Research review: Aging out of residential care in South Africa

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ABSTRACT

Approximately 21,000 children were accommodated in residential care in South Africa in 2011/2. Despite this large number, and the state's substantial financial investment in residential care, there has, until recently, been little research on care-leaving: the transition out of care due to reaching adulthood. Furthermore, much of the research available has not been published in international journals. This article reports on a systematic review of research on residential care-leaving in South Africa, from 2003 to 2016. A thematic analysis of the resulting 40 research outputs maps the scope of findings from South African research, in relation to theory of leaving care, measurement tools developed, young people's experiences of leaving care, transitional outcomes, processes of leaving care, facilitators of improved outcomes, care-leaving services and policy on leaving care. Critical gaps in the current research opus are identified, with a view to refining future research on young people aging out of care in South Africa.

INTRODUCTION

Research on young people aging out of care, referred to as 'care-leavers', has gained increasing attention from researchers over the past decade. The establishment of the Transitions from Care to Adulthood International Research Group (INTRAC) in 2003 has done much to consolidate the subject and to both expand and deepen research on care-leaving in the Global North. This has resulted in a number of publications that review care-leaving across a range of countries (Stein & Munro 2008; Stein *et al.* 2011). Only in a recent publication (Mendes & Snow 2016) has South Africa been represented (Van Breda & Dickens 2016). That chapter points towards a growing body of research on care-leaving in South Africa, including both qualitative research and a mixed-methods longitudinal study of care-leavers.

Care-leaving in South Africa is a wide-spread phenomenon, with over half a million children in formal foster care (80% of whom are in kinship care) and some 21,000 children in residential care in 2011/2 (Jamieson 2017). Curiously, however, the journey out of care has been largely absent from the research agenda, with the earliest publications dating from 2003, and only five research outputs from 2003 to 2011. It is only from 2012 that more substantial numbers of research outputs have been generated in South Africa.

The South African case provides a useful example of care-leaving, given the massive scope of need for alternative care, the limited financial and human resources to provide such care, its complex socio-political history of colonisation and institutionalised racism, and the cultural diversity of the country (Pinkerton 2011). The country's welfare system is based on social development theory, which calls for the state to enable community and family care systems and to address the underlying challenges of poverty and inequality (Van Breda & Dickens 2016).

The purpose of this article is to review the care-leaving research opus from 2003 to 2016, to provide a consolidated overview of what has been learned about care-leaving and care-leavers in South Africa up to that point. Because the research to date focuses almost entirely on young people aging out of residential care (only two outputs on foster care have been located), this review restricts its focus to just residential care. The methodology of the systematic review is set out in some detail, followed by a review of the findings according to eight themes. The article concludes with a critical discussion on the state of South African research and the gaps for further research.

METHODOLOGY

The review cast its net wide to include a generous range of research, given the paucity of research on the subject. It aimed to locate all available research outputs about South African young people aging out of residential care. 'Outputs' were defined as journal articles, masters or doctoral theses, research reports and conference papers. Outputs were considered relevant if they focused on young people who had aged out of care or were preparing to leave care. The review was open to any research methodology, including desktop reviews.

Two methods were utilized to search for these articles: informal and formal. The informal method involved a continuous process of searching for research on this topic over the past several years, as part of my ongoing research in this field. I have kept alert for any research on the topic, asked colleagues and students if they know of research, and scoured the reference lists of any research output I come across. The informal method generated a collection of 39 outputs.

The formal method involved a systematic literature review, conducted in the first half of 2017. Several electronic databases were searched (see Table 1). This included a search for grey literature using Google Scholar (Godin *et al.* 2015). The keyword search terms were: "South Africa" AND ("leaving care" OR "care leaving" OR "care leaver" OR "care leavers" OR "aging out"). The date

range was set to 2003 to 2016. Table 1 displays the number of records that were generated through the search of each database, the number of these that were relevant to this review and the number of those that were new outputs (not among the 39 texts already in my collection).

