GROWTH BEYOND THE TOWN

A longitudinal study on youth leaving care

Resilience and Outcomes of South African Girls and Boys Town Care-Leavers Over the First Six Years Out of Care

2020

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 report presents the latest findings from the *Growth Beyond the Town* Girls and Boys Town South Africa (GBTSA)/University of Johannesburg (UJ) joint partnership longitudinal research study. This serves as an update to a similar report that was written in 2019. The report includes data collected since the project's inception in 2012, up until the last wave of data collection, which took place in late 2019. Presented are the findings from 150 participants who were interviewed as they disengaged from GBTSA, as well as the outcomes of many of these care-leavers that have been 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 first six years out of care.

The disengagement interviews measured 24 different resilience variables within five overarching domains: relational, in-care, environmental, interactional and individual. The highest-scoring resilience variables at disengagement fell mainly into the relational resilience domain, but also some in-care domains. In particular, the relational domains of role model relationships, teacher relationships and family relationships all fell within the top ten for care-leavers at the point of disengagement. In the in-care domain, supportive relationships with GBTSA staff, maintaining contact with GBTSA staff and positive care experiences were shown to score highly for GBTSA youth. Two interactional domains also scored high, viz. empathy and teamwork. As with the 2019 report, the only high scoring resilience variable in the individual domain was optimism. No variables in the environmental domain emerged as high scoring.

The table below shows the highest scoring variables as categorised per domain:

Relational Domain	In-Care Domain	Environmental Domain	Interactional Domain	Individual Domain
Relationships with: 1. Role models 2. Teachers 3. Family 4. Relational resilience	5. Supportive relationships with GBTSA staff 6. Maintaining contact with GBTSA staff 7. Positive care experiences		8. Empathy 9. Teamwork	10. Optimism

Outcomes of care-leavers were measured during follow-up interviews, which took place annually. The aim was to quantifiably measure how care-leavers were doing on a range of independent living outcomes. Similar to the 2019 report, most of the outcomes measured remained the same or improved over the years:

- For all years but one, fewer than half of all the participants had self-supporting accommodation. Between 64% to 88% of care-leavers were living in formal dwellings at one year out of care and 80% were living with their families. At every year, except for year six, small numbers of participants experienced some homelessness.
- Youth Not in Employment, Education or Training (NEET) has been an ongoing concern through the study. Approximately a third of participants were NEET across the six years, which was only slightly

higher than the national average across South Africa (viz. 34.1%). These results are encouraging because international data shows care-leavers are usually far more at risk of becoming NEET compared to national averages.

- A third of youth (34%) were working one year out of care and by their sixth year, as many as 67% were working. This is a marked improvement in the percentage of youth employment over the years. Additionally, employment stability increased as the years went on, suggesting that GBTSA care-leavers who had work, had increasing stability in their jobs and were likely to stick with those jobs as they got older.

- Rates of continued studying amongst care-leavers was low and declined as the years progressed. Of the total sample of participants at year one, 36% were reportedly studying (either full or part time). By year six, 11% of all participants were still studying.

- The trend in care-leavers who had a liveable income increased over the years, indicating participants were becoming increasingly self-sufficient the longer they were out of care. Across all the cohorts of participants one year after care, only 19% had a liveable income where, compared to the total sample of participants at year six, 57% had achieved a liveable income. The percentage of GBTSA care-leavers who relied on their families initially for financial support decreased over time and by year six, many care-leavers' main source of income was from their own employment.

- While there was no increase over the years in care-leavers abusing substances (including cigarettes, alcohol, cannabis and hard drugs), a fifth of participants did report having a substance use problem.

- A positive progression to 0% involvement in any form of crime for all GBTSA care-leavers was reported by year six. The decline-trend was already apparent between years one to four, with 71% to 83% of the total study sample being crime 'free' and not involved in any serious criminal activity.

- The trend in care-leavers' physical health was shown to improve slightly across the years, but their psychological health remained fairly stable. Participants reported higher physical than psychological wellness.

- Of the two resilience measures applied over the six years, the measure of *general belief* in their 'bouncebackability' during difficult times increased amongst participants', while the measure for *personal qualities* of resilience stayed the same.

- Participants preparing for disengagement reportedly felt a strong sense of belonging to their home communities. This is an interesting finding, considering that many participants reported concerns regarding safety and their awareness of crime and drug problems in their communities.

- Within a year of having left GBTSA, 78% of participants reported feeling positive about their stay at GBTSA. This positive recall increased slightly at year two (82%), and thereafter remained fairly stable over the subsequent years.

The most prominent resilience predictors at disengagement for successful independent living outcomes later on, were relational resilience. This included relationships with friends, role models and community, as they significantly predicted the largest number of successful outcomes over the first six years after leaving care. Two in-care variables (maintaining contact with GBTSA staff and care-leaving readiness) and two personal variables (bouncebackability and self-esteem) emerged as significant in promoting transitional outcomes. One resilience variable in the environmental domain (social activities) and one in the interactional domain (empathy) were prominent predictors. It is noteworthy that all of 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. This demonstrates how resilience is located within the entire social environment of care-leavers. As with the 2019 findings, resilience and friend relationships were the two outcomes that were most frequently predicted by the resilience variables.

These findings suggest that the resilience processes at disengagement can positively impact on multiple areas of the care-leavers' lives on their journey to adulthood over a six-year period. They also highlight the need to have a multilevel, holistic understanding of care-leavers. Resilience, which enables youth to overcome the challenges they face, is a process that can be fostered, rather than a fixed internal trait. The prominent contributors to improved outcomes for care-leavers exist in the social environment, rather than only in the young person her or himself. It is thus something that can be facilitated and enhanced through their relationships, through their experiences of care, within the interactions that take place in their environments, and within themselves. This social-ecological view of resilience (also called a person-in-environment framework) helps to understand how these processes contribute to independent living outcomes. This means that at GBTSA, there are protective factors that are already being and should continue to be promoted – but also further protective factors that can be nurtured to facilitate a positive compounding effect on care-leavers and support them towards increasingly positive outcomes as they transition from care.

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ACKNOWLEDGEMENTS

1. INTRODUCTION

In 2012, we embarked on a journey to investigate the lives of youth who were leaving Girls and Boys Town South Africa (GBTSA) through engaging with them annually. Together with Prof Adrian van Breda in the Social Work Department at the University of Johannesburg (UJ), we have travelled all over the country, conducting hundreds of interviews with care-leavers who are all in different stages of their journey out of care and beyond. We aimed rigorously and repeatedly to measure the outcomes of the care-leavers, to understand not only what they do to survive, but also that which is significant and impacts on their ability to thrive along their journey to adulthood. Knowing they are amongst the most vulnerable of all young people in society, we wanted to examine 'what they do' and 'how' they overcome and bounce back from the hardships in their lives? Through this resilience-based lens, we are beginning to better understand those factors that facilitate smoother transitions for them. With a developing, more precise picture of what works before, during and after their disengagement, GBTSA is progressively enabled to identify and confirm how the therapeutic intervention programmes effectively strengthen and support care-leavers. It also enables GBTSA to identify developmental areas and focus their efforts further in preparing and supporting care-leavers so that they may have smoother transitions from care. This study has been a major contributor to the care-leaving knowledge base in Africa and has assisted in bringing together role-players in the field to share information, resources and tools. Perhaps most importantly, this partnership study has given voice to the journeys of these youth – to share in their experiences, challenges, and triumphs.

This is a follow-on report of a similar report that was disseminated in 2019 (Dickens & Van Breda, 2019). It includes the most up-to-date quantitative data on the resilience and outcomes of youth who left GBTSA from 2012 to 2019. It shows how the youth are faring up to seven years after they left GBTSA's care – a long enough time to really get an in-depth sense of what the leaving care journey entails. We begin this report with an examination of care-leaving developments that have taken place in 2020. 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 findings. Included is disengagement data from the point of departure from care, as well as outcome data from the time aftercare. We then discuss the most critical resilience factors for care-leavers to improve their transitional outcomes, followed by what those findings mean for practice. The detailed analysed data is presented in tables with explanatory notes in the Appendixes.

2. CARE-LEAVING DEVELOPMENTS IN 2020

The 2019 quantitative report described the South African care-leaving landscape in detail (Dickens & Van Breda, 2019). In particular, it discussed current statistics on youth in South Africa, noting that there are an estimated 21,000 children living in 355 registered Child and Youth Care Centres (CYCCs). The 2019 report highlighted how care-leavers are often '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. However, there is a growing body of literature, research, dialogue, and along with it, awareness of care-leavers, and this is helping to bring attention to them. Some organisations – like Mamelani and SA-Yes – have made considerable strides in advocating for the needs of care-leavers and providing them with hands-on, practical support. The 2019 report also noted the impact of this research on the GBTSA daily programme. GBTSA adapted their Independent Living Skills

programme from daily lessons, to independence as a lived-experience within the daily milieu, where youth took direct responsibility for their daily living responsibilities. This adaptation also appears to have impacted positively on the building of positive family relationships at home, as youth seem more helpful, responsible and supportive towards their families.

During 2020, two specific GBTSA articles were published investigating two outcome areas from within this study: **Crime** and **Not in Education, Employment or Training (NEET)**.

The **crime** article (Van Breda, 2020) examined GBTSA care-leavers' patterns of criminal activity over five years. This was the first investigation ever on the crime outcomes of care-leavers in South Africa. A previous article (Tanur, 2012) mentioned that care-leavers seem to engage in crime, especially if their home communities are drug- and crime-ridden. Of the 51 GBTSA care-leavers included in the sample, all of whom had had at least two follow-up interviews, three-quarters had not engaged in any criminal activity in the first 2–5 years following their disengagement. A further one in ten engaged in a single act of relatively low-level crime, whereas one fifth were involved in serious crime and reported doing so in two or more interviews. Furthermore, Van Breda (2020) found that there was no way to identify patterns in criminal engagement in the first year after leaving care that predicts criminal behaviour later on.

From his analysis, he concluded that there were three distinct groups of care-leavers:
- Youth who were crime 'free'. This included those reporting no (or very low level and infrequent) criminal activities (73% of participants);
- Youth who engaged in incidental crime**.** This included those reporting criminal activity in just one follow-up interview, with the crime being of low severity and seldom having conflict with the law (10% of participants);
- Youth who engaged in regular crime. This included those reporting more severe types of criminal activity in two or more follow-up interviews, with the greater likelihood of coming into conflict with the law (including being found guilty of a crime in court and spending a night or more in jail); and an increase in frequency and severity of crime over the years out of care (18% of participants).

This investigation highlighted the need for greater attention to be given to interventions focused on crime prevention for youth while in care.

The **NEET** article (Dickens & Marx, 2020) described and made comparisons between GBTSA care-leavers who were NEET and those who were in Education, Employment or Training (EET), 1–2 years after they left care. It considered the impact of 'being NEET' on other outcomes, such as accommodation, employment, education, financial security, substance abuse, and crime. Because 'being NEET' impacts negatively on the well-being of care-leavers' outcomes, this article aimed to highlight the critical significance of NEET as an outcome for care-leavers.

The authors identified that:
- More than one in three care-leavers were NEET. Although these very high NEET rates were concerning, they were not significantly higher than the broader population of youth in South Africa (Dickens & Marx, 2020).

- NEET care-leavers were susceptible to increased vulnerability and adverse outcomes. For example, those who were NEET were a third less likely to have self-supporting accommodation or education for employment. Not just NEETs, but also EETs require additional support to maintain their employment and/or stay in school, where:
  - EET care-leavers were also at risk of poor outcomes – some, despite having some part-time work, were living in shacks or struggling with food insecurity,
  - Thus, being EET in a poorer country does not necessarily guarantee one access to even the most basic of needs.
- The important and critical nature of family support during the early years out of care, where many of the NEET and EET care-leavers relied on families for accommodation and financial support.
- The low incidence of substance abuse and criminal behaviour, despite the challenges faced by care-leavers and their usual susceptibility to such behaviours.
- The highlighted importance of and need for:
  - Intensive preparation of youth in care for care-leaving/aftercare, with a focus on education and employment preparation whilst still in care.
  - Aftercare services focusing mainly on education and the further strengthening of family relationships after care.

Finally, this year was a landmark year for care-leaving research on the continent - the GBTSA research methodology was adapted for use in a multi-country pilot study on leaving care in Africa (Kelly et al., 2020). This *Building positive futures: A cross-country pilot study on youth transitions from out-of-home care in Afric*a study received substantial funding from the Global Challenges Research Fund in the United Kingdom. The study had three aims, exploring whether:

a. The revised GBTSA methods could be applied to research on care-leaving in Ghana, South Africa, Uganda and Zimbabwe.
b. These research tools could be developed to be more inclusive of different groups of care leavers (for example, youth with disabilities and those from different cultures).
c. Peer researchers could be effectively used to collect data.

The sample included 45 young people from SOS Children's Villages in those four countries. Kelly et al. (2020) emphasised that family-like care is critical. The findings also highlighted the importance of sensitivity towards gender, culture and religion, as well as care-leavers with disabilities. The multi-country perspective highlighted differences and commonalities across countries and showed that a strong, well-funded research team is critical to its success. As with the GBTSA study, more care providers need to be included in future research, and resilience needs further investigation into African care leaving studies and valuable for further investigation. A carefully planned peer research approach had proven valuable and could be used in future studies. Regarding the research methods, the authors concluded, "We need more care-leaver studies using a range of research methods, including small scale studies focused on specific groups of young people; larger scale survey- based research; studies following the lives of young people over time; and evaluations of particular programmes" (Kelly et al., 2020, p. 14).

3. IMPACT OF THE GBTSA STUDY

The NGO-academic partnership between GBTSA and Adrian van Breda at UJ has ensured a study that is both grounded in practice and guided by the research expertise of academia. Indeed, the collaboration between these two partners is what has helped contribute to the project's success. 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 also increases the credibility to 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.

Between 2019 to 2020:
- Eight care-leaving journal articles were published, resulting in a total number of 21 publications since the start of the study.
- Three conference presentations, seminars and lectures took place, bringing the total number of presentations to 34 since the start of the study.
- Three Gauteng and the inaugural Western Cape Care-leaving Practice Forum meetings took place. These groups brought 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). Some ANCR members collaborated on the *Building Positive Futures* study discussed in Section 2 above and also contributed to a special issue of the international journal *Emerging Adulthood* on care-leaving in Africa.

Figure 1. Impact of the Growth Beyond the Town study

4. METHODOLOGY

Research design. The *Growth Beyond the Town* study is a mixed method, rolling cohort, longitudinal study which is currently in its ninth year. It began in 2012, with the aim 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 remains the largest and longest running study of care-leaving outcomes in South Africa (Van Breda, 2018).

Research site. GBTSA is one of the largest national therapeutic residential child and youth care programmes in South Africa. Young people are admitted through the Children's Court, and have often been victims of abuse and neglect, are orphaned, or display challenging behaviours like substance abuse issues or anger management. GBTSA's mission is to "create opportunities for young people 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). True to this, this research is evidence of their long-term commitment to understanding how they shape and support responsible citizens.

Disengagement phase. Every year, we invite youth aged 14 years or older who are about to disengage to attend information workshops and then are recruited into the study. The youth then partake in a disengagement interview, which has both a qualitative and quantitative component. We ask youth in the qualitative component questions to get a detailed picture of their thoughts, opinions and beliefs as they prepare for disengagement. At the same time, the youth's social worker completes a biographical questionnaire concerning their background and in-care history.

Measuring youth resilience. In the quantitative component of the disengagement interview, youth are asked to complete the Youth Ecological Resilience Scale (YERS) (Van Breda, 2017), which is a self-administered questionnaire, that was validated in 2014 (Van Breda, 2017a). 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 relationship, environmental, in-care, interactional and individual resilience domains.
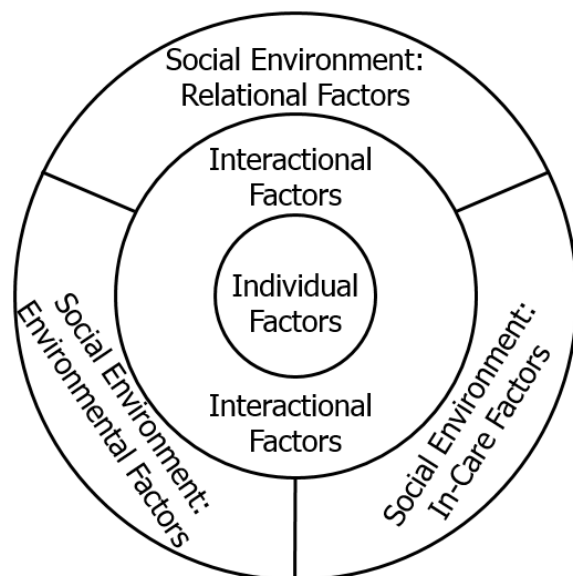
Figure 2. Person-in-environment domains of the YERS (adapted from Van Breda, 2017, p. 250)

Within each of these domains, subscales are used to measure specific resilience variables (column 2 in Table 1) and each scale ranges from 0 to 100. The 24 resilience variables are called 'predictors' because they predict later outcomes of youth. They were selected because previous literature suggested they may contribute towards better outcomes for care-leavers and have been shown to promote and foster resilience in youth. Column 3 defines each resilience predictor (Van Breda, 2017a). 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 150 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.
	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.

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

Follow-up phase. Every year after the disengagement interview, participants are contacted and take part in a follow-up interview, which also includes qualitative and quantitative components. The qualitative part of the interview includes an in-depth unstructured open-ended question, with the goal of exploring the participant's story over the past year. In this part, we are interested in hearing their story, which gives us a picture of 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).

The quantitative part of the interview measures the outcomes of care-leavers to track their progress over time. We do this using 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.
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 was captured in an Access database. The quantitative data were exported and analysed in SPSS v24. 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.

Ethics. We followed careful ethical procedures to protect participants, ensuring their anonymity and confidentiality. At each interview, informed consent was obtained from the youth and their parents/guardians if they were younger than 18. Youth could choose to decline from participating in the study and could also withdraw at any point in time. We offered participants compensation for travel and for their time. The narrative part of the interview encouraged participants to build rapport and also allowed youth to reflect and debrief about their experiences in the past year. Participants were given the option of seeing a social worker after every interview, as a type of debriefing. During the interviews, participants were given a summary of the study's results, so they too were aware of the outcomes. 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 9 to Table 16).

From September 2012, when we first collected data, to December 2018, 150 participants were included in the study and had disengagement interviews before they left GBTSA. With two cohorts per year - a cohort at the end of each year and a cohort during the course of the year – we have conducted 150 disengagement and 222 follow-up interviews, thus 372 interviews altogether. Disengagements from GBTSA mainly occur at the end of the school year, therefore those cohorts were bigger (Cohorts 1, 3, 5, 7, 9, 11,13, 15), ranging from 13 to 21 participants per cohort and accounting for 86% of all disengagement interviews (Table 9).

The data presented in this report includes the 150 disengagement interviews, 71 one-year follow-up interviews, 60 two-year interviews, 39 three-year follow-ups, 25 four-year follow up interviews, 17 five-year follow-up interviews, and 9 six-year interviews (Table 10). There were only four participants who had seven-year follow-up interviews; they have been excluded from the report because of this very small number. This has meant the retention rate at one year is 54%, at two years is 55%, at three years is 41%, at four years is 31%, at five years is 27%, and at six years is 20%. It is clear that engagement in the study decreases over time because it gets harder to track down the youth. This high dropout rate is a limitation of the study and concerted efforts are being made to address this.

Of the 150 participants, 69% are active, 23% have been lost to follow-up, 5% have withdrawn from the study, 2% were readmitted into GBTSA and 1% have passed away (Table 11). Two thirds of participants (65%) were from Youth Development Centres, while a third were from Family Homes (35%) (Table 12).

Figure 3 shows the gender breakdown of participants included in the study. Four fifths of the participants are male (82%), while 18% are female. This sample is fairly representative of the current gender ratio of youth in GBTSA's care, whereby 70% are male and 30% are female.
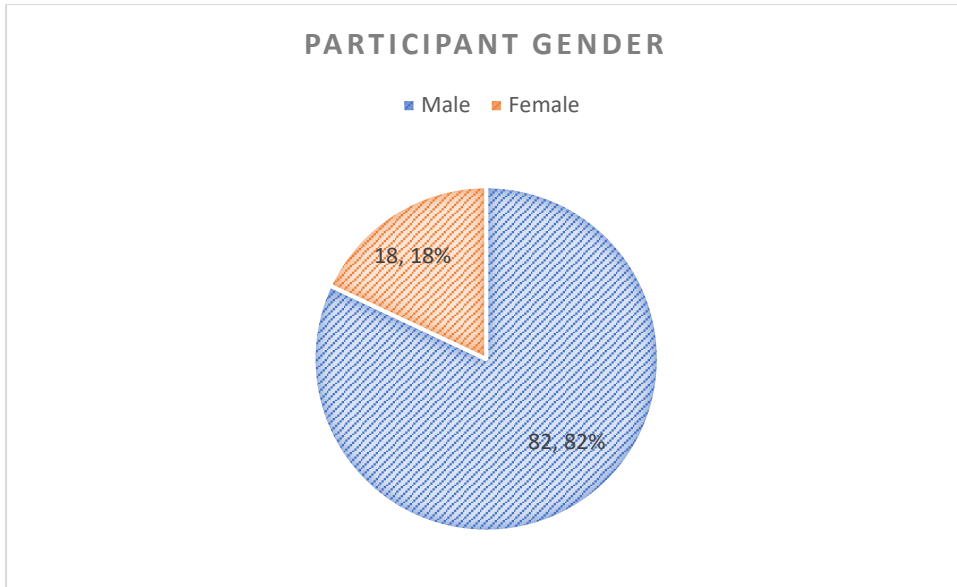
Figure 3. Participant gender

Figure 4 provides a breakdown of the population groups of participants. Over half (58%) of participants are African, while equal numbers (17%) are Coloured or White. The smallest proportion is Indian participants, who comprise 10% of the sample.
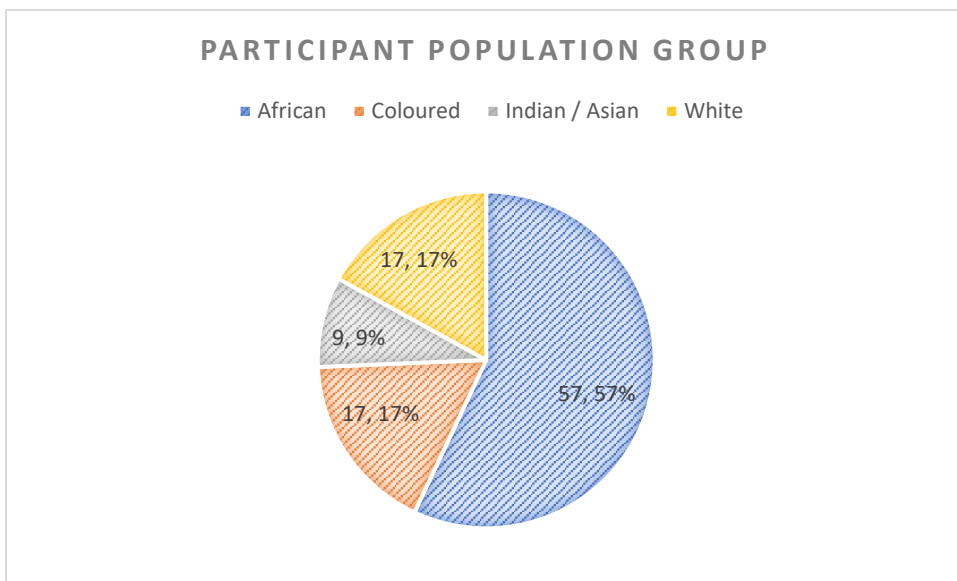
Figure 4. Participant population group

The majority of participants disengage on or before their 18th year, a small number (11%) in their 19th year, and only 3% at 20 or 21, meaning GBTSA tends to disengage young people based on age. Most participants do not stay on in extended care (which means they could remain in care until they complete their education or reach 21).

