Both **resilience and bouncebackability** were predicted by a substantial number of resilience processes. This suggests how resilience processes during care-leaver disengagement can be enablers for promoting resilience later on.

**Friend and family relationships**, two interpersonal outcomes, were also predicted by many resilience processes. Close relationships with friends and family are significantly enabled over time by the resilience resources at the time of leaving care.

Two care-related environmental outcomes – **GBTSA experience and GBTSA contact** - were both predicted by several resilience variables. This may mean that care-leavers' positivity towards their in-care experience and level of their contact with GBTSA staff after leaving care is impacted by resilience variables during disengagement. This highlights the important and enabling role of the care experience and GBTSA staff and how their positive influence remains for care-leavers for many years after they have left care.

**Global health, physical health, and psychological health** – all three of the health outcomes – were predicted by a large number of resilience processes. These are the more personal, intrapsychic outcomes (Van Breda & Dickens, 2017).

Finally, several tangible, more objective measures in the care-leavers' lives, including **employment, NEET, self-supporting accommodation, liveable income**, and **studying** were all predicted by several resilience processes.

Together, these findings imply that resilience at disengagement can have a multisystemic and multilevel impact over several years out of care (Dickens & Van Breda, 2019, 2020; Van Breda & Dickens, 2017). Both intangible or 'softer' outcomes (like relationships) and the more tangible outcomes (like employment and NEET) were both frequently predicted by resilience variables at

disengagement. Resilience, when care-leavers disengage, is able to positively impact multiple areas of the care-leavers' lives later on.

Results over the past three years are pulled together and compared in [Table 10](#). The table illustrates the frequently predicted outcomes over three years, from 2019-2021. The bolded outcomes are those that are common across all three years.

**Table 10. Most frequently predicted outcomes from 2019 to 2021**

2019		2020		2021	
Outcome	Total no of significant correlations Y1-Y5	Outcome	Total no of significant correlations Y1-Y6	Outcome	Total no of significant correlations Y1-Y7
<b>Resilience</b>	<b>29</b>	<b>Resilience</b>	<b>42</b>	<b>Bouncebackability</b>	<b>52</b>
<b>Friend relationships</b>	<b>27</b>	<b>Friend relationships</b>	<b>42</b>	<b>Resilience</b>	<b>42</b>
<b>Global health</b>	<b>22</b>	<b>GBTSA experience</b>	<b>33</b>	<b>Friend relationships</b>	<b>36</b>
<b>GBTSA contact</b>	<b>21</b>	<b>GBTSA contact</b>	<b>27</b>	<b>GBTSA experience</b>	<b>35</b>
<b>Physical health</b>	<b>20</b>	<b>Family relationships</b>	<b>27</b>	<b>Global health</b>	<b>28</b>
<b>Family relationships</b>	<b>20</b>	<b>Psychological health</b>	<b>27</b>	<b>GBTSA contact</b>	<b>28</b>
<b>GBTSA experience</b>	<b>19</b>	<b>Global health</b>	<b>25</b>	Employment	25
<b>Psychological health</b>	<b>18</b>	<b>Bouncebackability</b>	<b>18</b>	<b>Physical health</b>	<b>24</b>
NEET	12	<b>Physical health</b>	<b>17</b>	<b>Psychological health</b>	<b>24</b>
Crime	11	Employment	16	<b>Family relationships</b>	<b>20</b>
<b>Bouncebackability</b>	<b>10</b>	Crime	13	NEET	14
Studying	10	Drugs & alcohol	12	Self-supporting Accommodation	13
		Accommodation	12	Liveable Income	13
				Studying	13

As evidenced in [Table 10](#), there is much overlap across the three years. In fact, the results are very similar through the years, which is what we would hope for. We would want there to be some certainty in the outcomes that are predicted by many resilience variables. It is also noteworthy that resilience is the outcome with the greatest number of significant correlations, except for the current year (2020) where it is second highest. Again, this suggests that resilience processes during disengagement can be an enabler for later resilience. Also, friend relationships was second highest in 2019 and 2020 and third highest in 2021, implying that the quality of friend relationships continues to be significantly enabled over time by the resilience resources at the time of leaving care.

### 6.3. Summary of Findings in PIE Framework

A summary of the above findings is shown in the PIE framework below (adapted from Van Breda, 2017a, p. 250). [Figure 29](#) 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 all the various levels seem to enable independent living outcomes in many areas of the care-leavers' lives.

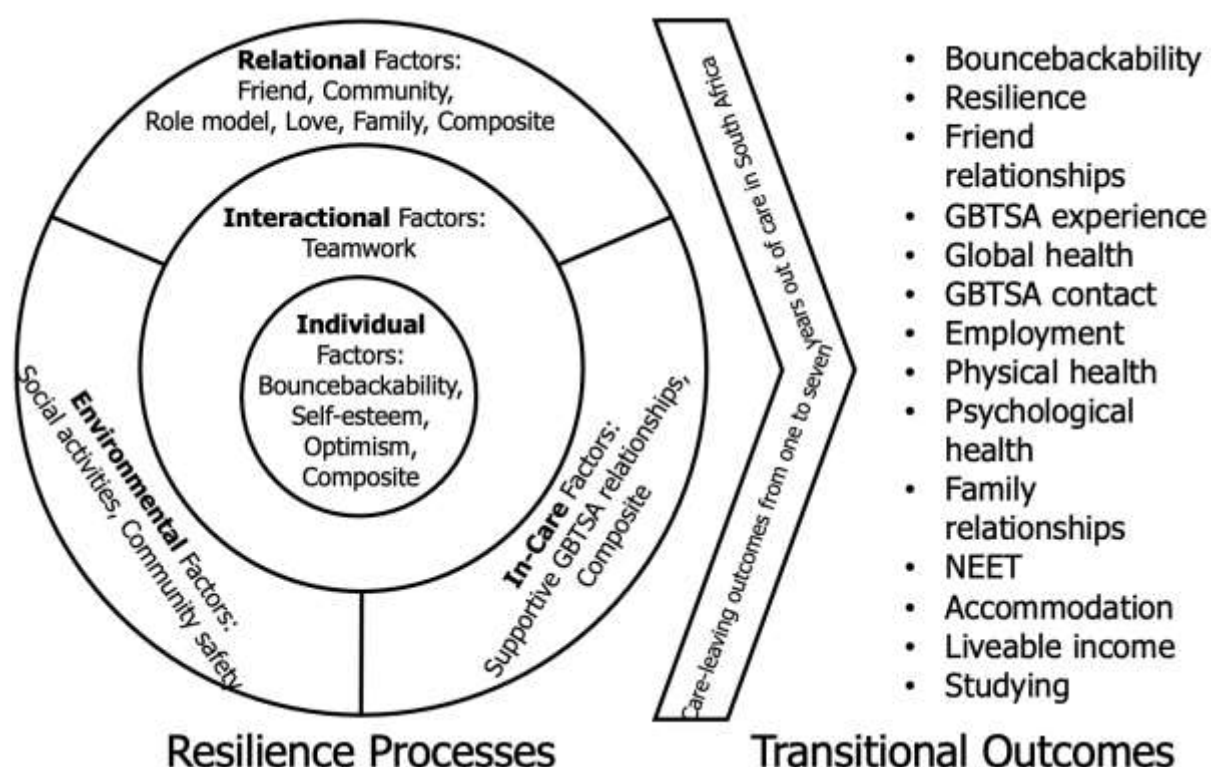


Figure 29. Prominent resilience predictors in the PIE framework

## 7. PRACTICE IMPLICATIONS

With seven years of data, we are now getting a clearer, more accurate picture of the critical role resilience plays in supporting care-leavers in their transition from care and improving their outcomes. Examining the prominent resilience variables from 2019 to 2021 ([Table 8](#)) it becomes clearer that resilience comes from all the domains in the PIE framework. Further, resilience processes during disengagement can be an enabler for later resilience, as demonstrated through the most frequently predicted outcomes ([Table 9](#)). This provides support for a social-ecological view of resilience (Van Breda & Pinkerton, 2020). The findings support the notion that resilience is neither static nor singular; rather, it unfolds on multiple levels in the young person's life, which can be nurtured and fostered, with the right set of 'ingredients'. It suggests how a multilevel, holistic understanding of care-leavers can positively impact on multiple areas of care-leavers' lives. Resilience is dynamic and can be developed and fostered over time through building young people's processes and structures in the external environment (Masten, 2014; Pinkerton & Van Breda, 2019; Van Breda, 2018).

Many of the outcomes of the participants are positive and improve with time – this shines a light on the achievements of GBTSA care leavers and their ability to overcome. Thus, although much good work is being done in ensuring care-leaver resilience, there is still further work to be done with the youth while in GBTSA to influence and improve their transitional independent living outcomes later. Relationship, environmental, in-care, interactional and individual factors work together to impact the tangible and intangible outcomes in care-leavers. This has certain implications for practice, discussed below.

### 7.1. In-Care Recommendations

**Nurture supportive relationships.** GBTSA care-leavers reported higher resilience in certain areas upon leaving GBTSA. This is especially true in terms of feeling cared for and supported by role models and teachers in their lives. Because of the nurturing role these relationships can play, it is important for GBTSA to continue to find ways to strengthen and foster these relationships. Coupled with this is the protective effect of the youth's relationships with the GBTSA carers, as evidenced by the fact that participants felt free to contact GBTSA carers upon disengagement. Care-leavers also felt positively about their experiences in GBTSA's care and together this may encourage care-leavers to feel free to keep in contact with GBTSA once they have left. GBTSA has an alumni association and National Hotline service, which offers a structured avenue for this. Care-leavers and carers also choose to keep in contact on an individual basis.

**Hope for the future.** Over the years and with increasing amounts of data, GBTSA care-leavers feel optimistic about their futures upon their disengagement. This has been a high scoring resilience variable repeatedly. More focus on strengthening and confirming permanency options for youth is likely to increase feelings of confidence care-leavers have about their future success and should thus be further focused on as a tool to work alongside them in their disengagement plans. Possible selves theory (Bond & Van Breda, 2018) (images of the self in the future) might be one such tool which could be used to project care-leavers into the future and to motivate certain behaviours to encourage good outcomes. Feeling optimistic could also be further nurtured with gratitude practices (e.g., increasing planned activities for youth to engage in acts of generosity towards others) and modelling existing skills, such as 'positive self-talk', done with GBTSA carers.

**Development of interpersonal skills.** GBTSA care-leavers also scored highly in terms of their empathy and teamwork, which in turn encourages relationship development, learning about boundaries and is identity forming. Thus, it is important for youth to be afforded increased opportunities to continuously practice and demonstrate these GBTSA taught skills, through modelling, sports and playing whilst still in care. Increased focus on skills including 'time for self-care' and 'self-reflection' will also provide opportunities to enhance these and other skills. Maintaining and continuously developing the GBTSA's Peer Group System (PGS) and self-governance focus – which facilitates that more responsible youth guide, mentor and role-model a 'care-culture and leadership' to newer, less responsible youth – is another avenue that promotes interpersonal skill development. These skills learned while in care have been shown to have a lasting effect and are well implemented in other social contexts (Mmusi & Van Breda, 2017). They will assist care-leavers in living interdependently after care.

**Foster self-esteem.** There are many practical elements required to prepare and support care-leavers. In conjunction with this, therapeutic work is as important in helping to set them up for a smoother transition. One of the prominent resilience variables that appears to produce better outcomes is higher self-esteem. Interventions focused on fostering self-esteem and building individual resilience are important buffers for care-leavers. Ways in which to nurture and promote their self-esteem may be through participating in shared activities with others, which GBTSA does. This includes at school, in sports, and in cultural and religious activities. Caring and strong relationships with GBTSA staff and other peers are likely to also improve their self-esteem and self-confidence.

**Financial education.** GBTSA runs financial literacy programmes (including budgeting and savings for example) for their youth and the effects of this are shown by the results. The noticeable upward trend in care-leavers with a liveable income, as well as the low debt and reasonable savings rate amongst the youth, even seven years out of care, may demonstrate the lasting effect of these programmes. However, findings from the study show some care-leavers are leaving GBTSA without a bank account. This should be a mandatory minimum requirement that is in place prior to disengagement and should form part of the financial education they receive. GBTSA also assists youth and their families to access the Child Support Grant and other appropriate grants for which they qualify.

**Explore housing options.** Housing is a critical part of care-leaving, as it impacts on many other outcome areas of the young person's life. Most care-leavers go on to live with their families when first leaving care, which may be evidence of GBTSA's efforts for family reunification. There is then a positive progression, after seven years out of care, to about 50% of care-leavers with self-supporting accommodation. Perhaps this points to an opportunity for GBTSA to extend their work with care-leavers in assisting them to think through their shorter, medium, and then longer-term housing options as they are prepared for the reality after care. One important aspect of this would be to plan for what happens if the relationship with family members breaks down and explore alternative options. They should also be aware of housing options, the housing market, and other aspects like managing a household budget.

**Focus on NEET reducing strategies.** Being NEET affects all other areas of a care-leaver's life – including financially and psychologically. While it is very positive that the GBTSA NEET rate is lower than that of the general population and lower than care-leavers in other countries, there are still approximately a third of participants who are NEET year on year. In the case of younger care-leavers, they may be living at home for longer periods, and be economically dependent. This needs to be factored in. For older care-leavers, increased specific focus on NEET reducing strategies may help to bring the NEET rate down even more and increase their ability to compete with their peers in the study/workplace. A key preventative measure to reduce the NEET rate is through education and skills training and focusing education appropriately – whether it be to attend mainstream schooling or through studying trades and practical courses. As just over half of participants were in Grades 8 to 10 upon their disengagement, school attainment and increasing learning participation is of particular importance.

GBTSA does provide financial support to qualifying care-leavers to assist them with further studies into independence. The organisation also has a GBTSA funded Learner Support Centres (LSCs), where alternative learning is provided for those youth not attending mainstream school and/or needing to develop a culture of education and/or for youth to develop alternative learning strategies where they have special need learners. This is a key NEET reducing strategy because it keeps the youth in school who might otherwise not attend, as well as assisting youth to identify alternative learning strategies and succeed where they might otherwise have struggled further and/or failed. Early exit from schooling drastically impacts on becoming NEET (Maguire, 2021). It is also important for care-leavers to be made aware of their options after school, including workplace-based training and Technical and Vocational Education and Training (TVET) Colleges. This should be coupled with ongoing careers information, and CV and interview guidance.

**Food security.** One of the concerning findings was the number of care-leavers who reported not having enough food to eat once they left care. GBTSA's role in this is limited. However, in situations where it looks like care-leavers may go into poorer or more unstable homes, it might be beneficial to ensure that GBTSA further increase the networking activities with youth. Care-leavers can be introduced to existing resources in their community for assistance should they be struggling to survive (through social grants and feeding schemes, for example). The GBTSA National Hotline remains an important resource offering young people a point of contact if they are battling.

**Real world practice:** In general, it appears from the findings that there is stability and well-being in some outcome areas after care. In some areas, their independence seems to improve as life goes on. To enhance this further, GBTSA could look to build and master even more life skills based on experiential learning in the year prior to disengaging, where youth have increased opportunities to practice and master independent living skills related to real world situations, while they have the support and guidance from GBTSA.

**Extending care:** There is considerable evidence from around the world that slower, extended transitions from care produce better outcomes for care-leavers - similar to how many of the general community's young people might leave their family homes. In many instances, and where appropriate and in the best interests of the child, GBTSA advocates for their placed youth and applies for care order extensions. The Children's Act does provide for such extensions, so long as the applicant youth remains in some form of education or training whilst in the residential care setting.