Table 1 Database search results

Database	Records	Relevant Outputs	New Outputs
EBSCOHost's Academic Search Complete, Africa-Wide Information, Family & Society Studies Worldwide, Humanities Source and PsycARTICLES	15	6	0
Gale's Academic Onefile and Psychological Collection	27	2	0
NEXUS	8	3	1
Oxford Journals Online	0	0	0
Project Muse	0	0	0
ProQuest Dissertations & Theses	0	0	0
SAePublications	89	1	0
Sage Journals Online	6	0	0
ScienceDirect	1	0	0
SpringerLink	96	1	0
Taylor & Francis Online	38	2	0
Google Scholar	733	24	1
TOTAL	**1013**	**39**	**2**

Table 1 shows that in total, 1013 references were identified, though this included numerous duplicate sources, both within and across the 12 searches. Of these, 39 sources were relevant to this study, though here again there are duplicate entries. Of these, only two hits to the same source were

not already in my collection. This was the master's dissertation on which an article in the collection was based (Maposa 2010). Thus, the formal method increased the total number of research outputs from 39 to 40.

Each research output was screened according to the following criteria (Table 2):

1. Citation

2. Research method used:

    a. qualitative,

    b. quantitative,

    c. mixed, and

    d. desktop (theoretical, conceptual, literature review)

3. Study population and size (for empirical research)

4. Main care-leaving foci:

    a. theory,

    b. design of measurement tools,

    c. experiences,

    d. processes,

    e. outcomes,

    f. outcome facilitators,

    g. services, and

    h. policy.

Table 2 Summary of the 40 research outputs included in the review

Citation	Method	Sample	Foci

Citation	Method	Sample	Foci
(Bond 2010)*	Qualitative	10 care-leavers, 5 years out of care	Experiences, Facilitators, Services
(Bond 2015)	Desktop		Policy
(Dickens 2015)	Mixed	33 care-leavers, 1 year out of care, of whom 14 were 2 years out of care	Outcomes, Services
(Dickens 2016)*	Mixed	33 care-leavers, 1 year out of care	Outcomes, Facilitators, Theory
(Dickens & Marx 2014)	Desktop	22 youth preparing to leave care	Experiences
(Dickens & Marx 2016)†	Desktop		Services
(Dickens & Van Breda 2013a)	Qualitative	9 care-leavers, 4-6 years out of care	Processes
(Dickens & Van Breda 2013b)	Qualitative	9 care-leavers, 4-6 years out of care	Processes
(Dickens *et al.* 2013)†	Mixed	22 youth preparing to leave care	Experiences, Measurement
(Dickens *et al.* 2014)†	Mixed	17 care-leavers, 1 year out of care	Outcomes
(Dickens *et al.* 2015)†	Mixed	33 care-leavers, 1 year out of care, of whom 14 were 2 years out of care	Outcomes, Facilitators, Services
(Lee & Field 2015)	Desktop		Measurement
(Loynes 2016)	Mixed	33 care-leavers, 1 year out of care, of whom 14 were 2 years out of care	Services
(Mamelani 2013)†	Qualitative	34 CYCCs, 5 partner organisations, 39 youth aged 17-25 (some in care, others care-leavers)	Experiences, Services
(Mamelani 2015)†	Desktop		Services
(Maposa 2010)*	Quantitative	14 care-leavers, 1-7 years out of care	Outcomes, Services
(Maposa & Louw-Potgieter 2012)*	Quantitative	14 care-leavers, 1-7 years out of care	Outcomes, Services

