The experiences and challenges faced by youth leaving care during the COVID-19 pandemic

by

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THE EXPERIENCES AND CHALLENGES FACED BY YOUTH LEAVING CARE DURING THE COVID-19 PANDEMIC

I declare that the above dissertation is my own work and that all the sources I have used or quoted have been indicated and acknowledged by means of complete references.

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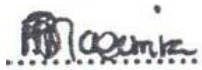
I further declare that I have not previously submitted this work, or part of it, for examination at UNISA for another qualification or at any other higher education institution.



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DEDICATION

This study has been dedicated to all children and youth placed at El-Shammah Home CYCC and the Coalition of Anglican Children's Homes. Although you have encountered difficult circumstances at very young ages, your resilience continues to inspire me. To every individual who has dedicated themselves to taking care of babies, children and youth in care, may you continue to love them; you play a critical role in ensuring their well-being and helping them reach their full potential.

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ABSTRACT

Placement of children and youth at care centres has been a practice spanning over the years worldwide, to provide safe places resembling a home environment to the children and youth. This research study investigated the experiences and challenges faced by youth leaving care during the COVID-19 pandemic. The transition of youth from care is not an easy process in general due to the many adjustments that they have to make particularly because it is a time when they are transitioning to adulthood. The researcher adopted the qualitative research approach to explore the phenomenon of youth transitioning from care during the COVID-19 pandemic, as well as to gain an in-depth understanding of the participants' experiences from their points of view. The significant findings of the research study revealed that the participants valued the relationships that they built when they were in care. It was evident from the findings that the pandemic worsened the challenges the youth face when they leave care, calling for the importance of support systems to manage these challenges. Recommendations were made, among them, for Child and Youth Care Centres (CYCCs) to notify youth in advance of when they will be exiting care so that they are better prepared and to have follow-up plans for youth who have exited care.

KEY TERMS: Challenges; Child and Youth Care Centres; COVID-19 pandemic; Emotions; Experiences; Family; Sense of belonging; Support systems; Transition; Youth

LIST OF ABBREVIATIONS

COGTA	Department of Cooperative Governance and Traditional Affairs
COVID-19	Coronavirus Disease of 2019
CYCC	Child and Youth Care Centre
CYPT	Child and Youth Planning Table
DSD	Department of Social Development
NEPAD	New Partnership for Africa's Development
POPIA	Protection of Personal Information Act
Stats SA	Statistics South Africa
UN	United Nations
WHO	World Health organisation

CONTENTS

DECLARATION ii
DEDICATION iii
ACKNOWLEDGEMENTS iv
ABSTRACT v
LIST OF ABBREVIATIONS vi

CHAPTER ONE
INTRODUCTION AND ORIENTATION TO THE STUDY

1.1 INTRODUCTION 1
1.2 BACKGROUND TO INSTITUTIONALISED CARE 1
1.2.1 Summary of Child & Youth Care Centres in Gauteng Province and the impact of COVID-19 3
1.2.2 The challenges associated with leaving CYCCs 4
1.2.3 Leaving CYCCs during COVID-19 5
1.3 PROBLEM FORMULATION AND RATIONALE 8
1.3.1 Problem formulation 8
1.3.2 Rationale for the study 9
1.3.3 Study setting 10
1.4 THEORETICAL FRAMEWORK 12
1.4.1 The Transition Model: William Bridges 12
1.4.2 Motivation for choosing the transition theory 14
1.5 RESEARCH QUESTIONS 15
1.6 GOALS AND OBJECTIVES 15
1.7 RESEARCH METHODOLOGY 16
1.8 RESEARCH DESIGN 17
1.9 RESEARCH METHODS 19
1.9.1 Population 19
1.9.2 Sample and sampling 19
1.9.2.1 Sample size 21
1.9.3 Preparation for data collection 22
1.9.4 Methods of data collection 23

1.9.5 Pilot testing 25
1.9.6 Methods of data analysis 26
1.9.7 Methods of data verification 27
1.10 ETHICAL CONSIDERATIONS 29
1.11 DEFINITION OF KEY CONCEPTS 32
1.11.1 Care 32
1.11.2 Challenges 32
1.11.3 COVID-19 33
1.11.4 Experiences 33
1.11.5 Leaving 33
1.11.6 Youth 34
1.12 CHAPTER OUTLINE 34
1.13 SUMMARY OF THE CHAPTER 35

CHAPTER TWO

APPLICATION OF THE RESEARCH METHODOLOGY

2.1 INTRODUCTION 37
2.2 MOTIVATION FOR CHOOSING THE QUALITATIVE RESEARCH APPROACH AND APPLICATION THEREOF 37
2.2.1 The qualitative research process 37
2.2.1.1 Step 1: Research topic 39
2.2.1.2 Step 2: A preliminary review of literature and study plan 39
2.2.1.3 Step 3: Data collection 40
2.2.1.4 Step 4: Data analysis 41
2.2.1.5 Step 5: Dissemination 43
2.3 APPLICATION OF THE QUALITATIVE RESEARCH APPROACH IN THE RESEARCH STUDY 43
2.4 APPLICATION OF RESEARCH DESIGNS 45
2.4.1 Application of the explorative research design 45
2.4.2 Application of the descriptive research design 46
2.4.3 Application of the phenomenological research design 46
2.4.4 Application of the contextual research design 46
2.5 THE RESEARCH METHOD AS APPLIED 47

2.5.1 Identifying the population and using the sampling techniques 47
2.5.2 Reaching the sample size 47
2.5.3 Recruitment of participants 48
2.5.3.1 Seeking permission from authorities 48
2.5.3.2 Scheduling the interviews 49
2.5.4 Conducting the pilot test 50
2.5.5 Collecting the data 50
2.5.6 Analysing the data 51
2.5.7 Methods of data verification 51
2.5.7.1 Ensuring credibility 51
2.5.7.2 Ensuring transferability 52
2.5.7.3 Ensuring confirmability 52
2.5.7.4 Ensuring dependability 53
2.5.8 Upholding ethical principles 53
2.5.8.1 Obtaining informed consent 54
2.5.8.2 Ensuring confidentiality and anonymity 54
2.5.8.3 Debriefing of participants 55
2.5.8.4 Ensuring beneficence 55
2.5.8.5 Managing and securing data 55
2.5.8.6 Ethics of care and the researcher's positionality 56
2.6 SUMMARY OF THE CHAPTER 57

CHAPTER THREE

THE EXPERIENCES OF YOUTH LEAVING CARE DURING COVID-19

3.1 INTRODUCTION 58
3.2 SOCIO-DEMOGRAPHICAL PROFILES OF THE PARTICIPANTS 58
3.2.1 Age of the participants 60
3.2.2 Gender of the participants 60
3.2.3 Duration in care 61
3.2.4 Duration out of care 61
3.2.5 Place of residence 62
3.2.6 Current educational level 62
3.2.7 Current economic activity 62

3.3 THEMES AND SUB-THEMES THAT EMERGED FROM THE DATA ANALYSIS 63
3.3.1 Theme 1: The experiences associated with preparing to leave care during COVID-19 64
3.3.1.1 Sub-theme 1.1: Coming to terms with leaving care 65
3.3.1.2 Sub-theme 1.2: Leaving the familiar behind 66
3.3.1.3 Sub-theme 1.3: Viewing the world outside the centre 68
3.3.1.4 Sub-theme 1.4: Experiencing a variety of emotions 69
3.3.2 Theme 2: Participant's reflections on life as a youth in care 71
3.3.2.1 Sub-theme 2.1: Reflections on relationships established while in care/ a sense of belonging 71
3.3.2.2 Sub-theme 2.2: Reflecting on the centre as a place where they had safety 73
3.3.2.3 Sub-theme 2.3: Reflecting on the centre as a place where they received support and care 74
3.3.3 Theme 3: The experiences pertaining to leaving care during COVID-19 76
3.3.3.1 Sub-theme 3.1: Adjusting to new ways of living 76
3.3.3.2 Sub-theme 3.2: Reconnecting with families and living in a different environment 78
3.4 SUMMARY OF THE CHAPTER 80

CHAPTER FOUR

CHALLENGES FACED AND SUPPORT SYSTEMS AVAILABLE DURING TRANSITION

4.1 INTRODUCTION 81
4.2 THEMES AND SUB-THEMES THAT EMERGED FROM THE DATA ANALYSIS 81
4.2.1 Theme 4: The challenges associated with preparing to leave care during COVID-19 81
4.2.1.1 Sub-theme 4.1: The challenges associated with financial insecurity 82
4.2.1.2 Sub-theme 4.2: Concerns about fitting in and being accepted by their families 85
4.2.2 Theme 5:The challenges associated with being a youth in care 87

4.2.2.1 Sub-theme 5.1: The challenges of identity and self-perception..... 87
4.2.2.2 Sub-theme 5.2: The challenges associated with unmet expectations.... 89
4.2.3 Theme 6: The challenges of leaving care during COVID-19..... 90
4.2.3.1 Sub-theme 6.1: The fear of COVID-19 infections 91
4.2.3.2 Sub-theme 6.2: Sustaining one's self during lockdown 93
4.2.4 Theme 7: Availability of support systems..... 95
4.2.4.1 Sub-theme 7.1: The place of care as a support system even after leaving care 95
4.2.4.2 Sub-theme 7.2: Social workers as support systems 97
4.2.4.3 Sub-theme 7.3: Sponsors as support systems..... 99
4.2.4.4 Sub-theme 7.4: Biological, foster and adoptive families as support systems 100
4.2.4.5 Sub-theme 7.5: Friendships as support systems..... 103
4.3 SUMMARY OF THE CHAPTER 104

CHAPTER FIVE

SUMMARIES CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

5.1 INTRODUCTION..... 105
5.2 SUMMARIES AND CONCLUSIONS..... 105
5.2.1 Summary and conclusions based on the general introduction..... 105
5.2.2 Summary and conclusions based on the research questions and objectives 106
5.2.3 Summary and conclusions based on the qualitative research process 109
5.2.4 Summary and conclusions based on the research findings..... 110
5.2.4.1 Summary and conclusions based on the socio-demographical profiles 110
5.2.4.2 Summary and conclusions based on the themes and sub-themes of the study..... 111
5.3 LIMITATIONS..... 114
5.4RECOMMENDATIONS..... 114
5.4.1 Recommendations for Child and Youth Care Centres 114
5.4.2 Recommendations for practitioners in the child and youth care sector 115
5.4.3 Recommendations for training and education 115

5.4.4 Recommendations for further and future research 115
5.5 SUMMARY OF THE CHAPTER 116

LIST OF REFERENCES 117

ADDENDA

Addendum A: INFORMATION SHEET 130
Addendum B: CONSENT FORM TO PARTICIPATE IN THE STUDY 134
Addendum C:COMMITMENT TO DEBRIEF 135
Addendum D: REQUEST FOR CONTACT DETAILS OF YOUTH WHO LEFT CARE 136
Addendum E:PERMISSION LETTER TO CONDUCT FACE-TO-FACE INTERVIEWS WITH THE PARTICIPANTS 138
Addendum F: INTERVIEW GUIDE 139
Addendum G: EXTRACT FROM REFLEXIVE JOURNAL 140
Addendum H: ETHICAL CLEARANCE LETTER 141

FIGURES

Figure 1.1: The Transition Model: William Bridges 13
Figure 2.1: Upward Arrow showing a research process 38

LIST OF TABLES

Table 2.1: Steps of the qualitative research process 38
Table 3.1: Socio-demographical profiles of the participants 59
Table 3.2: Themes and sub-themes 63

CHAPTER ONE

INTRODUCTION AND ORIENTATION TO THE STUDY

1.1 INTRODUCTION

In this chapter, the researcher presents a background to institutionalised care. Specific attention is focused on what the research study was about and what prompted the researcher to conduct the study, on the experiences and challenges faced by youth leaving or transiting care during the Coronavirus Disease of 2019 (COVID-19) pandemic. Through this chapter, the researcher further discussed the plans that were originally put in place regarding the research methods and methodology that were adopted for this study. The researcher specifically explained her plans regarding the research approach, the research designs, how she intended to identify and select the participants for the research study and how the data was to be collected, analysed and verified. The plans established for adhering to the ethical research principles were also presented, followed by a concluding summary of the chapter and an outline of the structure of the entire report.

1.2 BACKGROUND TO INSTITUTIONALISED CARE

Institutionalised care for children and youth has been a common alternative to child and youth care worldwide since the 19th century, with the primary aim of ensuring that they receive the necessary care and protection. As defined by section 1 (a) of the Children's Act (Act No 38 of 2005 as amended) child care includes the provision of a suitable place for a child to live; living conditions that are conducive to the child's health, well-being and development; and the necessary financial support. Gannon and Beukes [sa] note the challenges associated with children in need of care as not new social phenomena, they have been in existence from time immemorial. Most youth in care have been placed at various centres since they were babies, and therefore, have spent their entire childhood in care until they become youth, making it impossible to discuss any issues involving youth transiting from care facilities, without focusing on children.

According to Malatji and Dube (2017:16), care facilities were established in South Africa to respond to various social problems emanating from urbanisation and industrialisation. Urbanisation and industrialisation typify movement of people from rural areas to urban areas in search of employment opportunities, which led to, among other things, the neglect and increased vulnerability of children (Malatji & Dube, 2017:16). Although in South Africa, as in most African countries, the responsibility of providing care to children in the absence of their biological parent/s rests on the family, the practice has since changed due to rising cost of living, making it difficult for the nuclear and extended families to take care of the children and, in some cases, resulting in the abuse of these children (Malatji & Dube, 2017:111). In some social systems, families had little support from relatives or community and therefore became unable to care for the children as expected (Gannon & Beukes, [sa]). Philanthropists began to step in to address some of these challenges by meeting the day-to-day needs of these children. At the same time, different role players like pastors, social workers and counsellors, among others, were prompted to think of raising these children in settings that resembled a family where they would be cared for (Malatji & Dube, 2017:9). This led to the development, formalisation and funding of residential facilities for children and youth, including the Child and Youth Care Centres (CYCCs) .

Placement of a child in care under a person who is not their parent or guardian, for example, in foster care or at a CYCC, is referred to as provision of alternative care, according to section 167 (1) of the Children's Act (Act No 38 of 2005 amended). The common reasons for children to be placed in care are neglect, poverty, abuse or abandonment in their family homes, display of behaviour which cannot be controlled by the parent or caregiver or addiction to a dependence-inducing substance (Mamelani Projects, 2015:4). Placing a child in alternative care especially at a CYCC, is usually a last resort, after case workers have established that no-one in the family can take on that responsibility (Modi & Kalra, 2022:53). In South Africa, before a child is removed from his or her home to be placed in care, a designated social worker[1] is

[1] A designated social worker is one who is assigned a specific case of a young person who is in need of care by the Department of Social Development (DSD) or a child protection organisation (Jameison, 2013:9).

first given a task to investigate the circumstances surrounding such child in terms of section 155 (2) of the Children's Act (Act No 38 of 2005 amended).

The exit age of a child from care is when he or she reaches the age of 18 and therefore becomes a youth. The general assumption is that at the age of 18 (their youth age), these young people are matured enough to cultivate their own independent lives (Oakley, Miscampell & Gregorian, 2018:20). However, in some situations, provisions are made for these youth who have grown past the age of 18 to remain in care until the end of the year in which such person reaches the age of 21, due to the circumstances surrounding their cases in terms of section 176(2). These circumstances, as provided by section 176 (2) of the Children's Act (Act No 38 of 2005 amended), are outlined as follows:

(a) the current alternative caregiver is willing and able to care for that person; and
(b) the continued stay in that care is necessary to enable that person to complete his or her education or training.

CYCCs have been providing stable and safe spaces for youth in need. Many youth have benefitted from institutionalised care in different areas of their lives, including financially and emotionally (Malatji & Dube, 2017:109). As outlined in sections 1.2.2 and 1.2.3 of this report below, in most instances, research evidence shows that some of these youth undergo several challenges, especially when they are leaving and after leaving or transiting the centres, hence the primary focus of this study being on those who have grown past 18 years of age and have not remained in care, as provided by section 176 (2) above.

1.2.1 Summary on CYCCs in the Gauteng Province and the impact of COVID-19

There are an estimated 345 registered CYCCs providing homes to approximately 21 000 children and youth in South Africa. The number of children and youth in unregistered CYCCs is unknown (Van de Walt, 2018:616). It has been reported that CYCCs have been successful in ensuring that youth in their care enjoy stable placement where they are supervised by staff who work on a roster (Mendes, 2022). The youth are provided with residential programmes that suit their developmental needs as provided by section 194 (2) of the Children's Act (Act No 38 of 2005

amended). They have access to skills training and education intended to prepare them for independence when they leave care. The CYCCs tend to provide for needs such as clothing, food and accommodation for these youths (Malatji & Dube, 2017:112).

Although the issue of funding for CYCCs has always been a challenge, it was intensified by the COVID-19 pandemic. According to the response plan on COVID-19 by the Department of Social Development (DSD) [sa]:58, funding was redirected to the provision of Personal Protective Equipment (PPE), resulting in the inability by CYCCs to meet some of the needs that they had budgeted for. Gauteng was one of the provinces that was reported to have early growth of the pandemic which contributed to the negative impact on its residents (World Health Organisation, 2020:2). Case workers worked fewer hours and in some instances, on a rotational basis which made them unavailable at times when they were needed, thereby affecting the quality of services rendered to youth in care (DSD, [sa]:59). Family reunification services were delayed due to the no visitor policy adopted by CYCCs in an effort to curb COVID-19 infections. CYCCs experienced delayed discharges of youth in care due to travel restrictions across provincial boarders (DSD [sa]:61), leading to some CYCCs exceeding the number of youths that is allowed in their placement by DSD. It was challenging for youth to stick to maintaining social distancing and wearing masks on a daily basis. All these challenges affected youth who were preparing to leave care during a global pandemic.

1.2.2 The challenges associated with leaving CYCCs

Leaving or transiting care is difficult for any individual who has spent time in an environment where they have forged relationships and a support network. There is understandably, a sense of loss as these youth leave behind people who have become like family for the entire duration of their placement. Their sense of loss is confirmed by Tanur (2012:326), who observed that they are at risk of losing most of the social, economic and emotional support they had become accustomed to. There is usually a social worker and/or counsellor available at the care centres to assist them in dealing with the issues that they might be facing. Leaving the places of care often meant losing some of these support systems (Tanur, 2012:326).

Some of the challenges faced by these youth include being in trouble with the law, not progressing with education, struggling to find employment or to maintain one, and substance abuse (Tanur, 2012:330). Youth might end up struggling financially and emotionally, leading them to engage in activities that result in them being in trouble with the law and social harm (Modi & Kalra, 2022:54). Financial struggles and lack of guidance can cause the youth to defer their studies or drop out of school. They tend to suffer from social exclusion and systematic marginalisation, especially upon their release from care facilities (Doucet, 2018:6). The social exclusion results from being in care and makes it difficult for the youth to become part of the societies to which they are going.

An observation made by Mamelani Projects (2015:5) is that a transition from care is often a difficult adjustment for the youth involved. It is a process that involves adjustment to many areas of the lives of youth (Mamelani Projects, 2015:5). When youth are transitioning from care, they tend to experience additional transitions simultaneously. They will, for example, face physical, emotional and social transitions. As noted by Mamelani Projects (2015:11), all these transitions can trigger insecurities as youth move beyond their comfort zones into new ways of living. The Girls and Boys Town (2014:11) points out that just like adults, when youth experience numerous transitions simultaneously, they end up struggling to cope. The Coronavirus Disease of 2019 (COVID-19) has added another layer to these transitions by bringing more challenges and negative experiences for the youth as outlined in the following sub-section.

1.2.3 Leaving CYCCs during COVID-19

The impact of global pandemics such as COVID-19 is of considerable importance whenever one investigates issues that affect youth leaving CYCCs. According to Chandra, Taylor, Shorto, Patel and Gilbert (2021:5), we must listen to and understand the experiences of youth leaving CYCCs at all times, but especially in challenging times. Modi and Kalra (2022:54) note that the unprecedented challenges that COVID-19 has caused are particularly adverse for the ageing-out population in CYCCs. Certain groups, such as youth leaving care, may experience the pandemic differently from the general population of youth (Chandra et al., 2021:8). Leaving CYCCs requires

some of the youth to be self-reliant by securing basic needs including adequate food, clothing, and a stable place to reside. Being self-reliant can be challenging for youth leaving care because they are often thrust into adulthood without sufficient preparation which can be detrimental in the face of a pandemic (Amechi, 2020:2). Exiting care in the era of a global pandemic such as COVID-19 exacerbates the challenges encountered by these youth. A study conducted in Scotland revealed that youth leaving care found that the COVID-19 pandemic made an already difficult situation even more challenging and worrisome (Scottish Government, 2021:10; Modi &Kalra, 2022:54). Youth face an array of challenges when they leave care which includes loss of livelihoods, loss of job opportunities, a lack of access to higher education and social isolation which tends to have an overall impact on mental and physical health.

The pandemic has undoubtedly imposed a loss of livelihoods among the youth and their family members, aggravating their challenges. The strict mobility restrictions imposed in 2020/21 severely disrupted economic activities hence affecting the chances of finding employment, for youth leaving care. In a quest to protect South African citizens, the government announced a national lockdown, Alert Level 5, which imposed restrictions on the movement of persons and goods (Regulations relating to the declaration of a national state of disaster, 2020: regulation 27(2)). This resulted in a deterioration in livelihoods and increased food insecurity as breadwinners lost jobs, fell ill, and some died. According to the World Bank (2021), in countries such as Malawi, Kenya, South Africa and Sierra Leone, more than half of households in the general population ran out of food in 2020. In South Africa, a report released by Statistics South Africa (Stats SA) (2022) demonstrated that in 2020, almost 23.6% of the general population of South Africans were affected by moderate to severe food insecurity. The population of youth leaving care is considered vulnerable and during COVID-19, food security for vulnerable populations which was compromised by constraints on people's access to food aggravated their conditions (WHO: South Africa, 2020:3). Youth who were transitioning from care had to be reintegrated into environments that had become even more difficult to live in because some of the youth's families were already living below the poverty line even before the COVID-19 pandemic (WHO: South Africa, 2020:3).

During the COVID-19 era, it has been challenging for youth leaving care centres to find employment. Barford and Coutts (2021:7) note that even pre-pandemic, the labour market situation and opportunities for many youths were already precarious and insecure. The imposition of the hard lockdown when the pandemic began compelled people to remain indoors unless they were involved in providing essential services. When they leave care, most youth anticipate opportunities for employment to enable them to start gaining financial independence. The hard lockdown made this difficult because they were unable to seek such opportunities. The rise in the unemployment rate, which is currently at 63.9% amongst youth in the 15-24 age bracket in South Africa, as reported by (Stats SA, 2022), did not make the situation simpler as well. The closure of sectors that traditionally employ youth, such as retail and tourism during the COVID-19 restrictions, led to the loss of jobs and a lack of jobs to take up (Barford & Coutts, 2021:7). Lack of employment for youth leaving care resulted in increased homelessness and other related social issues in comparison to the other youth in the community (Mendes (2022; Modi & Kalra, 2022:55).

COVID-19 had a negative impact on the mental health of youth leaving care. Initially, there was fear amongst some youth leaving care stemming from a lack of adequate knowledge about COVID-19. An Indian study of the impact of COVID-19 and the support provided to youth leaving care, for example, revealed that most of the youth leaving care in India felt that they had inadequate knowledge of the overall COVID-19 situation and its exposure which caused them to panic (Modi & Kalra, 2022:59). Such fear had the potential to cause stress. Similar findings were found in Uganda by Modi and Kalra (2022:54), wherein the primary sources of stress due to COVID-19 among youth leaving care included fear and worry. It was reported by Hartford and Fricker (2020:8) that in South Africa, the spread of COVID-19 and the related lockdown led to extreme fear and anxiety amongst youth leaving care who had concerns about being infected with COVID-19 and possibly infecting members of their family, especially those that were vulnerable. Haffejee and Levine (2020) note that increased anxiety and distress may worsen existing mental health issues and enhance the risk of developing psychological disorders.

Another challenge faced by youth leaving care during the COVID-19 pandemic which had an impact on their mental health, was social isolation. As noted by NEPAD (2021),

the limited human contact, which became a new social order, negatively impacted the mental health of numerous people. The requirement to be indoors reduced the level of interaction among youth, particularly during the hard lockdown. Unfortunately, in some cases, the effects have lingered on even after the lockdown. There were calls for people to practice social distancing to keep a safe distance and prevent infections. Human beings need contact, which made it difficult for most people to experience this contact, especially when infected by COVID-19. The pandemic has tampered with the well-being and dismantled the social framework of African people, particularly their practice of human contact, such as greeting through shaking hands and hugging and kissing (NEPAD, 2021).

The preceding challenges provoked the researcher to compose a study looking into youth leaving care centres during the COVID-19 pandemic. The study aimed to develop an understanding of the experiences and challenges that youth face when they leave care during COVID-19 pandemic. Envisaged knowledge derived from this study would enable researchers and practitioners in the field of child and youth care and related fields to develop further studies and strategies aimed at providing support to these youth during the COVID-19 pandemic.

1.3 PROBLEM FORMULATION AND RATIONALE

This section aims to present the problem formulation and the rationale on which the study is based.

1.3.1 Problem formulation

The problem formulation leads to the problem statement, which contextualises the research problem. The main function of the research problem is to determine what the researcher intends to examine. Creswell (2014:20) refers to a problem statement as an issue that needs to be addressed through the conduct of a study. For Pardede (2018:8), a research problem is a general issue or concern addressed in research to narrow a topic. It is the general area or topic to be studied, suggested by some practical concerns (Peniel, 2015:10). A research problem is a question or gap in knowledge that needs addressing.

Leaving care is challenging, as noted in the introduction, and doing so during a global pandemic such as COVID-19, makes the transition process even more difficult. In circumstances where youth have relied on the support provided during care, it becomes even more challenging to manage the process (Oakley et al., 2018:25). Doucet (2018:10) notes that exiting the child welfare system at the age of maturity forces youth to deal with many drastic life changes all at once. COVID-19 led to a drastic life change that has added to the pre-existing challenges youth face as they enter adulthood. These include limited human contact and wearing a mask in closed spaces, which became a new social order (NEPAD, 2021). Key measures adopted by most countries, such as the temporary closure of businesses and schools, have generated significant setbacks for African economies by causing losses of jobs and income (Gondwe, 2020:2; NEPAD, 2021).

Despite these challenges, very few studies have been conducted particularly from a social work research perspective. This lack of sufficient studies implies that responses made by social workers in an attempt to address these challenges are not necessarily based on research. Given a gap of literatures and the practical challenges outlined in section 1.2.3 above, the problem statement formulated as a guide to this study was that: *Youth leaving care have always faced different kinds of challenges such as unemployment, financial insecurities and the difficulties associated with the overall adjustment to their transition. With the eruption of COVID-19 pandemic, their conditions became aggravated, leading to a loss of livelihoods as a result of losing family members who were breadwinners, the inability to fend for themselves due to closure of companies as well as a loss of having reliable support from the care centre. Although previous studies were conducted around the youth leaving care, they did so before the eruption of the COVID-19 pandemic and therefore leaving a knowledge gap in this field.*

1.3.2 Rationale for the study

There are always reasons that drive a researcher to conduct a research study in a particular area raising the definition of the term ‘rationale’. The term rationale is a set of reasons or a cause of action or belief (Oxford Languages, 2021). Rojon and Saunders (2012:2) consider rationale to be the reason that makes the research

process important. Rationale, according to Kielmann, Cataldo and Seeley (2012:9), refers to the justification for decisions and actions. In other words, it is the validation for researching a particular topic.

