



Building Positive Futures



A
Cross-Country
Pilot Study on Youth
Transitions from
Out-of-Home
Care in
Africa

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“SOS CV taught me how to be disciplined and... to endure and be persistent. To work for ourselves and to fight for our rights... and how to be responsible... I am managing to face challenges and be able to solve them. Sometimes we fall and then we rise again”
(Mufaro, Zimbabwe).



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1. Introduction

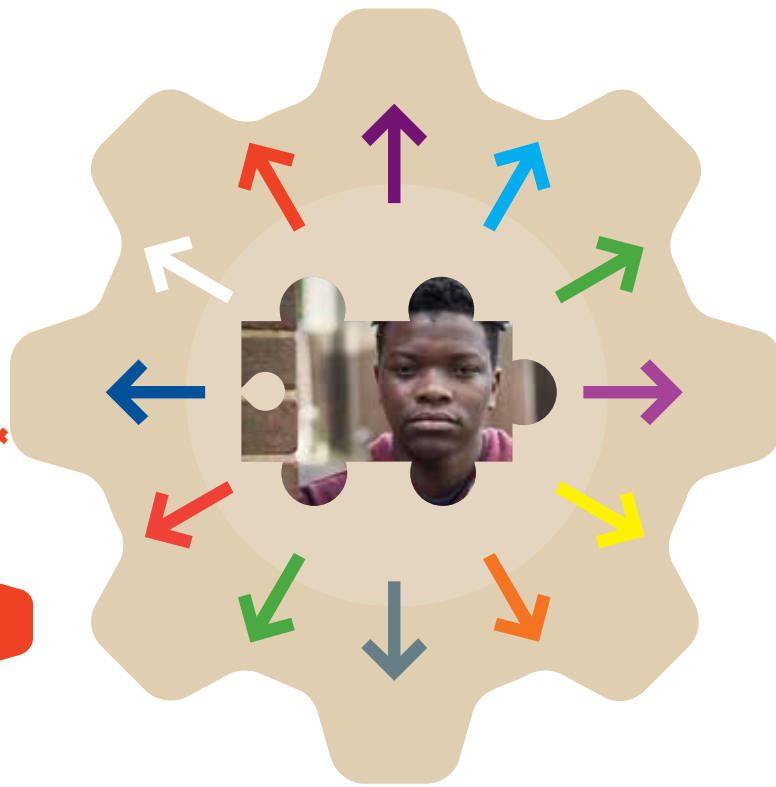


In collaboration with colleagues at Queen's University Belfast in the UK, this feasibility study was undertaken by a team of academic researchers from the University of Johannesburg in South Africa, University of Ghana and Makerere University in Uganda, all of whom are members of the Africa Network of Care-leaving Researchers (ANCR). All of the reports from this study can be accessed on ANCR's website: www.careleaving.com.

Given the paucity of research on youth transitioning from alternative care (i.e. care-leaving or leaving care) in Africa, the study sought to develop and test a methodology for a cross-country, comparative study on leaving care in Africa. This involved the development of the methods used in the *Growth Beyond the Town* (GBT) longitudinal study on resilience and outcomes for care-leavers (Dickens, van Breda & Marx, 2015) to include further consideration of different groups of care-leavers across the domains of culture, gender and disability (Snow et al., 2017) and to incorporate a peer research model previously used in the *You Only Leave Once* (YOLO) study in Northern Ireland (Kelly et al., 2016).

This amended methodology was then tested in four African countries (Ghana, South Africa, Uganda and Zimbabwe) to examine its applicability in these differing political, economic and cultural contexts.

2. Policy Context



Social policy provides the necessary scaffolding and strategic direction to enable appropriate and cost-effective services to support young people as they leave alternative care. Services without enabling policy are vulnerable to lack of coherence and direction, fragmentation and under-resourcing.

The tendency towards poor outcomes for young people leaving alternative care has been seen in a range of countries globally (Mendes and Snow 2016). It has been argued that one reason for that may be the lack of appropriate and effective social policy promoting the necessary leaving-care and aftercare support and services (Pinkerton and Van Breda 2019).

The four countries in which this research is sited all appear to have basic national legislative and policy mandate enabling leaving-care services. All are also signatories to the African Charter on the Rights and Welfare of the Child (OAU, 1990) and the UN Convention on the Rights of the Child (1989). For care-leavers, that global rights agenda has been given expression in the UN Guidelines for the Alternative Care of Children (2009), in which Section E (paragraphs 131 -111) promotes planned and properly managed preparation for leaving care and for supported aftercare.

It emphasises that such work needs to begin early in the alternative care experiences of young people and that planning for care-leaving needs to directly involve young people themselves. The Guidelines also underline the importance of special support for children with disabilities and other special needs who are leaving care.

Despite the national legislative and policy mandate supported by the UN Guidelines, adequate provision of leaving-care services at even a basic level does not seem to exist in any of the four countries. Despite varying degrees of emerging interest and capacity from NGOs, academic institutions and government in leaving-care services, provision in all four countries appears to be on an ad hoc and discretionary basis, poorly documented, generally not evaluated and for which there is no national administrative data. There is, however, some evidence of promising practice in each of the countries.



This was a feasibility study, which sought to develop a methodology for cross-national research on care-leaving in Africa and explore the inherent benefits and challenges.

3.1 Aim and Objectives

The aim of the project was to establish the feasibility of a methodology for a comparative cross-country African study on leaving care. The objectives were to:

1. **Test the applicability and translatability of an amended version of the methodology used in the South African GBT care-leaving study to investigate the experiences of care-leavers in four African contexts (Ghana, South Africa, Uganda and Zimbabwe).**
2. **Develop the methodology to be inclusive of different groups of care-leavers, with particular consideration of gender, disability, ethnicity and cultural background**
3. **Explore the feasibility of a peer research approach that builds on the capacity of young people who have already left care to act as peer researchers**

During the study, the research team held regular virtual team meetings to share expertise and forge a consistent understanding of the agreed approach and tools. The team also met in person at three workshops: in Uganda at the beginning of the study to develop and adapt the tools; in South Africa to refine and finalise the tools before the start of fieldwork; and in Nairobi to finalise the approach to analysis and write up, including an interim launch event with SOS CV Children's Villages (SOS CV).

3.2 Methodological Approach

A mixed methods approach was adopted involving: qualitative interviews to gather data on readiness to leave care and the journey out of care towards young adult life; and, the administration of quantitative and mixed-methods data collection tools (Social Worker Questionnaire and Structured Outcome Interview) to collect data on demographics, resilience and outcomes respectively. The methods used with each group of participants are outlined in Table 1.

Data was collected in face-to-face interviews and all interviews were audio-recorded and transcribed (and in some cases translated) for analysis. Interviews with young people lasted at least one hour and were jointly conducted with a researcher and a peer researcher (see section 4.2 below), a care experienced young person who had already left care and who received training and support to undertake data collection.

Table 1: List of Research Tools for In-care and Post-care Participants

In-care participants	Post-care participants
Social worker questionnaire	Social worker questionnaire
Semi-structured interview	Unstructured narrative interview
Youth Ecological Resilience Scale (incl. WHO QOL)	Youth Ecological Resilience Scale (incl. WHO QOL)
	Structured outcome interview

For the purposes of brevity, we have not included full copies of the research tools, however, if readers would like to access copies of the forms or tools used in this study please contact: Professor Adrian van Breda, University of Johannesburg (Email: avanbreda@uj.ac.za / Tel: +27 11 559 2804) or Professor Berni Kelly, Queen's University Belfast (Email: b.r.kelly@qub.ac.uk / Tel +44 289 097 1486).

3.3 Ethical Considerations

Considerable attention was given to the ethics of the study. In order to protect the confidentiality of young people in and after care, recruitment was conducted by SOS CV staff. Young people who were interested in participating in the study agreed to be put in contact with the researcher who checked that they met the sampling criteria and made arrangements to secure their informed consent to take part in the study. In addition, SOS CV contributed to the research protocol and the relevant SOS CV safeguarding officer could be contacted for any participant who required follow on support. The study was approved by Ethics Committees at each of the universities involved in the study.



3.4 Sampling & Recruitment

As this is a feasibility or pilot study, a non-representative but diverse sample was drawn. Young people were recruited by SOS CV (a major NGO provider of family-like residential care) because it is an international organisation with services in all four countries and has a strong tradition of conducting research on care and care-leaving. Within each country, two SOS CV settings were selected for data collection, based on proximity to the research team. In South Africa, it was also possible to recruit two additional participants with an intellectual disability who had left SOS CV care and were living in a residential setting for adults with intellectual disabilities. Purposive sampling was used to select at least five young people per country from each of the two population groups below:

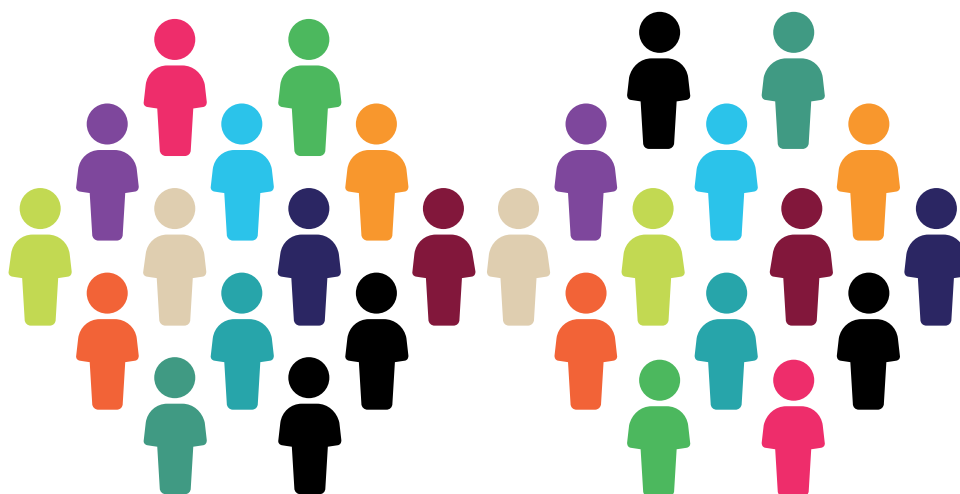
- 1. In-care.** At least five young people preparing to transition out of SOS CV care, who have been in care for at least 12 months and who are at least age 18 and thus in the process of transitioning from care towards young adult life¹.
- 2. Post-care.** At least five young people who had previously been in SOS CV care for at least 12 months but have now left care² and who are aged between 18 and 25 years.

In each country sample, efforts were also made to capture diverse experiences by recruiting a mix of: both males and females; participants from different cultural backgrounds and at least two young people with a disability³. Due to the diverse interpretations of disability across countries, cultures and organisations and the anticipated low level of diagnosis, a broad definition of disability was used including: any level of long-term physical, mental, intellectual or sensory impairment which may or may not have been formally diagnosed; and autistic spectrum disorder.

¹ In-care participants had moved out of SOS CV accommodation but still had financial support for accommodation.

² Post-care participants were transitioning from care to living outside care system rather than moving into transitional accommodation still provided by SOS CV Children's Village.

³ In accordance with preferred terms used in the countries where the research was undertaken, throughout this report we refer to 'people with disabilities' rather than 'disabled people'.



3.5 Profile of Participants

In total, 45 young adults participated in the study. Table 2 sets out the demographic profile of participants.

Table 2: Demographic profile of study sample

Country	In-care	Post-care	Disabled	Female	Mean Age	n
Ghana (Gh)	5	5	0	6	26	10
South Africa (SA)	6	6	3	6	24	12
Uganda (Ug)	5	5	2	5	24	10
Zimbabwe (Zim)	5	8	1	6	23	13
Age range (mean)	17-27 (22)	22-42 (26)				
Total	21	24	6	23	24	45

In the total sample, there were similar numbers of in-care and post-care participants (21 and 24) and female and male participants (23 and 22). The target of ten participants for each country was met and slightly exceeded by South Africa and Zimbabwe, partly to recruit participants with disabilities. Ten participants older than 25 years were sampled. Most of these were in their late 20s, however, two participants aged 35 and 42 who had transitioned into adult residential care for intellectually disabled women were also included.

The six disabled participants were equally divided between in-care and post-care categories (3 and 3) and included 2 females and 4 males. Three had mild/moderate intellectual disability (including the two in adult care), one had autistic spectrum disorder, one had a physical impairment and one had a learning difficulty. Recruiting participants with a disability proved to be challenging across all four countries (none were recruited in Ghana) due to: a low level of diagnosis for children and young people making it difficult to identify undiagnosed young people with disabilities; the low number of children with disabilities living in SOS CV; the lack of familiarity with categories and characteristics of disability among SOS CV staff; and concern about the stigma which could lead to a denial of disability.

Placement History

Social workers provided information about the placement histories of participants via the Social Worker Questionnaire. Participants from Zimbabwe (77%) were significantly more likely to have one or more previous placements (prior to coming into SOS CV) than participants from South Africa (50%) and Uganda (40%). None of the participants in Ghana had had a previous placement. Of the 20 participants with a previous placement, 18 had just one previous placement, suggesting a far more stable care history than most children placed in alternative care in the developed world.

The age of first coming into any care was an average of 4.6 years, and of coming into SOS CV care was 4.8 years. There were significant differences in both sets of ages ($p < .05$), with South Africa having the oldest ages of entry into care (around 9 years), Zimbabwe having the youngest ages (1.5 years) and Uganda and Ghana having in-between ages (4 years), as illustrated in Figure 1.

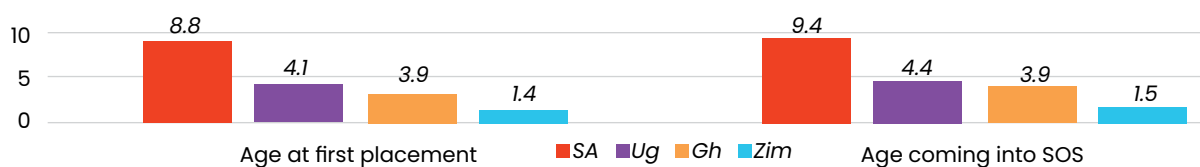


Figure 1. Age of first placement and SOS CV placement by country

The vast majority (93%) of participants spent more than four years in care (the maximum length on the options provided). Three quarters (76%) came into care due to being orphaned or abandoned and a fifth (20%) due to poverty, suggesting a need to provide more support for families and communities to prevent placement in alternative care. In addition, one tenth of participants came into care with one of the following concerns: behavioural problems, abuse or neglect.