## **7.2. Aftercare Recommendations**

**Continue to foster positive relationships.** The importance of supportive relationships for care-leavers upon disengagement and after care emerges as a consistent and significant theme to foster improved independent living outcomes post-transition. When care-leavers have close, nurturing relationships – particularly with good friends, community members and role models – they have a greater chance of improving their outcomes. This is supported by previous findings in this study (Dickens & Van Breda, 2019, 2020; Van Breda & Dickens, 2017; Van Breda, 2018; Van Breda & Pinkerton, 2020). Alongside support and a safety net, close relationships may offer many structural benefits. For example, multiple networks may provide opportunities to gain employment, or a close friend could help with accommodation, especially if a family placement has broken down. Role models could provide guidance and support in helping care-leavers structure their CV or even identify job opportunities. In general, close relationships help to reduce isolation and stigma experienced by many care-leavers.

**Maintain GBTSA relationships.** Findings from the study suggest the important role that relationships with GBTSA plays for care-leavers. They provide a connection to their care experience, someone to rely on – to also provide assistance and resources even years after disengagement. GBTSA formally fosters these relationships by connecting care-leavers with the National Hotline resource, welcoming alumni back and including them in GBTSA events - for example, share their experiences with newer youth, or to engage in media opportunities.

**Explore further avenues for practical support.** Unlike many countries in the global north, South African care-leavers are unfortunately more limited in terms of support packages after care. There is

no standard, consistent support packages and many organisations do not have the resources to offer support after care. Time will tell how this will change with the introduction of the National Child Care and Protection Policy. Nonetheless, GBTSA does offer post-care assistance and continuity of care, providing some financial support, accommodation assistance or study assistance to qualifying youth. Furthermore, the GBTSA National Hotline provides an important avenue for care-leavers to access information, should they require assistance or need to be connected to resources and youth are welcomed when needing to visit on a social level or meet to work through any challenges faced.

A recommendation for future research may be to establish whether GBTSA's model of self-governance and teaching of long-term goal setting skills have in any way impacted on the positive long-term outcomes found through this research. This includes the care-leaver's resilience to facing and recovering from life challenges. The teaching milieu within GBTSA programmes centres around the principle that everyone has challenges and makes mistakes as a part of life and growing up. The key is to find one's psychosocial strengths to rise again and overcome those challenges.

**Care Leaver Networks.** Now more than ever, technology means care leavers can group together to provide support to one other. This is a powerful way to get support and information, and simple and accessible technological tools like WhatsApp and Facebook could be used for such. While we did not ask them directly during the interviews, many care-leavers do remain in touch with one another. GBTSA has adopted previous recommendations to further support leavers by further formalising, organising, and managing such a network via the National Hotline service.

**Aftercare fund.** If the country's care-leavers could band together to support each other after care, perhaps they could take this one-step further and seek the support of NGOs to assist them to organise to fundraise for themselves. The findings from this study suggest there are some youth who are extremely vulnerable, viz. without enough food to eat on some days, and a fund like this could provide emergency care and support for those most vulnerable. In the UK, there is a Care-leavers Foundation ([careleaversfoundation.org](http://careleaversfoundation.org)) which extends some financial assistance through modest grants.

**Advocacy.** Advocating for the rights of care-leavers is gaining more ground, especially as there is a recent upsurge of interest in, and an increase in literature and scholarly articles documenting, care-leavers and leaving. (Strahl et al., 2020). This work – by professionals and by care-leavers themselves – needs to continue, as it is crucial in promoting ideals such as extended care and support for them once they leave. Policy change is best when it is done through a collective voice and is especially powerful and effective when it takes place with youth engagement. In May 2020, alumni representatives from the NGO SAYes participated in a closed session with South African Parliament, with the intention to amend the Children's Act to receive better support for care-leavers (SAYes, 2020).



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## APPENDIXES

### APPENDIX 1: DEMOGRAPHIC DATA

[Table 11](#) to [Table 40](#) Table 40 shows the demographic data of the participants, as well as in pre-care, during care and disengagement information. This data was gathered from the social workers via a questionnaire, which they completed per participant. The demographic data included is the number of participants per cohort, the number of participants per year, the status of participants in the study, a breakdown of the type of campus they were residing in (family homes or YDCs), participants per campus, age at disengagement, gender, population group, participant disability statistics, age breakdown – at admission to GBTSA, at disengagement from GBTSA, their current age during the set of interviews done in 2020, and the length of time in care. Also included is pre-care information of participants, such as number of previous placements and referral issues. During care data provided includes status on the peer group system and FH motivation system, focused skills learnt as per the participants treatment plan, level of intelligence, type of education and grade of participants, and number of years failed. Disengagement data includes reasons for their disengagement, where they will go after care, future educational/vocational plans, and aftercare plans

**Table 11. Number of participants per cohort**

Cohort	Frequency	Percent
1 (end 2012)	20	11
2 (mid 2013)	5	3
3 (end 2013)	20	11
4 (mid 2014)	4	2
5 (end 2014)	12	7
6 (mid 2015)	2	1
7 (end 2015)	14	8
8 (mid 2016)	4	2
9 (end 2016)	11	6
10 (mid 2017)	3	2
11 (end 2017)	14	8
12 (mid 2018)	3	2
13 (end 2018)	19	11
14 (mid 2019)	1	1
15 (end 2019)	17	10
16 (mid 2020)	0	0
17 (end 2020)	25	14
18 (mid 2021)	2	1
Total	176	100

**Table 12. Cumulative number of participants interviewed by number of years out of care over the past three years 2019-2021**

Years out of care	2019	2020	2021
Disengagement interviews	133	150	176
1-year interviews	68	71	80

Years out of care	2019	2020	2021
2-year interviews	51	60	65
3-year interviews	33	39	51
4-year interviews	22	25	31
5-year interviews	12	17	21
6-year interviews	-	9	14
7-year interviews	-	4	13
8-year interviews (not included in this analysis)	-	-	4
Total	319	375	455

**Table 13. Status of participants**

Status	Frequency	Percent
Active (interviewed in 2020)	85	49
Active (but not interviewed in 2020)	43	24
Deceased	2	1
Lost to Follow-up	1	1
Readmitted	37	21
Withdrawn	8	5
Total	176	100

**Table 14. Participants per Family Homes and Youth Development Centres**

Campus	Frequency	Percent
Family Homes	68	39
Youth Development Centres	108	61
Total	176	100

**Table 15. Participants per campus**

Campus	Frequency	Percent
Alpha Family Home	9	5
Dingle Family Home	10	6
Glenwood Family Home	12	7
Kagiso Family Home (Boys)	6	3
Kagiso Family Home (Girls)	20	11
Verulam Family Home	7	4
Kagiso YDC	19	11
Macassar YDC	47	27
Magaliesburg YDC	36	20
Tongaat YDC	10	6
Total	176	100

**Table 16. Participant gender**

Gender	Frequency	Percent
Male	135	77

Gender	Frequency	Percent
Female	41	23
Total	176	100

**Table 17. Participant population group**

Population	Frequency	Percent
African	102	58
Coloured	30	17
Indian / Asian	16	9
White	26	15
Missing	2	1
Total	176	100

**Table 18. Participants with disabilities**

Disability present	Frequency	Percent
Disability	4	2
No disability	172	98
Total	176	100

**Table 19. Participant age at admission to GBTSA**

Years old	Frequency	Percent
9	2	1
10	6	3
11	11	6
12	30	17
13	28	16
14	40	23
15	36	20
16	19	11
17	4	2
Total	176	100

**Table 20. Participant age at disengagement from GBTSA**

Years old	Frequency	Percent
13	2	1
14	17	10
15	18	10
16	33	19
17	37	21
18	43	24
19	21	12
20	5	3
Total	176	100

**Table 21. Current age of participants**

Years old	Frequency	Percent
15	2	1
16	6	3
17	18	10
18	8	5
19	16	9
20	15	9
21	23	13
22	14	8
23	14	8
24	11	6
25	11	6
26	21	12
27	14	8
28	3	2
Total	176	100

**Table 22. Participant time in care**

Time in care	Frequency	Percent
6-12 months	4	2
1 year	33	19
2 years	62	35
3 years	39	22
4 years	20	11
5 years	11	6
6 years	4	2
7 years	1	1
8 years	2	1
Total	176	100

**Table 23. Participant number of previous placements**

Number of placements	Frequency	Percent
0	2	1
1	57	32
2	38	22
3	15	8
4	5	3
5	3	2
Missing	56	32
Total	176	100



**Table 24. Participant referral issues**

Referral issue	Frequency	n	Percent
Aggression / fighting with peers / swearing	74	111	67
Truancy / Leaving school without permission	57	94	61
Running away from home	37	81	46
Violence, vandalism/property destruction	16	78	21
Bullying	21	84	25
Stealing/theft/shoplifting	54	98	55
Alcohol and substance abuse	39	80	49
Peer pressure	36	86	42
Gang involvement	5	72	7
ADHD/hyperactivity/attention deficit disorder	7	74	9
Does not follow rules	70	98	71
Orphaned/abandoned	18	84	21
Foster care placement broken down	23	82	28
Lying and/or manipulation	38	92	41
Poor personal hygiene/self-care	4	71	6
Learning disorder	6	74	8
Self-injurious threats/acts	6	74	8
Suicide threats/attempts	4	71	6
Inappropriate sexual behaviours with peers	6	72	8
Inappropriate sexual boundaries with adults	4	72	6
Victim of sexual abuse	6	74	8
Victim of neglect	11	75	15
Victim of physical abuse	3	71	4
Victim of psychological abuse	1	70	1
Witness to family / domestic violence	10	74	14
Intervened in family / domestic violence	0	0	0
Other	0	33	3

**Table 25. Participant status upon disengagement on the peer group system (for YDCs)**

Status	Frequency	Percent
Mayor	2	2
Councillor	8	9
Councillor on Probation (COP)	15	16
Citizen	28	30
Probation Citizen (PC)	14	15
Trainee Citizen (TC)	13	14
Aspirant Citizen (AC)	14	15
Total	94	100

**Table 26. Participant status upon disengagement on the FH motivation system (for Family Homes)**

Status	Frequency	Percent
Achievement	6	21
Weekly: Zero Bridge	13	46
Weekly: 2000 Bridge	3	11
Weekly: 4000 Bridge	4	14
Weekly: 6000 Bridge	1	4
Daily	1	4
Total	28	100

**Table 27. Highest status participant has ever achieved on the peer group system**

Status	Frequency	Percent
Mayor	5	5
Councillor	14	15
Councillor on Probation (COP)	15	16
Citizen	29	31
Probation Citizen (PC)	11	12
Trainee Citizen (TC)	14	15
Aspirant Citizen (AC)	7	7
Total	95	100

**Table 28. Highest status participant has ever achieved on the FH motivation system**

Status	Frequency	Percent
Achievement	10	38
Weekly: Zero Bridge	10	38
Weekly: 2000 Bridge	1	4
Weekly: 4000 Bridge	3	12
Weekly: 6000 Bridge	1	4
Daily	1	4
Total	26	100

**Table 29. Focus skills as per participant's treatment plan**

Population	Frequency	Frequency	Frequency	Frequency
	Not taught	Taught, but not mastered	Taught and partially mastered	Taught and fully mastered
Following instructions	15	15	68	69
Resisting peer pressure	35	15	60	59
SODAS: Rational problem solving	38	15	52	64
Accepting no for an answer	18	19	65	66
Reporting whereabouts	46	16	45	56
Leadership skills	49	9	44	59
Assertiveness	47	13	41	62

Population	Frequency	Frequency	Frequency	Frequency
	Not taught	Taught, but not mastered	Taught and partially mastered	Taught and fully mastered
Learning respect	38	16	44	60
Greetings	36	15	31	78
Dealing with anger	42	24	40	54
Substance abuse	45	27	44	44
Learning tolerance	56	12	46	44
Accepting consequences	39	6	53	58
Disagreeing appropriately	40	10	70	36
Independent living skills	53	5	42	46
Relationship building	47	10	45	51
Respecting others	42	12	46	50
Expressing apology	59	9	40	39
Goal setting	54	15	31	45
Classroom management skills	45	10	35	54
Finishing assigned tasks	45	17	36	58
Making decisions	51	9	39	55
Other, please specify:	59	3	6	6

**Table 30. Participant level of intelligence (as rated by social worker)**

Level of intelligence	Frequency	Percent
Below average	23	13
Average	135	77
Above average	18	10
Total	176	100

**Table 31. Type of education participants were in upon their disengagement**

Education type	Frequency	Percent
Mainstream school	125	71
GBT learning support centre	3	2
Special needs school	10	6
Vocational school	8	5
Not in school	6	3
Other	5	3
Missing	19	11
Total	176	100

**Table 32. Participant current grade or level of education**

Grade	Frequency	Percent
Grade 8	35	20
Grade 9	46	26
Grade 10	29	16
Grade 11	6	3

Grade	Frequency	Percent
Grade 12	23	13
Other	26	15
Missing	11	6
Total	176	100

**Table 33. Number of times participant failed a year of education**

Times failed	Frequency	Percent
0	80	45
1	29	17
2	12	7
3	3	2
5	1	1
6	1	1
Missing	50	29
Total	176	100

**Table 34. Main reason for disengagement**

Reason for disengagement	Frequency	Percent
Turned 18 (aged out of care)	47	27
Resolved referral issues	29	16
Completed schooling	21	12
No longer benefitting from programme	27	15
Family wants youth to return home	28	16
Absconded and did not return	4	2
Agency initiated departure	1	1
Referral to psychiatric hospital	1	1
Referral to a Secure Care Centre/Secure YDC	2	1
Other	12	7
Missing	4	2
Total	176	100

**Table 35. Formal Homeward Bound Plan in place**

	Frequency	Percent
Yes	101	57
No	67	38
Missing	8	4
Total	176	100

**Table 36. Disengagement destination**

Disengagement place	Frequency	Percent
Family	135	77
Foster Care	25	14
Other children's home or youth centre	2	1
Independent living	8	4

Disengagement place	Frequency	Percent
Other	4	2
Missing	2	1
Total	176	100

**Table 37. Formal future educational/vocational plan in place**

Education plan	Frequency	Percent
Yes	148	84
No	21	12
Missing	7	4
Total	176	100

**Table 38. Formal future educational/vocational plan in place**

Type of plan	Frequency	Percent
Will attend school	107	61
Will attend a course in apprenticeship/trade/practical learning	1	1
Will attend college	11	6
Will attend tertiary education	5	2
Looking for employment	8	5
Has secured employment	4	2
Other	28	16
Missing	12	8
Total	176	100

**Table 39. Aftercare plan in place**

Plan in place	Frequency	Percent
Yes	98	56
No	68	39
Missing	10	6
Total	176	100

**Table 40. Type of contact**

Contact type	Frequency
Youth will call GBT as needed	27
GBT Family Services will monitor youth for 6 months	32
GBT social worker will maintain contact with youth	12
Other	32

## APPENDIX 2: DISENGAGEMENT DATA: RESILIENCE PREDICTORS

### Resilience Variables - Descriptive Stats

[Table Table](#) 41 shows the disengagement scores across all the resilience variables measured in the YERS questionnaire.

