‘We are who we are through other people’: The interactional foundation of the resilience of youth leaving care in South Africa

by

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Table of contents

Table of contents .......................................................................................................................... 2
Abstract ........................................................................................................................................ 3
Introduction & background ........................................................................................................... 4
Resilience ........................................................................................................................................ 6
Care-leaving ................................................................................................................................... 10
Findings from my research on care-leavers in South Africa ......................................................... 13
  The agency-structure debate ....................................................................................................... 14
  Journey to independent living ..................................................................................................... 15
  Women’s journey towards independent living ............................................................................ 17
  Growth Beyond the Town ............................................................................................................ 17
  Transfer of social skills ............................................................................................................... 19
  Possible selves ............................................................................................................................. 20
Conclusion & implications ............................................................................................................ 20
  A model of interaction resilience for South African care-leavers ......................................... 21
  Implications for social services ................................................................................................. 23
  Implications for ongoing research ............................................................................................ 24
References ....................................................................................................................................... 25
Abstract

One of the important life transitions humans undergo is the transition from adolescence to young adulthood, called youth transitions. One group of young people for whom this is a particularly difficult transition is those transitioning out of the child welfare system towards independent living. These youth experience a range of vulnerabilities that tend to result in poor outcomes compared with youth who grew up at home. However, not all care-leavers experience poor outcomes, raising the question of what facilitates better outcomes among some care-leavers. This is the classic resilience question and is the focus of my research over the past several years.

Resilience theory seeks to understand the multilevel processes that systems engage in to obtain better-than-expected outcomes in the face or wake of adversity. Resilience processes or enablers are often categorized as either personal or environmental, but drawing on the social work notion of person-in-environment, I argue that the interactions between people and people, and between people and systems, are the resilience-enabling mechanisms that are the foundation of the resilience and that contribute to resilient outcomes.

In this lecture, I mobilise much of my research opus, particularly my work over the past several years on leaving care, together with my students and research associates, to provide empirical support to the construct of interactional resilience, and to showing the contribution that interactional resilience makes to improved care-leaving outcomes. Based on this platform, I propose an interactional resilience model for South African care-leavers, that I suggest may be applicable to all youth transitions. In light of this, I make recommendations for social service delivery and for further research and theory building on interactional resilience.
Introduction & background

Transitions are an ubiquitous feature of life (Meleis, Sawyer, Im, Messias, & Schumacher, 2000). As we grow up, we transition through a series of developmental stages. As children, we change caregivers, grades, schools, friends and subject choices. As adults, we transition into and out of relationships, jobs, homes, communities and health status. While many transitions are planned and anticipated, others are unexpected and potentially traumatic, such as being fired or sustaining an injury. There are some life or work contexts that are transitional in nature, such as working for the military, with the repeated requirement for personnel to deploy away from home, leading to frequent family transitions (Van Breda, 1999).

A category of transitions that has received much attention in the literature is that of ‘youth transitions’, which refers to the transition from adolescence to young adulthood, corresponding roughly to the period of 15 to 25 years, which Arnett (2015) terms “emerging adulthood”. In their book ‘Key concepts in youth studies’, Cieslik and Simpson (2013) place ‘youth transitions’ second in their table of contents, after ‘defining youth’, indicating the prime place it occupies in youth studies. They write, “Youth transitions remains one of the most prominent and important concepts in the context of youth studies” (p. 8).

Youth transitions are multifaceted, including the transition from school to work, from parental housing to independent (or peer) housing, from singlehood to some kind of relationship status, from dependence towards independence, through a series of part-time or temporary jobs, through periods of rebellion and identity formation (Furlong & Cartmel, 2006). In the Global North, researchers are seeing an extension of the period of youth transitions, up to the late twenties and even beyond (Arnett, 2015; Furlong & Cartmel, 2006).

In South Africa, youth transitions are complicated by adverse conditions for youth. In particular, the exceptionally high unemployment rate among young adults, which exceeds 50% (StatsSA, 2017), limits opportunities for young people to transition from school into the workplace. Despite being more than two decades into a non-racial democracy, educational, employment and housing options for youth remain meagre. This is particularly true for black and female youth, both globally (Cieslik & Simpson, 2013) and in South Africa (StatsSA, 2017), because society continues to be inequitably structured along the lines of race and gender. In such conditions of structural disadvantage, youth must rely primarily on personal agency (such as effort, drive and determination) to leverage social
resources (such as relationships, opportunities and small amounts of cash) to facilitate their transition towards young adulthood (Furlong & Cartmel, 2006).

Among the broader population of transitioning youth are various sub groups that have unique challenges and needs. These include youth with disabilities, LGBTIQ youth, as well as youth transitioning out of the care system. It is this last group that is the focus of this lecture. Children are removed from their family due to a wide range of issues, such as child neglect or abuse, parental substance addiction, mental illness or crime, and child behavioural problems. These children are then placed into some form of alternative care, such as foster care or residential care. While some children are returned to their family within a year or two, many remain in care until they reach adulthood (defined in South Africa as age 18). At that point, these youth ‘age out of care’, meaning they leave care because they have reached the age at which they must leave care. Aging out of care is thus defined by age, and not by readiness to leave care. We call these youth who age out of care ‘care-leavers’ and the process of this transition out of care, ‘care-leaving’.

