

**JOURNEY TOWARDS INDEPENDENT LIVING:
A GROUNDED THEORY INVESTIGATION OF LEAVING THE CARE OF
GIRLS & BOYS TOWN SOUTH AFRICA**

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Abstract

The journey out of care and towards independent living is a challenge for many care-leavers. There has been little research into the social processes involved in this care-leaving journey. This paper presents the results of a grounded theory investigation into the care-leaving journeys of nine young men who had, several years previously, been in the care of Girls and Boys Town in South Africa. Working from a resilience perspective, with an ecological emphasis, four central social processes emerged that together explain the care-leaving experiences of the participants. These processes are: striving for authentic belonging; networking people for goal attainment; contextualised responsiveness; and building hopeful and tenacious self-confidence. These four processes are located within contextual boundaries and at the social environmental interface. The paper presents these processes in detail, drawing on selected narratives of the participants and integrated with additional theory. It is hoped that this paper may contribute to theory building concerning care-leaving processes and enhance youth care practices for youth in care and leaving care.

Keywords: Care-Leavers; Resilience; Belonging; Child and Youth Care; After-care; Independent Living

1. Introduction

The journey out of care is a challenge for many young people (Stein 2005). A number of authors argue that care-leavers are ‘one of the most vulnerable and disadvantaged groups in society’ (Mendes, Johnson and Moslehuddin 2011, introduction). This is due to a conflation of factors including: a history of suboptimal care; repeated social dislocations as they move from one home to another; instant disruption from care into independent living, rather than a gradual transition into independence; the sudden loss of social support, particularly as they graduate out of the child protection legislation and social security benefits; and inadequate aftercare services for care-leavers. The youth care sector thus has an important role to play in facilitating this journey, enabling youth who have been in care to make a successful transition to independent living.

From the early 1970s studies and surveys internationally have shown how ill-equipped many of these youth are in dealing with post-care life challenges. Stein (1997, 2) laments that the present statistics about care-leavers make for ‘depressing reading’. Even though many care-leavers reach a measure of success and attain fulfilling lives (Cashmore and Paxman 2006), many others continue to face a struggle-ridden existence (Mendes et al. 2011, Smith 2011). The transitional phase of leaving home is compressed for youths exiting care. This results from diminished family ties and an increased need to be rapidly self-sufficient – what Stein (2008, 40) calls ‘instant adulthood’. Additionally, youth leaving residential care usually do not cope with the pressures of everyday life as effectively as other young people (Gelling 2009). Several authors have identified the types of challenges care-leavers may experience as including: homelessness, poor health, poverty, substance abuse, early parenthood and involvement in crime (Broad 2005, Dixon and Stein 2005, Mendes et al. 2011). Their transition from a highly structured living environment to a confusing, difficult world is exacerbated by their typically low educational achievement, learning disabilities, limited life skills and additional health, emotional and behavioural problems (Foster and Gifford 2004).

In light of this, the dynamics of care-leaving – of the journeys that youths take as they move from residential care towards independent living – has become a subject of considerable research interest, as evidenced by a recent special journal issue on young people’s transitions from care to adulthood (Stein et al. 2011).

Despite this explosion of research, however, there remain a number of key gaps in the literature, one of which is the generation of care-leaving theory. Stein (2006, 422) has stated, ‘There is a substantial body of international research studies, both quantitative and qualitative, on young people aging out of care, but very few of these studies have been informed by theoretical perspectives.’ He goes on to argue that most papers on care-leaving ‘are detached from theory in terms of context, conceptual exploration or theory building’ (Stein 2006, 431). Stein thus highlights two concerns regarding theory: the inadequacy of theoretically informed studies which have a tendency to take an empiricist approach to research (see also Smith 2011), and the absence of new theory construction to explain the experiences of care-leaving. The current study begins to address Stein’s second concern in a specific social context.

The paper intends to make three contributions to the field. First, using grounded theory methodologies, I construct social processes that could serve as building blocks for a theory of care-leaving. Second, unlike many other studies, I give primary emphasis not to the contextual factors associated with successful care-leaving, but rather to the social processes – actions, more or less consciously and deliberately performed by young people in their interactions with their social environment over time – that underlie a longer-term care-leaving journey. Third, the paper addresses care-leaving in South Africa, a country in which only a handful of studies on this subject have been published (e.g. Miller 2004, Pinkerton 2011).

This paper will present a model of the care-leaving journey, constructed through a grounded theory analysis of the care-leaving narratives of nine young men who had several years previously been in the residential care of Girls and Boys Town South Africa (GBT). GBT provides a range of child, youth and family care services to youth, including residential care via four Youth

Development Centres and four Family Homes. The research on which this paper is based was conducted as part of a long-term partnership between GBT and my university. The paper gives priority to the theoretical construction of care-leaving processes, rather than practice implications. It is hoped that this may serve to further stimulate theory building on care-leaving processes.