Education among In-care Participants

Two thirds (65%) of the 21 participants who were still in care were participating in mainstream education, of which only one was in a special needs school and one in a vocational school. Half (48%) of the participants were currently engaged in tertiary education (with a third of participants busy with a Bachelor's degree). Ghana had the highest rates of in-care participants in tertiary education, at 100%, followed by 40% of Ugandan participants and none of the South African or Zimbabwean participants. Just over one third of in-care participants (38%) were busy with a vocational or technical qualification. This accounted for almost two thirds (60%) of participants from Zimbabwe and Uganda and one third (33%) of South African participants.

Almost half of the in-care participants (43%) had repeated a grade/year once or twice, with South Africa reporting the highest prevalence of repeating a grade (83%), followed by Zimbabwe at 60%, and then Uganda and Ghana at 20% and 0% respectively. Young people's experiences of education will be further explored in section 5.1.3.

Social workers were asked to rate participants' engagement in their education. Half (52%) of the participants were rated as having high engagement, 29% as low, the rest in-between. Table 3 suggests different patterns of engagement across countries (in-between responses omitted). Uganda followed by Ghana appear to have the most engaged participants, followed by South Africa (with a 50/50 split between high and low engaged participants) and Zimbabwe with the lowest levels of engagement.

65%
participating in
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education

52%
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engagement

93%
spent more than
four years
in care

Table 3: Perceived engagement in education

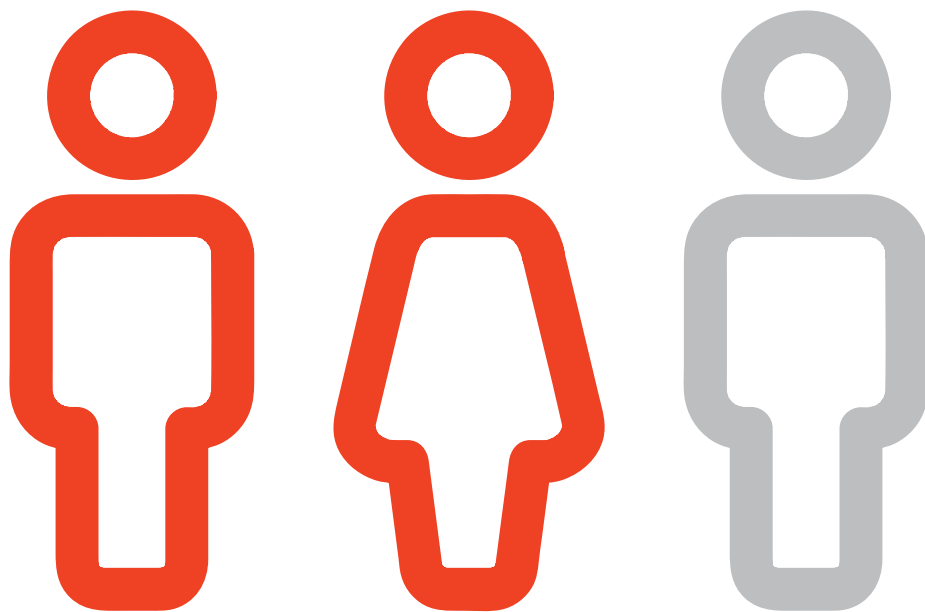
	Uganda	Ghana	South Africa	Zimbabwe
High engagement	80%	60%	50%	20%
Low engagement	20%	0%	50%	40%

Transition Out of Care

Two thirds (63%) of the 24 participants who were out of care left care due to turning 18 and/or completing school. One third (38%) left for 'other' reasons, especially having reached a 'recommended age' for leaving care (which varied from 21 to 23 years) and/or having 'completed a course', though the course was not specified by the social workers. One fifth of post-care participants (21%) left because the social workers judged that they were 'no longer benefitting from the programme'.

Two thirds (63%) of post-care participants transitioned from care into independent living. A fifth (21%) transitioned into non-relative foster care – all of whom lived in Zimbabwe. And a tenth (8%) transitioned to family members (all in Uganda).

At the time of conducting the post-care interviews, one fifth of care-leavers were not in employment, education or training (NEET), including none from Ghana, a fifth from South Africa (17%) and Uganda (20%), and double that in Zimbabwe (40%).



Two thirds (63%) of post-care participants transitioned from care into independent living.

4. Feasibility Findings

This section reports on the findings of the study in relation to the feasibility of each of the methodological tools outlined above and the peer research approach.



4.1 Feasibility of the Methodological Tools

A key aspect of the feasibility study was to test the applicability and translatability of an amended version of the methodology used in the South African Growth beyond the Town (GBT) care-leaving study to investigate the experiences of care-leavers in four African contexts (Ghana, South Africa, Uganda and Zimbabwe) (Objective 1). Prior to fieldwork, modifications were made to the tools by the researchers in consultation with SOS CV staff. These modifications were based on several criteria notably:

- a) Relevance and meaningfulness of questions in different countries.
- b) Equivalence of meaning in different countries, cultures and languages.
- c) Suitability of tools for disabled young people, including those with intellectual disability.
- d) Coverage of the study's main themes: gender, culture, disability, leaving care and resilience.
- e) Suitability of tools for implementation by peer researchers.

Details of the adaptations made to these tools before fieldwork and after feasibility testing are outlined in Table 4 below.

Table 4: Changes to Research Tools Pre- and Post- Feasibility Testing

Tool	Changes prior to fieldwork	Post-fieldwork changes & feasibility findings
Semi-structured interview (in-care)	<ul style="list-style-type: none"> Added additional questions on disability, gender and culture; Added prompts to clarify the focus of the question, assist the peer researcher and gather more specific data on the given question; and Re-phrased questions to reflect the SOS CV service context or country context. Produced an accessible version as a picture booklet, 'My Story, My Future' using less complex terms, visual illustrations and opportunities to speak, write or draw to complete the interview. Produced a feelings card to illustrate a range of emotions to assist young people to respond to affective questions. 	<ul style="list-style-type: none"> Further refined some questions to improve clarity and gather more specific data on gender, culture and disability The feelings card could use a more limited range of feelings as there are limited terms in African languages for feelings Additional time is needed for interviews, especially with young people with disabilities. For some, at least two visits will be needed to complete the interview. It is important in cross-country studies, that transcription is undertaken by someone from the same country as participants often use local dialect or languages. Transcripts also need to be carefully checked by the researcher for accuracy. Cultural norms re gender or age-related seniority can impact on young people's engagement in interviews with a peer. Efforts should be made to reassure participants and redress such power imbalances.

Tool	Changes prior to fieldwork	Post-fieldwork changes & feasibility findings
Unstructured narrative interview (post-care)	<ul style="list-style-type: none"> Reformatted the core narrative question Added prompts to guide the peer researchers. 	<ul style="list-style-type: none"> The unstructured nature of this interview guide found it difficult to offer an open narrative and peer and academic researchers were unsure how best to probe. It is recommended that future care-leaver studies avoid such an open narrative approach and allow a more semi-structured style of interview.
Youth Ecological Resilience Scale incl. WHO QOL (in-care & post-care)	<ul style="list-style-type: none"> Added introductions for sets of questions to clarify the focus and provide examples of relevant people or services Changed the wording of questions to refer to in-care or post-care participants, as appropriate Incorporated health and wellbeing questions instead of a separate WHO questionnaire. Produced an arrow pointer with visuals for a five-point scale to enable young people to select their responses using a physical scale rather than only verbalise their responses. 	<ul style="list-style-type: none"> Some participants need support from the researcher who can read questions aloud or help them to record their responses. The arrow pointer was useful to demonstrate the scaled questions especially for the initial questions until participants become familiar with the scale. For the resilience construct: the 'family relationship' section should be explicit about focusing on the biological family and that it includes the whole (African) family and not just parents and siblings. A suppicate of this set of questions need to be added to focus on 'foster family relationships' and then self-defined family ('other family relationships'), which could include the SOS CV family and participants should be asked to specify who that family comprises. The later section on family finances, should be explicit that this refers to the extended family of origin. Tools may need to be translated to local languages in advance with agreed translation of all languages on one page rather than doing this as needed during fieldwork. Prior translation is particularly important in finding the most suitable other-language expression for constructs such as 'support', 'worries' or 'hobby'. To shorten the YERS, individual constructs not contributing to post-care outcomes could be removed or the separate constructs could be abandoned in favour of a short version constructed using factor analysis.
Structured outcome interview (post-care)	<ul style="list-style-type: none"> Changed the introduction to refer to the time period for this study Ensured responses about educational qualifications and finances were using the correct terminology and currency for each country Changed questions relating to employment to reflect processes and apprenticeships in some of the countries Added county-specific terms relating to drugs and alcohol. 	<ul style="list-style-type: none"> The 'employment' questions should only be answered by those who are employed by someone formally. For those who are self-or informally employed, a new set of questions should be designed. Participants were reluctant to speak about crime, finance and substance misuse due to the involvement of SOS CV in the study. Future studies should provide a clear and full explanation of the independence of the researcher from the funder and supporting organisation to reassure participants of their anonymity and (if possible) ask these questions in a second interview.

Tool	Changes prior to fieldwork	Post-fieldwork changes & feasibility findings
Social worker questionnaire (in-care & post-care)	<ul style="list-style-type: none"> • Agreed this would be completed by the field researcher in an interview with social workers in Word and not by hand on paper, to facilitate swifter data collection. • GBT-specific information and terms were removed, e.g., the names of the GBT sites. • Educational levels were revised to be comparable across the four countries. • Replaced the open field for 'type of disability' with a list of 10 options plus an 'other' category. • Reduced the long list of 26 challenges coming into care to 8. • Added SOS CV-specific answer options where required, e.g., 'youth hostel/care' for where the young will disengage to. 	<ul style="list-style-type: none"> • Some social workers struggled to complete this tool due to lack of easy access to information not recorded on file and limited time to search for information. This could be addressed by administering the questionnaire in an interview with the social worker, perhaps alongside the relevant carer, or collecting some information from social workers and then seeking additional data from the carer. Staff should also be supported by their manager to allocate time for research and future studies could offer a thank you token to staff and the home facilitating the research. • Questions should specify that the data being sought is what was true at the time of leaving care, not at the time of the study. • Questions about 'family' need to be more precise about 'family of origin/biological family' or 'SOS CV family'. • Several Likert-style questions asking for the social worker's opinion about young people's engagement with learning, relationship with peers, family and others, etc. were of questionable value and should be removed or revised. • Due to lack of clarity on the differences between educational, vocational and aftercare plans, it would be better to combine these into a single plan for leaving care with multiple facets, such as education, employment and accommodation.



4.2 Feasibility of Peer Research Approach

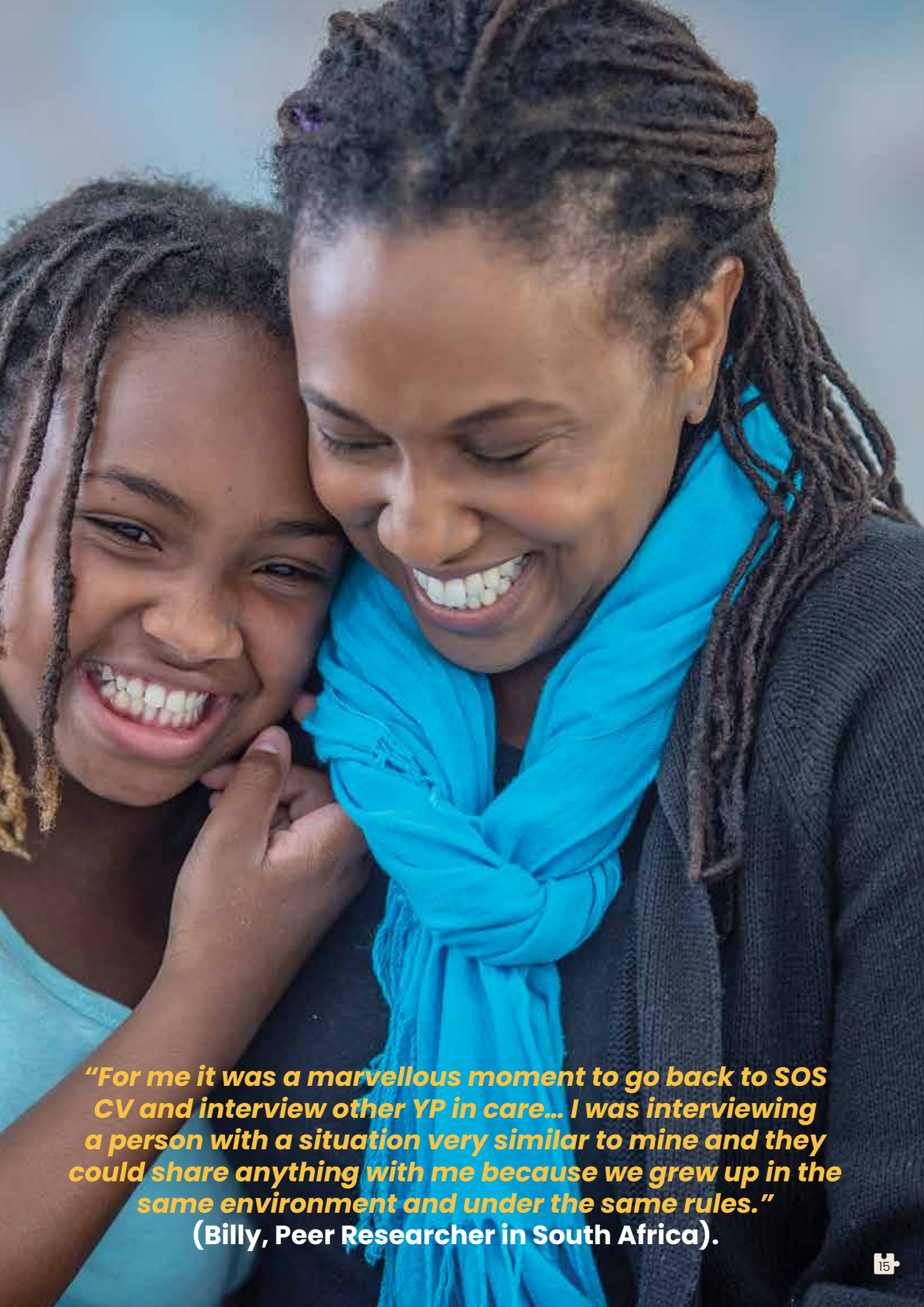
A positive experience of peer research was reported across the four countries. Peer researchers led on the semi-structured and unstructured interviews with participants and, in some cases, also assisted with the administration of the YERS. At the start of the study, a few peer researchers tended to adhere more rigidly to the set questions on the interview schedules, lacking confidence in their approach to managing the interview. However, with experience, their confidence grew and they demonstrated more flexibility in their interviewing style. Peer researchers quickly developed rapport with participants based on their shared backgrounds; knowledge of the local area, services, culture and language; and insight into the challenges of leaving care. Peer researchers reported that they enjoyed learning about research, meeting other care-leavers, developing their confidence and travelling to new areas to undertake fieldwork. Academic researchers also felt they learned a lot from listening to the experiences of the peer researchers. Feedback from participants to the research team during fieldwork also indicated the success of the peer research approach, particularly in relation to developing rapport, helping young people to tell their story and having a supportive and empathic approach.