5.2. Disengagement Data

This section presents the highest scoring resilience variables reported by the participants (n=150) upon their disengagement from GBTSA's care. It also includes an item level analysis of noteworthy data. In Appendix 2, Table 17 provides the resilience disengagement scores and Table 18 shows the responses to individual YERS items.

5.2.1. Impression Management Index

Scattered throughout the YERS scale were 10 items that formed the Impression Management Index (IMI) (Van Breda & Potgieter, 2007). The IMI measures how honestly participants answer the questions, and whether they provide an exaggerated impression of themselves to 'look better' (Van Breda & Potgieter, 2007). Also known as also known as social desirability, this is important to measure because it affects the validity of the data. The IMI results are shown in Table 19**Error! Reference source not found.**.

The IMI scale score was 12.57%. This 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), suggesting very low levels of impression management overall. The IMI has a cutting range of 46-70%, this means people who score below 46% may be regarded as not showing impression management and those above 70% as showing impression management, while those with the 46-70% range may or may not be showing impression management. In this study, all but three participants scored below 46% and none scored above 70%. This give us confidence that participants are reporting honestly and not attempting to create an overly positive image of themselves.

5.2.2. Highest scoring resilience variables

The 10 highest scoring resilience variables at disengagement (from the 24 variables measured) are shown in Figure 5 (see Table 17 for item level detail). A high average (means) score is desirable for all the resilience variables, as it shows participants had higher resilience in those areas. Figure 5 displays a distinct grouping of the top five and then the second top five, differentiated by a 3.8 percentage point difference (between Teamwork and GBTSA staff relationships).
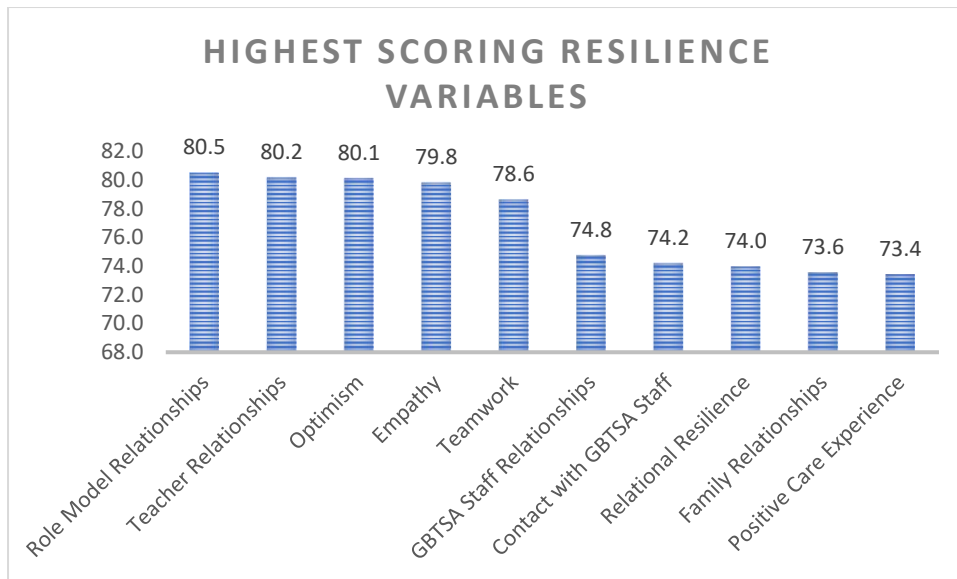
Figure 5. Highest scoring resilience variables

The figure shows the 10 highest scoring resilience variables are comprised of four relational domains, three in-care domains, two interactional domains, and one personal domain. No environmental domains are represented in the top 10 highest scoring resilience variables.

The prominence of the **relational** domains in the 10 top scoring resilience variables suggests the importance of relationships for youth during their disengagements. Participants felt most cared for and encouraged by the role models (80.5%) in their lives, followed by relationships with their teachers (80.2%). Of slightly less importance, but still within the top 10, were relationships with family members (73.6%). A similar finding was reported in the 2019 Quantitative report (n=133) (Dickens & Van Breda, 2019), and implies that yet again, participants feel closer to their role models and teachers, above the other types of relationships – including peer and love relationships. This may be explained by possible distant family relationships and/or fragmented friend relationships. While living in care, role models and teachers are the supportive adults who youth are more likely to be exposed to. Role models and teachers can play an aspirational role for care-leavers, as well as provide guidance and care and giving youth a sense of belonging. These findings highlight the important role positive and nurturing relationships play in promoting resilience in young people.

Three **in-care** domains were also amongst the highest scoring resilience variables, including relationships with GBTSA staff (74.8%), maintaining contact with GBTSA staff (74.2%), and positive care experiences (73.4%). In 2019, only the former two in-care domains were amongst the highest scoring resilience variables. This suggests participants perceived experience of care has improved between 2019 and 2020, with the additional data of the 18 participants who left GBTSA in 2019.

The findings show two **interactional** domains were prominent, viz. empathy (79.8%) and teamwork (78.6%). 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 in teams. These two areas have also remained consistent between 2019 and 2020 data.

Once again, as with the 2019 findings, optimism (80.1%) was the only **personal** domain that was amongst the highest scoring. Participants' general expectation that good things will happen in the future is an important resilience variable. A positive attitude towards one's future enables the grit and perseverance needed to overcome life's challenges.

No environmental domains emerged amongst the 10 highest scoring resilience variables. However, the prominence of the other four domains supports a social-ecological view of resilience (Ungar, 2018) at disengagement. This suggests resilience is multi-faceted and drawn from all areas of the PIE framework (Figure 2). Resilience is thus not only a fixed internal trait, but rather is a process, that can be enhanced through relationships, through experiences while in-care, and within the interactions that take place in young people's environments. Through this lens, there are a range of protective factors that GBTSA can facilitate that may have a compounding positive effect on care-leavers.

5.2.3. Item level analysis at disengagement

Below is an item level description of the participants' perceptions relating to selected resilience variables during their disengagement.

Figure 6 suggests participants feel their family is a solid support system, that they feel loved and loved for by their family and that their family tries to help them. But these findings may imply the need for improved communication and support skills within the family – participants reported they are less likely to talk about their problems with the family.

FAMILY RELATIONSHIPS

Agree   Uncertain   Disagree

I feel cared for/loved by my family.
77%
14%
9%

My family is willing to help me make decisions.
74%
14%
13%

I can talk about my problems with my family.
61%
17%
22%

I get the emotional help and support I need from my family.
70%
13%
16%

My family really tries to help me.
81%
10%
9%

0% 10% 20% 30% 40% 50% 60% 70% 80% 90%
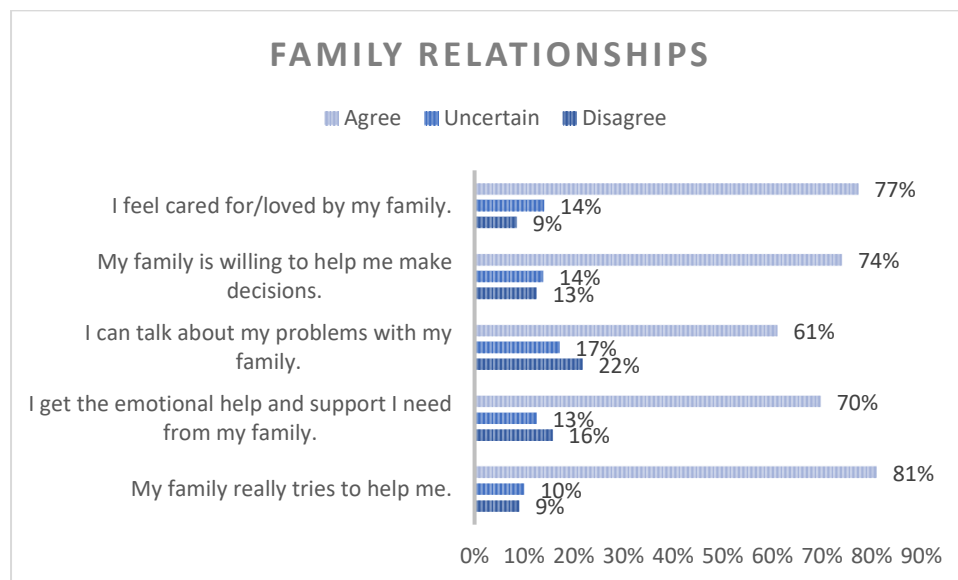
Figure 6. Participant perceptions about family relationships

It is interesting to note how participants feel about the perceived safety of their home communities, shown in Figure 7. Just under half (47%) say there is a big drug problem and the same number (47%) report there is a lot of crime where they live. Despite this, just over half (53%) of participants report feeling safe and secure in their community and over a third (38%) agree it is safe to walk around at night.
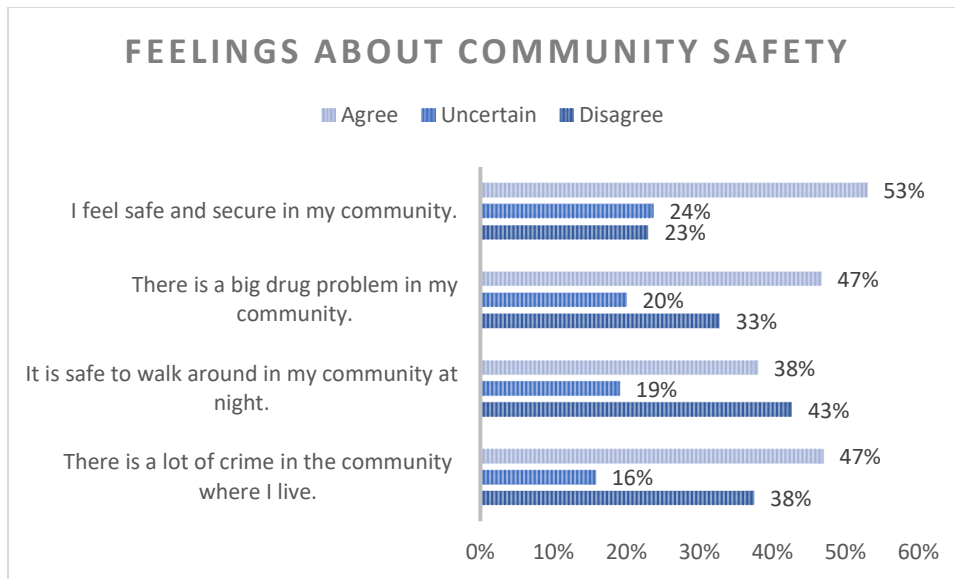
Figure 7. Item level analysis about community safety

Examining this further, Table 4 provides a cross tabulation of participants' perceived safety of their home communities. The findings show 56% of participants' views on crime and community safety were congruent, while 48% of participants' views on drugs and community safety were congruent, as illustrated by the shaded orange blocks. However, 15% of participants feel safe, despite there being a perceived crime problem in their community. There are also 16% of participants who feel safe, despite a perceived drug problem. This suggests a desensitisation towards these problems in their communities – they may be used to these issues because of exposure since a young age and are therefore less fearful. The table also displays around a third of participants were unsure about one or both of the questions.

Table 4. Cross tabulation of community safety

		I feel safe and secure in my community		
		Disagree	Uncertain	Agree
There is a lot of crime in the community where I live.	Disagree	3%	5%	30%
	Uncertain	1%	7%	7%
	Agree	19%	12%	15%
There is a big drug problem in my community.		Disagree	Uncertain	Agree
	Disagree	3%	4%	26%
	Uncertain	1%	7%	11%
	Agree	18%	13%	16%

Figure 8 represents how participants perceive the financial well-being of their family at disengagement. There appears to be a high level of worry about money (44%). This is interesting given the comparatively higher levels of participants who report having enough money to live comfortably (57%) or having enough money for food (57%), and also the low levels of those who are arguing about money (22%). Perhaps this is because families worry about money but still may find ways to get on and live reasonably comfortably.
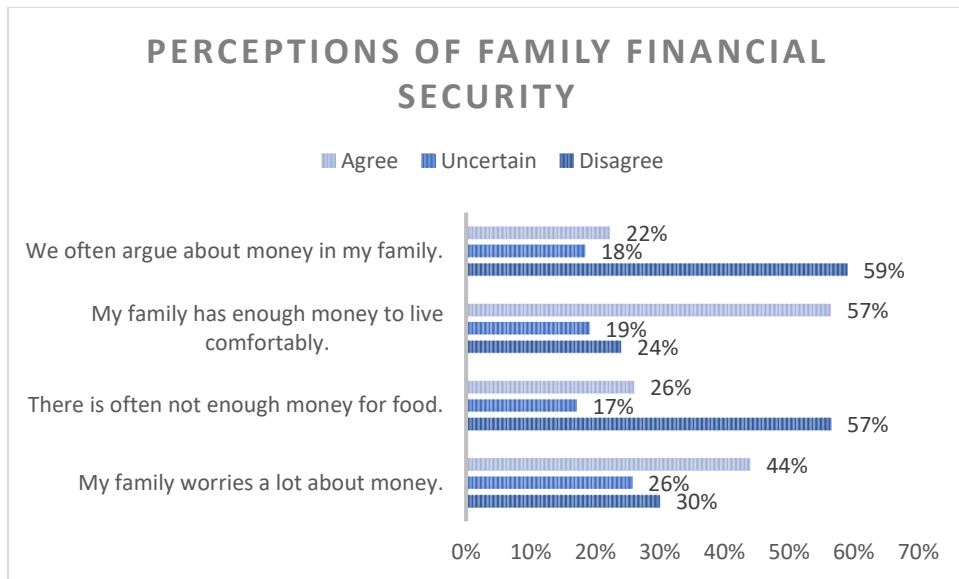
Figure 8. Perceptions of family financial security

[Figure 9](#) depicts participant involvement in different types of activities. The findings show a strong tendency for youth wanting to do activities that include others, suggesting it is the social or community aspect where they benefit the most. Involvement in activities also gives participants access to role models (such as a dance teacher or soccer coach) and a very important sense of belonging, identity and connection.
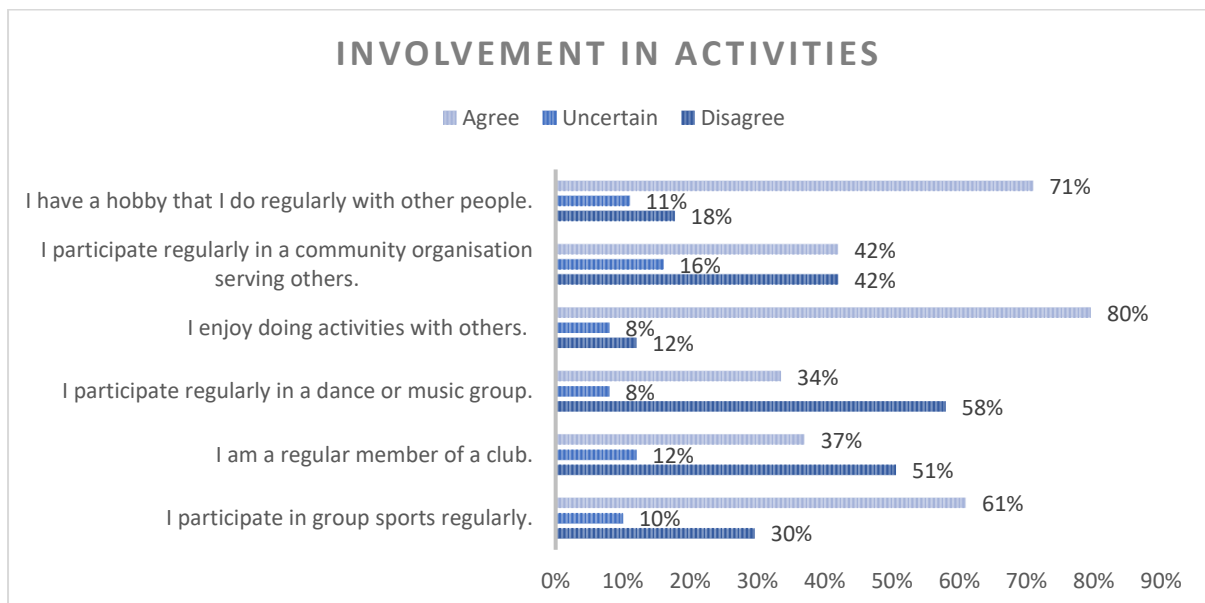
Figure 9. Involvement in activities

[Figure 10](#) shows just under two thirds (69%) of participants believe they are prepared for life after care, and under three quarters (71%) felt they are now ready to leave care. This suggests the GBTSA programme has done well to equip care-leavers with the competencies, skills and resources to make them feel confident about their departure from care. However, a third of participants (33%) express concern and apprehension about going home, perhaps because of turbulent home situations or

because of uncertainty on what the future may hold for them. Perhaps for these reasons, a similar amount (32%) wish they could stay longer at GBTSA.
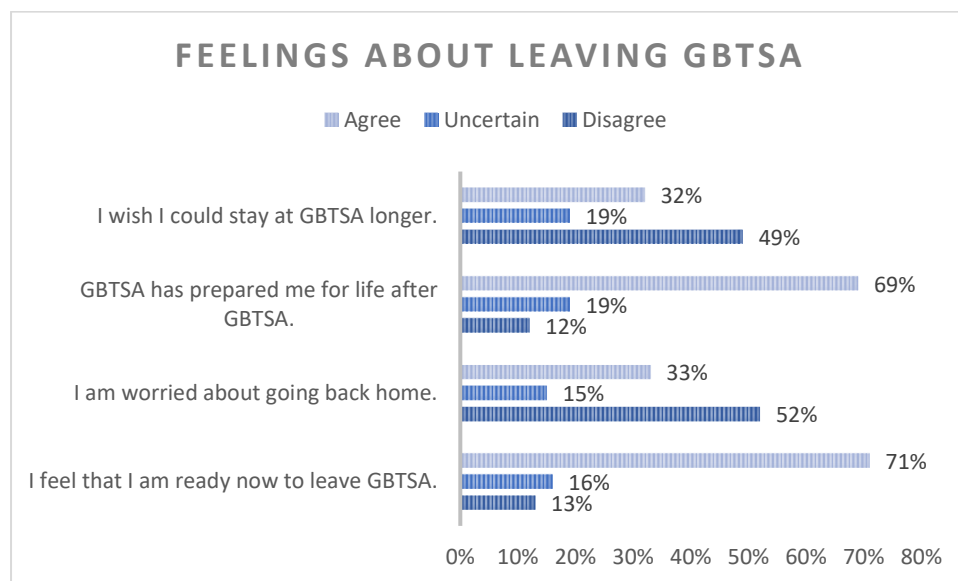
Figure 10. Feelings about leaving GBTSA

5.3. Outcome Data

All the analysed outcome data is presented in Appendix 2. Table 20 shows the descriptive statistics of the indicator outcomes, while Table 21 shows the descriptive statistics of the scale outcomes. An item level analysis of the outcomes data is provided in Table 22 to Table 37. Table 5 and Table 6 below summarise the detail in the appendix and are followed by a discussion of some of the highlights.

Table 5 provides a summary of the indicator outcomes over the six years. 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 six years. For all indicator outcomes, except NEET, a high score indicates a desirable or positive outcome. Definitions for the indicator outcomes (Table 5) and scale outcomes (Table 6) are provided in the methodology section (Section 4 - Table 2 and Table 3).

Table 5. Indicator outcomes over the six years

Indicator	Y1	Y2	Y3	Y4	Y5	Y6
	%	%	%	%	%	%
Self-Supporting Accommodation	31	55	42	50	35	44
Education for Employment	63	67	59	64	65	78
NEET*	41	36	36	36	41	33
Reliable Employment	67	64	76	75	88	83
Diligent Education	56	26	38	75	67	0
Liveable Income	19	31	27	43	29	57
Drugs Alcohol Free	86	95	79	76	82	78
Crime 'free'	77	83	82	80	71	100

*A low score is desirable

Table 6 provides a summary of the scale outcomes over the six 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 six years

Outcome	Y1	Y2	Y3	Y4	Y5	Y6
	%	%	%	%	%	%
Health Global	73	74	74	77	76	79
Health Physical	76	77	76	81	81	84
Health Psychological	70	70	71	72	70	73
Family Relationships	69	67	76	69	73	69
Friend Relationships	73	72	73	71	73	74
Love Relationships	85	83	83	73	85	100
Resilience	75	72	75	73	77	75
Bouncebackability	58	59	63	61	63	69
Positive GBTSA Experience	78	82	81	83	82	83
Maintain Contact with GBTSA Contact	70	71	69	74	68	72
Accommodation	39	43	40	39	39	45
Employment	75	51	49	55	59	49
Studying	76	54	55	67	58	67
Finances	50	50	45	52	43	38
Drugs and Alcohol*	9	8	12	12	11	13
Crime*	5	5	4	5	6	1

*A low score is desirable

The sections that follow present and discussed 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

Figure 11 shows the trend in participants who had **self-supporting accommodation** over the six years. These are the percentage of participants who are paying for, or own, their own accommodation, or receive accommodation in exchange for work. Despite some fluctuations over time, the overall trend is very stable over the years, as shown by the almost flat dashed trend line. This may show that participants' self-sufficiency in their accommodation does not increase over time, as we would hope as they mature and are to obtain work.
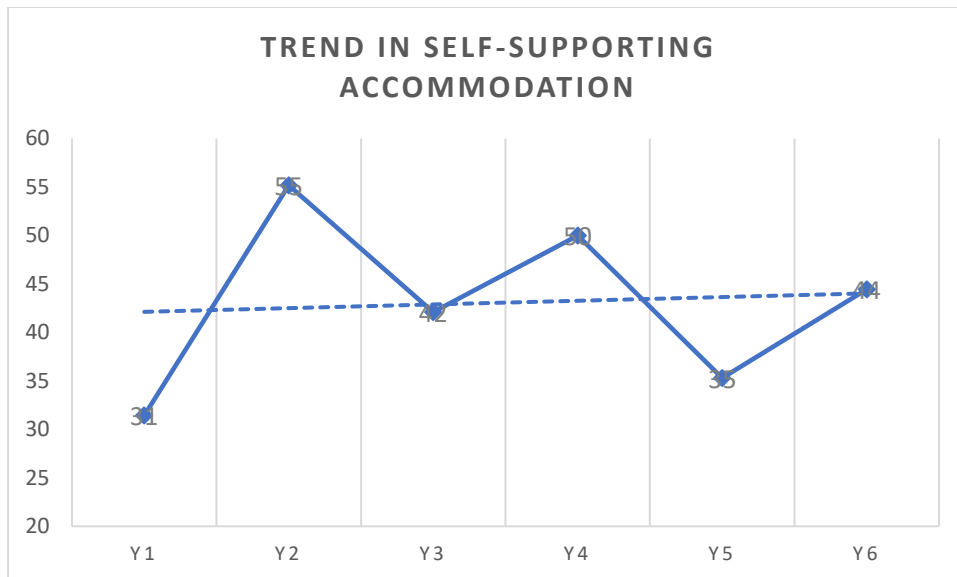
Figure 11. Trend in self-supporting accommodation

An item level analysis of accommodation over the six years shows between 64% to 88% of participants lived in whole formal dwellings (like a house). There were not many who were living in informal types of accommodation, such as shacks. Comparatively, this is a positive finding, as Hall (2019, p. 248) reports one in 10 children (1.7 million) in the general population live in backyard dwellings or shacks in informal settlements.