The advent of COVID-19 led to the intensification of the challenges faced by youth when they leave care. The youth must figure out how to manoeuvre life outside care during a pandemic which has wreaked havoc in many people's lives. Extensive research was conducted on the challenges and experiences of youth when they leave care. However, these studies were conducted before the COVID-19 pandemic, and they generally sought to understand the experiences faced by these youth. A few examples depicting such studies include one by Bond (2020) which focused on the views of youth leaving care and care workers on preparation for leaving care and aftercare services available to care leavers. Fredericks' (2018) study focused on the experiences of youth in Cape Town when they transition from CYCCs. Mamelani Projects (2015) conducted a study focusing on determining the effectiveness of Mamelani Projects' transitional support programme. Tanur (2012) also conducted a study similar in scope to that of Mamelani Projects, focusing on Project Lungisela. Van Breda's (2018) research study focused on the findings of the experiences of so-called "former- looked after children" of being in care.

Although these studies focused on youth who leave care, there is still a gap on how COVID-19 has changed the experiences of these youth. This study therefore sought to provide an opportunity for the researcher to contribute to the areas of youth leaving care particularly when they do so during COVID-19. The researcher hoped that the findings would help to determine the extent of the impact of COVID-19 on the youth concerned and to find out their views on the nature of support they need during the pandemic. This would therefore enable professionals and organisations involved in youth care to develop their intervention strategies based on empirical evidence.

1.3.3 Study setting

The population for this study was designed to include youth who were transiting from care during COVID-19 from various CYCCs in the City of Ekurhuleni. The Ekurhuleni Metropolitan Municipality is one of three metropolitan municipalities established in

Gauteng in December 2000. Ekurhuleni means ‘Place of Peace’ in Tsonga and was named owing to its turbulent and politically violent history during the transitional period from apartheid to democracy (Department of Cooperative Governance and Traditional Affairs (COGTA), 2020:6). The name symbolises the diversity of the City of Ekurhuleni which sets it apart from other cities in its depiction of culture and natural resources of the area (Ekurhuleni Metropolitan Municipality, 2022). The name was gazetted from Ekurhuleni Metropolitan Municipality to that of the City of Ekurhuleni in May 2017.The city lies North of the City of Johannesburg and South East of the City of Tshwane (Ekurhuleni Metropolitan Municipality, 2022).

The economy of the City of Ekurhuleni is said to be larger than that of many small countries in Africa, enabling the city to account for a quarter of Gauteng’s economy. According to COGTA (2020:5), the city’s economy is dominated by manufacturing, trade, transport, construction, electricity, mining, finance and business services, community services and government services. Many factories in Ekurhuleni, referred to as ‘Africa’s Workshop’, produce goods and commodities. The city houses a competitive network of roads, airports, railway lines, telephones and telecommunications. It is also home to OR Tambo International Airport and boasts the most extensive railway hub (Ekurhuleni Metropolitan Municipality, 2022). All these industries and factories have the potential to provide employment opportunities to youth when they transition from care.

The City of Ekurhuleni has close to 15 registered CYCCs providing for children and youth in need of care. The South African Government (2022) noted that the leadership of the City of Ekurhuleni has repeatedly emphasised how imperative it is to unlock the potential of its youth by advocating for ongoing discussions around issues of youth unemployment and skills development. The leadership of the City has spoken about the need for youth to be empowered by being educated so that they can have the opportunity to be employable as well as capacitated with the requisite skills to start their own businesses. Ekurhuleni Artisans Skills and Training College, for example, provides skills training to youth, including those who are placed at CYCCs. Their projects are aimed at equipping youth with essential skills for the workplace, in a workshop environment (Ekurhuleni Artisans Skills & Training College, [sa]).

Despite being the transport hub of Africa and its massive contribution to the provincial economy, the City of Ekurhuleni is one of the most densely populated areas in the Gauteng Province and the country. Poverty remains high, with over 34% of the population living in poverty. Although sixty-six (66%) of the population is of working age, the unemployment rate is 31.8%, far above the country's average. Youth unemployment in the city stands at 36.9%, implying that most people depend on the government for socioeconomic support (COGTA, 2020). This becomes a disadvantage to those youth who, after leaving care, continue to reside in the City of Ekurhuleni because they face the same scourge of high unemployment amongst the youth. It is also important to highlight that among geographic areas that were declared hotspots for COVID-19 in South Africa in 2020, was the City of Ekurhuleni (WHO: South Africa, 2020:2). Being a hotspot area implied that there was a large number of COVID-19 infections reported in the City of Ekurhuleni which led to expectations of strict adherence to measures put in place by government to curb such infections. This affected the residents included youth who left the CYCCs during that time because they could not engage in activities that could improve their livelihoods.

1.4 THEORETICAL FRAMEWORK

A particular type of theoretical framework guides every research study. A theoretical framework is a foundation from which all knowledge is constructed for the study (Mohajan, 2018:29). A theoretical framework is what informs and influences the understanding of the social world (Bryman, 2012:5). Theoretical frameworks consist of all the previous research findings existing on the topic to be studied that are mobilised by the researcher. In qualitative research, Grant and Osanloo (2014:12) believe that the purposes of the theoretical framework are twofold: (1) to provide new insights and (2) to broaden understanding of the phenomenon as well as to serve as a guide throughout the research process.

Whilst conducting a preliminary review of the literature for the proposed research study, the researcher found the Transition Theory to be the most suitable theory to guide this study. Leybourne (2016:25) notes that transition relates to the movement of individuals through personal phases and events and is internal to them. This model was coined by Bridges in 1991 and first published in his book 'Managing Transitions'

(Leybourne, 2016:29). Bridges' Transition Model considers transition as a process that individuals experience as they go through change. The model comprises three stages of change: (1) the Ending, (2) the Neutral Zone and (3) the New Beginning (Leybourne, 2016:29). The following diagram depicts an overview of the Transition Model by William Bridges.

1.4.1 The Transition Model: William Bridges

The researcher used the basic blocklist in **Figure 1.1** to summarise the different stages of the Bridges' Transition Model;

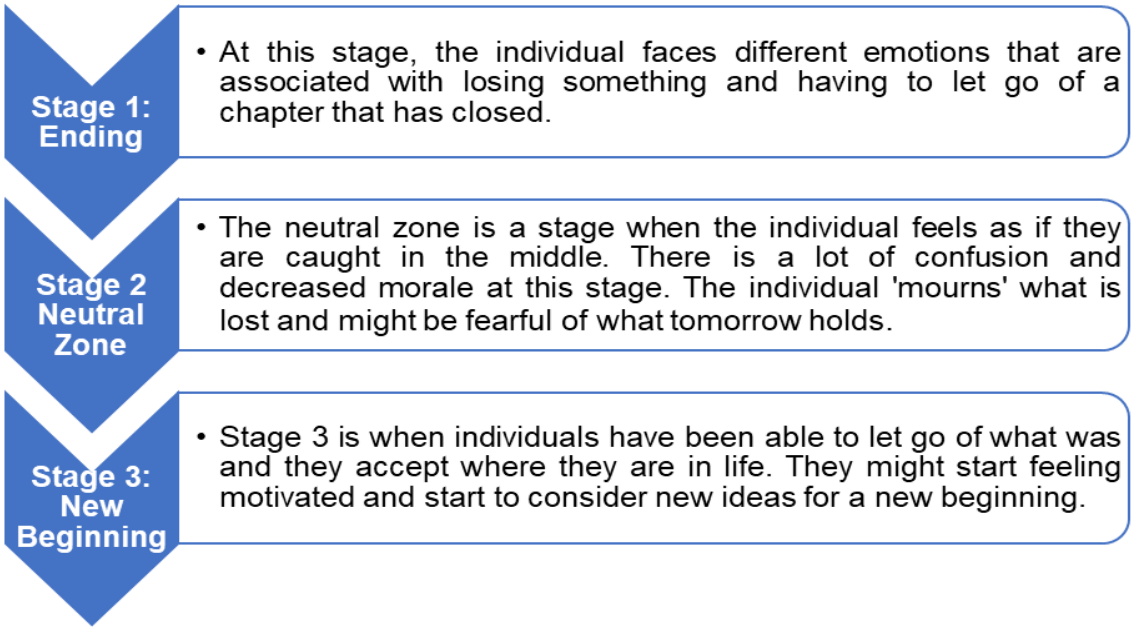

Figure 1.1 William Bridges' Transition Model

In relation to the current research study, during stage 1, which involves letting go, the researcher intended to find out the negative emotions that the youth face when they leave care. These negative emotions include anger, anxiety and sadness (Leybourne,2016:29). Anger might emanate from the feeling that life is unfair for them to be in such a situation. Anxiety and sadness might result from leaving behind supportive relationships and venturing into the unknown at a time when the world is fighting COVID-19. At this stage, the youth were likely to lose old routines that they were attached to, for example, waking up in the morning and going to school or doing arts and crafts. Leybourne (2016:29) notes that there is a reduction in comfort levels

based on removing the familiar. In this instance, when youth leave care, they might not be guaranteed comforts such as clothing, meals and shelter.

Stage 2 is the Neutral Zone in which there are probable uncertainties about the future. Leybourne (2016:29) cited Bridges as arguing that the Neutral Zone is where the transition takes place in that it falls between 'what was' and 'what will be'. Youth might experience confusion as they grapple with where they were (in care) and where they are (transiting during the COVID-19 pandemic). They might feel unprepared to decide where to go after exiting the system. The youth will have a great deal of adjusting at this stage after spending some time in care (Leybourne, 2016:29).

Stage 3 of the model or the so-called New Beginning is one in which Bridges (in Leybourne, (2016:30) suggests that a start or beginning occurs when individuals start doing new things because of the transition and when personal psychological and behavioural changes take place. When the youth reach this stage, they might consider new opportunities, such as looking for employment or going to school, to move forward in a positive direction. In reintegration cases where the youth had been placed in care due to behavioural issues, the youth might start to work on rebuilding their relationships with their families. When psychological and behavioural change has not occurred, youth are likely to encounter challenges as they will not be able to move forward independently (Leybourne, 2016:31).

1.4.2 Motivation for choosing the transition theory

The researcher's choice of Bridges' Transition Model for this study was based on the framework's provision of valuable guidelines for explaining and understanding an individual's experiences during the process of transition. The period of transition itself, signifies the ending of certain relationships, coming to terms with relationships from the past and forming new relationships (Doucet, 2018:19). This supports the notion that the theoretical framework and research questions have a complementary relationship (Grant & Osanloo, 2014:18). The three stages of Bridges' model clearly explain what these youth are likely to endure during the process of transition which includes the challenges and experiences associated with such a transition.

1.5 RESEARCH QUESTIONS

The research question is what you want to learn or understand by conducting the study (Maxwell, 2012:228). A research question must be responded to through the data collected (Rojon & Saunders, 2012:5). According to Bryman (2012:9), a research question provides an explicit statement of what it is that the researcher wants to know. In other words, a research question is a matter that needs to be answered. The research question function was provided by Maxwell (2012:228) to help researchers focus on the study and to give researchers guidance on how to conduct the study. The research questions that guided this study were as follows:

- *What experiences do youth face when they leave care during the COVID-19 pandemic?*
- *What challenges do youth face when they leave care during the COVID-19 pandemic?*
- *What systems are available to support youth who are leaving care during the COVID-19 pandemic?*

1.6 GOALS AND OBJECTIVES

A goal refers to the desired result of an action that forecasts achievement at some specified time in the future (Ogbeiwi, 2017:324). In research context, Maxwell (2012:219) defines a goal as anything leading researchers to conduct a study or that which they hope to accomplish by conducting a study. A goal is a particular reason for each research activity (Mishra & Alock, 2017:2). It is what the researcher works towards attaining during the research process. The study's overall goal was to *explore and describe the challenges and experiences faced by youth leaving care during COVID-19 and the availability of systems to support them*.

The objectives of the research are derived from its goal. An objective is a sub-goal expressing the desired outcome (Ogbeiwi, 2017:324). A research objective aims to find out the unknown reality and facts (Mishra & Alock, 2017:2). Research objectives, as noted by Rojon and Saunders (2012:5), are more specific and provide a clear

indication of the research purpose and direction. To attain the goal of the study, the researcher formulated the following objectives:

- *To explore and describe the experiences of youth when they leave care during the COVID-19 pandemic.*
- *To explore and describe the challenges faced by youth as they leave care during the COVID-19 pandemic.*
- *To explore and describe the support systems that are available for youth when they are leaving care during the COVID-19 pandemic.*

1.7 RESEARCH METHODOLOGY

Research methodology refers to the general approach to studying a phenomenon (Saldhana & O'Brien, 2014:13). It indicates the logic of development regarding the process used to generate theory which is a procedural framework within which the research is conducted (Mohajan, 2018:26). According to Kielmann et al. (2012:14) research methodology refers to how one is going to assess the construct in research. It encompasses the instruments used in the process of investigating a particular subject.

This study adopted qualitative research approach. Qualitative research approach generally adheres to a constructivist view of the world, which suggests that there is no single reality for a given phenomenon, but multiple realities which are captured using subjective, naturalistic methods (Kielmann et al., 2012:7). In other words, qualitative researchers hold the view that society can be understood out of the subjective interpretations of the participants. Qualitative research places an emphasis upon discovering and understanding the meanings that individuals or groups ascribe to their problems (Creswell, 2014:3). According to Mohajan (2018:24), qualitative research is exploratory and seeks to explain 'how' and 'why' a particular social phenomenon happens as it does in a particular context. The researcher adopted qualitative research approach because the topic required her to understand the phenomenon under investigation from the perspectives of youth who lived through such experiences and challenges.

Considering the descriptive, holistic and interpretive nature of the qualitative research approach, the researcher elected to pursue this study from a qualitative research approach since she needed to comprehensively understand the phenomenon as rooted in the experiences of the youth. The participants responded to events and processes that they had experienced or are experiencing as they left CYCCs during the COVID-19 pandemic. The researcher anticipated that the adopted qualitative research approach would allow them to speak out such personal experiences and challenges concerning the phenomenon under investigation in their subjective ways.

1.8 RESEARCH DESIGN

The research design refers to the different kinds of inquests within qualitative, quantitative, and mixed methods approach that provide direction for procedures in research (Creswell, 2014:90). It is a plan that involves a set of decisions regarding which topic is to be studied, among which population, with which research methods, and for what purpose (Abutabenjeh & Jaradat, 2018:248). According to Sileyew (2019:2), a research design provides an appropriate framework for a study. In other words, it outlines the methods used to conduct the research process. For this study, the researcher employed *phenomenological, explorative, descriptive and contextual research designs*.

Phenomenological research is a design of inquiry in which the researcher describes the lived experiences of individuals about a phenomenon (Creswell, 2014:14). It is concerned with the question of how individuals make sense of the world around them or their experiences (Bryman, 2012:30; Mohajan, 2018:30). Phenomenological research, as further noted by Mohajan (2018:30), is an approach to explore people's everyday life experiences. In implementing phenomenological research design, the researcher intended to frame the interview questions in such a manner that would enable participants to express what they lived through in terms of the experiences and challenges associated with leaving care during COVID-19, as well as the availability of systems for supporting them.

Exploratory research design involves an open-minded researcher open to learning from the research participants. This implies that the researcher takes on the role of a

learner not an expert. When using the exploratory research design, the researcher explores the views of the participants (Creswell, 2014:16). The researcher does so by presenting the raw data the same way the participants have explained it (Akinyode & Khan, 2018:18). Exploratory research designs look for patterns and ideas (Peniel, 2015:7). In implementing the exploratory research design, the researcher intended to approach the participants with the spirit of learning from them, by allowing them an opportunity to share their experiences in their way. The researcher intended to pose open-ended questions and allow them to clarify any uncertainties by using skills such as probing, listening and attending.

A *descriptive research design* describes relevant aspects of the phenomena of interest to the researcher (Sileyew, 2019:2). Akhtar (2016:75) defines descriptive research as a research design aimed at describing phenomena as they exist. It portrays the characteristics of a particular group of individuals. According to Peniel (2015:8), a descriptive design is a fact-finding approach related to the present, which is what the researcher intended to do in attaining the objectives of the study. The researcher's intention regarding descriptive research was to allow the participants to describe their experiences and challenges about leaving care during COVID-19 as they deemed necessary.

A *contextual research design* is focused on collecting data from participants' natural contexts by paying close attention to the settings (Machado & Pacheco, 2020:59). It pertains to apparent as well as unapparent influences that shape the meaning of what is said by an individual (Roller & Lavrakas, 2015:8). According to Duda, Warburton and Black (2020:1), contextual research design is a combination of observation and conversation with the participants to obtain information about the phenomenon under investigation. Hennik, Hutter and Bailey (2011) suggest that attention be placed on the context of subject, the context of theory, the context of culture, the physical context and the context of methodology. Pertaining to contextual research design, the researcher planned to consider all of the above contexts as recommended by Hennik et al. (2011) above, by considering the physical environment of the study, the subject under investigation in detail and from a specific theoretical lens and following a particular research methodology. The researcher also intended to explore any cultural dimensions of the study.

1.9 RESEARCH METHODS

Research methods form part of data collection, analysis and interpretation that researchers propose for their studies (Creswell 2014:16). As stated by Leavy (2014:3), research methods are tools for data collection. According to Lapan, Quartaroli and Riemer (2012:85), research methods are the tools that qualitative researchers use to investigate the research topic and construct their argument. The research methods that were planned for this study are outlined in the following sections.

1.9.1 Population

Every research study requires a population for it to be performed. According to Sileyew (2019:3), a population alludes to a complete set of individuals with common characteristics in which the researcher has an interest. It refers to the people who are the focus of the study question and analysis (Lapan et al., 2012:72). A population is the universe of elements from which a sample can be selected (Bryman, 2012:187). It is a group of people from whom individuals are selected to be part of the research study. According to the research plan for this study, the population comprised youth leaving various CYCCs during COVID-19, in the City of Ekurhuleni. Due to factors such as time, COVID-19 restrictions, geographical and financial constraints as well as data collection methods, the researcher anticipated not to gather information from the entire population of youth who were in a transition process from care; hence she planned to draw a sample from the population.

1.9.2 Sample and sampling

A sample is derived from a population. Peersman (2014:7) describes a sample as a selected group from the population of interest that will be studied in detail to draw conclusions about the larger population. It is a small group selected to make inferences about a whole population (Kielmann et al., 2012:19). A sample is a segment of the population selected for investigation (Bryman, 2012:187). It is a part of the population selected to collect data for a research study, in this instance, the population consisted youth leaving CYCCs during the COVID-19 pandemic. There are two types of sampling: probability sampling and non-probability sampling. A *probability sample* is selected randomly so that each unit of the population stands a chance of being

chosen. A non-probability sample results in some units of the population having the likelihood of being selected than others (Bryman, 2012:187). To select participants for the proposed study, the researcher intended to use purposive sampling and snowball sampling techniques which fall under the category of non-probability sampling.

Purposive sampling is defined by Peersman (2014:7) as the selection of units based on one or more predetermined features to make inferences regarding the population. According to Kielmann et al. (2012:21), purposive sampling is the choice of a sample with the intention or purpose of representing certain characteristics. In purposive sampling, the researcher samples with his or her research goals in mind (Bryman 2012:418). Purposive sampling is when data sources are selected based on how much can be learned from them. This sampling approach seeks "information-rich" sources (Lapan et al., 2012:253). Purposive sampling involves selecting individuals likely to provide the researcher with more insight into the research topic. Due to their subjective experiences, youth who had left care during the pandemic were more knowledgeable in the topic of investigation hence they became a sample target for the researcher.

Another non-probability sampling strategy described by Lune and Berg (2017:39) is *snowball sampling*. Snowball sampling means first choosing people with certain characteristics to participate in a study and then, after interviewing them, asking them to identify other people with similar characteristics for the study (Bryman, 2012:716; Kielmann et al., 2012:21). In terms of the plan for snowball sampling, the researcher would first recruit youth who had left care during COVID-19 and then request them to refer other youth who shared the same attributes.

The researcher's plan regarding the implementation of purposive and snowball sampling techniques for this study was to utilise the inclusion and exclusion criteria. The purpose was to recruit youth who:

- were already in care by the time the COVID-19 pandemic erupted in December 2019, at CYCCs located in Ekurhuleni Metropolitan Municipality in terms of section 46 of the Children's Act (Act 38 of 2005 amended).
- left care during the COVID-19 pandemic after their court orders lapsed in terms of section 175 of the Children's Act (Act 38 of 2005 amended).

- left by absconding care or discharging themselves from care during the COVID-19 pandemic before their court orders lapsed[2].
- met the preceding criteria and were expected to be between the ages of 18 and 23 at the time of being interviewed.[3]
- were in care for at least two years prior to their departure.
- had been out of care for at least three months[4].

Regarding the exclusion criteria, the purpose was to deliberately exclude youth who:

- are still in care.
- were discharged from a care facility but had not yet reached the age of 18.

1.9.2.1 Sample size

The sample size is determined by the principle of data saturation. Data saturation is when sampling is conducted until no new or relevant data emerge regarding a category (Bryman, 2012:421). It is when new data no longer sparks new theoretical insights (Lune & Berg, 2017:61). In this study, the researcher intended to pay close attention to the data during both collection and analysis to determine the data saturation. Kielmann et al. (2016:23) note certain factors could be considered to determine saturation, and they are as follows:

- a point where no new or relevant data emerge regarding a category under study.
- a point where the category is well-developed in terms of its properties and dimensions demonstrating variation, and
- a point where the relationships among categories are well-established.

[2]A court order lapse is when an order legally ends, and the children's court instructs that the child be released from care due to their age.

[3] The rationale for this category of youth was that youth who would be aged 23 at the time of the study would have left care at the age of 21 in terms of section 176 (2) of the Children's Act (Act No 38 of 2005 amended).

[4] The transition process would have started for all the participants whilst they were still at the CYCCs, during their preparation to leave care, therefore, those participants who would have been out of care for at least three months would also have insightful experiences to share.

1.9.3 Preparation for data collection

The researcher intended to request the contact details of youth who left care during the COVID-19 pandemic from the authorities (also referred to in research as gatekeepers), of CYCCs. Singh and Wassenaar (2016:42) describe a gatekeeper as someone responsible for authorising access to an institution or organisation. The researcher planned to dispatch a letter to the CYCCs with the intention to introduce herself and state the purpose of the research study. The researcher further planned to explain the value of the research study. The letter outlined issues such as the recruitment of participants and the research ethics that were to be applied (Refer to Addendum D attached).

Once the authorities at the CYCCs understood the purpose of the research study, the researcher planned to proceed to request the contact details of the youth who met the inclusion criteria set under section 1.9.2 above. For this study, the researcher anticipated some difficulties of obtaining the contact details of the potential participants directly from them because they had already left care. The researcher anticipated that the only point of contact with potential participants would be the records for the youth at the CYCCs. Section 12 (2) (f) of the Protection of Personal Information Act (POPIA)[5] provides that if personal information is not obtained directly from the participants, the researcher should show why it was not reasonably practical to do so (Adams, Adeleke, Anderson, Bawa, Branson, Christoffels et al., 2021:5). The researcher's expectation was that the authorities from these CYCCs would first seek permission from the potential participants to give out their contact details to the researcher.

Once provided with the participants' details, the researcher planned to contact potential participants, requesting them to take part in the study. Once they agreed to participate, the researcher intended to make calls in advance to individual participants to schedule suitable dates and times for the interviews. The researcher planned that she would work on building rapport and inform them about the research study, allowing them to ask questions and respond to any of their questions before the interviews were conducted. In preparing for data collection, the researcher intended to contact the

[5] In compliance with POPIA, the researcher would not be able to access youth who left CYCCs during COVID-19 hence the researcher went through the authorities at the centres.

research participants and inform them that the interviews would be conducted face-to-face with the alternative of telephonic interviews. The alternative of telephonic interviews was considered because of possible restrictions in movement due to COVID-19 infections. The researcher had to take into consideration that there could be a possibility that some participants would not feel comfortable being interviewed face-to-face because they did not know where the researcher was coming from and whether she was infected with COVID-19 or not. There were reservations by some people concerning the issue of making physical contact during the COVID-19 pandemic.

The researcher intended to inform the participants that she would incur the cost of the telephone calls for interviews, and travel costs, for face-to-face interviews. The researcher also planned to request each participant to give their written consent and clarify that their participation would be purely voluntary. She also intended to use a recording application called Quick Voice to have electronic recordings of the telephonic interviews, with the participants' permission. The researcher further planned to give consent forms to all participants. Her plan was to send the consent forms using an email or WhatsApp, whichever convenient option for individual participants. The plan was to inform the participants that in addition to recording the interviews, the researcher would log notes during the interviews. According to Bolderston (2012:72), logging notes during the interview prepares the participants for possible pauses in the conversation. Once the researcher was satisfied that the participants were familiar with the nature and process of the study, she would then begin to conduct interviews.

1.9.4 Methods of data collection

Data collection refers to gathering data from the sample to answer the research questions (Bryman, 2012:14). According to Parveen and Showkat (2017:3), it is a process of gathering the desirable information meticulously so that the analysis may provide credible answers. Kabir (2016:202) defines data collection as gathering and assessing information on a matter of interest. Data collection is the gathering of information from participants in order to gain greater understanding and knowledge in the chosen area of study. There are different methods of data collection, and the ones

commonly used in qualitative research include interviews, observation and case studies. Interviewing involves asking questions and receiving answers from participants in a study (Kabir, 2016:211). Interviewing takes different forms, such as structured, unstructured, semi-structured or group interviews (Kabir, 2016:211).

For the current research study, the researcher intended to use semi-structured interviews. The plan was to ask participants to respond to open-ended questions contained in an interview guide. A semi-structured interview typically refers to a type of interview through which the interviewer uses a series of questions in the general form of an interview schedule but can vary the sequence of questions to collect the data (Bryman, 2012:210). They contain a mix of closed-ended and open-ended questions (Kielmann et al., 2012:42). According to Lapan et al. (2012:92), semi-structured interviews cover a list of topics common to all participants. Semi-structured interviews include questions on the interview guide and those that come up during the interview, which would solicit useful information. An interview guide is a list of questions covering the general areas of information that follow a logical order, starting with general questions and moving to more specific details (Kabir, 2016:214; Kielmann et al., 2012:29). An interview guide, as noted by Lapan et al. (2012:92), contains questions that focus on the life experiences of the participants.

The interview guide designed for this study contained closed ended and open-ended questions. Below is a list of the questions prepared for the study;

The biographical questions

- How old are you?
- What is your gender?
- How many years were you in care?
- How long has it been since you left care?
- Where do you currently reside?
- Are you in school? If so, which level/ which programme are you studying?
- Are you employed? If so, in which economic activity?