It was a challenge to recruit peer researchers who had left care some time ago as these young people are harder to contact when they have moved on from care. Likewise, it was difficult to achieve a gender balance, with more males coming forward for the role. Efforts to achieve this balance were aided by recruiting via SOS CV who were still in contact with care-leavers, however, there may also have been some bias by only recruiting via SOS CV. Future studies may need to recruit peer researchers from a range of sources including service providers, but also reaching out to care-leaver networks and utilising snowballing approaches. It was helpful to have over-recruited prospective peer researchers at the outset, as some young people exited the peer research process often due to progression to employment or further education.

The study also found that joint interviews – led by the peer researcher with support from the academic researcher – helped to build the expertise of the peer researcher and provide support during fieldwork, particularly for questions that the peer researchers found more difficult to ask. This joint approach also helped to negotiate the effects of power imbalances based on age or gender, as peer researchers could reassure young people that they were keen to hear their story, whilst also offering choices about whether to be interviewed by the peer or academic researcher, or both. We also found that careful planning, risk assessment and resourcing of the peer research process is important in terms of practical support with peer researchers coming from different areas with a busy schedule and consideration of risk and safety measures. The research team needs to adopt a flexible approach to allow for the complexities of arranging interviews at different times and in various contexts. Debriefing after interviews was also important as it provided an opportunity to give feedback to peer researchers, to boost their confidence and to reflect on areas for development before the next interview.

Finally, it was very important that the peer researchers were involved in other aspects of the research process beyond conducting the interviews. They enjoyed the challenge of helping to refine interview questions, checking transcripts for accuracy, interpreting languages used in interviews, contributing to the establishment of the coding framework for analysis of transcripts, spending time with the wider research team at workshops and presenting on the peer research experience at dissemination events.





***“For me it was a marvellous moment to go back to SOS CV and interview other YP in care... I was interviewing a person with a situation very similar to mine and they could share anything with me because we grew up in the same environment and under the same rules.”
(Billy, Peer Researcher in South Africa).***

4.3 Key Messages: Feasibility Findings

- ✓ The semi-structured interview guide worked well but requires more specific questions on experiences of disability, gender and culture; and the unstructured post-care narrative interview did not work well and needs to be re-worked into a semi-structured interview guide.
- ✓ The quantitative and mixed-methods tools generally worked well though social workers need more support from their employer to complete the questionnaire. Some questions on YERS need clarification, particularly in relation to family, and minor amendments to questions on employment are needed for the structured outcomes interview schedule. More than one visit to participants would also allow more sensitive questions to be asked at a later stage in the data collection process.
- ✓ There were challenges relating to the recruitment of young people with disabilities, suggesting a need for greater attention to research with care-leavers with disabilities. A broad definition of disability helped with guidance for the organisation assisting with recruitment. Future studies could recruit participants via a wider range of organisations to optimise the recruitment of young people with disabilities.
- ✓ The adapted tools for young people with disabilities were not frequently used by the research team, partly because participants with intellectual disabilities had mild-moderate levels of impairment and were able to engage with the research tools without further adaptation. Feedback on use of the arrow pointer to illustrate the five-point scaled questions was positive, however the feelings sheet could be refined to reduce the range of feelings presented and ensure cultural appropriateness.
- ✓ The peer research approach was successful, however, future projects should over-recruit peer researchers with diverse backgrounds at the outset to allow for drop-out as the project progresses. Peer researchers helped to develop a rapport with participants and a more authentic and informed approach to the design of interview schedules and analysis of data. Peer researchers also learned new skills, experienced employment and enjoyed taking part in research. Comprehensive training, debriefing and ongoing support was essential for all of the peer researchers. Issues relating to risk and the safety of peer researchers as they travelled to and from interviews also needed careful consideration. Additional roles for peer researchers including translation, verification of transcripts, analysis and presentations to key stakeholders were valued by both the peer researchers and the wider research team.
- ✓ Based on the successful experience of this cross-country feasibility project, it is recommended that more multi-country and comparative studies of leaving care are undertaken to contribute to our understanding of leaving care across Africa. These future cross-country studies should: ensure careful consideration of legal rules in each country (e.g., duties to report crime); adapt terminology and research tools to be sensitive to the languages used in each country and their service and policy contexts; and have an experienced lead researcher based in each country. The practical challenges of conducting the study and administering payments to staff in different currencies, sometimes in the context of potential political unrest, was greatly helped by having a lead researcher and a research assistant based in a university in each country who had capacity to administer the project effectively.
- ✓ The study also found it helpful to pair senior academics with early career researchers to build capacity among the academic community for further care-leaving research in Africa.
- ✓ This study benefitted greatly from the support from SOS CV, from as early as conceptualising and designing the study, to completion of social work questionnaires and later a sponsored interim launch of the study findings. Future cross-country studies should identify key partners in those countries which may include SOS CV again but could also involve other providers from the NGO sector and state institutions to access a broader care-leaver population and wider range of youth experiences.
- ✓ The team members unanimously preferred in-person workshops to virtual meetings as they helped to develop working relationships, discuss key issues in more depth and facilitate decision making as a team. Although costly and time consuming, future studies should aim to bring cross-country teams together for such workshops at each stage of their research process.



This section outlines the main findings of the study with a particular focus on the five core themes identified in the study objectives: leaving care, resilience, gender, disability and culture.

It should be remembered that this is a feasibility study using a non-representative and small sample of young people, so it is not possible to generalise from these data to the broader population of care-leavers. The findings are primarily intended to be illustrative of what kinds of findings can be generated through this methodology, rather than to be definitive of the SOS CV care-leaver experience.

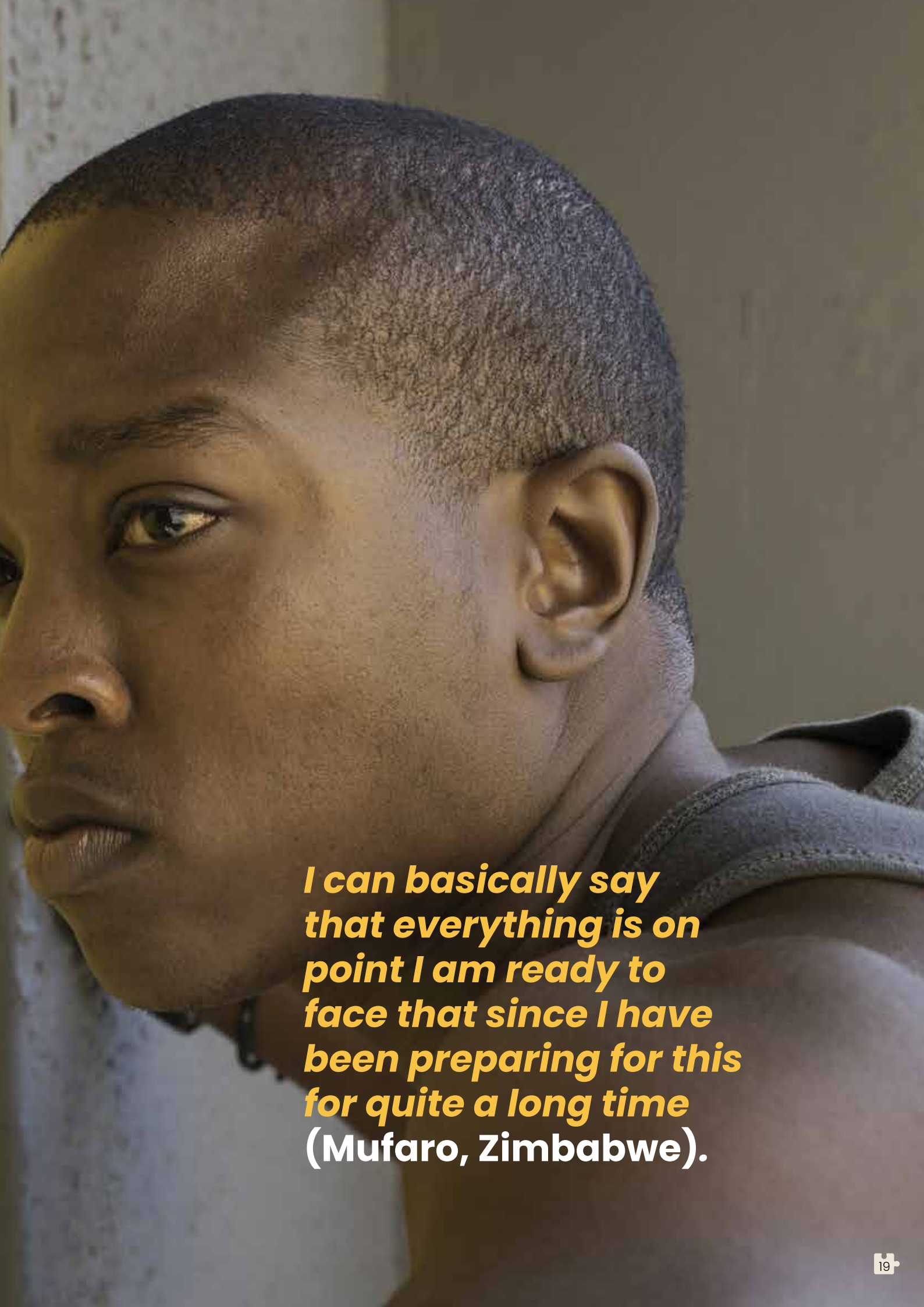
For that reason, and to maintain the anonymity of participants, the findings are not presented separately for each country but as broader thematic findings relevant to all countries. Quotations provided to illustrate the key findings use pseudonyms and indicate which country the young person lives in, however, all other personal identifiable information has been removed to preserve anonymity.



The quantitative aspect of the study produced findings on care-leaving outcomes across countries and the qualitative interviews provided insights into the young people's experiences of leaving care.

5.1.1 Quantitative Measurement of Care-Leaving Outcomes

In the quantitative component of the study, a set of 17 care-leaving outcomes were measured, as set out in Table 5. Nine of these are called 'outcomes scales' and were measured on a 0-100 scale, allowing for a more subtle grading between degrees of quality of criminal activity or finances. Eight of the outcome measures are called 'outcome indicators' and were measured as a yes/no variable, based on whether participants met specified criteria. Indicators are commonly used in large studies, particularly HIV studies. NEET is a classic example of an outcome indicator in care-leaving and other youth research. Definitions of the outcome measures can be accessed at this link: <https://rb.gy/jntryu>.



I can basically say that everything is on point I am ready to face that since I have been preparing for this for quite a long time (Mufaro, Zimbabwe).

Table 5: Outcome measures

9 Outcome scales	8 Outcome indicators
<i>Measured on a 0-100 scale, allowing for a subtle grading between degrees of a construct in an individual's life</i>	<i>Measured as a yes/no variable, based on whether participants meet specified criteria. Indicators allow us to say x% of participants had x construct.</i>
Accommodation	Self-supporting Accommodation
Paid Employment	Reliable Employment
Studying	Diligent Education
Financial Security	Liveable income
Drugs & Alcohol *	Drug & Alcohol 'Free'
Criminal activity *	Crime 'Free'
Health – Global	
Health – Physical	
Health – Psychological	
–	Education for Employment
–	NEET *

* These outcomes are defined as 'negative', thus a high score indicates highly negative outcome.

For the 24 post-care participants, the outcome measures were compared across country, to determine if there were national differences in the kinds of outcomes care-leavers reported. Of the 17 outcomes, seven generated noticeable differences, though several of these could not be statistically computed because of the small sample sizes (particularly for chi-square tests, where expected counts dropped below the threshold of 5 per cell). Table 6 presents these results.

Table 6: Care-leaving outcomes per country

Outcome	Ghana (n=5)	South Africa (n=6)	Uganda (n=5)	Zimbabwe (n=8)
Finances	12	6	18	7
Criminal activity *	9	16	11	9
Self-supporting accommodation †	80%	17%	100%	80%
Education for employment †	100%	33%	100%	100%
Reliable employment †	60%	40%	75%	33%
Drugs & alcohol 'free' †	100%	67%	100%	100%
Crime 'free' †	100%	33%	80%	100%

The first two measures are on a continuous 0-100 scale

The other measures are indicators reflecting the percentage of participants meeting defined criteria

* A high score represents a 'negative' outcome

† Chi-square could not be calculated due to too many cells with expected counts below 5 (small sample); these are included due to the visual differences that can be seen across countries

The most striking finding from Table 6 is that South Africa scores worse on all the outcomes where there appeared to be differences across countries. Compared to the other countries, South Africa had poor financial security, increased levels of criminal activity and substance abuse, less independence in accommodation, and among those studying or working, less investment in their studies or work. Zimbabwe also had low scores for finances and, among those working, reliable employment, but scored better on the other outcomes than South Africa. Ghana and Uganda, by contrast, scored well on all seven of these outcomes, compared with South Africa. Zimbabwe's high education for employment score here (which measures completion of secondary schooling or continued engagement in education or training) contrasts with the low levels of perceived engagement in education (Table 3). This may be a result of different perspectives – Table 3 data was provided by social workers, while Table 6 data by care-leavers. It could also be that despite low personal enthusiasm for education, societal norms and SOS CV support encourages actual continuation of studies.



5.1.2 Support for Care-leavers

Life in SOS CV was good; in fact, SOS CV helped us a lot. They provide us with everything we need especially our feeding and school fees. In terms of our needs they provide everything so SOS CV helped us a lot and it has built me (Mantse, Ghana).