2. Theoretical Background

Only 23 studies, among the 182 that I found in 2012 through searching numerous databases (e.g. EBSCO Host and ProQuest) using the key words ‘care’ and ‘leaving’ or ‘leave’, give direct attention to theory, either as guiding the understanding of transitioning processes or as developing a theory of transitioning from care to independent living. Some studies (e.g. Anghel 2011, Dima and Skehill 2011) use Bridges’ three-stage change management model, which addresses: (1) the ending of care, (2) a neutral zone entailing a reorganisation of the system and (3) a new beginning. Other authors (Hurley 2002, Backe-Hansen 2008, Rogers 2011) have pointed to the notion of ‘non-linear’ transitioning among care-leavers – that these transitions are not in a straight line, as perhaps with other youths, but rather are complex and individualised.

A handful of authors have begun to develop models or theories of care-leaving processes. Both Courtney et al. (2010) and Jahnukainen (2007), for example, construct models of the kinds of adjustments youths have made several years after leaving care. These models provide rich and detailed descriptions of patterns of current functioning of youth, sometimes drawing on large datasets. However, they give limited attention to the social processes that these care-leavers engaged in as they journeyed down these pathways. Stein (2008) constructs similar categories of care-leavers, based on a review of existing research, and also gives strong attention to the factors during and after care that led to these outcomes. However, the focus is on the social environment around care-leavers rather than on the actions of care-leavers themselves.

Fransson and Storø (2011) use poststructuralist theory to analyse the narratives of how care-leavers deal with their past. The authors construct three paths that young people use: (1) some participants construct a decisive turning point that enables them to break with past life patterns and

establish new patterns; (2) some initiate a path of change while still in care, and subsequently extend that path towards continuous change into the present; and (3) some experience transitioning as a process characterised by ongoing challenges and have to work at dealing with various risks to their functioning. This study, more than the previous three, identifies the processes that young people go through as they make the transition – not always straight-forward – out of care and into independent living. By focusing primarily on the actions of the care-leavers, Fransson and Storø (2011) highlight the crucial notion of turning points and the diversity of care-leaving processes.

Samuels has been contributing significantly to theory building in the area of foster care leaving, with a particular focus on aspects of relationship. Samuels and Pryce (2008) show that the ideal that many care-leavers strive for – self-reliant resilience, entailing relying only on themselves and not others – is experienced by care-leavers as both a strength and, paradoxically, a vulnerability. They show how, through the loss of parental care and growing up early, youths learn to rely exclusively on their own resources and reject the experience of dependence. Elsewhere, Samuels (2008, 2009) draws on Boss' theory of ambiguous loss to show how youths in foster care experience ambiguous relationships with their families, who are neither fully present nor fully absent, resulting in a longing for authentic experiences of family, frustrated by the actual experience of inadequate family care.

The current paper intends to follow in the footsteps of this theory-building literature, with a concerted emphasis on social processes. Social processes here refer to the actions that young people themselves engage in during the process of care-leaving, as opposed to intrapsychic characteristics or environmental factors. These actions are performed over time, hence processes, but the paper does not present a stage or pathway model of care-leaving. The social processes are complex activities, involving cognitions, affect and behaviours.

The central theoretical lens guiding this work is resilience theory, which Stein (2006) advocates as a relevant theoretical lens for care-leaving research. Vaillant (1993, 284-285) defined resilience as 'both the capacity to be bent without breaking and the capacity, once bent, to spring

back.’ Ungar (2004, 5) writes that resilience ‘may refer to either the state of well-being achieved by an at-risk individual (as in he or she *is resilient*) or to the characteristics and mechanisms by which that well-being is achieved (as in he or she *shows resilience to* a particular risk)’. Van Breda (2001, 5) states, ‘An individual’s resilience at any moment is calculated by the ratio between the presence of protective factors and the presence of hazardous circumstances.’ The implication of a resilience paradigm for this study is that I am less concerned to gain insight into the kinds of challenges that youths face in leaving care (though this is by no means a matter of *no* concern) than I am to understand how they cope in the face of, or in spite of, these challenges. The resilience paradigm takes challenge and adversity as givens, rather than exceptions (Antonovsky 1979), and then asks how it is that many people continue to cope and sometimes even thrive (Ickovics and Park 1998) despite these challenges.