One year out of care, 80% lived with their family, but at six years after care, just over half (56%) lived with their family. Therefore, as participants get older, they are increasingly living on their own or with partners or friends, as would be expected. Throughout the six years, it seems just less than half of participants move between places to stay at least once during the year, which may imply a little housing instability, but also the ability for youth to be resourceful and find alternative accommodation arrangements.

Finally, every year, except the sixth year where there was none, there was at least some homelessness experienced by three to six participants per year. Proportionately, these smaller numbers are positive, as research from around the world consistently shows care-leavers are more likely than others to become homeless or experience housing instability (Celcis, 2019). For example in Scotland, there is nearly a 50/50 chance of care-leavers becoming homeless (Scottish Government, 2016). Therefore for GBTSA care-leavers, this is finding is of crucial importance because of the impact safe and secure accommodation is for good outcomes in other areas of life and functioning.

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 12. Becoming NEET is not only a concern for care-leavers (Dickens & Marx, 2020), but also for the wider youth population (De Lannoy & Mudiriza, 2019). The findings show across all six years approximately a third of participants were NEET every year after care. Comparatively, in the first quarter of 2020, 34.1% of all South African youth aged 15-24 were NEET (StatsSA, 2020, p. 15). Therefore, GBTSA youth are showing slightly higher NEET rates as the wider

youth population. Comparatively, research from the UK shows care-leavers are as much as three times more likely to become NEET compared to other youth their age (Harrison & Dixon, 2020). Of those UK youth aged 19 to 21, 13% of the general population were NEET compared to 40% of care-leavers in 2017. Nonetheless in South Africa, care-leavers are faced with tremendous challenges when they engage with the labour market (StatsSA, 2020). Their vulnerability in the labour market is exacerbated by a lack experience and being unemployed for longer.
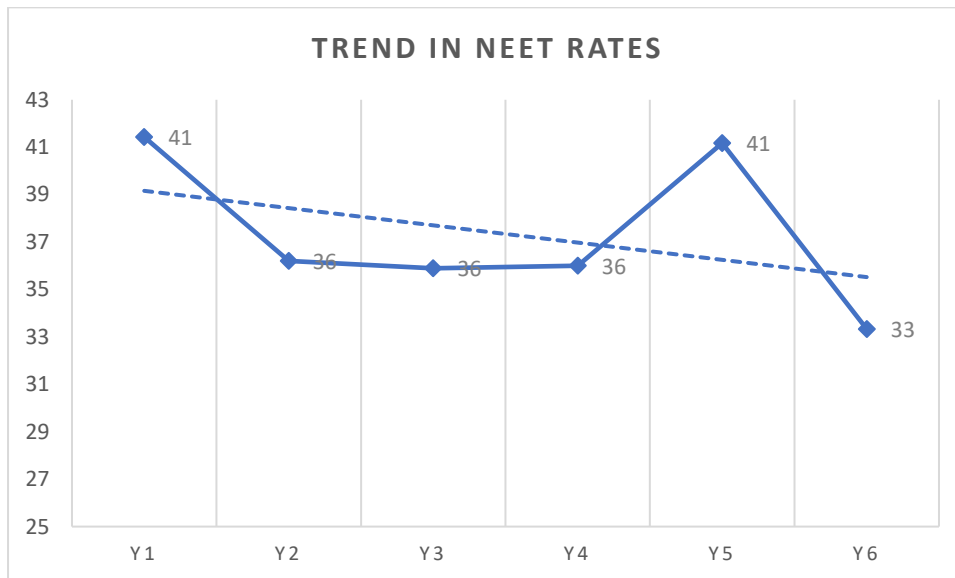
Figure 12. Trend in participants who were NEET

Participants have consistently reported, per year, that the two most common reasons for not securing work was that they were awaiting the season for work and/or that they were unable to find work requiring their skills. Furthermore, across the years, less than a third of participants who were NEET had been for a job interview (between 0% - 33%) and less than a fifth third (0% - 33%) applied for any course of study.

5.3.3. Employment

Employment stability facilitates positive transitional outcomes for care-leavers because it increases self-esteem, gives them an income, a purpose and a chance to meaningfully participate in society. However, job attainment is generally low amongst care-leavers (Sebba & Luke, 2019) and is especially challenging in South Africa, which in the first quarter of 2020 had a youth unemployment rate of 59% (15-24 year olds) (Stats SA, 2020, p. 11). However, for GBTSA care-leavers, while only a third (34%) were employed one year after leaving care, by their sixth year, 67% had employment. The vast improvement in employment rates over the years is shown in Figure 13 below.
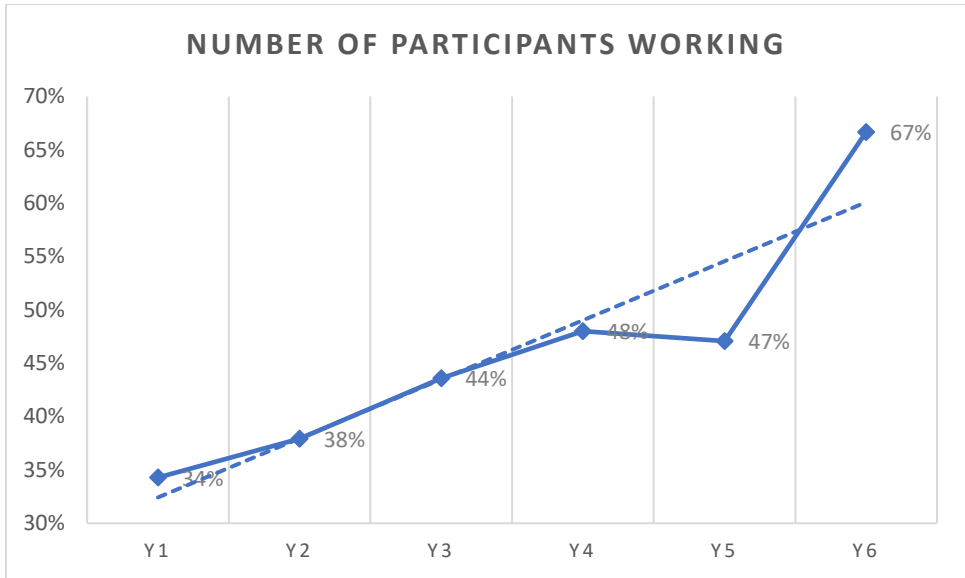
Figure 13. Number of participants who had employment over time

[Figure 14](#) shows a notable upward trend in participants who met the criteria for the indicator of **reliable employment**. Reliable employment is the percentage of employed care-leavers who maintained a reliable work record. This suggests that care-leavers who had work showed increasing stability in their jobs and were likely to stick with those jobs as they got older. It may also point to maturity of participants as they get older, taking their work more seriously, becoming more dependable and responsible in their jobs.
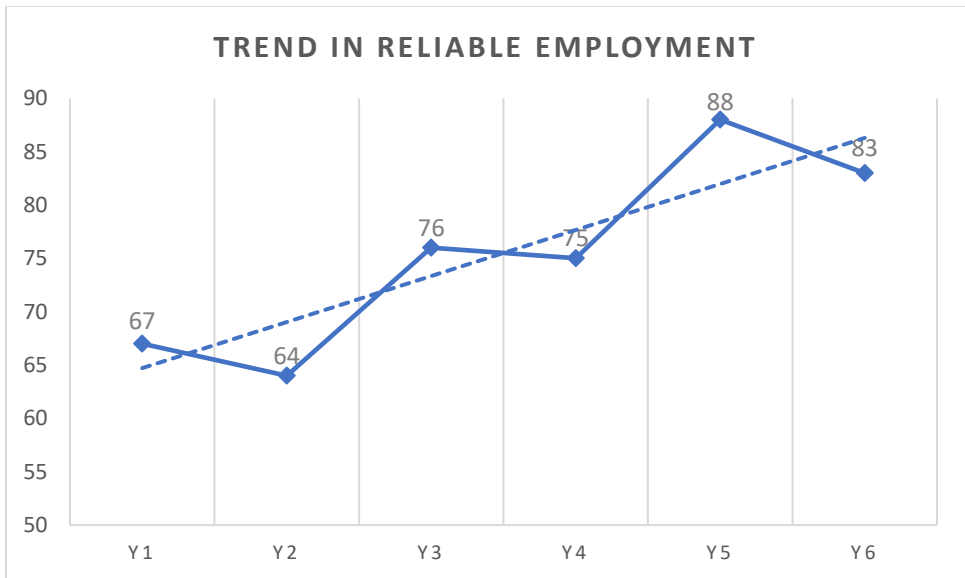
Figure 14. Trend in reliable employment

5.3.4. Studying

The number of care-leavers who were studying was less than a third across all the years, shown in [Figure 15](#). One year out of care, only 36% were studying, and this remains fairly stable over years two,

three and four. However in year five, there is a decrease in those who were studying and an even greater decline by year six. This decrease in the percentage of care-leavers studying the longer they were out of care is to be expected, as one would expect that they would, over time, complete their studies and move into employment.
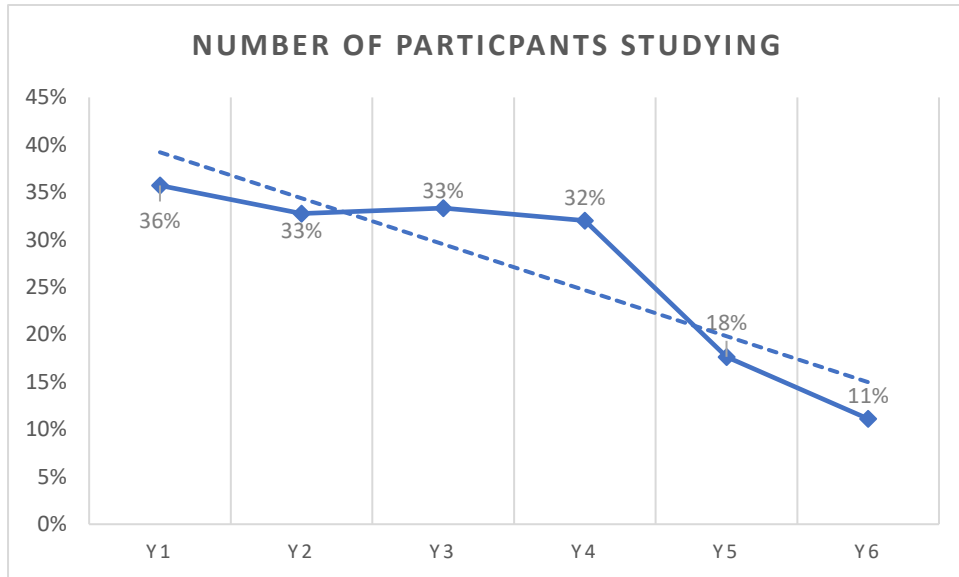
Figure 15. Number of participants who were studying over time

[Figure 16](#) shows the trends of those participants who were studying. In this instance, studying is defined as the quality of studying and academic achievement among those who are studying. The data resembles a curve (a shallow u). In their first year out of care, participants who were studying perform very well (76%), but then show a big drop in their second (54%) and third (55%) year out of care. They then return to better persistence and performance in their studies for their fourth, fifth and sixth years. 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.
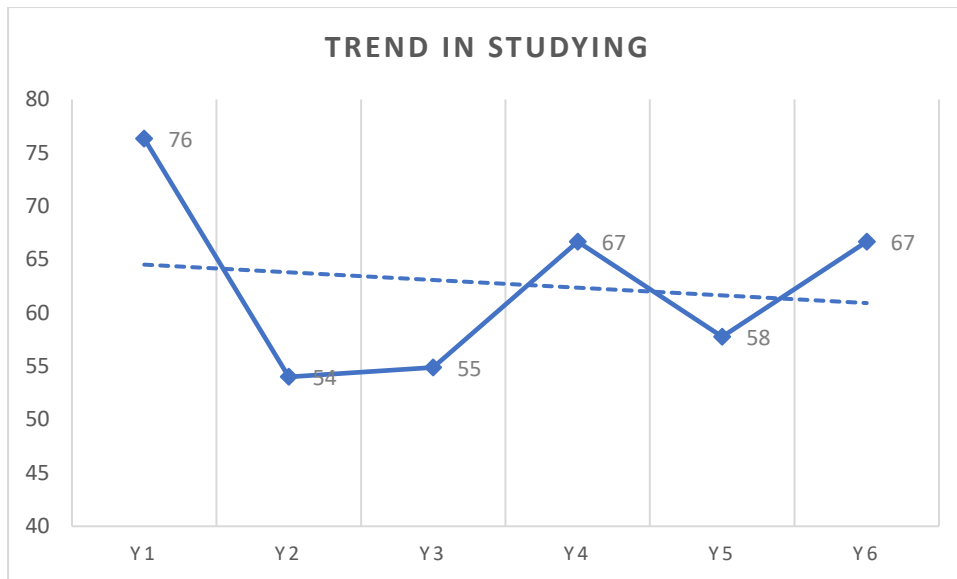
Figure 16. Trend in participants who were studying

In <u>Table 5</u>, participants' **education for employment** is shown. These are care-leavers who either had a matric or were studying towards matric or were training for a trade. Findings show between 59% to 78% of participants met the criteria for this outcome across the six years. This implies that around two thirds of the participants had attained a level of education that seemed to set them up for better chances of gaining employment in the future.

Also shown in <u>Table 5</u> is the percentage of participants who were considered to have **diligent education** - they regularly attended class and had not failed any of their modules. The findings vary over the years, just over half (56%) had diligent education in their first year after care, compared to a third (38%) three years out of care, and six years out of care, none (0%) had diligent education. This is important, as it points to the need that care-leavers must be supported to succeed in their education when they are already in school or other education.

5.3.5. Financial Security

<u>Figure 17</u> shows the upward trend in participants who met the requirements for the **liveable income** indicator. One year after leaving GBTSA, only 19% of participants earned above R1,600 per month through employment and had no short-term loans of an unusual nature, other than perhaps loans from the bank, friends or family. At six years, just over half (57%) of participants had a liveable income. This marked increase provides strong support to suggest that care-leavers are becoming more independent and maturing, are having a more stable income, and being responsible with their money as time goes on. It is however possible that those participants who remain in the study for a long time are those who are in reliable work that generates a liveable income.
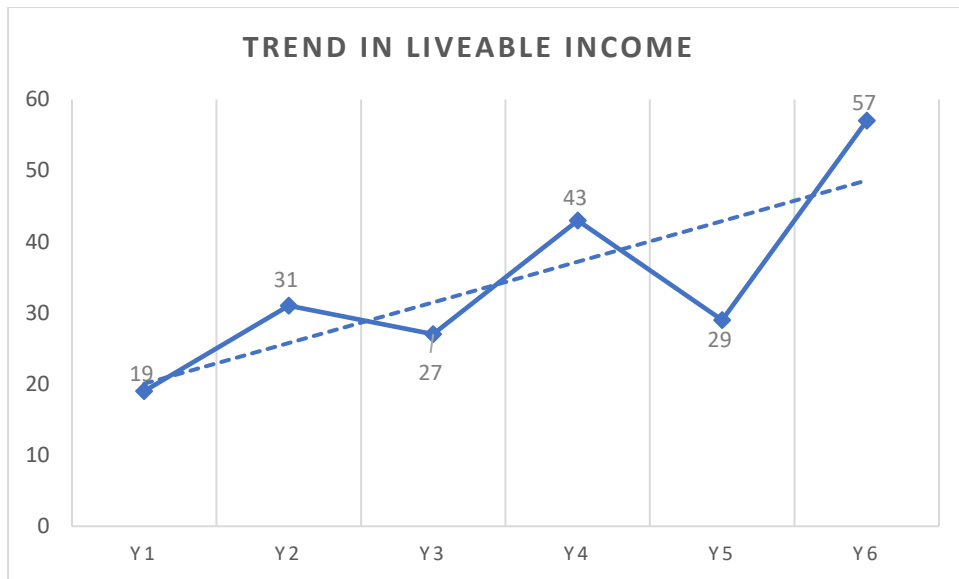
Figure 17. Trend in participants who have a liveable income

The graph below (Figure 18) portrays participants' main source of income over the years. The findings show an increase in the number of participants who rely on employment for income over time. This clearly portrays the journey towards independence and is especially noteworthy, considering the socioeconomic context of these young people. In a country where 30% of young people are living in unemployed households, and 59% are living below the upper bound poverty line[1] (Shung-King, Lake, Sanders & Hendricks, 2019, p. 52) this is a very positive finding for care-leavers. It suggests that despite the wider context of poverty and unemployment within which they live, GBTSA care-leavers are still becoming more independent and less reliant on others as they transition to adulthood. In year six, there were no participants who were relying on their parents or family members for income. However, the graph also shows that there is not a decrease in begging or crime or those who do not have an income, as we would have hoped.
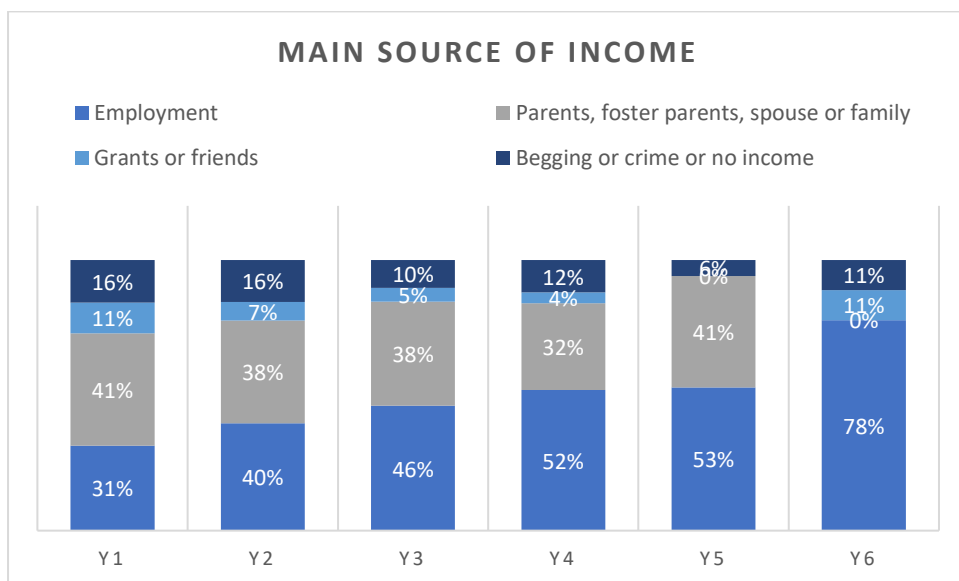
Figure 18. Main source of income

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[1] Households with a per capita income of less than R1,183 per month.

Participants' also reported that one year after leaving care, only 60% had their own bank account, but by year six, all but one youth had their own bank account. Across all the years, the majority of participants reported not being in any debt. For those who were, short term loans and credit card debt or shopping accounts were the most common type of debt they had. Only one participant reported having a bond, in the fifth year out of care – another indication of independence and self-reliance. To qualify and maintain a bond requires a stability of income and sense of responsibility which is admirable in a young person in their early twenties.

Finally, just under a quarter (23%) of participants one year out of care reported not having food to eat for at least one day in the month before the interview. This decreased in years two (14%) and three (15%), and improved even further in years four to six; in year five all participants except for one did not go a day without food. This shows increasing food security as the years progress, perhaps because of more independence and the ability of care-leavers to generate their own income.

5.3.6. Drugs and Alcohol

Across all six years, approximately four fifths of participants remained **drugs and alcohol 'free'** – that includes those who avoided binge drinking more than once a week, who used dagga/weed no more than twice a week, and who did not use hard drugs in the past month. This suggests there was not a large increase in care-leavers who were abusing substances over the years.

One year after leaving care, cigarette smoking rates were high – half of participants (49%) smoked at least some cigarettes per day. A third (37%) had drunk alcohol at least some alcohol in the two weeks leading up to the interview. Of those, binge drinking was lower (20%). However six years after leaving GBTSA, there was still some reported substance use and dependence: one of the nine participants had used hard drugs, two had used dagga, and two engaged in binge drinking in the weeks leading up to the interview.

These findings suggest that, while there was not an increase in substance use over the years, it remains a problem for some participants. This finding is consistent with global literature on care-leavers, who are at an increased risk of substance use compared to their peers. This is troubling, as substance misuse in young people has shown to be a predictor of adult substance use. It also increases the risk that young people may be susceptible to crime and poverty later in their lives (Hodgins et al., 2009).