Most young people reported very positive experiences of SOS CV and were grateful for the care they had received. Indeed, young people felt it was important they reciprocated this experience of care by 'giving back'. Most of the young people had positive relationships with their carers in SOS CV and some had very strong bonds with their SOS CV Mother. A few young people also mentioned the role of the Village Director (usually male) as a further source of support. Young people also highlighted support they received from their social workers, youth workers and counsellors during their time in care and as they prepared to leave.

Young people often availed of ongoing support from SOS CV well beyond the age of 18 years, either financial support with education or accommodation or extended care arrangements. Some young people also accessed support from a non-relative foster carer or sponsor who could provide financial support or offer care as they transitioned from SOS CV. Young people reported mostly positive experiences of non-relative foster care, however, two young people were unhappy with the support offered by their carer.

Young people described how SOS CV caregivers had fostered skills and interests during their time in care in order to prepare them for life after care. These included basic skills such as cooking, looking after animals and gardening. Educational achievement was highly valued by young people and SOS CV staff. Young people also felt that SOS CV worked hard to build their skills and develop their value base to enable them to reach their full potential in their adult lives:



I am very well prepared to face reality... through proper planning and well channelled roadmaps in life like education, support and I have managed to acquire a certification so that I am able to support myself in future. I am ready for that and well prepared and besides that I have nurtured myself, my attitude and my character. I can basically say that everything is on point I am ready to face that since I have been preparing for this for quite a long time (Mufaro, Zimbabwe).

Living in SOS CV care also taught young people how to live with other people, work as a member of a team and respect others, which benefitted them when they left care. Some young people also noted how SOS CV had helped to secure essential official identity documents prior to leaving care. However, many of the young people also felt that the high level of care and support offered in SOS CV had encouraged them to become dependants who are ill-prepared for the harsh reality of independent living. One young person explained how they overcame a dependency on SOS CV services by learning from their SOS CV siblings and using their initiative to apply skills learned in their communities of origin:

There is a tendency of SOS CV making you blind because... everything is coming on a silver plate but... you have to wake up. You are going outside SOS CV, this is not there, you have to do this by yourself like this. So every time I used to go for holidays, I would get involved with different people and do some work... these people taught me how to get involved and do work by yourself. So you can start something small for yourself than wait for what SOS CV provides for you (Francis, Uganda).

This young person reflected a message from several other participants that SOS CV needs to do more to help young people engage with their communities from an earlier age to build their networks of support and opportunities for employment post-care:

I think they could have helped us with companies and other things because from where we started, we saw life to be so rosy. If not, they have to link us up to the natural world or with our families so that we see how the real-life is out there (Atto, Ghana).

I would recommend SOS CV should set up a facility centre for counselling for the children that are still inside... to take back those children to their belongings, the families, allow them to go back and visit their families because at the end of the day when they grow up, they are in town and things are hard, they are able to go back and reunite with their siblings (Martin, Uganda).



Young people usually moved from the village to a youth facility around the age of 14 to support their growing independence and to offer ongoing care as young people completed vocational or educational courses. Some young people moved on to live with foster/adoptive parents whilst others moved into rented accommodation (paid by SOS CV) as they pursued higher education or training. In some countries, young people benefitted from the support of mentors who helped them to develop personally and vocationally and, in others, some young people had a sponsor who could provide some financial support life after care.

As young people moved on from care, SOS CV continued to provide practical support in terms of funding for courses, business start-ups or rental accommodation and emotional support as young people often still relied on advice and guidance from their SOS CV Mother or other SOS CV staff. This ongoing support was very much valued by young people who explained that it helped them to gradually move towards independence with some support. Some young people, however, felt that there was an abrupt end to this ongoing support that should be more clearly planned for and communicated to youth post-care. Others were concerned about the future when SOS CV support would cease and felt that SOS CV should keep in touch with young people who have left their care to monitor their outcomes and, if necessary, offer guidance and support for those who need it:

They should be visiting and checking up on you because when you leave SOS CV they don't mind you unless you call them. If you don't go there it is as if they don't have anything doing with you. I don't think any mother will give birth and stop checking up on the child when that child moves out. That bond should be there even if you've left SOS CV... There is supposed to be an end product in everything that you do so if you don't get the end product right then what is the point (Adzo, Ghana).

Young people who felt well supported at SOS CV and had close relationships with their SOS CV family were fearful of leaving:

It was very tough and I didn't want to leave the village at all... I found it very difficult. Leaving friends behind, going into tough days. The village is very great and when I got here, I was very worried that I will never see friends again
(Siphehile, South Africa).

Although young people were very appreciative of the high level of care and support they received at SOS CV, they were aware this privileged them in comparison to their peers at school who lived at home with their parents. They also experienced a sharp decline in living standards when they left care and moved to live independently in communities where there were high levels of poverty and deprivation:

Life in SOS CV was a single room with your own washroom but when I got there [post-SOS CV accommodation] I had to share a washroom and share a public toilet. It was very difficult at first but I said I've been through this before so I had to humble myself and quickly integrate with the situation
(Ekua, Ghana).

Young people described a process of moving from feeling excited about move on from SOS CV to realising that they needed to quickly develop their independent living skills. Some young people felt they were not ready to transition and needed more support. Others acknowledged that they needed to leave SOS CV care and support to experience the 'real world'. These young people were keen to fit into society and not be treated differently because they had come from SOS CV.

Some young people were fearful of life after leaving SOS CV. These was sometimes a general fear of the unknown but, in other cases, fears grounded in a realisation that they would have to survive on their own with limited supports. Young people were also fearful for their safety with concerns about violence or negative influences in the communities they will live in:

I think fear of bullying at work places because I have faced that before... teasing, like someone humiliating you, treating you badly... I have faced it before... I hate it when someone undermines you and do not give you the respect you deserve as a human being
(Pauline, Uganda).

Many challenges... Some of the girls are smoking... I am afraid of peer pressure... Human trafficking... I think teenage pregnancy... I have to be strong and look after myself
(Lungiso, South Africa).

Young people also indicated that they were particularly vulnerable to exploitation or abuse because they did not have a protective biological family:

It becomes difficult in a way that some men when they learn that you come from care... they bring in mistreating you because they know now that you do not have a family of your own like biological parents... you do not have people who are going to come to your rescue... That is why... especially when it comes to the females, we tend to hide that fact that we come from care... because of that fear
(Pauline, Uganda).



5.1.3 Education



All of the participants emphasised the importance of education at secondary and tertiary levels to help them to optimise their opportunity for success in their post-care lives. Many young people were focused on higher education and were ambitious for their futures and keen to secure well paid professional jobs. Others sought out vocational courses with a view to securing employment in their local communities. The majority of young people were thankful to SOS CV for providing funding, encouragement and support for their participation in education.

A few participants indicated that there was too much emphasis on academic performance at college or university and more support could be available for those who were interested in manual skill progression. Some also felt that they had not been given clear guidance or advice about their career options and were unsure how to choose course with good employment prospects.

Young people who had attended special schools felt that they had not been encouraged to achieve their full potential at school and some were reliant on the disability grant as an income. Others who did not attend special schools but who had struggled with their education felt embarrassed by their low level of educational attainment and felt that teachers could have provided more support. There were also indications that young people whose parents were immigrants also experienced some difficulty in progressing through school due to the absence of identity documents.



Young people also explained that they had experienced stigma, exclusion or discrimination in schools because of their identity as a child from SOS CV:

At school some of the teachers and children used to see SOS CV children as bad people... as though they are not happy with you... The English teacher used to abuse me that you are stupid. She used to give me punishments to scrub the whole trench, clean the toilets as others are in class studying and I was outside cleaning (Cathy, Uganda).

As a result of this stigma, young people felt they had to prove themselves at school to counter negative assumptions about SOS CV children and felt more could be done to monitor their school experiences.

5.1.4 Employment

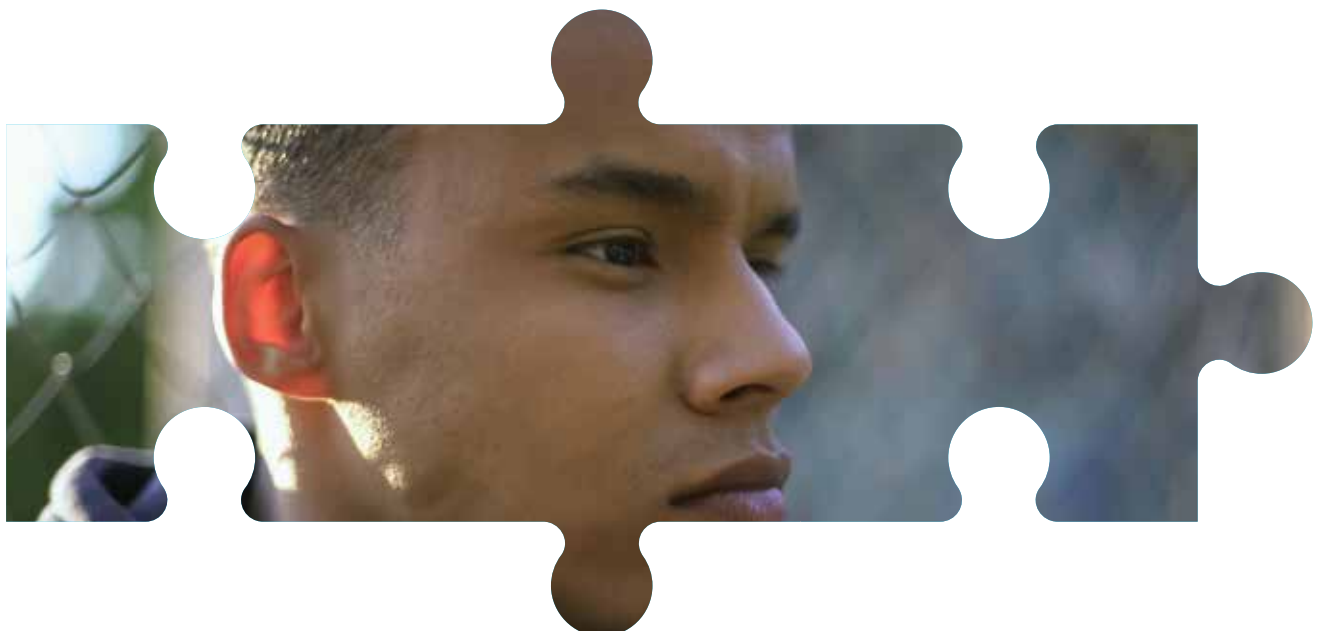
As young people were aware that ongoing support from SOS CV was time limited, they were very keen to secure employment and a source of income. For those who were engaged in higher education, successfully completing their courses was viewed as a route to employment. Others pursued vocational experience and sought support from sponsors or mentors. Some young people also demonstrated entrepreneurial skills from a young age by developing business ideas and building networks in the community who could possibly link them with work experience and future employment. These links to social capital in local communities were important for young people who did not have birth family connections to help them to secure employment. In the context of high rates of youth unemployment, some participants had experienced failed business ventures and felt they needed more support from SOS CV to develop their business ideas.

Moving on from care without a steady source of income was a very worrying time for young people. In order to secure adequate finances, some young people had identified multiple sources of income with more than one job or investment. Young people were often balancing short-term or part-time work alongside studies to support their education or to save money to enable them to pursue future ambitions. Some young people had developed networks of peers (often SOS CV siblings) who would support each other during short periods of unemployment by providing food or basic household items until they secured another source of income.

Several young people who had secured employment also explained that their income was often not enough to cover a basic standard of living. Those who were not able to secure or sustain employment were struggling financially and were unsure about their futures:

You live work, and there is no money, you even don't know what you are going to eat at home, you have no sugar and you even to ask friends about what to eat, so you have to bear with the situation like that so sometimes if there is a small job, I go out there and do it... It is not every time I get some money so, sometimes you have to sleep hungry (Joseph, Uganda).

Given the need to balance income and finances very carefully after leaving SOS CV, some young people suggested that it would have been helpful to have had more opportunity to learn how to manage money whilst in care.



5.1.5 Accommodation

Several young people moved to live with biological family or foster/adoptive carers, others had established connections in the community through their peer networks, churches or universities/colleges to find somewhere to live. For some young people, it was not possible to return to live in their communities of origin or with their biological families as they needed to live closer to where they had found work opportunities. A couple of young people had married on leaving care and lived dependently with their husbands. Some of those who moved to live independently after their time living in SOS CV Villages initially found it to be a lonely experience:

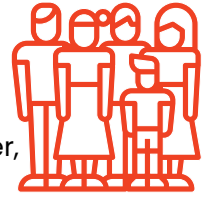


When I was in the village, we would share a room maybe like 5 people, here you are conversing, you are chatting, you have fun together but when you are alone in the room it is not that easy because... you are bored, you have no one to talk to, there is no television, there is no radio... The first night I felt like I don't want to sleep, I felt like taking my clothes back to the SOS CV village and at least have more nights there (Joseph, Uganda).

Young people were very appreciative that SOS CV paid for their rental accommodation for up to two years after they had exited their care although, for comfortable housing, this money often had to be topped up by additional income. Some young people had secured comfortable housing arrangements, whereas others were living in very basic and cramped living arrangements. Several young people also found it difficult to find somewhere to live and were unsure how to arrange it. A few young people also had periods where they were homeless due to a change in living circumstances, such as a breakdown of family relationships.

5.1.6 Family

Young people had varied experiences of family relationships and differing constructions of family in their lives. As discussed earlier, some young people moved to non-relative foster or adoptive families. Some had contact with their biological family whilst others had no knowledge of their biological family. Several young people grew up with their biological siblings in the same SOS CV village. Contact with biological families after care was varied. Some young people referred to mothers, aunts or grandmothers who provided some support and others to uncles or siblings. Birth families could provide useful connections to opportunities for employment through family land, businesses or work contacts.



Several participants who had returned to live with their biological family, played a key role in supporting their immediate or extended family members, including parents and grandparents. For a few young people, providing support for their biological family from a distance was preferred. Maame, for example, explained how she had come into care from a context of extreme poverty and, whilst her family expected her to do well, she did not fit easily into their community due to her level of education but also because she did not speak their language and felt stigmatised:

A family living beyond absolute poverty and the problem which made them take me to SOS CV still exists... so they are even looking up to me... Having interacted with them for some time, they still see you as a visitor even though you are part of the family. You can visit but you are not part because you didn't grow up with us... they actually expect more from you so it is better to find a place and then get to the level where you know you can be able to help your family (Maame, Ghana).