Resilience thinking is increasingly attending to factors in the social environment (Smith 2011), such as problem solving skills, social support and family relations (Van Breda 2001), heralding a shift towards ecological thinking in resilience theory (e.g. Ungar 2011, Stein 2012). The implications of this for the current study is that the unit of analysis is not so much individual youths who have left care, but ‘youths-in-environment’, to borrow one of the foundational concepts of social work (Hollis and Woods 1981). I intend to look for resilience not just in the intrapsychic functioning of youths, but in their interactions with and the sense they make of their social environment.

Van Breda (2011, 34) has, furthermore, stated, ‘Resilience has come to be regarded less as a static trait and more as a process that is expressed over time’. It is methodologically simpler and cheaper to research resilience as a trait, but this results in the construction of resilience as ‘having’ rather than ‘doing’. In this study, by contrast, I am actively interested in identifying the social processes of resilience, which Strümpfer (2002) has termed ‘resiling’ (a verb rather than a noun).

3. Methodology

A grounded theory design was adopted for this study, because of the research team's commitment to abductively generating findings from the textual data of participants (Ezzy 2002). Furthermore, grounded theory's roots in symbolic interactionism (Corbin and Strauss 2008), which focuses on the ways people construct their worlds through their social interactions, more than on the ways people are influenced by social forces, and which foregrounds human agency, fitted well with the theoretical approach to this study. By implication, in this research my ear is tuned towards the social behaviours of the research participants, rather than their internal emotional or psychological processes. I am particularly interested in the ways *they* impact on and shape the world around them, how *they* seem to influence people and how *they* get society to help them in their ambitions, rather than how *society* supports or hinders them.

Charmaz' (2006) constructivist approach to grounded theory was used, which emphasises constructing rather than discovering theory from the data, the role of the researcher in shaping the data and thus of the interaction between researcher and participant, and a more flexible and less proceduralised approach to the method. In part, this means that I understand the data to be a construction of the participants, rather than an objective, video-taped record of their life, comprising a blend of externally verifiable events and the participants' sense-making of those events. In addition, data and theory are constructs of researchers in participation with participants, which requires attention to the position and assumptions of the researcher. The entire study, therefore, from conceptualisation to report writing, was conducted by a team of three researchers who tested and challenged each other's assumptions. The team comprised a female research psychologist and male child and youth care worker (both employed by GBT in research and evaluation) and a male social work academic.

From the universe of care-leavers, the population for this study was defined as all people who were resident at any of the five GBT campuses in Gauteng or the Western Cape (the South African provinces in which the researchers worked) for at least 18 months and who disengaged

from GBT four to six years prior to data collection. The population comprised 74 individuals.

Recruitment and sampling were compromised by a lack of accurate contact information on these individuals, thus we ultimately used availability sampling to generate a sample of nine individuals, all of whom happened to be male (very few girls were in care with GBT at the time and none of them could be traced), with ages ranging from 19 to 23. Four participants were White, four Coloured and one African (Black). All participants held part or full time work. Six were living with family, one with a surrogate family and two independently.

Data were collected using an unstructured interview schedule. The opening question invited participants to share their life experiences since leaving GBT, with a focus on experiences that they regarded as positive or successful and also those that involved struggle or challenge. This opening question gave expression to constructivist grounded theory's interest in social interactions and the sense-making by research participants (Charmaz 2006). The schedule included prompts to move the interview both forward and deeper. Interviews lasted from 45 to 90 minutes and were digitally recorded and subsequently transcribed. Participants were invited to sign informed consent prior to the interview and were given access to the research results afterwards. Free counselling services were available if needed.

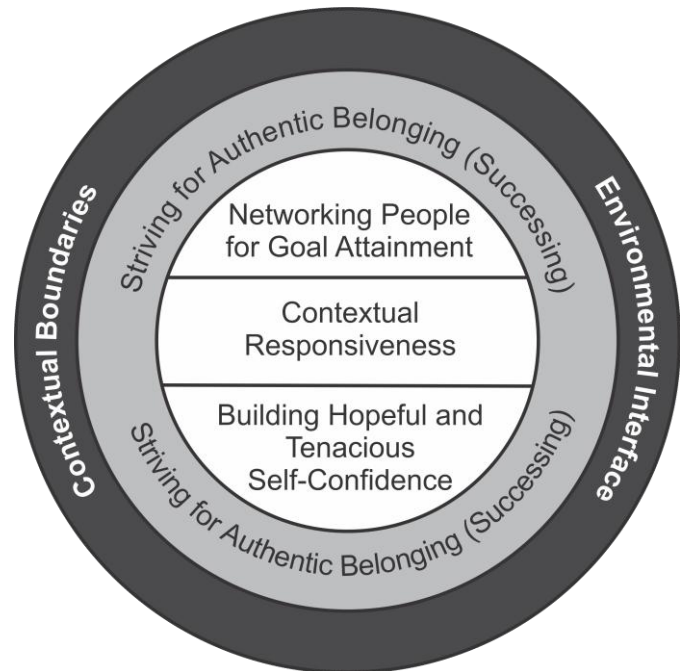
Data were collected in two rounds (three interviews, then six), with individual analysis, peer review and team conferencing after each round, to strengthen consistency of and consensus on coding. Individual analysis followed a structured method, informed by Charmaz (2006), involving line-by-line coding using gerunds and focused coding. In the second round of data collection, the same unstructured interview schedule was used, but interviewers were now alert to the provisional themes that had been identified in the first round, as well as to instances where participants raised processes that deviated from the initial findings.