5.3.7. Crime

Figure 19 shows the trend in 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. Participants who were crime 'free' between years two (83%), three (82%), and four (80%) remained fairly consistent, but then in the fifth year (71%) there was a slight increase in criminal activity. However, none of the participants who were interviewed in the sixth year was involved in any serious criminal activity.
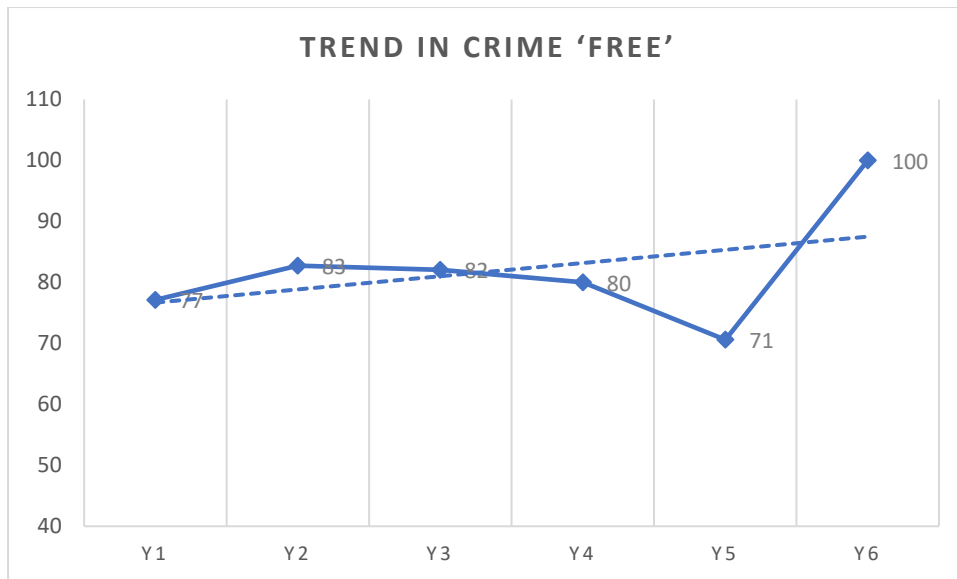
Figure 19. Trend in crime 'free'

In the first year out of care, 11% of participants had stolen or tried to steal money or things, but for two thirds of these (63%), the crime was petty and equalled less than the value of R100. Further conversations with participants confirmed this – some had reported stealing money for food or electricity. By the second year, 14% of participants had stolen money or things, but half of these (50%) reported the value of the stolen goods was less than R1000 but more than R100, like a cell phone. This suggests a change in the nature of the theft between the years.

Figure 20 shows participants who were in trouble with the law. In the first year after GBTSA, one participant was serving a prison sentence, two were found guilty of a crime, two had charges laid against them and a further two spent at least one night in jail. 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 in jail.

The figure also shows that every year except in the sixth year, there were at least two to three participants who had charges laid against them. It is also interesting to note that in every year, there was at least one participant involved in unarmed assault not requiring medical care. In the first year, eight of the 70 participants (11%) fell into this category, five of 59 (9%) in year two, and nine of 39 (9%) in year three. The nature of these fights varied. Some participants said they were getting into fights at school, others reported gang fighting, and one participant was a victim of domestic violence by her partner. This could be an area for intervention and perhaps GBTSA could focus on anger management and conflict management.

IN TROUBLE WITH THE LAW

- ■ Spent at least one night in a correctional facility
- ■ Charges laid against me
- ■ Found guilty of a crime
- ■ Serving a prison sentence
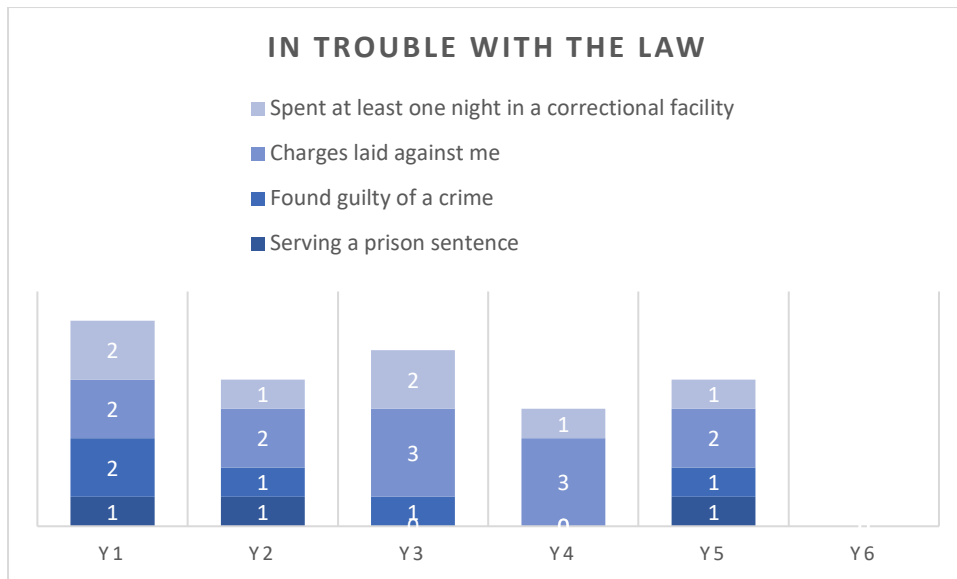
Figure 20. Participants in trouble with the law

These findings support Van Breda's (2020) analysis of criminal activity among these participants (described in Section 4). Indeed, there seems to be three distinct groups of care-leavers: those who are crime 'free', those who engage in incidental crime, and those who engage in regular crime.

5.3.8.   Health and wellbeing

As with the other outcomes, care-leavers are substantially more likely to experience mental health issues, emotional and behavioural difficulties and have learning disabilities (Dixon et al., 2006). A study from the UK showed that almost half of youth who have been in care have experienced an emotional or behavioural challenge (Centre for Social Justice, 2015, p. 15). Furthermore, Shung-King et al. (2019, p. 45) report that half of mental health problems are established by 14 years old, and 75% are established by 24 years old. Between 10 – 20% of young people experience mental health conditions (for example, depression) around the globe, and suicide is the third leading cause of death in youth between the ages of 15 – 19. South African youth are even more susceptible to mental health challenges, due to a multitude of challenges such as poverty, crime, inadequate access to services, and unemployment.

The care leavers' physical health and psychological health was measured over the years. Physical health is defined as the extent to which care-leavers feel healthy, and psychological health is defined as the extent to which care-leavers experience psychological wellness so that they can function in daily life. It is interesting to note in Figure 21 that physical health improved by about 10 percentage points across the years, but psychological health remained fairly flat. The figure also shows that participants reported higher physical than psychological wellness. By the sixth year, both do increase, which may suggest participants are more concerned about taking care of themselves as they mature, and this investment in physical health may impact positively on their psychological health.
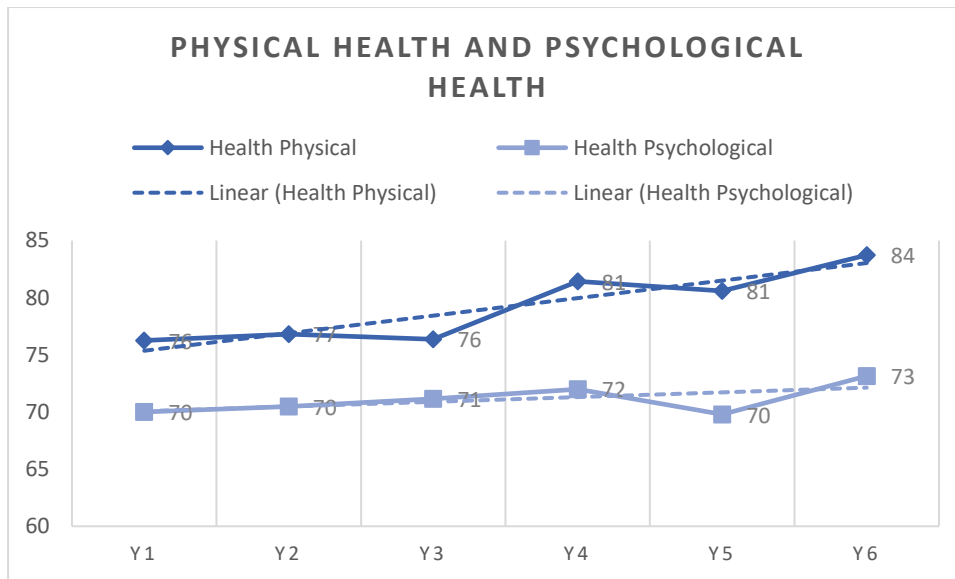
Figure 21. Trends and comparison of Physical Health and Psychological Health

5.3.9. Relationships

Table 23 provides an item level analysis of the relationship status of participants. One year after care, three of the 68 participants categorised themselves as being married, six said that they were living together, but the vast majority (86%) were never married. It is noteworthy that just more than half (52%) of the participants said they were in a romantic relationship, but by the sixth year, all but one was single. This suggests that many of those earlier relationships straight after care are not for the long term. After the first year, seven of the 71 participants (10%) either had a child or were expecting a child.

5.3.10. Resilience

Figure 22 compares the resilience and bouncebackability of participants over the years. Resilience was measured using the Connor–Davidson Resilience Scale (CD-RISC), and 'bouncebackability' was also measured, defined as the general belief in one's ability to 'bounce back' after difficult times. While there is an upward trend of about 10 percentage points on the boucebackability measure, the resilience measure remains flat. This suggests participants have a greater belief in their own ability to bounce back from adversity as they adjust to life after care. While bouncebackability improved noticeably, resilience was still a higher scoring measure over every year.
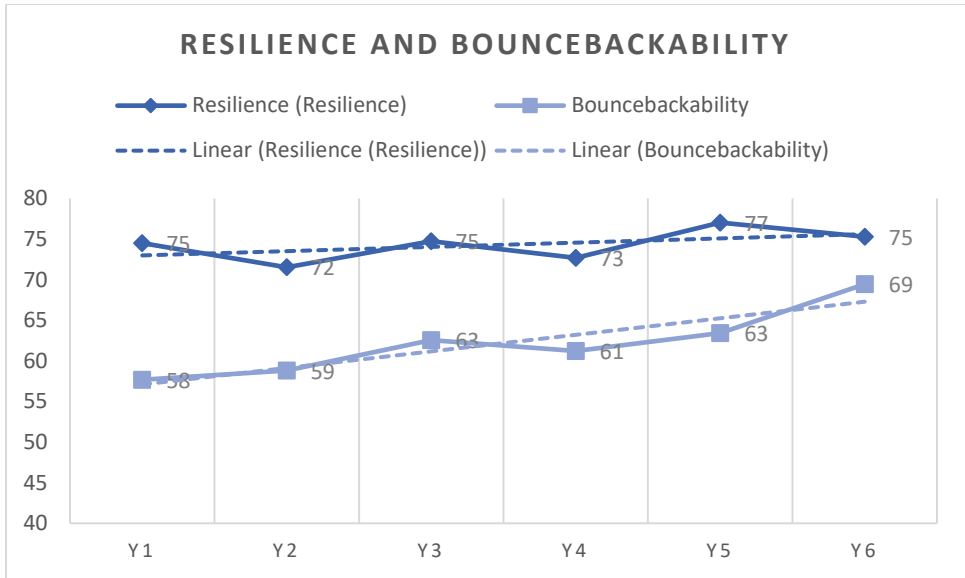
Figure 22. Trends in resilience and bouncebackability

5.3.11. In-Care Experiences and Maintaining Contact

Over the six years, participants' feelings about their in-care experiences was measured, shown in Figure 23. The findings show a slight increase from years one to two, and then in all the subsequent years, it remains stable. Perhaps this is because after their initial year out of care, their sense of GBTSA improves slightly after the initial challenging year after leaving care. It may also be possible that those participants who remain in the study are those who had a positive GBSTA experience, thus those with negative experiences drop out of the graph over time. Almost all participants in both years five and years six either agree or strongly agree that they felt happy at GBTSA, they enjoyed their time there, and that it was a positive experience for them.
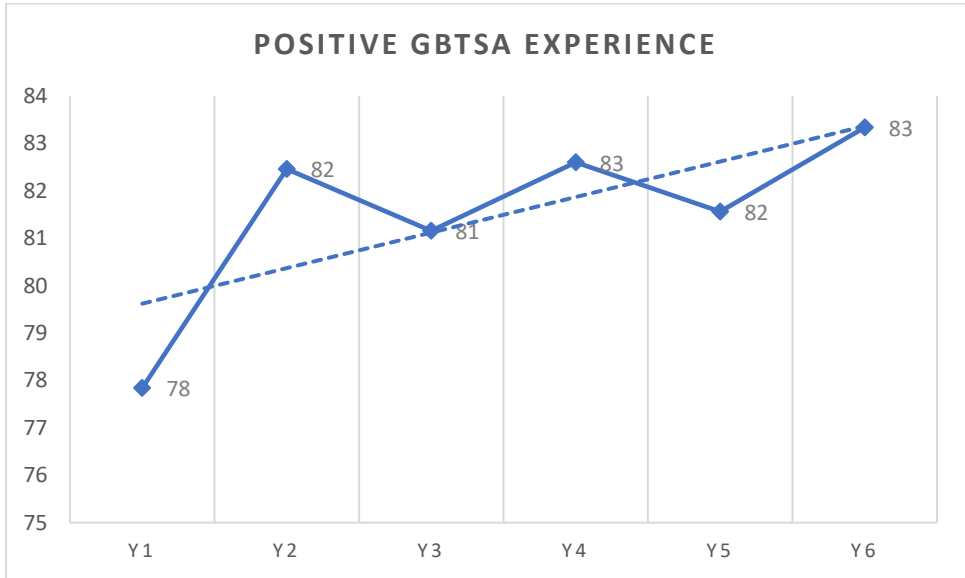
Figure 23. Trend in GBTSA experience over time

In [Figure 24](#) the trend of participants feelings about being prepared by GBTSA for life after care is displayed. There is an upwards trend over the years, with a 13 percentage point difference between years one and six. This is consistent with the findings above - being at GBTSA was a positive experience for them, which also showed this upward trend. It suggests participants have a greater understanding about the value of what they learnt while in care after they have had more time out of care and a chance, perhaps, to benefit from the healing interventions and implement some of the skills they learnt.
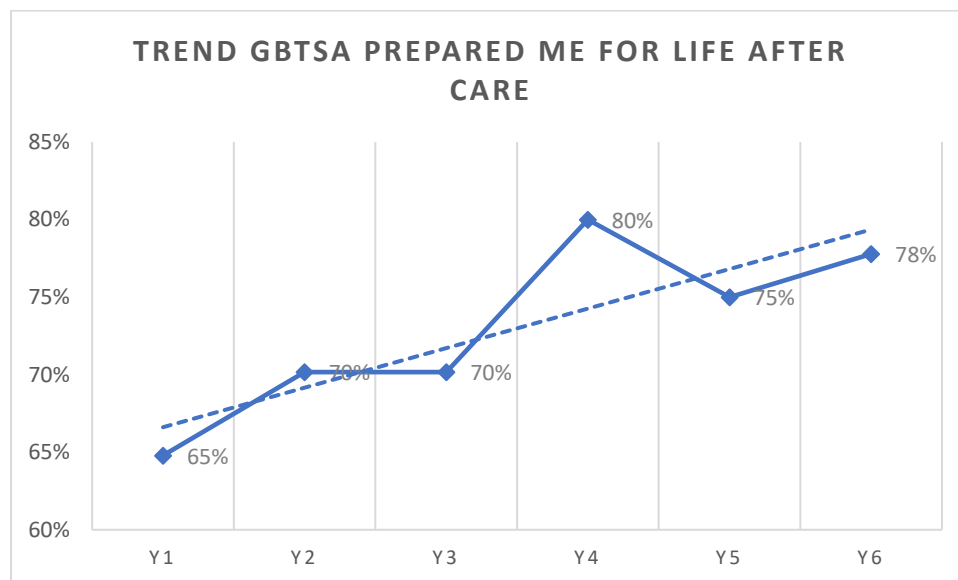
Figure 24. Trend in feelings of being prepared by GBTSA for life after care

This section presented the study's findings, including demographic data, disengagement data and the outcomes data over the six years. The next section pulls these two parts together and investigates the contribution of the disengagement data to the outcome data.

6. CONTRIBUTION OF RESILIENCE TO OUTCOMES

This section examines the resilience variables that enable some of the young people to do better than others after leaving care. Thus, it identifies which resilience variables at disengagement predict which outcomes most frequently after leaving care. This data helps us to understand how to improve the care-leaving 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. These findings are summarised and pulled into one graphic (the PIE framework) at the end of the section.

6.1. Prominent Resilience Variables at Disengagement

Table [7](#), 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 six years. 'Prominent' resilience variables (in bold), are those which produced 12 or more significant tests. These resilience variables are connected to the PIE domain within which they are located (see Section 2, [Figure 2](#)), shown in column 1. In Appendix 4, [Table 38](#) provides a detailed analysis of the

indicator outcome predictions and Table 40 shows a detailed analysis of the scale outcome predictions.

Table 7. 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-Y6
Relationship	Family relationships	1	10	11
	Friend relationships	**6**	**15**	**21**
	School relationships	1	7	8
	Community relationships	**2**	**16**	**18**
	Role model relationships	**3**	**17**	**20**
	Love relationships	2	5	7
	Relational Resilience (composite)	**1**	**21**	**22**
Environmental	Community safety	2	7	9
	Financial security	1	7	8
	Social activities	**1**	**15**	**16**
	Environmental resilience (composite)	**1**	**11**	**12**
In-care	Supportive relationship with GBTSA staff	2	6	8
	Positive care experience	2	0	2
	Maintain Contact with GBTSA staff	**0**	**12**	**12**
	Care-leaving readiness	**5**	**11**	**16**
	In-care resilience (composite)	**3**	**19**	**22**
Interactional	Teamwork	0	8	8
	Empathy	**0**	**12**	**12**
	Interdependent Problem-solving	1	0	1
	Interactional resilience (composite)	**0**	**13**	**13**
Individual	High self-expectations	0	6	6
	Bouncebackability	**3**	**11**	**14**
	Self-efficacy	3	7	10
	Optimism	3	6	9
	Self-esteem	**5**	**14**	**19**
	Resourcefulness	3	3	6
	Distress tolerance	0	5	5
	Spirituality	0	7	7
	Personal resilience (composite)	**2**	**11**	**13**
Global	**Global resilience (composite)**	**1**	**17**	**18**

The bolded rows in Table 7 show which of the resilience variables facilitate better outcomes (12 or more) for care-leavers. It is noteworthy that all of the composite measures (relational resilience, environmental resilience, in-care resilience, interactional resilience, personal resilience, and global resilience) are prominent.

Though all the domains have prominent predictors, the relationship and in-care domains are most prominent, followed by the environmental and interactional domain. The personal domain has the least number of prominent predictors. Thus, for all domains except personal resilience, half or more of the measures are prominent, which illustrates the multifaceted nature of resilience. Resilient

outcomes are determined not by just one or two, but by several factors.. It shows how care-leavers draw on the full spectrum of resilience enablers across the PIE framework, thus supporting a social ecological approach to resilience.

Similar to the 2019 findings (Dickens & Van Breda, 2019), the importance of **relational** resilience for improving outcomes in care-leavers over time is again highlighted. Friend and role model relationships produced the greatest number of outcomes over the years. It is interesting to note community relationships predicted a high number of indicator and scale outcomes, but family relationships was much less impactful. Close friendships may help care-leavers to cope with stress and act as a buffer against some of the challenges they face. Role models may give them access to resources, help improve their self-confidence, and are a way to learn critical skills. Strong community ties may be protective for care-leavers, offering them safety, resources and opportunities.

The prominence of **in-care** resilience in improving outcomes is noteworthy. Care-leavers' readiness to leave care and their confidence to maintain contact with GBTSA after they leave are both important in improving the outcomes of care-leavers. This is empowering for GBTSA – if they continue to focus on and foster these resilience-building areas, the impact on care-leavers can have wide-reaching positive outcomes.

Of the **environmental** domain, social activities were prominent in facilitating improved outcomes over time. They give care-leavers a sense of belonging, help them to build skills, and give them access to positive role models and positive peers that, as shown above, are critical for building resilience. Social activities that are sports orientated also promote health and wellness, and exercise reduces depression and is a powerful building block for producing better outcomes in youth.

Within the **interactional** domain, empathy produced a significant number of positive outcomes for care-leavers. Care-leavers who are empathic, are able to communicate better and build strong bonds.

Finally, of the resilience variables within the **individual** domain, self-esteem and bouncebackability were both prominent in facilitating improved outcomes over time.

Together, these findings support the notion that a social-ecological view of resilience (Ungar, 2012; Van Breda, 2018), promoting a holistic view of care-leavers, can enable a number of positive outcomes. While individual factors, such as self-esteem play an important protective role, it is the relational, in-care factors, interactional, and environmental too – which all involve how care-leavers interact with the world around them – that can enhance and impact positively on care-leaver outcomes.

6.2. Most Frequently Predicted Outcomes

Table 8 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 six years.

Table 8. Most frequently predicted outcomes

Outcome	Total no of significant correlations Y1-Y6
Resilience	**42**
Friend relationships	**42**
GBTSA experience	**33**
GBTSA contact	**27**
Family relationships	**27**
Psychological health	**27**
Global health	**25**
Bouncebackability	**18**
Physical health	**17**
Employment	**16**
Crime	**13**
Drugs & alcohol	**12**
Accommodation	**12**
Education for employment	11
Self-supporting accommodation	10
NEET	10
Studying	6
Reliable employment	6
Finances	5
Drugs alcohol free	5
Love relationships	4
Liveable income	4
Diligent education	4
Crime 'free'	3

Resilience and friend relationships were the two outcomes most frequently predicted by the resilience variables. Resilience, as an outcome measure, points to the young person's believe in their capacity to overcome adversity, and appears to be closely related over time to their resilience resources at the time of disengagement. While the care-leavers' friends may change over time, the quality of friend relationships continues to be significantly enabled over time by the resilience resources at the time of leaving care.

GBTSA experience and **GBTSA contact** were both predicted by many resilience variables. These environmental outcomes are related to care at GBTSA. This suggests that at disengagement, there are resilience variables that could impact on care-leavers' positivity towards their in-care experience and impact on their contact with GBTSA staff after leaving care. This signifies the critical role GBTSA carers have on care-leavers in facilitating smoother transitions for them.

All three **health outcomes** – global health, physical health and psychological heath - were predicted by many resilience processes. These are more personal, intrapsychic outcomes (Van Breda & Dickens, 2017). A large number of resilience processes similarly predicted **family** and **friends' relationships**, which are interpersonal outcomes.

Several resilience processes predicted four tangible measures – **employment, crime, drugs & alcohol**, and **accommodation** –. These 'objective' measures of the vulnerability of care-leavers (Van Breda & Dickens, 2017) are the environmental and tangible measures in the care-leavers' lives.