The topical questions

- Please share with me your experiences regarding your preparation to leave care during COVID-19.
- What challenges did you face during your preparation for exiting care?
- What were the systems available to assist in managing these challenges?
- Please tell me about your experiences as a youth residing in a care facility.
- What challenges did you face as a youth in care?
- What were the systems available to assist in managing such challenges?
- How did you transition from care during the COVID-19 pandemic?
- What challenges did you face during this transition?
- What kinds of systems were available to support you during this period?

Data collection would include collection of personal details of the participants as well as information on the experiences of the youth leaving CYCCs. The plan was to use closed-ended questions to collect the participants' biographical data and open-ended questions to collect data that would directly address the research questions and objectives. Regarding how this plan actually unfolded, further details were presented in Chapter Two.

1.9.5 Pilot testing

Before beginning data collection, the researcher planned to carry out pilot tests for both telephonic and face-to-face interviews. A pilot test is a pre-test conducted to validate the tools to be used in the participant's understanding (Sileyew 2019:7). According to Akinyode and Khan (2018:6), a pilot test is a small-scale study conducted to test the data collection tools. It is used for testing data collection instruments (Lapan et al., 2012:256).

The researcher planned to follow the same proposed research process and use the same methods to identify and recruit one potential participant for pilot testing. The plan was to have the individual chosen to also meet all the inclusion criteria for the main study, to use the same exclusion criteria and to use the same research instruments that were used for the main study. The researcher also planned to use the same data collection methods for the study, which constituted face-to-face and telephonic

interviews, for pilot testing. Moreover, the researcher also planned to have her data collection skills subjected to different testing types and modify them as and when necessary, taking into consideration the findings of the pilot study. The findings of the pilot study were expected to assist the researcher in improving the methods and instruments for the purpose of the main study.

1.9.6 Methods of data analysis

After the data has been collected, it must be analysed. Lune and Berg (2012:98) define data analysis as examining and describing the collected information. The term data analysis is referred to by Bryman (2012:13) as the stage of reducing the large amounts of information that the researcher has gathered so that he or she can make sense of it. According to Mohajan (2018:38), data analysis is a process that involves combining emerging themes and identification of key areas of meaning from the material gathered.

The method that the researcher intended to use for analysing the data in this study was provided by Stirling (in Akinyonde & Khan 2018), who consider the qualitative data analysis procedure to be split into a reduction of text, exploration of the text and integration of exploration. Akinyonde and Khan (2018:166) further divided these stages into five steps that were introduced and explained below:

- **Step 1: The data logging stage**- This step involves documenting the data collected on the subject matter. Responses and other forms of qualitative data are documented from interviews. It is an interactive process requiring the researcher to revert to notes prepared during the data collection to compare events shared by the participants and identify specific issues.

- **Step 2: The anecdotes stage**- This stage involves summarising storylines provided by the participants in a chronological sequence, to develop themes. The data collected is then restructured so that it is understood better. Anecdotes are the refined version of logs written legibly for record-keeping. In Step 2, the themes will not be fully developed as yet.

- **Step 3: Vignettes**- This step focuses on an in-depth description of an individual's interpretation of circumstances to establish the credibility of the study.

- **Step 4: Coding**- This stage aims to reduce data by sorting out the information transcript into manageable meaningful segments with a coding framework. Data coding in qualitative research means assigning labels or codes to different sections of text that refer to different problems. Coding helps separate data into categories, so it can be easily analysed and compared.

- **Step 5: Thematic Network**- This involves exploring the links between explicit statements and implicit meaning in participants' discourse. Emerging themes bring out an idea that enables them to be modified to accommodate the discourse of most of the participants. Step 5 is when the themes are fully developed.

1.9.7 Methods of data verification

Data verification is the process of checking, confirming and being certain of the data collected (Spiers, 2015:17). It involves evaluating the completeness, correctness and conformance of a specific data set against the procedural requirements (Morckel, 2015:3). Lapan et al. (2012:28) describe data verification as the practice of defending the research design as valid and competent. Data verification involves checking to establish if the data collected is compelling for its intended purpose and can be useful in future research. Several criteria have been established in qualitative research to judge its trustworthiness or rigour. These criteria are *credibility*, *transferability*, *confirmability* and *dependability*.

Credibility is the ability of the study to capture what the research intended to capture (Elmusharaf, 2012:20). It is the confidence a researcher has that his or her intervention has caused the change in the dependent variable (Lapan et al., 2012:29). Bryman (2012:390), defines credibility as a mechanism for ensuring that research is carried out according to the standards of good practice and ensuring that findings are made accessible to the participants to certify that the researcher understood their views on the phenomenon. The researcher planned to ensure credibility through the process of

member checking which involves going back to the participants so that they could confirm or negate what is written before the report is finalised. The researcher planned to properly analyse the different ways participants described their experiences. The researcher planned to employ the strategy of triangulation to ensure credibility. Moon, Brewer, Hartley, Adams and Blackman (2016:2) define triangulation as the use of multiple sources of data and/or methods. The multiple sources in this study predicted using interviews and diaries, integrating the data with existing literature and collecting data from participants with diverse experiences.

Transferability is defined by Elmusharaf (2012:34) as the collection of a sufficiently detailed description of data in context and the reporting of such data with sufficient detail to allow judgements of transferability made by the reader. According to Bryman (2012:392), transferability is ensuring that the findings will remain the same even if the study is carried out in a similar or different setting at some other time. In another definition, Lune and Berg (2017:46) consider transferability to be when the results of a study can be generalised to other samples from the same population. Transferability criteria would be accomplished by using purposive and snowball sampling techniques to recruit the research participants. By considering purposive and snowball sampling, the researcher anticipated to have a high chance of recruiting participants who are more knowledgeable on the research topic (Elmusharaf, 2012:34). Another strategy to ensure transferability was to produce a thick description, which is described by Bryman (2012:392), as a rich account of the details of a phenomenon to enable future researchers to have access to the principles that guided the research study so that they can follow them and to give the reader full details of the research process. Thich description in this study involved explaining in detail each parts of the process including separately presenting a chapter on the manner in which the research process unfolded (Chapter Two).

Another criterion used to measure trustworthiness is *confirmability,* and Elmusharaf (2012:37) defines it as the degree to which the findings are the product of the focus of inquiry and not the biases of the researcher. Bryman (2012:392), points out that confirmability is about showing that the researcher acted with sincerity of intention whilst conducting the study. According to Lune and Berg (2012:46), confirmability relates to the absence of personal bias. To ensure confirmability, the researcher

planned to employ the strategy of participant validation referred to by Maxwell (2012:244) as a systematic process of soliciting feedback about one's data and conclusions from the participants. Another strategy planned to realise confirmability would be keeping a journal. The researcher also planned to be reflexive about the implications of the methods used, her values and decisions for the knowledge generated on the social phenomenon in her journal (Elmusharaf, 2012:37). By being reflexive, the research would be honest with herself about her interpretations of the research findings to ensure that they were from the data collected and not her own values or beliefs.

The last criterion that was considered to ensure trustworthiness is *dependability*. As noted by Bryman (2012:392), dependability ensures that the research study has merit. Moon et al. (2016:2) consider dependability to be the consistency and reliability of the research findings. It is about consistency in measuring the targeted variables (Lune & Berg, 2017:46). Dependability involves making sure that the research study has value by detailing the research process in a coherent manner that is clearly documented. The researcher intended to detail all the activities of the research process, such as the problem formulation, selection of research participants, interview transcripts and data analysis (Bryman, 2012:392; Moon et al., 2016:2).

1.10 ETHICAL CONSIDERATIONS

The entire research process, including data collection and retaining data records, needs to be done in an ethically sound manner. Research ethics refers to a set of guidelines pertaining to the collection of data and management thereof (Peersman, 2014:6). According to Saldanha and O'Brien (2014:41), ethics involves the act and profession of research. Ethics refers to issues such as preventing harm to the people or settings involved in the study (Leavy, 2014:5). The researcher anticipated ethical issues such as concerns about the handling of identities of the research participants and the sharing of information obtained from the research participants. The researcher intended to address anticipated ethical issues by adhering to the research ethical principles. The research study was considered as low risk, with some participants anticipated to have the potential to slightly experience some discomfort when they recounted some of their lived experiences. As part of the research study, the

researcher planned to adhere to the ethical principles of informed consent, anonymity and confidentiality, data management, beneficence and ethics of care.

Informed consent is when the potential participants freely agree to be part of the research project with a complete understanding of the research activities and any risks or benefits attached to being part of such a project (Kielmann et al., 2012:53). It refers to an explanation of the risks and benefits to the participants so that they can decide whether to participate based on full knowledge of the study (Bolderston, 2012:73). According to Lune and Berg (2017:46), informed consent means the knowing consent of individuals to participate in an exercise of their choice, free from any element of fraud, deceit, duress, or similar unfair manipulation. Informed consent is when participants voluntarily agree to be part of the study after being fully informed about its nature. The researcher intended to consider the rights of the participants and ensure that the participants were aware of them so that they can make decisions based on the information received.

The researcher intended to apply informed consent by explaining to each potential participant what the research entails. The plan was to allow the potential participants to ask any questions that they might have and for the researcher to explain to the participants that the data collected would only be shared with the UNISA supervisor, who is a co-researcher (by virtue of overseeing entire research process) and possibly members of the Ethics & Review Committees whenever required. The researcher planned to explain further that the supervisor and committee members were all involved in ensuring that the research study was performed according to the requirements and ethical standards of the university. Once convinced that the participants understood the research study and its process, the researcher planned that she would then request them to sign a consent form which would briefly describe the research and provide the particulars of the researcher and the supervisor.

Anonymity and *confidentiality* refer to the protection of the identities of the research participants (Bryman, 2012:143; Bolderston, 2012:73). Kielmann et al. (2012:54,55) define anonymity and confidentiality as keeping the identities of participants private so that they will not be personally identifiable in any outputs. According to Lapan et al. (2012:36,48), anonymity and confidentiality mean that no-one knows the identity of the

participant. The researcher planned on ensuring anonymity and confidentiality by using pseudonyms instead of the actual names of participants when presenting the research findings with the aim of avoiding the risk of exposing the participants.

The ethical principle of data management is interlinked with that of confidentiality. *Data management* deals with exactly how data will be stored and protected, the duration records will be stored as well as who will have access to it (Saldhana & O'Brien, 2014:44). The ethical principle of data management, according to Peersman (2014:6), involves a consistent collection, recording and secure storage of data. It is the securing of research information and taking precautions against accidental disclosure (Lune & Berg, 2017:49). Furthermore, data management is keeping data secure and accessible only to individuals who are authorised to access it. As a measure of securing the data, the researcher intended to keep the hard copies of data in a locked filing cabinet for a period of five years, after which the data would be destroyed, following O'Toole, Feeney, Heard and Naimpally's (2018:11), recommendations, for data to be destroyed within 3-5 years of the end of a research project. The intention was not to keep data longer than necessary. The plan regarding the electronic data was that it would be saved on the researcher's computer, which will always be password protected and accessible only to her.

Beneficence maximises the good outcomes for science and humanity and minimises risk or harm to individuals in the research (Lapan et al., 2012:22). According to Oxford Languages (2021), beneficence is a concept in research ethics involving the responsibility to avoid harming the participants. Salganik (2014) states that beneficence can mean prioritising the interests of research participants. The researcher's main concern was the benefits of the research study to the youth themselves. The researcher planned to ensure beneficence by explaining to the participants how participating in the research study would benefit them and society in general. The researcher intended to collect the experiences of the participants in such a way that their opinions would be examined, considering that they had the subjective experience of the issue under investigation. The ultimate aim was for researchers to create interventions that will ultimately support youth transitioning from CYCCs. Still on minimising harm to the research participants, the research intended to employ the services of a debriefer if and when there was need to do so.

Regarding *debriefing*, the researcher planned that if a participant needed counselling due to emotions provoked by recounting some of the experiences during the interview, such participant would be referred to a debriefer who is a qualified psychologist (Refer to Addendum C attached). Dearson, Efron, Howell, Kaufman, Lee and Press (2013:313) refer to *debriefing* as a process aimed at addressing emotions that naturally arise when participants speak about their experiences following an interview. It is the provision of counselling or assistance if a person requires such resulting from the questions asked during the interview (Lune & Berg, 2017:61). Debriefing is more of a procedure for helping to ensure that the participants return to the conditions in which they were prior to their involvement in the study (Lafayette IRB [sa]). The plan was that the debriefer would remain on standby to provide telephonic debriefing services to the affected participants.

The researcher intended to consider ethics of care when conducting this study. Ethics of care focus more on caring and empathy, understanding that human beings are relational beings and therefore interdependent (Groot, Vink, Haveman, Huberts, Schout & Abma, 2019:288). According to Dunn [sa] ethics of care refer to ideas concerning the nature of morality. Ethics of care views caring as a universal human attribute. Ethics of care refers to the recognition of the need to assist someone by being attentive and responsive to their needs (Maio, 2018:54). The researcher planned to be mindful of the way the participants responded to the questions asked so that she would be able to notice when a participant was upset or uncomfortable in order to appropriately implement relevant interview skills such as empathy.

1.11 DEFINITION OF KEY CONCEPTS

The key concepts which were central to the study are defined below:

1.11.1 Care

In terms of section 1 (a) of the Children's Act (Act 38 of 2005) as amended, **care**, in relation to a child, includes, where appropriate provision of a suitable place to live; living conditions that are conducive to the child's health, well-being and development; and the necessary financial support. Care is the process of protecting someone and providing for his or her needs (Cambridge Dictionary, 2021). In the context of this

research study, the concept 'care' was used to refer to the meeting of physical, emotional, psychological and financial needs by care facilities for youth, as determined by the children's court.

1.11.2 Challenges

Challenges are situations that test someone's abilities (Oxford Languages, 2021). IGI Global [sa] refer to a challenge as a difficulty in an undertaking that is stimulating to one engaged in it. A challenge, according to (Collins Dictionary, 2021), is something new and difficult that requires great effort and determination. It is a circumstance that can make it difficult for one to move from one stage to the next. The concept 'challenges' as used in the research study referred to the difficulties encountered by youth when they leave care facilities to the communities.

1.11.3 COVID-19

The term **COVID-19** refers to a coronavirus disease that causes a respiratory infection passed from person-to-person in tiny droplets from the nose and mouth (World Health Organisation, 2021). Nazario (2021) defines COVID-19 as a disease caused by SARS-Co-2 that can trigger a respiratory tract infection. According to John Hopkins Medicine (2021), COVID-19 is the disease caused by SARS-CoV-2, the coronavirus that emerged in December 2019. The acronym 'COVID-19' was adopted for the purpose of the coronavirus disease of 2019 which has led to many changes in the day-to-day interaction of people.

1.11.4 Experiences

According to the Merriam-Webster Dictionary (2021), **experiences** mean the processes of doing and seeing things happen and having things happen to you. For Roth and Jornet (2014:106), experience is that which modifies us profoundly in such a way that after having crossed, endured, and traversed it, we will never be the same again. Experiences are the knowledge and skills gained through doing something for a period (Oxford Languages,2021). In the context of this study, the term 'experiences' is used to refer to the events and things that youth who have left CYCCs during the

COVID-19 pandemic have undergone during their period of transitioning from these centres.

1.11.5 Leaving

The term **leaving** refers to the act of causing to remain behind (Merriam-Webster Dictionary, 2021). 'Leaving' is the act of moving on and leaving behind (Jackson & Cameron, 2012:3). It means to go away from a person or a place (Oxford Languages, 2021). In the context of this study, the term 'leaving' referred to young people leaving care from a CYCC following discharge or abscondment, being in care for at least two years prior to their departure and being out of care for at least two months.

1.11.6 Youth

Youth are young people in a specific period of life between childhood and adulthood (Schafer, 2015:5). The United Nations (2022) defines 'youth' as those persons between the ages of 15 and 24 years. According to the South African National Youth Policy (2009-2014), youths are those persons between the ages of 14 and 35. The concept 'youth', as used in the study, referred to young people between the ages of 18 and 23 who were in care. The choice of this age bracket guided the topic of this study, its goal, objectives and questions. If the researcher had included youth between the ages of 24-35, they would have left care before COVID-19, which began to spread in 2020; therefore, they would not have experienced transition during COVID-19. The researcher also considered that in South Africa, the official age of discharge of youth from care is 18, and under special circumstances, a young person can leave care at the age of 21. Youth who are 24 years old in 2022 would have been 22 in 2020 when the pandemic began.

1.12 CHAPTER OUTLINE

Chapter Two will present a description of how the research methodology was applied. As opposed to Chapter One, wherein an emphasis was on presenting the plan drafted for the purpose of this study, Chapter Two will detail how such a plan, as introduced in Chapter One, was implemented when the study unfolded. This will include how the qualitative research approach was employed. The chapter will also cover how

phenomenological research design, explorative design, descriptive and contextual research designs were applied. The research methods used will also be discussed in greater detail from an implementation point of view, as well as a description of how data was collected using semi-structured interviews and how the data was analysed. Like the previous chapter, a summary of the chapter will serve as a conclusion.

The focus of **Chapter Three** will be on the first set of research findings which is the findings pertaining to the experiences that youth endured in relation to leaving care during the COVID-19 pandemic. Research findings will be subject to literature control, which means that the findings will be presented and discussed and then compared in the context of the existing literature as well as the adopted theoretical framework. The findings will be presented in the form of biographical profiles of the participants as well as the themes and sub-themes that derived from data analysis which will be introduced and supported by the storylines emanating from the transcribed interviews. A summary of the chapter will serve as a conclusion.

Chapter Four will present the second part of the research findings, which is about challenges youth face in their transition from care during the pandemic and the support systems available to them. The chapter will present the themes and sub-themes relating to the challenges faced by youth and the availability of support systems during the transition process in the context of existing literature and the adopted theoretical framework and conclude with a summary.

Chapter Five is the final chapter of this dissertation and it will contain summaries, conclusions, and recommendations. The whole research process will also be summarised, and conclusions and recommendations will be drawn based on both the research process and findings. Like its preceding chapters, this chapter will conclude with a chapter summary.

1.13 SUMMARY OF THE CHAPTER

Chapter One presented the introduction and background of the study, problem formulation and rationale for undertaking the research. Furthermore, the chapter presented the research questions, goal and objectives, the research methodology, the

research approach, and the research design. The ethical considerations upheld during the study were also highlighted in this chapter. The researcher gave the outline of the structure of this report.

CHAPTER TWO

APPLICATION OF THE RESEARCH METHODOLOGY

2.1 INTRODUCTION

In Chapter One, the researcher presented the introduction and orientation to the research study. Whereas Chapter One emphasised the plan developed for the purpose of the research process, Chapter Two details the implementation of that plan. In doing so, the researcher began by providing motivation for selecting the qualitative research approach, and the application of the research methodology, which includes how the sample for the study was selected, how she implemented each of the research designs, how the data was collected and how each of the adopted ethical principles was applied and adhered to. The chapter then ended with a summary.

2.2 MOTIVATION FOR CHOOSING THE QUALITATIVE RESEARCH APPROACH AND APPLICATION THEREOF

The researcher utilised qualitative research to explore the experiences of youth transitioning from care during COVID-19. Results from previous research studies were mainly on youth who were leaving care in general which is why the researcher decided to explore the issue, factoring in COVID-19 to contribute to emerging studies. It was further anticipated that qualitative research would allow the researcher to understand the youth's challenges and experiences when they leave care. The researcher envisaged that using qualitative research would give participants a platform to discuss their experiences so that they could voice their feelings and, in the process, get empowered. Through qualitative research, participants were able to share their stories as experts on the issue under investigation.

Qualitative research appropriately seeks answers by examining various social settings and the groups or individuals who inhibit these settings. The group interviewed by the researcher comprised youth who had experienced being in care and leaving care during the COVID-19 pandemic. Asking open-ended questions such as *"What challenges did you face during this transition"* allowed the participants to give a full

description of their experiences, enabling the researcher to gain more depth into the participants' experiences. As noted by Rovai, Baker and Ponton (2014:4), qualitative research data will consist of an insider's viewpoint.

2.2.1 The qualitative research process

Regarding the process through which qualitative research unfolds, various authors (Bryman, Kielmann et al., and Lune & Berg) consider it to evolve according to different steps or stages as presented in **Table 2.1** below.

Table 2.1: Steps of the qualitative research process

Bryman (2012:92)	Kielmann, Cataldo & Seeley (2014:8)	Lune & Berg (2017:25)
1. Research topic 2. A preliminary review of literature on the topic 3. Data collection 4. Data analysis **5.** Dissemination	1. Theory 2. Questions 3. Research strategy 4. Methodology/ Data collection 5. Interpretation/ Analysis 6. Further data collection	1. Research ideas 2. Literature Review 3. Research design 4. Data collection and organisation 5. Analysis and findings 6. Dissemination

The researcher adapted and followed the steps involved in the qualitative research process as provided by Bryman (2012:92). **Figure 2.1** below depicts these steps.

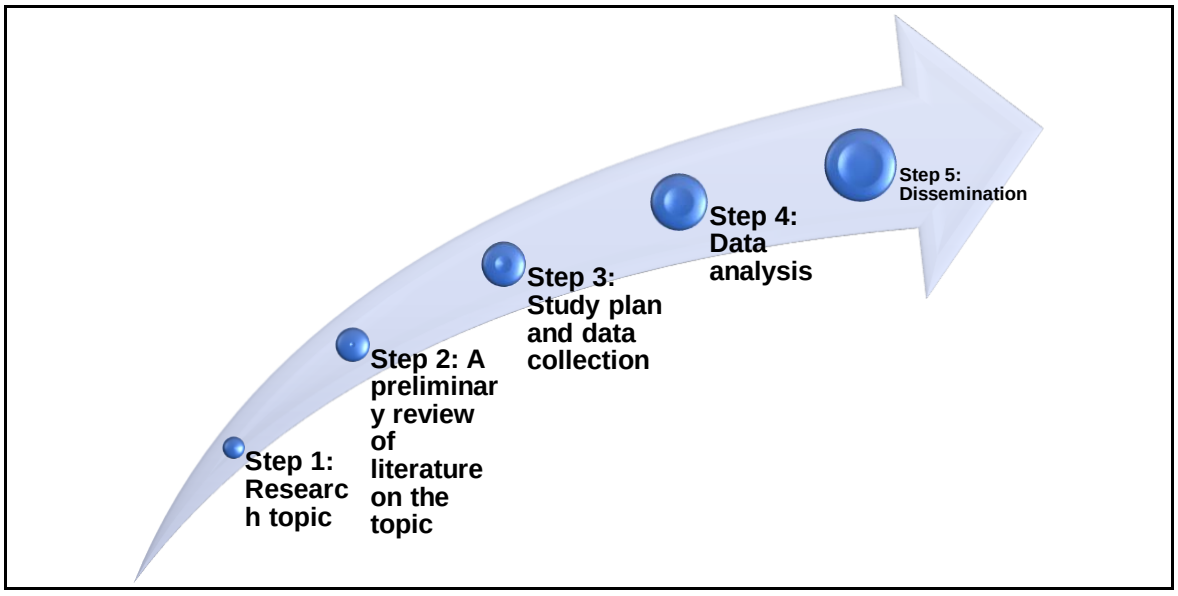

Figure 2.1 Upward Arrow showing a research process

2.2.1.1 Step 1: Research Topic

Through her experience of working with youth at a CYCC, the researcher developed an interest in their overall experiences. This led to the idea of conducting further research based on their experiences when they leave these facilities. The development of this research idea resulted in the formulation of a problem statement which is provided in Section 1.3.1 of Chapter One, which is a chapter dedicated to Step 1 of the research process as proposed by Bryman, detailing the ideas that developed around the research topic and the plans for executing the research study.

2.2.1.2 Step 2: A preliminary review of the literature and study plan

After developing an idea around the research area of interest, the researcher looked for information related to the research topic to examine the views of other authors and researchers and to familiarise herself with the research topic. The researcher followed the Creswell approach on incorporating literature in qualitative research. This approach provides that literature might be included in the introduction to a study to provide a useful background on the issue that has led to the need for the study (Creswell, 2003:30,31). The literature review at this stage was preliminary, with the actual review being done after data collection and presented with the research findings as literature control. A preliminary literature review was aimed at assisting the researcher in identifying gaps in existing knowledge and figuring out how to bridge these gaps. One of the gaps identified by the researcher was that there was still a need for more research focusing specifically on youth leaving care in times of the COVID-19 pandemic. A preliminary literature review involved going on different websites on the internet to find articles, eBooks, journals and other sources of information relevant to the research topic of interest and enabled the researcher to develop a research plan as outlined in Chapter One. Following the research topic and a literature review, the researcher came up with a plan of action on how the research study would be conducted by, among others, setting the research goal objectives and questions (See Chapter One, Sections 1.5 and 1.6), developing methodological plans (See Chapter One, Section 1.7), and the plans around the study designs and methods (See Chapter One, Section 1.8 and 1.9) as well as the principles of research ethics (Chapter One, Section 1.10).

2.2.1.3 Step 3: Data collection

Regarding data collection, the plan was implemented without modification, as indicated in Chapter One (Section 1.9.4). The researcher was able to identify commonalities and differences across individual participants on the research questions asked. When asked about the support systems available when faced with challenges in care, for example, one of the participants, **Kopano,** indicated that he preferred not talking about his problems with other youth, the social worker or the child and youth care workers, so he would smoke. On the other hand, **Charles** said he *"was close to the Centre Manager, so when he had issues, he could speak to him".* The responses from **Charles** and **Kopano** indicated differences in how they handled challenges and who, or in the case of **Kopano**, what they turned to when they faced such challenges.

In collecting the data, the researcher used both face-to face interviews and telephonic interviews as data collection tools. Face-to-face interviews enabled the researcher to observe non-verbal cues from the participants. Irvine, Drew, and Sainsbury (2013:3) concur that face-to-face interviews provide visual cues such as non-verbal communication in the form of body language and facial expressions. During a face-to-face interview with **Lindelani**, for instance, the researcher noticed that he shook his head when he described how difficult it had been for him to adjust to life after leaving care. The researcher could sense that the participants interviewed through the face-to-face method were comfortable because the venue was the centre where they were formerly placed. This is where most of them had spent more than a decade of their lives.

The researcher witnessed how the participants interacted with the housemother who was on duty at the centre on the day of the interviews. Their interaction was warm and respectful as they all addressed her as 'mama'. The researcher met the participant, **Lindelani**, who has problems with eyesight and was able to gauge the atmosphere so that she could ask more about his eyesight and the challenges experienced as a result. The experience of interviewing the participant would have been different if the interview had been conducted telephonically because the researcher would not have accessed any discomfort provoked by this line of inquiry.

Regarding telephonic interviews, the researcher was able to interview participants like **Noloyiso** and **Nomcebo,** who were not geographically close and were now residing in Midrand and Limpopo, respectively. Bolderston (2012:68) notes that telephonic interviews are useful when collecting data from geographically remote participants, and they can be cost-effective since there is no travel involved. The participants interviewed telephonically were similar to those interviewed face-to-face in that they had the advantage of being interviewed in a familiar environment which allowed them to be more comfortable expressing their opinions. Participants like Thato were able to speak freely about the negative experiences involving members of staff that they encountered at the centres; for example, **Thato** spoke about the favouritism by members of staff. The participant might not have been comfortable to open up to the researcher about this issue if the interview had been conducted face-to-face at the CYCC.