Globally, studies of care-leavers suggests that this is a group of highly vulnerable youth in transition, leading some researchers (Mendes, Johnson, & Moslehuddin, 2011, introduction) to refer to care-leavers as “one of the most vulnerable and disadvantaged groups in society” and one of the most social excluded (Stein, 2006). Care-leavers often show poorer outcomes than their peers who did not enter the care system, in relation to education, employment, crime, substance abuse, finances and mental health.

Notwithstanding this rather bleak view on youth transitions and care-leaving, not all care-leavers succumb to these structural disadvantages. Stein (2006), for example, has seminally divided care-leavers into three groups: victims, who struggle to transition and have poor developmental outcomes; survivors, who grapple with the transition out of care and have mixed outcomes; and those moving on, who appear to be well prepared and supported in their transition, and who adjust well to adult life.

It seems then, that while transitions can be challenging and may lead towards negative outcomes, this is not universal. Transitions often become an opportunity for growth, for new beginnings and new opportunities. These differences in outcomes raise questions about the resilience of youth in transition. What is it that enables some care-leavers to transition well – in Stein’s (2006) terms, to ‘move on’ – when others do not?
In my research on care-leaving in South Africa, I have similarly found that while some youth struggle with the transition out of care, others appear to do quite well – continuing with their education, finding work, establishing intimate relationships, avoiding drugs and crime, and maintaining good levels of health and well-being. Understanding what enables these outcomes, in the contexts of multiple layers of adversity and vulnerability, may generate important clues for providing effective support to all care-leavers, and potentially also for all youth in transition.

My previous research on the resilience of families (Van Breda, 1999) and organizations (Van Breda, 2011, 2016a), and my current research, and the research of my students and associates, on the resilience of care-leavers (Van Breda & Dickens, 2017) and youth in transition (Van Breda, 2017, online) is leading me to conclude that the foundation of resilience among care-leavers is interactional. While there are aspects of resilience that are personal and aspects that are located in the social environment around youth, much of what appears to foster better outcomes in the transition out of care seems to take place in the interaction between youth and their social environment. There is, however, not a great deal of research focusing on this interaction – most research focuses on personal resilience and/or resilience resources in the environment, but not on what happens in the interactions between these.

In this lecture I draw on my research to argue that the interaction between people and their environment appears to be the foundation of the resilience of care-leavers in South Africa. I start with brief overview of what resilience and care-leaving are. I then provide an overview of several studies that I and my students are involved in that foreground the interactional foundation of care-leaver resilience. Based on that, I propose a model of interactional resilience for South African care-leavers and make some suggestions for practice and further research.

**Resilience**

Resilience is popularly understood to be the capacity of people to recover from adversity, captured by the expression ‘to bounce back’. In research, resilience emerges from the recognition that, in the wake of adversity (or vulnerability or risk), while many people may suffer negative outcomes (e.g. poor mental health, relationship breakdown, unemployment, crime), others do not (Antonovsky, 1979). The central resilience question, then, is: What enables some to overcome adversity when others do not? The answers to this question are referred to variously as strengths, protective factors or resilience-enablers (Van Breda, 2017b).
There are, consequently, three sets of variables that resilience researchers are interested in (Figure 1). First, **adversity**. Resilience research is always concerned with some form of adversity. Indeed, it can be argued that in the absence of adversity, there cannot be resilience. Adversity can include a wide range of variables, including exposure to violence (experienced or witnessed), war, natural disasters, poverty, political oppression, various forms of social exclusion (e.g. racism and sexism) and neglect. Adversity is often acute and time limited, such as rape or a car accident, but in the Global South particularly, adversity is often chronic, life-long, even intergenerational, such as poverty and political oppression (Van Breda, forthcoming).

**Figure 1. Components of resilience theory (Van Breda, forthcoming)**

Second, resilience theory and research are interested in **outcomes** following adversity. This language (‘following adversity’) is problematic, as it is skewed towards acute adversity, and does not adequately apply to chronic adversity (Van Breda, forthcoming). Nevertheless, outcomes are typically considered to be positive, especially the achievement of developmentally appropriate milestones (Masten, 2015), such as physical growth, intellectual development and educational achievement among children, and education, employment and family life among adults. In the context of chronic adversity, from which one cannot ‘recover’, outcomes may be defined in more relative terms, such as doing better than others in the same situation, doing better than expected considering the adversity or, in the experience of people living in chronic adversity, simply ‘surviving’ (Van Breda, forthcoming).
The third focus of resilience researchers and theorists, which arguably is the crux of resilience research, is **protective factors** (Masten, 2015). These are the factors that mediate between adversity and outcomes, and which differentiate those with better outcomes from those with poorer outcomes. These protective factors are, essentially, the answer to the resilience question, What enables some to overcome adversity when others do not?