Together, these findings imply that resilience processes across the psychosocial domains are important enablers of a wide range of positive care-leaving outcomes. Resilience processes contribute to both the intangible or 'softer' outcomes (including relationships, a feeling of being resilient, good feelings about having been in care, and psychological health) as well as the tangible or 'harder' outcomes (including employment, crime, drugs and alcohol, accommodation and physical health). While not all outcomes, this covers all the main outcome domains, except NEET and finances. Similar to the previous findings from this study (Dickens & Van Breda, 2019; Van Breda & Dickens, 2017), these findings offer greater confirmation that resilience at disengagement can have a positive multisystemic and multilevel impact later.

6.3. Summary of Findings in PIE Framework

The PIE framework below offers a summary of the above findings (adapted from Van Breda, 2017, p. 250). Figure 25

Figure 25 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.
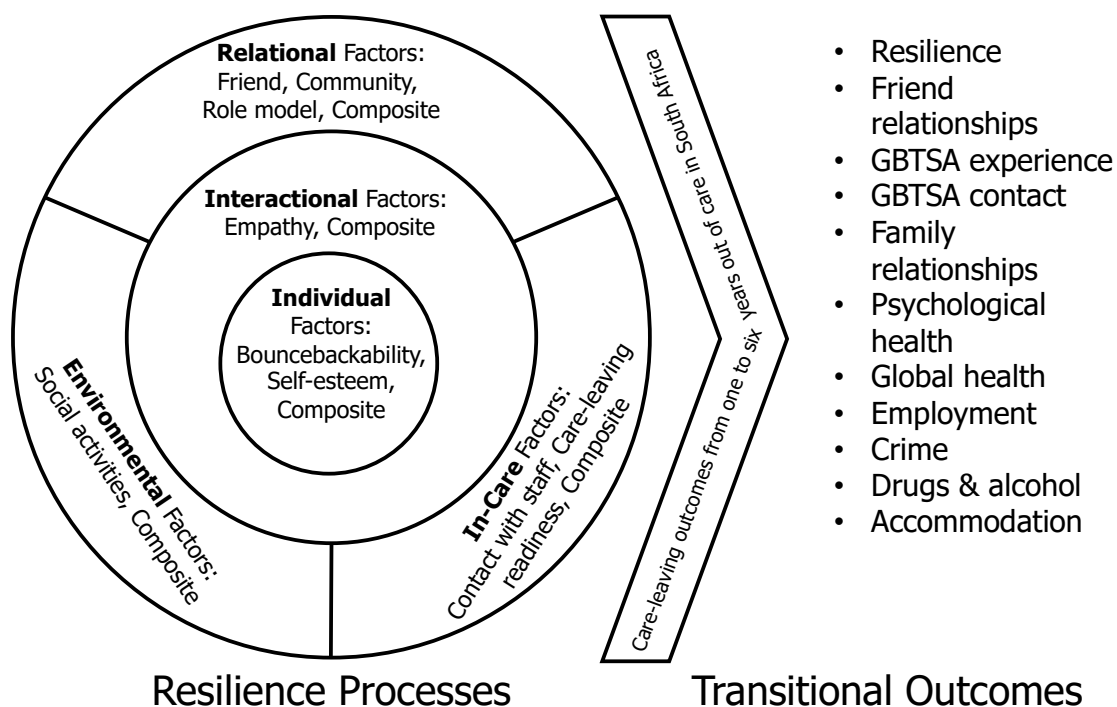
Figure 25. Prominent resilience predictors in the PIE framework

7. PRACTICE IMPLICATIONS

The findings in this report highlight the role of resilience processes for care-leavers that could be fostered within their environment to improve their later outcomes. Resilience, especially in the right environment and with the right 'ingredients', can be learned and nurtured.

In particular, supportive, safe relationships – both at disengagement and after care – are once again highlighted as critical. The social network is a vital source of resilience for care-leavers (Ungar, 2011), especially friend and role model relationships. This also confirms previous findings from this study (Dickens & Van Breda, 2019; Van Breda & Dickens, 2017; Van Breda, 2018; Van Breda & Pinkerton, 2020), which supports a social-ecological view of resilience. Rather than being an individualised, inherent and static trait, which care-leavers either have or do not have, resilience is a dynamic and multidimensional process, and can be developed over time (Masten, 2014; Van Breda, 2018).

Another prominent theme emerging from the findings is the important contribution of in-care processes. As previously found in the study (Dickens & Van Breda, 2019) – young people's readiness to leave care and carers' continued contact with youth are both crucial in improving transitional outcomes. These resilience variables, also located in the social environment of care-leavers, also provide support for a social-ecological view of resilience (Van Breda & Pinkerton, 2020). Therefore, the preparation for leaving care and the relationships they have in care, can buffer them against life's challenges later on. That resilience can, through these protective mechanisms, be nurtured and enhanced in care means that there is a lot that can be put in place for youth during and after care to smooth and improve their transitions to adulthood.

Environmental, interactional, and individual factors can, along with relationships and in-care factors, impact on both the tangible and intangible outcomes in care-leavers. This has particular implications for practice, separated into in-care recommendations and aftercare recommendations, noted below.

7.1. In-Care Recommendations

- **Nurture supportive relationships.** Upon their disengagement, care-leavers showed higher resilience in certain areas. They tend to feel well supported in their relationships with role models, teachers, and family members. Encouraging and strengthening these relationships during care, may act as a buffer against future hardship. Together with this, the findings highlighted the importance of relationships with GBTSA carers, as evidenced by the fact that participants felt free to contact GBTSA carers. The GBTSA alumni association provides a structured avenue for this, but it seems carers also take it upon themselves to contact and show care for the youth on an individual basis. This would ensure formalised continuity of care for care-leavers.
- **Focus on family.** Findings from this study highlight the need for improved communication and support skills within the family. Workshops before disengagement, including family members and the young person, may be very beneficial in the long term. These could include focused discussions on building relationship skills between family members. GBTSA is not legally responsible for working with the youth's families. But they do direct work with the families when sanctioned by the young persons' external placement agency. However, the study findings suggest GBTSA could increase this direct work with families in building family relationships. The data suggests this may improve outcomes after leaving care.
- **Build interpersonal skills**. Care-leavers scored highly in terms of their empathy and teamwork during disengagement, two crucial social skills needed to form strong relationships and to work constructively with others. Opportunities to practice these social skills are offered by GBTSA while in care. For example, this takes place through team building structured activities, by learning about emotions, by giving youth constructive feedback, and ensuring time for self-care and self-

reflection. The Peer Group System (PGS) at GBTSA also provides younger youth with mentorship and this channel could be one way to support the building of these interpersonal skills. Learning these skills while in care has shown to have a lasting influence beyond care (Mmusi & Van Breda, 2017), and contributes to the care-leavers' ability to live interdependently.

- **Be optimistic**. At disengagement, GBTSA care-leavers also scored highly in terms of being optimistic about their futures. The evidence indicates that GBTSA has fostered the belief in the youth that good things will happen and it has been used during the preparation and planning for disengagement. GBTSA staff, for instance, implement through modelling positive self-talk, talking about the future, teaching long-term planning and encouraging youth to practice gratitude. Important in conversations with youth is realistic goal setting and managing expectations after care. The development of possible selves (images of the self in the future) is another powerful tool to nurture hope for the future and to motivate behaviour that leads towards positive future selves (Bond & Van Breda, 2018).

- **Foster self-esteem**. Self-esteem, an important building block for resilience, emerged as another high scoring variable for GBTSA youth who were about to disengage. This may result from the GBTSA team's engagement in therapeutic processes with youth, focused on the teaching of positive self-talk methods and strategies to build their confidence, improving goal-setting abilities and empowering youth to master activities and skills to do things well. GBTSA works to further enhance self-esteem through encouraging youth participation in shared activities that youth find meaningful, including participation in activities, at school, in sports and cultural and religious activities – and further nurtured through activities that young people can engage in with others. Thus, GBTSA's programme focusses on building sincere, supportive relationships with GBTSA carers and significant others, which appears to develop youths' self-confidence.

- **Anger management skills**. The follow-up findings suggested several youth were getting into trouble with the law in the first five years out of care, as well as several others who were getting into fights. Youth such as these may benefit from focused interventions on anger and conflict management while in care GBTSA.

- **Community connection.** Youth at GBTSA reported feeling a strong sense of belonging to and safety within their home communities, even though many also report high levels of crime and drug use in those communities. This sense of belonging might result from GBTSA encouraging youth to build connections and develop networks of support within their home communities as part of their preparation for disengagement. This includes fostering relationships with family, friends, neighbours and others in the community, such as religious leaders, schools and cultural centres. As part of this process, GBTSA staff additionally explore 'what' key elements result in youth feeling unsafe in their communities and then develop practical strategies and procedures with youth addressing 'how to' stay safe once returning home. Substance use and crime prevention and educational interventions also form an essential component of this practice-based process.

- **Financial education.** Youth reported they and their family worry about money at home. Whilst GBTSA can do little to support families with financial challenges, they do assist families with youth under the age of 18 to access the Child Support Grant and other appropriate grants that may be available to them. In addition, part of the daily programme and preparation planning at GBTSA includes empowering youth through financial literacy experiences and/or programmes (such as budgeting and saving). More could be done to ensure that every youth has a bank account in place by the time they disengage from care.

- **Care-leaving preparation and readiness**. The findings suggested care-leavers generally felt ready for leaving care, but in some cases were concerned about going home. These feelings are expected because of the massive transition they face. An important element of care-leaving preparation is giving youth ample warning about when they are due to depart from care – for practical and emotional reasons. At GBTSA, the anticipated disengagement date is established on admission to care and adjusted if the need arises, depending on each youth's individual circumstance. While intensive preparation planning does take place prior to disengagement at GBTSA, one further strategy could be for care-leavers to meet certain specific minimum requirements, potentially based on a resilience or readiness questionnaire to assess them.

- **Focus on NEET reducing strategies.** Being NEET is a serious problem for care-leavers, affecting all other areas of their lives. The findings show the GBTSA NEET rate to be slightly higher than that of youth in the general population – two to seven percentage points higher. While the GBTSA data is not massively higher than the general population, specific attention to this outcome is likely to ensure that care-leavers are more successful and remain competitive with their peers in the study/work place. Focused attention on education is one of the key preventative measures which can be put in place before youth leave care. Therefore, GBTSA ensures youth who are unable to attend mainstream schooling are encouraged to study further in trades and practical courses. GBTSA tries to keep youth in some form of schooling or training for as long as possible, which is one of the most effective ways to reduce the NEET rate. Through GBTSA's Learner Support Centres (LSCs), alternative learning is provided for those who are not attending mainstream school. This is an important part of the GBTSA programme, as leaving school too early drastically impacts on becoming NEET. While in care, care-leavers are made aware of their options after school, particularly regarding workplace-based training and Technical and Vocational Education and Training (TVET) Colleges. After care, there could also be ongoing careers information and guidance.

- **Pathways towards youth employability.** Further NEET-reducing strategies could also include securing youth into jobs, employment programmes, the next level of schooling or further education *before* they leave care. An essential part of this is enhancing the youth's employability and job readiness. For example, GBTSA assists youth in preparation of CV's and practising interview skills, fostering entrepreneurial skills or promoting apprenticeships. The high rate of movement between jobs, particularly in the first year, suggests some focus needs to be on 'stickability' in jobs. Although GBTSA works with youth on how to manage potential problems that may arise in the workplace, further focus in this area may assist the GBTSA care-leaves in years to come.

7.2. Aftercare Recommendations

- **Cultivate social networks.** While the importance of these relationships should be emphasised when youth are in care, care-leavers should be encouraged to foster relationships within their networks after care too. This includes relationships with friends, family, role models, teachers, love relationships, and people in the community. Care-leavers should understand the structural benefits these relationships offer them. They could act as a buffer and safety net, especially in terms of tangible outcomes. For example, positive, supportive relationships may offer opportunities for employment, bursaries, accommodation assistance, preventing youth from

becoming NEET and improving their health and well-being. They also may reduce isolation and stigma care-leavers could experience after care.

- **Mobilising practical, quality support.** Care-leavers require practical post-care support and continuity of care. GBTSA is able to offer some care-leavers some financial support (for example educational support or accommodation assistance). There may also be other ways of offering them ongoing and reliable aftercare support and resources. For example, GBTSA could work more closely with partner organisations like SA-Yes, through their Transition to Independent Living (TIL) programme connecting youth to a mentor and/or increase the leverage of informal support networks through extended family or religious institutions.
- **Maintaining GBTSA relationships.** The importance of ongoing, stable relationships with GBTSA staff members after care should not be underestimated. Currently, GBTSA staff legally maintains contact with youth for six months after care. Care-leavers are also welcomed back and invited for dinners, to address and share their experiences with newer youth, to participate in GBTSA events, and engage in media opportunities for example.
- **Dedicated transitional support worker**. Other strategies could be put in place to encourage carers with existing relationships to maintain these relationships over time. For example, GBTSA has a dedicated Hotline Councillor who works as a type of 'transitional support worker'. Part of her role is to maintain relationships with the disengaged youth, especially in the early years after disengagement.
- **Leverage technology to offer support**. One way to facilitate smoother transitions is through using the power of technology. Youth could be invited to be part of a WhatsApp group that conducts regular check in's – perhaps weekly at first, and then monthly. It could offer practical support, referral information to care-leavers and also offer reminders about important dates, such as career days or bursary application information. This is a very simple, non-labour intensive, cost-effective but potentially powerful tool and resource that could support care-leavers and keep them connected to GBTSA and in the Growth Beyond the Town study.
- **Advocacy.** Advocating for the needs of care-leavers and giving them a voice is crucial in promoting ideals such as extended care and support for them once they leave. Lobbying the government for policy change needs to be done through a collective voice from all stakeholders, and preferably including care-leavers themselves. The practice forum meetings in the Gauteng and the Western Cape could provide one platform for this, where practitioners, researchers and government are brought together by GBTSA.

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APPENDIXES

APPENDIX 1: DEMOGRAPHIC DATA

Table 9 to Table 16 shows the demographic data of the participants. This includes 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, and population group.

Table 9. Number of participants per cohort

Cohort	Frequency	Percent
1 (end 2012)	20	13
2 (mid 2013)	5	3
3 (end 2013)	20	13
4 (mid 2014)	4	3
5 (end 2014)	15	10
6 (mid 2015)	2	1
7 (end 2015)	14	9
8 (mid 2016)	4	3
9 (end 2016)	10	7
10 (mid 2017)	3	2
11 (end 2017)	13	9
12 (mid 2018)	3	2
13 (end 2018)	19	13
14 (mid 2019)	0	0
15 (end 2019)	18	12
Total	150	100

Table 10. Number of participants per year

Year	Frequency
Disengagement	150
1	71
2	60
3	39
4	25
5	17
6	9
7 (not included in this analysis)	4

Table 11. Status of participants

Status	Frequency	Percent
Active	103	69
Deceased	2	1
Lost to Follow-up	34	23
Readmitted	3	2
Withdrawn	8	5

Status	Frequency	Percent
Total	150	100

Table 12. Participants per Family Homes and Youth Development Centres

Campus	Frequency	Percent
Family Homes	53	35
Youth Development Centres	97	65
Glenwood Family Home	150	100

Table 13. Participants per campus

Campus	Frequency	Percent
Alpha Family Home	6	4
Dingle Family Home	10	7
Glenwood Family Home	13	9
Kagiso Family Home (Boys)	5	3
Kagiso Family Home (Girls)	12	8
Verulam Family Home	7	5
Kagiso YDC	8	5
Macassar YDC	15	10
Magaliesburg YDC	42	28
Tongaat YDC	32	21
Total	150	100

Table 14. Participant age at disengagement

Years old	Frequency	Percent
13	4	3
14	9	6
15	9	6
16	14	9
17	15	10
18	35	23
19	16	11
20	2	1
21	1	1
Total	105	70
Missing	45	30
Total	150	100

Table 15. Participant gender

Gender	Frequency	Percent
Male	123	82
Female	27	18
Total	150	100

Table 16. Participant population group

Population	Frequency	Percent
African	86	57
Coloured	26	17
Indian / Asian	13	9
White	25	17
Total	150	100

8. APPENDIX 2: DISENGAGEMENT DATA: RESILIENCE PREDICTORS

8.1. Resilience Variables - Descriptive Stats

Table 17 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=117). The fourth column indicates the mean scale scores ($\overline{x}$) for each resilience predictor. The mean reflects the average score for all the items within a scale, for all the GBTSA participants. This is scored as a percentage, with a possible range of 0 to 100 and shows which of the resilience constructs participants reported as highest or lowest. The fifth column reflects the standard deviation (SD) which measures the standard difference from the mean value.

Table 17. Resilience disengagement scores

Domain	Resilience Predictor	N	$\overline{x}$	SD
Relational	Family Relationships	150	74	25.9
	Friend Relationships	150	69	21.0
	Teacher Relationships	137	80	20.6
	Community Relationships	150	68	19.2
	Role Model Relationships	149	81	20.1
	Love Relationships	117	73	24.4
Environmental	Community Safety	150	50	26.2
	Family Financial Security	150	58	23.9
	Social Activities	149	57	23.6
In-care	Supportive Relationships with GBTSA Staff	147	75	22.9
	Positive Care Experience	150	73	25.0
	Care-leaving Readiness	149	63	26.9
	Maintain Contact with GBTSA Staff	150	74	24.3
	Teamwork	150	79	21.0
	Empathy	149	80	20.5
	Interdependent Problem Solving	150	49	20.3
Individual	High Self-Expectations	150	70	15.5
	Bouncebackability	150	53	17.6
	Self-Efficacy	150	73	14.8
	Optimism	150	80	16.5
	Self-Esteem	149	64	16.4
	Resourcefulness	150	68	16.3
	Distress Tolerance	149	39	19.6
	Spirituality	149	71	22.3

Domain	Resilience Predictor	N	$\bar{x}$	SD
Global	Relational Resilience	150	74	13.9
	Environmental Resilience	150	55	16.6
	Interactional Resilience	150	70	11.8
	Personal Resilience	150	63	10.5
	Resilience in GBTSA	150	71	15.2
	Global Resilience	150	66	9.4

8.2. Resilience Predictors – Frequencies

Table 18 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 19 have been removed from the table.

Table 18. Responses to the YERS Items

		Disagree	Uncertain	Agree
Family relationships				
1.	My family really tries to help me.	9%	10%	81%
2.	I get the emotional help and support I need from my family.	16%	13%	70%
3	I can talk about my problems with my family.	22%	17%	61%
5.	My family is willing to help me make decisions.	13%	14%	74%
6.	I feel cared for/loved by my family.	9%	14%	77%
Relationships with friends				
7.	I have friends about my own age who really care about me.	15%	11%	74%
8.	I have friends about my own age who talk with me about my problems.	22%	10%	67%
9.	I have friends about my own age who help me when I'm having a hard time.	17%	10%	73%
10.	My friends try to do what is right.	11%	18%	72%
11.	My friends do well in school or work.	13%	15%	69%
12.	My friends are sensitive to my needs.	15%	29%	55%
School relationships				
13.	At my school, there is a teacher who really cares about me.	9%	9%	74%
14.	At my school, there is a teacher who notices when I'm not there.	8%	12%	71%
15.	At my school, there is a teacher who listens to me when I have something to say.	8%	8%	75%
16.	At my school, there is a teacher who tells me when I do a good job.	6%	5%	79%
17.	At my school, there is a teacher who always wants me to do my best.	6%	5%	79%
18.	At my school, there is a teacher who believes I will be a success.	5%	11%	75%
Relationships with people in the community				
19.	I feel part of the community where I live.	16%	15%	69%

		Disagree	Uncertain	Agree
20.	I care about my community.	10%	12%	78%
22.	People in my community look out for me.	20%	28%	52%
23.	I am close to people in my community.	16%	22%	62%
24.	I try to help others in my community	10%	15%	75%
Relationships with role models				
25.	There is an adult in my life who really cares about me.	11%	9%	80%
26.	There is an adult in my life who notices when I am upset about something.	11%	9%	80%
27.	There is an adult in my life who I trust.	11%	10%	79%
28.	There is an adult in my life who tells me when I do a good job.	6%	7%	87%
29.	There is an adult in my life who believes that I will be a success.	4%	9%	87%
30.	There is an adult in my life who always wants me to do my best.	5%	5%	89%
Love relationships				
31.	When I have free time I spend it with my partner.	15%	6%	57%
32.	I often show my partner affection.	10%	15%	52%
33.	I often share very personal information with my partner.	14%	13%	51%
34.	I understand my partner's feelings.	6%	12%	60%
35.	I feel close to my partner.	9%	12%	57%
MY SITUATION				
Feelings about my community				
36.	There is a lot of crime in the community where I live.	38%	16%	47%
37.	It is safe to walk around in my community at night.	43%	19%	38%
38.	There is a big drug problem in my community.	33%	20%	47%
39.	I feel safe and secure in my community.	23%	24%	53%
Financials				
40.	My family worries a lot about money.	30%	26%	44%
41.	There is often not enough money for food.	57%	17%	26%
42.	My family has enough money to live comfortably.	24%	19%	57%
43.	We often argue about money in my family.	59%	18%	22%
Activities I'm involved in				
44.	I participate in group sports regularly.	30%	10%	61%
45.	I am a regular member of a club.	51%	12%	37%
46.	I participate regularly in a dance or music group.	58%	8%	34%
47.	I enjoy doing activities with others.	12%	8%	80%
48.	I participate regularly in a community organisation serving others.	42%	16%	42%
49.	I have a hobby that I do regularly with other people.	18%	11%	71%
MY INTERACTIONS WITH THE WORLD AROUND ME				
Solving problems and making decisions				
50.	In general, I do not like to ask other people to help me to solve problems.	29%	21%	50%
52.	I like to get advice from my friends and family when deciding how to solve my personal problems.	19%	12%	69%
53.	I would rather struggle through a personal problem by myself than discuss it with a friend.	37%	25%	38%
54.	I prefer to make decisions on my own, rather than with other people.	32%	22%	46%