Citation	Method	Sample	Foci
(Marx & Dickens 2015)	Mixed	14 care-leavers, 2 years out of care	Experiences, Outcomes, Facilitators, Services
(Marx & Dickens 2016)	Mixed	14 care-leavers, 2 years out of care	Outcomes, Services
(Meyer 2008)*	Qualitative	7 care-leavers, 5 years out of care	Experiences
(Miller 2004)*	Quantitative	20 care-leavers, 1 year out of care	Outcomes, Facilitators, Services
(Mmusi 2013)*	Qualitative	10 care-leavers, 2-5 years out of care	Services
(Muller *et al.* 2003)*	Qualitative	3 care-leavers, 5 or more years out of care	Outcomes
(Oelofsen 2015)*	Qualitative	5 care-leavers, 6 or more years out of care	Experiences, Facilitators
(Pinkerton 2011)*	Desktop		Services, Policy
(Tanur 2012)*	Desktop		Services
(Van Breda 2013a)*	Qualitative	9 care-leavers, 4-6 years out of care	Processes
(Van Breda 2013b)	Qualitative	9 care-leavers, 4-6 years out of care	Processes
(Van Breda 2014a)	Qualitative	9 care-leavers, 4-6 years out of care	Processes
(Van Breda 2014b)†	Quantitative	569 late adolescents, including 65 in care	Measurement
(Van Breda 2015a)*	Qualitative	9 care-leavers, 4-6 years out of care	Processes, Theory
(Van Breda 2015b)	Desktop		Theory
(Van Breda 2015c)	Quantitative	14 care-leavers, 2 years out of care	Outcomes
(Van Breda 2016a)	Quantitative	28 care-leavers, 2 years out of care	Facilitators
(Van Breda 2016b)*	Desktop		Theory
(Van Breda & Dickens 2014)	Mixed	Synthesis of findings from three studies	Facilitators
(Van Breda & Dickens 2015a)*	Mixed	43 youth transitioning out of care, 17 of whom were 1 year out of care	Outcomes

Citation	Method	Sample	Foci
(Van Breda & Dickens 2015b)	Quantitative	33 care leavers, 1 year out of care, 14 of whom were 2 years out of care	Outcomes, Facilitators, Services
(Van Breda & Dickens 2016)*	Desktop		Services, Policy
(Van Breda *et al.* 2012)†	Qualitative	9 care-leavers, 4-6 years out of care	Processes, Theory

* Academic, peer-reviewed articles OR completed masters and doctoral dissertations

† Technical reports, not peer reviewed

The forty research outputs comprise 15 conference papers, eight journal articles, eight technical reports, five masters dissertations, two doctoral theses, one book chapter and one academic essay. Only five of the outputs have been published in international journals. Because they are more substantive, and mostly peer reviewed or assessed, greater weight is given to the articles, reports and dissertations/theses. When conference papers repeat findings that are also available in the articles, reports and dissertations/theses, only these latter outputs are cited.

FINDINGS

A thematic analysis of the 40 sources was conducted according to the eight focus areas indicated in the right-hand column of Table 2. A synthesis of findings according to these themes follows.

Theory of leaving care

Resilience is a prominent theory informing care-leaving research and practice in South Africa. Mamelani (2013, p. 25), for example, base their transitional support programme on resilience theory, emphasising "access to structural resources, relationships and key networks of support, as well as individual capacities". Van Breda's (2015a) social processes of care-leaving are similarly

rooted in resilience theory, by identifying processes that facilitate better outcomes for care-leavers. These processes are also particularly aligned with a social ecological construction of resilience, in that they emphasise care-leavers' interactions with the world around them, rather than internal characteristics (Van Breda 2014a).

Dickens (2016) uses resilience theory to inform her longitudinal study on the contribution of resilience to 12-month transitional outcomes of care-leavers in South Africa. This study uses the Youth Ecological Resilience Scale (YERS), which is grounded in the ecological or person-in-environment perspective (Van Breda 2014b, 2016a), measuring resilience at the levels of the individual, the person's interaction with their social environment, and resources in the environment (including both relationships and the social environment).