2.2.1.4 Data Analysis

Data analysis follows in step 4 of the research process. Sub-section 1.9.6 of Chapter One, provided by Stirling (in Akinyonde & Khan, 2018:166), described how data analysis would be performed. In implementing the plan, the researcher thoroughly scrutinised and interacted with the data by pausing throughout the process to ask questions regarding the collected data. The researcher followed the procedure below:

- **Step 1: The data logging stage**- The researcher composed notes during the interviews and recorded the interviews electronically. After each interview, the researcher immediately transcribed the data word for word, while listening to the electronic recordings. Each recording was named to avoid confusing the responses given by the participants. During data logging, the researcher reflected on the participants' responses; for example, when asked about her experience in care, **Mahalia** responded that she feared being sent away from the centre because she was not doing well in school and would disappoint everyone. The researcher contemplated **Mahalia**'s response, and the pressure suffered to ensure good results so that she could remain in placement for a while. It was difficult for the researcher to imagine the different kinds of challenges these young people endured whilst in care. **Mahalia**'s concern was not only to perform well in school but to ensure that she had a place to live.

- **Step 2: The anecdotes stage**- Here, the researcher summarised sequentially the storylines provided by each participant. How a participant described their experiences is considered their story. An example of this was an interview with **Kopano,** who was clearly not happy about being at the centre. Storylines such as the one narrated by **Kopano** helped the researcher in the development of themes and subthemes which are yet to be presented in Chapter Three and Four respectively, .

- **Step 3:** Vignettes- Vignettes are short narrative descriptions of events and participants (Saldhana & O'Brien, 2014:186). Shortening the descriptions given by the participants helped the researcher to refresh her memory during the data analysis. The researcher paid attention to how the participants described and perceived their experiences from their responses to the questions asked. The researcher analysed the perceptions, opinions, beliefs and attitudes the participants assigned to their encounters. During the interview with **Thato,** for instance, she explained how difficult it was to leave her sister at the centre. When analysing this passage, the researcher could tell that the participant had a close relationship with her sister and was concerned about leaving her behind.

- **Step 4: Coding**- At this stage, the researcher reduced data by sorting out the transcribed data into manageable meaningful segments in short phrases. The researcher assigned labels to different sections of text that referred to different issues. Coding helped to separate data into categories so it could be easily analysed and compared. By going through each of the transcripts, the researcher devised codes such as "Experiencing different emotions" and "Being bullied because of skin tone", amongst others. The researcher ensured that the codes fit the data that had been collected without forcing the data to fit the codes; for example, when the participants expressed the different emotions that they had experienced when they were preparing to leave care, the researcher used that information to generate the code, "Experiencing different emotions". The coding process also allowed the researcher to interact with the data. This helped the researcher to view the familiar in new perspectives as she

focused on what the participants were concerned about or perceived as challenging.

- **Step 5: Thematic Network**- This involved exploring the links between the obvious statements made by the participants and the not-so-obvious statements. The data was examined closely to identify common ideas, topics and patterns of meaning that emerged repeatedly. This is how the researcher was able to identify themes as well as sub-themes from the data collected. The identified themes represented the fundamentals of the lived experiences of the youth.

2.2.1.5 Dissemination

Research is not complete until it is disseminated. Writing a report is one way of disseminating the findings of the research study so that they are made available to the public. According to Lune and Berg (2017:4), regardless how information is spread, it must be disseminated to be considered both worthwhile and complete. In this study, a presentation of this dissertation amounts to dissemination.

2.3 APPLICATION OF THE QUALITATIVE RESEARCH APPROACH IN THE RESEARCH STUDY

By implementing a qualitative research approach, the researcher had an opportunity to understand how the participants viewed the quality of their experiences; for example, **Thato** described her experience in care as good, while for **Lindelani**, life was fun.

Below is how the key characteristics of the qualitative research approach, as provided by Kielmann et al. (2012:9), guided the implementation of this approach during the study.

- Qualitative research is a humanistic approach because it focuses on the personal, subjective and experiential basis of knowledge and practice. In implementing qualitative research through this feature, the researcher listened to and focused on the participant's personal experience about leaving care

without being presumptuous or judgmental. During an interview with **Dumisani**, for example, he shared one of the challenges faced as preparing to leave care. Instead of being presumptuous about what the participant meant, the researcher made a conscious decision to set aside what she had read in the literature on the issue under exploration so that she did not have preconceived notions that could distract her from hearing the participants' views.

- Qualitative research is holistic because it seeks to establish the behavioural meanings and ways of doing things in each context, and not in isolation. When asked how he felt about preparing to leave care during a pandemic, one **Lindelani**, took a deep breath before explaining his difficulties. In the example of the interview with **Lindelani**, the participant indicated that this was an issue of significant stress because it had been difficult. The holistic nature of qualitative research was observed by paying attention not only to the expressed views of the participants but also to how they said it and the circumstances in which they said it. The holistic feature of qualitative research demands, on the part of the researcher, to consider the entire context of the study, including how they were expressing themselves. This was a practice in all the interviews.

- Qualitative research is interpretive since the researcher's aim is to explain rather than merely describe. In this study, the interpretive feature of qualitative research was put into effect by allowing the participants to explain the challenges and experiences without any interjections. The researcher was attentive to the participants as they spoke, allowing them to elaborate on some of their responses where necessary. When participants were invited to share their experiences while preparing to leave care, for instance, **Dumisani** explained how said it was for him. The researcher went on to interpret what the participant had said in the context of Bridge's Transition Model, which was the theoretical framework adopted by the researcher, by considering their experiences of different emotions such as sadness in the context of Stage 1 of the transition process of the model. The researcher further interpreted the participant's stories in the context of existing literature as presented in Chapters Three and Four.

- Qualitative research is a reflexive approach as it allows researchers to adopt a reflexive position by becoming more open about how their personal history and biography shape the research process. The researcher was aware that the time she spent as a volunteer and, later, as a student social worker at a CYCC introduced a potential bias. The researcher hoped that the youth would have positive and rewarding experiences in care but was surprised when some of the participants shared the negative experiences they had encountered. This is recounted by participants like **Kopano**, for instance, who reported that the centres killed their dreams, a phrase which was very difficult for the researcher to fathom. The researcher kept a reflexive journal from the point when she began recruiting participants for the research study to capture her feelings and experiences when carrying out interviews, including phrases such as the one shared by **Kopano** for further consideration.

2.4 APPLICATION OF THE RESEARCH DESIGNS

Some research designs definitions have been provided in Section 1.8 of Chapter One, and will therefore amount to replication if they are defined again in this section. As per the plan indicated in Chapter One, the researcher applied explorative, descriptive and phenomenological research and contextual designs.

2.4.1 Application of the explorative research design

The researcher employed the explorative research design to learn from the research participants. This was done by listening to the responses given by the participants to gain insight into the challenges they had faced as well as their experiences. The researcher utilised interviewing skills such as probing to hear more from the participants; for example, in talking to **Dumisani,** the researcher said, "*You said that it was a sad experience for you when you were preparing to leave care. Can you share more about that?*" The interview questions were framed so that the participants had leeway to express themselves freely with no restrictions. The responses shared by the participants, further enabled the researcher to familiarise herself with how life was for participants during transition as well as to meet the research objectives.

2.4.2 Application of the descriptive research design

The descriptive research design was applied by allowing the participants to describe their experiences when they left care as they exist. One of the questions that the researcher asked the participants to enable them to describe their experiences and challenges was, "*How was it for you to transit from care during the COVID-19 pandemic?"* This question enabled participants to describe their experiences in their own ways. In responding to this question, one of the participants, **Motsabi** for instance explained how hard it was for people to lose jobs. In attesting to the essence of descriptive research, **Motsabi** described how difficult the experience had been for her and proceeded to give reasons for her difficulties. Application of the descriptive research design reflected throughout the dissertation by detailing the specific aspects of the study as well as further in the findings presented in Chapters Three and Four.

2.4.3 Application of the phenomenological research design

In implementing the phenomenological research design, the researcher asked questions that allowed participants to share their experiences as a youth in care. One example of such a question was, *"Please tell me about your experiences as a youth who was residing in a care facility?"* This question was posed deliberately to allow the participants to share their lived experiences, a central feature of phenomenological research design. One of the participants, **Dali**, explained how for him, the centre was a family. The participant's response, in this instance, reflected his thoughts and what that experience meant to him as an individual.

2.4.4 Application of the contextual research design

In implementing the contextual research design, the researcher considered the contextual features proposed by Hennik et al. (2022). The researcher first paid attention to the physical study site of Ekurhuleni with the aim of having a broader understanding of this site in terms of its geographical location and its activities, among others. The researcher also strived to explain and describe the phenomenon of study using existing literature around the matter of youth leaving care and COVID-19 to enhance the subject context and detailing the methodological processes and techniques that were utilised to guide the study to enhance the methodological

context. In order to enhance the theoretical context, the adopted Transition theory was particularly instrumental in explaining the phenomenon from a theoretical point of view.

2.5 THE RESEARCH METHOD AS APPLIED

The purpose of this section is to outline the research methods as they were applied in the study.

2.5.1 Identifying the population and using the sampling techniques

Due to reasons that have been mentioned in Chapter One, such as time and financial constraints, the researcher could not interview the entire population of youth transiting from care. A sample was selected from the population using the inclusion and exclusion criteria provided in Sub-section 1.9.2 of Chapter One. In implementing purposive sampling, the researcher targeted youth who had previously been placed at CYCCs in the City of Ekurhuleni and had transitioned or were transitioning from care. The researcher did so by contacting various organisations to obtain the contact numbers of such youth. Through purposive sampling, the researcher obtained referrals from some of the participants who knew youth who shared similar criteria. This is how the snowball sampling technique was applied. One of the participants shared the contact numbers of three other young people who had left care during COVID-19. He spoke to them first to determine if they would be interested in participating in the study. When the individuals agreed, the participant shared their contact numbers with the researcher.

2.5.2 Reaching the sample size

The conceptual description of sample size was adequately discussed in Sub-section 1.9.2.1 of Chapter One. The researcher interviewed twelve participants in total. After interviewing the tenth participant, the researcher noticed that no new data was emerging. The researcher then consulted with her supervisor, who advised her to interview two more participants to ensure saturation was indeed reached before concluding the process of data collection. Upon close analysis and critical observation, the twelfth interview confirmed data saturation.

2.5.3 Recruitment of participants

In preparing for data collection, the researcher first sought permission from relevant authorities from the CYCCs, to obtain the contact details of youth who had left care. Once the contact details were obtained, she contacted the participants and scheduled the interviews for pilot testing and later proceeded with data collection for the main study.

2.5.3.1 Obtaining contact details from CYCC authorities

In seeking to obtain the contact details of participants, the researcher sent letters to different CYCCs (See attached sample of a letter as Addendum D). The letters explained what the study was about, and made an explicit request by the researcher to obtain contact numbers of youth who had left care during COVID-19. The researcher also followed up telephonically to ensure that the CYCCs had received the emails. Responses were received from six CYCCs through the gatekeepers who were either social workers or managers. Lapan et al. (2012:168) define gatekeepers as individuals who control access to something or some places. The gatekeepers helped the researcher establish first contact with potential participants by speaking to them about the study and seeking their consent to share their contact details with the researcher. Out of these six organisations, the researcher was able to interview youth from three organisations due to factors such as the youth being unavailable or unreachable and the reservations by some of the authorities to share the contact details of the youth.

The researcher had informed the gatekeepers that she would be conducting both face-to-face and telephonic interviews due to the unpredictability of COVID-19 lockdown levels. One of the social workers reported that the young people had indicated that they preferred face-to-face interviews. The social worker informed the researcher that thirteen youth would be arriving at the centre on a weekend to collect and sign for food parcels and grocery vouchers that had been donated to them. Five of them ended up consenting to be participants in the study. The researcher had to be flexible and arrange to go to the centre to conduct face-to-face interviews especially considering that at that time, restrictions in movement due to COVID-19 had been lifted because

South Africa had been placed on Level 1 lockdown. Being on Level 1 lockdown in South Africa meant low virus spread, high health system readiness and resumption of most normal activities with precautions and health guidelines (WHO: South Africa, 2020:4). Ultimately, eight interviews, including the interview for the pilot study, were conducted telephonically, and five were conducted face-to-face.

2.5.3.2 Scheduling the interviews

The researcher called the numbers shared by the social workers and managers of the care centres to introduce herself to the participants. The researcher started to build rapport during the initial calls. Rapport building, as noted by Eyisi (2016:93), makes it easier to establish a close relationship between the researcher and the participants, making them more comfortable and open to sharing their experiences. The researcher built rapport by expressing her willingness to learn from the participants who had subjective experiences regarding the phenomenon under investigation. The researcher asked each participant if they were comfortable expressing themselves in English since the researcher has limited comprehension of the languages spoken in South Africa. All the participants informed the researcher that they had no issue with being interviewed in English. The participants had a good comprehension of English since it is the language predominantly spoken at the CYCCs.

Each participant was given a summary of the research study and a clear explanation that participation was purely voluntary. The researcher went on to inform the participants about signing consent forms and asked them if they would prefer to have the consent forms and information sheet sent via email or WhatsApp. Two participants opted for the documents to be sent via email, and five opted for WhatsApp. Regarding the participants who preferred face-to-face interviews, the researcher planned with the social worker about when she could go to the centre to conduct the interviews. The social worker had spoken to the housemothers who had scheduled a day on which all the participants would have arrived at the centre from their respective homes to collect food parcels and grocery vouchers. Once the researcher was given a date for the face-to-face interviews, she ensured that she had printed enough consent forms and information sheets for the participants to sign, and the interviews only started after signing of these consent forms.

2.5.4 Conducting the pilot test

A pilot test was defined and explained in Chapter One (Section 1.9.5) and will not repeat in this chapter. For pilot testing, the researcher selected one youth who met all the set criteria in Chapter One (Section 1.9.2). The participant opted for a telephonic interview. The participant who took part in the pilot study did not enrol in the main study. After submitting the pilot test, the supervisor's feedback assisted the researcher in improving specific areas for the main study. Through the feedback, the researcher realised where she needed to utilise certain interviewing skills and what she needed to avoid during the interviewing process, such as asking leading questions. No methodological issues were found in the analysis of the pilot test. Following the pilot test, the researcher was better equipped to conduct the interviews for the main study.

2.5.5 Collecting the data

The researcher started each interview by greeting the participants and thanking them for agreeing to participate in the study. When conducting the interviews, the researcher set aside a few minutes to introduce herself to the participants and to build rapport by talking about general issues so that they could relax and feel comfortable. When conducting telephonic interviews, the researcher asked them to confirm if the time was still convenient to conduct the interview. The researcher reminded each participant that she would be recording the interview and then informed them to respond freely to questions asked and seek clarity if they did not understand the questions.

Each interview took approximately forty minutes. During face-to-face interviews, the researcher and the participants observed the measures that were put in place by the South African Government to prevent COVID-19 infections, for example, keeping masks on and social distancing during the entire interview process. The researcher had the interview question guide (Refer to Addendum F), which she followed to ensure that she did not leave out any questions. The researcher asked questions based on the experiences and challenges faced by the youth when they left care and the support systems that were available for them. The questions posed to the participants enabled the researcher to find out how Bridges' Transition Model could explain the experiences of the youth. Towards the end of each interview, the researcher asked the participant

if he or she had anything else to share and ended the interviews by thanking them for sharing their experiences and taking time from their schedules to attend the interviews.

2.5.6 Analysing the data

The plan for data analysis process was described earlier in Sub-section 2.2.1.4 of this chapter and this section will only explain the application thereof. The researcher began the data analysis process by listening to the electronic recording of each interview and transcribing the data verbatim. This process proved to be quite cumbersome as the researcher had to replay some parts of the electronic recordings to make sure that she heard the participant correctly, especially from the telephonic interviews. Since the researcher had handwritten notes as well, she referred to them for confirmation when there was need. The researcher gave a pseudonym to each participant before listening to the electronic recording. When the researcher had typed all the twelve transcripts on the interviews, she began to go through each one to understand the storylines, with a marker in hand to make notes. The researcher started to identify commonalities and differences between the stories shared by the participants. An example of one such commonality was how the participants viewed staff and the other young people at the CYCCs as their family. This helped the researcher to develop themes and later, sub-themes. The researcher would assign numbers to identified themes and sub-themes so that when she came across a corresponding theme or sub-theme, she would write down the number on the transcript. This made it easier for the researcher to extract quotations from the transcripts and include them under the relevant themes and sub-themes in Chapters Three and Four of the report.

2.5.7 Methods of data verification

The data verification methods are discussed and defined broadly in Sub-section 1.9.7 of Chapter One. This section will focus on each of the principles that were applied.

2.5.7.1 Ensuring Credibility

The plan for the researcher to ensure credibility of the study by member checking was implemented without any modifications. In ensuring study credibility of this study, she

sent the interview transcripts to all participants through an email and WhatsApp (four of the participants preferred email while eight preferred them through WhatsApp). The purpose was to allow them to confirm whether or not, the researcher had accurately captured their experiences and challenges as reported. All participants gave the researcher feedback that the transcripts were a true reflection of their views, feelings and experiences. Employing the strategy of triangulation ensured credibility by using multiple data sources such as interviewing twelve participants who were of different ages, from different areas and therefore with diverse experiences. Furthermore, credibility was also ensured by consulting different literature sources such as eBooks and journals, and government reports such as the Statistics South Africa reports. Another way that the researcher established credibility was through peer debriefing which involved seeking support from the academic supervisor who provided scholarly guidance and supervision throughout the research process from the beginning to the end.

2.5.7.2 Ensuring Transferability

The criterion of transferability was accomplished by documenting a thorough description of the research process from the identification of the research topic, rationale for conducting the study, recruitment of participants for the purpose of the, the process of data collection and the eventual analysis of the data. Furthermore, a detailed presentation of the manner in which the research plan as presented in Chapter One also enabled transferability because the reader will be able to compare the plan against what actually happened and follow the same when applying the study and findings into different contexts. The researcher also ensured transferability by providing sufficient details on the research participants through presentation of their demographical profiles to clearly indicate why they had been selected to participate in the research study. This was done with the purpose of enabling readers to determine the applicability of the findings to other settings.

2.5.7.3 Ensuring Confirmability

Confirmability was realised by keeping evidence of the research findings and the analysis of data such as the interview transcripts, the notes on development of themes

and the electronic recordings of the interviews. It was also established by providing direct quotations from the interview transcripts in order to demonstrate that the researcher's interpretations and findings are based on the data as collected from the participants. The researcher first provided extracts from transcripts before giving an interpretation as indicated in Chapters Three and Four which are based on the research findings. This was evidence on the sources of data to support the conclusions reached by the researcher.

2.5.7.4 Ensuring Dependability

Dependability of the research study was established by ensuring that the steps of the research process were indicated from the beginning to the end as explained in Chapter One, Sections 1.3 up to 1.10. This is called an audit trail which enables the reader to follow the trajectory of the study. The researcher demonstrated dependability of the study by transparently describing the steps followed and the decisions and choices made in an effort to create an audit trail for the reader. Examples of audit trails are when she gave motivation for choosing Bridges' Transition Model as the guiding theoretical framework for the research study because it explains the stages that an individual goes through when they are transitioning in life like the participants as well as her motivation for choosing qualitative research approach and adopted methods for the purpose of the study because they enabled her to explore the experiences and challenges from the participants' own point of view. These decisions were aimed at ensuring transparency or dependability of the study.

2.5.8 Upholding ethical principles

The ethical principles that the researcher upheld were explained elaborately in Section 1.10 of Chapter One. The primary purpose of this section is to explain how each of these principles was implemented.

2.5.8.1 Obtaining informed consent

Before starting the interviews, the researcher had to ensure that she obtained consent from participants for both telephonic and face-to-face interviews. She did so by explaining to individual participants what the research study was about and what was expected from them in respect of their right to have full information on the study so that they could make an informed decision regarding their participation. The rights of the participants such as denying consent to participate in the study and withdrawing from participating in the study at any point, without any consequences, were made clear to them. The researcher also informed the participants that they had the right to ask questions when they were not clear about any issue and the right to request from the researcher, to see the report on the research findings.

The researcher further explained that signing consent forms was voluntary and what it meant to agree to participate in the study and to have the interviews recorded manually and electronically. The researcher sent the information sheet and consent forms via e-mail and WhatsApp to those participants who were interviewed telephonically due to geographical constraints and who opted for either of these methods of communication. The participants returned the signed consent forms via e-mail and WhatsApp. The information sheet and consent forms for participants who were interviewed face-to-face were given to them before the interviews commenced so that the participants had time to go through them before agreeing to sign the consent forms. Before one of the telephonic interviews could begin, one participant asked the researcher to clarify once again what the research study entailed. The researcher responded to the participant's request until she was satisfied that the participant understood. The participant confirmed that he understood the research, and the interview began. All the other participants indicated that they understood what the research study entailed and what they were requested to do as participants before the researcher could start conducting the interviews.

2.5.8.2 Ensuring confidentiality and anonymity

Participants were briefed that the information they shared would be kept confidential. This was achieved by interviewing each participant privately and refraining from

sharing their information with anyone other than the researcher's supervisor. In further enhancing confidentiality and anonymity during data presentation, the researcher used the pseudonyms instead of their real names so that no-one could identify them. The researcher also avoided naming the centres where the participants were placed since doing so would easily make them identifiable. The researcher also refrained from keeping identifying documents such as notes and electronic recordings longer than necessary.

2.5.8.3 Debriefing of participants

For debriefing, the researcher acquired the services of a qualified psychologist who had agreed in writing to be a debriefer. Before conducting each interview, the researcher informed the debriefer so she could be prepared. During an interview with **Lungiswa**, the researcher could sense that the participant had difficulty talking about her experiences. The researcher then asked the participant if she was in a good space to continue the interview or if she needed to speak to the debriefer. The participant indicated that although recalling some memories was difficult, she could continue with the interview without involving the services of a debriefer. The interview proceeded under the researcher's caution.

2.5.8.4 Ensuring beneficence

The researcher ensured beneficence by giving a truthful explanation of the purpose of the study to the participants. The researcher made sure that the participants had time to go through the information sheet and had an opportunity to ask any questions they had. The researcher openly explained the benefits accrued from participating in the study, such as the empowerment of participants by sharing their lived experiences. In further doing good to the participants, the researcher explained their experiences, including frustrations, without any modification to draw the attention of social workers and other professionals as well as funders who may be willing to support these youth.

2.5.8.5 Managing and securing data

In managing and securing the data, the researcher ensured that she kept the electronic recordings of the transcript on a device secured by a password. The

researcher's notes during the interviews were kept in a private locked drawer accessible only to her. The researcher shared the data collected with her supervisor, a co-researcher and, therefore, well-vested in the ethical principles required for any study. The researcher did not share information with any other individual who was not involved in the study. This would ensure that the data was properly secured and did not fall into the hands of the wrong people.

2.5.8.6 Ethics of care and the researcher's positionality

The researcher applied ethics of care by paying attention to any discomfort that was shown by the participants when they were responding to questions asked so that she could pose and attended to the participants. The researcher became mindful of the importance of acting in a way that promoted the well-being of the participants above everything else. Relationships play a crucial role in ethics of care hence the researcher made an effort to connect with the participants by building rapport with all of them so that they could be at ease to share their experiences. Establishing rapport with the participants set the stage for reciprocity and interactive action between the researcher and the participants which enabled the researcher to gain answers to the questions that she had and the participants to share information through their responses. The dependence of human beings on each other also came to fore in this manner.

The positionality of the researcher when conducting the research study was that of an outsider because she had to learn from the participants who had transitioned from CYCCs. Holmes (2020:1) describes positionality as an individual's worldview and the position they adapt about a research task. The researcher chose to investigate the experiences of youth leaving care during COVID-19 due to her personal experience of working with young people. The researcher acknowledged the discomfort that she felt when some of the participants spoke about the negative encounters that they had with social workers whilst they were still at CYCCs. Being a social worker herself, the researcher wondered how the participants viewed her, knowing that they had not been treated well by some professionals in the same field. The researcher had made an assumption that social service professionals play positive roles only in the lives of youth in care so it was difficult to hear some of their remarks. Upon reflecting on the interviews, the researcher thought that in a way, the participants might have been

more open about their experiences because they were interviewed by social worker who could share their challenges with professionals in youth care and contribute to change, even in a small way. Regardless of the discomfort, the researcher was able to come up with recommendations that were intended to benefit young people in care and those transitioning from care, based on the research findings.

2.6 SUMMARY OF THE CHAPTER

Chapter Two presented a description of how the research methodology was applied. This included how the qualitative research approach was employed. The chapter also covered how phenomenological, explorative, descriptive and contextual research designs were applied. The research methods used were also discussed in greater detail from an implementation point of view, while a description of how data was collected using semi-structured interviews, and how the data was analysed, were also presented in this chapter. The next chapter will present the first set of research findings pertaining to the experiences that youth endure in relation to leaving care during the COVID-19 pandemic.

CHAPTER THREE

THE EXPERIENCES OF YOUTH LEAVING CARE DURING COVID-19

3.1 INTRODUCTION

In Chapter Two, the researcher presented an application of the qualitative research process with a specific focus on the motivation for applying the qualitative research approach, an application of the research methodology, the research methods, and the research ethics that were adhered to throughout the research process. In the current chapter, a presentation will be made of the first set of research findings pertaining to the experiences of youth leaving care during COVID-19 which is linked to the first objective of the research study listed in Section 1.6 of Chapter One. Like the preceding chapters, Chapter Three will conclude with a summary of the main points covered in this chapter.

3.2 SOCIO-DEMOGRAPHICAL PROFILES OF THE PARTICIPANTS

This section presents the socio-demographical profiles of the participants. The profiles include their ages, genders, duration in care, duration out of care, place of residence, current educational level and current economic activity. The researcher interviewed a total of twelve participants. These participants were selected according to the inclusion criteria outlined in Chapter One (Section 1.9.2). All the participants were placed at CYCCs within the City of Ekurhuleni. **Table 3.1,** which follows, presents the profiles of the participants.