		Disagree	Uncertain	Agree
55.	I do not like to depend on other people to help me to solve my problems.	21%	21%	58%
Belief in my ability				
56.	I can always manage to solve difficult problems if I try hard enough.	6%	7%	87%
57.	It is easy for me to stick to my plans and accomplish my goals.	14%	14%	72%
58.	I am confident that I could deal efficiently with unexpected events.	8%	26%	66%
59.	I can solve most problems if I invest the necessary effort.	4%	12%	84%
60.	When I am confronted with a problem, I can usually find several solutions.	6%	16%	78%
61.	If I am in trouble, I can usually think of a solution.	5%	12%	83%
62.	I can usually handle whatever comes my way.	14%	21%	64%
Using what I have to get things done				
63.	I am positive when things go wrong.	22%	18%	60%
64.	I cope with difficult situations.	16%	17%	67%
66.	I usually manage one way or another.	10%	16%	74%
67.	I look for positive aspects in new situations.	7%	13%	80%
68.	I am resourceful in new situations.	8%	19%	73%
69.	I am efficient in difficult situations.	12%	27%	61%
70.	I work through long, difficult tasks.	13%	15%	72%
Teamwork				
71.	I am generous and helpful to others.	5%	9%	86%
72.	I am an effective team member.	13%	11%	76%
73.	I co-operate well with people.	6%	12%	82%
74.	I work well with people.	6%	11%	83%
75.	I consider the feelings of other people when I work with them.	4%	10%	86%
Understanding others				
76.	I feel bad when someone gets their feelings hurt.	5%	7%	87%
77.	I try to understand what other people feel and think.	3%	9%	88%
78.	I am sensitive to what, how and why people feel and think the way they do.	2%	15%	83%
79.	I care about others and show interest and concern for them.	4%	9%	87%
80.	I try to understand what others are feeling.	5%	7%	88%
81.	The needs of others are important to me.	8%	11%	80%
82.	I care about others.	4%	7%	89%
83.	Being concerned for others makes me feel good about myself.	6%	7%	86%
PERSONAL				
Expectations of myself				
89.	I always do my best.	8%	16%	76%
90.	I make the most of every opportunity.	8%	13%	79%
91.	I don't always put in my best effort.	30%	21%	49%
92.	I strive to excel in all my tasks.	5%	18%	77%
93.	I work hard to receive outstanding results.	5%	11%	84%
Ability to 'bounce back'				
94.	I tend to bounce back quickly after hard times.	15%	22%	63%

		Disagree	Uncertain	Agree
95.	I have a hard time making it through stressful events.	25%	18%	57%
96.	It does not take me long to recover from a stressful event.	19%	20%	61%
97.	It is hard for me to snap back when something bad happens.	33%	20%	47%
98.	I tend to take a long time to get over set-backs in my life.	32%	24%	44%
Optimism for the future				
99.	In uncertain times, I usually expect the best.	5%	17%	78%
100.	I'm always hopeful about my future.	4%	7%	89%
101.	I am excited about what my future holds.	4%	11%	85%
103.	My future feels bright.	6%	13%	81%
Feelings about myself				
104.	On the whole, I am satisfied with myself.	5%	14%	81%
106.	At times, I think I am no good at all.	28%	18%	54%
107.	I feel that I have a number of good qualities.	5%	14%	79%
109.	I feel that I don't have much to be proud of.	44%	17%	38%
110.	I certainly feel useless at times.	40%	17%	43%
111.	I feel that I'm a person of worth, at least on an equal plane with others.	11%	17%	71%
112.	All in all, I am inclined to feel that I am a failure.	56%	20%	23%
113.	I take a positive attitude toward myself.	5%	17%	78%
Dealing with stress				
114.	Feeling distressed or upset is unbearable to me.	26%	21%	53%
115.	I can't handle feeling distressed or upset.	39%	17%	44%
117.	There's nothing worse than feeling distressed or upset.	29%	17%	54%
118.	I'll do anything to avoid feeling distressed or upset.	15%	18%	67%
119.	I'll do anything to stop feeling distressed or upset.	19%	20%	61%
Spiritual life				
121.	It is important for me to spend time in private spiritual thought and meditation.	11%	16%	73%
122.	I try hard to live my life according to my religious beliefs.	13%	12%	75%
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.	9%	17%	74%
124.	I enjoy reading about my spirituality and/or my religion.	17%	16%	67%
126.	Spirituality helps to keep my life balanced and steady.	9%	18%	73%
127.	My whole approach to life is based on my spirituality.	19%	20%	61%
FEELINGS ABOUT GIRLS AND BOYS TOWN				
Relationships with GBTSA Staff				
128.	There is always a GBTSA staff member around when I am in need.	16%	10%	74%
129.	I can share my joys and sorrows with at least one of the GBTSA staff members.	13%	10%	77%
130.	The GBTSA staff members care about my feelings.	13%	21%	63%
131.	I am helped and encouraged to do my best by the GBTSA staff.	8%	6%	82%
Experiences of Being in GBTSA				
132.	I enjoyed my time at GBTSA.	10%	12%	78%
133.	I hated staying at GBTSA.	57%	21%	22%
134.	My stay at GBTSA was a good experience for me.	9%	12%	79%

		Disagree	Uncertain	Agree
135.	I felt happy at GBTSA.	14%	21%	65%
136.	My stay at GBTSA was horrible.	58%	25%	17%
Feelings about Leaving GBTSA				
137.	I feel that I am ready now to leave GBTSA.	13%	16%	71%
138.	I am worried about going back home.	52%	15%	33%
139.	GBTSA has prepared me for life after GBTSA.	12%	19%	69%
140.	I wish I could stay at GBTSA longer.	49%	19%	32%
Feelings about contacting GBTSA staff after I leave GBTSA				
141.	I feel free to contact GBTSA once I have left GBTSA.	10%	9%	81%
142.	I think I will always feel welcome at GBTSA.	9%	18%	73%
143.	I know if I am in trouble in the future I can call on GBTSA for help.	14%	19%	67%
144.	GBTSA is not here for people who have already left GBTSA.	53%	24%	23%
145.	I will not contact GBTSA if I have a problem in the future.	69%	18%	13%

8.3. Impression Management Index

Table 19. Participant IMI honesty measurement within the YERS Scale

Item no.	Item	Disagree	Uncertain	Agree
4.	I sometimes hurt other people's feelings.	21%	16%	63%
21.	I am always honest with people.	17%	29%	54%
51.	There are times when I get angry with my superiors.	10%	15%	75%
65.	I am always punctual (on time).	19%	26%	55%
102.	Sometimes I have bad thoughts.	13%	12%	75%
105.	Sometimes I do not tell the truth.	14%	16%	70%
108.	Sometimes I am not completely honest when I fill in a questionnaire.	39%	17%	44%
116.	Sometimes I get very angry.	7%	15%	78%
120.	I sometimes feel pushed to hit someone.	31%	13%	56%
125.	I was always a happy child.	30%	19%	51%

9. APPENDIX 3: OUTCOME DATA

9.1. Indicator Outcomes - Descriptive Stats

Table 20 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 six years. Column 1 lists the outcome indicator.

Table 20. Descriptive statistics of indicator outcomes

Indicator	Year 1				Year 2				Year 3				Year 4				Year 5				Year 6			
	N	F	%	SD	N	F	%	SD	N	F	%	SD	N	F	%	SD	N	F	%	SD	N	F	%	SD
Self-Supporting Accommodation	70	22	31	46.8	58	32	55	50.3	38	16	42	50.0	24	12	50	51.1	17	6	35	49.3	9	4	44	52.7
Education for Employment	70	44	63	48.7	58	39	67	47.9	39	23	59	49.8	25	16	64	49.0	17	11	65	49.3	9	7	78	44.1
NEET	70	29	41	49.6	58	21	36	48.5	39	14	36	48.6	25	9	36	49.0	17	7	41	50.7	9	3	33	50.0
Reliable Employment	24	16	67	48.2	22	14	64	49.2	17	13	76	43.7	12	9	75	45.2	8	7	88	35.4	6	5	83	40.8
Diligent Education	25	14	56	50.7	19	5	26	45.2	13	5	38	50.6	8	6	75	46.3	3	2	67	57.7	1	0	0	-
Liveable Income	64	12	19	39.3	54	17	31	46.9	37	10	27	45.0	21	9	43	50.7	17	5	29	47.0	7	4	57	53.5
Drugs Alcohol Free	69	59	86	35.5	58	55	95	28.3	39	31	79	40.9	25	19	76	43.6	17	14	82	39.3	9	7	78	44.1
Crime 'free'	70	54	77	42.3	58	48	83	39.5	39	32	82	38.9	25	20	80	40.8	17	12	71	47.0	9	9	100	0.0

Scale Outcomes - Descriptive Stats

Table 21 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 21. Descriptive statistics of scale outcomes

Outcome	Year 1			Year 2			Year 3			Year 4			Year 5			Year 6		
	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	71	73	14.3	59	74	14.9	39	74	16.2	25	77	13.0	16	76	8.6	9	79	7.3
Health Physical	71	76	14.1	59	77	14.7	39	76	17.4	25	81	12.2	16	81	9.7	9	84	8.4
Health Psychological	71	70	16.8	59	70	18.2	39	71	17.2	25	72	16.1	16	70	12.6	9	73	10.4
Family Relationships	71	69	29.6	59	67	25.7	39	76	25.5	25	69	29.1	16	73	17.8	9	69	30.8
Friend Relationships	71	73	20.1	59	72	19.1	39	73	21.0	25	71	25.5	16	73	16.1	9	74	17.9
Love Relationships	36	85	14.9	34	83	15.2	19	83	19.1	11	73	26.1	7	85	12.6	1	100	
Resilience (Resilience)	71	75	16.4	59	72	15.8	39	75	17.1	25	73	16.0	16	77	12.0	9	75	6.1
Bouncebackability	71	58	15.7	59	59	14.7	39	63	16.8	25	61	12.9	16	63	14.3	9	69	13.8
GBTSA Experience	71	78	22.2	59	82	17.6	39	81	19.2	25	83	17.3	16	82	20.6	9	83	17.7
GBTSA Contact	71	70	20.9	59	71	19.4	39	69	20.8	25	74	18.9	16	68	14.7	9	72	27.3
Accommodation	70	39	11.3	60	43	13.9	39	40	15.8	25	39	17.0	17	39	12.0	9	45	12.2
Employment	24	75	24.8	23	51	12.4	18	49	13.7	12	55	9.2	7	59	8.3	6	49	12.7
Studying	25	76	20.6	20	54	15.4	13	55	19.8	7	67	14.4	3	58	13.9	1	67	
Finances	70	50	19.3	60	50	19.3	39	45	22.6	25	52	20.8	17	43	15.4	9	38	9.6
Drugs and Alcohol	70	9	11.0	60	8	13.8	39	12	14.4	25	12	11.5	17	11	13.6	9	13	12.7
Crime	70	5	8.7	60	5	10.8	39	4	7.7	25	5	15.2	17	6	10.7	9	1	3.5

9.2. Outcomes: Item Level Analysis

Table 22 to Table 37 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 six years. Descriptive stats were also included for each item, which shows the mean, per year. The mean enables easier interpretation of changes over the six years.

9.2.1. Health & Well-being

Table 22. Item level analysis of health and well-being

Item	Y1	Y2	Y3	Y4	Y5	Y6
	f	f	f	f	f	f
To what extent do you feel that physical pain prevents you from doing what you need to do						
Not at all	32	19	17	15	7	7
A little	20	17	9	6	4	1
A moderate amount	11	14	6	3	3	0
Very much	4	5	6	1	1	0
An extreme amount	4	2	1	0	1	1
Total	71	57	39	25	16	9
Mean	**2.0**	**2.2**	**2.1**	**1.6**	**2.1**	**1.6**
How much do you need any medical treatment to function in your daily life						
Not at all	45	31	26	19	13	7
A little	16	11	6	2	0	2
A moderate amount	6	6	1	2	2	0
Very much	3	8	6	2	1	0
An extreme amount	1	1	0	0	0	0
Total	71	57	39	25	16	9
Mean	**1.6**	**1.9**	**1.7**	**1.5**	**1.4**	**1.2**
How much do you enjoy life						
Not at all	5	1	1	0	13	0
A little	10	9	3	4	0	0
A moderate amount	10	11	11	5	2	3
Very much	21	21	10	10	1	4
An extreme amount	25	15	14	6	0	2
Total	71	57	39	25	16	9
Mean	**3.7**	**3.7**	**3.8**	**3.7**	**3.8**	**3.9**
To what extent do you feel your life to be meaningful						
Not at all	3	0	0	1	0	0

Item	Y1	Y2	Y3	Y4	Y5	Y6
	f	f	f	f	f	f
A little	12	7	4	1	2	0
A moderate amount	11	11	7	9	5	5
Very much	16	25	16	6	4	2
An extreme amount	29	14	12	8	5	2
Total	71	57	39	25	16	9
Mean	**3.8**	**3.8**	**3.9**	**3.8**	**3.3**	**3.7**
How well are you able to concentrate						
Not at all	1	7	0	0	1	0
A little	6	16	4	2	3	0
A moderate amount	20	23	6	5	4	2
Very much	28	11	16	11	6	6
An extreme amount	16	57	13	7	2	1
Total	71	93	39	25	16	9
Mean	**3.7**	**3.7**	**4.0**	**3.9**	**3.8**	**3.9**
Do you have enough energy for everyday life						
Not at all	2	0	0	0	0	0
A little	9	2	2	1	0	0
A moderate amount	20	18	8	3	6	0
Very much	21	18	16	15	7	4
An extreme amount	19	19	13	6	3	5
Total	71	57	39	25	16	9
Mean	**3.6**	**3.9**	**4.0**	**4.0**	**4.3**	**4.6**
Are you able to accept your bodily appearance						
Not at all	1	2	1	2	0	0
A little	8	6	4	2	0	0
A moderate amount	11	12	8	3	2	2
Very much	29	14	13	11	8	5
An extreme amount	22	23	13	7	6	2
Total	71	57	39	25	16	9
Mean	**3.6**	**3.9**	**3.8**	**3.8**	**4.4**	**4.0**
How satisfied are you with your sleep						
Very dissatisfied	1	2	1	1	0	0
Dissatisfied	7	2	5	1	0	0
Neither satisfied nor dissatisfied	6	9	6	3	1	2
Satisfied	28	21	14	10	8	3
Very satisfied	29	23	13	10	7	4
Total	71	57	39	25	16	9
Mean	**4.1**	**4.1**	**3.8**	**4.1**	**4.4**	**4.2**
How satisfied are you with your ability to perform your daily living activities						
Very dissatisfied	1	1	3	1	0	0

Item	Y1	Y2	Y3	Y4	Y5	Y6
	f	f	f	f	f	f
Dissatisfied	5	1	4	0	1	1
Neither satisfied nor dissatisfied	15	6	2	5	3	1
Satisfied	22	28	16	9	7	4
Very satisfied	28	21	14	10	5	3
Total	71	57	39	25	16	9
Mean	**4.1**	**4.2**	**3.9**	**4.1**	**4.0**	**4.0**
How satisfied are you with your capacity for work						
Very dissatisfied	1	0	1	1	0	0
Dissatisfied	9	3	3	0	1	1
Neither satisfied nor dissatisfied	12	10	6	1	3	1
Satisfied	24	24	12	15	7	4
Very satisfied	25	20	17	8	5	3
Total	71	57	39	25	16	9
Mean	**3.9**	**4.1**	**4.1**	**4.2**	**4.0**	**4.0**
How satisfied are you with yourself						
Very dissatisfied	0	0	1	1	0	0
Dissatisfied	5	4	2	1	1	0
Neither satisfied nor dissatisfied	9	4	4	1	1	1
Satisfied	14	15	12	10	6	4
Very satisfied	43	34	20	12	8	4
Total	71	57	39	25	16	9
Mean	**4.3**	**4.4**	**4.2**	**4.2**	**4.3**	**4.3**
How well are you able to get around						
Very poor	1	0	0	0	0	0
Poor	3	3	1	0	0	0
Neither poor nor good	7	5	5	3	1	1
Good	23	17	12	6	7	3
Very good	37	32	21	16	8	5
Total	71	57	39	25	16	9
Mean	**4.3**	**4.4**	**4.4**	**4.5**	**4.4**	**4.4**
How often do you have negative feelings such as blue mood, despair, anxiety, depression						
Never	10	7	6	5	2	2
Seldom	28	25	13	14	3	5
Quite often	14	10	10	4	8	0
Very often	14	14	5	2	2	2
Always	5	1	5	0	1	0
Total	71	57	39	25	16	9
Mean	**2.7**	**4.4**	**2.7**	**2.1**	**2.8**	**2.2**

9.2.2. Relationship status

Table 23. Item level analysis of relationships

Item	Y1	Y2	Y3	Y4	Y5	Y6
	f	f	f	f	f	f
What is your current marital status						
Married	3	2	2	2	0	0
Living together like married partners	6	7	5	0	0	0
Never married	61	46	31	22	14	9
Separated	1	2	1	1	1	0
Total	71	57	39	25	15	9
Are you currently in an intimate/romantic relationship						
Yes	37	32	20	12	7	1
No	34	25	19	13	9	8
Total	71	57	39	25	16	9
Do you currently have any children						
Yes	5	5	6	2	1	0
No	64	51	33	22	15	9
Expecting a child	2	1	0	1	0	0
Total	71	57	39	25	16	9
If yes, how many children do you have						
One child	5	5	6	2	1	0
Two children	0	1	0	1	0	0
Three children	0	0	0	0	0	0
Four children	0	2	0	0	0	0
Total	5	8	6	3	1	0

9.2.3. Family relationships

Table 24. Item level analysis of family relationships

Item	Y1	Y2	Y3	Y4	Y5	Y6
	f	f	f	f	f	f
My family really tries to help me						
Strongly disagree	9	5	2	3	0	1
Disagree	3	4	2	0	1	0
Uncertain	3	4	2	1	3	2
Agree	22	24	14	11	7	1
Strongly agree	34	20	19	10	5	5
Total	71	57	39	25	16	9
Mean	**4.0**	**3.9**	**4.2**	**4.0**	**4.0**	**4.0**

Item	Y1	Y2	Y3	Y4	Y5	Y6
	f	f	f	f	f	f
I get the emotional help and support I need from my family						
Strongly disagree	8	3	3	4	0	1
Disagree	7	7	2	1	2	0
Uncertain	7	9	4	2	2	1
Agree	23	23	16	11	7	5
Strongly agree	26	15	14	7	5	2
Total	71	57	39	25	16	9
Mean	**3.7**	**3.7**	**3.9**	**3.6**	**3.9**	**3.8**
I can talk about my problems with my family						
Strongly disagree	10	7	4	3	1	1
Disagree	12	9	4	3	2	0
Uncertain	8	10	3	5	3	2
Agree	21	16	11	6	7	4
Strongly agree	20	15	17	8	3	2
Total	71	57	39	25	16	9
Mean	**3.4**	**3.4**	**3.8**	**3.5**	**3.6**	**3.7**
My family is willing to help me make decisions						
Strongly disagree	9	4	3	3	1	1
Disagree	6	12	5	1	1	1
Uncertain	6	11	2	5	2	1
Agree	29	17	14	9	8	4
Strongly agree	21	13	15	7	4	2
Total	71	57	39	25	16	9
Mean	**3.4**	**3.4**	**3.8**	**3.6**	**3.8**	**3.6**
I feel cared for/loved by my family						
Strongly disagree	4	5	2	2	0	1
Disagree	5	5	2	1	1	1
Uncertain	7	4	0	2	1	0
Agree	27	20	13	9	8	3
Strongly agree	28	23	21	11	6	4
Total	71	57	38	25	16	9
Mean	**4.0**	**3.9**	**4.3**	**4.0**	**4.2**	**3.9**

9.2.4. Friend relationships

Table 25. Item level analysis of friend relationships

Item	Y1	Y2	Y3	Y4	Y5	Y6
	f	f	f	f	f	f
I have friends about my own age who really care about me						
Strongly disagree	4	2	1	3	1	0
Disagree	5	3	3	0	0	0

Item	Y1	Y2	Y3	Y4	Y5	Y6
	f	f	f	f	f	f
Uncertain	7	10	11	6	2	1
Agree	27	26	13	6	7	5
Strongly agree	28	16	11	10	6	3
Total	71	57	39	25	16	9
Mean	**4.0**	**3.8**	**3.8**	**3.8**	**4.1**	**4.2**
I have friends about my own age who talk with me about my problems						
Strongly disagree	2	4	1	3	1	1
Disagree	9	4	3	0	0	5
Uncertain	6	7	7	0	1	0
Agree	27	24	15	13	8	0
Strongly agree	27	18	13	9	6	3
Total	71	57	39	25	16	9
Mean	**4.0**	**3.8**	**3.9**	**4.0**	**4.1**	**4.0**
I have friends about my own age who help me when I'm having a hard time						
Strongly disagree	3	2	1	3	1	0
Disagree	8	5	2	1	0	1
Uncertain	9	9	11	2	2	0
Agree	26	25	12	10	10	5
Strongly agree	25	16	13	9	3	3
Total	71	57	39	25	16	9
Mean	**3.9**	**3.9**	**3.9**	**3.8**	**3.9**	**4.1**
My friends try to do what is right						
Strongly disagree	2	0	0	1	0	0
Disagree	3	5	3	1	1	0
Uncertain	11	14	8	4	2	3
Agree	39	22	18	12	8	0
Strongly agree	16	16	10	7	5	3
Total	71	57	39	25	16	9
Mean	**3.9**	**3.9**	**3.9**	**3.9**	**4.1**	**4.0**
My friends do well in school or work						
Disagree	3	2	3	2	0	0
Uncertain	11	13	5	3	3	2
Agree	38	27	18	13	11	5
Strongly agree	19	15	13	7	2	2
Total	71	57	39	25	16	9
Mean	**4.0**	**4.0**	**4.1**	**3.9**	**3.9**	**4.0**
My friends are sensitive to my needs						
Strongly disagree	3	1	1	3	1	1
Disagree	7	3	4	2	0	0

Item	Y1	Y2	Y3	Y4	Y5	Y6
	f	f	f	f	f	f
Uncertain	11	20	6	4	5	3
Agree	37	19	15	13	9	4
Strongly agree	13	14	13	3	1	1
Total	71	57	39	25	16	9
Mean	**3.7**	**3.8**	**3.9**	**3.4**	**3.6**	**3.4**

9.2.5. Love relationships

Table 26. Item level analysis of love relationships

Item	Y1	Y2	Y3	Y4	Y5	Y6
	f	f	f	f	f	f
When I have free time I spend it with my partner						
Strongly disagree	3	1	0	3	1	1
Disagree	3	3	3	1	2	0
Uncertain	3	6	1	3	3	0
Agree	17	15	11	5	3	0
Strongly agree	17	12	8	3	2	0
Total	43	37	23	15	11	1
Mean	**4.0**	**3.9**	**4.0**	**3.3**	**3.3**	**5.0**
I often show my partner affection						
Strongly disagree	0	0	0	2	2	1
Disagree	1	2	3	1	1	0
Uncertain	3	5	2	6	2	0
Agree	5	18	9	3	3	0
Strongly agree	17	12	9	3	3	0
Total	17	37	23	15	11	1
Mean	**4.1**	**4.1**	**4.0**	**3.3**	**3.4**	**5.0**
I often share very personal information with my partner						
Strongly disagree	4	2	0	3	2	1
Disagree	3	4	4	0	1	0
Uncertain	2	0	2	3	1	0
Agree	13	15	4	3	4	0
Strongly agree	21	16	13	6	3	0
Total	43	37	23	15	11	1
Mean	**4.0**	**4.1**	**4.1**	**3.6**	**3.5**	**5.0**
I understand my partner's feelings						
Strongly disagree	3	1	1	3	0	1
Disagree	1	1	3	0	2	0
Uncertain	4	6	1	1	1	0
Agree	12	11	8	4	3	0
Strongly agree	23	18	10	7	5	0