The first column lists the overarching domain (i.e. relational, environmental, interactional, Personal, or resilience in GBTSA). The second column names the resilience predictors. The third column shows the frequency (n) of participants per predictor who answered that scale. It is worth noting that (a) not all participants answered every question, some omitted questions they did not want to answer, hence the fluctuating number of participants across categories and predictors and (b) love relationships was only answered by those who were in a love relationships (n=139). The fourth column indicates the mean scale scores ( $\bar{x}$ ) 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 41. Resilience disengagement scores**

Domain	Resilience Predictor	N	Mean	SD
Relational	Family Relationships	176	73	26.2
	Friend Relationships	176	69	20.6
	Teacher Relationships	161	80	20.7
	Community Relationships	176	70	28.4
	Role Model Relationships	175	81	19.4
	Love Relationships	139	75	33.7
Environmental	Community Safety	176	50	25.3
	Family Financial Security	176	58	23.3
	Social Activities	175	59	23.4
In-care	GBTSA Staff Relationships	173	75	23.0
	Positive Care Experience	176	76	40.9
	Care-leaving Readiness	175	62	27.3
	Contact with GBTSA Staff	176	75	22.9
Interactional	Teamwork	176	79	20.5
	Empathy	175	80	19.0
	Interdependent Problem Solving	176	49	19.9
Individual	High Self-Expectations	176	71	15.1
	Bouncebackability	176	52	17.1
	Self-Efficacy	176	74	16.1
	Optimism	176	81	16.9
	Self-Esteem	175	64	16.0
	Resourcefulness	176	69	16.8
	Distress Tolerance	175	39	19.4
	Spirituality	175	71	21.1

Domain	Resilience Predictor	N	Mean	SD
Global	Relational Resilience	176	74	14.9
	Environmental Resilience	176	56	15.9
	Interactive Resilience	176	70	11.8
	Personal Resilience	176	64	10.2
	Resilience in GBTSA	176	72	17.3
	Global Resilience	176	66	9.4

Table 42 shows the highest scoring resilience variables (those with the highest means) as per the table above.

**Table 42. Highest scoring resilience variables**

Domain	Resilience Predictor	$\bar{x}$
Relational	Role Model Relationships	80.8
Individual	Optimism	80.7
Relational	Teacher Relationships	79.9
Interactional	Empathy	79.9
Interactional	Teamwork	78.9
In-care	Positive Care Experience	76.0
In-care	GBTSA Staff Relationships	75.5
In-care	Contact with GBTSA Staff	75.0
Relational	Love Relationships	74.5
Relational	Relational Resilience	74.5

### Resilience Predictors – Frequencies

[Table 43](#) provides an item level analysis of the YERS by percent. To present concise results, the five response categories have been amalgamated 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 in [Table 44](#) have been removed from this table.

**Table 43. Responses to the YERS Items**

		Disagree	Uncertain	Agree
<b>Family relationships</b>				
1.	My family really tries to help me.	10%	9%	81%
2.	I get the emotional help and support I need from my family.	16%	11%	72%
3	I can talk about my problems with my family.	22%	17%	60%
5.	My family is willing to help me make decisions.	15%	14%	71%
6.	I feel cared for/loved by my family.	9%	14%	77%
<b>Relationships with friends</b>				
7.	I have friends about my own age who really care about me.	16%	11%	73%

		Disagree	Uncertain	Agree
8.	I have friends about my own age who talk with me about my problems.	22%	13%	65%
9.	I have friends about my own age who help me when I'm having a hard time.	16%	10%	73%
10.	My friends try to do what is right.	10%	17%	72%
11.	My friends do well in school or work.	13%	15%	69%
12.	My friends are sensitive to my needs.	16%	28%	55%
<b>School relationships</b>				
13.	At my school, there is a teacher who really cares about me.	10%	9%	73%
14.	At my school, there is a teacher who notices when I'm not there.	9%	11%	72%
15.	At my school, there is a teacher who listens to me when I have something to say.	7%	8%	76%
16.	At my school, there is a teacher who tells me when I do a good job.	7%	4%	79%
17.	At my school, there is a teacher who always wants me to do my best.	7%	5%	80%
18.	At my school, there is a teacher who believes I will be a success.	6%	9%	77%
<b>Relationships with people in the community</b>				
19.	I feel part of the community where I live.	16%	15%	69%
20.	I care about my community.	7%	12%	81%
22.	People in my community look out for me.	19%	28%	52%
23.	I am close to people in my community.	15%	20%	65%
24.	I try to help others in my community	10%	15%	74%
<b>Relationships with role models</b>				
25.	There is an adult in my life who really cares about me.	9%	10%	81%
26.	There is an adult in my life who notices when I am upset about something.	10%	11%	79%
27.	There is an adult in my life who I trust.	10%	10%	80%
28.	There is an adult in my life who tells me when I do a good job.	5%	7%	88%
29.	There is an adult in my life who believes that I will be a success.	4%	9%	86%
30.	There is an adult in my life who always wants me to do my best.	5%	6%	88%
<b>Love relationships</b>				
31.	When I have free time I spend it with my partner.	14%	5%	60%
32.	I often show my partner affection.	11%	13%	55%
33.	I often share very personal information with my partner.	16%	12%	51%
34.	I understand my partner's feelings.	6%	13%	60%
35.	I feel close to my partner.	9%	11%	59%
<b>MY SITUATION</b>				
<b>Feelings about my community</b>				
36.	There is a lot of crime in the community where I live.	36%	17%	48%
37.	It is safe to walk around in my community at night.	42%	17%	41%
38.	There is a big drug problem in my community.	32%	20%	47%
39.	I feel safe and secure in my community.	22%	22%	56%
<b>Financials</b>				



		Disagree	Uncertain	Agree
40.	My family worries a lot about money.	32%	23%	45%
41.	There is often not enough money for food.	56%	15%	28%
42.	My family has enough money to live comfortably.	23%	19%	57%
43.	We often argue about money in my family.	59%	18%	24%
<b>Activities I'm involved in</b>				
44.	I participate in group sports regularly.	27%	10%	62%
45.	I am a regular member of a club.	48%	13%	39%
46.	I participate regularly in a dance or music group.	53%	10%	36%
47.	I enjoy doing activities with others.	10%	9%	81%
48.	I participate regularly in a community organisation serving others.	40%	15%	44%
49.	I have a hobby that I do regularly with other people.	18%	15%	66%
<b>MY INTERACTIONS WITH THE WORLD AROUND ME</b>				
<b>Solving problems and making decisions</b>				
50.	In general, I do not like to ask other people to help me to solve problems.	28%	21%	51%
52.	I like to get advice from my friends and family when deciding how to solve my personal problems.	16%	12%	72%
53.	I would rather struggle through a personal problem by myself than discuss it with a friend.	38%	21%	40%
54.	I prefer to make decisions on my own, rather than with other people.	32%	20%	47%
55.	I do not like to depend on other people to help me to solve my problems.	20%	21%	59%
<b>Belief in my ability</b>				
56.	I can always manage to solve difficult problems if I try hard enough.	6%	6%	<b>88%</b>
57.	It is easy for me to stick to my plans and accomplish my goals.	13%	14%	73%
58.	I am confident that I could deal efficiently with unexpected events.	9%	24%	66%
59.	I can solve most problems if I invest the necessary effort.	5%	10%	85%
60.	When I am confronted with a problem, I can usually find several solutions.	6%	14%	80%
61.	If I am in trouble, I can usually think of a solution.	5%	11%	84%
62.	I can usually handle whatever comes my way.	15%	21%	64%
<b>Using what I have to get things done</b>				
63.	I am positive when things go wrong.	23%	20%	57%
64.	I cope with difficult situations.	16%	19%	64%
66.	I usually manage one way or another.	9%	18%	74%
67.	I look for positive aspects in new situations.	6%	14%	80%
68.	I am resourceful in new situations.	7%	21%	72%
69.	I am efficient in difficult situations.	10%	27%	63%
70.	I work through long, difficult tasks.	12%	15%	72%
<b>Teamwork</b>				
71.	I am generous and helpful to others.	4%	9%	87%
72.	I am an effective team member.	11%	11%	78%
73.	I co-operate well with people.	4%	13%	83%

		Disagree	Uncertain	Agree
74.	I work well with people.	5%	12%	83%
75.	I consider the feelings of other people when I work with them.	3%	10%	86%
<b>Understanding others</b>				
76.	I feel bad when someone gets their feelings hurt.	4%	8%	88%
77.	I try to understand what other people feel and think.	2%	10%	88%
78.	I am sensitive to what, how and why people feel and think the way they do.	2%	16%	81%
79.	I care about others and show interest and concern for them.	3%	8%	89%
80.	I try to understand what others are feeling.	4%	7%	88%
81.	The needs of others are important to me.	8%	11%	80%
82.	I care about others.	2%	5%	92%
83.	Being concerned for others makes me feel good about myself.	6%	7%	86%
<b>PERSONAL</b>				
<b>Expectations of myself</b>				
89.	I always do my best.	7%	15%	78%
90.	I make the most of every opportunity.	6%	13%	81%
91.	I don't always put in my best effort.	29%	21%	50%
92.	I strive to excel in all my tasks.	4%	17%	78%
93.	I work hard to receive outstanding results.	5%	12%	84%
<b>Ability to 'bounce back'</b>				
94.	I tend to bounce back quickly after hard times.	13%	21%	66%
95.	I have a hard time making it through stressful events.	26%	18%	56%
96.	It does not take me long to recover from a stressful event.	20%	21%	60%
97.	It is hard for me to snap back when something bad happens.	32%	19%	49%
98.	I tend to take a long time to get over set-backs in my life.	31%	23%	45%
<b>Optimism for the future</b>				
99.	In uncertain times, I usually expect the best.	5%	15%	80%
100.	I'm always hopeful about my future.	4%	7%	89%
101.	I am excited about what my future holds.	4%	10%	85%
103.	My future feels bright.	5%	13%	82%
<b>Feelings about myself</b>				
104.	On the whole, I am satisfied with myself.	4%	14%	81%
106.	At times, I think I am no good at all.	28%	18%	53%
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.	42%	17%	40%
110.	I certainly feel useless at times.	38%	18%	44%
111.	I feel that I'm a person of worth, at least on an equal plane with others.	9%	20%	71%
112.	All in all, I am inclined to feel that I am a failure.	55%	21%	23%
113.	I take a positive attitude toward myself.	5%	15%	80%
<b>Dealing with stress</b>				
114.	Feeling distressed or upset is unbearable to me.	24%	21%	55%
115.	I can't handle feeling distressed or upset.	36%	17%	45%
117.	There's nothing worse than feeling distressed or upset.	28%	15%	56%
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%	61%
<b>Spiritual life</b>				

		Disagree	Uncertain	Agree
121.	It is important for me to spend time in private spiritual thought and meditation.	10%	15%	74%
122.	I try hard to live my life according to my religious beliefs.	13%	11%	76%
123.	The prayers or spiritual thoughts that I say when I am alone are as important to me as those said by me during services or spiritual gatherings.	8%	15%	76%
124.	I enjoy reading about my spirituality and/or my religion.	16%	15%	68%
126.	Spirituality helps to keep my life balanced and steady.	9%	19%	72%
127.	My whole approach to life is based on my spirituality.	18%	22%	60%
<b>FEELINGS ABOUT GIRLS AND BOYS TOWN</b>				
<b>Relationships with GBTSA Staff</b>				
128.	There is always a GBTSA staff member around when I am in need.	14%	9%	76%
129.	I can share my joys and sorrows with at least one of the GBTSA staff members.	11%	9%	78%
130.	The GBTSA staff members care about my feelings.	13%	20%	65%
131.	I am helped and encouraged to do my best by the GBTSA staff.	8%	7%	82%
<b>Experiences of Being in GBTSA</b>				
132.	I enjoyed my time at GBTSA.	11%	11%	78%
133.	I hated staying at GBTSA.	55%	21%	24%
134.	My stay at GBTSA was a good experience for me.	10%	10%	79%
135.	I felt happy at GBTSA.	15%	19%	66%
136.	My stay at GBTSA was horrible.	58%	22%	19%
<b>Feelings about Leaving GBTSA</b>				
137.	I feel that I am ready now to leave GBTSA.	13%	15%	72%
138.	I am worried about going back home.	52%	14%	34%
139.	GBTSA has prepared me for life after GBTSA.	10%	20%	70%
140.	I wish I could stay at GBTSA longer.	47%	17%	36%
<b>Feelings about contacting GBTSA staff after I leave GBTSA</b>				
141.	I feel free to contact GBTSA once I have left GBTSA.	8%	10%	82%
142.	I think I will always feel welcome at GBTSA.	7%	18%	74%
143.	I know if I am in trouble in the future I can call on GBTSA for help.	14%	20%	66%
144.	GBTSA is not here for people who have already left GBTSA.	51%	23%	26%
145.	I will not contact GBTSA if I have a problem in the future.	67%	19%	14%

## Impression Management Index

**Table 44. Participant IMI honesty measurement within the YERS Scale**

Item no.	Item	Disagree	Uncertain	Agree
4.	I sometimes hurt other people's feelings.	22	16	62
21.	I am always honest with people.	14	28	58
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.	13	11	76
105.	Sometimes I do not tell the truth.	13	15	71

Item no.	Item	Disagree	Uncertain	Agree
108.	Sometimes I am not completely honest when I fill in a questionnaire.	40	17	43
116.	Sometimes I get very angry.	6	13	81
120.	I sometimes feel pushed to hit someone.	31	14	55
125.	I was always a happy child.	28	17	55

## APPENDIX 3: OUTCOME DATA

### Indicator Outcomes - Descriptive Stats

[Table 45](#) 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 seven years. Column 1 lists the outcome indicator.

Table 45. Descriptive statistics of indicator outcomes

Indicator	Year 1				Year 2				Year 3				Year 4				Year 5				Year 6				Year 7			
	N	F	%	SD	N	F	%	SD	N	F	%	SD	N	F	%	SD	N	F	%	SD	N	F	%	SD	N	F	%	SD
Self-Supporting Accommodation	79	24	30	46.3	66	35	53	50.3	49	19	39	49.2	30	16	53	50.7	22	10	45	51.0	14	7	50	51.9	12	5	42	51.5
Education for Employment	79	51	65	48.1	65	42	65	48.2	50	31	62	49.0	31	21	68	47.5	22	15	68	47.7	14	11	79	42.6	11	8	73	46.7
NEET	79	31	39	49.1	66	21	32	46.9	50	17	34	47.9	31	10	32	47.5	22	8	36	49.2	14	3	21	42.6	11	3	27	46.7
Reliable Employment	25	16	64	49.0	28	16	57	50.4	22	16	73	45.6	15	10	67	48.8	12	10	83	38.9	10	8	80	42.2	8	6	75	46.3
Diligent Education	31	17	55	50.6	23	7	30	47.0	18	7	39	50.2	10	7	70	48.3	3	2	67	57.7	3	1	33	57.7	2	1	50	70.7
Liveable Income	48	10	21	41.0	40	12	30	46.4	22	6	27	45.6	16	4	25	44.7	9	6	67	50.0	6	4	67	51.6	9	7	78	44.1
Drugs Alcohol Free	78	65	83	37.5	66	60	91	29.0	49	40	82	39.1	31	25	81	40.2	22	17	77	42.9	14	10	71	46.9	12	11	92	28.9
Crime 'free'	79	62	78	41.4	66	53	80	40.1	50	40	80	40.4	31	26	84	37.4	22	16	73	45.6	14	14	100	0.0	12	11	92	28.9

[Table 46](#) shows a summary of the above table. It provides the percentage of the indicator outcomes over the seven years.