Some young people spoke of the stigma for their biological family when they were taken into care and described strained or distant relationships with their biological family members and a need to develop their bonds further. For those who had been abandoned or who no knowledge of their biological family, the absence of this family of origin continued to impact on their lives as they moved on from care. These young people did not have information about their genealogy and did not have any blood connections in local communities who may help with practical resources, inheritance or emotional support. However, some young people reflected on their own agency and ability to build a successful life regardless of their heritage.

Young people were encouraged to consider their SOS CV Mother and other children living with them in SOS CV as family and often referred to these people as mothers or siblings, although they were not biologically related. Many young people described warm, loving and secure relationships with their SOS CV Mother:

She is a strong woman, she is bold. She is very caring, she is my pillar to cry on. Yes I love her and she has been there for me through my life... she is like my biological mom. And she is also my friend (Sibongile, South Africa).



Some young people felt that the emphasis on being part of a SOS CV family led some young people to falsely believe that SOS CV would always be their family and continue to support them as a family:

They thought SOS CV would be able to give them whatever a family will give but then you find that SOS CV is not your family, it is just there to help you go through... they will just bring a care taker who will act like a mother because when you leave this place... you have gone, I was your mother in SOS CV I am not your mother outside which means when you go out of SOS CV... you have to get a life, get yourself a family (Emmanuel, Uganda).

Separation from SOS CV brothers and sisters was a source of much sadness for many young people leaving care. Efua was also one of several young people who had plans to reunite with SOS CV siblings in the future and offer them support:

For me, the emotional transition will be a little difficult because my bond with the people of SOS CV is quite strong (Efua, Ghana).

Many young people spoke of ongoing contact with siblings from SOS CV who provided practical and emotional support post-care and, in some cases, lived in the same home. A few young people felt this contact with SOS CV siblings was not always consistent. Young people also spoke of their desire to meet other children growing up in SOS CV to advise and guide them and inspire them as a role model.

5.1.7 Social Network

In addition to family networks, young people shared their experiences of their social and personal relationships. These included friendships from SOS CV, school, college or university and work. Some young people were part of formal sport and leisure groups. Young people were also members of various church groups and choirs.



Most young people had developed close friendships with peers in SOS CV. Others had forged new friendships and social circles in areas they had moved to, based on common interests, such as, music. However, some young people described challenges relating to making friends and engaging with their peers at school and in SOS CV. One young person explained that she had hidden his care background from his current friends as she thought it would change their view of him:

My friend doesn't know that, where I came from. I lied to them... It's very, very, very difficult to say to someone, "I came from a care insitution" because they know that a care insitution is for orphans... I was scared people can laugh me about it (Rungano, Zimbabwe).

Some young people felt they had engaged in negative peer networks and had trusted others too easily. Others emphasised the importance of building strategic networks of people who are not close friends but purposeful alliances:

If you contribute to my success, I'm in but if I see that you're going to slow me down then our relationship will be seasonal. If there is a need I will help you or recommend you to someone for help... I always tell my friends that they are not my friends. I see it like I'm trying to make it and I'm just someone who is passing along your way and we both have to grab something good from each other. I don't do friends, friends disappoint (Maame, Ghana).

Several young people felt that they would benefit from having a mentor to guide them as they navigated their post-care lives.

Some young people also spoke of their experiences of intimate relationships and marriage. Of the 24 post-care participants, two were married and one was living together with a partner like a married couple, 10 were in a romantic relationship and seven reported themselves as single (four did not answer the question). Thus, two thirds of post-care participants were in an intimate relationship. Four of the post-care participants reported having children – all had just one child. Several participants spoke of their experience of loving relationships and marriage and some were also parents. However, a few young people had been in negative personal relationships that had ended due to betrayal or intimate partner violence. Several young people explained that they found it difficult to meet someone because of the stigma of being a person who had grown up in care.

They share their situations when they are about to get married and open up about growing up in a home and the whole thing messes up... and the person changes their mind because they don't see why they should get married to someone who doesn't have a biological home. The stigmatization on underprivileged children who are in care is so high... (Maame, Ghana).

Others felt that they found it difficult to build a trusting, loving relationship because of their previous experience of adversity or abandonment:

Love must be real and based on trust so... if your parents dumped you, you feel that as you grow up. You grow up with the mentality that nobody loves me. I was rejected like when I was a kid, when I was a baby... So sometimes you lose trust and that is something that all relationships go through... It is hard to trust anyone (Mufaro, Zimbabwe).

Some males were concerned that they did not earn enough money to support a partner and several females shared that they did not wish to meet a partner who was struggling financially. Due to their own experience of adversity, some young people were seeking a partner who had a 'bright future'.



5.1.8 Leaving Care: Key Messages

- ✓ Young people are grateful for the care, support and opportunities they were given at SOS CV.
- ✓ SOS CV represented family for many young people, therefore, ongoing support from SOS CV and a sense of love and belonging with SOS CV Mothers and SOS CV siblings post-care is important to those who do not have biological family.
- ✓ Young people also want access to information about their life history and, where possible, to build connections to birth family and culture.
- ✓ The stigma associated with growing up in SOS CV needs to be addressed with positive identity work and redress for experiences of discrimination. SOS CV may also wish to undertake a counter-story campaign to raise awareness of the positive identities of young people living in their care and to challenge negative stereotypes and exclusionary attitudes or behaviours.
- ✓ As part of the process of deinstitutionalization, SOS CV care can place more emphasis on community-based care (including kinship care), however, this requires tangible investment in policies and programmes that focus on all children without parental care in a holistic manner.
- ✓ Young people (both males and females) need help whilst in care to build connections in local communities for social support and social capital that foster opportunities for employment and social inclusion.
- ✓ Graded transitioning, with steady, planned and facilitated decrease in support and increase in independence, will be useful in facilitating a smoother transition from care towards full independence from SOS CV. Young people need to be encouraged to develop the social and independence skills required for life after care, including access to information and experience of the reality of life outside the SOS CV village. Alumni groups of young people who have already left care could offer information and mentoring for young people still in care.



5.2 Resilience

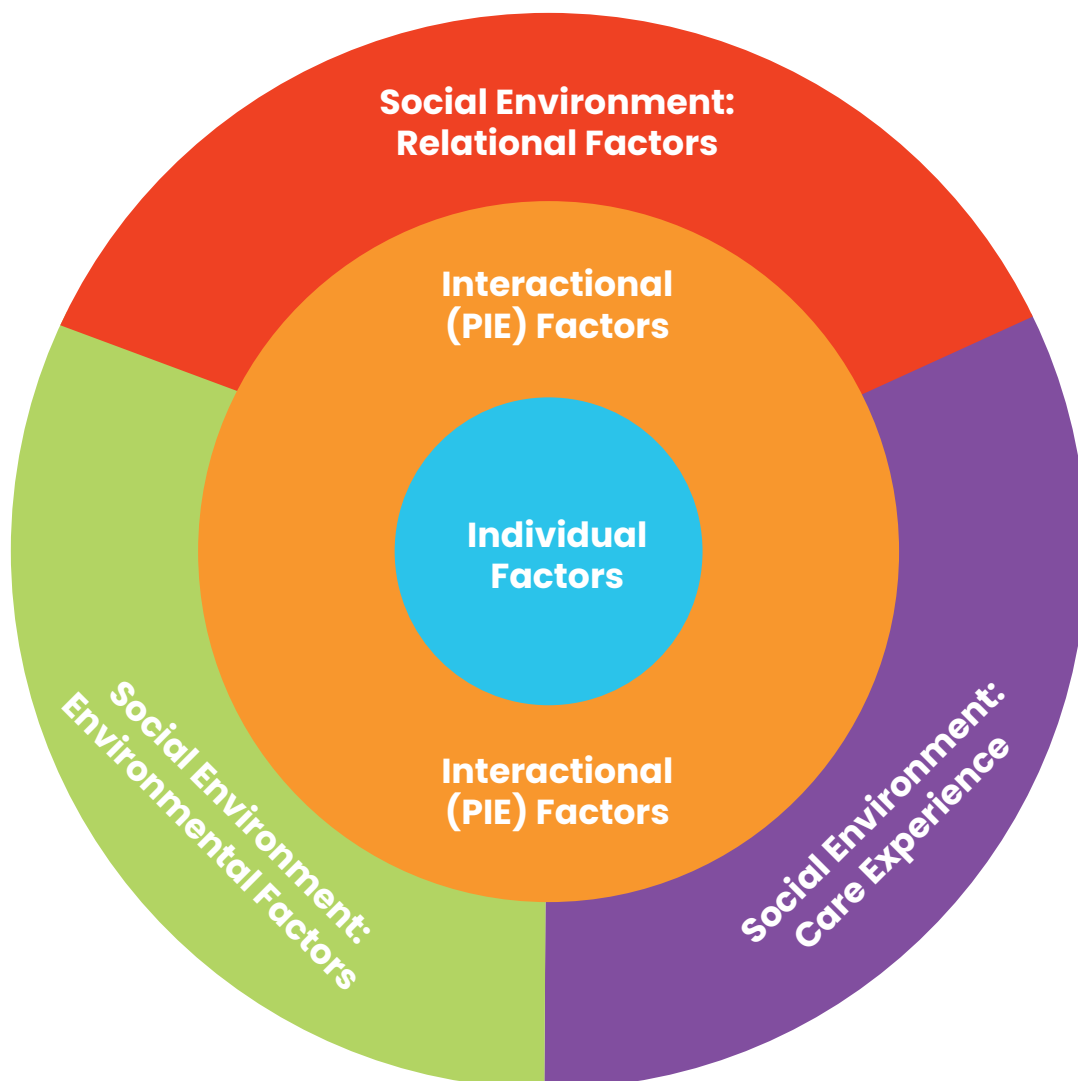


Resilience is regarded as an important construct for care-leavers, as they face rolling adversities, often reaching back to early childhood. These adversities continue through their removal from their families and placement into care, sometimes while in care, and again in their transition out of care towards young adulthood. For this reason, resilience is one of the most prominent theoretical frameworks used globally, and in Africa, for understanding the care-leaving journey. Resilience is defined as “the multilevel processes that systems engage in to obtain better-than-expected outcomes in the face or wake of adversity” (Van Breda, 2018, p. 4).

5.2.1 Quantitative Measurement of Resilience

Resilience was measured using the Youth Ecological Resilience Scale (YERS), which is based on the person-in-environment or ecological framework, which views resilience as not inherent or internal to a person, but rather as operating at the interface between people and their environment as illustrated in Figure 1 below. The YERS comprises 24 individual resilience constructs, as well as six composite measures, which combine the individual constructs according to the five domains of the YERS plus one global composite resilience measure. Definitions of the resilience constructs can be accessed at this link: <https://rb.gy/jntryu>.

Figure 1: Person-in-environment (PIE) Framework for the YERS (van Breda, 2017, p. 250).



Resilience by country

The resilience constructs were compared across several demographic variables. First, we looked at patterns of resilience across the four countries. Of the 30 resilience measures, four emerged as statistically different ($p < .05$), as shown in Table 7. For all four resilience measures, Ghana had the highest scores compared to the other three countries and South Africa had the lowest. Uganda and Zimbabwe had similar resilience scores, except for relationships with a lover (girlfriend/boyfriend), where Zimbabwe scored higher than Uganda.

Table 7: Resilience by country

Resilience Construct	Ghana (n=10)	South Africa (n=12)	Uganda (n=10)	Zimbabwe (n=13)
Relationships with lovers	81	33	64	73
Relational resilience (composite)	77	59	71	71
Interactional resilience (composite)	77	67	73	73
Resilience (composite)	71	60	66	68

Association of resilience with care-leaving outcomes

In the original GBT study, resilience data was collected before young people left care, and outcome data was collected a year or two or more later. Thus, the focus of analysis was on how resilience prior to leaving care contributed to (or predicted) care-leaving outcomes. In this study, we collected resilience and outcome data at the same time, so we cannot use the terms 'contribute' or 'predict', as we used mostly correlations for these analyses. We can, thus, not be sure that the resilience led to the outcomes. It might be the other way round, for example, not being involved in crime and drugs could increase the chances of having a meaningful love relationship. So, we are looking here at associations between resilience and outcomes. Of the 30 resilience measures, 12 were significantly associated (at $p < .05$) with two or more outcomes, which we regard as 'prominent'. These are set out in Table 8, where the prominent resilience variables are listed in the first column and the outcomes with which they are associated in the second column.

Table 8: Resilience and outcomes

Resilience variable	Outcomes
Family relationships (3)	Health – global, health – physical, health – psychological
Role model relationships (3)	Health – global, health – physical, Drug & alcohol 'free'
Love relationships (3)	(low) drugs and alcohol, (low) crime, crime 'free'
Self-efficacy (3)	Health – global, health – physical, health – psychological
Self-esteem (3)	Health – global, health – physical, health – psychological
Personal resilience (composite) (3)	Health – global, health – physical, health – psychological
Global resilience (composite) (3)	Health – global, health – physical, Accommodation
Resourcefulness (2)	Health – global, Education for employment
In-care experience (2)	Health – global, health – physical
Relational resilience (composite) (2)	Health – global, health – physical
Interactional resilience (composite) (2)	Health – global, health – physical
Care-related resilience (composite) (2)	Health – global, health – physical

The results show that the prominent resilience processes are drawn from all of the resilience domains except the environmental factors, suggesting that resilience is multifaceted and that young people draw not only on internal resilience but also resilience resources in their world around them. However, three relationship-based resilience resources appear prominently (compared with two from the personal domain) among those associated with three outcomes.

Outcomes associated with resilience

Table 9 presents similar data, but focused on the outcomes that are most commonly associated with resilience processes.

Table 9: Outcomes associated with resilience

Outcomes	Definition
Health – global (11)	Physical and psychological health combined
Health – physical (10)	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
Health – psychological (4)	The extent to which care-leavers experience well-being (e.g., good body image, self-esteem, concentration, meaning in life and absence of negative emotions), so that they can function in daily life.
Accommodation (2)	The extent to which care-leavers live independently (or with a partner) in self-funded, formal housing, with no moves or periods of homelessness since their last interview
Drug and alcohol 'free' (2)	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 (2)	The extent to which care-leavers engaged in vandalism, theft and violence and have had trouble with the law since their last interview.
Crime 'free' (2)	The percentage of care-leavers who avoided any serious crime or trouble with the law during the past year
Education for employment (2)	The percentage of care-leavers who have completed, or are busy with, secondary education or a trade qualification.