The use of a team approach throughout the study enhanced its rigour and trustworthiness (Lincoln and Guba 1985). Furthermore, Charmaz' (2006) insights into the constructivist nature of grounded theory was evidenced as different team members had often quite different insights into the

data and subsequently the theory. Following the construction of the care-leaving theory, the literature was read in greater depth to identify points of synergy between our theory and existing theories, which, together with our *a priori* use of resilience and ecosystems theory, enhances the confirmability of the study.

5. Findings

Through the analytic process, four primary social processes were constructed that describe the journey that these care-leavers followed towards independent living. The processes are depicted graphically (Figure 1), briefly stated below, then discussed in detail.



The need for **authentic belonging**, a genuine experience of being loved and of fitting into a social system such as a family, emerges as foundational to this model. Youths demonstrate that in various ways – some more effective, others less so, and some heavily defended – they strive towards authentic belonging, which is the underlying definition of success for most. To help them in this striving, they draw on a range of social skills, many taught by GBT and others learned through experience and from other youths in care. They **network people** in their social environments to help and partner with them in **attaining their goals** of getting ahead in life. Optimally networking people for goal attainment requires care-leavers to be rapidly and accurately **responsive** to their social **contexts**, transforming opportunities into assets and circumventing or neutralising threats. Because their social environments are frequently complex and suboptimal, care-leavers require a great deal of resilience, particularly an unshakable **hope and tenacious self-confidence**, to believe that they can effect change in their environments and that they really can carve out a better future for themselves.

5.1 Striving for Authentic Belonging

The process of working towards establishing experiences of authentic belonging was apparent, in various ways, in the narratives of all the participants and emerged in the analysis as the foundational care-leaving process. Although participants frequently spoke about belonging as an experience and although the research team constructed authentic belonging as foundational to the process of leaving care, ‘striving for authentic belonging’ is primarily a social process of *striving*, in which care-leavers invest time and effort in seeking out or creating relationships that satisfy their hunger for authentic belonging. This is illustrated by Germaine’s narrative:

Germaine, 23 years old, describes how close relationships are central to his sense of well-being and success: *‘The most difficult for me is not giving up hope and not having a family to go back on’*. He established close relationships with the GBT staff: *‘Some of the Sir’s [youth care workers] liked me and I had personal relationship with them. I could speak to them and then they speak to me’*. He formed particularly close bonds with some of the other boys at GBT: *‘So we grew a close relation, we were like brothers, we were always together’*. Of particular note, he established family-like relationships with a former teacher: *‘It’s like she is like my second mother and her husband is also like my second father. She says sometimes, I’m like her own kid also. All she had to do was give birth to me, then I would be like their own son’*. Germaine transforms even potentially dangerous relationships into familial relationships; for example, he says of a drug-lord: *‘He actually kind of like took me under his wing... he made me feel like a son’*.

Belonging, some research has shown, is a central factor in assisting care-leavers in the transition towards independent living (Ward 2011). It is the foundational element of the Circle of Courage (Brendtro et al. 2002), which is used throughout the youth care sector in South Africa. Belonging, in the context of resilience in the face of adversity, is ‘the most basic thing on which you need to build everything else’ (Werner and Brendtro 2012, 21). Belonging is best described as the experience of being genuinely connected with others – to experience unconditional acceptance, love

and support. Brendtro and Larson (2006, 46) explain that the sense of belonging ‘develops through opportunities to build trust and form human attachment’, and in this way is associated with attachment theory (Stein 2006). In families in the general population, children develop the sense of belonging through their relationship with their parents. For children in care, however, parental relationships are frequently fractured (Ward 2011) – children must find those kinds of deeply trusting relationships elsewhere (Smith 2011), for example from grandparents or teachers, and often grow up with an inadequately developed sense of belonging. In such cases, the data suggest, these young people engage in social processes of striving for authentic belonging.