Traditionally, protective factors were seen to be located within **individuals**, and included hardiness, learned resourcefulness, internal locus of control and sense of coherence (Van Breda, 2001). Here, resilience is constructed as a ‘trait’, as something inherent within individuals, that enables them to overcome the odds of their environment. It speaks in particular to a hero motif, which underpins the ‘American Dream’ – “the view that any and all could succeed were they to work hard” (Garmezy, 1996, p. 8). Thus, while resilience is still popularly regarded as an individual trait (e.g. Mapela, 2015) and while much research on resilience still focuses on internal factors (Grant & Kinman, 2013), this is now generally regarded as a narrow and somewhat outdated view of resilience.

Increasingly, resilience is regarded as a **process**, rather than a trait (Olsson, Bond, Burns, Vella-Brodrick, & Sawyer, 2003). ‘Process’ can mean various things, but here I mean resilience as something that people do over time, rather than as something static, like a trait. Thus, self-esteem can be regarded as a trait – it is something one has, while use of humour is a process, in that it is something exercised in time and space. Similarly, an environmental resource like a drop-in centre is static, while caring service providers are a process, because they behave in caring ways. In short, resilience as a process, conceives of resilience less as a noun or adjective (things and qualities) and more as a verb (what people do over time). I have, over the past few years, unsuccessfully endeavoured to advocate the term ‘resiling’ or ‘to resile’, to emphasise resilience as a doing word, in line with Strümpfer’s (2002) similarly unsuccessful recommendation.

In addition to the shift from resilience as trait to resilience as process, we have seen a shift from resilience as individual to resilience as **ecological**. Here resilience is regarded not only as something within individuals (a trait) nor only as something individuals do (an individual process), but rather as something located within the full spectrum of a person and their social environment. This approach has become particularly prominent among social work resilience researchers (e.g. Fraser, 2004; Greene, 2006; Ungar, 2012), as well as psychologists (e.g. Theron, 2016). In these approaches, protective factors are understood to be located in the individual, family, peer network, school, community, social services, policy, religion and culture.
My own work is influenced particularly by the person-in-environment (PiE) perspective in social work (Weiss-Gal, 2008), which focuses not only on the person or the environment, but also on the interface between them. PiE argues that a person cannot be understood independently of their environment, thus the meso and macro factors and processes surrounding a person are crucially important for understanding the person. Moreover, PiE shifts focus towards the i in PiE, that is, towards what happens at that interface, something I have argued both in relation to occupational social work (Van Breda & Du Plessis, 2009) and youth resilience (Van Breda, 2017b).

More recently, resilience theory and research have drawn the micro focus on the person inward onto the biology, particularly the neurobiology of resilience, as well as the interaction between genetics and the environment. While gene-environment interactions have long been demonstrated in relation to mental health (Caspi & Moffitt, 2006), it is only more recently that their relevance for resilience has been explored (Raby & Roisman, 2013).

There are numerous definitions of resilience about, from a wide range of disciplines (Ionescu, 2016). These definitions reflect both areas of commonality in the conceptualisation of resilience, as well as the uniqueness of the discipline within which the definition was coined. My own definition of resilience emerges both within my discipline of social work and within the Global South context in which I work, viz. (Van Breda, forthcoming):

*The multilevel processes that systems engage in to obtain better-than-expected outcomes in the face or wake of adversity.*

A few clarifying notes on this definition are warranted:

- I focus on the resilience of ‘systems’, to allow this definition to be focused not only on individuals, as many definitions are, but also other social systems (drawing on my history in family and organisational resilience), as well as non-human systems (e.g. weather, economies and animals).

- I focus on resilience as a ‘process’, to emphasise resilience as a verb, rather than a noun or adjective. This focus is informed by social work’s commitment to facilitate change. It is easier to change how people behave and interact, than to change their character.

- I mention ‘multilevel’ to emphasise that these processes or actions are not only those of the system itself (e.g. of the individual), but also of the subsystems and external systems around the system. Thus, resilience processes are fundamentally social-ecological.
• I differentiate between the ‘face’ and ‘wake’ of adversity to be more responsive to the kinds of adversities experienced in the Global South. ‘In the wake’ implies that the adversity is time-limited, probably acute, and has now passed. In such a context, resilience is about recovering from the adversity, restoring a previous level of functioning, or achieving a higher level of functioning (flourishing or post-traumatic growth). By contrast ‘in the face’ implies that the adversity is still ongoing, probably chronic, and quite possibly intergenerational. In such a context, which is typical of the Global South, resilience is about doing as well as one can in such conditions.