Van Breda (2016b) engages with the sociological debate between agency versus structure, or micro versus macro, and applies this to care-leaving research in South Africa. Drawing on several of the recent studies on care-leaving cited in the current article, he shows how both sides of the debate emerge as prominent and important factors in the journey out of care. He foregrounds the importance of interactional factors, which are neither micro nor macro, but rather operate at the interface between people and their environment, such as teamwork and mobilising resourceful acquaintances. Dickens' (2016) research confirms this finding, as the most prominent resilience enablers are located at the personal (e.g. spirituality and optimism), interactional (i.e. teamwork) and environmental (e.g. relationships with family and friends) levels.

Design of measurement tools
Van Breda (2014b), in partnership with Girls and Boys Town South Africa, designed and validated a new measure of resilience for use with young people preparing to leave care. The Youth Ecological Resilience Scale (YERS) was validated with a sample of 569 adolescents from seven

sites across three provinces in South Africa, including 65 children in residential care. The YERS measures 21 resilience variables plus four variables concerning the young person's experience of care and readiness to leave care. All constructs have an alpha coefficient higher than .70 and the scale has good construct validity using multiple group confirmatory analysis.

Dickens *et al.* (2013) report on the baseline YERS findings in their longitudinal study, as youth were preparing to transition out of care. Among the 29 resilience variables measured, the highest scoring were relationships with school, community, role models and staff at the children's home, team work and empathy, as well as high self-expectations and self-efficacy. The first six of these resilience constructs centre on social relationships, and the last two on the self, pointing to the value of a social ecological understanding of resilience.

Lee and Field (2015) conducted a scoping exercise to develop constructs and items to measure two care-leaving outcomes for SA-YES, an organisation that provides a mentoring programme to care-leavers (Pinkerton 2011). Their report focuses on 'work and finance' (i.e. employability, social capital, job satisfaction, barriers to employment and financial literacy) and 'education and lifelong learning' (i.e. educational attainment, future planning, engagement with studying, barriers to learning and NEET (not in employment, education or training)).

Dickens *et al.* (2014) report on their design of the outcome tools used in their longitudinal study. These include a self-administered scale (measuring health, well-being and relationships) and a structured interview schedule (measuring accommodation, NEET, employment, studying, financial security, drugs and alcohol, and crime). Most of the outcomes are measured at both continuous and dichotomous levels of measurement. Continuous scores can range from zero to 100 and provide a nuanced insight into even small changes in outcomes over time. Dichotomous scores are either 0 or

100 and are used as indicators to tally the percentage of care-leavers who meet or do not meet the threshold criteria for each indicator, e.g. NEET.

Experiences of leaving care

Studies almost universally find that care-leavers experience an abrupt ending of social structure and support when they leave care (Bond 2010; Mamelani 2013; Meyer 2008; Oelofsen 2015). Care-leavers have hopes for the future, but report anxiety about the lack of plans and supports in place to enable them to achieve these hopes (Mamelani 2013). The period of leaving care is characterised by fear and uncertainty (Bond 2010), as well as feelings of abandonment (Oelofsen 2015) and loss, as the home becomes like a family (Meyer 2008).

In one study, only a quarter of care-leavers felt ready to leave care and that they have been adequately prepared, and 90% wished they could stay longer in care (Dickens & Marx 2014; Dickens *et al.* 2013). A year later, those who felt adequately prepared had increased from a quarter to two thirds, leaving a third who still did not feel adequately prepared for life after care (Dickens *et al.* 2014). Another study (Miller 2004) found that, a year after leaving care, half the care-leavers remembered feeling positive about leaving care, while a third were negative and the rest ambivalent.

Care-leavers report being inadequately equipped with independent living skills at the time of leaving care (Meyer 2008; Oelofsen 2015), for example, making financial decisions or using public transport. In addition, they report being unsure about their career pathways.

Care-leavers report a lack of social skills (Meyer 2008), saying they do not fit in or belong, and are unsure how to handle themselves in social situations outside the children's home. This appears to be

particularly challenging for children raised in a different culture or context to their own, e.g. a rural child raised in an urban children's home.