The deep longing for a sense of belonging was prominent in eight of the nine narratives. For some, the need is for a warm familial relationship (as in Germaine’s case), while others seek this connection in intimate love relationships. Most of the participants had, however, not achieved relationships of trust and belonging. When they did achieve them, they struggled to maintain them. This was complicated by lack of trust, fear of pain and rejection, patterns of abuse and self-preservation. These are well accounted for by attachment theory (Smith 2011), which explains how early fractures in these important attachments can lead to a lifelong pattern of unsatisfying relationships. Thus the striving for authentic belonging is ambivalent, characterised by both the longing to belong and a fear of closeness. For example:

Ferdi related having a stormy marriage: *‘Me and my wife’s relationship is actually beautiful, so just as rough. We met ... things are great, it’s love everything. Then things became a bit more serious having a child. Then things started to get bad. [lots of hesitation] We started to fight more and more and more and it just got worse’*. His nonverbal communication pointed to the strong emotion that his conflicted marriage evoked in him. When discussing his ambitions in life, Ferdi gave major emphasis to the well-being and security of his relationships with his wife and son, emphasising short term and life insurance, medical aid and savings, having a second car and a secure house. Though

conflicted, the depth of his family relationships, with the sense of belonging this gives him, was key to his notion of being successful.

The inclusion of the adjective ‘authentic’ may be considered redundant, since belonging, by definition, is deep and trust-bearing. However, the literature (e.g. Brendtro et al. 2002) is clear that many youth, particularly those in conflict with the law and those in care, settle for substitute belonging, in the form of gangs for example, which is a kind of pseudo-belonging. Germaine’s identification of a drug lord as a parental figure illustrates this attempt to construct substitute familial relationships to meet the need for authentic belonging with his family of origin. These data suggest that a need for belonging frequently underlies the sometimes defensive, contradictory or negating behaviours of care-leavers. Authentic belonging is hard to achieve, particularly with their histories of fractured relationships, but continues to be something care-leavers strive towards.

5.2 Networking People for Goal Attainment

Most of the participants report great capacity to establish networks of people who adopt supportive roles: family members, friends, family of friends, employers, teachers, police officials, clerics, even complete strangers. Networking people for goal attainment is not about *having* a social network of friends and families that can be relied on (e.g. Dixon and Stein 2005, 112), but rather about the ability of care-leavers to *construct* a network in ways that assist them in achieving their goals. In many instances, people appear to offer support ‘out of the blue’, but closer investigation reveals the subtle and skilful ways in which participants mobilise others towards action that facilitates their own goal attainment – Germaine, discussed in the previous section, networked with his former teacher’s husband to secure him a job and accommodation, and with a drug lord to provide him with protection. This is further illustrated by the following example:

Andre, 22 years old, who has held down a steady job for the past few years, named 21 individuals with whom he networked to obtain assistance in achieving his goals. In the five years since leaving GBT he secured accommodation in 11 different homes and five different jobs. While this might suggest a lack of stability, it also points to his deftness in

mobilising people to support him with shelter and work. Andre even secured accommodation from a man with whose fiancé Andre had had sex. In another instance, Andre was fired from his work after failing to show up for two weeks. But a few months later, he contacted the employer and negotiated his re-employment, including an agreement to start later so that he would have time to relax before beginning work.

In a striking incident, Andre found himself homeless for an extended period of time. He broke into and began living in an abandoned house. The owner of the house subsequently confronted Andre, intending to evict him. Unexpectedly, Andre appeared to turn the situation in his favour: *'And he's like, "Listen here, you are not supposed to be on this property". He told me, "You look like a very smart kid. I'm going to let you stay here, provided you help me take care of this house and see that nothing goes with it – no vandalism or whatsoever goes on here". I'm like, "okay it's cool". Then I started staying there'*. The *'smart kid'* comment suggests that Andre presented himself in a way that impressed the caretaker, resulting in a favourable response.

Most participants have developed an advanced capacity to draw others towards themselves in helpful and supportive ways and this typically helps them towards increased independence. It is probable that they have learned various social skills during their time at GBT which, through experience, they have found produce positive results in the behaviour of others – these skills elicit warm, friendly, helpful responses – and are thus repeated in various situations and may become ingrained and habitual. Social capital theory points to the value of networks of relationships that provide people with access to information and resources that contribute to better adjustment (Pinkerton 2011). Pettit et al. (2011, 482) particularly emphasise the importance of social capital during the transition from adolescence to adulthood, because of the loss of “institutional structure”.