• Finally, instead of referring to ‘positive outcomes’ or ‘successful adaptation’, I refer to ‘better-than-expected outcomes’ to permit a culturally and contextually responsive construction of resilient outcomes in particular situations. Outcomes are thus not normatively defined, but rather situated within specific contexts, and responsive to the types of adversity being faced, structural opportunities or constraints, and cultural constructions of ‘adaption’ or ‘success’.

**Care-leaving**

Most of my current research centres on the resilience of young people transitioning out of residential care, due to having reached age 18. This transition is called ‘care-leaving’ and the young people transitioning are called ‘care-leavers’.

Care-leavers had been children placed in alternative care. Children enter the care system according to the procedures set out in the Children’s Act (RSA, 2005). Children may enter care for a variety of reasons, including being orphaned, abused or neglected, or because they have behavioural problems that their parents or carers are unable to deal with adequately. In all instances, the “best interests of the child” are central in the decision to remove a child from her or his family and place them in care (RSA, 2005, section 7). This standard applies both to the decision to remove a child, and to the decision on where to place a child.

The Children’s Act makes provisions for a variety of placement options when a child is removed, including (RSA, 2005): temporary safe care, while work is done with the family to enable them to take their child back; foster care, where a child is placed with relatives (kinship care) or non-relatives for a time-limited or indefinite period; residential care, where a child is placed in a Child and Youth Care Centre, officially for two years, but typically for much longer, and often until age 18; or adoption, where a child becomes the legal child of other parents. My research has focused on residential care.
Children transition out of care for two main reasons. Ideally, they transition back into their families within two years, because the issues that led to the child’s removal and placement have been resolved (RSA, 2005, section 157). This is referred to as ‘family reunification’ (Department of Social Development, 2012). However, evidence suggests that family reunification is underdeveloped and inadequately implemented in South Africa (Jamieson, 2014; Mamelani, 2013; Sauls & Esau, 2015).

Because family reunification is limited and because it is often in the child’s interests to remain in care, many young people leave care when they reach the age of 18. This is termed ‘aging out of care’, because the reason for leaving care is not that the child or the family are ready for the child to leave care, but simply that the child has reached the age of majority. In some countries, such as parts of Canada, young people have to leave care on the day of their eighteenth (or nineteenth) birthday (Rutman, Hubberstey, Feduniw, & Brown, 2007; Interview with Prof Mann-Feder). In South Africa, children are required to leave care at the end of their eighteenth year, thus at the end of the school year. Application can be made for an extension of placement up to age 21, if the young person continues with their schooling or education, but this is uncommon.

The USA (Courtney, 2009) and the UK (Dixon et al., 2015) have adopted a policy of ‘corporate parenting’, by which they mean that when the state decides to remove a child from parental care, the state takes over the parental role and does what a ‘good’ parent would do, including continuing to provide care to the young person far beyond age 18. Such a principle does not exist in South Africa, where care (and child-directed social security) is, to a large extent, terminated when the child becomes an adult at age 18. Extensions are possibly only when these young people continue in education, and even then, this is not evenly applied by the welfare system.

This vulnerability of care-leavers, referred to in the introduction (Mendes, Johnson, & Moslehuddin, 2011), stems from a pile-up of vulnerabilities over both time and context, rather than merely as a result of the actual transition out of care, as evidenced by a growing body of research in Africa (Dziro & Rufurwokuda, 2013; Frimpong-Manso, 2016; Luboyera, 2014; Mhongera & Lombard, 2016; Nshinyimana, 2014; Pryce et al., 2016; Roeber, 2011; Takele, 2017; Ucembe, 2013). This begins in childhood, through exposure to adversity in the family origin, which ultimately led to the child’s removal from parental care. That removal is itself an adversity, involving a fracturing of the child’s relationship with the family system, and often a wider community and cultural system. While in care, some children continue to experience adversity, through abuse by caregivers, multiple changes of
placements and the stigma of being in care. The transition out of the care system is yet another fracturing of a care-giving relationship, involving the abrupt loss of parental figures and siblings, as well as the structure and opportunities of the care system (particularly residential care). After leaving care, vulnerability continues, because these young adults are not eligible to receive child welfare services and there are few if any provisions for aftercare social services and social security for care-leavers.

Research on care-leavers in South Africa (Dickens, 2017) points to less than ideal outcomes at one year out of care. A quarter (25%) of participants had one change of home during that year, while a third (31%) had two or more moves. A third (35%) of participants were not in employment, education or training (NEET), despite all care-leavers having a plan to either pursue education or take up employment at the time of leaving care. Although three quarters (75%) of care-leavers had not completed matric at the time of leaving care, 69% were not studying a year later. Three quarters (79%) of participants were earning below the minimum wage (R1600). While the majority of participants (87%) were not abusing drugs or alcohol at the time of data collection, a quarter (23%) had been involved in some kind of criminal activity or conflict with the law in the past year.