Care-leavers experience stigma and discrimination because of having been in care (Bond 2010; Meyer 2008; Oelofsen 2015) or anxiety that people will take advantage of them (Mamelani 2013). These experiences hamper their identity development and impact negatively on many aspects of their social functioning. For example, care-leavers find it difficult to establish meaningful relationships (Mamelani 2013).

Care-leaving processes

Van Breda (2013a, 2015a; see also Van Breda *et al.* 2012) has developed a model of the care-leaving process, based on a grounded theory study of male care-leavers. Social processes are defined here as "actions, more or less consciously and deliberately performed by young people in their interactions with their social environment over time" (Van Breda 2015a, p. 323). These processes are argued to explain how care-leavers accomplish better transitional outcomes, and thus are processes of resilience. The processes are (1) striving for authentic belonging – working to establish familial relationships that satisfy a deep need for connection, which care-leavers see as a 'successful' transition out of care and into young adulthood; (2) networking people for goal attainment – identifying and mobilising people in the social environment to take on helpful roles that enable care-leavers to achieve their goals; (3) contextualised responsiveness – reading the social environment, recognising threats and opportunities, and responding accordingly to minimise or escape threats and maximise opportunities; and (4) building hopeful and tenacious self-confidence – believing that they can change their environment and construct a better future for themselves.

Care-leaving outcomes

Some studies explore care-leavers' construction of positive outcomes or success in the South African context. In one study (Muller *et al.* 2003), care-leavers defined 'success' as something still to be attained in the future (suggesting that striving towards a goal is being successful), and individual participants identified different criteria, such as financial security, a fulfilling life, a family or a stable job. In this study, all participants associated 'success' with being a role model to others. Similarly, Van Breda *et al.* (2012) found that care-leavers describe 'success' as a verb, rather than a noun, i.e. as something they do over time. The authors coined the term 'successing' to describe this action orientation. Care-leavers identified the following goals as associated with 'successing': completing their education, holding a steady job, attaining financial self-sufficiency, feeling secure, owning a home, acquiring items symbolising accomplishment, enjoying a stable family and close friends, maintaining sobriety, and surviving.

Regarding accommodation, one study found that two thirds of care-leavers were living in an informal dwelling 1-7 years after leaving care (Maposa 2010; Maposa & Louw-Potgieter 2012). Another study found that half the care-leavers returned to their families after leaving care (Bond 2010). Yet another study (Miller 2004) found that two thirds of care-leavers disengaged back to family, a quarter into foster care and just one tenth to independent living. Over the following year, almost three quarters of these care-leavers remained in the same accommodation. Some care-leavers (Oelofsen 2015) report receiving financial assistance with accommodation immediately after leaving care, but that this was withdrawn if they did poorly in their studies or fell pregnant, resulting in insecure accommodation or their feeling forced to move in with a lover.

NEET status after leaving care is seen as a risk for other negative outcomes like crime and substance abuse (Dickens 2015). Findings vary across studies. In one study, no care-leavers were NEET in their first year out of care – one went into education and the other nine into work (Bond

2010). By contrast, other studies have found NEET rates to be a quarter (5 out of 20) a year after leaving care (Miller 2004), a third (10 of 33) after one year (Dickens 2016) and between half and two thirds after 1-7 years (Maposa 2010; Maposa & Louw-Potgieter 2012).

Educational outcomes are poor in some studies. Van Breda and Dickens (2015a, p. 60) report that at the time of leaving care, 12 of their 17 participants had completed only Grade 9 or lower and that only two were in Grade 12. A year later, however, only two of the 17 care-leavers were still in education. The qualitative data show a desire to continue with education, but a malaise in pursuing it and a lack of enablers in the social environment. Another study found that none of the young people completed school before aging out and less than a fifth had any high school education (Maposa 2010; Maposa & Louw-Potgieter 2012). Only three of the 14 participants who could be contacted (now one to seven years out of care) were furthering their education.