Eight of the 17 outcome measures were associated with two or more resilience measures. Health (as physical, psychological and global) emerges as most strongly associated with resilience. Crime and drugs comes up prominently as well, and accommodation and educational attainment or engagement are also outcomes associated with resilience.

From the qualitative findings, aspects of accommodation, support networks, relationships, education and employment have already been presented in the earlier section on leaving care. Other aspects of resilience that were explored in the interviews with the young people were: overcoming adversity; personality traits; and having a hopeful future orientation.

5.2.2 Overcoming Adversity

Young people shared their memories of past abuse or neglect prior to coming into care and one participant reported alleged abuse perpetrated by a young person during their time in care. These experiences led to contact with social work services and follow on support to keep them safe. However, this experience of trauma was still part of their personal narrative and continued to impact on their lives as they left care. As discussed above, separation from their biological family and local community was also a key disruption to their narrative that continued to impact on their life experience. Young people also encountered stigma and discrimination as a child growing up in SOS CV and as a child experiencing learning difficulties or disabilities. On leaving care, young people faced a range of adversities including lack of money, food, appropriate housing and support.

Young people often described facing these adversities in their lives and learning from them. Some spoke of using the experience of adversity or discrimination as a source of motivation. Young people tried to build their social capital and tried to pursue positive life choices. A few respondents had engaged in what they described as 'hustling' with peer groups to expand their social and economic network. While this helped them get ahead, it may also have put them in dangerous situations. Several young people engaged in drug or alcohol use which they felt helped to regulate their emotions and sleep.

In the context of these adversities, some participants felt they had to learn how to manage their emotions in response to these experiences, including anger, disappointment, hurt and sadness. Most young people felt that their experiences of adversity had taught them important life lessons, helped them to develop their personal values and qualities, and enhanced their empathy for others:

I have learned patience and then perseverance. So patience, in all things that you do no matter what the obstacles are you have to be patient about life and also perseverance and no matter what obstacles comes in your way; you have to be able to push through in life (Naana, Ghana).



5.2.3 Personal Traits and Resourcefulness

Young people described various personal traits and resources that they felt helped them in their transition to adult life. For many young people, their religious faith was important; this will be discussed in the later section on culture. Most young people also spoke of being hard working, focused and self-disciplined, communicating effectively with others and taking up opportunities as they arose:

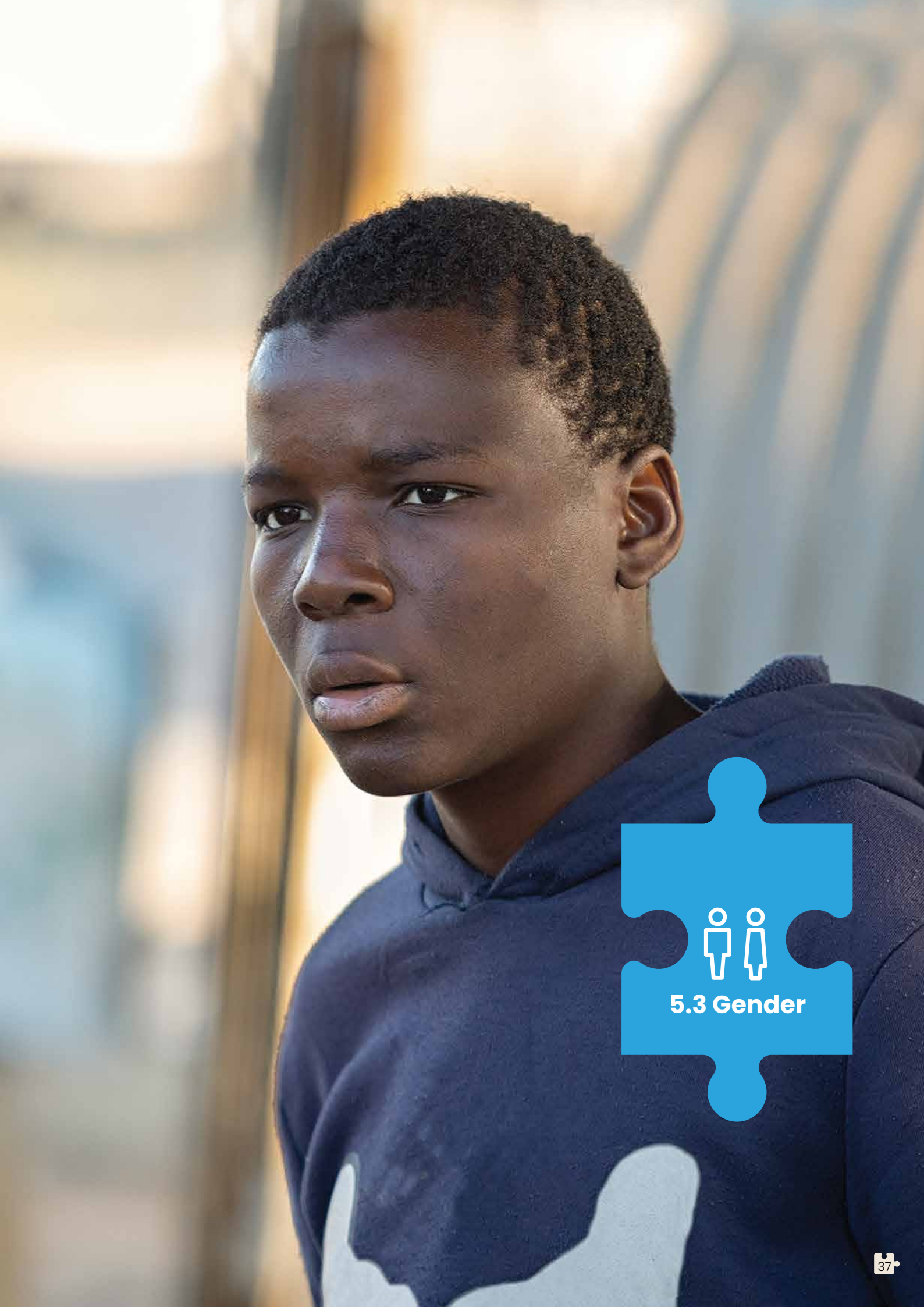
It is how you personally approach life with a positive mind and as I said the drive that you've been given such an opportunity so you have to make something out of it so that you can also help others... it is that spirit of resilience, not giving up no matter the circumstance and striving for excellence. That has been my driving force because out there is not easy (Ekua, Ghana).

Some of these young people acknowledged the role of SOS CV in helping them to develop these values and traits. Despite the fears and the adversities highlighted, young people were also very hopeful for their futures. Some young people were looking forward to the opportunity to start afresh when they left SOS CV and to form their own identities and independence:

SOS CV taught me how to be disciplined and... to endure and be persistent. To work for ourselves and to fight for our rights... and how to be responsible. They taught us to think big and do great things... I believe we are nurtured in that way... I am managing to face challenges and be able to solve them. Sometimes we fall and then we rise again. Sometimes we pass through tough times but that is what we get to learn and know real life. For me, I do not see that as a challenge but as a lesson and as life (Mufaro, Zimbabwe).

5.2.4 Resilience: Key Messages

- ✓ Young people leaving care faced much adversity as they transitioned to young adult life including past trauma, economic hardship and limited social support.
- ✓ Resilience, across personal, interactional, relational and environmental domains, appear helpful in facilitating better-than-expected care-leaving outcomes. Relational resilience appears particularly prominent, suggesting the importance of cultivating networks of supportive relationships for young people in various social contexts.
- ✓ Some engaged in some activities that, while posing possible danger, were expressions of agency in the context of limited choices to engage in entrepreneurial creativity or to self-medicate to manage their health and emotions.
- ✓ Most young people approached their lives with hope, self-discipline and stoicism, clearly demonstrating a hard-working approach that helped them to make the most of opportunities that arose to actively pursue their goals and achieve success.



5.3 Gender

The quantitative aspect of the study produced findings on care-leaving outcomes by gender and the qualitative interviews provided insights into gendered aspects of the care-leaving experience.

5.3.1 Quantitative Measurement of Gender Differences

Outcomes by Gender

In the quantitative component of the study, we looked for differences in the 17 care-leaving outcomes between male and female participants. Three of the 17 outcomes yielded statistical differences, and two, while not statistically significant, were visually striking. These are presented in Table 10.

Table 10: Outcomes by gender

Outcome	Male (n=13)	Female (n=11)
Drugs and alcohol †*	15	1
Crime *	9	0
Self-supporting accommodation †	70%	56%
NEET *	0%	40%
Crime 'free'	55%	100%

The first two measures are continuous; the remaining three are dichotomous indicators

* A high score is a 'negative' outcome

† Tests not significant, but visual differences are striking

Women are substantially more likely to be NEET than men. They are also less likely to have self-supporting accommodation, meaning they remain more dependent on others for their living arrangements compared with men. By contrast, men are significantly more likely than women to be involved in crime and drug and alcohol abuse. In summary, women's behaviour appeared to be more prosocial than men, but women struggle more than men to attain economic independence.

Resilience by Gender

We similarly compared the resilience measures across gender. Only two of the 30 resilience measures showed significant gender differences, indicating that on the whole, men and women display similar levels of resilience across all resilience domains. The two differences, depicted in Table 11, show that men had better community relationships than women, while women had better role model relationships than men.

Table 11: Resilience by gender

Resilience construct	Male (n=22)	Female (n=23)
Community relationships	73	63
Role model relationships	75	82

In the interviews with young people, gendered aspects of their experiences of leaving care were apparent. These included gendered roles, experiences of gender equality and gendered cultural norms.

5.3.2 Gender Roles and Opportunities

During their time in SOS CV care, young females indicated they had learned about traditional female roles from the SOS CV Mother, who had taught them skills of housekeeping, cooking and mothering:

A woman takes care of the home so she needs to clean, cook and take care of everybody. Making sure that your environment is clean (Efua, Ghana).

As a result, a key goal for some of the girls in care was to marry and have a family. Whilst traditional role modelling taught girls very helpful living and caring skills, females were less likely to be encouraged to develop entrepreneurial skills or engage in income generating activities which were often assumed to be more appropriate for males. This may explain the quantitative results presented in the previous section concerning women.

Males had access to male role models from the Village Directors, who were mostly men, an older sibling or an uncle but these role models were not consistently available for all, indicating a need for closer contact with the Village Director or other male role models:

There is a mother figure. There is no father figure, there is a mother figure so everything you do is based on family or who is close to you so everything is provided (Lethabo, South Africa).

Females also indicated that they would benefit from access to adult male members of their SOS CV village:

I always wonder how a woman is supposed to behave maybe when they get into a relationship with a man or they marry... because we have not had male figures like in a family... I have not seen it practically because we have just grown up in a family of ten with our mother (Pauline, Uganda).

A key marker of adulthood for males was becoming financially independent and able to provide for a family which was often a challenge given the difficulties in securing stable employment. The quantitative results, however, do suggest male participants being more independent than female with regard to NEET and self-supporting accommodation.

Building connections with biological family and extending social capital in communities was an important issue for both males and females. Given the challenges facing care-leavers described earlier in the report, access to resources was particularly important and it became apparent during interviews that gender was often an influencing factor for males with connections to their biological family who may be able to inherit land or family resources. However, this was also subject to cultural norms and often the eldest male in the family was entitled to inheritance or restrict use of the land. In addition, there was a fear of murder for young males who may inherit land if others in the community felt they could claim the land.

Parenting was another key marker of adulthood. Four post-care participants (all male) reported having a child; none of the female post-care participants was a mother. Having children was a future goal for many of the young people. Some participants preferred to wait until they were financially secure and married before they became parents or to limit the number of children in their home to ensure they could provide for them.

5.3.3 Gender Equality and Cultural Norms

Young people reflected on how gender equality was promoted within SOS CV which helped to empower males and females to understand their rights when they left care:

I learned in life is this, I have power over myself. A woman has rights too. She can stand up for herself... I can change anything... speak of suffering abuse... If I come across someone with similar problems that I encountered, at least I can share what I experienced and I can get some advice as to how to address it (Rutendo, Zimbabwe).

However, some suggested that this was often a challenge when they left SOS CV and reintegrated into communities where cultural attitudes were not aligned to gender equality. There were some opportunities to challenge unequal gendered norms in society but young people also felt a desire to fit into social norms. Some young people who were in personal relationships tried to negotiate these gender norms whilst also upholding gender equality.

5.3.4 Gender: Key Messages

- ✓ Both males and females require support to develop community connections to build their social capital and expand their opportunities for employment and social inclusion.
- ✓ Female care-leavers may need more support to achieve self-sufficiency in relation to finances, entrepreneurial and income generating skills, employment and accommodation, while male care-leavers may need more support to avoid drugs and crime.
- ✓ Young people require access to more male role models to counterbalance the preponderance of female/mother role modelling within SOS CV and to build young people's understanding of positive personal relationships with males and females in their post-care lives.
- ✓ It is positive that young people in care are developing awareness of gender equality, however young people need help to recognise and deal with the traditional gendered norms and stereotypes they are likely to experience in local communities when they leave care.



All participants in this study were Black Africans. However, they come from a multitude of cultures that have different practices, values, gender norms and religions. Three core themes emerged from interviews with young people relating to culture: upbringing and cultural identity; family and marriage; and faith, religion and spirituality.

5.4.1 Upbringing and Cultural Identity

SOS CV staff understood the importance of young people being raised to understand their culture of origin. When the SOS CV Mother had the same cultural background as the young person, they played a key role in teaching young people about cultural traditions. However, SOS CV Mothers were unlikely to be informed about the diversity of cultures and tribal groupings that individual young people may have come from and some young people struggled to maintain their culture of origin. In some cases, young people chose to adopt the culture of their SOS CV Mother:

She rather inculcated her beliefs and her culture into me. She is [tribe 2] so I learned everything [tribe 2] do and she used to beat herself up because she couldn't teach me what [tribe 1] do. I'm glad that I learned a new culture at least (Maame, Ghana).

Young people also reflected on cultural practices they were glad were not upheld in SOS CV such as, female genital mutilation. During their time in SOS CV, young people also mixed with others from a range of backgrounds which opened their minds to other cultures:

Because I live with different children from different races and cultures that I have learnt from, to like engage with other people and learn from different people. So that will help me to engage with other people from other races when I am outside (Sibongile, South Africa).