Interpreting such results, however, is challenging, as one must question what constitutes a ‘successful’ outcome for any young person of about 19 years. Nevertheless, when comparing South African NEET rates among care-leavers and the general population of youth with equivalent rates in England, it appears South African care-leavers may be doing comparatively well. Figure 2 shows that the NEET rate of South African care-leavers (35%) is comparable to English care-leavers (40%). However, while South African care-leavers’ NEET rate (35%) is similar to the national NEET rate among youth (30%), the NEET rate of English care-leavers (40%) is three times higher than the national NEET rate among youth (13%). While English care-leavers are doing remarkably worse than their peers, South African care-leavers are doing about the same as their peers, suggesting that South African care-leavers are doing comparatively well, despite the significantly fewer services and supports available to them compared to English care-leavers.
This finding suggests South African care-leavers, as a group, may be more resilient than English care-leavers (and these differences are similar in other Global North countries). This prompts the resilience question: What enables such resilient outcomes among South African care-leavers? Furthermore, the finding that among South African care-leavers, there is wide variation in outcomes – with some doing quite well and others doing quite badly – prompts a further resilience question: What enables some to do better than others? This is the central focus of my research on the resilience of care-leavers.

**Findings from my research on care-leavers in South Africa**

Over the past several years I have been conducting research on care-leavers and the care-leaving process in South Africa, together with several postgraduate students and research associates (Van Breda, 2018, online). The core of my work has been conducted in partnership with Girls and Boys Town South Africa (GBT), a national non-governmental organisation, offering a range of child and family services, including residential care. This research has been funded principally by GBT, with financial support to GBT from the Anglo American Chairman’s Fund Trust and to me from the...
National Research Foundation. Here I draw together some of the key findings from these studies which provide support to the argument that the foundation of the resilience of care-leavers in South Africa is interactional.

The agency-structure debate

The debate between agency and structure, or micro and macro, has been ongoing in sociology since the 1970s (Sztompka, 1994), and continues into present times (King, 2004). On the one hand, there is an emphasis on the power that individuals exert over their lives, making free choices based on personal preference; on the other hand, there is an emphasis on the structural forces in society that constrain and direct the choices of individuals. Theory development to address this debate is ongoing (e.g. Donati, 2011; Powell, 2013). The developmental social welfare approach in South Africa has also picked up on this debate, calling for a harmonisation of both micro and macro approaches to social welfare (Patel, 2015).

In a 2016 publication (Van Breda, 2016b), I did a content analysis of the constructs that emerged in five studies on care-leaving in South Africa. The constructs were not exclusively resilience oriented, but also included the focus of interventions and care-leaving outcomes. Constructs relating to both agency and structure emerged in the analysis, in equal numbers (24 of each). Agency constructs included alcohol and drug use, having goals and a sense of identity, while structure constructs included the availability of a mentoring programme, staff turnover and poverty. It seems then that both agency and structure are important yet distinct aspects of care-leaving.

In addition, however, I found an equal number of constructs that were strictly neither agency nor structure. These constructs involved both agency and structure or were located in the space between agency and structure, and I referred to these as interaction (Patel, 2015). These included community involvement, being heard by others and engaging in team work. Relationships with people are, perhaps, quintessentially interactional. Relationships, which are typically categorised as an environmental resilience-enabler (thus located in the macro or structure domain), involve not only another person in the environment, however, but also the care-leaver. A relationship exists only when both parties engage in a reciprocal relationship, through their interactions with each other. Thus, I suggest that relationships are better considered to be interactional, rather than personal (agency) or environmental (structure).

1 This work is based on research supported in part by the National Research Foundation of South Africa for the Grant No. 93634. Any opinion, finding and conclusion or recommendation expressed in this material is that of the author and the NRF does not accept any liability in this regard.
In addition to constructs that are interactional, there were also numerous instances of the interaction between an agency construct and a structure construct. For example, Tanur (2012) described “how a rites of passage intervention (which constitutes structure, because it is a service that exists in the environment independently of the care-leaver) creates a space within which care-leavers can explore and reconstruct their selves (agency)” (Van Breda, 2016b, p. 47). This suggests that structure on its own is insufficient to effect change; there is a need for agency as well, enabling a translation from macro to micro, and potentially from micro to macro also. This further supports the importance of interaction in care-leaving, since it is only as the care-leaver engages with the structural resource that resilience is enabled.

**Journey to independent living**

In 2011, I led a study on the care-leaving journey toward independent living (Van Breda, 2013, 2015; Van Breda, Marx, & Kader, 2012), with two colleagues from GBT: Peter Marx and Kashiefa Kader. We interviewed nine young men who had left GBT’s care several years previously. Using grounded theory methods (Charmaz, 2006) we generated a nascent theory of care-leaving (Figure 3). Grounded theory emphasizes the actions and interactions of people, thus their agency in shaping their social environment, so the research design naturally lent itself to the identification of interactional resilience-enablers.