Miller (2004) found that care-leavers who completed their schooling while in care continued their education (or worked) after leaving care, and that most of those who continued with their education after leaving care passed. However, those who dropped out of school for various reasons (almost half the participants) appeared to be doing poorly, e.g. getting involved in drugs.

Outcomes related to independent living appear low at one year out of care: only one fifth of care-leavers were earning above the minimum wage and a third were paying for their own accommodation (or obtained it in exchange for work) (Dickens 2016). On the other hand, rates of crime and substance abuse were low at one-year out of care – a quarter and a tenth respectively (Dickens 2016).

A longitudinal study of care-leavers finds that there are no statistically or practically significant improvements in care-leaving outcomes between one and two years out of care (Dickens *et al.*

2015; Van Breda 2015c). In addition, only three out of the 14 care-leavers were working at both one and two years out of care and only one was studying at both times.

Facilitators of care-leaving outcomes

Bond (2010) found that factors that facilitated better care-leaving outcomes included self-efficacy, hope or faith, and a range of coping mechanisms, e.g. perseverance, self-reliance and the ability to reframe situations in a positive manner. Oelofsen (2015) reported that enabling factors included relationships with caring adults outside the care system, being street smart and learning from one's mistakes, an attitude of transforming negative experiences into positive learning, setting goals for the future, and faith in God.

In a quantitative study of the contribution of resilience resources (measured with the YERS at disengagement from care) to outcomes measured at one year out of care, Dickens (2016) found that important resilience resources included: supportive role model and peer relationships, the ability to work collaboratively in teams and self-esteem. Other important resilience resources included relationships with teachers, family and lovers, as well as spirituality and optimism (Dickens 2016).

In a follow-up study, Van Breda (2016a) examined the continuing contribution of the same resilience resources to outcomes at two years out of care. He found that resilience resources vary in importance over time, suggesting that resilience is rooted in time and context. Significant resilience predictors at two years out of care were located in the individual (self-esteem) and environment (relationships with peers and role models, and experiences of being in care). These resilience variables predicted a wide range of independent living outcomes at two years, including NEET, financial security, health, crime and well-being.

Services to care-leavers

South African researchers talk increasingly of a transition towards *interdependent* living, rather than independent living (Tanur 2012). The focus is less on care-leavers having to do everything for themselves, and more about care-leavers connecting with others, establishing networks and leveraging resources. Van Breda and Dickens (2016, p. 359) state that "'interdependence' is a Western term for the African notion of *Ubuntu*, which is that people become human through relationships with other people". They argue that this reliance on networks of informal community and extended-family supports is both cultural and necessary, given the lack of care-leaving services provided by the state.

In some cases, care-leavers report being supported with obtaining a driving license, job shadowing and funding for further education (Bond 2010), but for the most part, care-leavers report short notification of leaving care (such as just a month before leaving) and very limited transitional support services (Bond 2010; Oelofsen 2015). This is confirmed by child care staff (Oelofsen 2015).

Mamelani (2013) identifies three primary challenges impacting on care-leaving services. First, there is a shortage of human and financial resources, which impacts negatively on in-care service delivery, and particularly on transitional support. Second, when children are placed in care, family engagement often ceases and there are inadequate efforts towards family reunification. Third, residential settings are not geared towards preparing adolescents for young adulthood and for fostering increased independence, thus transitional programmes are lacking. This finding is supported by Bond (2010), who notes that few children received transitional support services, though when they were received, they were appreciated.

In response to these findings, Mamelani (2013; see also Tanur 2012) have developed principles for transitional support services, as well as a workbook of activities. Their programme is based on three pillars of growth: strengthening identity, nurturing relationships and building resilience. Key elements of their programme are mentoring; experiential learning in the 'real world'; and access to material support after leaving care. They provide individual and group interventions, work readiness opportunities (e.g. job shadowing and internships), and access to resources (e.g. food and transport). Their manual (Mamelani 2015) provides numerous examples of group activities for a transitional support programme.