Table 46. Indicator outcomes over the seven years

Indicator	Y1	Y2	Y3	Y4	Y5	Y6	Y7
	%	%	%	%	%	%	%
Self-Supporting Accommodation	30	53	39	53	45	50	42
Education for Employment	65	65	62	68	68	79	73
NEET*	39	32	34	32	36	21	27
Reliable Employment	64	57	73	67	83	80	75
Diligent Education	55	30	39	70	67	33	50

Indicator	Y1	Y2	Y3	Y4	Y5	Y6	Y7
	%	%	%	%	%	%	%
Liveable Income	21	30	27	25	67	67	78
Drugs Alcohol Free	83	91	82	81	77	71	92
Crime 'free'	78	80	80	84	73	100	92

\*A low score is desirable

### Scale Outcomes - Descriptive Stats

[Table 47](#) provides descriptive statistics of the scale outcomes. This includes the number of participants (N), means scores across the indicators measured ( $\bar{x}$ ), as well as the standard deviation (SD), per year. A high means score is desirable, as it indicates better outcomes for participants. 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 47. Descriptive statistics of scale outcomes

Outcome	Year 1			Year 2			Year 3			Year 4			Year 5			Year 6			Year 7		
	N	$\bar{x}$	SD	N	$\bar{x}$	SD	N	$\bar{x}$	SD	N	$\bar{x}$	SD	N	$\bar{x}$	SD	N	$\bar{x}$	SD	N	$\bar{x}$	SD
Health Global	80	73	14.4	65	73	15.4	51	73	17.1	31	75	12.8	21	77	11.6	14	80	11.2	13	80	9.4
Physical Health	80	76	14.0	65	76	16.1	51	75	18.3	31	79	12.5	21	81	13.0	14	84	11.0	13	85	5.3
Psychological Health	80	69	17.2	65	70	18.4	51	71	18.0	31	71	15.6	21	73	14.2	14	76	13.7	13	74	16.2
Family Relationships	80	67	29.6	65	66	25.9	51	70	29.9	31	66	32.3	21	75	19.2	14	74	30.9	13	75	20.7
Friend Relationships	80	72	21.2	65	71	20.2	51	70	20.4	31	72	23.5	21	76	17.0	14	77	16.1	13	75	18.5
Love Relationships	38	83	15.5	34	83	17.7	23	85	18.7	17	76	23.3	9	88	12.7	4	89	13.1	7	86	12.7
Resilience (CD-RISC)	80	73	17.2	65	71	15.8	51	76	17.4	31	72	16.0	21	79	13.8	14	78	7.8	13	81	12.8
Bouncebackability	80	57	15.7	65	58	14.7	51	61	17.3	31	59	12.6	21	66	17.2	14	72	14.8	13	64	19.9
GBTSA Experience	80	79	21.2	65	84	17.0	51	81	19.3	31	83	17.4	21	82	19.1	14	84	16.9	13	80	20.0
GBTSA Contact	80	71	20.4	65	71	19.1	51	71	20.5	31	73	20.1	21	72	16.1	14	71	24.3	13	71	20.0
Accommodation	79	38	11.0	66	43	13.2	50	39	15.3	31	40	17.3	22	40	11.4	14	45	11.9	12	43	13.7
Employment	25	75	24.3	27	51	12.8	23	48	13.1	15	53	13.0	11	57	7.6	10	49	11.2	7	57	6.5
Studying	31	76	21.0	24	54	16.7	18	57	18.6	8	68	14.1	3	58	13.9	2	63	4.7	2	53	9.4

Outcome	Year 1			Year 2			Year 3			Year 4			Year 5			Year 6			Year 7		
	N	$\bar{x}$	SD	N	$\bar{x}$	SD	N	$\bar{x}$	SD	N	$\bar{x}$	SD	N	$\bar{x}$	SD	N	$\bar{x}$	SD	N	$\bar{x}$	SD
Finances	79	48	19.1	66	48	19.7	50	44	21.6	31	50	19.8	22	47	15.6	14	40	12.5	12	55	22.6
Drugs and Alcohol	79	9	11.2	66	8	13.5	50	11	13.4	31	11	11.1	22	14	15.5	14	12	11.6	12	12	8.8
Crime	79	5	8.8	66	5	11.4	50	5	8.0	31	4	13.7	22	6	10.3	14	1	2.8	12	1	3.0

[Table 48](#) shows a summary of the above table. It provides the percentage of the scale outcomes over the seven years.

Table 48. Indicator outcomes over the seven years

Outcome	Y1	Y2	Y3	Y4	Y5	Y6	Y7
	%	%	%	%	%	%	%
Health Global	73	73	73	75	77	80	80
Physical Health	76	76	75	79	81	84	85
Psychological Health	69	70	71	71	73	76	74
Family Relationships	67	66	70	66	75	74	75
Friend Relationships	72	71	70	72	76	77	75
Love Relationships	83	83	85	76	88	89	86
Resilience (Resilience)	73	71	76	72	79	78	81
Bouncebackability	57	58	61	59	66	72	64
GBTSA Experience	79	84	81	83	82	84	80
GBTSA Contact	71	71	71	73	72	71	71
Accommodation	38	43	39	40	40	45	43
Employment	75	51	48	53	57	49	57
Studying	76	54	57	68	58	63	53
Finances	48	48	44	50	47	40	55
Drugs and Alcohol	9	8	11	11	14	12	12
Crime	5	5	5	4	6	1	1

## Outcomes: Item Level Analysis

[Table 49](#) to [Table 64](#) provides 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, liveable income, drugs and alcohol, and crime). In each table, frequencies (f) are presented per item that was measured, over the seven years. Descriptive stats were also included for each item, which shows the mean, per year. The mean enables easier interpretation of changes over the seven years.

### *Health & Well-being*

**Table 49. Item level analysis of health and well-being**

Item	Y1	Y2	Y3	Y4	Y5	Y6	Y7
	F	f	f	f	f	f	f
<b>To what extent do you feel that physical pain prevents you from doing what you need to do</b>							
Not at all	37	24	20	19	10	11	11
A little	22	17	12	7	4	1	1
A moderate amount	13	14	8	4	5	1	0
Very much	4	6	8	1	1	0	1
An extreme amount	4	4	3	0	1	1	0
Total	80	65	51	31	21	14	13
<b>Mean</b>	<b>2.0</b>	<b>2.2</b>	<b>2.3</b>	<b>1.6</b>	<b>2.0</b>	<b>1.5</b>	<b>1.3</b>
<b>How much do you need any medical treatment to function in your daily life</b>							
Not at all	49	36	31	23	16	10	7
A little	19	11	9	2	0	3	2
A moderate amount	7	7	3	3	3	1	0
Very much	4	8	7	3	2	0	0
An extreme amount	1	3	1	0	0	0	0
Total	80	65	51	31	21	14	9
<b>Mean</b>	<b>1.6</b>	<b>1.9</b>	<b>1.8</b>	<b>1.5</b>	<b>1.6</b>	<b>1.4</b>	<b>1.0</b>
<b>How much do you enjoy life</b>							
Not at all	5	2	2	1	0	0	0
A little	12	11	3	4	2	0	1
A moderate amount	13	11	14	9	6	4	4
Very much	23	22	12	11	5	4	3
An extreme amount	27	19	20	6	8	6	5
Total	80	65	51	31	21	14	13
<b>Mean</b>	<b>3.7</b>	<b>3.7</b>	<b>3.9</b>	<b>3.5</b>	<b>3.9</b>	<b>4.1</b>	<b>3.9</b>
<b>To what extent do you feel your life to be meaningful</b>							
Not at all	4	1	2	1	1	0	0



Item	Y1	Y2	Y3	Y4	Y5	Y6	Y7
	F	f	f	f	f	f	f
A little	13	7	4	1	3	0	1
A moderate amount	13	12	8	11	4	6	2
Very much	19	26	22	10	7	5	4
An extreme amount	31	19	15	8	6	3	6
Total	80	65	51	31	21	14	13
Mean	3.8	3.8	3.9	3.7	3.7	3.8	4.2
<b>How well are you able to concentrate</b>							
Not at all	1	0	1	0	0	0	0
A little	6	10	5	2	0	1	0
A moderate amount	23	16	10	6	6	2	3
Very much	33	25	21	13	9	7	7
An extreme amount	17	14	14	10	6	4	3
Total	80	65	51	31	21	14	13
Mean	3.7	3.7	3.8	4.0	4.0	3.9	3.9
<b>Do you have enough energy for everyday life</b>							
Not at all	1	0	0	0	0	0	0
A little	12	4	4	2	0	0	0
A moderate amount	22	18	11	6	3	2	3
Very much	23	20	19	17	9	5	5
An extreme amount	22	23	17	6	9	7	5
Total	80	65	51	31	21	14	13
Mean	3.7	4.0	4.0	3.9	4.3	4.0	4.0
<b>Are you able to accept your bodily appearance</b>							
Not at all	3	2	1	2	0	0	0
A little	9	7	4	3	0	0	0
A moderate amount	11	12	11	3	2	2	3
Very much	33	16	17	13	9	5	4
An extreme amount	24	28	18	10	10	7	6
Total	80	65	51	31	21	14	13
Mean	3.6	3.9	3.9	3.8	4.4	4.1	4.2
<b>How satisfied are you with your sleep</b>							
Very dissatisfied	2	3	3	2	0	0	0
Dissatisfied	9	3	6	1	0	0	0
Neither satisfied nor dissatisfied	6	10	8	5	2	3	2
Satisfied	31	25	17	12	10	4	9
Very satisfied	32	24	17	11	9	7	2
Total	80	65	51	31	21	14	13
Mean	4.0	4.0	3.8	3.9	4.3	4.3	4.0
<b>How satisfied are you with your ability to perform your daily living activities</b>							
Very dissatisfied	1	2	4	1	0	0	0

Item	Y1	Y2	Y3	Y4	Y5	Y6	Y7
	F	f	f	f	f	f	f
Dissatisfied	4	1	4	8	1	1	1
Neither satisfied nor dissatisfied	19	7	3	0	4	1	1
Satisfied	25	32	20	12	9	7	10
Very satisfied	31	23	20	10	7	5	1
Total	80	65	51	31	21	14	13
Mean	4.0	4.1	3.9	4.0	4.3	4.1	3.8
<b>How satisfied are you with your capacity for work</b>							
Very dissatisfied	2	1	2	1	1	0	0
Dissatisfied	9	3	4	1	0	1	0
Neither satisfied nor dissatisfied	13	11	7	1	3	1	0
Satisfied	29	27	15	19	10	7	7
Very satisfied	27	23	23	9	7	5	6
Total	80	65	51	31	21	14	13
Mean	3.9	4.0	4.0	4.1	4.0	4.1	4.5
<b>How satisfied are you with yourself</b>							
Very dissatisfied	1	0	1	1	0	0	0
Dissatisfied	5	4	3	2	1	0	0
Neither satisfied nor dissatisfied	13	5	4	2	2	2	4
Satisfied	15	19	16	13	8	5	4
Very satisfied	46	37	27	13	10	7	5
Total	80	65	51	31	21	14	13
Mean	4.3	4.4	4.3	4.1	4.3	4.4	4.1
<b>How well are you able to get around</b>							
Very poor	1	0	0	0	0	0	0
Poor	3	3	2	0	0	0	0
Neither poor nor good	7	7	5	3	2	2	0
Good	28	18	14	9	8	3	3
Very good	41	37	30	19	11	9	10
Total	80	65	51	31	21	14	13
Mean	4.3	4.4	4.4	4.5	4.4	4.5	4.8
<b>How often do you have negative feelings such as blue mood, despair, anxiety, depression</b>							
Never	11	7	6	5	2	3	2
Seldom	29	27	19	16	6	8	6
Quite often	16	15	14	7	10	1	3
Very often	18	15	5	3	2	2	0
Always	6	1	7	31	1	0	2
Total	80	65	51	25	21	14	13
Mean	2.7	2.6	2.8	2.3	2.7	2.1	2.5

## Relationship status

**Table 50. Item level analysis of relationships**

Item	Y1	Y2	Y3	Y4	Y5	Y6	Y7
	f	f	f	f	f	f	f
<b>What is your current marital status</b>							
Married	2	3	3	1	2	0	2
Living together like married partners	6	7	7	2	17	1	3
Never married	70	52	39	27	1	13	8
Separated	1	3	2	1	20	0	0
Total	79	65	51	31	40	14	13
<b>Are you currently in an intimate/romantic relationship</b>							
Yes	39	34	24	18	9	4	7
No	41	31	26	13	12	10	6
Total	80	65	50	31	21	14	13
<b>Do you currently have any children</b>							
Yes	5	6	8	6	3	0	3
No	73	58	42	23	18	14	10
Expecting a child	2	1	1	2	0	0	0
Total	80	65	51	31	21	14	13
<b>If yes, how many children do you have</b>							
One child	5	1	6	6	3	0	2
Two children	0	5	0	1	0	0	1
Three children	0	1	0	0	0	0	0
Four children	0	2	0	0	0	0	0
Total	5	9	6	7	3	0	3

## Family relationships

**Table 51. Item level analysis of family relationships**

Item	Y1	Y2	Y3	Y4	Y5	Y6	Y7
	f	f	f	f	f	f	f
<b>My family really tries to help me</b>							
Strongly disagree	10	6	5	5	0	1	0
Disagree	4	4	2	0	1	1	0
Uncertain	4	4	3	2	4	2	3

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**Trustees:** DJ Bergman DP Daniels (Chairperson) MJ de Klerk (Honorary Treasurer) BM Glenn SD Kau (Vice -  
Chairperson) L Loynes (Chief Executive Officer) MS Mhara JC Michael VV Mthembu (Honorary Secretary) JP  
Sibanyoni E Smith A Thomas

Registered NPO (Act 71 of 1997) - 009 244 NPO Registered Welfare Organisation (Act 100 of 1978) Registered PBO in terms of the Income Tax Act 1962  
SARS REF NO. 130000379

Item	Y1	Y2	Y3	Y4	Y5	Y6	Y7
	f	f	f	f	f	f	f
Agree	26	31	21	12	8	1	4
Strongly agree	36	20	20	12	8	9	6
Total	80	65	51	31	21	14	13
<b>Mean</b>	<b>3.9</b>	<b>3.8</b>	<b>4.0</b>	<b>3.8</b>	<b>4.1</b>	<b>4.1</b>	<b>4.2</b>
<b>I get the emotional help and support I need from my family</b>							
Strongly disagree	9	5	7	6	0	1	0
Disagree	8	7	2	1	2	1	1
Uncertain	12	10	6	2	3	1	0
Agree	25	26	21	13	8	6	5
Strongly agree	26	17	15	9	8	5	7
Total	80	65	51	31	21	14	13
<b>Mean</b>	<b>3.6</b>	<b>3.7</b>	<b>3.7</b>	<b>3.6</b>	<b>4.0</b>	<b>3.9</b>	<b>4.4</b>
<b>I can talk about my problems with my family</b>							
Strongly disagree	11	9	8	5	1	1	0
Disagree	15	9	6	4	2	1	2
Uncertain	11	10	4	5	4	2	2
Agree	22	21	15	7	8	5	5
Strongly agree	21	16	18	10	6	5	4
Total	80	65	51	31	21	14	13
<b>Mean</b>	<b>3.3</b>	<b>3.4</b>	<b>3.6</b>	<b>3.4</b>	<b>3.8</b>	<b>3.9</b>	<b>3.8</b>
<b>My family is willing to help me make decisions</b>							
Strongly disagree	10	5	7	5	1	1	1
Disagree	7	12	5	2	1	2	1
Uncertain	9	11	3	5	3	1	4
Agree	31	23	20	10	9	4	3
Strongly agree	23	14	16	9	7	6	4
Total	80	65	51	31	21	14	13
<b>Mean</b>	<b>3.6</b>	<b>3.4</b>	<b>3.6</b>	<b>3.5</b>	<b>4.0</b>	<b>3.9</b>	<b>3.6</b>
<b>I feel cared for/loved by my family</b>							
Strongly disagree	8	6	6	3	0	1	0
Disagree	5	5	2	2	1	2	1
Uncertain	6	4	0	2	2	0	3
Agree	29	24	18	11	9	3	5
Strongly agree	32	26	24	13	9	8	4
Total	80	65	50	31	21	14	13
<b>Mean</b>	<b>3.9</b>	<b>3.9</b>	<b>4.0</b>	<b>3.9</b>	<b>4.2</b>	<b>4.1</b>	<b>3.9</b>

