Social Work & Social Sciences Review XX(00)1-28, DOI: xxxxxx

Resilience processes that enable better-than-expected outcomes for young care-leavers with intellectual disabilities and/or autism

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Abstract: This study focuses on young people with intellectual disabilities and/or autism in South Africa who entered care due to child welfare concerns and were aging out of care towards adulthood, an entirely unstudied population in South Africa and severely understudied globally. Although care-leavers typically experience poor outcomes, protective processes may enable them to bounce back from adversities. The aim of this paper is to describe the resilience enablers that facilitate better-than-expected outcomes among young care-leavers with intellectual disabilities and/or autism during their first 18 months out of care. Six care-leavers with intellectual disabilities and/or autism were purposively selected from residential care settings in South Africa. Semi-structured interviews were conducted with care-leavers in five waves over eighteen months. COVID-19 lockdowns impacted participants' care-leaving journey and the study. Interviews made use of Picture Exchange Communication Systems and communication facilitation by caregivers, depending on the participant's impairment. Young care-leavers with intellectual disabilities and/or autism attained better outcomes in several domains, even though they were not (and were not expected to be) fully independent. Participants described personal, relational, and environmental enablers as enabling these resilience outcomes, with environmental enablers being particularly prominent. This is the first study on resilience processes among young care-leavers with disabilities in South Africa. Although leaving care (which involves a change of living environment and caregivers) and COVID-19 impacted the care-leavers' transition, and notwithstanding challenges in living, better-than-expected outcomes were achieved by most study participants, thanks primarily to environmental resilience enablers..

Keywords: resilience; transition to adulthood; better-than-expected outcomes; care-leaving; disability; resilience enablers; young care-leavers.

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Date accepted: 1st May 2024

Date of first (online) publication:

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Introduction

Care-leaving signifies the end of child welfare's responsibility for youth, who then transition out of care to support themselves independently (Van Breda & Frimpong-Manso, 2020; Dickens & van Breda, 2021). Care-leaving studies in South Africa and elsewhere in Africa frequently show poor outcomes among care-leavers (Van Breda & Frimpong-Manso, 2020) much like those in the Global North. Moreover, transitioning from family or alternative care towards young adulthood is difficult for any young person (Akister et al., 2010). Nevertheless, many care-leavers transition successfully into adulthood, despite facing multiple challenges (Dickens & van Breda, 2021). Successful transitioning implies the presence of resilience enablers, which are the focus of this article.

Young people in South Africa would have been placed in care due to neglect, abuse or abandonment, and many reside in care for several years depending on their needs. However, when they turn 18, they usually exit care and transition towards adulthood (RSA, 2005). Care-leavers are considered vulnerable due to the difficulties associated with pre-care abuse, neglect and abandonment, attachment difficulties due to leaving families of origin and ageing out of care abruptly when they turn 18 (Ferguson, 2018). In addition, young adults in South Africa face high unemployment, poverty and crime, making the care-leaving transition even harder (Van Breda & Dickens, 2016).

Care leavers with disabilities[1] face similar challenges to non-disabled care-leavers (MacDonald et al., 2016). However, they face additional challenges due to the complexity of their needs and the disabling structural and relational barriers they encounter in society (Bennwik & Oterholm, 2021). These barriers often lead to social isolation and exclusion that can impact on care-leavers' mental health and post-care opportunities (Kelly et al., 2016). A growing body of research exploring the experiences of care-leavers with disabilities indicated they often experience poor outcomes and have limited access to resources and support systems (Harwick et al., 2017; Cheatham et al., 2020; Kelly et al., 2022). Care-leavers with disabilities may live in unsuitable housing or experience homelessness, unemployment, poor health and poverty due to insufficient aftercare support (Häggman-Laitila et al., 2018; Crous et al., 2021).

Despite challenges that some care-leavers with disabilities grapple with due to inadequate service response and a lack of integrated support systems during their transition (Gauthier-Boudreault et al., 2018), they show resilience (Crous et al., 2021). Positive outcomes can result from resilience processes: "the multilevel processes that systems engage in to obtain better-than-expected outcomes in the face or wake of adversity" (Van Breda, 2018a, p.4). Understanding resilience factors that facilitate positive outcomes for care-leavers with disabilities can help social service practitioners better support this population (Crous et al., 2021; Scheffers et al., 2023).