Dickens and Marx (2016) have also, in light of their own research and practice experience, generated guidelines for transitional services: a greater focus on the 'mission' of preparing young people for adult life; the establishment of minimum criteria that must be met before a young person is disengaged from care (viz. secured accommodation, education/training, employment, networks of support and belonging, and ongoing contact with the children's home); experiential learning in the 'real world'; and advocacy for better care-leaving legislation.

Care-leavers report a need for one-on-one mentoring from someone who genuinely cares for them (Mamelani 2013; Van Breda & Dickens 2014, 2016). SA-YES is an organisation that provides a mentoring service to young people preparing to leave care (Pinkerton 2011). Young people are matched to a trained volunteer mentor, who contracts to meet weekly with the young person for one year. Preliminary research suggests that this programme has merit in facilitating transitional outcomes (Pinkerton 2011).

Girls and Boys Town has a particularly well-developed programme for developing a range of social skills tailored to the needs of each child in care, based on social learning theory. Mmusi (2013) investigated the degree to which care-leavers transferred these skills out of the care context into

young adulthood. She found that (at least some of) the social skills learned in care are remembered and used after leaving care. She also found that care-leavers adapted the skills to suit the 'real world' where they lived and worked. It appeared that many of the skills were so internalised, that the care-leavers often did not realise they were using a learned skill.

Researchers argue that care-leaving services need to be more sensitive and responsive to the macro social context into which care-leavers disengage – one characterised by, among other things, exceptionally high rates of youth unemployment (Van Breda & Dickens 2016). Developing the entrepreneurial skills of care-leavers could be a useful way of strengthening their hand in an adverse environment (Van Breda & Dickens 2014, 2015b). Services to target NEET outcomes are particularly salient (Dickens 2015).

Policy on care-leaving

Policy is a neglected topic in South African research on care-leaving. This is perhaps because care-leaving research is still in its infancy, and the focus is primarily on understanding the phenomenon, rather than on evaluating or advising policy. Nevertheless, Bond (2015) has done a comparative policy review of the USA, UK, Australia and South Africa. She concludes that there is very little policy for care-leaving in South Africa's Children's Act and supporting documentation. "Transitional services are discretionary and not specified" (Bond 2015, Slide 16). She mobilises social justice theory to argue that when children are removed from their parents' care, the state is obligated to facilitate better life outcomes than if they had remained at home.

The lacks in policy go hand-in-hand with the lacks in management information. Pinkerton (2011) notes the dearth of information about care-leaving; even numbers as basic as how many children are in residential care. Part of the reason for the lack of policy and services for care-leaving is the

massive need for more basic forms of child welfare services and the complementary lack of human resources and funding to provide these services.

Following a comprehensive review of the care-leaving context in South Africa, Van Breda and Dickens (2016, p. 362) draw the following conclusion about the policy needs in South Africa:

> Policy for services to young people leaving care could include the provision of social welfare support services after leaving care, social security beyond the age of 18, the opportunity and encouragement to remain in care beyond the age of 18 and/or the completion of secondary education or a trade qualification, referral to skills development and employment agencies, the provision of transitional accommodation, and the psychosocial and economic strengthening of the families of young people in care. Such policies must be fit for purpose within the South African constraints of the massive numbers of vulnerable youth, limited financial resources, a history of problematic service delivery and the geographical inaccessibility of many parts of the country.

DISCUSSION AND CONCLUSIONS

This review of research on residential care-leaving in South Africa reveals a rapid growth of research. The 40 research outputs, 31 of which have been published in the past four years, reflect on 13 separate research projects, plus one scale validation study. A variety of research methods are used, with 13 qualitative, 11 mixed, 9 desktop and 8 quantitative outputs. Included among these is a mixed-methods longitudinal study of care-leaving, now in its fifth year, the first such study in Africa. This suggests a body of research that is moving from asking exploratory and descriptive questions towards increasingly addressing explanatory questions.