Item	Y1	Y2	Y3	Y4	Y5	Y6
	f	f	f	f	f	f
Total	43	37	23	15	11	1
Mean	**4.2**	**4.2**	**4.0**	**3.8**	**4.0**	**5.0**
I feel close to my partner						
Strongly disagree	3	1	1	3	1	1
Disagree	2	0	2	0	2	0
Uncertain	4	3	0	1	1	0
Agree	11	14	8	4	2	0
Strongly agree	23	19	12	7	5	0
Total	43	37	23	15	11	1
Mean	**4.1**	**4.3**	**4.2**	**3.8**	**3.7**	**5.0**

9.2.6.   Resilience (CD-RISC) and Bouncebackability

Table 27. Item level analysis of Resilience and Bouncebackability

Item	Y1	Y2	Y3	Y4	Y5	Y6
	f	f	f	f	f	f
I am able to adapt when changes occur						
Not true at all	1	1	0	0	0	0
Rarely true	4	3	1	1	0	1
Sometimes true	15	18	8	8	5	0
Often true	25	21	13	10	8	4
True nearly all the time	26	14	17	6	3	4
Total	71	57	39	25	16	9
Mean	**4.0**	**3.8**	**4.2**	**3.8**	**3.9**	**4.2**
I can deal with whatever comes my way						
Not true at all	1	0	0	1	0	0
Rarely true	4	0	2	0	0	0
Sometimes true	18	22	10	5	3	0
Often true	21	11	13	11	10	7
True nearly all the time	27	24	14	8	3	2
Total	71	57	39	25	16	9
Mean	**4.0**	**4.0**	**4.0**	**4.0**	**4.0**	**4.2**
I try to see the humorous side of things when I am faced with problems						
Not true at all	2	1	3	0	0	0
Rarely true	2	4	2	0	0	0
Sometimes true	19	18	9	11	3	3
Often true	23	21	11	8	9	2
True nearly all the time	25	13	14	6	4	4
Total	71	57	39	25	16	9
Mean	**3.9**	**3.7**	**3.8**	**3.8**	**4.1**	**4.1**

Item	Y1	Y2	Y3	Y4	Y5	Y6
	f	f	f	f	f	f
Having to cope with stress can make me stronger						
Not true at all	6	4	6	2	2	1
Rarely true	6	8	4	4	1	0
Sometimes true	14	13	9	6	3	1
Often true	18	17	9	6	3	6
True nearly all the time	27	15	11	7	7	1
Total	71	57	39	25	16	9
Mean	**3.8**	**3.6**	**3.4**	**3.5**	**3.8**	**3.7**
I tend to bounce back after illness, injury, or other hardships						
Not true at all	7	2	2	1	0	0
Rarely true	5	4	2	3	1	0
Sometimes true	6	15	5	5	2	0
Often true	22	17	16	8	5	7
True nearly all the time	31	19	14	8	8	2
Total	71	57	39	25	16	9
Mean	**3.9**	**3.8**	**4.0**	**3.8**	**4.3**	**4.2**
I believe I can achieve my goals, even if there are obstacles						
Not true at all	1	0	1	0	0	0
Rarely true	4	1	0	1	1	0
Sometimes true	3	6	3	3	1	1
Often true	20	17	11	7	5	3
True nearly all the time	43	33	24	14	9	5
Total	71	57	39	25	16	9
Mean	**4.4**	**4.4**	**4.5**	**4.4**	**4.4**	**4.4**
Under pressure, I stay focused and think clearly						
Not true at all	3	3	0	1	0	0
Rarely true	5	8	2	2	0	0
Sometimes true	17	14	9	6	4	2
Often true	23	18	11	9	5	7
True nearly all the time	23	14	17	7	7	0
Total	71	57	39	25	16	9
Mean	**3.8**	**3.5**	**4.1**	**3.8**	**4.2**	**3.8**
I am not easily discouraged by failure						
Not true at all	1	1	2	1	0	0
Rarely true	8	6	1	3	2	0
Sometimes true	16	16	11	4	3	4
Often true	18	11	15	9	6	4
True nearly all the time	28	23	10	8	5	1
Total	71	57	39	25	16	9

Item	Y1	Y2	Y3	Y4	Y5	Y6
	f	f	f	f	f	f
Mean	**3.9**	**3.8**	**3.8**	**3.8**	**3.9**	**3.7**
I think of myself as a strong person when dealing with life's challenges and difficulties						
Not true at all	0	1	0	0	0	0
Rarely true	4	2	2	0	0	0
Sometimes true	10	7	4	7	2	3
Often true	26	21	15	4	7	5
True nearly all the time	31	26	18	14	7	1
Total	71	57	39	25	16	9
Mean	**4.2**	**4.2**	**4.3**	**4.3**	**4.3**	**3.8**
I am able to handle unpleasant or painful feelings like sadness, fear, and anger						
Not true at all	1	1	1	1	0	0
Rarely true	7	6	0	1	0	0
Sometimes true	15	14	13	3	3	1
Often true	23	19	10	12	8	5
True nearly all the time	25	17	15	8	5	1
Total	71	57	39	25	16	9
Mean	**3.9**	**3.8**	**4.0**	**4.0**	**4.1**	**4.0**
I tend to bounce back quickly after hard times						
Strongly disagree	3	2	1	0	0	0
Disagree	6	7	0	2	1	0
Uncertain	16	7	11	4	3	3
Agree	28	26	17	11	9	5
Strongly agree	18	15	10	8	3	1
Total	71	57	39	25	16	9
Mean	**3.7**	**3.8**	**3.9**	**4.0**	**3.9**	**3.8**
I have a hard time making it through stressful events						
Strongly disagree	4	3	4	3	2	0
Disagree	20	17	11	6	5	6
Uncertain	18	17	9	8	5	2
Agree	21	17	12	5	3	1
Strongly agree	8	3	3	3	1	0
Total	71	57	39	25	16	9
Mean	**3.1**	**3.0**	**3.0**	**3.0**	**2.8**	**2.4**
It does not take me long to recover from a stressful event						
Strongly disagree	3	1	1	1	1	0
Disagree	5	7	6	1	2	0
Uncertain	12	11	9	2	1	1
Agree	30	27	12	16	8	7

Item	Y1	Y2	Y3	Y4	Y5	Y6
	f	f	f	f	f	f
Strongly agree	21	11	11	5	4	1
Total	71	57	39	25	16	9
Mean	**3.9**	**3.7**	**3.7**	**3.9**	**3.8**	**4.0**
It is hard for me to snap back when something bad happens						
Strongly disagree	7	5	8	4	3	2
Disagree	24	24	13	7	3	5
Uncertain	15	9	10	6	5	1
Agree	15	13	6	7	5	0
Strongly agree	10	6	2	1	0	1
Total	71	57	39	25	16	9
Mean	**3.0**	**2.9**	**2.5**	**2.8**	**2.8**	**2.2**
I tend to take a long time to get over set-backs in my life						
Strongly disagree	10	2	7	2	1	2
Disagree	19	24	16	9	10	4
Uncertain	13	11	7	4	3	2
Agree	21	16	5	8	1	1
Strongly agree	8	4	4	2	1	0
Total	71	57	39	25	16	9
Mean	**3.0**	**2.9**	**2.6**	**3.0**	**2.4**	**2.2**

9.2.7. Positive Care Experience

Table 28. Item level analysis of positive care experience

Item	Y1	Y2	Y3	Y4	Y5	Y6
	f	f	f	f	f	f
I enjoyed my time at GBTSA						
Strongly disagree	4	0	2	0	0	0
Disagree	5	2	0	1	1	0
Uncertain	4	5	3	2	1	0
Agree	24	19	15	8	6	5
Strongly agree	34	31	19	14	8	4
Total	71	57	39	25	16	9
Mean	**4.1**	**4.4**	**4.3**	**4.4**	**4.3**	**4.4**
I hated staying at GBTSA						
Strongly disagree	24	25	16	14	8	5
Disagree	32	23	16	6	5	2
Uncertain	10	6	5	3	2	1
Agree	3	3	1	2	1	1
Strongly agree	2	0	1	0	0	0
Total	71	57	39	25	16	9

Item	Y1	Y2	Y3	Y4	Y5	Y6
	f	f	f	f	f	f
Mean	**2.0**	**1.8**	**1.8**	**1.7**	**1.8**	**1.8**
My stay at GBTSA was a good experience for me						
Strongly disagree	2	0	0	0	0	0
Disagree	6	3	1	1	1	0
Uncertain	4	4	3	0	1	1
Agree	21	18	13	10	7	3
Strongly agree	38	32	22	14	7	5
Total	71	57	39	25	16	9
Mean	**4.2**	**4.4**	**4.4**	**4.5**	**4.3**	**4.4**
I felt happy at GBTSA						
Strongly disagree	3	1	2	1	0	0
Disagree	5	2	1	1	1	0
Uncertain	7	10	5	4	2	1
Agree	25	20	15	10	7	4
Strongly agree	30	24	16	9	6	4
Total	70	57	39	25	16	9
Mean	**4.1**	**4.1**	**4.1**	**4.0**	**4.1**	**4.3**
My stay at GBTSA was horrible						
Strongly disagree	32	36	20	13	10	5
Disagree	25	15	14	8	3	2
Uncertain	6	4	2	4	2	1
Agree	4	2	3	0	1	1
Strongly agree	3	0	0	0	0	0
Total	70	57	39	25	16	9
Mean	**1.9**	**1.6**	**1.7**	**1.7**	**1.6**	**1.8**

9.2.8. *Maintain Contact with GBTSA Staff*

Table 29. Item level analysis of maintaining contact with GBTSA staff

Item	Y1	Y2	Y3	Y4	Y5	Y6
	f	f	f	f	f	f
I feel free to contact GBTSA now that I have left GBTSA						
Strongly disagree	8	2	2	0	1	0
Disagree	4	5	2	2	1	0
Uncertain	6	8	7	5	4	1
Agree	26	23	16	9	5	4
Strongly agree	27	19	12	9	5	4
Total	71	57	39	25	16	9
Mean	**3.8**	**3.9**	**3.9**	**4.0**	**3.8**	**3.7**

Item	Y1	Y2	Y3	Y4	Y5	Y6
	f	f	f	f	f	f
I think I will always feel welcome at GBTSA						
Strongly disagree	4	1	1	0	0	0
Disagree	2	5	1	0	0	1
Uncertain	10	8	7	5	4	1
Agree	25	14	18	9	7	3
Strongly agree	30	29	12	11	5	4
Total	71	57	39	25	16	9
Mean	**4.1**	**4.2**	**4.0**	**4.2**	**4.1**	**4.1**
I know if I am in trouble I can call on GBTSA for help						
Strongly disagree	5	3	5	0	2	2
Disagree	5	11	3	3	1	0
Uncertain	21	9	6	5	8	1
Agree	20	18	16	9	4	2
Strongly agree	20	16	9	8	1	4
Total	71	57	39	25	16	9
Mean	**3.6**	**3.6**	**3.5**	**3.9**	**3.1**	**3.7**
GBTSA is not here for people who have already left GBTSA						
Strongly disagree	24	17	13	9	4	5
Disagree	22	22	13	9	5	1
Uncertain	8	6	8	5	5	1
Agree	7	6	2	2	2	1
Strongly agree	9	6	3	0	0	1
Total	70	57	39	25	16	9
Mean	**2.4**	**2.3**	**2.2**	**2.0**	**2.3**	**2.1**
I will not contact GBTSA if I have a problem						
Strongly disagree	19	15	13	7	1	3
Disagree	24	18	10	7	8	1
Uncertain	14	14	9	6	5	3
Agree	9	6	3	2	2	2
Strongly agree	4	4	4	3	0	0
Total	70	57	39	25	16	9
Mean	**2.4**	**2.4**	**2.4**	**2.5**	**2.5**	**2.4**
GBTSA has prepared me for life after GBTSA						
Strongly disagree	4	1	3	0	0	0
Disagree	5	6	4	1	1	0
Uncertain	16	10	5	4	3	2
Agree	18	16	13	9	3	2
Strongly agree	28	24	14	11	9	5
Total	71	57	39	25	16	9
Mean	**3.9**	**4.0**	**3.8**	**4.2**	**4.3**	**4.3**

Item	Y1	Y2	Y3	Y4	Y5	Y6
	f	f	f	f	f	f
Have you been in contact with GBTSA staff since your last interview						
Yes	42	34	19	7	6	1
No	27	23	19	18	10	8
Total	69	57	38	25	16	9
Mean	**1.4**	**1.4**	**1.5**	**1.7**	**1.6**	**1.9**
How satisfied were you with the support you received from this contact/these contacts						
Very dissatisfied	0	1	0	0	0	0
Dissatisfied	1	0	2	1	0	1
Neither satisfied nor dissatisfied	5	0	5	1	2	1
Satisfied	15	14	4	3	3	0
Very satisfied	27	20	12	4	2	2
Total	48	35	23	9	7	4
Mean	**4.4**	**4.5**	**4.1**	**4.0**	**4.0**	**3.5**

9.2.9. Accommodation

Table 30. Item level analysis of accommodation

Item	Y1	Y2	Y3	Y4	Y5	Y6
	f	f	f	f	f	f
What sort of dwelling are you living in at the moment						
Whole formal dwelling	48	43	25	14	15	6
Part of formal dwelling	14	10	9	7	2	0
Informal dwelling	8	5	4	3	0	3
Homeless	0	0	1	1	0	0
Total	70	58	39	25	17	9
Who do you currently live with						
On own or with partner	7	11	9	7	4	2
With friend or acquaintances	6	9	4	2	1	2
With family	57	38	25	16	12	5
Homeless	0	0	1	0	0	0
Total	70	58	39	25	17	9
Do you pay money to live in the place where you currently live						
Dwelling is paid off or paying bond himself	5	10	3	1	0	0
Paying rent himself	11	11	10	8	5	4
Accommodation in exchange for work	6	10	3	3	1	0
Someone else or no one is paying	48	27	22	12	11	5
Homeless	0	0	1	1	0	0
Total	70	58	39	25	17	9

Item	Y1	Y2	Y3	Y4	Y5	Y6
	f	f	f	f	f	f
How many times have you moved between places to stay						
None	33	27	20	15	11	5
Once	19	16	9	6	3	2
Two of more times	18	15	10	4	3	2
Total	70	58	39	25	17	9
Have you experienced any periods of homelessness						
Yes	3	6	6	5	2	0
No	67	52	33	20	15	9
Total	70	58	39	25	17	9
For how long have you been homeless						
No periods of homelessness	67	56	34	19	14	9
Less than a week in total	1	0	0	1	3	0
A week to less than 6 months	1	2	4	3	0	0
6 months or more	1	0	1	2	0	0
Total	70	58	39	25	17	9

9.2.10. Currently Occupied

Table 31. Item level analysis of currently occupied

Item	Y1	Y2	Y3	Y4	Y5	Y6
	f	f	f	f	f	f
Are you currently working						
Yes - full time	14	17	9	9	3	4
Yes - part time	10	5	8	3	5	2
No	46	36	22	13	9	3
Total	70	58	39	25	17	9
Are you currently studying						
Yes - full time	17	16	9	6	2	1
Yes - part time	8	3	4	2	1	0
No	45	39	26	17	14	8
Total	70	58	39	25	17	9
Since the last interview, have you completed an educational qualification						
Yes	22	13	4	8	2	3
No	48	45	35	17	15	6
Total	70	58	39	25	17	9
What is the highest educational qualification you have completed						
Post-graduate Degree	0	0	0	1	0	0
Post-Matric Diploma or Certificate	6	16	3	2	1	1
Grade 12	18	6	8	6	3	4

Item	Y1	Y2	Y3	Y4	Y5	Y6
	f	f	f	f	f	f
Grade 10-11	3	21	4	5	5	2
Grade 9	23	10	13	6	5	1
Grade 8 or lower	20	5	11	5	3	1
Total	70	58	39	25	17	9

9.2.11. Not in Employment Education or Training (NEET)

Table 32. Item level analysis of NEET

Item	Y1	Y2	Y3	Y4	Y5	Y6
	f	f	f	f	f	f
What is the main reason for you not currently working						
Awaiting the season for work	7	5	3	3	0	0
Waiting to be recalled to former job	1	1	1	1	1	0
Health reasons	0	0	1	0	0	0
Pregnancy	1	1	0	0	0	0
Disabled or unable to work	0	0	0	0	0	0
Housewife	0	2	1	0	0	0
Undergoing training to help find work	0	0	0	0	0	0
Lack of money to pay for transport	1	0	0	1	0	0
Unable to find work requiring his/her skills	8	7	5	4	1	3
Lost hope of finding work	0	1	0	0	0	0
Scholar/student	2	0	0	0	0	0
Retired	0	1	0	0	0	0
Too old/young to work	2	0	0	0	0	0
Does not want to work	4	0	0	0	1	0
Job loss too recent	2	1	0	0	1	0
Other	2	1	2	1	2	0
Total	30	20	13	10	6	0
Have you been for a job interview						
Yes	9	4	3	3	2	0
No	21	18	10	6	4	3
Total	30	22	13	9	6	3
Have you applied to study for a course						
Yes	4	6	2	2	0	1
No	25	16	12	7	7	2
Total	29	22	14	9	7	3

9.2.12. Paid Employment

Table 33. Item level analysis of paid employment

Item	Y1	Y2	Y3	Y4	Y5	Y6
	f	f	f	f	f	f
Do you currently have more than one job						
Yes	4	3	3	1	1	0
No	19	18	15	12	6	6
Total	23	21	18	13	7	6
How many times have you changed jobs						
No changes or clear promotion	13	9	10	8	5	3
One change	2	7	3	3	1	1
Two changes	3	3	2	0	1	1
Three or more changes	6	3	3	1	0	0
Total	24	22	18	12	7	6
For how many months have you held down a job						
All of the months	12	13	7	8	5	2
75% to under 100%	6	3	4	1	1	1
50% to under 75%	0	4	2	0	0	2
Under 50%	6	2	4	3	1	1
Total	24	22	17	12	7	6
How many hours per week do you work at your current job						
Over 45 hours	6	12	5	7	3	2
35-45 hours	6	5	7	2	0	2
20-34 hours	3	0	1	2	2	0
10-19 hours	4	1	2	0	0	1
Under 10 hours	5	4	2	1	2	1
Total	24	22	17	12	7	6
In the past month, how many days have you missed work						
None	19	15	15	12	7	4
One day	2	2	0	0	0	1
Two to three days	2	3	1	0	0	0
More than three days	1	2	1	0	0	1
Total	24	22	17	12	7	6
In the past month, have you received any warnings for performance issues from your employer						
No	19	20	16	10	7	6
Yes, one	4	2	0	2	0	0
Yes, more than two	0	0	1	0	0	0
Total	23	22	17	12	7	6
Since the last interview, have you been fired from a job						

Item	Y1	Y2	Y3	Y4	Y5	Y6
	f	f	f	f	f	f
No	22	20	16	11	7	5
Yes	2	2	1	0	0	1
Total	24	22	17	11	7	6

9.2.13. Studying

Table 34. Item level analysis of studying

Item	Y1	Y2	Y3	Y4	Y5	Y6
	f	f	f	f	f	f
Since the last interview, have you dropped any courses or modules						
No	24	16	11	6	3	1
Yes, one	1	3	1	1	0	0
Yes, more than one		1	1	0	0	0
Total	25	20	13	7	3	1
Since the last interview, have you failed any courses or modules						
No	18	16	11	6	2	1
Yes, one	4	3	1	1	1	0
Yes, more than one	3	1	1	0	0	0
Total	25	20	13	7	3	1
Since the last interview, have you failed any tests or other assessments						
No	17	16	8	6	2	0
Yes, one	5	1	4	1	1	0
Yes, two	2	0	0	0	0	1
Yes, three or more	1	3	1	0	0	0
Total	25	20	13	7	3	1
In the past month, how many days have you missed class						
None	14	9	10	7	2	1
One day	4	1	0	0	0	0
Two to three days	4	3	1	0	1	0
More than three days	3	7	2	0	0	0
Total	25	20	13	7	3	1
Since the last interview, have you obtained a distinction or an A for any course or subject						
More than one	7	6	4	2	0	1
One	7	4	2	3	1	0
None	11	10	7	2	2	0
Total	25	20	13	7	3	1

9.2.14. *Financial Security*

Table 35. Item level analysis of financial security

Item	Y1	Y2	Y3	Y4	Y5	Y6
	f	f	f	f	f	f
What is your main source of income						
Employment	22	23	18	13	9	7
Parents, foster parents, spouse or family	29	22	15	8	7	0
Grants (social security) or friends	8	4	2	1	0	1
Begging or crime or no income	11	9	4	3	1	1
Total	70	58	39	25	17	9
In total, how much money did you get last month						
R12 801 or higher	1	2	3	2	0	1
R6 401 – R12 800	1	6	3	0	1	2
R3 201 – R6 400	12	11	4	5	2	2
R1 601 – R3 200	6	3	5	5	3	1
R801 – R1600	5	5	3	3	2	0
R401 – R800	14	9	7	1	1	1
R0 – R400	28	20	13	5	8	2
Total	67	56	38	21	17	9
Have you got your own bank account						
Yes	42	38	23	16	11	8
No	28	19	16	9	6	1
Total	70	57	39	25	17	9
Do you have any savings over and above this month's salary						
R12 801 or higher	4	2	3	4	1	0
R6 401 – R12 800	1	3	0	0	2	0
R3 201 – R6 400	3	3	4	1	0	0
R1 601 – R3 200	5	4	5	3	0	0
R801 – R1600	7	1	0	1	1	2
R401 – R800	2	5	2	2	1	1
R0 – R400	45	39	22	14	10	6
Total	67	57	36	25	15	9
Do you currently have any debt						
No debt	61	50	30	20	13	6
Yes, bond	0	0	0	0	1	0
Yes, student loan	1	1	1	1	1	0
Yes, short term loan	2	1	1	3	1	0
Yes, credit card, bank overdraft or other shopping account	1	4	2	0	1	0
Yes, utilities in arrears	2	0	2	1	0	1
Yes, short term loan	0	0	2	0	0	0
Total	67	56	38	25	17	7

Item	Y1	Y2	Y3	Y4	Y5	Y6
	f	f	f	f	f	f
In thinking back over the last month, how many days, have you not had any food to eat						
No days	54	50	33	25	16	9
One day	2	0	0	0	1	0
Two to three days	4	7	4	0	0	0
Four or more days	10	1	2	0	0	0
Total	70	58	39	25	17	9