Despite the growing body of literature on care-leavers showing successful outcomes and resilience enablers in South Africa and elsewhere in Africa (Van Breda & Dickens, 2016, 2017; Berejena Mhongera & Lombard, 2017; Frimpong-Manso, 2017, 2020; Sekibo, 2020; Gwenzi, 2023), outcomes and resilience enablers for care-leavers with disabilities are still unknown. This study is the only known study on the care-leaving transition of African youth with disabilities in South Africa. There is a need for further research on care-leavers with disabilities in Africa and their resilience processes.

Therefore, this paper aims to describe the resilience enablers that facilitate better-than-expected outcomes among youth with disabilities in the Cape Peninsula region of South Africa during their first 18 months out of care. The following sections provide the theoretical framework for this study and a review of relevant literature on the resilience of care-leavers with disabilities. After that, we report the key findings from this sample. Finally, we discuss these findings and draw out implications for policy and practice

In this paper, we use person-first language (e.g., a person with disabilities) rather than identity-first language (e.g., a disabled person) (Mutanga, 2017), in accordance with widely accepted South African practice and policy. This is also the language preferred by study participants.

Resilience theory framework

This study utilizes resilience theory as its conceptual framework. Ungar (2021, p.29) defines resilience as "the process through which individuals and groups navigate their way to the many different resources they need to sustain themselves and thrive, as well as the processes that systems use to negotiate for the resources that are most meaningful." This definition aligns with the current majority view of resilience as a multi-systemic process (Masten et al., 2021) more than as individual or personal characteristics and behaviors. The nesting of numerous interacting systems of resources and psychosocial processes contributes to better-than-expected outcomes (Pinkerton & Van Breda, 2019).

Resilience theory comprises three primary constructs: adversity, outcomes and resilience processes (Van Breda, 2018a). First, adversity, risks or threats are considered negative experiences that increase the likelihood of negative outcomes (Masten et al., 2021). Young people in and leaving care experience considerable adversity in their childhood and youth, before care, while in care and after leaving care (McSherry & Fargas Malet, 2017). For those with disabilities, the experience of adversity compounds, mainly due to social exclusion (MacDonald et al., 2016) and the lack of disability-specific services (Harwick et al., 2020).

Second, outcomes are understood to be the extent to which a person can succeed, flourish, or get on with the business of living following or amid adversity. Liebenberg (2020) notes the contextual, cultural and temporal relativity of what constitutes ‘good’ or ‘positive’ outcomes and the need to avoid universalizing terms. Instead, terms such as “good enough life” (Southwick et al., 2014, p.10) or “better-than-expected outcomes” (Van Breda, 2018a, p.6) are preferred because individuals can tailor them to suit their life situation and aspirations. This is particularly useful for care-leavers with disabilities, as it recognizes the possible constraints on life outcomes.

Third, resilience processes refer to the processes, resources or interactions that achieve better-than-expected outcomes. Traditionally, resilience processes were understood primarily as personal qualities of individuals, and to some extent, this remains true today in both scholarly and popular writings (Van Breda, 2018a). Nevertheless, there has been an increasing recognition that resilience processes are within the social ecology rather than the individual (Ungar, 2012). Recent research, for example, shows the enduring contribution of supportive relationships to diverse care-leaving outcomes over several years after leaving care (VanBreda, 2022). Moreover, more recently, the broader range of systems (including the natural and built environments, policies and services) and the interactions between multiple systems have been termed multi-systemic resilience (Theron & VanBreda, 2021).

Therefore, this study adopts a multi-systemic resilience theoretical lens to understand the processes contributing to better-than-expected outcomes for care-leavers with disabilities across and between multiple systems in the care-leavers’ environments.