Dress and presentation were markers of cultural identity, including expectations of appropriate attire for formal family events. Another important marker of culture was language. Young people who had not learned their biological family's language during their time in SOS CV felt this disadvantaged them when they tried to reconnect with their family. Indeed, some young people were actively taking steps to learn their family language to improve their communication with their biological family:

I came SOS CV at a very young age... My mom who took care of me is a [tribe B] so it is quite difficult to... learn the [tribe A] language... I lost the tongue along the way... I'm still learning to integrate and learn the [tribe A] language... It is quite tedious for me being an [native of tribe A] who doesn't know how to speak the language.. it's been very challenging... I need to learn it and it is a gradual thing for me (Paa, Ghana).



5.4.2 Family and Marriage

Knowledge of cultural and family background is an integral part of young people's identity, however, some young people had no information about their biological family tree or lineage. As noted earlier, some young people indicated that being separated from birth family negatively impacted on opportunities for marriage:

People feel that when you are in SOS CV, you are nothing and you have nothing... Because of that the person I tried to pursue a relationship with did not accept me... It never worked because of the perception people had about SOS CV (Nii, Ghana).

5.4.3 Faith, Religion and Spirituality

Many young people spoke of their religious beliefs and spirituality as a source of strength and comfort. Some were active members of Christian groups:

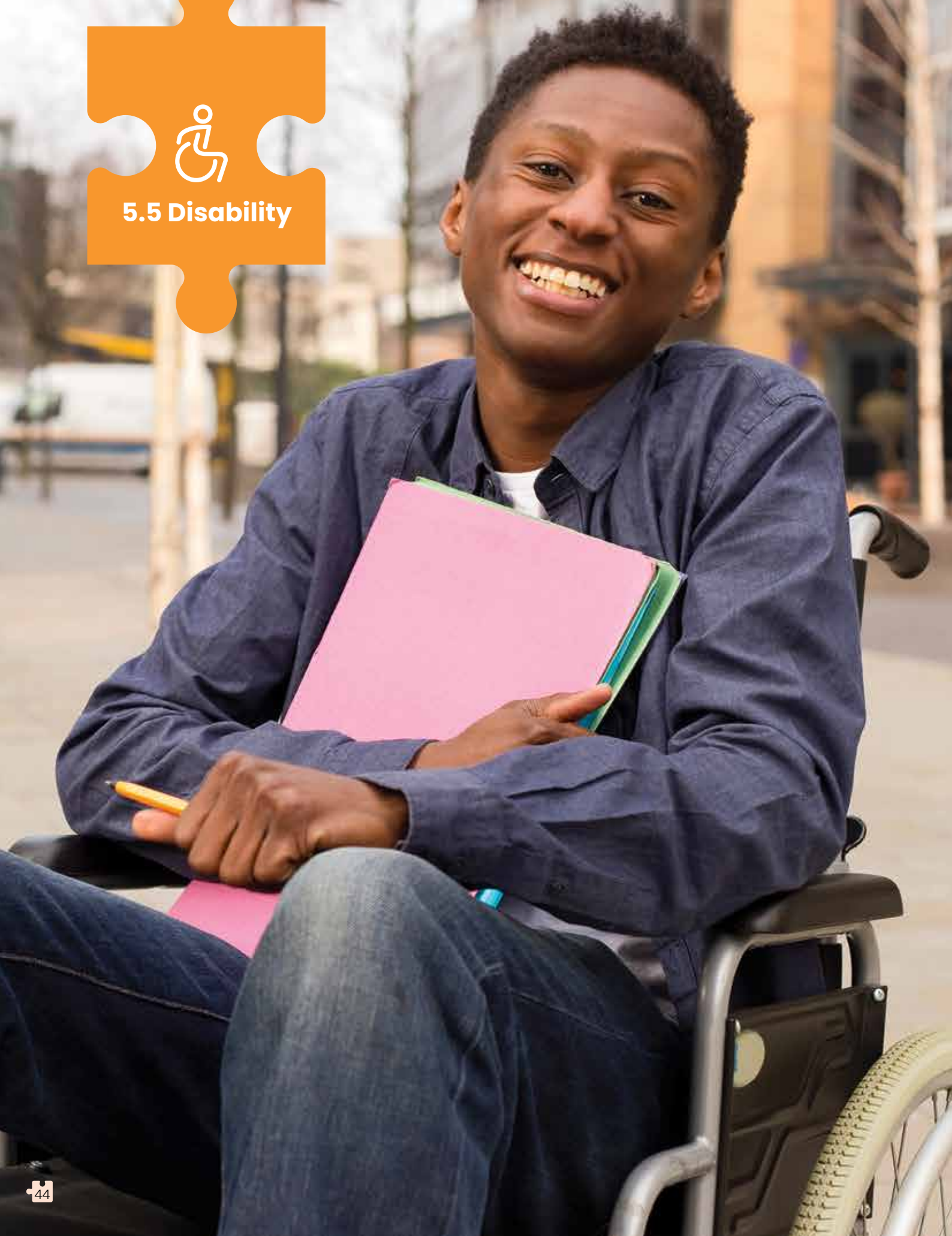
Being part of that church group it feels like it relates with God. See God is my friend and I feel His presence when I am in that group and it uproots me to be more trusting towards God because we are together worshipping him and then everything feels so right. Every time when I am in that group everything changes and I forget about everything (Sibongile, South Africa).

Some young people had adopted the religious background of their SOS CV Mother. Some of these young people later changed their minds and refused to attend that church. In some cases, this led to a breakdown in care arrangements. Some young people reverted back to their original church on leaving care. Others decided not to attend church but still spoke of the importance of their own faith:

I am not so spiritual. I am catholic... I go to church once in a while I pray. I am not so spiritual like those people who go to church always on their knees and all that. I am a bit different, but culturally I try to put myself in other people's shoes (Martin, Uganda).

5.4.4 Culture: Key Messages

- ✓ Culture and religion are important aspects of care-leavers' identities and transitions into communities after care.
- ✓ Young people's language, spirituality and religion can be influenced in an arbitrary way by whichever SOS CV Mother they have.
- ✓ Efforts should be made to maintain and encourage the young person's culture, language and religion of origin to enable re-integration with their family and community of origin during care or the community they will return to after care.



The study sample included six (two males and four females) young people with disabilities: one young person in Zimbabwe, two young people in Uganda and three young people in South Africa. Three of these young people were still in care and three were post-care. Three of these young people had mild/moderate cognitive impairments or intellectual disabilities, one had a physical impairment, one was on the autistic spectrum and one had a learning difficulty.

5.5.1 Quantitative Measurement of Disability

Outcomes by disability

In the quantitative component of the study, we looked for differences in the 17 care-leaving outcomes between disabled and non-disabled post-care participants. 10 of the 17 outcomes showed noticeable differences, but none was statistically significant due to the very small number of disabled care-leavers (3). These are presented in Table 12. While none of the results are statistically significant, it does appear that disabled care-leavers score poorer than non-disabled care-leavers for health, accommodation, education, NEET and finances. Health is understandable because a disability is frequently associated with health concerns. The other outcomes reflect lower levels of independent living, which may also be associated with their disability. By contrast, however, disabled care-leavers had better outcomes regarding drugs and crime, suggesting greater prosocial behaviour than non-disabled care-leavers.

Table 12: Outcomes by disability

Outcome	Disabled (n=3)	Not disabled (n=21)
Health Physical	68	76
Health Psychological	68	74
Drugs & alcohol *	0	10
Criminal activity *	0	6
Self-supporting accommodation	0%	71%
Education for employment	33%	88%
NEET *	67%	11%
Financial security	0%	63%
Drugs and alcohol 'free'	100%	89%
Crime 'free'	100%	72%

The first four measures are continuous; the remaining six are dichotomous indicators

* A high score is a 'negative' outcome

All tests are non-significant or could not be calculated due to the small sample of disabled care-leavers

Resilience by disability

We similarly compared the resilience measures across disability for all participants. Nine of the 30 resilience measures showed significant gender differences, indicating that on the whole, disabled care-leavers have lower levels of resilience than non-disabled care-leavers. Six of the nine measures involve the interaction between a young person and their social environment (all except self-expectations, hopefulness and resilience global). This supports a social model of disability, where the lower levels of resilience that disabled young people evidence are not so much regarding their disability per se, but rather in how people and systems in the social environment interact with, support and facilitate opportunities for disabled young people.

Table 13: Resilience by disability

Resilience construct	Disabled (n=6)	Non-disabled (n=39)
Role model relationships	62	82
Self-efficacy	59	73
Resourcefulness	57	72
Teamwork	68	85
Empathy	68	87
Self-expectations	70	81
Hopefulness	77	88
Interactional resilience (composite)	61	74
Resilience global (composite)	60	67

Interviews were held with the six young people with disabilities in the sample who described their experiences. Some of the non-disabled participants also contributed their views based on their experiences of knowing or living with young people with disabilities. The main themes emerging from these interviews were: social barriers and discrimination; agency and aspirations; and specialised services for care-leavers with disabilities.

5.5.2 Social Barriers and Discrimination

Young people described a range of experiences of impairment and their effects on their bodies, their education and their interactions with others. Whilst they (and their carers) had developed an understanding of impairment and disability based on their personal experience, they were often not medically diagnosed, which made it difficult to clearly understand the level or type of impairment. Tawanda could recall meeting a specialist but did not have a diagnosed impairment, although he explained how he struggled to retain or understand information:

There was a time I went to see a specialist but I do not remember the details... It happened long back... I was told that I have the problem of being slow to get things, understand things. So sometimes I only remember after a while that someone had said this or that (Tawanda, Zimbabwe).

Without a clear diagnosis or assessment of need, young people with disabilities did not have access to specialist services to meet their learning or support needs:

Reading is what I struggled with because I would just stare at the paper trying to make sense.... It was not working... Numbers I do understand... part of it... I use my phone... because using my head I struggle... Now the sort of help I would need is for them to get me someone who can effectively teach me from the lower grade so that I can reach grade seven... to get good grades... so that I have adequate papers... because you can just receive a message about a job opportunity but your results.... are really bad and that won't work. That hurts (Tawanda, Zimbabwe).

As a result of the stigma associated with disability, young people were reluctant to identify with disability in order to avoid social exclusion and also fears of maltreatment. Throughout the interviews participants highlighted how people with disabilities faced a range of social barriers and discrimination. It was noted that people with disabilities may experience social exclusion and may be less likely to marry, secure employment or lead an independent life. For youth with disabilities who are leaving care, these challenges are accentuated. Young people with disabilities also shared a range of experiences of stigma or discrimination in homes, schools and communities:

I was always kept... in... I don't want to interact with people, I feared what they may say about it and really some of them did say... They would say it to my face... or even they beat you up. I was bullied at some point, but it's not something that I want to talk about it... it's not a good feeling.... I used to cry or ignore them... You feel isolated, you even start thinking of bad thoughts, want to kill myself, 'Why am I living if people are treating me like this? Why?' Suicidal thoughts or start isolating yourself, people call names and all that. You get this behaviour that you even didn't have, that you want people away from you (Michelle, Uganda).

When young people were diagnosed with a disability, they also felt others did not fully understand their needs or rights. One young person with an intellectual disability commented on how she was treated well in SOS CV care and in the current adult residential where she now lived, but staff and peers often failed to understand disability and the impact on behaviour:

She [a young person with a disability] would have more care than me because it would not be easy for them to live in the community... They may beat them up because some of them do not talk or sleep so they would not know what to do so they will just have to run away from home because there are some who may mistreat them (Wendy, Uganda).

Young people with disabilities spoke of positive experiences at SOS CV and non-disabled participants also described an inclusive approach to caring for a young person with disabilities within their home:

She [SOS CV Mother] will talk to the person and tell him or her that being disabled is not the end of the world. A disabled person is like any normal other person. Just that they will not be able to do certain things that a normal person can do... We always support them and be there for them. I would see them as my brothers and sisters. We are always there for them and giving them support. Greet them like any normal person... They do tell us their problems... (Amogelang, South Africa).

5.5.3 Agency and Aspirations

Reflecting earlier points relating to resilience, the young people with disabilities demonstrated agency in response to the adversities discussed above and had high aspirations for their futures. Indeed, one young person had pursued a sporting interest and, with support from a mentor, had participated in competitions internationally. Some young people had developed specific strategies to help them overcome barriers to participation. Tawanda, who struggled to read and write, explained how he uses a copy of his personal details to help him complete official forms and had learned to take some time to understand written texts before responding. Tawanda had also shared his literacy challenges with a friend who helped to ensure their communication was accessible for him:

There is one girl that I call my friend, who I speak with... She told me about her problems and I also shared my problems with her.. So she understands. Sometimes she sends me audios, sometimes she types messages, sometimes I tell her that I did not understand... (Tawanda, Zimbabwe).

Supporting the agency of youth with disabilities and challenging stigma and discrimination is an important role for their peers and carers:

The challenge of coming out to stand for themselves because they are a few. Even if they have people supporting them, they will still feel alone (Maame, Ghana).

One young person with disabilities explained how accessing counselling services helped her to understand her rights and respond more positively to discrimination:

I have faced just a few discriminations... I had to learn on my own that you can live with people in the community whether you are disabled or not and some people will like you and some won't. But you have to still live with them and... love yourself for who you are for what you are, cause that's how

God created... While I was still in care and I had the opportunity and went through some bit of counselling... I was counselled that you can stay harmoniously with people in the community when you're disabled or discriminated, isolated, stigmatized, something like that. Cause I was always feeling like that and I grew to accept myself who I am and that's how I have prevailed... I learned that I am different and had to accept that I am different (Michelle, Uganda).

5.5.4 Specialist Services

The young people with disabilities who participated in interviews shared their experiences of services. Two of these young people have moved to live in a specialist adult residential facility managed by a church, living with other adults with disabilities, some of whom were much older, and engaged in sheltered employment. This placement provided ongoing, long-term care for them which protected them from the adversities other care-leavers in the community experiences. However, these young people also felt they were being over-protected and had limited freedom:

I still don't talk about it, how I miss my village... it was very, very difficult because nobody could help me... I do feel like rejected because they are like part of the family. Why would they forget you?... I wish I had parents... I have grew up crying and battling, 'Please somebody just see where I came from'... my pain is still inside me (Siphehile, South Africa).

Both of these young people also missed their SOS CV family and yearned to be able to visit their SOS CV carers and siblings or to have new family connections outside the residential home. These narratives of loss and separation indicate a need for these young people to have some contact with their SOS CV family after they move on and some direct work on their identities and sense of belonging:

I missed people I lived with. We lived together well, now people are gone to other places... I don't go anywhere... (Thandeka, South Africa).