In contrast to social capital theory, however, which emphasises the depth rather than breadth of relationship networks (Pettit et al. 2011), most of the networking displayed by these participants involved people who, at best, could be called acquaintances. Often they networked successfully

with people they had only just met. These are examples of ‘weak ties’ (Granovetter 1973, 1983). Granovetter argues for the importance and value of weak ties in connecting people with resources and information that are new and valuable. Strong ties, such as family and close friends, are part of one’s own social circle and thus likely to have strong ties with each other, forming a somewhat closed circle, in which resources and information are shared by all members. Weak ties, such as acquaintances and chance encounters, on the other hand, have strong ties with *other* social circles and have information and resources not shared by one’s own circle. Thus weak ties are more likely to generate new resources and information than strong ties, hence Granovetter’s phrase, ‘the strength of weak ties’.

Many of the participants in this study come from families with limited resources or little interest in supporting the participants. In the absence of the strong ties that young people who were not in care might have, care-leavers become adept at mobilising weak ties and eliciting helpful responses from them, securing the resources they need to get ahead.

5.3 Contextualised Responsiveness

Contextualised responsiveness, like networking people for goal attainment, is a contextual social process that involves the interaction between persons and their social environments, so as to facilitate goodness of fit in the person-context interface. However, unlike networking for goal attainment, contextualised responsiveness involves appraising the opportunities and threats in the social environment and responding in constructive and appropriate ways. For example:

Ferdi, a 23 year old married father, did not display contextualised responsiveness as consistently and effectively as other participants. However, in one particular narrative he shows a striking ability to check his instinctive reactions and behave more responsively to his context. A recent fight with his wife escalated out of control, largely due to his tendency to avoid conflict and then boil over. He ended up smashing her cell phone and threatening to chase her out of the home. After hours of fighting, he withdrew and began to reflect on how he was handling the situation: *‘And then I just thought about it. I was lying there in bed and*

I was thinking about [a friend who was isolated because of his erratic behaviour]. And I thought to myself what I had then and what I have now. I've worked way too hard to get where I am. I've been on a long road to get where I am. And I just thought "no". Because of a stupid fight, I'm going to lose my son, I'm going to lose my wife. What did I work for to get here?' This new perspective, observing himself and taking stock of his current context and learning from the experiences of others, which required him to be self-critical and vulnerable, helped Ferdi to respond to his context differently, to engage directly with his wife; they talked through and resolved the conflict.

Andre, who previously illustrated networking people for goal attainment, describes his astute observation of his contexts in learning from those around him. While living at GBT, he listened carefully to what the other boys said about their lives and about how they had survived: *'All the other boys had different backgrounds and they had different ways to survive. And then you can find out listen here, let's say that boy's father is an alcoholic, how did he survive? Then I can find out, okay listen here, he survived that way. For if that situation should happen to me, how would I survive? What should I do?'* He narrated the same process in his current job: *'[I] check what the other sales person does. Steal from him using your eyes and make it your own, you see. Without him noticing whatsoever, and that is basically what helped me'*. Andre then further shows his keen eye by linking his own learning processes across contexts: *'What I realised is, that is what I did in Boys Town just to survive'*. Andre was able to transfer his learning from one context to another.

These examples make clear that contextualised responsiveness involves both cognitive and behavioural dimensions. The cognitive process in both instances, and in most other instances that emerged in this study, involves contextual appraisal (Lazarus and Folkman 1984). The participants' behaviour is responsive to the sense that they make of their social environment. Contextualised responsiveness thus emphasises behavioural responsiveness that is not merely intuitive, but reflective – a 'complex, meaning-related cognitive activity' (Lazarus and Folkman 1984, 26).

Contextualised responsiveness also emphasises the behaviour in response to appraisal and not merely the appraisal itself. The cognitive and behavioural elements operate in close proximity as one social process, and it is the intersection of these two, in relation to context, that best describes what we observe in the participants.

This social process is crucial, because many of the participants in this study still live within adverse social environments that continuously threaten to drag them into a life of gangs, drugs, violence and poverty. It is within these highly challenging contexts that they apply this skill of contextualised responsiveness. One might anticipate that the ‘average’ person would succumb to such environments, but these individuals display a capacity, albeit fragile at times, to recognise what is going on around them, to stand back and to pioneer their own paths.