*Friend relationships*

Table 52. Item level analysis of friend relationships

Item	Y1	Y2	Y3	Y4	Y5	Y6	Y7
	f	f	f	f	f	f	f
<b>I have friends about my own age who really care about me</b>							
Strongly disagree	5	3	1	3	1	0	0
Disagree	5	3	5	0	0	0	0
Uncertain	8	11	15	7	3	1	0
Agree	32	30	18	9	8	7	11
Strongly agree	30	18	12	12	9	6	2
Total	80	65	51	31	21	14	13
<b>Mean</b>	<b>4.0</b>	<b>3.9</b>	<b>3.7</b>	<b>3.9</b>	<b>4.1</b>	<b>4.4</b>	<b>4.2</b>
<b>I have friends about my own age who talk with me about my problems</b>							
Strongly disagree	3	6	1	3	1	1	2
Disagree	10	4	4	0	1	8	0
Uncertain	6	7	8	0	1	0	0
Agree	30	29	23	18	9	0	7
Strongly agree	31	19	15	10	9	5	4
Total	80	65	51	31	21	14	13
<b>Mean</b>	<b>4.0</b>	<b>3.8</b>	<b>3.9</b>	<b>4.0</b>	<b>4.1</b>	<b>4.1</b>	<b>3.8</b>
<b>I have friends about my own age who help me when I'm having a hard time</b>							
Strongly disagree	4	3	1	3	1	0	1
Disagree	9	5	5	1	0	1	1
Uncertain	9	9	13	2	3	0	0
Agree	31	29	17	15	11	9	7
Strongly agree	27	19	15	10	6	4	4
Total	80	65	51	31	21	14	13
<b>Mean</b>	<b>3.9</b>	<b>3.9</b>	<b>3.8</b>	<b>3.9</b>	<b>4.0</b>	<b>4.1</b>	<b>3.9</b>
<b>My friends try to do what is right</b>							
Strongly disagree	3	1	1	1	0	0	0
Disagree	3	5	4	1	1	0	1
Uncertain	12	15	12	4	2	4	1
Agree	44	26	23	17	11	5	7
Strongly agree	18	18	11	8	7	5	4
Total	80	65	51	31	21	14	13
<b>Mean</b>	<b>3.9</b>	<b>3.8</b>	<b>3.8</b>	<b>4.0</b>	<b>4.1</b>	<b>4.1</b>	<b>4.1</b>
<b>My friends do well in school or work</b>							
Strongly disagree	1	0	0	2	0	0	0
Disagree	3	3	4	0	0	0	0
Uncertain	10	14	9	6	4	2	1
Agree	46	31	22	14	13	9	8

Item	Y1	Y2	Y3	Y4	Y5	Y6	Y7
	f	f	f	f	f	f	f
Strongly agree	20	17	16	9	4	3	4
Total	80	65	51	31	21	14	13
Mean	4.0	4.0	4.0	3.9	4.0	4.1	4.2
<b>My friends are sensitive to my needs</b>							
Strongly disagree	4	2	1	3	1	1	0
Disagree	7	3	6	2	0	0	1
Uncertain	12	20	11	5	6	3	4
Agree	42	23	19	17	10	7	4
Strongly agree	15	17	14	4	4	3	4
Total	80	65	51	31	21	14	13
Mean	3.7	3.8	3.8	3.5	3.8	3.8	3.8

### *Love relationships*

**Table 53.** Item level analysis of love relationships

Item	Y1	Y2	Y3	Y4	Y5	Y6	Y7
	f	F	f	f	f	f	f
<b>When I have free time I spend it with my partner</b>							
Strongly disagree	4	3	1	3	1	1	1
Disagree	4	4	3	1	2	0	0
Uncertain	5	5	2	4	4	0	0
Agree	17	16	11	7	3	2	5
Strongly agree	17	13	11	6	4	2	3
Total	47	41	28	21	14	5	9
Mean	4.0	3.8	4.0	3.6	3.6	3.8	4.0
<b>I often show my partner affection</b>							
Strongly disagree	2	2	1	2	2	1	1
Disagree	3	3	3	1	1	0	0
Uncertain	6	5	2	6	3	0	1
Agree	20	17	10	7	3	2	3
Strongly agree	16	14	12	5	5	2	4
Total	47	41	28	21	14	5	9
Mean	4.0	3.9	4.0	3.6	3.6	3.6	4.0
<b>I often share very personal information with my partner</b>							
Strongly disagree	5	4	1	3	2	1	1
Disagree	3	5	5	0	1	0	0
Uncertain	3	0	2	5	2	1	0
Agree	16	14	4	4	4	1	4
Strongly agree	20	18	16	9	5	2	4
Total	47	41	28	21	14	5	9

Item	Y1	Y2	Y3	Y4	Y5	Y6	Y7
	f	F	f	f	f	f	f
<b>Mean</b>	<b>3.9</b>	<b>3.9</b>	<b>4.0</b>	<b>3.8</b>	<b>3.6</b>	<b>3.8</b>	<b>4.1</b>
<b>I understand my partner's feelings</b>							
Strongly disagree	4	3	2	3	0	1	1
Disagree	1	2	3	0	2	0	0
Uncertain	5	6	1	1	2	0	2
Agree	15	11	8	7	3	2	2
Strongly agree	22	19	14	10	7	2	4
Total	47	41	28	21	14	5	9
<b>Mean</b>	<b>4.1</b>	<b>4.0</b>	<b>4.0</b>	<b>4.0</b>	<b>4.1</b>	<b>3.8</b>	<b>3.9</b>
<b>I feel close to my partner</b>							
Strongly disagree	4	3	2	3	1	1	1
Disagree	2	1	2	0	2	0	0
Uncertain	6	2	0	2	2	0	0
Agree	12	15	9	6	2	0	2
Strongly agree	23	20	15	10	7	4	6
Total	47	41	28	21	14	5	9
<b>Mean</b>	<b>4.0</b>	<b>4.2</b>	<b>4.2</b>	<b>4.0</b>	<b>3.9</b>	<b>4.2</b>	<b>4.3</b>

### *Resilience (CD-RISC) and Bouncebackability*

**Table 54. Item level analysis of Resilience and Bouncebackability**

Item	Y1	Y2	Y3	Y4	Y5	Y6	Y7
	f	f	f	f	f	f	F
<b>I am able to adapt when changes occur</b>							
Not true at all	3	2	1	1	0	0	0
Rarely true	4	3	1	0	0	1	0
Sometimes true	19	21	9	8	6	1	1
Often true	29	24	17	13	9	5	7
True nearly all the time	25	15	23	9	6	7	5
Total	80	65	51	31	21	14	13
<b>Mean</b>	<b>3.9</b>	<b>3.7</b>	<b>4.2</b>	<b>3.7</b>	<b>4.0</b>	<b>4.3</b>	<b>4.3</b>
<b>I can deal with whatever comes my way</b>							
Not true at all	1	0	0	0	0	0	0
Rarely true	5	0	3	1	0	0	0
Sometimes true	20	24	10	14	5	0	1
Often true	25	14	19	8	10	11	6
True nearly all the time	29	27	19	8	6	3	6
Total	80	65	51	31	21	14	13
<b>Mean</b>	<b>4.0</b>	<b>4.0</b>	<b>4.1</b>	<b>3.9</b>	<b>4.0</b>	<b>4.2</b>	<b>4.4</b>

Item	Y1	Y2	Y3	Y4	Y5	Y6	Y7
	f	f	f	f	f	f	F
<b>I try to see the humorous side of things when I am faced with problems</b>							
Not true at all	3	1	3	2	0	0	0
Rarely true	3	4	3	4	0	0	0
Sometimes true	22	20	9	7	5	5	1
Often true	26	27	17	8	9	5	6
True nearly all the time	26	13	19	10	7	4	6
Total	80	65	51	31	21	14	13
<b>Mean</b>	<b>3.9</b>	<b>3.7</b>	<b>3.9</b>	<b>3.7</b>	<b>4.1</b>	<b>3.9</b>	<b>4.4</b>
<b>Having to cope with stress can make me stronger</b>							
Not true at all	7	4	7	2	2	1	1
Rarely true	7	9	5	4	1	0	0
Sometimes true	16	14	10	7	4	1	2
Often true	24	22	13	8	3	10	7
True nearly all the time	26	16	16	10	11	2	3
Total	80	65	51	31	21	14	13
<b>Mean</b>	<b>3.7</b>	<b>3.6</b>	<b>3.5</b>	<b>3.6</b>	<b>4.0</b>	<b>3.9</b>	<b>3.8</b>
<b>I tend to bounce back after illness, injury, or other hardships</b>							
Not true at all	10	3	2	1	0	0	1
Rarely true	6	5	3	4	1	0	1
Sometimes true	8	17	8	8	2	0	2
Often true	23	20	19	8	7	10	4
True nearly all the time	33	20	19	10	11	4	5
Total	80	65	51	31	21	14	13
<b>Mean</b>	<b>3.8</b>	<b>3.8</b>	<b>4.0</b>	<b>3.7</b>	<b>4.3</b>	<b>4.3</b>	<b>3.8</b>
<b>I believe I can achieve my goals, even if there are obstacles</b>							
Not true at all	1	1	1	0	0	0	0
Rarely true	4	1	0	2	1	0	0
Sometimes true	6	7	4	4	2	1	1
Often true	22	20	13	8	7	6	6
True nearly all the time	47	36	33	17	12	7	6
Total	80	65	51	31	21	14	13
<b>Mean</b>	<b>4.4</b>	<b>4.4</b>	<b>4.5</b>	<b>4.3</b>	<b>4.4</b>	<b>4.4</b>	<b>4.4</b>
<b>Under pressure, I stay focused and think clearly</b>							
Not true at all	4	5	2	1	0	0	0
Rarely true	7	8	3	2	0	0	0
Sometimes true	18	17	10	8	5	3	1
Often true	28	19	14	12	7	9	7
True nearly all the time	23	16	22	8	9	12	5
Total	80	65	51	31	21	14	13



Item	Y1	Y2	Y3	Y4	Y5	Y6	Y7
	f	f	f	f	f	f	F
<b>Mean</b>	<b>3.7</b>	<b>3.5</b>	<b>4.0</b>	<b>3.8</b>	<b>4.2</b>	<b>3.9</b>	<b>4.3</b>
<b>I am not easily discouraged by failure</b>							
Not true at all	1	2	2	1	0	0	1
Rarely true	9	8	2	4	2	0	0
Sometimes true	19	17	13	5	4	4	2
Often true	22	15	18	13	8	6	5
True nearly all the time	29	23	16	8	7	4	5
Total	80	65	51	31	21	14	13
<b>Mean</b>	<b>3.9</b>	<b>3.8</b>	<b>3.9</b>	<b>3.7</b>	<b>4.0</b>	<b>4.0</b>	<b>4.0</b>
<b>I think of myself as a strong person when dealing with life's challenges and difficulties</b>							
Not true at all	1	1	0	0	0	0	0
Rarely true	4	2	3	0	0	0	0
Sometimes true	11	7	5	8	2	3	1
Often true	27	28	20	6	8	7	4
True nearly all the time	37	27	23	17	11	4	8
Total	80	65	51	31	21	14	13
<b>Mean</b>	<b>4.2</b>	<b>4.2</b>	<b>4.2</b>	<b>4.3</b>	<b>4.4</b>	<b>4.1</b>	<b>4.5</b>
<b>I am able to handle unpleasant or painful feelings like sadness, fear, and anger</b>							
Not true at all	2	1	1	1	0	0	0
Rarely true	7	7	2	1	0	0	0
Sometimes true	19	16	14	4	4	2	1
Often true	28	22	14	16	9	8	5
True nearly all the time	24	19	20	9	8	4	7
Total	80	65	51	31	21	14	13
<b>Mean</b>	<b>3.8</b>	<b>3.8</b>	<b>4.0</b>	<b>4.0</b>	<b>4.2</b>	<b>4.1</b>	<b>4.5</b>
<b>I tend to bounce back quickly after hard times</b>							
Strongly disagree	5	2	2	0	0	0	0
Disagree	11	7	0	2	1	0	1
Uncertain	16	8	13	5	3	3	1
Agree	29	31	23	14	11	6	6
Strongly agree	19	17	13	10	6	5	5
Total	80	65	51	31	21	14	13
<b>Mean</b>	<b>3.6</b>	<b>3.8</b>	<b>3.9</b>	<b>4.0</b>	<b>4.0</b>	<b>4.1</b>	<b>4.3</b>
<b>I have a hard time making it through stressful events</b>							
Strongly disagree	5	5	4	3	4	1	3
Disagree	22	19	17	7	5	8	2
Uncertain	20	18	12	10	7	3	2
Agree	24	18	14	6	3	2	4
Strongly agree	9	5	4	5	2	0	2

Item	Y1	Y2	Y3	Y4	Y5	Y6	Y7
	f	f	f	f	f	f	F
Total	80	65	51	31	21	14	13
Mean	3.1	3.0	2.9	3.1	2.7	2.4	3.0
<b>It does not take me long to recover from a stressful event</b>							
Strongly disagree	5	1	2	2	1	0	0
Disagree	8	7	9	1	2	1	1
Uncertain	13	14	11	3	1	1	2
Agree	33	30	15	18	10	9	5
Strongly agree	21	13	14	7	7	3	5
Total	80	65	51	31	21	14	13
Mean	3.7	3.7	3.6	3.9	4.0	4.0	4.1
<b>It is hard for me to snap back when something bad happens</b>							
Strongly disagree	10	5	8	5	5	3	2
Disagree	26	26	18	7	3	7	3
Uncertain	17	11	12	8	6	3	3
Agree	17	15	10	9	6	0	3
Strongly agree	10	8	3	2	1	1	2
Total	80	65	51	31	21	14	13
Mean	2.9	2.9	2.6	2.9	2.8	2.2	3.0
<b>I tend to take a long time to get over set-backs in my life</b>							
Strongly disagree	11	1	8	3	4	4	4
Disagree	23	28	21	9	10	5	5
Uncertain	15	13	10	5	3	4	1
Agree	22	18	6	11	3	1	1
Strongly agree	9	5	6	3	1	0	2
Total	80	65	51	31	21	14	13
Mean	2.9	3.0	2.6	3.1	2.4	2.1	2.4

### Positive Care Experience

Table 55. Item level analysis of positive care experience

Item	Y1	Y2	Y3	Y4	Y5	Y6	Y7
	f	f	f	f	f	f	f
<b>I enjoyed my time at GBTSA</b>							
Strongly disagree	3	0	2	0	0	0	0
Disagree	5	2	1	1	1	0	1
Uncertain	4	5	4	2	1	1	1
Agree	28	23	20	10	8	5	4
Strongly agree	40	35	24	18	11	8	7

Item	Y1	Y2	Y3	Y4	Y5	Y6	Y7
	f	f	f	f	f	f	f
Total	80	65	51	31	21	14	13
Mean	4.2	4.4	4.2	4.5	4.4	4.5	4.3
<b>I hated staying at GBTSA</b>							
Strongly disagree	32	30	22	17	11	8	6
Disagree	33	25	21	7	6	3	4
Uncertain	11	6	6	4	3	1	2
Agree	2	4	1	2	1	1	1
Strongly agree	2	0	1	1	0	1	0
Total	80	65	51	31	21	14	13
Mean	1.9	1.8	1.8	1.8	1.7	1.9	1.8
<b>My stay at GBTSA was a good experience for me</b>							
Strongly disagree	2	0	1	0	0	0	0
Disagree	6	3	1	1	1	0	1
Uncertain	5	4	3	11	1	1	2
Agree	24	18	17	19	9	5	4
Strongly agree	43	40	29	31	10	8	6
Total	80	65	51	25	21	14	13
Mean	4.3	4.5	4.4	4.5	4.3	4.5	4.2
<b>I felt happy at GBTSA</b>							
Strongly disagree	3	1	3	1	1	0	0
Disagree	5	3	1	1	1	0	0
Uncertain	8	11	8	6	3	2	2
Agree	29	21	17	10	8	6	3
Strongly agree	34	29	22	13	8	6	7
Total	79	65	51	31	21	14	12
Mean	4.1	4.1	4.1	4.1	4.0	4.3	4.4
<b>My stay at GBTSA was horrible</b>							
Strongly disagree	38	42	27	17	13	9	6
Disagree	27	17	18	8	5	2	3
Uncertain	7	4	2	5	2	2	2
Agree	4	2	4	1	1	1	0
Strongly agree	3	0	0	0	0	0	1
Total	79	65	51	31	21	14	13
Mean	1.8	1.5	1.7	1.7	1.6	1.6	1.9