Table 3.1: Socio-demographical profiles of the participants

Participant	Age	Gender	Duration in care	Duration out of care	Place of residence	Current level at school/ college/ university	Current economic activity
1 Noloyiso	20	F	13 years	1 year & 3 months	Midrand	Degree	Unemployed
2 Nomcebo	19	F	3 years	8 months	Limpopo	Matric	Unemployed
3 Lungiswa	18	F	18 years	3 months	Malvern East	Grade 10	Unemployed
4 Lindelani	20	M	17 years	1 year	Wychood	Not in school	Maintenance work
5 Vuyo	21	M	20 years	1 year	Wychood	Diploma	Unemployed
6 Dali	19	M	18 years	5 months	Mpumalanga	Matric	Unemployed
7 Mahalia	19	F	18 years	1 year	Germiston	Diploma	Unemployed
8 Dumisani	23	M	4 years	1 year & 5 months	Tembisa	Not in school	Construction
9 Thato	22	F	2 years	1 year & 3 months	Sharpeville	Plans to go back to school	Unemployed
10 Kopano	23	M	8 years	1 year & 7 months	Kempton Park	Plans to go back to school	Carpentry
11 Motsabi	23	F	6 years	1 year	Alexandra	Not in school	Call Centre
12 Charles	22	M	3 years & 6 months	1 year	Germiston	Not in school	Telemarketing

3.2.1 Age of the participants

The participants for the study were in the age range of young people classified as youth[6]. Of the twelve participants interviewed, four were still in their teenage years, and eight were in their early 20s, the youngest 18 years old and the oldest participants 23 years old. The age group of the participants was essential for profiling because it gave the researcher an idea of what they were going through in their age group. Adams, Hahn and Coffey (2021:1) consider the period from youth to adulthood as the second most critical developmental period in young people's lives after early childhood. Adams et al. (2021:1) go on to substantiate this point by explaining that it is a time when young people get educated, skills, life experiences and support that they need to take on increasing responsibility. Knowing the ages of the participants was therefore essential in enabling the researcher to have a better appreciation and understanding of how they make sense of their world upon leaving care, especially during the COVID-19 pandemic. Since the participants are in the years of gaining life experiences, the pandemic forms part of these experiences.

3.2.2 Gender of the participants

The researcher interviewed six male participants and six female participants. This resulted in obtaining mixed views from both genders. As demonstrated further in the themes and sub-themes of the findings, the gender aspect of the socio-demographic profiles of the participants had a bearing on the nature of some of the challenges and experiences encountered by the participants, depending on their gender. The experiences of the participants when they were placed at the CYCCs were different, for example, how they handled relationships and challenges (Sonderman, Van der Helm, Kuiper, Roest, Van de Mheen & Stams, 2020:2). In response to a question about how the participants handled challenges whilst in care, **Kopano** and **Dali** said that they preferred not to talk to the social worker, counsellor or housemothers. **Kopano** continued to share that he would smoke, and **Dali** said he would listen to music. On the other hand, **Noloyiso**, **Nomcebo** and **Mahalia**, all female participants, shared that they

[6]The South African National Youth Policy (2009-2014) describes youth as those persons between the ages of 14 and 35.

would either speak to the social worker or a counsellor or housemothers at the centres when they were going through something challenging. In this example, the female participants preferred to talk about what they were going through, whilst the male participants had their ways of dealing with their issues without sharing them with anyone. Merchant (2012:20) comments on how men and women cope with their issues differently by stating that men cope by withdrawing themselves from the conversation or situation while women reach out and talk about their issues. This scenario was presented by the female and male participants in the interviews.

3.2.3 Duration in care

Youth are placed in care for different reasons, such as abandonment, neglect or abuse as babies. The reasons for the placement of a child in a CYCC can determine the duration of a child's placement. Six of the interviewed participants spent over a decade or close to two decades at care centres, and the other six spent between two and eight years in care. The researcher noted that the length of time spent in care impacted how the participants viewed the relationships that they had established whilst in care and their view of the world outside of the CYCCs. An example is **Dali,** who was in care for 18 years. During the interview with **Dali**, he referred to the housemothers as 'moms' and the other children at the centre as his 'brothers and sisters, which reflected how he viewed them as a family because he grew up at the CYCC.

3.2.4 Duration out of care

The socio-demographical data on the duration of time that the youth had been out of care reflected the extent to which they were coping with transition and the impact that COVID-19 had on the transition process. The researcher gained insight into how the participants were handling being out of care. The researcher was also able to determine at which stage of Bridges' Transition Model the participants were.

3.2.5 Place of residence

The place of residence of each participant indicated how far or close they had moved from the CYCCs. Two participants had moved to different provinces, namely Mpumalanga and Limpopo, which meant that they could not quickly and conveniently have physical access to the centres in Gauteng if they needed to. Six of the participants were living close to their former places of care, and four had remained in the Gauteng Province but were residing in areas that were a distance from the CYCCs. Information on the participants' places of residence also helped explain how the youth were adjusting to being out of care, particularly those who had moved to other provinces. Places of residence explained the worries expressed by some participants; for example, **Dumisani** shared that one of his concerns was getting infected with COVID-19 when he moved back to Tembisa because of the large number of people who live in that area.

3.2.6 Current educational level

Previous research has pointed to the poor education outcomes for youth who have been in care, with some not being able to complete matric or further their studies at tertiary institutions (Van Breda & Dickens, 2016:2). Of the twelve participants interviewed, six had not been able to reach matric, and of those six, two expressed interest in going back to complete matric. At the time of the interviews, one participant was in Grade ten, and two were in matric. Three of the participants interviewed had managed to proceed to tertiary institutions, **Noloyiso** was studying towards a law degree, and **Vuyo** and **Mahalia** were studying towards diplomas in information technology and social work, respectively. **Noloyiso** shared how difficult it had been for her to adjust to online classes, which had become a new mode of learning during the COVID-19 pandemic.

3.2.7 Current economic activity

Four interviewed participants were employed in economic sectors such as carpentry, construction and telemarketing. Two participants who were looking for jobs were classified as unemployed and looking for employment opportunities that could be available. The six participants who were in school were also classified as unemployed. The participants in carpentry and construction shared how the skills programmes

available at the CYCCs had influenced their choices of jobs. Lack of experience and inadequate educational qualifications resulted in limited job choices for some of the participants, and the different lockdown levels imposed at the beginning of the COVID-19 pandemic made job searching even more difficult for them.

3.3 THEMES AND SUB-THEMES THAT EMERGED FROM THE DATA ANALYSIS

The method of data analysis applied by the researcher has been summarised in Section 1.9.6 of Chapter One and Section 2.5.6 of Chapter Two. When the researcher was analysing the data, she noticed commonalities from the interview transcripts, which were classified into themes and sub-themes. According to Vaismoradi and Snelgrove (2019:2), a theme is a thread of underlying meanings within which similar pieces of data can be examined together and within which the researcher may answer the question "why?" Braun and Clarke (2012:2) briefly define a theme as patterns of meaning across a data set. A sub-theme falls under the theme and shares the same central notions as a theme. It exists 'underneath' the umbrella of a theme (Sandleowski & Leeman, 2012:1407). The researcher developed twenty sub-themes from the seven main themes from the data. **Table 3.2** below outlines the themes and sub-themes identified by the researcher.

Table 3.2: Themes and Sub-themes

Themes	Sub-themes
Theme 1: The experiences associated with preparing to leave care during COVID-19 (*Refer to sub-section 3.3.1 for more information on this theme*)	1.1 Coming to terms with leaving care 1.2 Leaving the familiar behind 1.3 Viewing the world outside the centre 1.4 Experiencing a variety of emotions
Theme 2: Participants'reflections on life as a youth in care (*Refer to sub-section 3.3.2 for more information on this theme*)	2.1 Reflections on the relationships established while in care/ a sense of belonging 2.2 Reflecting on the centre as a place where they had safety 2.3 Reflecting on the care centre as the place where they received support and care
Theme 3: The experiences pertaining to leaving care during COVID-19 (*Refer to sub-section*	3.1 Adjusting to new ways of living. 3.2 Reconnecting with families and living in a different environment

3.3.3 for more information on this theme)	
Theme 4: The challenges associated with preparing to leave care during COVID-19 (*Refer to sub-section 4.2.1 for more information on this theme*)	4.1 The challenges associated with financial insecurity 4.2 Concerns about fitting in and being accepted by their families and communities
Theme 5: The challenges associated with being a youth in care (*Refer to sub-section 4.2.2 fo more information on this theme*)	5.1 The challenges of identity and self-perception 5.2 The challenges associated with unmet expectations
Theme 6: The challenges of leaving care during COVID-19 (*Refer to sub-section 4.2.3 for more information on this theme*)	6.1 The fear of COVID-19 infections 6.2 Sustaining oneself during the lockdown
Theme 7: Availability of support systems for managing challenges experienced (*Refer to sub-section 4.2.4 for more information on this theme*)	7.1 The place of care as a support system even after leaving care 7.2 Social workers as support systems 7.3 Sponsors as support systems 7.4 Biological, foster and adoptive families as support systems 7.5 Friendships as support systems

The following section will be a detailed discussion of the themes and sub-themes.

3.3.1 Theme 1: The experiences associated with preparing to leave care during COVID-19

The participants shared various experiences classified as experiences associated with preparing to leave care during COVID-19. Under this theme, the researcher identified four sub-themes: coming to terms with leaving care, leaving the familiar behind, viewing the world outside the centre, and experiencing a variety of emotions. Each of these sub-themes is introduced and explained below.

3.3.1.1 Sub-theme 1.1: Coming to terms with leaving care

In responding to a question regarding their experiences when preparing to leave care, participants provided various responses clustered under various sub-themes, including coming to terms with having to leave care. The following quotations extracted from the interview transcriptions were to support coming to terms with leaving care.

Noloyiso shared, *"It was stressful at first, but I got to adjust. I had to tell myself that this was the situation I was facing, so I had to get used to it".* The participant had to tell herself that she could not change the situation, so she had to face it head-on.

Dumisani said*, "It was very sad, but unfortunately, I had to leave because I had to face the outside".* In response to the question, **Mahalia** said, *"It struck me like, it's going to happen soon".*

Another participant, **Kopano**, said, *"At the first care centre where I was, I had turned 16, and they take care of kids up to 16 years, so I was forced to leave because of my age. I had no choice; those were the rules. If I had a choice, I would have wanted to stay there for longer"*.

How **Noloyiso, Dumisani** and **Mahalia** described their experiences has been supported by literature. In some circumstances, it is as if only when the time approaches, there is a sudden dawning that the youth must leave and something has to get done (Moodley, Raniga & Sewpaul, 2020:51). The responses from the participants indicated that it was not easy for them to come to terms with leaving care. It would seem that age played a significant role in determining when **Kopano** had to leave care. Dickens, Van Breda and Marx (2014:22) note that the decision for youth to leave care centres is most often determined by them turning 18 and forced out of care.

The participants did not seem prepared to leave care but they did not have a choice, as reflected in the interview extracts. On the other hand, **Charles** was unhappy about his sudden discharge from care. **Charles** said, *"It was like you'd be told that you're leaving on Monday. It wasn't so nice because most of us enjoyed our time there especially when you were there for long ... now you were leaving behind the ones that you were close to*

and going somewhere else. I also had to quickly think about what to do and where to go".

Charles was unaware that he would be leaving care which, to some extent, did not give him the time to prepare himself. Baker (2017:10) points to the abrupt end to care which is 'a shock'. The negative impact of abrupt exit from care is supported by existing literature, with authors such as Stein (in Atkinson & Hyde, 2019:5) describing the "compressed and accelerated transitions to adulthood" faced by care leavers who often do not have enough time to adjust to the multiple transitions that they would be encountering. In a European study by Stein (2014:15), it found that many young people were leaving care at an older age, being unprepared and uninformed until they were about to leave, and as a result, they were ill-equipped to cope with the transition. Considering the participants' views and existing literature, one cannot adequately prepare to leave care. It is a transition that is generally difficult and, at the same time, unavoidable for the young people concerned.

Stage 1 of Bridge's Transition Model (Refer to Sub-section 1.4.1 of Chapter One) the Ending, which is the theoretical framework adopted for the current study, involves letting go (Leybourne, 2016:29). Stage 1 is when one experiences a sense of loss of what will no longer be. Sub-theme 1.1 is reflective of what happens at this stage as the participants prepared to let go of their lives at CYCCs. For most participants leaving the centres meant possibly letting go of the relationships they had built for many years. For example, **Nomcebo** shared her experiences regarding the relationships that she built, *"... I was going to leave everybody that I had known for a long time".* The participants had resigned to the fact that they had to leave the centres, and there was nothing they could do about it. The act of letting go affects the emotional state of the individual going through transition which was reflected upon by the participants who experienced different emotions as outlined in Sub-theme 1.4.

3.3.1.2 Sub-theme 1.2: Leaving the familiar behind

There was a consensus amongst the participants about how it would be for them to leave the familiar behind. The following quotations attest to this sub-theme:

Nomcebo shared her experience, *"... I was going to leave everybody behind that I had known for a long time, and I was going to a place where I had no friends. The housemothers were there for me when I needed someone to be there for me. Most of the girls were like my sisters*".

Like **Nomcebo**, **Dali** explained his experiences, *"... my sisters and brothers at the centre are the people I grew up with. We have been there for each other since we were small"*.

In another interview with **Noloyiso**, she had this to say, *"It's like the first time when you are heading home, and you have to stand on your own .... I would not have somebody who would tell me that I need to study, or I have homework to do".*

Another participant described how preparing to leave the centre was for her. **Mahalia**'s words were as follows, *"I was at the centre practically for my whole life, and just the thought that the time was drawing close for me to leave was a lot to take in. Whenever I thought about it, I would start to imagine what life would be like once I left the centre. It was just a lot to think about".* The researcher could tell that the participant was anxious and overwhelmed by the thought of leaving care.

Spending most of their lives at the centres made it difficult for some participants to leave behind the people to whom they had become close. **Vuyo** explained this by saying, *"I had grown so close to people at the centre. They were there for me since I was a baby. I grew up with most of the children at the centre, and we are friends, brothers and sisters. I knew that I would miss them"*.

The familiar does not only refer to relationships but also comforts, as expressed by **Lungiswa**, *"For me, it was coming to the realisation that the centre would no longer provide for me the way that they did when I was there*. *That was hard".*

Leybourne (2016:29), when describing stage 1 of Bridges' Transition Model, which is the Ending stage, notes that there is a reduction of comfort levels based on removing the familiar. Most participants were concerned that when they left care, they would end up not being guaranteed comforts such as clothing, meals and shelter. The period of transition signifies the ending of certain relationships, coming to terms with

relationships from the past and forming new relationships (Doucet, 2018:19). Previously, Tanur (2012:326) commented on the same issue when she stated that young people transitioning from care face the prospect of losing most of the economic, social, and emotional support provided. There is a sense of loss when youth leave care centres because they will not only be leaving in the physical sense but will also leave what had become integral parts of their lives.

3.3.1.3 Sub-theme 1.3: Viewing the world outside the centre

The participants' experiences regarding life outside the centre were totally different and seemingly removed from life at the centres. As indicated below, this reflects in interviews conducted with several participants.

Lungiswa said *"... I am not used to the big world"*. After the researcher probed, the participant elaborated on what she meant by the 'big world'. **Lungiswa**, *"Well, my big world is being with a lot of people, the big cities and the crowds; I'm not familiar with that. I'm used to being protected and guided, so that's it"*.

One participant, **Nomcebo**, said, *"I just wondered how people out there were surviving during COVID-19 because we would hear about many people losing their jobs ..."*.

Mahalia shared, *"I wondered how people were handling the virus out there"*.

Like the other participants, **Vuyo** said, *"I knew that I would have independence and see the world like how it is out there"*. The researcher asked **Vuyo** to clarify what he meant by 'out there', and he further elucidated, *"Well, when you are at the centre, you don't really go anywhere much except for school. I knew things would be different because I would get to see more places and meet new people"*. **Vuyo**'s view of the world outside the centre was the same as **Dumisani**'s, *"... unfortunately I had to leave and face the world outside. I had spent the last four years in the same place, and so I knew that a lot of things had changed out there"*.

From the participants' narratives, there was an element of detachment from the world outside the centres. In the findings of previous research studies, the youth spoke of the

'inside' (youth care centres) as a separate world from the 'outside' (communities), which shows the disconnection between the two (Moodley et al., 2020:47). In the current research study, the participants alluded to the idea that they felt protected and sheltered whilst they were at the centres, especially during a time when COVID-19 infections were high. The youth were concerned about how serious the outside world was about the pandemic. The participants also believed that there was a lot of exposure outside the centre and a lot to see and do. Life at the centres was more routine and structured from the descriptions given by the participants.

Stage 2 of the adopted theoretical framework is the Neutral Zone. This stage is characterised by confusion, uncertainty and fear of what tomorrow holds (Leybourne, 2016:29). The participants' confusion at this stage emanated from grappling with leaving the centres to going outside the centres where they doubted what awaited them. They shared their concerns about how the communities they were going into were handling COVID-19 and wondered if they were being as careful as the CYCCs. Some of the participants were in a dilemma when it came to the decisions that they had to make when they were preparing to leave care. **Vuyo**, for instance, had to decide whether to go and live with his sister in the North West Province or to move in with his sponsors[7] until he had completed his studies. On the other hand, **Nomcebo**, who was planning to rewrite matric, was undecided about where she would register to sit for her examinations between Gauteng and Limpopo provinces. The Neutral Zone ushered in improbabilities for the participants and at the same time led them to think of new ways of being..

3.3.1.4 Subtheme 1.4: Experiencing a variety of emotions

All the participants experienced different emotions as they prepared to leave care. These emotions included fear of COVID-19 infection, anxiety, worry and happiness about leaving. Their emotional experiences have been outlined below.

Lungiswa felt scared and stressed because she would be discharged during a pandemic that was infecting and killing many. She said, *"It was scary, very scary, because I thought COVID-19 was going to infect us"*. **Lungiswa** shared more emotions,

[7] A sponsor, in the context of this study, is an individual or family who contribute to supporting a young person by paying their fees or taking them into their home temporarily.

"I felt happy about leaving and sad at the same time, but I knew I had to try being independent and work on my own things".

Another participant, **Dali**, said, *"I was also worried about getting infected because I was going to move to another province to live with my grandmother, my aunt and my brother, so I didn't know how that was going to be"*.

Vuyo spoke about his anxiety about leaving care during COVID-19, *"I was anxious because I was leaving during COVID-19. We heard about how hard life was since people started getting infected. We heard about how people lost jobs and got sick, so it sounded like life was a lot more difficult out there"*.

Lindelani also expressed his fears, *"The issue of COVID-19 was scary because others were sick during the time that I was preparing to leave the centre. I was scared of being infected and being sick"*.

Motsabi conveyed her fears and worries about leaving care during COVID-19 as follows, *"I was afraid and worried. I was going to leave the centre during COVID-19, and there were many people getting sick and dying during this time. At the centre, we did not go out since COVID-19 started and there was hard lockdown. That made us a bit more safe because we didn't move around".*

Nomcebo also shared her sentiments, *"I worried about getting infected and how people in the area that I would be living in viewed COVID-19. At the centre, COVID-19 was taken seriously, and we were encouraged to be very cautious and to abide by the measures put in place".*

Noloyiso explained her fear and anxiety*, "The fear and anxiety came from not knowing what the future would be like for me, especially at a time when COVID-19 was talked about everywhere. I feared getting infected with COVID-19".*

Some participants such as **Vuyo** and **Thato** experienced both positive and negative emotions. According to **Vuyo**, *"I was excited. I couldn't wait to leave the place, and I was anxious too"*. **Thato** also shared sentiments along similar lines, "*I was happy to*

leave because things that happened at the centre made me decide that it was time to leave". It is noteworthy that the participants who expressed that they looked forward to leaving places of care had discharged themselves before their court orders had lapsed because they were not happy to be there.

Sub-theme 1.4 reflects in stage 1 of Bridges' Transition Model, wherein the youth were likely to face different emotions such as anger, anxiety and sadness (Leybourne, 2016:29). The participants felt the same emotions highlighted, including worry, uncertainty and happiness. The emotional reaction described by the participants is what an individual experiences when a situation they understood and were comfortable with is about to change. Most participants had spent years in care and faced leaving this life for a new one. Baker (2017:12) asserts that care leavers in several studies explained that they had felt anxious about their move out of care and that it was a stressful experience for them. This corroborates previous research findings that transition is a complex, daunting and stressful adjustment to make for young people in care (Mamelani Projects, 2015:15). As noted by Mamelani Projects (2015:11), all the transitions that youth face at the same time can trigger insecurities, as youth move beyond their comfort zones into new ways of living. COVID-19 added another layer to these transitions, heightening the insecurities of the youth and bringing more negative experiences for them.

3.3.2 Theme 2: Participant's reflections on life as a youth in care

To have an appreciation of how the participants were handling the transition, their reflections on life as a youth in care had a crucial role to play. The researcher broke down **Theme 2** into three sub-themes, further discussed in the following sub-sections.

3.3.2.1 Sub-theme 2.1 Reflections on the relationships established while in care/ sense of belonging

The participants reflected on the kinds of relationships that they had built whilst they were in care. The following excerpts present what was shared by the participants.

When asked about his experiences as a youth in care, **Vuyo** had a smile on his face, *"It really was fun; you get to connect with everyone, also with the moms and everyone at the office. There was also a feeling of belonging because it doesn't matter that your family abandoned you; you still had a family. The main thing for me is that I felt loved there"*. When the participant was sharing his experiences in care, the tone of his voice assured the researcher that he had some positive experiences.

Motsabi shared, *"I made friends at both centres. I didn't feel alone when I was there. I always had people around to talk to".*

Charles responded to the question: *"When I was there, I was well-connected with everyone. I had two friends that I enjoyed spending time with*.

Noloyiso shared similar sentiments, *"I came to the centre at a young age, and so because I grew up around the adults and kids at the centre, I became so comfortable around them and felt like I belonged somewhere. I felt that they cared about me"*.

Nomcebo also describes her own experience, *"Most of the girls were like my sisters. I would help the younger girls with their homework when they came to me to ask for help"*.

The concept of belonging is described by the Children and Youth Planning Table (CUPT) (2021:7) as feeling positively about one's place within a supportive, beneficial system that extends beyond the individual's self. The participants' sense of belonging came from the support provided at the centres. A study in South Africa by Moodley et al. (2022:47), focusing on youth transitioning from residential care, revealed that youth described getting into care centres as providing them with a sense of belonging and hope. In another study, Malatji and Dube (2017:112) stated that most accounts by young people of being in care revolved around the love and care they received from the housemothers and social workers. These findings echo the sentiments of the current participants that they felt a sense of belonging at the centres. Another research found that belonging relationships "with parents, relatives, foster carers, children's home and transition staff" were central to identity development among children who are cared for (Nurcombe-Thorne, Nadesan & Van Breda, 2018:4). The participants shared how they had built good relationships with the staff at the centre and other youth.

When the researcher went to a CYCC to conduct face-to-face interviews, she had an opportunity to witness the kind of relationship between the youth and the housemothers that nearly all of them spoke about during the interviews. The youth and the housemother exchanged the kind of banter shared by a mother who is close to her children; for example, when **Vuyo** suggested cooking pasta for lunch, the housemother made a playful remark that she did not want to risk anyone from food poisoning because he was not good at cooking. There were bursts of laughter amongst the youth who went on to reminisce about incidents when some of them had prepared inedible meals during their time in care. The researcher was able to get a glimpse into the experiences of the youth during their time in care. The researcher was also able to understand why most of the participants reported that they felt like they were part of a family at the CYCCs and why they described the staff as mothers and uncles and the other youth as brothers and sisters. The participants indicated that they valued these relationships.

3.3.2.2 Sub-theme 2.2: Reflections on the care centre as a place where they had safety

The participants described how they found the CYCCs to be secure and places where they had a sense of safety. This is demonstrated in the following extracts:

In response to the question pertaining to the participant's reflections as a youth in care, **Vuyo** shared*, "It was a really safe place for me. If you were not comfortable with something, they wouldn't force you to do it. They respected that you are a person, and they made you feel that you could make your own choices".* **Vuyo** viewed safety as being at ease with being yourself.

Noloyiso's view was that *"... even though it was a space where we all had our own problems, it became a family that I always wanted. It became my safe place. I could be myself when I was there. I had people to go to when I needed help. I felt protected".*

Safety for **Motsabi** and **Dumisani** was with regards to protection from COVID-19 infection. **Motsabi** said, *"I felt safer at the centre. I worried that when I went back home, the situation would not be the same. I would ask my sister over the phone how people*

were behaving during this time, and she said that some people were moving around without masks and they were not practicing social distancing".

In response to the researcher's question, **Dumisani** shared, *"I did not know how it was going to be. I hoped that it would be safe. At the centre, we had to follow strict rules in order to be safe, and we didn't really go anywhere during lockdown, so we were not around many people. I was going back home to Tembisa, and there are a lot of people who live there".*

The feeling of safety is vital for youth in care (Slaatto, Kleppe, Mellblom and Baugerud, 2022:1). Youth who grow up in care would have experienced different kinds of traumas which is why safety is essential for them. How they perceive the quality of treatment and care they receive is affected by how staff treat them and involve them in making decisions about their day-to-day lives and future. **Vuyo** and **Noloyiso** explained how they were not obliged to do what they did not want to do and how they were allowed to be themselves making them feel safe. Being safe is depicted by Slaatto et al. (2022:2) as the state of being protected from harm or other undesirable outcomes. In the context of the research study, the 'undesirable outcome' would be getting infected with COVID-19. Since the virus is mainly spread through human contact, avoiding contact with many people is ideal. Most participants believed that being at the centre during COVID-19 made them feel safe from being infected due to strict adherence to preventive measures that were put in place.

3.3.2.3 Sub-theme 2.3: Reflecting on the care centre as a place where they received support and care

Most participants expressed appreciation that their needs were met while in care. Care centres strive to ensure that young people's needs are catered for. These included physical, psychological, financial and emotional needs.

When describing life at the centre, **Thato** said, "*There was food, and they gave us clothes. When my sister and I lived with our previous foster mother, we would go to bed hungry sometimes. She would make us sleep on the floor, and we would be cold. At the centre, each one of us had a bed and warm blankets so I could have a good sleep"*. The

participant's experiences before coming to the centre were unpleasant due to unmet needs.

Kopano shared similar sentiments, *"Accommodation and food were provided at the centre. They also bought us clothes. All that was available at the centre, so we didn't have to worry about that".*

Motsabi shared how her emotional needs were met, *"I didn't feel alone when I was there. I always had people around to talk to".*

For **Mahalia**, the care she received at the CYCC was good, *"The people at the centre took care of us properly. We always had food to eat, clothes to wear, and our fees were paid"*. **Mahalia** conveyed the same views as **Thato**.

Dumisani was appreciative that his educational needs were met, *"... when I came to the centre, I didn't know how to read; they taught me how to read"*. **Dumisani** said, *"It makes me feel so happy and thankful because if they didn't teach me, I would not be able to do many things that involve reading and writing"*. The participant was grateful for the opportunity to learn to read through one of the programmes provided at the centre. The reflections made by the participants regarding their experiences and support in care find a position in some sections of existing literature. When youth leave care, they might be unable to further their studies. According to Mamelani Projects (2015:62), young people often have support within their school settings while still in care but may lose this support when they exit care.

Williams (in Moodley et al., 2020:46) reported that care leavers become dependent on access to safe accommodation, security, psychosocial support, and social work services while in residential care. In support of this viewpoint, Mamelani Projects (2015:15) note that the standard of living that many children experience when they are in care is contrary to their realities at home because whilst in care, they have a roof over their heads, meals and all their needs are taken care of. This is true given what the participants expressed in terms of their concerns about how they would be able to meet their needs during COVID-19, when they were no longer in care. These concerns

indicated that the participants recognised the different kinds of support provided by the centres and the gaps created when they left the centres.