Resilience of care-leavers

Because there is almost no research on the resilience of care-leavers with disabilities, the first section of literature reviewed here is based on care-leavers without disabilities. Research on care-leaving has drawn interest from academics worldwide (Van Breda & Frimpong-Manso, 2020; Strahl et al., 2021). The study of care-leavers' resilience as they approach adulthood is rapidly maturing, revealing that while care-leavers face many challenges and often evince poor outcomes, many overcome these challenges and achieve positive outcomes (Frimpong-Manso, 2020; Hokanson et al., 2020; Crous et al., 2021; Gilligan & Brady, 2023).

Leaving care disrupts young people's lives. They must therefore rely on a range of resilience enablers or processes to guide them on their journey toward independence and early adulthood (Adley & Jupp Kina, 2017). Care-leavers draw on personal enablers, such as self-esteem and persistence (Lane, 2020). Relational enablers, such as friendships and family (Adley & Jupp Kina, 2017; Lane, 2020; Stubbs et al., 2023), offer varying access to assistance from people with whom care-leavers have established relationships (Höjer & Sjöblom, 2014; Sulimani-Aidan & Melkman, 2018). Environmental enablers (Schwartz-Tayri & Spiro, 2017) refer to support systems and resources in surrounding neighbourhoods, such as supportive housing and accommodation through friends (Boddy et al., 2020).

In the African context, knowledge of care-leaver resilience is still developing. African care-leavers face unique challenges due to poverty and unemployment (Ucembe, 2013; Frimpong-Manso, 2018; Van Breda & Theron, 2018), as well as limited aftercare support (Berejena Mhongera & Lombard, 2016; Dickens, 2016). Despite limitations, many care-leavers demonstrate resilience, through self-reliance, optimism and self-determination (Parry & Weatherhead, 2014; Neal, 2017; Van Breda & Hlungwani, 2019; Barratt et al., 2020). Aware of weak aftercare support, care-leavers prioritise independence (Lee et al., 2016; Shaw et al., 2020).

Care-leaver resilience is fostered by positive attitudes, self-esteem, spirituality, and strong social connections (Hedin, 2017; Sulimani-Aidan & Melkman, 2018; Dickens & VanBreda, 2021). These connections include friendships, family bonds, community supports, and even romantic relationships (Pryce et al., 2016; Adley & Jupp Kina, 2017; Atwool, 2020). Such relationships are essential for better outcomes and navigating challenges (Dickens & VanBreda, 2021).

Despite studies suggesting that social capital enables resilience (Arnau-Sabatés & Gilligan, 2015; Frimpong-Manso, 2018), care-leavers report having less social support (Atwool, 2020). Due to different levels of socio-political status and care-leaving policies, social capital is multifaceted and dependent on context.

Environmental enablers, such as financial security and community safety, can fill the gap left by a lack of aftercare support or systemic restrictions, and foster a sense of belonging and self-worth among care-leavers (O'Donnell et al., 2020; Dickens & VanBreda, 2021).

The transition from care is much more complex for care-leavers with disabilities (MacDonald et al., 2016), due to the pile up of both care-leaving and disability-related challenges in society. However, there is far less research on this population. Despite the hardships, however, some report doing well (Kelly et al., 2016). How they attain this has not been the main focus of studies; indeed, arguably nothing is known about their resilience enablers and how these operate during their transition from care (Scheffers et al., 2020).

Care-leavers with disabilities have, in fact, been an invisible population with research on their transitional experiences emerging only in the past decade (MacDonald et al., 2016; Mendes & Snow, 2016; Roberts et al., 2018; Crous et al., 2021). Moreover, people with intellectual disabilities have often been excluded from care-related studies (Vervoort-Schel et al., 2018; Kelly et al., 2022). Studies on the resilience of people with intellectual disabilities generally, point to the multisystemic pool of resilience enablers we present here (Scheffers et al., 2023). A lack of understanding of care-leavers with disabilities increases their vulnerability, particularly given that the transition of non-looked-after care-leavers with disabilities into young adulthood is already challenging (Forte et al., 2011).