*Maintain Contact with GBTSA Staff*

Table 56. Item level analysis of maintaining contact with GBTSA staff

Item	Y1	Y2	Y3	Y4	Y5	Y6	Y7
	f	f	f	f	f	f	f
<b>I feel free to contact GBTSA now that I have left GBTSA</b>							
Strongly disagree	8	3	4	0	1	1	1
Disagree	4	5	2	3	1	1	0
Uncertain	7	9	8	7	4	4	3
Agree	31	24	20	10	7	4	5
Strongly agree	30	24	17	11	8	4	4
Total	80	65	51	31	21	14	13
<b>Mean</b>	<b>3.9</b>	<b>3.9</b>	<b>3.9</b>	<b>3.9</b>	<b>4.0</b>	<b>3.6</b>	<b>3.8</b>
<b>I think I will always feel welcome at GBTSA</b>							
Strongly disagree	4	1	1	0	0	0	1
Disagree	2	5	3	0	0	1	0
Uncertain	14	8	8	6	4	2	2
Agree	28	16	22	13	9	5	3
Strongly agree	32	35	17	12	8	6	7
Total	80	65	51	31	21	14	13
<b>Mean</b>	<b>4.0</b>	<b>4.2</b>	<b>4.0</b>	<b>4.2</b>	<b>4.2</b>	<b>4.1</b>	<b>4.2</b>
<b>I know if I am in trouble I can call on GBTSA for help</b>							
Strongly disagree	5	2	5	2	2	2	1
Disagree	6	12	5	3	1	0	0
Uncertain	23	10	8	6	8	2	3
Agree	23	22	19	10	6	5	4
Strongly agree	23	19	14	10	4	5	4
Total	80	65	51	31	21	14	12
<b>Mean</b>	<b>3.7</b>	<b>3.7</b>	<b>3.6</b>	<b>3.7</b>	<b>3.4</b>	<b>3.8</b>	<b>3.8</b>
<b>GBTSA is not here for people who have already left GBTSA</b>							
Strongly disagree	27	19	21	11	7	6	3
Disagree	24	24	14	11	7	2	4
Uncertain	9	8	10	5	5	3	3
Agree	9	8	3	4	2	1	2
Strongly agree	10	6	3	0	0	2	1
Total	79	65	51	31	21	14	13
<b>Mean</b>	<b>2.4</b>	<b>2.4</b>	<b>2.1</b>	<b>2.1</b>	<b>2.1</b>	<b>2.4</b>	<b>2.5</b>
<b>I will not contact GBTSA if I have a problem</b>							
Strongly disagree	25	16	18	9	4	4	7
Disagree	26	21	12	9	9	3	1
Uncertain	16	15	11	6	6	3	2
Agree	8	8	6	4	2	3	3
Strongly agree	4	5	4	3	0	1	0

Item	Y1	Y2	Y3	Y4	Y5	Y6	Y7
	f	f	f	f	f	f	f
Total	79	65	51	31	21	14	13
Mean	2.2	2.5	2.3	2.5	2.3	2.6	2.1
<b>GBTSA has prepared me for life after GBTSA</b>							
Strongly disagree	4	2	3	0	1	0	0
Disagree	5	7	4	1	1	1	1
Uncertain	17	10	6	5	3	2	2
Agree	20	17	20	11	5	2	5
Strongly agree	34	29	18	14	11	9	4
Total	80	65	51	31	21	14	13
Mean	3.9	4.0	3.9	4.2	4.1	4.4	4.0
<b>Have you been in contact with GBTSA staff since your last interview</b>							
Yes	48	38	23	8	7	2	4
No	29	26	27	23	14	12	9
Total	77	64	50	31	21	14	13
Mean	1.5	1.3	1.6	1.7	1.7	2.1	1.7
<b>How satisfied were you with the support you received from this contact/these contacts</b>							
Very dissatisfied	0	1	0	1	0	1	1
Dissatisfied	1	0	2	0	0	0	0
Neither satisfied nor dissatisfied	7	1	5	1	2	2	1
Satisfied	17	14	6	3	4	1	3
Very satisfied	30	25	16	5	2	3	2
Total	55	41	29	10	8	7	7
Mean	4.4	4.5	4.2	4.1	4.0	3.7	3.7

### Accommodation

Table 57. Item level analysis of accommodation

Item	Y1	Y2	Y3	Y4	Y5	Y6	Y7
	f	f	f	f	f	f	f
<b>What sort of dwelling are you living in at the moment</b>							
Whole formal dwelling	57	49	35	18	19	8	10
Part of formal dwelling	14	11	10	9	3	3	1
Informal dwelling	8	6	4	3	0	3	1
Homeless	0	0	1	1	0	0	0
Total	79	66	50	31	22	14	12
<b>Who do you currently live with</b>							
On own or with partner	7	11	12	10	6	3	4
With friend or acquaintances	7	8	5	2	3	2	1
With family	65	46	32	19	13	9	7

Item	Y1	Y2	Y3	Y4	Y5	Y6	Y7
	f	f	f	f	f	f	f
Homeless	0	0	1	0	0	0	0
Total	79	65	50	31	22	14	12
<b>Do you pay money to live in the place where you currently live</b>							
Dwelling is paid off or paying bond himself	5	10	3	2	0	0	0
Paying rent himself	11	12	13	11	7	6	6
Accommodation in exchange for work	8	13	3	3	3	1	1
Someone else or no one is paying	55	31	30	14	12	7	5
Homeless	0	0	1	1	0	0	0
Total	79	66	50	31	22	14	12
<b>How many times have you moved between places to stay</b>							
None	37	31	23	15	12	9	7
Once	23	19	12	9	4	3	2
Two or more times	19	16	14	7	6	2	3
Homeless	0	0	1	0	0	0	0
Total	79	66	50	31	22	14	12
<b>Have you experienced any periods of homelessness</b>							
Yes	4	5	8	7	3	0	2
No	75	61	42	24	19	14	10
Total	79	66	50	31	22	14	12
<b>For how long have you been homeless</b>							
No periods of homelessness	75	65	43	22	18	14	11
Less than a week in total	1	0	1	1	3	0	0
A week to less than 6 months	2	1	5	6	0	0	0
6 months or more	1	0	1	2	1	0	1
Total	79	66	50	31	22	14	12

### *Currently Occupied*

**Table 58. Item level analysis of currently occupied**

Item	Y1	Y2	Y3	Y4	Y5	Y6	Y7
	f	f	f	f	f	f	
<b>Are you currently working</b>							
Yes - full time	15	19	14	10	6	7	6
Yes - part time	10	9	8	5	6	3	2
No	54	38	28	16	10	4	3
Total	79	66	50	31	22	14	11
<b>Are you currently studying</b>							
Yes - full time	23	20	11	7	2	2	1

Item	Y1	Y2	Y3	Y4	Y5	Y6	Y7
	f	f	f	f	f	f	f
Yes - part time	8	3	7	3	1	1	1
No	48	43	32	21	19	11	9
Total	79	66	50	31	22	14	11
<b>Since the last interview, have you completed an educational qualification</b>							
Yes	23	16	4	8	2	5	3
No	56	50	46	23	20	9	8
Total	79	66	50	31	22	14	11
<b>What is the highest educational qualification you have completed</b>							
Baccalaureate Degree	0	0	0	1	0	0	1
Post-graduate Degree	1	3	0	0	0	0	0
Post-Matric Diploma or Certificate	5	14	4	2	2	1	2
Grade 12	19	6	11	9	6	6	3
Grade 10-11	3	22	5	7	5	2	2
Grade 9	25	14	16	7	6	3	2
Grade 8 or lower	26	6	14	5	3	2	1
Total	79	65	50	31	22	14	11

### *Not in Employment Education or Training (NEET)*

**Table 59. Item level analysis of NEET**

Item	Y1	Y2	Y3	Y4	Y5	Y6	Y7
	f	f	f	f	f	f	f
<b>What is the main reason for you not currently working</b>							
Awaiting the season for work	7	6	3	3	0	1	0
Waiting to be recalled to former job	1	1	1	1	2	0	0
Health reasons	0	0	1	0	0	0	0
Pregnancy	1	1	0	0	0	0	0
Disabled or unable to work	0	0	0	0	0	0	0
Housewife	0	2	1	0	0	0	0
Undergoing training to help find work	0	0	0	0	0	0	0
Lack of money to pay for transport	1	0	0	1	0	0	0
Unable to find work requiring his/her skills	8	7	6	4	1	3	3
Lost hope of finding work	0	1	0	0	0	0	0
Scholar/student	3	0	0	0	0	0	0
Retired	0	2	0	0	0	0	0
Too old/young to work	2	0	0	0	1	0	0
Does not want to work	4	1	0	0	1	0	0
Job loss too recent	2	0	0	0	0	0	1
Other	3	1	4	1	2	0	0
Total	32	22	16	10	7	4	4

Item	Y1	Y2	Y3	Y4	Y5	Y6	Y7
	f	f	f	f	f	f	f
<b>Have you been for a job interview</b>							
Yes	9	4	3	4	3	0	0
No	23	21	13	7	4	4	3
Total	32	25	16	11	7	4	3
<b>Have you applied to study for a course</b>							
Yes	4	8	3	2	0	1	1
No	27	18	14	9	8	4	2
Total	31	26	17	11	8	5	3

### *Paid Employment*

**Table 60. Item level analysis of paid employment**

Item	Y1	Y2	Y3	Y4	Y5	Y6	Y7
	F	f	f	f	f	f	f
<b>Do you currently have more than one job</b>							
Yes	4	3	4	1	2	0	0
No	20	23	19	15	9	10	3
Total	24	26	23	16	11	10	3
<b>How many times have you changed jobs</b>							
No changes or clear promotion	14	10	12	10	5	5	2
One change	2	9	3	3	4	1	2
Two changes	3	4	3	2	2	3	3
Three or more changes	6	4	5	1	0	1	0
Total	25	27	23	15	11	10	7
<b>For how many months have you held down a job</b>							
All of the months	13	16	10	9	7	3	6
75% to under 100%	6	4	4	1	2	3	1
50% to under 75%	0	4	3	5	1	2	0
Under 50%	6	3	5	0	1	2	0
Total	25	27	22	15	11	10	7
<b>How many hours per week do you work at your current job</b>							
Over 45 hours	7	12	6	8	3	3	3
35-45 hours	6	7	9	3	2	4	2
20-34 hours	3	2	2	3	3	0	0
10-19 hours	4	2	3	0	1	1	0
Under 10 hours	5	4	2	1	2	2	2
Total	25	27	22	15	11	10	7
<b>In the past month, how many days have you missed work</b>							



Item	Y1	Y2	Y3	Y4	Y5	Y6	Y7
	F	f	f	f	f	f	f
None	20	17	18	14	10	7	6
One day	2	3	1	0	0	1	0
Two to three days	2	4	1	1	1	0	1
More than three days	1	3	2	0	0	2	0
Total	25	27	22	15	11	10	7
<b>In the past month, have you received any warnings for performance issues from your employer</b>							
No	19	24	21	13	11	10	7
Yes, one	5	3	0	2	0	0	0
Yes, more than two	0	0	1	0	0	0	0
Total	24	27	22	15	11	10	7
<b>Since the last interview, have you been fired from a job</b>							
No	23	25	20	13	11	9	7
Yes	2	2	1	1	0	1	0
Total	25	27	21	14	11	10	7

### Studying

**Table 61.** Item level analysis of studying

Item	Y1	Y2	Y3	Y4	Y5	Y6	Y7
	f	f	f	f	f	f	f
<b>Since the last interview, have you dropped any courses or modules</b>							
No	30	20	16	7	3	2	1
Yes, one	1	3	1	1	0	0	1
Yes, more than one	0	1	1	0	0	0	0
Total	31	24	18	8	3	2	2
<b>Since the last interview, have you failed any courses or modules</b>							
No	23	18	13	7	2	2	2
Yes, one	5	2	4	1	1	0	0
Yes, more than one	3	4	1	0	0	0	0
Total	31	24	18	8	3	2	2
<b>Since the last interview, have you failed any tests or other assessments</b>							
No	21	12	12	8	2	1	1
Yes, one	5	2	2	1	1	0	0
Yes, two	3	5	1	0	0	1	1
Yes, three or more	2	5	3	0	0	0	0
Total	31	24	18	8	3	2	2

Item	Y1	Y2	Y3	Y4	Y5	Y6	Y7
	f	f	f	f	f	f	f
<b>In the past month, how many days have you missed class</b>							
None	18	11	13	8	2	2	2
One day	4	1	0	0	0	0	0
Two to three days	5	3	3	0	1	0	0
More than three days	3	9	2	0	0	0	0
Total	30	24	18	8	3	2	2
<b>Since the last interview, have you obtained a distinction or an A for any course or subject</b>							
More than one	8	7	5	3	0	1	1
One	8	4	3	3	1	0	1
None	14	13	10	2	2	1	0
Total	30	24	18	8	3	2	2

### Financial Security

**Table 62. Item level analysis of financial security**

Item	Y1	Y2	Y3	Y4	Y5	Y6	Y7
	f	f	f	f	f	f	f
<b>What is your main source of income</b>							
Employment	23	28	23	16	14	11	9
Parents, foster parents, spouse or family	35	23	17	10	7	1	1
Grants (social security) or friends	9	6	4	1	0	1	1
Begging or crime or no income	11	9	6	4	1	1	1
Total	78	66	50	31	22	14	12
<b>In total, how much money did you get last month</b>							
R12 801 or higher	1	1	2	2	1	0	4
R6 401 – R12 800	1	4	2	1	3	2	3
R3 201 – R6 400	11	6	5	1	1	2	1
R1 601 – R3 200	3	5	0	5	1	1	0
R801 – R1600	4	3	3	4	2	0	1
R401 – R800	10	9	4	2	0	0	0
R0 – R400	20	13	7	2	1	2	0
Total	51	41	23	17	9	7	9
<b>Have you got your own bank account</b>							
Yes	45	42	31	20	16	11	10
No	34	23	19	11	6	3	1
Total	79	65	50	31	22	14	11
<b>Do you have any savings over and above this month's salary</b>							
R12 801 or higher	3	2	4	4	2	0	3
R6 401 – R12 800	2	1	1	0	1	0	0

Item	Y1	Y2	Y3	Y4	Y5	Y6	Y7
	f	f	f	f	f	f	f
R3 201 – R6 400	2	2	2	2	0	0	0
R1 601 – R3 200	5	2	1	2	1	0	0
R801 – R1600	3	0	3	0	0	2	0
R401 – R800	2	5	1	1	1	1	2
R0 – R400	32	24	9	4	2	6	1
Total	52	36	21	13	7	9	6
<b>Do you currently have any debt</b>							
No debt	70	54	39	24	16	9	10
Yes, bond	1	0	0	0	1	0	1
Yes, student loan	0	2	1	1	1	0	0
Yes, short term loan	2	2	1	3	1	0	1
Yes, credit card, bank overdraft or other shopping account	1	5	3	0	3	2	0
Yes, utilities in arrears	2	0	2	2	0	1	0
Yes, short term loan	0	0	2	0	0	0	0
Total	76	63	48	30	22	12	12
<b>In thinking back over the last month, how many days, have you not had any food to eat</b>							
No days	63	54	44	30	21	14	11
One day	2	0	0	1	1	0	0
Two to three days	4	9	4	0	0	0	1
Four or more days	10	3	2	0	0	0	0
Total	79	66	50	31	22	14	12