I still don't talk about it, how I miss my village... it was very, very difficult because nobody could help me... I do feel like rejected because they are like part of the family. Why would they forget you?... I wish I had parents... I have grew up crying and battling, 'Please somebody just see where I came from'... my pain is still inside me (Siphesihle, South Africa).

Interestingly, several young people noted the absence of youth with physical disabilities at SOS CV and its inaccessible physical environment. Others indicated that SOS CV should do more to provide ongoing care for vulnerable care-leavers and those with disabilities:

I think SOS CV should... disengage children case by case. If you realize that this child is a slow learner, let us help him... SOS CV has that bit of sponsorship money... so SOS CV should use that money for such cases, start for those guy's businesses, hire somebody just to supervise that business... otherwise you are go back and forth, you give the child money, swindles it and dies, or swindles it and still starves on the street (Martin, Uganda).

5.5.5 Disability: Key Messages

- ✓ On entry to care, and during their time in care, young people with a disability should have access to appropriate assessment of their needs and necessary support (e.g., educational supports) and carers should be informed about how best to meet their needs.
 - ✓ Young people in care and SOS CV staff should be informed about the rights of people with disabilities and the importance of addressing stigma and discrimination against people with disabilities. They should also seek to support the agency of young people with disabilities as they develop their identities and prepare to leave care. Opportunities to meet other young people with disabilities who have transitioned from care to hear about their experiences and supports available may be helpful.
 - ✓ Young people with disabilities may require a more gradual experience of transition from their care with some ongoing contact and support from SOS
- CV carers with whom they have close bonds to help them to cope with a change in care arrangements and to encourage them to feel valued and cared for. Some may require access to counselling to help them to understand their life narrative and the impact of separation from SOS CV on their identities and emotional wellbeing as they move into their young adult lives.
- ✓ The resilience of care-leavers with disabilities can be strengthened by cultivating a supportive community network around the young person, drawing on a range of social contexts and specialist services that can support them after care.
 - ✓ Young people with disabilities moving into specialist adult disability placements should have these placements reviewed as part of their follow-on care to ensure they are able to experience a range of non-restrictive opportunities that enable them to reach their full potential in adult life.



6. Key Messages for Future Research



This feasibility study has indicated the following range of key messages for future cross-country research on care-leaving in Africa:

1) **Disability** is an under-researched topic in the in-care and care-leaving fields of study. Given the distinctive findings for the small sub-sample of participants with disabilities in this study, we recommend a census of children and youth with disabilities in SOS CV case, potentially drawing on SOS CV administrative data. Follow-up research could then be undertaken to identify more precisely the characteristics and experiences of this cohort with disabilities and how best to meet their particular needs as they leave care.



2) The **peer research** approach added an extra layer of complexity and cost to the study but has shown to be very worthwhile at multiple levels. Peer research improves rapport, promotes an authentic approach and empowers the care-experienced young people who undertake the role of peer researcher. Its continued use in future funded studies is recommended.



3) **Cultural and religious identity** is important to young people as they leave care and seek reunification with birth family members or reintegration into local communities. Future care-leaver studies need to consider issues relating to culture, language and religion and seek to further develop knowledge of the impact on care-leaving experiences.



4) Future care-leaver studies need to be sensitive to **gender issues** in the design of the peer research approach and interviews to allow for further exploration of gender specific experiences of leaving care.



5) A **multi-country perspective** offers fresh insights into care-leaving by highlighting differences across countries that would otherwise not be visible, as is evident in some of the quantitative results presented here.





6) The inclusion of **residential care providers** other than SOS CV in future studies would be helpful to provide additional points of comparison with a larger sample and to avoid these studies taking on the appearance of an SOS CV programme evaluation or impact study.



9) The methodological tools used in this pilot study have now been tested and developed for use in future **studies** that may replicate the study design with a larger cohort sample to inform programme and policy action.



7) The **logistical challenges** of cross-country research in Africa should not be underestimated and strong dedicated country leads with substantial institutional support are required, together with a strong central leadership over the project as a whole. Consideration should be given to establishing an African Leaving Care Research and Information Observatory.



10) Use of a **range of research methods** should be encouraged both within and across studies, including: more small scale qualitative studies focused on specific groups (e.g., disabled young people, unaccompanied asylum seekers); larger scale local, national and cross-national surveys establishing and comparing patterns of need and provision, taking into account the situation of youth in general; longitudinal studies; secondary analysis of administrative data; and intervention evaluations exploring logic models and effectiveness of particular programmes.



8) The study has shown that **resilience** is a useful theoretical framework for understanding care-leaving and should inform future studies of leaving care in Africa.



7. Key Messages for Policy and Practice

This pilot study was primarily focused on testing the feasibility of the methodological approach and used a small, non-representative sample of SOS CV young people. Nevertheless, the thematic findings have produced important, tentative insights into care-leaving experiences which should help to inform future policy and practice developments as outlined below.

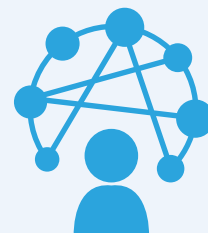
- 1) The SOS CV **family approach** to care appears to be meaningful to participants, creating an experience of an alternative family, rather than merely a child protection mechanism. However, this also creates expectations about ongoing care, even love, that are not always possible to meet. Renegotiating the nature of the care relationship may be required as young people move through adolescence with support for transitioning youth to understand their life narrative and sense of identity. It may also be important to consider more **community-based approaches to care** where young people are brought up in family settings within local communities, including small family-like residential homes integrated into the community, non-relative foster family care and kinship care.



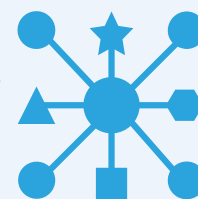
- 2) Provision of care-leaving services should be more fully and explicitly integrated into **national child care and youth policy** with clear routes to support for young people in transition and pathways from care that are well documented in administrative data and evaluated.



- 3) SOS CV provides extensive support to young people past the traditional care-leaving age of 18, up to and including tertiary university education. This is laudable and provides a solid foundation from which to launch into adulthood. However, some participants experienced a 'delayed and abrupt' transition (Stein, 2006) in which the termination of care was quite sudden and difficult. A more **graded**, negotiated, contracted and facilitated reduction of support will facilitate a smoother transition out of care towards independence. In addition to financial and practical support, some care-leavers need emotional support as they transition into adult life.



- 4) Facilitating diverse **networks** of relationships with people in various life domains outside of SOS CV will assist in building resilience and social capital for young people. These should include networks with same-culture communities, in which culture, religion and language can be fostered. This should include both bonding (meaningful, personal, supportive relationships) and bridging (information, assistance, brokering contacts) capital, as both are needed for successful transitioning into young adulthood.





5) **Female** care-leavers have particular needs, including: navigating the more liberal gender roles learned in SOS CV and the (usually) more conservative gender roles practiced in the community; the challenges of developing self-sufficiency regarding finances, accommodation and employment; and the avoidance (it can be argued) of moving prematurely into marriage in order to address the lack of self-sufficiency and to satisfy cultural norms.



6) **Male** care-leavers also have particular needs, including avoiding engagement in drugs and crime; being exposed to positive male role models demonstrating more liberal gender roles; and being helped to navigate the more conservative gender roles practiced in the community.



7) Young people with **disability** have particular needs, including accurate diagnosis of their impairment as part of child developmental screening before, during and after placement; and targeted support that optimises social inclusion and enables them to reach their full potential. Increased and more extended support will often be required for care-leavers with disabilities, including greater attention to links with appropriate community supports. The establishment of networks of supportive relationships around a young person with disabilities in various life domains can assist in building resilience and reducing the negative impact of social stigma, exclusion and discrimination.



8) Investing in **relationships with biological family** (including extended family) is essential, throughout care, unless it compromises the wellbeing and development of the child. As young people leave care, they also require support to reintegrate and renegotiate their relationships with biological family members.



9) Young people in care should have the opportunity to engage with and learn about their biological family's **culture, language and faith** throughout childhood, so that they can make their own choices about what they adopt and what they discard as they move towards adulthood.

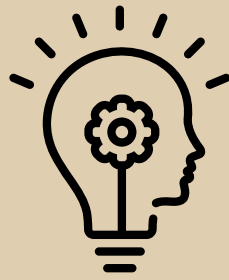


10) The **stigma** associated with coming from care has an oppressive impact on the lives of young people leaving care leading to experiences of exclusion and discrimination in various settings which are further accentuated by inequalities linked to gender, culture and disability. SOS CV and other organisations caring for young people should seek to raise awareness of the rights of young people leaving care and actively challenge negative stereotypes in society.



11) Young people indicated that SOS CV could **follow up** how well they progress into adult life to demonstrate that former carers have ongoing care and concern for their welfare but also to monitor and evaluate the longer-term outcomes for young people post-care.





8. Conclusion

As a feasibility study, this project was limited in its size and recruitment of care-leavers via one organisation, however, it is unique in that it has revised and tested the feasibility of a range of data collection tools in four different African countries that can be used in future studies of care-leaving. The project has also led to helpful refinement and adaptation to the design of the methods to ensure they are: relevant and meaningful in different countries; accessible for youth with disabilities; and more inclusive of issues relating to gender, culture, disability and resilience. In addition, the study has tested the use of a peer research methodology, which has proven to be an effective model for involving care-experienced youth in future research. Overall, it is hoped, therefore, that the feasibility findings of this project will inform future studies in this field to continue to advance the care-leaver research agenda in Africa, and in other international contexts.

Given the paucity of care-leaver studies in Africa, this project also produced rich insights into the experiences of 45 care-leavers across the four countries, which advances our understanding of the experiences of this vulnerable population. Across the themes of transitioning from care, cultural and gendered aspects of leaving care and the experiences of care-leavers with disabilities, there are clear messages for policy makers and practitioners. Participants were very grateful for the care, support and opportunities they had accessed through SOS CV. For many, SOS CV represented family and was an ongoing source of support post-care. The findings indicate that family care (both family-like SOS CV care and foster or kinship care) that is integrated within local communities and builds the resilience and social capital of young people is of utmost importance. As advocated by the UN Guidelines for the Alternative Care of Children (2009), leaving care needs well planned transitions with post-care support that should be an explicit requirement under childcare law and policy within each country. Young people should also be active participants in any plans and decisions about their lives after care.

In conclusion, we encourage others to take forward the messages from this feasibility study and use the findings to develop collaborative research networks and undertake future and larger care-leaver studies in Africa to build a strong body of evidence that can inform the ongoing development of policy and practice with care leavers across the continent.



References

- Braun, V. & Clarke, V. (2013) *Successful Qualitative Research: A Practical Guide for Beginners*. London: Sage.
- Dickens, L. F., Van Breda, A. D., & Marx, P. (2015). *Growth beyond the town: A longitudinal study on youth leaving care: 30-month status report*. Cape Town, RSA: Girls & Boys Town South Africa and University of Johannesburg.
- Kelly, B. van Breda, A., Santin, O., Bekoe, J., Bukuluki, P., Chereni, A., Frimpong-Manso, K., Jacobs, D., Luwangula, R., Maanyi, M., Makadho, B., Muchiendza, T., Pinkerton, J. & Ringson, J. (2020) *Building Positive Futures: A Pilot Study on Leaving Care in Africa – Youth Report*. Belfast: Queen’s University Belfast. Available at: www.careleaving.com
- Kelly, B. van Breda, A., Santin, O., Bekoe, J., Bukuluki, P., Chereni, A., Frimpong-Manso, K., Jacobs, D., Luwangula, R., Maanyi, M., Makadho, B., Muchiendza, T., Pinkerton, J. & Ringson, J. (2020) *Building Positive Futures: Exploring a Peer Research Approach to Study Leaving Care in Africa*. Belfast: Queen’s University Belfast. Available at: www.careleaving.com
- Kelly, B., McShane, T., Davidson, G., Pinkerton, J., Gilligan, E. & Webb, P. (2016) *Transitions and outcomes for care leavers with mental health and/or intellectual disabilities: Final report*. Belfast: Queen’s University Belfast. Available at: www.careleaving.com
- Kelly, B., Friel, S., McShane, T., Pinkerton, J. & Gilligan, E. (2018) “I haven’t read it, I’ve lived it!” The benefits and challenges of peer research with young people leaving care, *Qualitative Social Work*, 19, (1), 108–124.
- Mendes, P. & Snow, P. (Eds) (2016) *Young people Transitioning from Care: International research, policy and practice*. London: Palgrave Macmillan.
- Organization of African Unity (OAU) (1990) *African Charter on the Rights and Welfare of the Child*, 11 July. Available at: https://www.un.org/en/africa/osaa/pdf/au/afr_charter_rights_welfare_child_africa_1990.pdf [accessed on 24.07.20].
- Pinkerton, J. & Van Breda, A. (2019) Policy as Social Ecological Scaffolding for Leaving Care: A Case Study of South Africa in Mann-Feder V and Goyette M (eds) *Leaving Care and the Transition to Adulthood: International Contributions to Theory, Research, and Practice*. New York: Oxford University Press.
- Snow, P., Mendes, P., Kelly, B. & O’Donohue, D. (2017) ‘A comparison of young people with a disability transitioning from out-of-home care in Australia and Northern Ireland’ In Mendes, P. & Snow, P. (Eds) *Young people Transitioning from care: International research, policy and practice*. London: Palgrave Macmillan, pp. 71–90.
- Stein, M. (2006) Research Review: Young people leaving care, *Child and Family Social Work*, 11, (3), 273–279.
- United Nations (2009) *Guidelines for the Alternative Care of Children: resolution adopted by the General Assembly 24 February 2010*. Available at: https://www.unicef.org/protection/alternative_care_Guidelines-English.pdf [accessed on 24.07.20].
- United Nations (1989) *United Nations Convention on the Rights of the Child*. New York and Geneva: United Nations. Available at: <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx> [Accessed on 24.07.20].
- Van Breda, A. D. (2017). The Youth Ecological-Resilience Scale: A partial validation. *Research on Social Work Practice*, 27(2), 248–257. doi:10.1177/1049731516651731.
- Van Breda, A. D. (2018). A critical review of resilience theory and its relevance for social work. *Social Work / Maatskaplike Werk*, 54(1), 1–18. <https://doi.org/10.15270/54-1-611>.
- WHO (1996). WHOQOL_BREF: *Introduction, administration, scoring and generic version of the assessment*. Geneva: World Health Organization.



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