![Figure 3. Journey towards independent living model](image-url)
Three of the four resilience constructs can be regarded as interactional. First, ‘striving for authentic belonging’ (Van Breda, 2015), which appeared central in participants’ construction of a ‘successful’ transition from care, is about establishing meaningful and enduring relationships with others that generate an experience of belonging. Participants typically constructed these as ‘familial’ in nature, even when they were not actually family (e.g. teachers or a crime lord). This striving for authentic belonging was a resilience-enabler, because it facilitated better transitional outcomes, while at the same time it was an outcome, because it was towards such belonging that youth were striving.

Second, ‘networking people for goal attainment’ (Van Breda, 2015) also involves interactions with other people, but not in a typically relational manner. Here others are viewed as potential resources that can contribute to the young person’s transitional goals. The resilience process involves networking strategies to mobilise the person into a helpful stance and to leverage resources from the person. In most instances, these people are strangers or acquaintances, which Granovetter (1983) refers to as ‘weak ties’. Weak ties are typically overlooked in resilience research, as the focus is primarily on sustained and meaningful relationships. However, weak ties are often a better route to new information or opportunities than strong ties, because they tap into social networks to which the care-leaver and their strong ties are not connected. Weak ties, however, only become a resilience-enabler when the care-leaver networks with and mobilises them.

Third, ‘contextualised responsiveness’ (Van Breda, 2015) is less focused on people and relationships, and more focused on the social environment itself. Here the care-leaver observes their social context, reads the opportunities and threats that the context presents them, and then responds in ways that are contextually appropriate and that preserve or advance themselves. For example, one care-leaver had joined a gang as a way of establishing authentic belonging, but when he began to observe that this context could put his life in jeopardy, he responded by extricating himself from the gang.

All three of these resilience-enablers are interactional, in that they involve not only the care-leaver nor only the social environment, but rather the reciprocal interactions between them. Grounded theory was an exceptionally useful research design to recognise and unpack these interactions, being based on symbolic interactionism, thereby extracting resilience processes often overlooked in other studies that are focused on personal and environmental resilience-enablers only (Van Breda, 2017a).
Women’s journey towards independent living

The previous study focused on only young men, because they were the only GBT care-leavers we could track. This did, however, raise the question of whether this theory of care-leaving was relevant only for men, and what it meant for female care-leavers. One of my former students, Joyce Hlungwani, thus replicated the study with female care-leavers (Hlungwani, 2017). She found that all of the resilience-enablers in the original study were clearly present in the narratives of woman care-leavers. This appears to confirm that these care-leaving processes are gender-neutral.

However, Hlungwani (2017) also found new resilience-enablers that were not apparent or prominent in the men’s narratives. These were ‘taking on responsibilities’ and ‘embracing motherhood’; the latter can be regarded as a specific and highly prominent instance of the former. Female care-leavers’ journey towards independent living was enabled by a heightened sense of responsibility for others, including peers who left care around the time they did, other children still in care, and their own siblings, friends and other family members. By aspiring to take on responsibility for these others, female care-leavers adjust well to independence and establish themselves as capable role models.

Similarly, female care-leavers embrace motherhood. Five of Hlungwani’s (2017) nine participants had a child and the other four all planned to have a child. Motherhood was a prominent theme among these women, who spoke passionately of the desire to create a life for their children that they themselves did not have as children. Thus, having or desiring a child was a resilience-enabler, by motivating the journey towards independent living.

These resilience-enablers are both interactional. They reflect an internal motivation among these women, rooted in a present and future view of the self as taking care of others and raising a happy child, which is expressed in their actual interactions with others (in all cases) and with their child (for those who had a child). They were thus not merely self-representations, but also interactions with others in their social environment.

Growth Beyond the Town

My primary research project is called Growth Beyond the Town, which is hosted at GBT. It is a longitudinal, mixed-methods study of young people leaving GBT’s care and transitioning towards young adulthood and independent (or more accurately, interdependent) living (Van Breda, 2018). Data collection began in 2012 and is ongoing. Each adolescent who ages out of care is invited to participate in the study, which involves baseline data collection just before leaving GBT, and annual
data collection thereafter. In late 2017, we collected five-year outcome data from our first cohort of participants. We currently have over 100 care-leavers enrolled in the study. Dr Lisa Dickens, my former student, did her doctoral research on this project (Dickens, 2016, 2017; Van Breda & Dickens, 2015). Last year, we published our first findings on the contribution of resilience to the one-year transitional outcomes of care-leavers (Van Breda & Dickens, 2017), with a sample of 52 care-leavers (Figure 4).

![Figure 4. Contribution of resilience to care-leaving outcomes (Van Breda & Dickens, 2017)](image)

The resilience-enablers that we measure using the *Youth Ecological-Resilience Scale* (Van Breda, 2017b), which we designed and validated, are structured according to the person-in-environment framework, which is one of the foundational frameworks in social work theory (Weiss-Gal, 2008). Variables are thus categorised as personal, interactional, relational, environmental and in-care. Figure 4 depicts those resilience variables that predicted three or more one-year transitional outcomes.