### *Drugs and Alcohol*

**Table 63. Item level analysis of drugs and alcohol**

Item	Y1	Y2	Y3	Y4	Y5	Y6	Y7
	F	f	f	f	f	f	f
<b>In thinking back over the last two weeks, have you smoked any cigarettes</b>							
No	43	36	24	10	8	4	3
Up to five cigarettes per day	23	20	16	12	8	9	4
About half a pack per day	6	5	6	8	3	1	1
A pack or more a day	7	5	4	1	3	0	4
Total	79	66	50	31	22	14	12
<b>During the past two weeks, how many alcoholic beverages have you drunk</b>							
None	52	37	32	21	12	10	4
One to four drinks	14	17	6	3	5	2	7
Five to seven drinks	3	5	4	3	1	0	0
More than seven drinks	10	7	8	4	4	2	1
Total	79	66	50	31	22	14	12

Item	Y1	Y2	Y3	Y4	Y5	Y6	Y7
	F	f	f	f	f	f	f
<b>During the past two weeks, how many times have you had five or more alcoholic drinks in a row</b>							
No times	64	46	39	24	18	12	7
Once or twice	13	17	7	6	1	2	3
Three or four times	0	1	3	0	3	0	1
More than four times	1	2	1	1	0	0	1
Total	78	66	50	31	22	14	12
<b>During the past two weeks, have you used dagga</b>							
No	67	60	39	23	14	10	8
Once or twice	4	1	4	4	4	1	4
Three or four times	1	1	1	2	1	2	0
More than four times	7	4	6	2	3	1	0
Total	79	66	50	31	22	14	12
<b>In thinking back over the last month, have you used any other drugs</b>							
No	75	65	47	30	21	13	12
Three if four times	2	0	1	0	0	0	0
Five to eight times	2	0	1	1	1	1	0
More than eight times	0	1	0	0	0	0	0
Total	79	66	49	31	22	14	12

## Crime

Table 64. Item level analysis of crime

Item	Y1	Y2	Y3	Y4	Y5	Y6	Y7
	f	f	f	f	f	f	f
<b>Since the last interview, have you damaged or tried to damage anyone else's property on purpose</b>							
Yes, including fire setting	1	1	0	0	0	0	0
Yes, more than once	0	0	1	0	0	0	0
Yes, once	1	0	3	0	0	0	0
No	77	65	46	31	22	14	12
Total	79	66	50	31	22	14	12
<b>Since the last interview, have you stolen or tried to steal money or things</b>							
R1000 or more	1	2	0	1	0	0	0
Less than R1000 but more than R100	2	5	1	0	0	0	0
Less than R100	6	2	1	0	2	1	0
No	70	57	48	30	20	13	12
Total	79	66	50	31	22	14	12

Item	Y1	Y2	Y3	Y4	Y5	Y6	Y7
	f	f	f	f	f	f	f
<b>Since the last interview, have you knowingly sold or held stolen goods or drugs, or tried to do either of these things</b>							
R1000 or more	2	2	1	2	1	0	0
Less than R1000 but more than R100	1	1	0	0	1	0	0
Less than R100	2	1	0	0	0	0	0
No	74	62	49	29	20	14	12
Total	79	66	50	31	22	14	12
<b>Since the last interview, have you physically hurt or tried to hurt someone on purpose</b>							
Murder	0	0	0	1	0	0	0
Assault requiring hospitalisation	3	1	1	0	1	0	0
Assault with a weapon, but not requiring medical care	0	1	1	0	0	0	0
Assault requiring medical care	0	1	1	0	0	0	0
Threatened with the use of a weapon, but not actually assaulted	4	2	1	0	0	0	0
Unarmed assault not requiring medical care	9	5	12	2	1	1	1
No	63	56	34	28	20	13	11
Total	79	66	50	31	22	14	12
<b>Since the last interview, have you been in trouble with the law</b>							
Serving a prison sentence	1	1	0	0	1	0	0
Found guilty of a crime	2	2	1	0	1	0	0
Charges laid against me	3	2	3	3	2	0	0
Spent at least one night in a correctional facility	2	1	2	1	1	0	1
No	71	60	44	27	17	14	11
Total	79	66	50	31	22	14	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.

[Table 65](#) shows the indicator outcome predictions. Due to the small sample size, the non-parametric Mann-Whitney U test was conducted. As this an exploratory study, significance was set at  $p < .05$ . The first column shows the indicator name and the number of significant predictions at  $p < .05$  in brackets. The other columns show the resilience variables that predict each indicator per year. Where the same resilience variable predicts an outcome over multiple years, those appear in the same row.

**Table 65. Indicator outcome predictions**

Indicator	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
<b>Self-supporting Accommodation (13)</b>	School Relationships						
	Community Relationships						
	Role Model Relationships						
	Optimism						
	Self-Esteem						Self-Esteem
	Spirituality						
	Relational Resilience						
	Personal Resilience						
		Bouncebackability					
			Community Safety				
				Care-leaving Readiness			
							Social Activities
<b>Education for Employment (9)</b>	Friend Relationships						
		Self-Esteem					
		Care-leaving Readiness					
		Personal Resilience					
		Global Resilience					
			Optimism				
					Love Relationships		
					Supportive Relationship with GBTSA Staff		

Indicator	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
							Role Model Relationships
NEET (14)	Friend Relationships				Friend Relationships		
	Role Model Relationships						Role Model Relationships
	Team Work						
	Empathy						
	Self-Esteem						
	Relational Resilience						
	Personal Resilience						
	Global Resilience						
		Care-leaving Readiness					
		Maintain contact with GBT Staff					
			Resourcefulness				
			Optimism				
Reliable Employment (9)		Love Relationships					
		Social Activities					
			Friend Relationships				
			Relational Resilience				
				Community Relationships			
				Distress Tolerance			
							Resourcefulness
							Empathy
							Interactive Resilience
Diligent Education (5)	Resourcefulness						
		Love Relationships					
		Community Safety	Community Safety				
		Environmental Resilience					
Liveable Income (13)	Community Safety						
	Bouncebackability						
		Community Relationships		Community Relationships	Community Relationships		
			Family Financial Security				
			Environmental Resilience				
			Global Resilience				
				Role Model Relationships			

Indicator	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
				Supportive Relationship with GBTSA Staff			
				Resilience in GBTSA			
					Self-Efficacy		
						Optimism	
Drug & Alcohol Free (4)			Friend Relationships				
			Supportive Relationship with GBTSA Staff				
			Resilience in GBTSA				
				Interdependent Problem Solving			
Crime 'free' (5)	School Relationships						
				Friend Relationships	Friend Relationships		
					Interdependent Problem Solving		
					Personal Resilience		

[Table 66](#) provides a summary of the above findings. It shows which resilience variables are most important, as they predict the greatest 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 66. Summary of indicator outcome predictions**

Domain	Resilience Variable	Indicator	Year
Relational	Friend Relationships (7)	Education for Employment	1
		NEET	1, 5
		Reliable Employment	3
		Drug & Alcohol Free	3
		Crime 'free'	4, 5
Relational	Community Relationships (5)	Self-supporting Accommodation	1
		Reliable Employment	4
		Liveable Income	2, 4, 5
Relational	Role Model Relationships (5)	Self-supporting Accommodation	1
		Education for Employment	7
		NEET	1, 7
		Liveable Income	4
Individual	Optimism (4)	Self-supporting Accommodation	1



Domain	Resilience Variable	Indicator	Year
		Education for Employment	3
		NEET	3
		Liveable Income	6
Individual	Self-Esteem (4)	Self-supporting Accommodation	1, 7
		Education for Employment	2
		NEET	1
Individual	Personal Resilience (4)	Self-supporting Accommodation	1
		Education for Employment	2
		NEET	1
		Crime 'free'	5
Environmental	Community Safety (4)	Self-supporting Accommodation	3
		Diligent Education	2, 3
		Liveable Income	1
Relational	Relational Resilience (3)	Self-supporting Accommodation	1
		NEET	1
		Reliable Employment	3
In-care	Care-leaving Readiness (3)	Self-supporting Accommodation	4
		Education for Employment	2
		NEET	2
Global	Global Resilience (3)	Education for Employment	2
		NEET	1
		Liveable Income	3
Relational	Love Relationships (3)	Education for Employment	5
		Reliable Employment	2
		Diligent Education	2
In-care	Supportive Relationship with GBTSa Staff (3)	Education for Employment	5
		Liveable Income	4
		Drug & Alcohol Free	3
Individual	Resourcefulness (3)	NEET	3
		Diligent Education	1
		Reliable Employment	7
Individual	Bouncebackability (2)	Self-supporting Accommodation	2
		Liveable Income	1
Relational	School Relationships (2)	Self-supporting Accommodation	1
		Crime 'free'	1

Domain	Resilience Variable	Indicator	Year
Environmental	Social Activities (2)	Self-supporting Accommodation	7
		Reliable Employment	2
Environmental	Environmental Resilience (2)	Diligent Education	2
		Liveable Income	3
Interactional	Empathy (2)	NEET	1
		Reliable Employment	7
In-care	Resilience in GBTSA (2)	Liveable Income	4
		Drug & Alcohol Free	3
Interactional	Interdependent Problem Solving (2)	Drug & Alcohol Free	4
		Crime 'free'	5
Individual	Self-Efficacy (1)	Liveable Income	5
Environmental	Family Financial Security (1)	Liveable Income	3
Individual	Distress Tolerance (1)	Reliable Employment	4
Interactional	Interactive Resilience (1)	Reliable Employment	7
In-care	Maintain Contact with GBTSA Staff (1)	NEET	2
Interactional	Team Work (1)	NEET	1
Individual	Spirituality (1)	Self-supporting Accommodation	1

### Scale Outcome Predictions

[Table 67](#) shows the 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 67. Scale outcome predictions**

Outcome	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
Global Health (28)	High Expectations of Self						
	Optimism						
	Self-Esteem	Self-Esteem					
	Personal Resilience	Personal Resilience			Personal Resilience		
		Supportive Family Relationships				Supportive Family Relationships	
		Supportive Peer Relationships			Supportive Peer Relationships		
		Supportive Community Relationships					
		Supportive Role Model Relationships	Supportive Role Model Relationships				

Outcome	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
		Team Work					
		Resilience as Bouncebackability			Resilience as Bouncebackability		
		Supportive GBTSA Relationships					
		Relational Resilience	Relational Resilience				
		Resilience in GBTSA					
		Global Resilience	Global Resilience				
			Engagement in Social Activities				Engagement in Social Activities
			Environmental Resilience	Environmental Resilience			
				Care-Leaving Readiness			
Physical Health (24)	High expectations of self						
	Self-Esteem	Self-Esteem					
		Supportive Family Relationships				Supportive Family Relationships	
		Supportive Peer Relationships			Supportive Peer Relationships		
		Team Work					
		Resilience as Bouncebackability			Resilience as Bouncebackability		
		Supportive GBTSA Relationships					
		Relational Resilience	Relational Resilience				
		Personal Resilience					
		Resilience in GBTSA					
		Global Resilience	Global Resilience				
			Supportive Role Model Relationships				
			Engagement in Social Activities				
			Spirituality				
			Environmental Resilience				
				Care-Leaving Readiness			
					Interdependent Problem Solving		
					Distress Tolerance		
Psychological Health (24)	High expectations of self						
	Optimism						
	Self-Esteem	Self-Esteem					
	Personal Resilience	Personal Resilience			Personal Resilience		
		Supportive Family Relationships					
		Supportive Peer Relationships					
		Supportive Community Relationships					
		Supportive Role Model Relationships	Supportive Role Model Relationships				

Outcome	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
		Resilience as Bouncebackability			Resilience as Bouncebackability		
		Supportive GBTSA Relationships					
		Relational Resilience	Relational Resilience				
		Global Resilience	Global Resilience				
			Engagement in Social Activities				
				Family Financial Security			
				Care-Leaving Readiness			
					Community Safety		
					Maintain Contact with GBTSA Staff		
Family Relationships (20)	Supportive Family Relationships	Supportive Family Relationships	Supportive Family Relationships				
	Supportive Teacher Relationships						
	Supportive Community Relationships		Supportive Community Relationships				
	Optimism						
	Readiness to leave GBTSA	Readiness to leave GBTSA	Readiness to leave GBTSA	Readiness to leave GBTSA			
	Relational Resilience		Relational Resilience				
	Resilience in GBTSA		Resilience in GBTSA				
	Global Resilience	Global Resilience					
		Self-Esteem					
			Supportive Peer Relationships				
					Interdependent Problem-Solving		
Friend Relationships (36)	Supportive Peer Relationships	Supportive Peer Relationships	Supportive Peer Relationships		Supportive Peer Relationships		
	Supportive Community Relationships	Supportive Community Relationships	Supportive Community Relationships				
	Engagement in Social Activities	Engagement in Social Activities					Engagement in Social Activities
	Supportive GBTSA Relationships	Supportive GBTSA Relationships					
	Relational Resilience	Relational Resilience					
	Environmental Resilience	Environmental Resilience				Environmental Resilience	
	Resilience in GBTSA	Resilience in GBTSA					
	Global Resilience	Global Resilience					
		Supportive Teacher Relationships					
		Supportive Love Relationships					
		Community Safety				Community Safety	
		Interdependent Problem-Solving			Interdependent Problem-Solving		
		Empathy					
		Resilience as Bouncebackability					
		Self-Esteem					

Outcome	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
		Positive Care Experience					
		Interactive Resilience					
		Personal Resilience					
			Supportive Role Model Relationships				
			Maintain Contact with GBTSA Staff				
						Family Financial Security	
Love Relationships (10)		Supportive Love Relationships		Supportive Love Relationships		Supportive Love Relationships	
			Community Safety	Community Safety			
				Supportive Role Model Relationships			
					Self-Esteem		
					Supportive GBTSA Relationships		
							Interdependent Problem-Solving
							Distress Tolerance
Resilience (CD-Risc) (42)	Interdependent Problem-Solving						
	Resilience as Bouncebackability	Resilience as Bouncebackability					
	Optimism	Optimism					
	Self-Esteem	Self-Esteem		Self-Esteem			
	Positive Care Experience						
	Care-Leaving Readiness						
	Personal Resilience	Personal Resilience			Personal Resilience		
		Supportive Family Relationships					
		Supportive Peer Relationships	Supportive Peer Relationships		Supportive Peer Relationships		
		Supportive Role Model Relationships	Supportive Role Model Relationships				
		Engagement in Social Activities	Engagement in Social Activities				
		Self-Efficacy					Self-Efficacy
		Resourcefulness				Resourcefulness	
		Empathy	Empathy				
		Relational Resilience	Relational Resilience				
		Interactive Resilience	Interactive Resilience		Interactive Resilience		
		Global Resilience	Global Resilience				
			Supportive Teacher Relationships				
			Team Work				
							Supportive Community Relationships