3.3.3 Theme 3: The experiences pertaining to leaving care during COVID-19

The researcher identified two sub-themes from Theme 3. The sub-themes related to the participants' adjusting to new ways of living and reconnecting with their families.

3.3.3.1 Sub-theme 3.1: Adjusting to new ways of living

The participants shared how they had to adjust to new ways of living after leaving care during the pandemic. The following extracts support this sub-theme:

Vuyo expressed his experience *"The thought of where we would be after COVID-19 if we would wear masks for the rest of our lives. You had to be careful of where you went and who you came into contact with. I couldn't go anywhere to buy things like airtime to communicate with my friends, so communication was also very difficult. My sponsor family had to stock up on food. When they came back from the shops, we had to sanitise the bags first before and after packing the groceries. It was just not easy to get used to living this kind of way".*

Mahalia explained how the adjustment experience was for her, *"The first few days were hard as I was trying to settle into a new environment away from the centre. I was getting out of my comfort zone because I had been in one place for so long, and now I had left this place. Being in an unknown area made me feel isolated a bit, and it was overwhelming".*

Another participant, **Dali,** said, *"I'm getting used to the new school where I'm doing my Matric. We have to sanitise and have our masks on when we are in class which didn't happen before the virus. I have to be responsible because I use taxis everyday, so I have to keep my mask with me all the time".*

In **Lungiswa**'s words, *"For me, it was the social distancing that was a lot to bear because I was so used to being close to my friends. Things like wearing a mask and sanitising,*

and keep a distance from others. Before COVID-19, you could just go to anyone if you needed something, but it just cut people off".

Charles had this to say about his experience, *"It was difficult for us because I was staying with two other friends as well, not too far from the centre. Our plan was to relocate to the other side of Joburg, Wesbury side. Unfortunately, we did not manage well. We used to like help one another like food wise and whatever we needed, so whatever we got with my friends was for all of us".*

In response to the question, **Nomcebo** shared, *"I am preparing for my matric rewrite, so that disturbed me a lot. Adjusting to a new environment and at the same time having to study. I need data all the time, too, and that requires money. Our house does not have electricity".* **Noloyiso** also shared a similar experience, *"When the pandemic began, I had just started school, and we had to have data".* She further explained, *"Online studying wasn't as easy as it is with one-on-one where you can see the teacher. I had challenges with studying online, but then I kind of got the hang of it".*

Regarding adjusting to new ways of living, **Kopano** said, *"I had to get used to living at a place where there was no adult supervision like at the centre. I was forced to grow up. I had no choice but to be responsible and save money for myself. No one was buying me clothes like what used to happen at the centre. No one would follow up after me or remind me to do things".*

Thato signalled that *"It was very, very hard. We couldn't go outside to buy groceries because the police were patrolling the streets during the hard lockdown. We were even scared to go to the shops. My brother would sneak out to go and buy stuff. When he did that, I would be scared for him thinking that he might be caught by the police and get arrested".*

Confusion, a feature in step 2 of Bridges' Transition Model, was experienced by most participants as they had to adjust to new environments. COVID-19 was the major contributor to the confusion by upsetting the normal ways of living. The restrictions imposed on countries in terms of wearing masks and, social distancing, constant sanitising meant everyone had to adjust to a new reality (Chandra, Taylor, Shorto, Patel

& Gilbert, 2021:8). The responses from the participants echoed the findings of Chandra et al. (2021) above. **Nomcebo** and **Noloyiso,** who had limited access to sufficient internet network data, reported that they experienced challenges in their education as everything moved to become predominantly digital, which is an issue highlighted by Munro, Friel, Newlands, Baker, Garcia Alba and Lynch (2021:3). According to WHO: South Africa (2020:7), online education presented a challenge on data access to many learners, affecting youth who had left CYCCs and could not afford data. While some young people were reported to have adjusted well to virtual delivery (Munro et al., 2021:4), others such as **Noloyiso**, missed face-to-face interaction with teachers and their peers.

3.3.3.2 Sub-theme 3.2: Reconnecting with families and living in a different environment

The participants shared their experiences regarding reconnecting with families and living in environments different from what they knew at the centres. The following extracts depict the experiences of the participants.

In **Dali**'s view, something positive came out of COVID-19. He shared, *"COVID-19 actually helped me to get close to my family and reconnect with them because we spent a lot of time together. My aunt, on the other hand, works a lot harder to provide for us. She said when COVID-19 started; she lost a lot of opportunities to work because of lockdown".*

Charles shared his experience, *"I went to live in Germiston with my father and brother. At first, it was weird because I never thought that I would get that opportunity, but currently, things are good. In the past, we used to fight and all of that, but now it's not like before".*

On the other hand, **Dumisani** said, *"I was staying at my grandfather's house. It was very difficult; you see, because my uncle is the one who lives there with his children. He used to dish up for his children but not for me. I had no money to bring any food home because it was hard to find a job during the lockdown".*

When the researcher asked **Mahalia** what made it hard for her to settle in as she had shared, her response was, *"Getting used to living with my uncle and his family. I also had to get used to the way they do things and the rules that they have for their children.* The participant further shared, *"It ended up not being that hard, though, because two of my cousins are almost the same age as I am, so we get along really well. I think I had an opportunity to know more about my cousins because of COVID-19. We spent a lot of time together at home when we were not at school".*

Lungiswa described the nature of her experience as follows, *"When I moved in with my mother, I had to take care of her. She has a back problem, so I would help her to get out of bed, make a cup of coffee because she couldn't reach stuff. I got irritated at first when she asked for my help, but then I learnt that I had to try and be there for her".*

Thato shared that, *"It was the first time for me to live with my brother in the same house since we were very young. I was happy to live with my brother because we had lived apart for many years. It gave us some time to get to know each other better. My brother was not going to work during the hard lockdown, so we spent a lot of time together".*

In response to the question, **Motsabi** said, *"I was able to spend time with my family after a few years of being at the centre. It was different this time because I was not causing problems like I used to do before. I was getting close to my sister and her baby, my niece. It's nice to be an aunty".*

Nomcebo recalled the experience of living with her mother again, *"I had not been living with my mother for three years, so we had to connect again. Sometimes I didn't know what to talk about when I was with her. We had moments when we were silent, and they were many since we spent more time in the house because of COVID-19".* The participant went on to share about the struggles that she had trying to reconnect with her mother, *"I thought that there were certain things that I could not talk to her about as my mother. It was a bit easier to open up to the housemothers and counsellors about my thoughts and feelings".*

The participants told coherent stories about reconnecting and getting to know their families. According to Nurcombe- Thorne et al. (2018:2), removing children from their

family and placement in alternative care significantly weakens their relational ties with significant others. An example is **Thato**, who shared that she had never lived in the same house with her brother because she had been in care. Some participants, namely **Dali** and **Mahalia**, reported that things went well, and reconnection had led to improved and strengthened relationships, especially during times when COVID-19 forced people to be in the same space for long periods. **Motsabi** shared that she used to cause problems for her family before moving back home from the centre. Spending more time together presented an opportunity for her to prove to her family that she had changed. On the other hand, **Charles** experienced a better relationship with his family after leaving care. Previous literature affirms the participants' experiences by noting that reconnecting with parents or extended families after leaving care was potentially a time to renegotiate past relationships or reconcile differences (Baker 2017:21).

Stage 3 of the adopted theoretical framework is the New Beginning, when participants start to show signs of doing new things and considering new opportunities. Some participants indicated that they were coming to terms with where they were. **Dali** spoke about how he was getting used to his new school. **Mahalia** shared how the relationship with her uncle's family had turned out better than she had anticipated which is reflected in Stage 3, the New Beginning, when an individual starts to see the situation differently and starts to experience a sense of energy and optimism about the future. In some instances, participants were motivated enough to make plans for the future and work on their relationships. The participants in the above extracts worked on improving their relationships with their families and adjusting to living with the COVID-19 pandemic.

3.4 SUMMARY OF THE CHAPTER

Chapter Three presented the findings regarding the experiences of youth in care centres and how it was for them to prepare to leave care. The findings revealed the precious relationships that the participants had managed to build whilst they were still in care. The findings further illustrated the different emotions that were experienced by all the participants when they were preparing to leave care during the COVID-19 pandemic. Chapter Four will present the second part of the research findings pertaining to the challenges faced by youth leaving CYCCs during a pandemic and the availability of support systems for them to manage their challenges.

CHAPTER FOUR

CHALLENGES FACED AND SUPPORT SYSTEMS AVAILABLE DURING TRANSITION

4.1 INTRODUCTION

The previous chapter presented the first set of findings wherein the specific focus was on the experiences endured by youth during their preparation to leave care during a pandemic. Three of the seven main themes developed from data analysis were presented in Chapter Three. In the current chapter, the presentation will be on the second set of findings pertaining to the challenges faced by youth whilst in care and during their transition from care, which are linked to the second objective of the research study in Section 1.6 of Chapter One. The chapter will also present the findings based on support systems available for youth transitioning from care to manage the challenges, linked to the third and last objective of the research study listed in Section 1.6 of Chapter One.

4.2 THEMES AND SUB-THEMES THAT EMERGED FROM THE DATA ANALYSIS

The aim of this section is to present the remaining four themes, which are 4, 5, 6 and 7, that developed from the data analysis process. The themes outline the challenges youth face as they transition and the availability of support systems to enable them to manage these challenges.

4.2.1 Theme 4: The challenges associated with preparing to leave care during COVID-19

Theme 4 was categorised as the challenges associated with preparing to leave care during COVID-19. This theme further filtered into two sub-themes: the challenges associated with financial insecurity; and concerns about fitting in and being accepted by their families and communities.

4.2.1.1 Sub-theme 4.1: The challenges associated with financial insecurity

The participants spoke about the challenges they faced in terms of financial security, as highlighted in the following excerpts.

In response to a question regarding the challenges faced in preparation for leaving care, **Dumisani** said*, "At the centre, they used to give us food for free, toiletries for free, so I was thinking that outside I would have to hustle for myself to be able to buy toiletries and food".* **Dumisani** went further to talk about job hunting during COVID-19, *"There were lockdowns, so I didn't know if I would even be able to go and look for piece jobs when things were like that. I would think that what if I get a job but I cannot manage to travel because of the curfews and other rules".*

When **Dumisani** talked about the potential difficulties in finding employment, the researcher could not ignore the issue of youth unemployment in South Africa, which is currently an issue of serious contention. Stats SA, for instance, reported in their Quarterly Labour Force Survey (2022) that in the first quarter of 2022, the unemployment rate was 63.9% among young people between the ages of 15- 24. The same survey highlights that South Africa has over 10 million young people, and only 2.5 million are in the labour force. These statistics reflect the common challenges faced by youth in general when it comes to employment. Hartford and Fricker (2020:6) note that in South Africa, a country already defined by the triple challenge of inequality, poverty and unemployment, COVID-19 and its fallout had only amplified the severity of these issues. One can only imagine the situation for care leavers who often have to find ways to provide for themselves, particularly during COVID-19.

Another participant, **Noloyiso**, stated*, "Figuring out where I would go, where I would live. I wondered how I would cope financially. Those were the challenges I had. I had never worried about having a roof over my head before. I would need money to survive, buy food, clothes, maybe pay rent. All this would be new to me".*

Charles shared similar sentiments, *"... I had to make a plan for myself. I knew that I would not have a source of money as long as I didn't have a job. The other boys who*

used to be at the centre were telling me that it was even more difficult to get a job during COVID-19, so that worried me a bit".

Vuyo said, *"Thinking about finances, that would be a challenge; that was mainly one of the biggest challenges. I would need money to buy stuff for myself like clothes".*

Dumisani and **Vuyo** experienced financial challenges in terms of struggling to afford the basic needs provided for them during their time in care. Previous research findings have proven that youth indicated that the most challenging aspect of leaving care was their financial struggles (Tanur, 2012:326).

Lindelani was concerned about budgeting. He told the researcher, *"Thinking that when I got a house, I would have to pay rent, water bill and so on, so basically maths is a problem and calculating things. Budgeting and checking the bills would be hard because I cannot see properly".* Dickens, Van Breda and Marx (2014:39) point out that youth often lack financial planning skills and do not adequately budget. The same point is echoed by Atkinson (in Tanur, 2012:326), who notes that youth who have grown up in care lack the skills necessary for independent living, such as time management, money management and managing a bank account. The issue of money management became more crucial during the pandemic because the crisis required people to cautiously utilise their financial resources. The Global Financial Literacy Excellence Centre [sa] notes that COVID-19 has affected the economic environment, which is why financial knowledge can help people better manage their finances during times of hardship. It was a struggle for the participants to think about providing for themselves because, under normal circumstances, they were not supposed to be dealing with such concerns but focusing on school instead. This highlights the issue of youth becoming "instant adults" when they exit care. For **Lindelani**, these concerns were exacerbated by the fact that he has visual problems, which affected his chances of being hired for carpentry jobs in an environment with limited employment opportunities due to COVID-19.

On the other hand, **Motsabi** was concerned about becoming a financial burden to her family. She explains*, "I worried about money and if my family would be okay because when I went back home, I would be adding to the number of people who would need to be taken care of. My family relies on my mother's disability grant, and I knew that my*

sister was not working. She lost her job when COVID-19 started". According to Hartford and Fricker (2020:9), since the early days of COVID-19 in April 2020, there was a massive loss of jobs and income making it harder for the poor to provide for their families. Tanur (2012:337) asserts that many youths return to their families already living beyond the poverty line. **Motsabi** was aware of her family's challenges which is why she was worried about going back home. COVID-19 and its associated lockdown restrictions impacted families in different aspects of their lives, particularly the financial aspect (October, Peterson, Adebeyi, Rich & Roman, 2021:2). Losing a job had many other effects on a family, for instance, loss of income, food insecurity and defaulting on payments such as rent (Kelly et al., 2021:8). Schotte and Zizzamia (2021:4) explained how the shock in the labour market resulting from COVID-19 was even felt by those who were unemployed because they could no longer receive support from family members who had lost jobs or earnings, just as **Motsabi** expressed.

Kopano reported that he had to choose between school and work to sustain himself, *"The other challenge that I faced was that I would have to stop school. I had to either go to school and starve or work, so I chose work".* Reed (in Dickens et al, 2014:36) explains the difficult decisions that care leavers, such as **Kopano**, eventually make which often include finding suitable accommodation, resolving financial issues and committing to a course after school, the latter of which is not a priority when they are struggling to meet their basic needs. Existing literature on youth leaving care during the pandemic suggests that areas of need such as accommodation, finances, education, and employment, among others, were amplified (Walsh, Dickerton & Toal, 2021:4). COVID-19 made it more difficult for youth to deal with issues that are already considered to be typically challenging for them to manage when they leave care.

The worries expressed by the participants concerned practical issues about life after moving out of care. COVID-19 added to the participant's worries, and it ultimately had an impact on how they would handle their other concerns because COVID-19 infection rates determined the measures that were put in place by governments around the world. Bengtsson, Sjoblom and Young (2017:3) point out that the short-term expectations of youth when they were still in care consisted of worries about where to live, how to manage finances, how to make ends meet, and so forth. These were the same concerns that the participants of the current study highlighted. On the same subject, Kirk and Day

(in Dickens et al., 2014:36) demonstrate that youth who leave care are less likely to complete matric and far less likely to continue their education with college or higher education. **Kopano** said he "*had to stop school"* implying that if he had a choice, he would probably have continued to sit for his matric. **Kopano**'s interest in continuing with school reflected when he said,*"... I hope to go back to school one day so that I can get my matric certificate"*.

4.2.1.2 Sub-theme 4.2: Concerns about fitting in and being accepted by their families and communities

The following are excerpts were shared by participants on their concerns about fitting in.

Mahalia explained, *"The thought of going to live with my uncle and his family made me feel anxious. I didn't know if I was going to get along with their children and if I was going to fit in"*. For someone like **Mahalia**, who spent 18 years in care, the only family set-up she was familiar with was the one at the centre with other youth and different caregivers. Modi and Kalra (2019:39) state that most youth who grew up in care may have no lived experience of a family and hence may struggle to fit in once they leave care. This explains the participant's anxiety about going to live with her uncle's family.

Dali highlighted, *"It was going to be difficult for me to move to Mpumalanga to live with my grandmother. This is not the place where I grew up, so I would have to get used to it. The other challenge is that I do not speak Ndebele, and so it would be difficult to communicate with my gran because she doesn't understand English".*

Using the English language at care centres ends up disadvantaging some of the youth when they leave care. According to Malatji and Dube (2017:112), children in youth care centres later encounter problems when they return to their communities because programmes at the care centres place greater emphasis on using the English language and culture. Having been in care ever since he was a baby, **Dali** could only communicate in English and not the language that is spoken by his family back home, which is why he anticipated experiencing difficulties in this regard.

Nomcebo expressed the worries that she had, *"I didn't know who was going to help me because of the different cultures and different languages. I can speak Sepedi just to make conversation, but I am not a 100%. I speak iSiZulu. Since I have a different cultural background, I worried about how I would fit in since they have different ways of doing things"*. The participants shared the many challenges that they anticipated already before even adding COVID-19.

Although **Motsabi** was going to reunify with her biological mother and sister, she was concerned about how they would react to having her back home. She expressed this concern by saying, *"My social worker had to speak to my family to find out if they were ready for me to come back home. I had behavioural issues before, which is why I was at the centre. I didn't know if they would accept me back home, but I had changed*". Upon leaving care, re-establishing and repairing relationships becomes an important element of the transitional journey from care (Dickens et al., 2014:57). Some young people, such as **Motsabi,** are placed in care due to behavioural issues affecting relationships with their families. Being placed in care may be a measure taken to correct and improve the young person's behaviour so that she can establish a healthy relationship with her family. Knowing the rocky relationship, she had with her family before, **Motsabi**'s main concern was how things would be after being away from home.Youth in similar circumstances as **Motsabi** who reunify with their families after leaving care might find mending relationships during the COVID-19 pandemic daunting. The hard lockdown when South Africa was on Alert Level 5 meant that families spent lots of time confined in the same spaces. Disruptions in relationships can emanate from both isolation and being in the same space for more time as noted by Kelly, Walsh, Prukerton & Toal (2020:4). The hard lockdown due to COVID-19 could either present an opportunity for youth leaving care to have plenty of time to mend relationships with their families or have the opposite effect, which was, a detrimental impact on their relationships.

The concerns the participants raised about fitting in reflect what happens at Stage 2, which is the middle stage of Bridges' Transition Model. The Neutral Zone is a stage where the participants experienced decreased morale as they thought about where they were going and how they could be treated (Leybourne, 2016:29). Morale remained low at this stage because the participants had started to prepare for the transition. **Motsabi**

had to ask the social worker to speak to her family because she needed assurance that they would accept her. The participants were worried about their adjustment when they moved in with their families; for example, **Dali** expressed discomfort because he could not speak the language in the community he was going to be part of. The participants acknowledged that the ways of living they were used to at the CYCCs would be left behind, and they would have to deal with the new lives that awaited them.

4.2.2 Theme 5: The challenges associated with being a youth in care

From theme 5, the researcher identified two sub-themes: the challenges of identity and self-perception and the challenges associated with unmet expectations. It was important to be aware of the challenges that the youth faced when they were still at CYCCs to have better comprehension of the extent of the effects of COVID-19 on the youth. These sub-themes were presented and explained below.

4.2.2.1 Sub-theme 5.1: The challenges of identity and self-perception

The participants shared their challenges regarding identity, as presented in the extracts from the interview transcripts below.

Noloyiso described how she initially felt *"I felt like I didn't know who I was, and they helped me find myself and helped me want to become a better person and want to have a bright future. When you grow up without your parents, you kind of feel like you don't know who you are, so I began to view myself as part of a family"*.

Mahalia shared*, "There were times that were harder when you felt like you were not loved. Maybe it's just part of being rejected once, then you feel like maybe it's going to happen again".*

During the researcher's interview with **Motsabi**, she spoke about how bullying had affected her, *"... there were two girls who used to just give me a hard time. They would make fun of me because I am very dark. I cried, and I started looking down on myself. It made me feel like I was not good enough"*. The above narratives mapped out the conviction by Mamelani Projects (2015:21) that young people's perceptions of

themselves are heavily influenced by how they are seen by their friends, family and community. In other words, the way others see young people can affect how they view themselves. The bullying had caused **Motsabi** to think that she was 'not good enough', which is a negative self-perception.

Many things make up a young person's identity, for example how they see themselves as a young man or woman, how they see themselves in terms of their future career and how they see themselves in relation to their family and circle of friends (Mamelani Projects, 2015:21). Some of the participants like **Mahalia**, perceived themselves as 'unwanted' because their biological families did not raise them. **Noloyiso** shared how her view of herself had changed when she realised that there were people who cared for her and had become a family to her. Research found that belonging relationships were central to identity development among children who are looked after (Nurcombe-Thorne et al., 2018:4).

Thato expressed her experiences by saying, *"... some of the staff treated other kids differently. They favoured other kids; they would treat them as if they were more special than others*. When the participant had been asked how the favouritism made her feel, she responded, *"It wasn't nice because you could get in trouble when you did something small, but when it was done by one of the favourite kids, they wouldn't get into trouble. It was unfair"*. The preferential treatment given to the other children at the centre has been viewed by **Thato** as unfair. What **Thato** alluded to regarding preferential treatment finds support in some existing literature, with studies such as the one conducted by Kools (in Malatji & Dube, 2017:117), whose findings on a study carried out in California about identity development in foster care revealed that children in care settings are susceptible to unfair and unequal treatment, which is what **Thato** expressed.

Kopano expressed dissatisfaction with how the staff treated the young people, *"They seemed to forget that not all of us are gifted when it comes to education. There was a lot of emphasis on school programmes which was a disadvantage for some of us who are better at using their hands. It was demotivating and disappointing because it made me feel like I wasn't good enough if I didn't do good in school, and yet I was good with my hands".* The demotivation and disappointment that **Kopano** experienced result from the value placed on education, which was not one of his strong points. **Kopano** is an

example of how much the opinions of the people around young people affect and impact them and, subsequently, how they feel about themselves. The challenges evoked different emotions the participants encountered in terms of their identity and self-perception. Emotions are an aspect of the Ending stage of the adopted theoretical framework. The participant felt strongly about the lack of support regarding what he was good at.

4.2.2.2 Sub-theme 5.2: The challenges associated with unmet expectations

Although participants expressed the availability of support and care at the centre, as previously stated under Theme 3, some reported that their expectations and needs were not always met. The extracts quoted below confirm this sub-theme.

Charles shared his experience by saying*, "At the first centre where I was, they had promised us that when we had completed Level 4 of the Adult Based Education Training (ABET) programme, we would do our matric, but it never happened. It was hard for me to imagine that I would have to leave without doing matric".* When the researcher asked the participant if he was given reasons why he could not complete matric, his response was, *"The social worker told us that it was due to safety reasons because she didn't really trust us to go to school from the centre and come back everyday".*

In another interview conducted with **Kopano**, *he said, "A lot of things that they promised would happen when I came to the centre did not happen. They said that we would leave the place as better people, that we would do matric and that they would be there for us, but that is not what happened".*

Youth placed in care expect their lives to change for the better, as indicated in the above extracts. The sub-theme on expectations not being met, as perceived by some participants, is linked to one of the critical responsibilities of youth care centres which is the provision of developmental programmes. The participants' attached value to finishing matric after leaving care which did not happen for them. According to section 73 (k) of the Children's Act (Act No 38 of 2005 amended), children's rights in CYCCs include education or training appropriate to his or her level of maturity, aptitude and

ability level. Youth placed in care centres expect assistance in reaching their educational goals. Education can play an critical role in improving the lives of young people (Munro et al., 2021:4). The responses given by **Kopano** and **Charles** describe how they had been negatively affected by not being able to continue their matric whilst they were still in care. The participants were aware that once they left care during COVID-19, they could struggle to access resources for them to proceed with their matric considering that during the initial lockdown, schools were closed and online learning had temporarily replaced face-to-face learning (Kelly et al., 2021:9). Louw-Potgieter (in Bond, 2020:27) affirms that in South Africa, the educational outcomes for youth who leave care are sometimes poor as some of them desire to complete or continue their studies, but their social environments are not supportive of their ambitions. In the cases of **Kopano** and **Charles**, the environment was not encouraging for them to proceed with their educational studies because the digital divide that was intensified by the pandemic could restrict their access to online learning.

The emotions of disappointment and anger resulting from unmet expectations that were expressed by the participants can be linked to the Neutral Zone, which is Stage 2 of Bridges' Transition Model. At this stage, the participants reflected on the opportunity that they had lost, which was to study their matric before they left the CYCC. The Neutral Zone is typified by fear of what tomorrow holds. In this instance, the participants were fearful of what their futures would be like without a matric certificate.

4.2.3 Theme 6: The challenges of leaving care during COVID-19

One of the challenges highlighted by the participants involved the challenges pertaining to transitioning from care during COVID-19. The theme was further categorised into two sub-themes: the fear related to COVID-19 infections and concerns regarding sustaining themselves during the COVID-19 pandemic. These two sub-themes are in the following extracts.

4.2.3.1 Sub-theme 6.1: The fear of COVID-19 infections

In response to the question about challenges that he faced in transiting from care, **Vuyo** shared, *"There were a lot of people who were dying in the communities, so sometimes I would wonder if I would be next. It was scary because you had to be careful of where you went and who you came in contact with. I was scared when one of my sisters, who is the daughter of my sponsors, had flu. She had to isolate and stay in her room until she was better, just to be safe".*

Nomcebo shared, *"It was scary because I was going to a place where I didn't know if people were taking care of themselves or not or if they were taking the virus seriously. In the taxi, when I was going home, there were about seven people in the taxi. It was like the taxi drivers understood, but then around the areas we were going to, I didn't know if they understood the situation ... . I could not be going around getting my mother sick because at an old age it's easy to get it".*

Another participant, **Noloyiso**, said, *"I was scared about the virus and getting infected. I didn't know if I would be safe when I left the care centre.*

The participant explained why she felt safe at the centre by saying, *"At the centre, our movements were controlled, and we didn't really go anywhere. I didn't know how I would feel outside the centre if I was in contact with people who moved around a lot to go to work, school or anywhere else.*

Dali described his experience, *"My aunt has to work everyday, and I worry about her getting infected with the virus because she is always around many different people in the taxis and other places.* **Dali** continued to share his concerns about his family's well-being, *"Our grandmother is old, and she has diabetes, so I worry about her or any one of us getting infected with COVID-19".*

Whilst the other participants shared about fear of being infected by COVID-19, **Mahalia** expressed relief that her family was careful to prevent infections. She said *"I was relieved that the whole family was careful about COVID-19. My uncle and aunt did not allow us to just leave the house unnecessarily".*

The participants also spoke about their fear of getting infected with COVID-19 and infecting their family members. **Dali** was concerned about his grandmother getting infected, especially since there were reports that the elderly were more prone to COVID-19 infections, whose effects could be fatal for those with comorbidities. In a study carried out with young people in the United Kingdom, it was reported that participants were concerned that they or one of their loved ones would get COVID-19, become very ill and potentially die (Roberts, Rees, Bayfield, Corliss, Diaz, Mannay & Vaughn, 2020:25). Roberts et al. (2020:25) further note that fears and anxieties of loss are likely to be particularly difficult for youth who have been in care because they would have experienced losses in their lives. In another study carried out in the Eastern and Western Cape Provinces of South Africa on the experiences of young people during COVID-19, the findings showed that COVID-19 fears about this novel virus that suddenly appeared were common among participants (Gittings, Toska, Medley, Cluver, Logie, Ralayo, Chen & Mbithi-Dikgole, 2021:952). These studies corroborate the issue of fear of COVID-19 infections that was shared by the participants. The fear the participants had is one of the many emotions experienced in Stage 1 of Bridges' Transition Model, and in this case, the emotion was intensified by COVID-19, which was very unpredictable, with rising infection numbers resulting in constant changes in lockdown levels.