Four of the resilience-enablers are relational: relationships with family, community and friends, and a composite measure of relational resilience (which includes also relationships with lovers, teachers and adult role-models) (Van Breda & Dickens, 2017). As has been argued above, while these relationships are located in the social environment, they are inherently interactional, because their
resilience-enabling properties emerge as the care-leaver interacts with these people. Merely having people in the environment is insufficient to facilitate transitional outcomes; it is through the interrelationship between them that resilience is enabled.

Another four resilience-enablers are environmental: community safety, family financial security, social activities and a composite measure of these three environmental resilience-enablers (Van Breda & Dickens, 2017). While these resilience-enablers are more distal than relationships, social activities has strong interactional elements. Defined as, ‘Regular participation in pro-social group activities’, social activities requires both the environmental availability of social activities (such as sports clubs, dancing classes or choirs) and the young person’s actual involvement in these activities.

One resilience-enabler emerged as prominent in the interaction domain, viz. teamwork (Van Breda & Dickens, 2017). Defined as, ‘A perceived ability to work productively with others in a team’, teamwork is explicitly about the capacity to interact constructively with others.

It is noteworthy that half of the prominent predictors in this study have strong interactional elements (Van Breda & Dickens, 2017). Only two predictors emerged at the individual level. This suggests that greater attention should be given to understanding resilience at the interface between people and other people and systems.

**Transfer of social skills**

Another of my former students, Fatima Mmusi, conducted a study to see how GBT care-leavers transferred the social skills they had learned while in GBT’s care into young adulthood, several years after leaving care (Mmusi, 2013; Mmusi & Van Breda, 2017). Social skills are typically categorised as individual-level resilience-enablers, because the skill is located within the individual. While this is certainly true, Mmusi found that care-leavers not only continued to use the skills they had learned in their post-care life in their interactions with other people, suggesting these are interactional skills, but more importantly, she found that they adapted these skills to suit the particular contexts in which they found themselves.

These skills, therefore, were not merely something care-leavers had as a personal resource, but were tools that they used to facilitate or mobilise their social environment. Thus, these skills are inherently interactional, as they play out in contexts, and take on a different form depending on these contexts, in response to context.
Possible selves

Finally, another of my former students, Dr Sue Bond (2017), conducted her doctoral research on the development of possible selves and resilience in youth transitioning out of care. Possible selves (Markus & Nurius, 1986; Van Breda, 2010) are representations of the self in the future that motivate current behaviour. There are two principle classes of possible selves: those that are hoped for and those that are feared. For example, several years ago my hoped-for possible self as a professor making a notable contribution to social work in South Africa, mobilised me to refine my research focus onto the resilience of care-leavers, which helped me acquire NRF funding for my research, which helped me to get to today’s professorial inaugural lecture.

While possible selves are theorized according to identity and motivational theory, both of which are strongly individualized, Bond (2017) found that the possible selves of adolescents preparing to transition out of care were rooted in their interactions with other people. These included family of origin, peers, role models, turning point people, activities and social services. Some of these sources of possible selves are clearly relational, involving strong ties with family and friends, while others are only marginally relational, involving weak ties with role models and turning point people, who are often encountered only once or twice. Other sources of possible selves are related to structures in the social environment with which the care-leaver engages, viz. social activities and social services.

In short, while possible selves are primarily an intrapsychic self-representation, their development emerges in people’s interactions with people and structures in their social environment.

Conclusion & implications

South African research on care-leaving is foregrounding the interactional foundation of resilience. It appears that many resilience-enablers that we currently think of as personal or environmental may in fact be interactional, involving a set of transactions between people and other people or social structures and systems. It appears, then, that resilience is not primarily qualities or capabilities of individuals, nor primarily the availability of protective resources in the social environment. Rather, interaction between people and systems appears to be the mechanism whereby these personal and environmental resources become resilience-enabling.

Thus, for example, merely having a youth centre in a community, which provides a range of youth development activities and opportunities, does not enable resilience. It is merely a resource in the
environment. It is only when a young person goes to the centre and engages in one or more of the activities and relates to people in the centre, that the resilience-enabling potential of the centre is actualised. Moreover, we know from research being done elsewhere in the world (e.g. work in New Zealand by Munford & Sanders, 2015; Sanders & Munford, 2014), that the mere use of social services does not produce positive outcomes; rather it is as youth are empowered to shape the kinds of services they receive from the service and the forms of service delivery, that they become satisfied with the services, which produces positive outcomes. In essence, then, it is through the reciprocal interaction between service users and services that these services become resilience-enabling processes, leading to positive outcomes.

**A model of interaction resilience for South African care-leavers**

Fostering the resilience of care-leavers, therefore, requires far more than teaching children skills or placing resources in the environment. It requires a more integrative approach that considers various interactive layers of the social environment. Based on the findings presented in this lecture, Figure 5 is a proposed model of interactional resilience for South African care-leavers. I suggest, further, that this model may be of relevance to all youth in transition, not only those transitioning out of the care system.