9.2.15. Drugs and Alcohol

Table 36. Item level analysis of drugs and alcohol

Item	Y1	Y2	Y3	Y4	Y5	Y6
	f	f	f	f	f	f
In thinking back over the last two weeks, have you smoked any cigarettes						
No	36	31	15	8	7	3
Up to five cigarettes per day	21	19	16	9	6	6
About half a pack per day	6	4	6	8	3	0
A pack or more a day	7	4	2	0	1	0
Total	70	58	39	25	17	9
During the past two weeks, how many alcoholic beverages have you drunk						
None	44	31	25	16	11	6
One to four drinks	13	15	5	3	3	1
Five to seven drinks	3	5	4	2	0	0
More than seven drinks	10	7	5	4	3	2
Total	70	58	39	25	17	9
During the past two weeks, how many times have you had five or more alcoholic drinks in a row						
No times	55	39	31	19	15	7
Once or twice	13	16	6	5	1	2
Three or four times	0	1	2	0	1	0
More than four times	1	2	0	1	0	0
Total	69	58	39	25	17	9
During the past two weeks, have you used dagga						
No	59	53	29	18	12	7
Once or twice	3	1	3	3	3	1
Three or four times	1	0	1	2	1	0
More than four times	7	4	6	2	1	1
Total	70	58	39	25	17	9
In thinking back over the last month, have you used any other drugs						
No	69	57	37	24	16	8

Item	Y1	Y2	Y3	Y4	Y5	Y6
	f	f	f	f	f	f
Three if four times	0	0	1	0	0	0
Five to eight times	1	0	0	1	1	1
More than eight times	0	1	1	0	0	0
Total	70	58	39	25	17	9

9.2.16. Crime

Table 37. Item level analysis of crime

Item	Y1	Y2	Y3	Y4	Y5	Y6
	f	f	f	f	f	f
Since the last interview, have you damaged or tried to damage anyone else's property on purpose						
Yes, including fire setting	1	0	1	0	0	9
Yes, once	1	0	2	0	0	0
No	68	58	36	25	17	0
Total	70	92	39	25	17	9
Since the last interview, have you stolen or tried to steal money or things						
R1000 or more	1	2	0	1	0	1
Less than R1000 but more than R100	2	4	0	0	0	0
Less than R100	5	2	1	0	2	0
No	62	50	38	24	15	8
Total	70	58	39	25	17	9
Since the last interview, have you knowingly sold or held stolen goods or drugs, or tried to do either of these things						
R1000 or more	2	2	1	2	1	0
Less than R1000 but more than R100	1	1	0	0	1	0
Less than R100	0	2	0	0	0	0
No	67	53	38	23	15	9
Total	70	58	39	25	17	9
Since the last interview, have you physically hurt or tried to hurt someone on purpose						
Murder	0	0	0	1	0	0
Assault requiring hospitalisation	0	1	0	0	0	0
Assault with a weapon, but not requiring medical care	0	1	0	0	0	0
Assault requiring medical care	2	0	1	0	0	0
Threatened with the use of a weapon, but not actually assaulted	4	2	1	0	0	0
Unarmed assault not requiring medical care	8	5	9	2	1	1
No	56	49	28	22	16	8
Total	70	58	39	25	17	9
Since the last interview, have you been in trouble with the law						
Serving a prison sentence	1	1	0	0	1	0

Item	Y1	Y2	Y3	Y4	Y5	Y6
	f	f	f	f	f	f
Found guilty of a crime	2	1	1	0	1	0
Charges laid against me	2	2	3	3	2	0
Spent at least one night in a correctional facility	2	1	2	1	1	0
No	63	53	33	21	12	9
Total	70	58	39	25	17	9

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

10.1. 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 38 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 indicator is shown in the first column, and then the resilience variables that predict each indicator is shown in the other columns per year. Where the same resilience variable predicts an outcome over multiple years, those appear in the same row.

Table 38. Indicator outcome predictions

Indicator	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Self-supporting Accommodation (10)	Community Relationships					
	Optimism					
	Individual resilience					
		Bouncebackability				
				Care-leaving Readiness		
					Resourcefulness	
						Friend Relationships
						Role Model Relationships
						Supportive Relationship with GBTSA Staff
						In-care resilience
Education for Employment (11)	Friend Relationships					
	Community Safety					
	Care-leaving Readiness	Care-leaving Readiness	Care-leaving Readiness			
		Optimism	Optimism			
		Self-Esteem			Self-Esteem	
			Role Model Relationships			
					Love Relationships	
NEET (10)	Family Relationships					
	Friend Relationships					
	Community Relationships					
	Role Model Relationships					
	Self-Esteem					
	Relational resilience					
	Individual resilience					
	Global resilience					
		Care-leaving Readiness				
			Resourcefulness			
Reliable Employment (6)		Social Activities				
			Love Relationships			
			Self-Esteem			
				Friend Relationships		
				Interdependent Problem Solving		
				Self-Efficacy		
Diligent Education (4)		Self-Efficacy				
		Positive Care Experience				

Indicator	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
		Environmental resilience				
		In-care resilience				
Liveable Income (4)	Bouncebackability				Bouncebackability	
				Community Safety		
				Self-Efficacy		
Drug & Alcohol Free (5)	Resourcefulness					
			Friend Relationships			
			Supportive Relationship with GBTSA Staff			
			In-care resilience			
				Positive Care Experience		
Crime 'free' (3)	School Relationships					
					Friend Relationships	
					Self-Esteem	

[Table 39](#) 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 39. Summary of indicator outcome predictions

Domain	Resilience Variable	Indicator	Year
Relational	Friend relationships (6)	Self-supporting Accommodation	6
		Education for Employment	1
		NEET	1
		Reliable Employment	4
		Drug & Alcohol Free	3
		Crime 'free'	5
In-care	Care-leaving Readiness (5)	Self-supporting Accommodation	4
		Education for Employment	1, 2, 3
		NEET	2
Individual	Self-Esteem (5)	Education for Employment	2, 5
		NEET	1
		Reliable Employment	3
		Crime 'free'	5
Relational	Role Model Relationships (3)	Self-supporting Accommodation	6
		Education for Employment	3
		NEET	1
Individual	Resourcefulness (3)	Self-supporting Accommodation	5
		NEET	3
		Drug & Alcohol Free	1
Individual	Optimism (3)	Self-supporting Accommodation	1
		Education for Employment	2, 3
In-care	In-care resilience (3)	Self-supporting Accommodation	6
		Diligent Education	2

Domain	Resilience Variable	Indicator	Year
		Drug & Alcohol Free	3
Individual	Bouncebackability (3)	Self-supporting Accommodation	2
		Liveable income	1, 5
Individual	Self-Efficacy (3)	Reliable Employment	4
		Diligent Education	2
		Liveable income	4
In-care	Positive Care Experience (2)	Diligent Education	2
		Drug & Alcohol Free	4
In-care	Supportive Relationship with GBTSA Staff (2)	Self-supporting Accommodation	6
		Drug & Alcohol Free	3
Environmental	Community Saftey (2)	Education for Employment	1
		Liveable income	4
Relational	Community Relationships (2)	Self-supporting Accommodation	1
		NEET	1
Individual	Individual resilience (2)	Self-supporting Accommodation	1
		NEET	1
Relational	Love Relationships (2)	Reliable Employment	3
		Education for Employment	5
Relational	Family Relationships (1)	NEET	1
Relational	School Relationships (1)	Crime 'free'	1
Environmental	Social Activities (1)	Reliable Employment	2
Interactional	Interdependent Problem Solving (1)	Reliable Employment	4
Global	Global resilience (1)	NEET	1
Relational	Relational resilience (1)	NEET	1
Environmental	Environmental resilience (1)	Diligent Education	2

10.2. Scale Outcome Predictions

Table 40 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 40. Scale outcome predictions

Outcome	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Global Health (25)	High expectations of self					
	Self-Esteem	Self-Esteem				
		Family Relationships				
		Community Relationships			Community Relationships	
		Role Model Relationships	Role Model Relationships			

Outcome	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
		Bouncebackability				
		Supportive GBTSA Relationships				
		Relational Resilience	Relational Resilience			
		Environmental Resilience		Environmental Resilience	Environmental Resilience	
		Personal Resilience				
		Resilience in GBTSA				
		Global Resilience			Global Resilience	
			Social Activities		Social Activities	
				Care-Leaving Readiness		
				Maintain Contact with GBTSA Staff		
					Self-Efficacy	
					Interactional Resilience	
Health Physical (17)	High expectations of self					
		Family Relationships				
		Bouncebackability				
		Self-Esteem				
		Distress Tolerance				
		Supportive GBTSA Relationships	Supportive GBTSA Relationships			
		Relational Resilience	Relational Resilience			
		Personal Resilience				
		Resilience in GBTSA	Resilience in GBTSA			
		Global Resilience	Global Resilience			
			Role Model Relationships			
				Care-Leaving Readiness		
				Maintain Contact with GBTSA Staff		
Health Psychological (27)	Family Financial Security					
	High expectations of self					
	Self-Esteem	Self-Esteem				
		Family Relationships				
		Community Relationships				
		Role Model Relationships	Role Model Relationships			
		Bouncebackability				
		Relational Resilience	Relational Resilience			
		Environmental Resilience		Environmental Resilience	Environmental Resilience	
		Personal Resilience			Personal Resilience	
		Global Resilience			Global Resilience	
			Social Activities	Social Activities	Social Activities	
			Resilience in GBTSA			
				Maintain Contact with GBTSA Staff		
					Community Safety	
					Self-Efficacy	
					Empathy	
					Interactional Resilience	
Family Relationships (27)	Family Relationships	Family Relationships	Family Relationships			
	Teacher Relationships		Teacher Relationships			
	Community Relationships		Community Relationships			

Outcome	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
	Optimism					
	Maintain Contact with GBTSA Staff					
	Relational Resilience		Relational Resilience	Relational Resilience		
	Resilience in GBTSA		Resilience in GBTSA	Resilience in GBTSA		
	Global Resilience					
		Family Financial Security				
		Self-Esteem				
		Care-Leaving Readiness	Care-Leaving Readiness	Care-Leaving Readiness		
			Peer Relationships			
			Role Model Relationships			
			Supportive GBTSA Relationships			
				Spirituality		
				Personal Resilience		
						Distress Tolerance
Friend Relationships (42)	Peer Relationships	Peer Relationships	Peer Relationships		Peer Relationships	
	Love Relationships					
	Social Activities	Social Activities				
	Supportive GBTSA Relationships	Supportive GBTSA Relationships				
	Positive Care Experience	Positive Care Experience				
	Resilience in GBTSA	Resilience in GBTSA	Resilience in GBTSA			
	Global Resilience	Global Resilience				Global Resilience
		Teacher Relationships				
		Community Relationships	Community Relationships		Community Relationships	
		Role Model Relationships	Role Model Relationships			
		Community Safety				Community Safety
		Interdependent Problem-Solving				
		Empathy				Empathy
		Bouncebackability				Bouncebackability
		Relational Resilience	Relational Resilience			
		Environmental Resilience				Environmental Resilience
		Interactional Resilience			Interactional Resilience	
		Personal Resilience				
		Self-Esteem				
			Maintain Contact with GBTSA Staff			
				Care-Leaving Readiness		
					Self-Efficacy	Self-Efficacy
Love Relationships (4)		Love Relationships				
		Resilience in GBTSA				
			Community Safety			
					Family Financial Security	
Resilience (42)	Interdependent Problem-Solving					
	Bouncebackability	Bouncebackability				
	Self-Esteem	Self-Esteem	Self-Esteem	Self-Esteem		
	Spirituality					Spirituality
	Positive Care Experience					
	Care-Leaving Readiness					
		Peer Relationships	Peer Relationships		Peer Relationships	
		Role Model Relationships	Role Model Relationships			
		Social Activities	Social Activities		Social Activities	
		Self-Efficacy				

Outcome	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
		Resourcefulness				
		Team Work				
		Empathy	Empathy		Empathy	
		Relational Resilience	Relational Resilience		Relational Resilience	
		Interactional Resilience	Interactional Resilience		Interactional Resilience	
		Personal Resilience				
		Global Resilience	Global Resilience		Global Resilience	
			Distress Tolerance			Distress Tolerance
			Maintain Contact with GBTSA Staff			
			Resilience in GBTSA			
					Community Relationships	
					Community Safety	
					Environmental Resilience	
Bouncebackability (18)	Family Financial Security					
	Bouncebackability					
	Environmental Resilience				Bouncebackability	
	Personal Resilience					
	Global Resilience				Global Resilience	
		Family Relationships				
			Self-Esteem			
				Maintain Contact with GBTSA Staff		Maintain Contact with GBTSA Staff
					Community Relationships	
					Love Relationships	
					Social Activities	
					Empathy	
					Relational Resilience	
					Interactional Resilience	
						Interdependent Problem Solving
GBTSA Experience (33)	Supportive Relationship with GBTSA Staff	Supportive Relationship with GBTSA Staff	Supportive Relationship with GBTSA Staff			
	Positive Care Experience	Positive Care Experience	Positive Care Experience	Positive Care Experience	Positive Care Experience	
	Care-leaving Readiness	Care-leaving Readiness				
		Team Work		Team Work	Team Work	
		Maintain Contact with GBTSA Staff				
		Resilience in GBTSA	Resilience in GBTSA			
			Role Model Relationships	Role Model Relationships	Role Model Relationships	
				Empathy	Empathy	
					Peer Relationships	
					Community Relationships	Community Relationships
					Love Relationships	
					Social Activities	Social Activities
					Bouncebackability	
					Optimism	
					Relational Resilience	
					Environmental Resilience	
					Interactional Resilience	
					Global Resilience	
GBTSA Contact (27)	Teacher Relationships			Teacher Relationships		
	Team Work	Team Work		Team Work		
	Empathy			Empathy		

Outcome	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
	Supportive Relationship with GBTSA Staff					
	Positive Care Experience	Positive Care Experience		Positive Care Experience		
	Care-leaving Readiness					
	Maintain Contact with GBTSA Staff					
	Resilience in GBTSA					
		Family Relationships				
		Relational Resilience				Relational Resilience
			Self-Efficacy			
				Social Activities	Social Activities	
				High Expectations of Self		
				Optimism		
				Interactional Resilience		
					Community Relationships	Community Relationships
						Interdependent Problem Solving
						Distress Tolerance
Accommodation (12)	Family Relationships					
	Community Relationships					
	Family Financial Security					
	Relational Resilience					Resilience in GBTSA
		Community Safety	Community Safety			
				High Expectations of Self		
					Resourcefulness	
						Peer Relationships
						Role Model Relationships
						Supportive Relationship with GBTSA Staff
Employment (16)	Love Relationships					
		Teacher Relationships				
		Role Model Relationships				
		Spirituality				
		Supportive Relationship with GBTSA Staff				
		Maintain Contact with GBTSA Staff				Maintain Contact with GBTSA Staff
		Relational Resilience				
				Self-Efficacy		
				Optimism	Optimism	
				Personal Resilience		
				Global Resilience		
						Team Work
						Bouncebackability
						Interactional Resilience
Studying (6)		Role Model Relationships				
		Spirituality				
		Personal Resilience				
			Care-Leaving Readiness			
				Community Safety		
				Self-Esteem		

Outcome	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Finances (5)	Family Financial Security					
		Spirituality				
					Resourcefulness	
						Peer Relationships
						Role Model Relationships
Drugs and Alcohol (12)	Family Relationships					
			Peer Relationships			
			Supportive Relationship with GBTSA Staff			
			Positive Care Experience			
			Interactional Resilience			
			Resilience in GBTSA		Resilience in GBTSA	
				Interdependent Problem Solving		
					Spirituality	
					Positive Care Experience	
						Family Financial Security
						Personal Resilience
Crime (13)		Empathy				
		High Expectations of Self				
		Optimism				
		Interactional Resilience				
			Peer Relationships	Peer Relationships	Peer Relationships	
			Teacher Relationships			
			Community Relationships			
			Supportive Relationship with GBTSA Staff			
			Relational Resilience			
			Resilience in GBTSA			
					Self-Esteem	

Table 41 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 41. Summary of scale outcome predictions

Domain	Resilience Variable	Predicts the following Outcome	Year
Relational	**Relational Resilience (21)**	Global Health	2, 3
		Health Physical	2, 3
		Health Psychological	2, 3
		Family Relationships	1, 3, 4
		Friend Relationships	2, 3
		Resilience	2, 3, 5
		Bouncebackability	5
		GBTSA Experience	5
		GBTSA Contact	2, 6
		Accommodation	1
		Employment	2

Domain	Resilience Variable	Predicts the following Outcome	Year
		Crime	3
In-care	Resilience in GBTSA (19)	Global Health	2
		Health Physical	2, 3
		Health Psychological	3
		Family Relationships	1, 3, 4
		Friend Relationships	1, 2, 3
		Love Relationships	2
		Resilience	3
		GBTSA Experience	2, 3
		GBTSA Contact	1, 6
		Drugs and Alcohol	3, 5
		Crime	3
Relational	Role Model Relationships (17)	Global Health	2, 3
		Health Physical	3
		Health Psychological	2, 3
		Family Relationships	3
		Friend Relationships	2, 3
		Resilience	2, 3
		GBTSA Experience	3, 4, 5
		Accommodation	6
		Employment	2
		Studying	2
		Finances	6
Global	Global Resilience (17)	Global Health	2, 5
		Health Physical	2, 3
		Health Psychological	2, 5
		Family Relationships	1
		Friend Relationships	1, 2, 6
		Resilience	2, 3, 5
		Bouncebackability	1, 5
		GBTSA Experience	5
		Employment	4
Relational	Community Relationships (16)	Global Health	2, 5
		Health Psychological	2
		Family Relationships	1, 3
		Friend Relationships	2, 3, 5
		Resilience	5
		Bouncebackability	5
		GBTSA Experience	5, 6
		GBTSA Contact	5, 6
		Accommodation	1
		Crime	3
Relational	Friend Relationships (15)	Family Relationships	3
		Friend Relationships	1, 2, 3, 5
		Resilience	2, 3, 5
		GBTSA Experience	5
		Accommodation	6

Domain	Resilience Variable	Predicts the following Outcome	Year
		Finances	6
		Drugs and Alcohol	3
		Crime	3, 4, 5
Environmental	Social Activities (15)	Global Health	3, 5
		Health Psychological	3, 4, 5
		Friend Relationships	1, 2
		Resilience	2, 3, 5
		Bouncebackability	5
		GBTSA Experience	5, 6
		GBTSA Contact	4, 5
Individual	Self-Esteem(14)	Global Health	1, 2
		Health Physical	2
		Health Psychological	1, 2
		Family Relationships	2
		Friend Relationships	2
		Resilience	1, 2, 3, 4
		Bouncebackability	3
		Studying	4
		Crime	5
Interactional	Interactive Resilience (13)	Global Health	5
		Interactive Resilience	5
		Friend Relationships	2, 5
		Resilience	2, 3, 5
		Bouncebackability	5
		GBTSA Experience	5
		GBTSA Contact	4
		Employment	6
		Drugs and Alcohol	3
		Crime	2
In-care	Maintain Contact with GBTSA Staff (12)	Global Health	4
		Health Physical	4
		Health Psychological	4
		Family Relationships	1
		Friend Relationships	3
		Resilience	3
		Bouncebackability	4, 6
		GBTSA Experience	2
		GBTSA Contact	1
		Employment	2, 6
Interactional	Empathy (12)	Health Psychological	5
		Friend Relationships	2, 6
		Resilience	2, 3, 5
		Bouncebackability	5
		GBTSA Experience	4, 5
		GBTSA Contact	1, 4
		Crime	2
In-care	Care-Leaving Readiness (11)	Global Health	4

Domain	Resilience Variable	Predicts the following Outcome	Year
		Health Physical	4
		Family Relationships	2, 3, 4
		Friend Relationships	4
		Resilience	1
		GBTSA Experience	1, 2
		GBTSA Contact	1
		Studying	3
Environmental	Environmental Resilience (11)	Global Health	2, 4, 5
		Health Psychological	2, 4, 5
		Friend Relationships	2, 6
		Resilience	5
		Bouncebackability	1
		GBTSA Experience	5
Individual	Internal Resilience (11)	Global Health	2
		Health Physical	2
		Health Psychological	2, 5
		Family Relationships	4
		Friend Relationships	2
		Resilience	2
		Bouncebackability	1
		Employment	4
		Studying	2
		Drugs and Alcohol	6
Individual	Bouncebackability (11)	Global Health	2
		Health Physical	2
		Health Psychological	2
		Friend Relationships	2, 6
		Resilience	1, 2
		Bouncebackability	1, 5
		GBTSA Experience	5
		Employment	6
Relational	Family Relationships (10)	Global Health	2
		Health Physical	2
		Health Psychological	2
		Family Relationships	1, 2, 3
		Bouncebackability	2
		GBTSA Contact	2
		Accommodation	1
		Drugs and Alcohol	1
Interactional	Team Work (8)	Resilience	2
		GBTSA Experience	2, 4, 5
		GBTSA Contact	1, 2, 4
		Employment	6
Individual	Spirituality (7)	Family Relationships	4
		Resilience	1, 6
		Employment	2
		Studying	2

Domain	Resilience Variable	Predicts the following Outcome	Year
		Finances	2
		Drugs and Alcohol	5
Environmental	Family Financial Security (7)	Health Psychological	1
		Family Relationships	2
		Love Relationships	5
		Bouncebackability	1
		Accommodation	1
		Finances	1
		Drugs and Alcohol	6
Relational	Teacher Relationships (7)	Family Relationships	1, 3
		Friend Relationships	2
		GBTSA Contact	1, 4
		Employment	2
		Crime	3
Environmental	Community Safety (7)	Health Psychological	5
		Friend Relationships	2, 6
		Love Relationships	3
		Resilience	5
		Accommodation	2, 3
		Studying	4
Individual	Self-Efficacy (7)	Global Health	5
		Health Psychological	5
		Friend Relationships	5, 6
		Resilience	2
		GBTSA Contact	3
		Employment	4
In-care	Supportive GBTSA Relationships (6)	Global Health	2
		Health Physical	2, 3
		Family Relationships	3
		Family Relationships	1, 2
Individual	High expectations of self (6)	Global Health	1
		Health Physical	1
		Health Psychological	1
		GBTSA Contact	4
		Accommodation	4
		Crime	2
Individual	Optimism (6)	Family Relationships	1
		GBTSA Experience	5
		GBTSA Contact	4
		Employment	4, 5
		Crime	2
Individual	Distress Tolerance (5)	Health Physical	2
		Family Relationships	6
		Resilience	3, 6
		GBTSA Contact	6
Relational	Love Relationships (5)	Friend Relationships	1
		Love Relationships	2

Domain	Resilience Variable	Predicts the following Outcome	Year
		Bouncebackability	5
		GBTSA Experience	5
		Employment	1
Indiviual	Resourcefulness (3)	Resilience	2
		Accommodation	5
		Finances	5