Previous studies have established that youth were aware of the dangers associated with COVID-19 and its effects on various aspects of life (Chauke, Obadire & Malatji, 2021:4). The participants believed that it was necessary to be careful and follow the measures that the government had put in place to curb the spread of COVID-19. Participants like **Noloyiso** and **Nomcebo** spoke about limiting movements to prevent infections. Reflecting on the above expressions, one can argue that the participants knew how the virus spread and how infections could be prevented. In a South African study conducted by Chauke et al. (2021:9) to explore the perceptions of youth about COVID-19, it found that most of the youth had sound knowledge concerning health protocols to mitigate the spread of COVID-19. Gittings et al. (2021:954) also reported similar findings that young people in Eastern and Western Cape Provinces of South Africa who were participants in a research study demonstrated an excellent awareness about COVID-19 and public recommendations to prevent its spread.

4.2.3.2 Sub-theme 6.2: Sustaining one's self during lockdown

The participants described the challenges they faced relating to sustaining themselves during the lockdown. The narratives are presented below.

When asked about the challenges he faced when transiting from care, **Charles** shared, *"Well, eish it took about 2 to 3 months after I had left the centre for me to get a job. I saw a post, an advertisement for sales agents for a funeral cover plan. I applied there, got an interview, and I ended up working there for like a month or two... . The problem was that we were working the whole day, standing outside doing what we needed to do, but when it came to like getting paid it was like a problem. They said because some people had lost jobs due to COVID-19, they could not afford to make payments for a funeral plan"*.

Lindelani highlighted *"Looking for a job has not been easy, and because I have problems with my eyesight, it becomes more difficult. It was also very difficult to look for a job when we were on lockdown due to COVID-19".*

Another participant, **Kopano**, said, *"Some of the people that I worked for would delay paying us because they were also struggling due to COVID-19. My boss also ended up selling his house, the one that I was living in initially, so I ended up moving in with a friend"*.

Thato said, *"I have a baby now so I have someone else that I need to look after. I am now living with the father of my baby. He does piece jobs, so sometimes he doesn't find work. I cannot look for a job right now because I have no one to leave my baby with, and even if I did, I would not have money to pay them.* The participant went on to talk about parenting challenges. *"Taking care of a child is not easy because she needs clothes; she is growing up so fast. Sometimes we don't get along with my baby's father, which is hard as well".* Baker (2017:36) points out that some care leavers become parents early after leaving care. **Thato** acknowledged the challenges brought about by the new responsibility of providing for a baby whilst she was struggling to take care of herself.

Dumisani mentioned, *"Going outside was a problem because of lockdown and there was no money for food because I couldn't hustle".*
Motsabi described her experience as follows, *"Looking for a job was not easy. I had planned to go to some places door to door to look for a job, but it wasn't easy to move around. I also needed money for transport to go to some places and to print or photocopy my documents. I did not have the money at that time".*

Overall, the participants expressed how difficult it was to sustain themselves during COVID-19. Losses of income presented a challenge for participants, such as **Charles,** who explained that he worked without getting paid until he decided to resign. Munro et al. (2021:21) report that recent economic forecasting suggested that the under-25s had been worst affected by unemployment during the pandemic. In the case of the participants, due to the economic sectors that they are usually employed in, which do not provide essential services, they were, therefore, forced to stay at home during the lockdown. According to Puerto of the International Labour Organisation (in Modi, 2020:44), the COVID-19 pandemic has driven young people into what she terms a "trilemma" by disrupting their education and training, increasing difficulties for young job seekers and leading to job and income losses for young workers. Participants like **Charles**, **Kopano** and **Thato** had to shelve their dreams of going back to school so that they could focus on providing for themselves on a day-to-day basis.

The participants had left care when most households were forced to manage on stringent budgets, with some having no income due to job losses and the loss of breadwinners from COVID-19 complications. The challenges that the participants faced were an indication of the difficulties in adjusting when one is in the Neutral Zone of Bridge's Transition Model (Leybourne, 2016:29). The participants had left the places of care where everything was provided for them to go and live in places where they had to provide for themselves, and in the case of **Thato** who had become a parent, she had to provide for her child as well.

4.2.4 Theme 7: Availability of support systems to manage challenges experienced

Theme 7 focused on the availability of support systems for managing the challenges experienced by youth whilst they were still in care and when they left the CYCCs. This theme further subdivided into five sub-themes which are presented below:

4.2.4.1 Sub-theme 7.1: The place of care as a support system even after leaving care

In response to the question on support systems available to assist them in managing their challenges, participants shared how their former places of care had been supportive. The following quotations were extracted from some of the transcripts.

Regarding support systems, **Nomcebo** said, *"I am able to go back to the centre anytime that I have an issue or I need help. Sometimes I call them if I don't have money to go there. Sometimes they can send money for me to come to Joburg if I have a serious matter that I need help with"*.

One participant, **Vuyo,** stated**,** *"The people who worked at the office who had the resources that we needed helped us. They prepared us by provided short courses which helped us to learn and practice how to do job interviews, amongst other things. They also assisted me to make a decision about my living arrangements. They helped me to realise that it would be more convenient to live with my sponsors until I was done with college here in Gauteng before moving to North West to live with my sister".*

Dali mentioned *"The centre is still supportive; that's why I'm even here in Gauteng today. We were called to come and collect food parcels, so the people at the office sent money for transport from Mpumalanga to the centre. They also said to me if I need to talk, I can let them know. They said if I don't have airtime to call, I should send a, please call me back, and they will call me".*

Lindelani shared, *"I call my former housemother sometimes when I need encouragement. The centre is assisting me at the moment by giving me practical work experience".*

Dumisani mentioned *"One of the child and youth care workers would always tell me that the centre was not like outside. She would say to me you will have to fend for yourself when the time comes to leave the centre. I would listen to her when she said I had to prepare for the outside".*

Another participant, **Lungiswa,** explained *"I would come back to the centre to see the counsellor. I live close to the centre so I can just walk when I need help. The counsellor at the centre helped me to see how important it was for me to be there for my mother"*.

In response to the question on the available support systems, **Motsabi** said, *"The child and youth care workers said I could call them when I needed to talk to, so that made me feel better.*

Having support is vital for any human being. Bond (2020:26) views support as a crucial aspect of the journey to adulthood, especially for youth leaving care. When youth leave care, they often find themselves in an unfamiliar environment combined with reduced or different format of support, more so during the COVID-19 pandemic (Kelly et al., 2021:9). Each participant reported the support they had received during the pandemic, including who provided the support, what it consisted of and how effective the support had been for them. For participants of this study, the care centres were reported to be the primary sources of support, with participants like **Lindelani**, **Dali**, **Motsabi**, **Lungiswa**, **Dumisani**, **Vuyo** and **Nomcebo** specifically mentioning the role played by their housemothers, counsellors, child and youth care workers and other staff members in support. Statements made by the participants find support in some parts of the literature. For instance, CYPT, (2021:5) advocates the importance of feeling supported by those with whom we have meaningful interactions, which includes the care centres for youth who were in care. In South Africa, this is affirmed by the philosophy of Ubuntu, 'I am a person through other people', which depicts the human need for, and existence through interdependency (Moodley et al., 2020:46).

The findings of a British study on the views of care leavers on transition to adulthood revealed that young people valued ongoing support from their previous residential carers (Baker, 2017:4). The researcher had the opportunity to interview some of the participants like **Dali**, at their former place of care where they had come to collect food

parcels and grocery vouchers. The Solidarity Fund (2020:2), in a report on their food relief programme, states that their aim was to provide aid to South Africa's most vulnerable households and communities during the COVID-19 pandemic by distributing food parcels through a range of partners. Issuing of food parcels became a common initiative to alleviate the struggles of many people who were in need and those who had lost their livelihoods during COVID-19. The COVID-19 pandemic negatively impacted food security in South Africa and many other countries worldwide due to a sudden drop in income and employment (Luiselli, 2020). The stories that the participants told highlighted the appreciation they had for the continued support from their former places of care, with participants such as **Lungiswa**, **Dali**, **Nomcebo** and **Lindelani** stating that they knew they could return to their former places of care if they had any issues.

4.2.4.2 Sub-theme 7.2: Social workers as support systems

Social workers from their former places of care as well as their designated social workers provided support to the participants. The following quotes illustrate how social workers supported the youth.

The designated social worker assisted **Charles** as he explained, *"My social worker came to pick me up when I was leaving the centre. She dropped me off at the place where I would be staying with my friends. She also said that I should contact her if I had challenges".*

Vuyo highlighted, "*The social worker and counsellor at the centre helped us to manage our anxieties about leaving the centre. The social worker would do home visits just after I left the centre to see how I was doing".*

In response to the question, **Mahalia** said, *"Before I left, the social worker said that I can get in touch with her or the counsellor if I need to"*.

Noloyiso said, *"We had help from our social workers who said that we could always come back and talk to them about stuff. At least I knew that I was alone but could come back and talk"*. The participant was consoled that she had somewhere to turn to if she needed help.

Motsabi highlighted, *"I spoke to my social worker, and she is the one who spoke to my family and informed them that I had changed. When I spoke to my mother and sister, they said that they were happy that I would be coming back home".* **Motsabi**'s designated social worker also assisted her by giving her information about a job, *"My social worker heard about a place that was hiring call centre agents. The company was hiring youth so that they could help them during this time of COVID-19. My social worker informed me, and I went to submit my papers there. They ended up employing me".*

When the youth were in care, the residential social workers[8] had the role of disciplining and providing therapy to them, as explained by the participants. When the participants had issues with other youth at the centre or with members of staff, they would report to the social workers; for instance, **Dumisani** said that when he had issues, he *"reported to the social worker, and she would call those involved one by one to talk to them"*. Similar to **Dumisani**, **Thato** said, *"If there was an issue in the house, the social worker would call all those involved to the office and speak to us so that the issue could be resolved".* **Vuyo** shared how the social worker would liaise between the youth and the staff at the centre when there were issues saying, *"If we did not feel heard, we would communicate with the social worker so that she could relay the message to the office so that we could be understood".* The participants relied on the social workers to resolve some of the issues they faced while still in care.

The social workers provided therapy to the youth, as indicated by **Thato** and **Motsabi.** **Thato** spoke about how she would contact the social worker to discuss what she was experiencing. **Motsabi** spoke on being teased about her complexion and the kind of support the social worker provided, *"When I started looking down on myself, I started having sessions with the social worker who helped me to remember that I was good enough".* Social workers are responsible for ensuring the well-being of young people placed at child and youth care centres by facilitating individual and group therapy sessions which help young people to work on their issues and relationships (Mamelani Projects, 2015:32;33). **Vuyo** spoke about the therapeutic support provided by the social worker who helped him manage the anxiety he experienced about leaving care.

[8]A residential social worker is one who provides support to youth who are placed and reside at a Child and Youth Care Centre.

The participants illustrated the continued intervening role of designated social workers when they had left care. **Motsabi** and **Charles** spoke about how their designated social workers assisted them. **Motsabi**'s social worker shared with her information on a job opportunity, thus connecting **Motsabi** to a resource that would assist her in achieving independence after leaving care. **Charles**'s social worker transported him from the centre to where he would be staying. The supportive relationships built between young people and social workers whilst they were still in care continued beyond care, as reflected by the findings in this research study.

4.2.4.3 Sub-theme 7.3: Sponsors as support systems

Sponsors played an essential role in supporting some of the participants. The following extracts describe the kinds of support that they provided.

Noloyiso indicated, *"A sponsor arranged a place for me to live and helps out financially where I lack. My fees are covered by NFSAS, so that helps as well".*

Another participant, **Vuyo**, stated, *"My sponsor family was there for me. When we were stuck in the house during lockdown, we would play games and cook. That's what got me through the day, just spending time with my sponsor family".*

Lungiswa reflected on her thoughts, *"I thought the sponsor would not cover my fees once I left the centre, but they have continued to do so".*

Sponsors can be individuals, families, organisations or companies who commit themselves, usually for the long term, to support children and youth in care (SOS Children's Villages International, 2012:3). Sponsors support youth in CYCCs by contributing towards meeting their financial and physical needs through paying their fees, buying them clothes and toiletries or taking them to their homes for weekend visits as illustrated in the cases of **Lungiswa** and **Noloyiso**. Some sponsors can offer to temporarily accommodate the youth after they are discharged from care so that they can complete their studies in a stable environment, like the example of **Vuyo**. Sponsors can assist by exposing the youth to a family environment different from the one provided

by the CYCCs. Sponsors can assist youth in finding employment, so they can have a place to start when they leave the CYCCs.

In a study carried out by Adley and Kina (2014:4) on understanding the role of emotional support for young people leaving care, the findings were that support networks tended to be either people whom the participants had met through their time in care or people they had met themselves either through membership of their local church or through school. The participants met the sponsors through their time in care, and as indicated from the preceding extracts, they continued to support them after they had left care. In another South African study carried out by Moodley et al. (2020:49) in KwaZulu-Natal province on the transition of youth from care, the findings were that youth who had transitioned showed the importance of interdependency with host families and that sponsors played key roles in securing training, further education, and providing employment opportunities and accommodation. **Lungiswa** was worried about being unable to proceed with her studies after she left care, thinking that the sponsor would stop paying her fees, but her sponsor had continued to pay her fees. **Lungiswa**'s concern was justified because COVID-19 had resulted in the withdrawal of commitments by most people in various sectors, including some sponsors for youth at CYCCs, because it was not financially viable to honour them anymore. Sponsors continued to reach out to the participants after they had left care.

4.2.4.4 Sub-theme 7.4: Biological, foster and adoptive families as support systems

The participants expressed their appreciation for the support provided by biological, foster and adoptive families in various ways. The following quotations were extracted from the interviews in support of this sub-theme.

Nomcebo describes, *"I had to rely on my mother from the time that I moved from the centre. She was able to assist with money for transport, but I don't like relying on my mother. She is in her old age, and she is supposed to be enjoying attention from me now, not helping me all the time".* **Nomcebo** continued to share how her mother had been supportive, *"My mother is always there for me when I need to talk or when I need money for something. She does what she can".*

Regarding support systems, **Dali** said, *"My baby brother and aunt help me to communicate better with my grandmother, who doesn't understand English. They have also been encouraging me to learn Ndebele. Although it's difficult to communicate properly with my grandmother, she's always there for me. She loves to cook for us as a family. My aunt takes care of me financially. She makes sure that we have food on the table. When I ask her for money for airtime, she gives it to me when she has it.*

One participant, **Mahalia**, shared, *"My uncle and aunt and his family are supportive too. My uncle and aunt support me financially; when I started living with them, they reminded me that I am family and that they are there for me. My cousins are very nice too. I like spending time with them".*

Lungiswa spoke about her concerns, *"I spoke to my mother about my concerns, and she assured me that she would make sure that I have food and clothes to put on".*

Charles described his relationship with his family, *"My father and brother have been there for me since I moved from the place that I used to share with my friends".*

Kopano shared, *"I would call my grandmother and speak to her; I still call her. I never share with her the challenges that I face because I don't want to worry her but just speaking to her helps".*

Motsabi shared, *"Although things were hard, we were able to go through stuff as a family".*

Support from families started in care for some participants like **Kopano**, **Lindelani** and **Dali**. When a child enters care, a family's connectedness through visitation is crucial for a successful reintegration process (Ddumba- Nyanzi, Fricke, Max, Nambooze & Riley, 2019:14). **Dali** said, *"I had the opportunity to visit my family in Mpumalanga when I was at the centre. My gran is old, and she hardly leaves the house, so every December I would go to visit my family except in 2020 because of COVID-19".* Like **Dali, Kopano** shared, *"I had the opportunity to visit my grandmother every year in December".* Contrary to the other participants, **Lindelani**'s sister visited him at the centre; he mentioned that, *"My sister would visit me like once every month or sometimes after 3*

months". **Lindelani** spoke about how happy he would be when his sister visited him at the centre, especially when she brought his nephew with her. As far as the participants were concerned, a relationship with family was not only with parents but with grandparents, aunts, uncles, brothers and sisters, as indicated by **Dali**, **Mahalia**, **Lindelani** and **Kopano,** which is also supported in the literature by Stings and Groinig (2020:152).

Previous research studies have reported that youth who leave care strongly agreed that good relationships such as those of foster, adoptive and biological families were important to them (Baker, 2017:17). The participants were able to cope better with leaving care during COVID-19 because they had people that they could rely on or go to for help. **Motsabi** admitted that although the situation at home was financially strained, they could manage because they experienced it as a family. Modi (2020:43) comments on how the COVID-19 crisis led to more people becoming more reliant on close family support and how much youth leaving care needed this kind of social networks. October et. al. (2021:2) highlight the family's pertinent role, noting that it provides its members with a foundation that ensures successful development and the tools to thrive within broader society. **Lungiswa** spoke about her mother, assuring her when she shared her concerns with her. Another participant, **Mahalia**, shared how her uncle and family supported her by reminding her that she was part of the family, which created a sense of belonging. COVID-19 put pressure on many families, which is why participants valued the support from their families, particularly during this time.

Looking at the cases of **Charles** and **Motsabi,** who used to have problems with their families, leading to their placement in care, the participants were relieved that they were bonding with their families. According to Stings and Groinig (2020:143), the link to the birth family for youth who have left care is associated with the hope that the relationship with the family could improve. **Charles** spoke about how he no longer argued with his family as he did before. On the other hand, **Thato** hoped that she would start building a relationship with her brother whom she had never lived with.

4.2.4.5 Sub-theme 7.5: Friendships as support systems

Most of the participants highlighted the importance of friendships as support systems. The following excerpts from the interview transcripts describe the nature of support that friendships provided participants.

Kopano reported, *"My friend who organised a job for me was supportive because he told me that as long as I had a job, I would have somewhere to start from. He is one of the people that I could talk to outside the centre because he knew what was going on with me. I am currently living with my friend at the moment. We share the rent to make things easier".*

Lindelani said, *"Usually, I speak to my closest friends, the ones that understand me like the ones that I've been friends with for a long time, the ones that I trust."*

Regarding support, **Mahalia** said, *"I can call my friends when I can, which helps".*

Some participants, like **Motsabi**, intended to keep their promise, *"My friends and I promised each other that we would keep in touch no matter what".*

Dumisani said, *"I have friends who are like my brothers; when I need help with money for airtime or other things, they help me. One of them found me a job in Pretoria. It was a contract, so it ended.*

Another participant, **Noloyiso**, said, *"I had friends that I could talk to as well. We were going through the same thing, so it was easy to understand each other".*

As pointed out by participants, friendships were an important aspect of the young people's lives. Mann-Feder (2018:155) explains that when young people enter adulthood, friendships can occupy more of their time than any other activity. Mann-Feder (2018:156) further notes that previous research has shown that young people who leave care have reported that their friends play a critical role in their transition by providing support. The current study is supported by previous findings when one considers **Dumisani**, who had a negative experience with his family which made him turn to his

friends for support. **Dumisani** even referred to his friends as ‘brothers’ because of their close relationship.

According to Baker (2017:23), friendships were one area that care leavers said they were most happy with. The participants valued the friendships they had built whilst they were still in care, and like **Motsabi**, they tried to maintain these friendships by keeping in touch. **Noloyiso** spoke about how they *“check up on each other”* with her friends to encourage each other, especially during the pandemic. Although COVID-19 lockdowns restricted movements, participants like **Dali** and **Mahalia** were grateful for mobile phones because they could communicate with their friends *“whenever they could”*. **Noloyiso** also shared, *“... we had phones, so I could still communicate with my friends, but it wasn’t the same as seeing them”*. The participants put effort into their friendships despite the hindrances presented by the COVID-19 pandemic. In a study carried out in the United States of America on the role of friendships for young people during COVID-19, it was reported that loneliness was shielded by higher quality of friends and more frequent electronic communication with friends (Juvonen, Lessard, Kline & Graham, 2021:585). It was further noted that the pandemic seemed to have caused young people to value their friends and loved ones.

4.3 SUMMARY OF THE CHAPTER

Chapter Four presented the challenges that the participants faced during the transition. The different support systems available for the participants to manage the challenges were presented under Theme 7. The key findings were that the main challenges faced by the youth when they left care were related to acceptance by their families and financial insecurity. The findings also showed that CYCCs continued to provide support to the participants after leaving care which was particularly needed during the COVID-19 pandemic. Chapter Five is the last chapter of this report. It will contain summaries, conclusions and recommendations pertaining to both the research findings and the research process. Like its preceding chapters, this chapter will conclude with a chapter summary.

CHAPTER FIVE

SUMMARIES, CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

Chapter Five is the last chapter of this report. Its main aim is to present the summaries, conclusions, limitations and recommendations of this study. It focuses explicitly on the summaries and conclusions pertaining to the research findings and the process from conceptualisation (the introduction) to the findings. Some recommendations are proposed from the summaries and conclusions pertaining to education and training, practice and research. Just like its preceding chapters, this chapter will conclude with a summary.

5.2 SUMMARIES AND CONCLUSIONS

This section outlines the summaries and conclusions based on the general introduction, the research questions and objectives, with the ultimate aim of determining whether or not the researcher accomplished what she envisaged to, achieve through this study. A summary of the adopted qualitative research process and the research findings in the form of the socio-demographical profiles, as well as the main themes and sub-themes, will also be provided in this chapter, with a clear indication of whether the qualitative research approach was appropriate and whether or not the findings respond to the research questions as posed in Chapter One of this dissertation.

5.2.1 Summary and conclusions based on the general introduction

In Chapter One (Sections 1.1 & 1.2), the researcher presented the general introduction and orientation of the study. The history of institutionalised care has been presented for the reader to gain insight into the origin of CYCCs and how they (CYCCs) mean to provide a family-like environment for the children and youth placed at these centres. Although under the premise of limited literature, the challenges and experiences of youth leaving care, particularly during COVID-19, were also highlighted. Outlining the

history of institutionalised care led to the formulation of the problem statement, which aimed at setting a foundation to discover how youth transiting from care deal with some of these challenges during a pandemic, as well as the rationale for conducting research in this area.

The researcher anticipated contributing to the existing and emerging body of knowledge around the challenges and experiences faced by these youth and how they could receive assistance during the transition. In building up to this knowledge base, the researcher introduced Bridges' Transition Model, which was the theoretical framework adopted to explain and better understand the stages an individual goes through during the transition process. Regarding the introduction, a conclusion is reached that CYCCs have a significant role to play in assisting youth in need of care and maneuvering the challenges they face when they leave care. The summary and conclusions on the research questions are discussed next.

5.2.2 Summary and conclusions based on the research questions and objectives

Regarding research questions, the first question aimed to establish the experiences that youth face when they leave care, and extracted as follows:

- *What experiences do youth face when they leave care during the COVID-19 pandemic?*

The aim of asking this question was to gain insight into the experiences of youth when they leave care during COVID-19. The findings, presented in Chapter Three (Sections 3.3.1 to 3.3.3) of this report, revealed that the participants had different experiences in the form of emotions which included anxiety because they did not know how life would turn out for them after leaving care during a pandemic. It also emerged that the participants were distraught about leaving the people they considered family. Based on these experiences, the conclusion was that the participants adequately answered the first research question.

The second research question sought to understand the challenges youth face when leaving care during the COVID-19 pandemic. This question was posed as follows:

- *What challenges do youth face when they leave care during the COVID-19 pandemic?*

Participants shared an array of challenges they faced when they left care, as presented in Chapter Four (Sections 4.2.1 to 4.2.3). These challenges, such as financial insecurity, appear to have been worsened by COVID-19. Some participants were forced into making difficult decisions, such as not continuing with school to enable them to seek employment to sustain themselves. In conclusion, the responses to this research question shed light on the challenges youth faced when leaving care during COVID-19.

The third question aimed at ascertaining the level of support available for the participants as they navigated their transition through their experiences and challenges; the question posed as follows:

- *What systems are available to support youth who are leaving care during the COVID-19 pandemic?*

The findings based on this research question, as presented in Chapter Four (Section 4.2.4) of this report, showing that different support systems were available for these youth as they transitioned from care centres. Amongst these support systems were social workers and friends, whom participants valued particularly when the pandemic had negatively impacted the world. A conclusion reached by the researcher regarding this question is that the collected data did provide adequate answers to this question.

To achieve the goal of the study, the researcher formulated three objectives as follows:

- *To explore and describe the experiences that youth have to endure when they leave care during the COVID-19 pandemic.*

The researcher spent time exploring the experiences of youth when they leave care during COVID-19 by conducting face-to-face and telephonic interviews. The

participants described how they had no other choice but to leave the CYCCs and to accept leaving because they were past the age of being in care. They described the relationships built whilst still in care, and how difficult it was to leave the people they considered family. The conclusion drawn from this objective is that insight was gained into the experiences of youth leaving care during COVID-19, and the researcher was able to describe the experiences as the youth perceived them.

The second objective set for this study focused on the challenges faced by the youth as they leave care during COVID-19, and worded as follows:

- *To explore and describe the challenges faced by youth as they leave care during the COVID-19 pandemic.*

The researcher asked questions that allowed the participants to share the challenges they had faced, enlightening her in the process. The participants faced many challenges exacerbated by the COVID-19 pandemic, the most common of which was sustaining themselves at a time when job opportunities had become scarce. The participants also faced challenges related to fitting in and being accepted by their families and communities after leaving care. In conclusion, the objective was met because the researcher discovered the challenges faced by youth during transition and illustrated them as expressed by the youth.

The last objective set by the researcher sought to ascertain the support systems. This objective reads as follows:

- *To explore and describe the support systems that are available for youth who are leaving care during the COVID-19 pandemic.*

Through semi-structured interviews, the participants described the kinds of support systems available for them to manage the challenges they faced and were presented in Chapter Four (Sub-section 4.2.4) of this report. The conclusion drawn from the last objective is that support systems such as sponsors and foster, adoptive and biological families provided financial and emotional support for the youth, which was acknowledged and appreciated by the participants.

5.2.3 Summary and conclusions based on the qualitative research process

The researcher adopted the qualitative research approach, which was briefly introduced in Chapter One and explained in Chapter Two of this report. The qualitative approach enabled the researcher to gain in-depth knowledge of the phenomenon under investigation. The approach's interpretive nature enabled the researcher to interpret data shared by the participants from their point of view. Adopting the qualitative research approach also enabled the researcher to learn from the participants who had subjective experiences on the issue under investigation. The types of research designs that were adopted in the qualitative research approach were phenomenological, explorative, descriptive and contextual designs. Employing an explorative research design assisted the researcher in understanding and learning more about the phenomenon from the participants. A phenomenological design was applied in the researcher's quest to understand how the participants made sense of the phenomenon under investigation. With respect to applying the phenomenological research design, a conclusion was reached that the issue under investigation is being understood from how the participants viewed it, as they encountered it first-hand. Through the descriptive research design, the conclusion drawn is that the participants were able to describe their experiences as they existed for them. The contextual design enabled the researcher to take into consideration the settings that the participants were in.