Outcome	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
Bouncebackability (52)	Supportive Role Model Relationships						
	Resilience as Bouncebackability				Resilience as Bouncebackability		
	Self-Esteem						
	Environmental Resilience						
	Personal Resilience						
	Global Resilience						
		Supportive Family Relationships					
					Supportive Love Relationships		
					Team Work		
					Empathy		
					Interactive Resilience		
						Maintain Contact with GBTSA Staff	
							Family Financial Security
							Self-Efficacy
GBTSA Experience (35)	Team Work			Team Work	Team Work		
	Supportive GBTSA Relationships	Supportive GBTSA Relationships	Supportive GBTSA Relationships				
	Positive Care Experience	Positive Care Experience	Positive Care Experience	Positive Care Experience			
	Care-Leaving Readiness						Care-Leaving Readiness
	Maintain Contact with GBTSA Staff	Maintain Contact with GBTSA Staff	Maintain Contact with GBTSA Staff				
		Resilience in GBTSA	Resilience in GBTSA				
			Supportive Peer Relationships		Supportive Peer Relationships		
			Supportive Community Relationships			Supportive Community Relationships	
			Relational Resilience			Relational Resilience	
				Supportive Role Model Relationships			
				Supportive Love Relationships	Supportive Love Relationships	Supportive Love Relationships	
				Empathy	Empathy		
					Interdependent Problem-Solving		
					Resilience as Bouncebackability		
					Interactive Resilience		
					Personal Resilience		
						Engagement in Social Activities	Engagement in Social Activities
	Supportive Peer Relationships						
	Supportive Teacher Relationships	Supportive Teacher Relationships					
	Team Work	Team Work					
GBTSA Contact (28)							

Outcome	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
	Empathy						
	Supportive GBTSA Relationships						
	Positive Care Experience	Positive Care Experience		Positive Care Experience			
	Care-Leaving Readiness						
	Maintain Contact with GBTSA Staff				Maintain Contact with GBTSA Staff		
	Resilience in GBTSA		Resilience in GBTSA				
		Supportive Family Relationships					
		Supportive Love Relationships		Supportive Love Relationships			
		Resilience as Bouncebackability					
		Relational Resilience	Relational Resilience			Relational Resilience	
			Supportive Community Relationships			Supportive Community Relationships	
			Self-Efficacy				
				High Expectations of Self			
				Optimism			
							Engagement in Social Activities
Accommodation (10)	Supportive Family Relationships						
	Supportive Community Relationships						
	Family Financial Security						
	Self-Esteem						
	Relational Resilience						
		Community Safety	Community Safety				
		Engagement in Social Activities					
			Environmental Resilience				
					Supportive GBTSA Relationships		
Employment (25)	Love Relationships						
		Supportive Teacher Relationships					
		High Expectations of Self	High Expectations of Self	High Expectations of Self			
		Supportive Relationship with GBTSA Staff					
		Maintain Contact with GBTSA Staff					
		Relational Resilience					
		Resilience in GBTSA			Resilience in GBTSA		
			Community Safety				
				Supportive Community Relationships			

Outcome	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
				Engagement in Social Activities			
				Resilience as Bouncebackability		Resilience as Bouncebackability	
				Optimism	Optimism		
				Personal Resilience			
				Global Resilience		Global Resilience	Global Resilience
						Interdependent Problem-Solving	
						Team Work	
						Self-Esteem	
						Interactive Resilience	
Studying (13)		Supportive Role Model Relationships					
		Personal Resilience					
			Readiness to Leave GBTSA				
				Community Safety			
				Self-Esteem			
				Supportive Relationships with GBTSA Staff	Supportive Relationships with GBTSA Staff		
				Environmental Resilience			
					Supportive Family Relationships		
					Supportive Peer Relationships		
					Team Work		
					High Expectations of Self		
					Distress Tolerance		
Finances (9)	Family Financial Security						
	Resilience as Bouncebackability	Resilience as Bouncebackability					
	Self-Esteem						
	Care-Leaving Readiness						
		Spirituality					
						Community Safety	
						Empathy	
						Distress Tolerance	
Drugs and Alcohol (11)	Supportive Family Relationships						
			Supportive Peer Relationships				Supportive Peer Relationships
			Supportive Teacher Relationships				
			Supportive GBTSA Relationships				
			Positive Care Experience				Positive Care Experience
			Resilience in GBTSA				



Outcome	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
				Interdependent Problem-Solving			
						Engagement in Social Activities	
							Supportive Role Model Relationships
Crime (11)		Supportive Love Relationships					
		Family Financial Security					
		Empathy					
		High Self Expectations					
		Optimism					
		Spirituality					
		Interactive Resilience					
			Supportive Community Relationships				
				Supportive Peer Relationships	Supportive Peer Relationships		
					Interdependent Problem Solving		

[Table 68](#) provides a summary of the above findings. It shows which of the resilience variables are most important as those predict the greatest number of significant correlations. The number of significant correlations predicted by each resilience variable is shown in brackets in Column 2.

**Table 68. Summary of scale outcome predictions**

Domain	Resilience Variable	Predicts the following Outcome	Year
Relational	Supportive Peer Relationships (21)	Global Health	2, 5
		Physical Health	2, 5
		Psychological Health	2
		Family Relationships	3
		Friend Relationships	1, 2, 3, 5
		Resilience	2, 3, 5
		GBTSA Experience	3, 5
		GBTSA Contact	1
		Studying	5
		Drugs and Alcohol	3, 7
		Crime	4, 5
Relational	Relational Resilience (19)	Global Health	2, 3
		Physical Health	2, 3
		Psychological Health	2, 3
		Family Relationships	1, 3
		Friend Relationships	1, 2
		Resilience	2, 3
		GBTSA Experience	3, 6

Domain	Resilience Variable	Predicts the following Outcome	Year
		GBTSA Contact	2, 3, 6
		Accommodation	1
		Employment	2
Individual	Self-Esteem (17)	Global Health	1, 2
		Physical Health	1, 2
		Psychological Health	1, 2
		Family Relationships	2
		Friend Relationships	2
		Love Relationships	5
		Resilience	1, 2, 4
		Bouncebackability	1
		Accommodation	1
		Employment	6
		Studying	4
		Finances	1
Individual	Resilience as Bouncebackability (17)	Global Health	2, 5
		Physical Health	2, 5
		Psychological Health	2, 5
		Friend Relationships	2
		Resilience	1, 2
		Bouncebackability	2, 5
		GBTSA Experience	5
		GBTSA Contact	2
		Employment	4, 6
		Finances	1, 2
Global	Global Resilience (16)	Global Health	2, 3
		Physical Health	2, 3
		Psychological Health	2, 3
		Family Relationships	1, 2
		Friend Relationships	1, 2
		Resilience	2, 3
		Bouncebackability	1
		Employment	4, 6, 7
Individual	Personal Resilience (15)	Global Health	1, 2, 5
		Physical Health	2
		Psychological Health	1, 2, 5
		Friend Relationships	2
		Resilience	1, 2, 5
		Bouncebackability	1
		GBTSA Experience	5
		Employment	4
		Studying	2
Relational	Supportive Community Relationships (15)	Global Health	2
		Psychological Health	2
		Family Relationships	1, 3

Domain	Resilience Variable	Predicts the following Outcome	Year
		Friend Relationships	1, 2, 3
		Resilience	7
		GBTSA Experience	3, 6
		GBTSA Contact	3, 6
		Accommodation	1
		Employment	4
		Crime	3
Environmental	Engagement in Social Activities (15)	Global Health	3, 7
		Physical Health	3
		Psychological Health	3
		Friend Relationships	1, 2, 7
		Resilience	2, 3
		GBTSA Experience	6, 7
		GBTSA Contact	7
		Accommodation	2
		Employment	4
		Drugs and Alcohol	6
Relational	Supportive Family Relationships (14)	Global Health	2, 6
		Physical Health	2, 6
		Psychological Health	2
		Family Relationships	1, 2, 3
		Resilience	2
		Bouncebackability	2
		GBTSA Contact	2
		Accommodation	1
		Studying	5
Relational	Supportive Role Model Relationships (13)	Drugs and Alcohol	1
		Global Health	2, 3
		Psychological Health	3
		Psychological Health	2, 3
		Friend Relationships	3
		Love Relationships	4
		Resilience	2, 3
		Bouncebackability	1
		GBTSA Experience	4
		Studying	2
In-care	Resilience in GBTSA (13)	Drugs and Alcohol	7
		Global Health	1
		Physical Health	2
		Family Relationships	1, 3
		Friend Relationships	1, 2
		GBTSA Experience	2, 3
		GBTSA Contact	1, 3
		Employment	2, 5

Domain	Resilience Variable	Predicts the following Outcome	Year
		Drugs and Alcohol	3
In-care	Supportive GBTSA Relationships (12)	Global Health	2
		Physical Health	2
		Psychological Health	2
		Friend Relationships	1, 2
		Love Relationships	5
		GBTSA Experience	1, 2, 3
		GBTSA Contact	1
		Accommodation	5
		Drugs and Alcohol	3
Interactional	Team Work (11)	Global Health	2
		Physical Health	2
		Resilience	3
		Bouncebackability	5
		GBTSA Experience	1, 4, 5
		GBTSA Contact	1, 2
		Employment	6
		Studying	5
Relational	Supportive Love Relationships (11)	Friend Relationships	2
		Love Relationships	2, 4, 6
		Bouncebackability	5
		GBTSA Experience	4, 5, 6
		GBTSA Contact	2, 4
		Crime	2
In-care	Positive Care Experience (11)	Friend Relationships	2
		Resilience	1
		GBTSA Experience	1, 2, 3, 4
		GBTSA Contact	1, 2, 4
		Drugs and Alcohol	3, 7
Environmental	Community Safety (10)	Psychological Health	5
		Friend Relationships	2, 6
		Love Relationships	3, 4
		Accommodation	2, 3
		Employment	3
		Studying	4
		Finances	6
Environmental	Environmental Resilience (9)	Global Health	3, 4
		Physical Health	3
		Friend Relationships	1, 2, 6
		Bouncebackability	1
		Accommodation	3
		Studying	4
Individual	Optimism (9)	Global Health	1
		Psychological Health	1
		Family Relationships	1

Domain	Resilience Variable	Predicts the following Outcome	Year
		Resilience	1, 2
		GBTSA Contact	4
		Employment	4, 5
		Crime	2
Individual	Empathy (9)	Friend Relationships	2
		Resilience	2, 3
		Bouncebackability	5
		GBTSA Experience	5, 6
		GBTSA Contact	1
		Finances	6
		Crime	2
In-care	Maintain Contact with GBTSA Staff (9)	Physical Health	5
		Friend Relationships	3
		Bouncebackability	6
		GBTSA Experience	1, 2, 3
		GBTSA Contact	1, 5
		Employment	2
Individual	High Expectations of Self (8)	Global Health	1
		Physical Health	1
		Psychological Health	1
		GBTSA Contact	4
		Employment	2, 3, 4
		Studying	5
In-care	Care-Leaving Readiness (8)	Global Health	4
		Physical Health	4
		Psychological Health	4
		Resilience	1
		GBTSA Experience	1, 7
		GBTSA Contact	1
		Finances	1
Interactional	Interactive Resilience (8)	Friend Relationships	2
		Resilience	2, 3, 5
		Bouncebackability	5
		GBTSA Experience	5
		Employment	6
		Crime	2
Relational	Supportive Teacher Relationships (7)	Family Relationships	1
		Friend Relationships	2
		Resilience	3
		GBTSA Contact	1, 2
		Employment	2
		Drugs and Alcohol	3
Environmental	Family Financial Security (6)	Psychological Health	4
		Friend Relationships	6
		Bouncebackability	7

Domain	Resilience Variable	Predicts the following Outcome	Year
		Accommodation	1
		Finances	1
		Crime	2
<b>Individual</b>	<b>Distress Tolerance (4)</b>	Physical Health	5
		Love Relationships	7
		Studying	5
		Finances	6
<b>Individual</b>	<b>Self-Efficacy (4)</b>	Resilience	2, 7
		Bouncebackability	7
		GBTSA Contact	3
<b>Individual</b>	<b>Spirituality (3)</b>	Physical Health	3
		Finances	2
		Crime	2
<b>Individual</b>	<b>Interdependent Problem Solving (2)</b>	Physical Health	5
		Crime	5
<b>Individual</b>	<b>Resourcefulness (2)</b>	Resilience	2, 6
<b>In-care</b>	<b>Supportive relationship with GBTSA staff (1)</b>	Employment	2

In [Table 69](#) a complete summary of the resilience variables findings is displayed. Those which are bolded are the most important resilience variables, because they significantly predict the most outcomes over all seven years. ‘Prominent’ resilience variables (in bold), are those which produced 12 or more significant tests.

**Table 69. 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-Y7
Relationship	<b>Family relationships</b>	<b>0</b>	<b>14</b>	<b>14</b>
	<b>Friend relationships</b>	<b>7</b>	<b>21</b>	<b>28</b>
	School relationships	2	7	9
	<b>Community relationships</b>	<b>5</b>	<b>15</b>	<b>20</b>
	<b>Role model relationships</b>	<b>5</b>	<b>13</b>	<b>18</b>
	<b>Love relationships</b>	<b>3</b>	<b>11</b>	<b>14</b>
	<b>Relational Resilience (composite)</b>	<b>3</b>	<b>19</b>	<b>22</b>
Environmental	<b>Community safety</b>	<b>4</b>	<b>10</b>	<b>14</b>
	Financial security	1	6	7
	<b>Social activities</b>	<b>2</b>	<b>15</b>	<b>17</b>
	Environmental resilience (composite)	2	9	11
In-care	<b>Supportive relationship with GBTSA staff</b>	<b>3</b>	<b>12</b>	<b>15</b>
	Positive care experience	0	11	11

PIE domain	Resilience variable (at disengagement)	No of indicator outcome predictions	No of scale outcome predictions	Total no of significant tests Y1-Y7
	Maintain Contact with GBTSA staff	1	9	10
	Care-leaving readiness	3	8	11
	<b>In-care resilience (composite)</b>	<b>2</b>	<b>13</b>	<b>15</b>
Interactional	<b>Teamwork</b>	<b>1</b>	<b>11</b>	<b>12</b>
	Empathy	2	9	11
	Interdependent Problem-solving	2	2	4
	Interactive resilience (composite)	1	8	9
Individual	High self-expectations	0	8	8
	<b>Bouncebackability</b>	<b>2</b>	<b>17</b>	<b>19</b>
	Self-efficacy	1	4	5
	<b>Optimism</b>	<b>4</b>	<b>9</b>	<b>13</b>
	<b>Self-esteem</b>	<b>4</b>	<b>17</b>	<b>21</b>
	Resourcefulness	3	2	5
	Distress tolerance	1	4	5
	Spirituality	1	3	4
	<b>Personal resilience (composite)</b>	<b>4</b>	<b>15</b>	<b>19</b>
Global	<b>Global resilience (composite)</b>	<b>3</b>	<b>16</b>	<b>19</b>

[Table 70](#) 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 statistics that were found over the years. The most important outcomes are bolded, where they predict 12 or more significant outcomes over the seven years.

**Table 70. Total number of significant correlations Y1-Y7**

Outcome	Total no of significant correlations Y1-Y7
<b>Bouncebackability</b>	<b>52</b>
<b>Resilience</b>	<b>42</b>
<b>Friend Relationships</b>	<b>36</b>
<b>GBTSA Experience</b>	<b>35</b>
<b>Global Health</b>	<b>28</b>
<b>GBTSA Contact</b>	<b>28</b>
<b>Employment</b>	<b>25</b>
<b>Physical Health</b>	<b>24</b>
<b>Psychological Health</b>	<b>24</b>
<b>Family Relationships</b>	<b>20</b>
<b>NEET</b>	<b>14</b>
<b>Self-supporting Accommodation</b>	<b>13</b>
<b>Liveable Income</b>	<b>13</b>
<b>Studying</b>	<b>13</b>
<b>Drugs and Alcohol</b>	<b>11</b>

<b>Outcome</b>	<b>Total no of significant correlations Y1-Y7</b>
Crime	11
Love Relationships	10
Accommodation	10
Education for Employment	9
Reliable Employment	9
Finances	9
Diligent Education	5
Crime 'free'	5
Drug & Alcohol Free	4