5.4 Building Hopeful and Tenacious Self-Confidence

All the participants evidenced a growing sense of hope for the future and a self-confidence that was tenacious in the face of adversity. What impressed the research team was not just the presence of hope and confidence, but the ways in which they worked to *build* hope and confidence. This does not emerge from the data as an inborn personality trait, as is often implied in the resilience literature. Rather, it seems to be a learned skill that evolves over time and often through encountering adversity (Rutter 2012). In many ways, then, this social process is a key example of resilience in action – through challenging life experiences, these participants work to build up an enduring sense of hope and a tenacious belief that they have the ability to overcome the odds. For example:

Christopher is a 19 year old male living in a highly vulnerable social environment. Despite the challenges of drug addiction, poor education, unsuccessful romances, and conflicting and abusive family relationships, he has managed to remain hopeful about his future: *‘Well the positives that I’ve experienced are that a person does have will power. You can make up your mind to do something or not to do something. Like I’ve made my mind up that I’m going to go on my own and my target is to make it while I am on my own, and I*

believe I'm going to make it. I know as well I had my downfalls, I've learnt from my mistakes; I will not make them again'. Christopher recognises how the ups and downs of life have contributed to his resilience: *'Since I left Boys Town I've learned a lot. I fell totally down, but I didn't stay where I fell. I got up by myself and carried on*'. This 'getting up and carrying on' is central to the social process of building hopeful and tenacious self-confidence.

The participants in this study work hard to develop confidence in their capacity and to communicate this to the world around them. For some, this self-confidence is strongly grounded in hope – hope that things will get better, that life will work out, that they will achieve their goals, as they journey towards the future. For others, there is a tenacious, committed, never-give-up attitude that continues to strive and strive and strive, regardless of the challenges encountered. All of these seem to lead primarily to a building of self-confidence – a belief in their ability to create a better life for themselves, or a better self for their lives.

These processes seem to be rooted in an underlying belief (an assumption or worldview, not explicitly articulated) that one can always recover from failure. Theoretically, one may associate this belief with the construct of 'learned resourcefulness', which is the resilience counterpart to 'learned helplessness' and which is described as 'an acquired repertoire of behaviors and skills (mostly cognitive) by which a person self-regulates internal responses (such as emotions, cognitions, or pain) that interfere with the smooth execution of a desired behaviour' (Rosenbaum and Ben-Ari 1985, 200). While this definition emphasises the cognitive skills aspect of learned resourcefulness, which was not obviously present among these participants, the paradigmatic aspects of learned resourcefulness do manifest.

We see, in the care-leavers, an assumption that recovery is always available to them as an option in responding to adversity. Thus, rather than experiencing adversity or challenge as overwhelming or debilitating, resulting in the loss of hope and self-efficacy (Bandura 1982), they are certain that if they apply themselves they will be able to master and overcome the adversity, and

perhaps even transform it into an opportunity for thriving. Rutter's (2012) work on 'steeling' is applicable here – titrated experiences of stress successfully managed, steel a person to deal with greater and unexpected levels of stress in the future. A history of experiencing that they are, in fact, capable of rising above adversity, reinforces and entrenches this certainty.

The process of building hopeful and tenacious self-confidence was not presented as a 'don't-look-back' or Teflon-coated version of resilience (Schwartz 1997, 40). Participants often discussed these aspects of hope and tenacity within the context of dealing with current life challenges and failures, such as conflict with a parent or substance abuse. This gives greater confidence, particularly in light of the first two social processes that are strongly relational, that this social process is not a facile mask to cover over failure or a justification to avoid help-seeking, thus not a case of 'survivalist self-reliance' (Samuels and Pryce 2008, 1198). Instead, participants seem to draw strength from past experiences of hardship and success to construct the possibility of future successes.

Resilience (particularly in the popular understanding of 'bounce-back-ability') is a social skill, learned through facing life's challenges. The regulated experience of living in GBT and the purposeful engagement by youth care workers with youth who experience failure is thus likely to lay a foundation of learned resourcefulness and self-efficacy, of hope that things can get better and of self-confidence that 'I can change my life'. If sufficiently pervasive and consistent, such experiences could lay a highly tenacious level of hope and self-confidence, which could endure well beyond the boundaries of GBT and through life's inevitable difficulties and failures.

6. Discussion and Conclusion

This paper has endeavoured to identify not the factors that are associated with a successful transition into independent living, but rather the social processes that care-leavers engage in during the transition. In truth, many of the participants in this study might not be categorised as 'successful' – seven were not living independently, some had problems with alcohol and drug abuse, some had not completed secondary schooling and most were not in a stable relationship. On

the other hand, they were all employed (two had their own businesses), two were married with children, and two were studying. As interviewers, we left every interview feeling impressed, appreciative and even proud of the ways in which these young adults were carving out a life for themselves in the world, often in the face of great adversity and with a personal life history that augured poorly. They showed clear resilience in being able to get back up when they inevitably fell down.