The researcher adopted the five steps of the qualitative research process as provided by Bryman (2012:92). The researcher considered existing literature to establish the views of other scholars on the phenomenon under investigation. The researcher was able to collect data using semi-structured interviews on the participant's socio-demographical profiles and on questions that directed the topic of the research study. Data were analysed using the steps provided by Akinyonde and Khan (2018:166). Seven themes and twenty sub-themes emerged from analysing the twelve interview transcripts. A sample for the research study was selected using both the purposive and snowball sampling techniques, allowing the researcher to involve participants who were more conversant with the phenomenon. Telephonic and face-to-face interviews were conducted with the participants. Throughout the research process, the

researcher adhered to the ethical principles of beneficence, informed consent, confidentiality and anonymity to ensure no harm to the participants and avoid deceiving them. The conclusion concerning the adoption of the qualitative research approach is that it enabled the researcher to interview participants who had subjective experiences of the phenomenon resulting in insightful findings and a research process guided by standard ethical procedures.

5.2.4 Summary and conclusions based on the research findings

This section aims to present the summaries and conclusions on the socio-demographical profiles and the identified themes and sub-themes.

5.2.4.1 Summary and conclusions based on the socio-demographical profiles

As indicated in Chapter Three, the researcher analysed data from twelve participants who were interviewed for this study. The collected data was analysed and yielded some socio-demographical profiles of the participants and the themes and sub-themes in response to the research questions and objectives. The researcher interviewed six males and six females. Of the twelve participants, six had been in care for more than ten years, and the other six had been in care for between two and eight years. Nine of the twelve participants had been out of care for at least one year, one had left care eight months prior to being interviewed, and two had been out of care for not more than five months. From the profiles of the participants, ten had remained in the Gauteng Province, where they had been placed in care, and two had moved to Limpopo and Mpumalanga provinces, where they were residing. Regarding education, three participants were still in high school, three were at tertiary institutions, and six participants were not in school. Three participants were employed, two were looking for employment and seven were unemployed. The conclusion based on the socio-demographical profiles is that the participants had spent a significant period of their lives in care, which explains some of the emotions they experienced and the challenges they faced when they left care.

5.2.4.2 Summary and conclusions based on the themes and sub-themes of the study

Seven themes and twenty sub-themes identified from the collected data were presented in detail in Chapters Three and Four of this report. The aim of this section is to present a summary of these themes and sub-themes.

- *Theme 1: The experiences associated with preparing to leave care during COVID-19*

The participants shared similar sentiments regarding the experiences of coming to terms with leaving care which was a familiar environment for them. They described their stressful and saddening experiences indicating this was a challenging time as they imagined how life would be like when they left care. From the findings, the participants viewed the world outside of the CYCCs as a separate world from what they were used to because there were more people to interact with, different ways of doing things and more exposure. They expressed different negative emotions, such as worry, fear and anxiety, mostly emanating from COVID-19, when preparing for their exit from care. In conclusion, the findings showed that youth are never adequately prepared to leave care, and several negative emotions accompany their experiences transitioning from care.

- *Theme 2: Participants' reflection on life as youth in care*

The participants reflected on the sense of belonging they had at the CYCCs, which they considered to be safe places. From the illustrations by the participants, safety meant following COVID-19 measures put in place to prevent infection. It also meant being accepted unconditionally and not being pressured to do anything that they did not want to do. It was evident from the findings that safety was necessary for the participants, with consensus among them being that the centres provided them with a sense of belonging. This reflected in their reference to other children and youth at the CYCCs as brothers and sisters and the staff as mothers and uncles. Regarding Theme 2, the conclusion drawn is that the participants felt safe at the centres and were part of a family.

- *Theme 3: The experiences pertaining to leaving care during COVID-19*

Participants described the many adjustments they had to make when leaving care during the COVID-19 pandemic. A lot changed regarding the normal ways of living, such as restrictions in movements, social distancing and wearing masks. Their adjustments were not only related to COVID-19 but other areas, such as new schools, reconnecting with families and living in different environments. They expressed how COVID-19 had complicated the process of transition because they had to adjust to many changes at the same time. The participants highlighted the issue of reconnecting with family as an important element of a new start for them. The conclusion based on Theme 3 is that the participants had many adjustments to make when they left care during COVID-19.

- *Theme 4: The challenges associated with preparing to leave care during COVID-19*

The findings pertaining to Theme 4 showed that the participants struggled with financial insecurity, fitting in and acceptance by their families and communities. Leaving care during a pandemic that resulted in job losses was difficult for the youth because they also had to face unemployment. Therefore, they were concerned about meeting their basic needs, which had previously been provided at the centres and was something they had not worried about for many years. Some of the participants had to sacrifice going to school so that they could seek employment to be able to provide for themselves. Fitting in with their families and communities was very difficult for the participants, who had spent most of their lives in care and had become accustomed to certain routines and ways of doing things. Language was also an issue for some participants who communicated better in English compared to the languages spoken by their families back home. Participants who had strained relationships with their families before being placed in care were concerned about being accepted by their families and therefore did not want to ruin their second chance. Based on Theme 4, it was concluded that the participants faced many challenges whilst some had to make difficult decisions in preparing to leave care.

- *Theme 5: The challenges associated with being a youth in care*

Whilst the participants were in care, they faced challenges associated with their identity, self-perception, and unmet expectations. The way others viewed them influenced how they perceived themselves. Some participants developed low self-esteem and a negative self-perception when viewed negatively. Some of them struggled with who they were because they had been abandoned or neglected by their biological families. Unmet expectations in areas such as not being able to finish matric whilst in care resulted in frustration and disappointment for some who had expected to reach a certain level in their education before leaving care. In conclusion, the challenges faced by youth in care impacted how they perceived themselves and their relationships with those around them.

- *Theme 6: The challenges of leaving care during COVID-19*

From Theme 6, it emerged that participants were fearful of COVID-19 infection and concerned about sustaining themselves during the lockdown. They alluded to their fears concerning the seriousness with which everyone was treating the COVID-19 pandemic. At the centres, strict rules put in place ensured no movements during the hard lockdown. Participants who had been communicating with their families were informed that in some communities, people were going about their lives as normal as if COVID-19 did not exist, making them anxious about contracting the virus. The issue of sustaining themselves during lockdown was worrying because there were no opportunities to look for jobs at a time when people were limited to their homes. Participants thought after leaving care, they would gain independence when they were employed, but ended up being dependent on families and friends. Regarding Theme 6, it is concluded that leaving care during the pandemic heightened the participant's fears concerning COVID-19 infections and finding employment.

- *Theme 7: Availability of support systems to managing the challenges experienced*

The findings revealed that the participants received support from their former places of care, social workers, friendships, biological, foster or adoptive families

and sponsors to manage their challenges. Participants felt they could always go back to the centres if they needed assistance because the invite had been extended to them before leaving care. Sponsors assisted in paying for fees and providing accommodation to some of the participants, while social workers helped to link some of the participants to opportunities and helped them to settle into new environments. Biological, foster and adoptive families provided much-needed support, especially during the pandemic. It was clear that friendships were valuable to the participants who spoke about maintaining them by communicating as often as possible to check in on each other. To sum up, support systems played a crucial role in assisting the participants to adjust to life after leaving care.

5.3 LIMITATIONS

- Data was collected amongst youth who were in care at CYCCs in the City of Ekurhuleni. The views of the house mothers, child and youth care workers, social workers and counsellors at the centres were not part of the data, which may pose a limitation.
- A sample of twelve participants was drawn for this research study. A larger sample would have obtained broader and diverse views on the investigated phenomenon.

5.4 RECOMMENDATIONS

Based on the initial research findings, the following recommendations have been made.

5.4.1 Recommendations for Child and Youth Care Centres

- Abrupt discharge from care should be avoided by CYCCs because it can make transitioning from care even more difficult for youth.
- CYCCs that do not have a follow-up plan for youth discharged from care should consider having one, so they can track how they are doing.

- There is a need for the CYCCs through social workers, to establish whether or not the places where the youth are going aftercare is stable and supportive enough for them.
- There is a need by social workers and related professionals to revisit the expectations of both the youth and the CYCCs when the youth are admitted into care to see if the expectations have been met or will be met whilst the youth are still in care.

5.4.2 Recommendations for practitioners in the child and youth care sector

- There is a need for a collaborative relationship between the CYCCs, practitioners in child and youth care and the broader communities in order to make the transition less challenging for youth, particularly during disasters like COVID-19.
- It would be of assistance to youth who have left care to be linked through the CYCCs or social workers in the communities, to available resources such as skills training programmes or job opportunities because they might not have access to such information.

5.4.3 Recommendations for training and education

- As much as emphasis should be put on education, when youth placed at CYCCs have strengths in other areas, they are likely to benefit from being exposed to skills training opportunities, so they can develop those skills. It is therefore essential for the CYCCs to assist youth in identifying their strengths and support them to enhance such.

5.4.4 Recommendations for further and future research

- Future research could be conducted to follow up on the youth a few years after leaving care during the COVID-19 pandemic to establish their life experiences even in other provinces.

5.5 SUMMARY OF THE CHAPTER

Chapter Five has summarised the entire study based on the research process as well as the research findings. It has also highlighted the key recommendations which are essential for CYCCs and practitioners in the field of CYCC. The recommendations are also drawn towards the training and education as well as for further research.

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ADDENDA

ADDENDUM A: INFORMATION SHEET

Ethics clearance reference number: 48087688_CREC_CHS_2021
Research permission reference number (if applicable): n/a

27/02/2022

Title: The experiences and challenges faced by youth leaving care during the COVID-19 pandemic

Dear Prospective Participant

My name is Fadzaishe Bridget Zingwe and I am conducting research with Dr RM Lekganyane, a Lecturer in the Department of Social Work towards a Master of Social Work at the University of South Africa. We are inviting you to participate in a study entitled "The challenges faced by youth when they leave care during COVID 19".

WHAT IS THE PURPOSE OF THE STUDY?

I am conducting this research to find out about your experiences when you transitioned from care after you turned 18.

WHY AM I BEING INVITED TO PARTICIPATE?

You are being chosen to participate in the research study because you have prior experience of being placed in residential care. It is due to this reason that your views would be considered as being valuable to the study. There will be approximately 15 participants for the research study.

WHAT IS THE NATURE OF MY PARTICIPATION IN THIS STUDY?

The participant will be asked to respond to questions in a semi-structured interview. The researcher will have a list of questions from an interview guide that the participant will be asked. These questions will be related to the participant's experiences as a youth who exited a care centre. The participant will be asked biographical questions

to obtain personal information such as your age, gender and how long it has been since leaving care. The participant will also be asked questions of the following nature;

- Please share with me your experiences in relation to your preparation to leave care during COVID 19.
- What challenges did you face during your preparation for exiting care?
- How was it for you to transit from care during the COVID 19 pandemic?
- What kinds of systems were available to support you during this period?

The researcher will ask for 1 hour 20 minutes of the participant's time to respond to the questions over the telephone. The 1 hour 20 minutes can be divided into two separate telephone calls, on different days, so that the participant is not overwhelmed by a lengthy telephone interview.

CAN I WITHDRAW FROM THIS STUDY EVEN AFTER HAVING AGREED TO PARTICIPATE?

Participation in this study is voluntary and the participant is under no obligation to consent to participation. If the participant decides to take part in the study, he/she will be given this information sheet to keep and will be asked to sign a written consent form, acknowledging agreeing to participate in the study. The participant is free to withdraw from the research study at any time and without giving a reason.

WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?

Participating in this study will afford the individual an opportunity to describe their experiences from their own viewpoint which means that one's unique voice will be heard. By sharing experiences, participants would have played a part in assisting other youth to be better prepared for the transition. If care facilities get to be exposed to this research study, they will also be able to recognise the importance of preparing youth for transition during a pandemic and hence, implement programmes or improve on the programmes that they already have in place. Although the research study does not come with tangible benefits for the participants, the contributions that they would have made will be invaluable.

ARE THERE ANY NEGATIVE CONSEQUENCES FOR ME IF I PARTICIPATE IN THE RESEARCH PROJECT?

There might be discomfort when one is sharing his/ her challenges or reliving experiences by sharing them. Other than that factor, there are no foreseeable risks pertaining to participation in the research project.

WILL THE INFORMATION THAT I CONVEY TO THE RESEARCHER AND MY IDENTITY BE KEPT CONFIDENTIAL?

Confidentiality will be maintained throughout the research process. The participant is free to highlight areas that might present discomfort for him/ her. The researcher will use pseudonyms for the participants if they insist that they do not want their actual names to be recorded anywhere. This will ensure that no one, apart from the researcher and identified members of the research team will be able to identify the participants and their involvement in the study. The responses that the participant gives will not be matched to you by anyone.

The individuals who will have access to the responses that you would have given will be accessed by the researcher's supervisor and UNISA and members of the Scientific Review Committee and the College of Human Sciences Research and Committee. The supervisor and committee members are responsible for ensuring that the research is done properly, adhering to given guidelines and ethical considerations. The data collected will be used to compile the research report which will be submitted to the committees.

HOW WILL THE RESEARCHER(S) PROTECT THE SECURITY OF DATA?

Hard copies of the participants' responses answers will be stored by the researcher for a minimum period of five years in a locked cupboard at the researcher's place of residence for future research or academic purposes; electronic information will be stored on a password protected computer. Future use of the stored data will be subject to further Research Ethics Review and approval if applicable. Hard copies of data will be destroyed by shredding them. Electronic copies will be deleted from the hard drive using a relevant software programme so that they are irretrievable.

WILL I RECEIVE PAYMENT OR ANY INCENTIVES FOR PARTICIPATING IN THIS STUDY?

You will not receive any payment or incentives for participating in this study.

HAS THE STUDY RECEIVED ETHICS APPROVAL

This study has received written approval from the Research Ethics Review Committee of the College of Human Sciences, UNISA. A copy of the approval letter can be obtained from the researcher if you so wish.

HOW WILL I BE INFORMED OF THE FINDINGS/RESULTS OF THE RESEARCH?

If you would like to be informed of the final research findings, please contact Fadzaishe Zingwe on +27622682978 or fmasimira@yahoo.co.uk. The findings are accessible for five years after collection. Thereafter, the finding will be disposed of. Please do not use home telephone numbers. Departmental and/or mobile phone numbers are acceptable. Should you require any further information or want to contact the researcher about any aspect of this study, please contact the above-mentioned person on the details given.

Should you have concerns about the way in which the research has been conducted, you may contact Dr Lekganyane, the research supervisor and Senior Lecturer in the Department of Social Work on email: lekgamr@unisa.ac.za, telephone number: 0124292906 or fax number: 0124294150. Contact the research ethics chairperson of the Research Ethics Committee, Prof Alpaslan on email: alpasah@unisa.ac.za or on internal phone number: 012 429 6739, if you have any ethical concerns.

Thank you for taking the time to read this information sheet and for participating in this study.

Thank you.

FadzaisheZingwe

ADDENDUM B:CONSENT TO PARTICIPATE IN THIS STUDY

Research title: The experiences and challenges faced by youth leaving care during the COVID-19 pandemic

Researcher:
(Fadzaishe Bridget Zingwe)

I, _____ (participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits and anticipated inconvenience of participation.

I have read (or had explained to me) and understood the study as explained in the information sheet.

I have had sufficient opportunity to ask questions and am prepared to participate in the study.

I understand that my participation is voluntary and that I am free to withdraw at any time without penalty (if applicable).

I am aware that the findings of this study will be processed into a research report, journal publications and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified.

I agree to the recording of the telephonic interview.

I have received a signed copy of the informed consent agreement.

Participant Name& Surname…… (please print)

Participant Signature……..Date……

Researcher's Name & Surname……(please print)

Researcher's signature……..Date……

ADDENDUM C: COMMITMENT TO DEBRIEF THE PARTICIPANTS

01/09/2021

16 Daisy Road
Primrose
Gauteng
1401

To Ms Fadzaishe Zingwe

RE: Provision of debriefing services for research study

Thank you for requesting that I be part of the study you are conducting. I gladly accept this request taking into consideration the roles and responsibilities that come upon accepting this request. My services are readily available.

Sincerely

Charmagne Mawere

ADDENDUM D: REQUEST FOR THE CONTACT DETAILS OF YOUTH WHO LEFT CARE

"The experiences and challenges faced by youth leaving care during the COVID-19 pandemic"

[redacted][9]

[redacted]

[redacted]

1401

10/03/2022

Dear Sir/ Madam,

Request for the contact details of youth who were placed in your care and were discharged or absconded from care during the COVID-19 pandemic.

I,Fadzaishe Zingwe am conducting research with Dr Lekganyane, a Senior Lecturer in the Department of Social Work, towards a Master of Social Work degree at the University of South Africa. I am required to carry out research and my topic relates to the experiences and challenges faced by youth when they leave care during the COVID-19 pandemic. The research study will entail interviewing youth who were in care at facilities in the Ekurhuleni Metropolitan Municipality, limited to Edenvale, Kempton Park and Germiston, and are transitioning or have transitioned during the COVID-19 pandemic.

The benefits of the study are obtaining subjective views from the youth on the challenges that result from leaving care during the COVID-19 pandemic. The study has the potential to assist care facilities for youth to revisit their transition programmes or come up with transition programmes factoring in unexpected eventualities such as COVID-19.

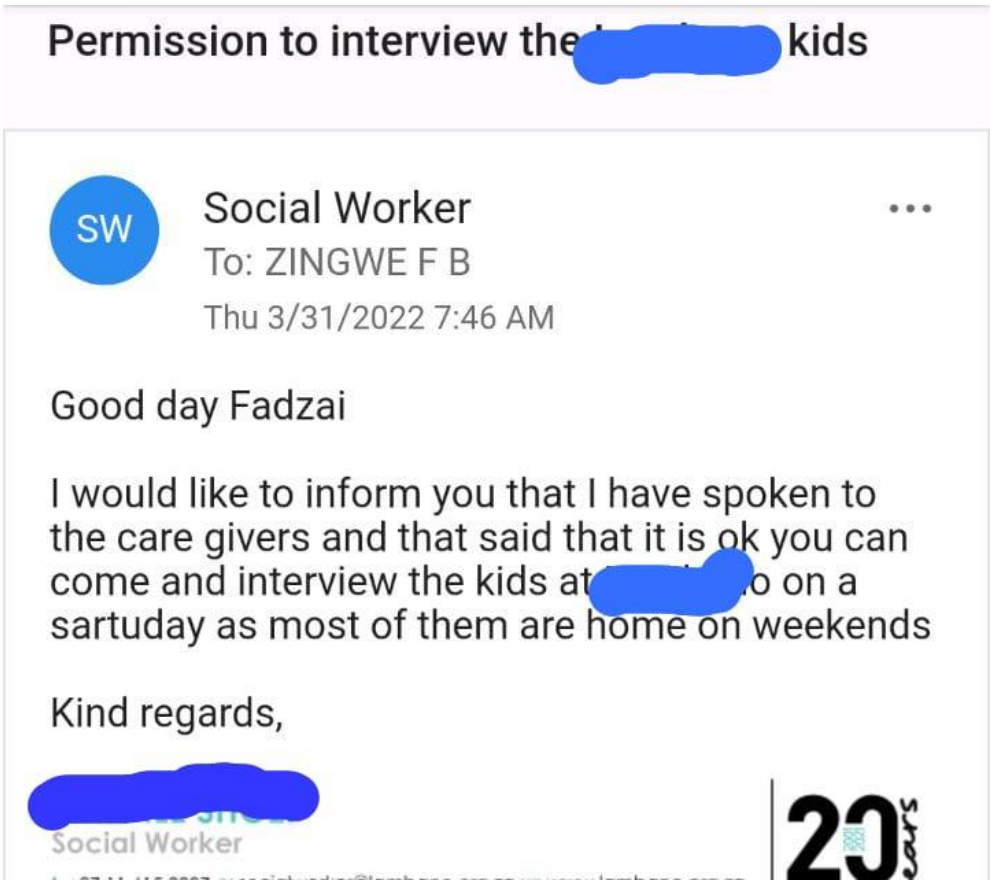
[9] The address of the organisation is highlighted in black in order to maintain anonymity and confidentiality in line with the POPI Act.

I hearby, kindly request the contact details of youth who left care at your facility during COVID-19.

Yours sincerely,

FadzaisheZingwe
Registered Social Worker (1050645)

ADDENDUM E: PERMISSION LETTER TO CONDUCT FACE-TO-FACE INTERVIEWS WITH THE PARTICIPANTS



Permission to interview the [redacted] kids

SW

Social Worker

To: ZINGWE F B

Thu 3/31/2022 7:46 AM

Good day Fadzai

I would like to inform you that I have spoken to the care givers and that said that it is ok you can come and interview the kids at [redacted] on a sartuday as most of them are home on weekends

Kind regards,

[redacted]

Social Worker

ADDENDUM F: INTERVIEW GUIDE

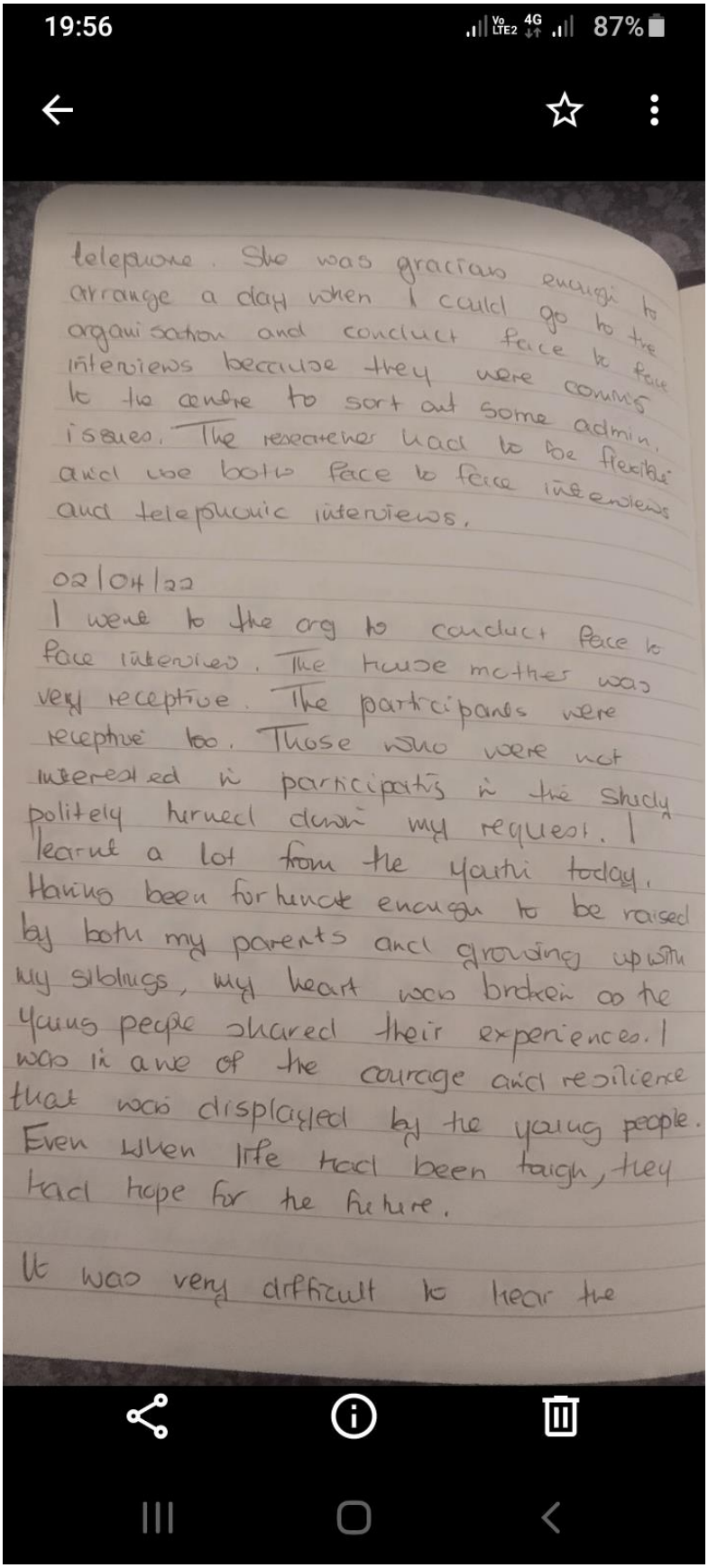
The biographical questions

- How old are you?
- What is your gender?
- How many years were you in care?
- How long has it been since you left care?
- Where do you currently reside?
- Are you in school? If so, which level/ which programme are you studying?
- Are you employed? If so, in which economic activity?

The topical questions

- Please share with me your experiences in relation to your preparation to leave care during COVID 19.
- What challenges did you face during your preparation for exiting care?
- What systems were available to assist in managing these challenges?
- Please tell me about your experiences as a youth who was residing in a care facility.
- What challenges did you face as a youth in care?
- What systems were available to assist in managing such challenges?
- How was it for you to transit from care during the COVID 19 pandemic?
- What challenges did you face during this transition?
- What kinds of systems were available to support you during this period?

ADDENDUM G: EXTRACT FROM REFLEXIVE JOURNAL



ADDENDUM H: ETHICAL CLEARANCE LETTER

UNISA university of south africa

COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

29 November 2021

NHREC Registration # :
Rec-240816-052
CREC Reference # :
48087688_CREC_CHS_2021

Dear Ms FB Zingwe

Decision:
Ethics Approval from 29 November 2021 to 29 November 2024

Researcher(s): Name: Ms FB Zingwe
Contact details: 48087688@mylife.unisa.ac.za
Supervisor(s): Name: Dr R Lekganyane
Contact details: lekgamr@unisa.ac.za

Title: The experiences and challenges faced by youth leaving care during the COVID-19 pandemic.

Degree Purpose: Master of Social Work (MSW)

Thank you for the application for research ethics clearance by the Unisa College of Human Science Ethics Committee. Ethics approval is granted for three years.

The ***low risk application*** *was reviewed by* College of Human Sciences Research Ethics Committee, in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the College Ethics Review Committee.
3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.
4. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the

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confidentiality of the data, should be reported to the Committee in writing, accompanied by a progress report.

5. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.
6. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data require additional ethics clearance.
7. No fieldwork activities may continue after the expiry date **(29 November 2024).** Submission of a completed research ethics progress report will constitute an application for renewal of Ethics Research Committee approval.

Note:

*The reference number **48087688_CREC_CHS_2021** should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.*

Yours sincerely,

Signature:

Prof. KB Khan
CHS Research Ethics Committee Chairperson
Email: khankb@unisa.ac.za
Tel: (012) 429 8210

Signature: PP

Prof K. Masemola
Exécutive Dean: CHS
E-mail: masemk@unisa.ac.za
Tel: (012) 429 2298

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