A set of **structures** is required in the social environment, to serve as possible resources for youth in transition. These may include formal systems, such as social services, foster placements, child and youth care centres, churches and clubs, as well as relational resources with family, peers, teachers and mentors, and unregulatable encounters with strangers (weak ties). A resource-rich social environment is an important platform for youth in transition, providing a varied network of resources from which they can select that which is most suitable for their needs and preferences. While some structures do require funding, many are indigenous and informal, requiring no infrastructure of funds.
On the foundation of such structures, youth need to be equipped with agency. While many of the agential competencies are natural and emerge through life, often emerging particularly strongly through adversity, these are also competencies that can be nurtured, taught and learned. GBT’s social skills programme is a good example of this, in which a range of social skills are available, tailored to the needs of each child in care, and taught through intensive coaching and mentoring in real-world contexts. The skills necessary for youth agency include relationship-building, empathy, teamwork, networking, street smarts and negotiation. These provide the young person with a set of skills to interact with the people and structures around them.

Drawing on these skills, young people need to interact with their social environment. This may involve youth building intimate relationships that satisfy a need for belonging (building strong ties), reading their social environment and capitalising on opportunities presented to them (and avoiding, neutralising or transforming threats and risks in their social environment) and developing hoped-for and feared possible selves that motivate their interactions with others towards their goals. These interactions also require the structures in the young person’s life space to provide supportive responses to young people, including both initiating reaching-out to a young person and reacting constructively to the young person’s initiative. Good-enough parenting by parents and other parental figures is an ongoing need, not only in childhood, but also in young adulthood.
Through these interactions between supportive structures and an agential young person, better-than-expected outcomes are likely to result. For young people leaving care, and indeed for all youth in transition to young adulthood, these outcomes may include secure accommodation, continued and completion education that sets a young person up for employment, no involvement in substance abuse or criminal activities, stable and rewarding employment, good health and well-being, and a contented family life. It is towards such outcomes that all parents aspire for their children.

This entire model rests on a foundation of social policy and legislation. Without this foundation, it is unlikely that all the elements required for successful transitioning from care or childhood towards independent living will occur. And policy is needed to leverage the financial resources necessary to provide some of the structures mentioned here.

Implications for social services
Several implications for practice emerge from these findings and the interactional resilience model:

1. Drawing on indigenous knowledge and heritage, it may be useful to think of resilience as a form of Ubuntu, more than as personal growth, knowledge or a set of discrete skills. Ubuntu refers to the relational and interactional nature of human life, that we are who we are through other people. Our identity is not merely our own, but rather located in our relationships and interactions with others.

2. Social services need to work to mobilise existing structures in the social environment or put in place new structures, that can serve as a crucible for growth and development. This will involve not merely reacting to crises when they present themselves, but rather engaging in macro processes to strengthen communities and to capitalize on the resources and processes already available but under-utilised, thereby cultivating a resource-rich environment for care-leavers.

3. Social service practitioners working with children in care need to work to develop a range of relational skills to establish loving relationships that foster the experience of belonging (strong ties). These may include active listening, empathy and conflict management.

4. Social service practitioners working with children in care need also to work to develop a range of skills to build functional networks (weak ties) that enable youth to achieve their goals. These may include meet-and-greet skills that provide confidence to approach and engage strangers, skills for ingratiating oneself (such as paying compliments and aligning oneself with the interests of the other) and negotiation.
5. Social service practitioners working with children in care need to create opportunities for children to implement these interactional processes in the real world, and not merely in the counselling room or the safety of the children’s home. Particularly as children in care transition through adolescence, there is increasing need to allow them to take developmentally age-appropriate risks in the world outside the children’s home.

6. Social services need to develop policy to support these activities, both mandating and enabling them, particularly in contexts of high numbers of children and low numbers of professional staff.

Implications for ongoing research

While resilience research is increasingly adopting an ecological approach, recognising resilience-enablers at personal, familial, peer and environmental levels, there remains a tendency to be satisfied with pegging resilience-enablers into these levels or categories, without investigating the dynamics involved between these levels. Understanding interactional resilience, therefore, is still in its infancy, and requires a new body of research to tease it apart. This prompts the following recommendations:

1. Researchers should critically examine their construction and categorisation of resilience-enablers, to recognise the interactional nature of many personal and environment enablers. This may lead to researchers redefining some personal or environmental resilience-enablers as interactional.

2. Researchers should conduct research that purposefully seeks to elucidate the interactions that translate environmental or personal resources into resilience-enabling mechanisms. Qualitative research, using a grounded theory design, is arguably most helpful for this purpose, though sophisticated research techniques with large samples of data are also important.

3. Researchers should endeavour to theorise interactional resilience, taking into consideration agency-structure theory and a relational understanding of human development.

An interactional approach to resilience promises to generate useful insights into the actual processes involved in achieving better-than-expected outcomes in the face or wake of adversity, leading to improved services to those experiencing adversity. For young people leaving care, this promises to increase their chances of a successful transition towards independent living.
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