The research review shows a solid theoretical grounding to many of the studies, drawing particularly on resilience theory, especially an ecological approach to resilience, as well as theories

of social justice, micro-macro debates and social learning. South Africa is making good headway in developing and validating contextually-relevant measurement tools for youth resilience and care-leaving outcomes, though the uptake of these tools by other researchers is lacking. Young people's experiences of leaving care echo those found in most studies elsewhere in the world. A model has been constructed to explain what young people do to facilitate their transition out of care and towards independent living. Several studies have quantitatively measured or qualitatively described the outcomes of care-leavers from one to several years out of care, and while the numbers vary across studies, they point to similar areas of concern with educational, employment, NEET and accommodation outcomes. Studies are shedding light onto the contribution of a range of resilience processes, notably relationships, on outcomes at one and two years out of care. While there have been few studies on services and policy, per se, research does suggest that both are severely lacking, and that the positive outcomes that many care-leavers achieve is largely thanks to a network of personal and informal supports and resources. In short, there is a growing and useful body of knowledge about care-leaving in South Africa.

However, it is evident that all the studies utilise small numbers of participants, ranging from three to 43 (excluding the validation study with 569 participants). None of these begins to match the large samples reported in some of the studies on care-leaving elsewhere in the world (e.g. Courtney *et al.* 2011). The small numbers are a result of various factors, such as limited research funding for this topic in South Africa, the fragmented nature of residential care and care-leaving services, and the small number of researchers working in this area. Further efforts to generate larger samples is important, particularly for longitudinal research.

There are several areas warranting more focused research on care-leaving in South Africa, particularly the transition out of foster care. To date, only two studies have been conducted on foster

care-leaving, neither of which has been published in peer-reviewed journals. With over half a million children in foster care, this is a major area for expansion of care-leaving research.

The studies of residential care-leaving to date have adopted a broad focus and, in most cases, an exploratory approach. This has, as can be seen from this review, laid a good general foundation of insight into care-leaving in South Africa. But there is now need for more focused studies on specific subgroups of care-leavers, such as the care-leaving journey of those with disabilities, differences in the journey between men and women, and comparisons between urban and rural care-leavers. In addition, important research questions include the impact of culture on the care-leaving journey; the relative merits of foster, kinship and residential care; the incidence of crime and substance abuse among care-leavers; secondary family functioning of care-leavers; education and employment pathways of care-leavers; family reunification; and so on. While some of these questions have been touched on in the studies reviewed here, they have not been addressed in depth.

Greater efforts can be made to engage in comparative research with other countries, in both the global South and the global North. Preliminary evidence suggests that South African care-leavers have similar outcomes to those in the global North. Given the major differences in policy and resourcing of care-leaving services between these two regions, this suggests that South African care-leavers draw on a different set of resources to facilitate their transition out of care to those in global North. This is worth further investigation, particularly as neo-liberalism erodes welfare services in many global North countries.

Research findings, such as they are, need to be translated into interventions. Currently, there are no recognised protocols or guidelines for care-leaving services in South Africa. Individual organisations, such as Mamelani and SA-YES, have formulated care-leaving programmes, but these are not available to everyone working with care-leavers and have not been adopted as best practices

by the sector. There is now a sufficient evidence base on which to build programme development. Such evidence-informed programmes then need to be evaluated. To date there have been no rigorous programme evaluations related to care or care-leaving in South Africa. Only a handful of small, qualitative and non-randomised studies have been conducted.

Care-leaving research has clearly gained momentum in South Africa, and is emerging also in Africa. This is evidenced by the establishment, in 2016, of the Africa Network of Care-Leaving Researchers (ANCR) (https://careleaving.com/), which is working to promote care-leaving research and foster a consolidated African voice in the care-leaving field. South African researchers appear to be leading the way in the quantity and depth of research being conducted. Further focused studies and the expansion of sample sizes will help make a difference in the lives of young people leaving care, not only in South Africa, but elsewhere in the world also.

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