The entire care-leaving process, as illustrated in Figure 1 and expounded on the following pages, takes place within contextual boundaries and at the interface with the social environment. Care-leavers who transition into supportive and protective environments perhaps do not experience the same challenges as those who transition into highly vulnerable environments. Nevertheless, they all have to make this transition within social environments and thus have to interact with their environments. These environments are sources of both constraint (where there is a lack of social resources or the presence of adverse conditions) and opportunity (as Saleebey (2008) argues, there are always resources in every community), and within this context care-leavers can and do find opportunities to exercise resilience.

While the location of these care-leaving processes in the social environments of care-leavers points towards the need for conducive contexts, the reality is that most, if not all, the care-leavers in this study left GBT and moved into suboptimal and sometimes adverse contexts. And yet, within these contexts, they found ways to work the contexts in their favour. From the youths' perspective, they exercised agency in shaping their environments to move ahead in life (Furlong and Carmel 2006). This, it seems, is an important and meaningful focal point for those working in residential and aftercare programmes. On the one hand, it is important to work towards positive environments for all youth, including care-leavers. On the other hand, suboptimal environments are so prevalent that it is also important to equip care-leavers with the social skills to survive and even thrive in such environments.

This study suggests that care-leavers employ a number of critical social skills that work together, within the constraints of their social contexts and at the interface between care-leavers and their social environment. Two of these processes (striving for authentic belonging and networking people for goal attainment) are highly interpersonal processes, based strongly in relationship and social skills, though they incorporate cognitive elements (e.g. identifying potential individuals for networking). The other two processes (contextualised responsiveness and building hopeful and tenacious self-confidence) are primarily cognitive skills, though they also take place in social interactions. All four social processes are social processes in that they are actions at the interface between young people and their social environments. This emphasis on social processes, rather than factors, is well-aligned with recent resilience theory, which emphasises resilience as processes enacted over time, rather than as intrapersonal character assets.

It seems that the social process of striving for authentic belonging is the driving force or energy in the ongoing development of care-leavers. It is a key deficit in the participants' families of origin, as seen particularly through the lens of attachment theory, and continues to play out as a key need and desire as they journey towards adulthood. If that is the case, then an important element of youth care and independent living programmes is to help youths distinguish authentic belonging from pseudo belonging, to know what it is that they really yearn for in relationships, and to learn the social skills and processes for establishing authentic and whole relationships with others. The residential setting is ideal for this type of learning, because it is a contained and regulated environment, staffed with care workers who are trained and committed to the development of youth.

The other three social processes that emerge here can, and often do, work in harmony. Networking people for goal attainment is the process most firmly located in the social environment, where care-leavers find ways to recruit others, often those with whom they have weak ties, into activities that support and enable the young person to achieve her or his goals. Building hopeful and tenacious self-confidence is the process most firmly located within the cognitive-affective domain, and entails a resiling stance towards an often inadequate social environment and a belief in the

capacity of young persons to carve out a better life space for themselves. Contextualised responsiveness lies most surely at the person-environment interface, and involves an ongoing process of risk and opportunity appraisal, with resultant action. These three social processes operate in collaboration, within the contextual boundaries, in the interests of authentic belonging, to help care-leavers journey successfully closer to independence.

These care-leaving social processes invite further investigation. They are based on only nine, albeit in-depth, interviews. The social processes could each be teased apart in greater depth and detail, and compared across different contexts, such as different residential programmes and different countries. GBT has recently initiated a longitudinal, rolling cohort study, with the intention of tracking GBT youth from the time of disengagement from care into young adulthood. It is hoped that this design will refine our understanding of these care-leaving social processes. It is crucial that comparative research be conducted with young women leaving care to determine the extent to which these social processes cut across gender. Similarly, its appropriateness to other vulnerable groups of young people, such as those with disabilities (Stein 2012, 127), requires further investigation.

In addition, it may be helpful to examine the mechanisms through which these social processes were learned. It is, of course, our hope that the participants acquired these skills at GBT, and while that may be the case, this study cannot make that conclusion. Thus, it will be helpful for programme development to gain insight into the sources of these skills. GBT is currently embarking on a first attempt at this by investigating how care-leavers adapt and apply the skills learned at GBT to adult living.

Despite its limitations, these care-leaving processes have promise for informing youth care practice. Some ideas were already suggested in relation to building hopeful and tenacious self-confidence. GBT's peer governance system may also be helpful in fostering the belief that 'I can succeed' in youths who, in other contexts, may not have such opportunities. Similarly, GBT's approach to inappropriate behaviour by youth, which includes the opportunity for youth to negotiate

negative consequences based on the extent to which they take responsibility for and show learning from their behaviour, may help develop the capacity to get back up again, thereby fostering resilience. The applications of these processes to practice, however, require further study.

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