In South Africa, there have been no studies on care-leavers with disabilities, other than one paper authored by ourselves (Mupaku et al., 2021). Given the paucity of research on care-leavers with disabilities generally, and particularly in South Africa, and the very limited research on the resilience of care-leavers with disabilities, this study is regarded as being particularly needed. It is hoped that shedding light onto the resilience processes of care-leavers with disabilities will enable social and health services to provided more targeted support to this population.

Methodology

A qualitative study, with nested quantitative methods, used a longitudinal design to follow a small sample of care-leavers with intellectual disabilities in South Africa over 18 months across four waves of data collection, with a fifth wave added due to COVID-19. The study aimed to investigate the resilience processes that enabled the achievement of better-than-expected outcomes.

The study was initiated in residential or group care settings, termed Child and Youth Care Centers (CYCCs) in South Africa. CYCCs are full-time residential homes that provide care to children who are found to need care and protection and removed from birth families due to concerns about neglect and abuse, often within backgrounds characterized by poverty. All CYCCs in the Cape Peninsula region were approached to hear if they had young people in care who met our sampling criteria. The population was defined as young people having an intellectual disability, who had been in a CYCC in the Cape Peninsula for at least twelve months and who were preparing to leave care. We focused on intellectual disabilities, because we were aware that children with physical disabilities were usually not cared for in CYCCs.

Most CYCCs reported not having eligible participants, as they seldom care for children with any disabilities. Four CYCCs agreed to facilitate access, three providing general care and one providing disability-specialized care. Six young people met the sampling criteria and were invited to participate, with varied communication abilities (fully verbal, partially verbal with Picture Exchange Communication System (PECS), or non-verbal with PECS and sign language). PECS refers to a communication method used to assist individuals, often those with communication difficulties, in expressing their needs and desires by using pictures or symbols (Frost, 2003). Participants' ages ranged from 17 to 21 years, and a range of disabilities were reported including intellectual disability, Down Syndrome, fetal alcohol disorder and autism. The term 'intellectual disabilities' and/or autism' is used to recognize the diversity within these categories and embraces the spectrum of abilities and challenges within intellectual disabilities and developmental conditions.

Tables 1 and 2 offer pseudonyms and key demographic details for the participants.

Table 1

Pseudonyms and profile of care-leavers with intellectual disabilities

Pseudonym	Gender	Years in Care	Type of disability
Sue	Female	4	Mild autistic spectrum disorder
Gary	Male	1	Severe autistic spectrum disorder (limited speech: caregiver assisted with the interview)
Ann	Female	9	Mild/moderate foetal alcohol syndrome
Clive	Male	4	Moderate foetal alcohol syndrome
Buhle	Male	8	Severe foetal alcohol syndrome
Sihle	Male	8	Down syndrome (limited speech: caregiver assisted with the interview)

Table 2

Caregiver pseudonyms and profile

Pseudonym	Relationship to the young person	The young person(s) being cared for
Avery	Biological mother	Sue and Gary
Ellen	Founder of a facility for young adults with intellectual disabilities.	Clive, Ann and Buhle
Dorothy	Adult disability caregiver who accommodates care-leaver in her home.	Sihle

Data Collection Methods

Interviews for Wave 1 were conducted in person at the CYCCs in October 2019. Wave 2 was conducted at participants' homes in February to March 2020. Wave 3 was conducted online in June 2020 to gain insights into the impact of COVID-19 on the participants' transitions (Mupaku et al., 2021). PECS were used in the online interviews, and copies of research tools were sent to participants in advance. Caregivers provided communication support to those who needed it. Waves 4 and 5 were conducted in October to November 2020 and March to April 2021 at participants' homes, after COVID-19 restrictions were relaxed.

The qualitative interviews focused on the care-leavers' narratives about their journeys to independence and the resilience enablers that facilitated better-than-expected outcomes. For example, questions focused on participants' current living arrangement; relationships at home, work and elsewhere and how they experienced these relationships; work and other activities that could occupy them and generate an income; and new opportunities they have had since leaving care. The approach was flexibly adapted, from open narrative questions to more structured quantitative questions as required. Qualitative narrative questions were asked at all five interviews, while structured quantitative outcome questions were asked at the four follow-up waves. A booklet with care-leaving journey and independent living outcome questions, incorporating pictorial symbols and concrete questions, was designed to facilitate communication with participants requiring pictorial support.

The study's trustworthiness was enhanced through prolonged engagement. The same participants were interviewed five times over eighteen months, starting from the point of leaving care. Sometimes, the researcher had to interview the same participant twice in one wave due to insufficient time or the participant's inability to complete the interview in one visit. Additionally, credibility and confirmability were enhanced by triangulating data from the young people with data from their caregivers.

Data Analysis

Qualitative data was analyzed through manual thematic analysis (Matthews & Ross, 2010), according to the following steps: familiarization with the data, initial coding of information, generating themes, reviewing possible themes, defining and naming themes and the final write-up of the findings in the categorized themes (Braun & Clarke, 2006). Data analysis was conducted by the first author and reviewed and revised by the second author. No statistical analysis of the quantitative data was conducted, given the small sample. Instead, quantitative data were summated as frequencies.

Ethics

Ethical clearance for the study was obtained from the Research Ethics Committee of the University of Johannesburg (REC-01-079-2019). Informed consent was obtained from parents or caregivers for young people under 18 or without capacity, and from the young people themselves if they had capacity and were 18 or older (Strode et al., 2010). Consent and assent letters and forms were simplified and had pictorial support to enhance the participants' understanding (Dye et al., 2003). Consent or assent was re-contracted at every interview. Confidentiality was maintained by using pseudonyms and limiting the detail provided on each participant's demographic and disability profile.

Findings

This study focuses on resilient outcomes and the factors that enabled these outcomes in youth with intellectual disabilities and/or autism who grew up in the care system in South Africa. These youth faced the adversity of transitioning into post-care life at around age 18, complicated by the COVID-19 pandemic. Four-monthly follow-up interviews revealed that most participants exhibited resilient outcomes. Three sets of resilience enablers appear to have contributed to these outcomes: personal, relational, and environmental, in line with multisystemic resilience theory.

Table 3

Quantitative results from structured outcome questions

Outcome	Wave 2 Feb-Mar 2020	Wave 3 Jun 2020	Wave 4 Oct- Nov 2020	Wave 5 Mar- Apr 2021
Crime free	6	6	6	6
Drug- and alcohol "free"*	6	6	6	6
Occupied (not NEET)	5	0	3	3
Financial security	6	6	6	6
Physical health & wellbeing	6	4	6	6
Accommodation	6	6	6	6
Family or caregiver involvement	6	6	6	6

* We place "free" in scare quotes to indicate that complete absence of any drug or alcohol activity is not required for the criterion to be met. For example, occasional use of marijuana or drinking excessively occasionally meets the criteria for being drug- and alcohol-free in our study.

Resilient Outcomes Over Time

Table 3 summarizes the number of the six participants who met the criteria for seven independent living outcomes.

The information in Table 3 shows that all six participants remained crime "free" and drug- and alcohol-"free" at all four follow-up interviews. In the first months after leaving care, five participants were occupied: Sue at college, Sihle and Gary in protective workshops, and Clive and Ann at work. One participant, Buhle, was not occupied but had activities at the adult care farm, such as feeding animals and counting eggs. Eight months after leaving care, in June 2020, all participants had to stop attending school or work due to the COVID-19 lockdown. By October 2020, Sue had resumed her studies, and Ann and Clive had resumed part-time work. By March 2021, they had all resumed full-time attendance. The other three participants remained unoccupied until the end of the study, 17 months after leaving care.

All participants received financial support from the South African government (an environmental enabler). They reported receiving approximately R1860 (USD 100) monthly for Disability Grants and an additional R350 (USD 19) per month in Social Relief of Distress Grants.

Four months after leaving care, all participants appeared emotionally stable. However, in June 2020, three months after the COVID-19 pandemic began, Ann and Sue experienced depression (wave 3). Ann had suicidal ideation and Sue attempted suicide. Some factors that impacted their mental health included not going to school or work during the stringent national lockdown. All participants achieved better-than-expected outcomes on maintaining accommodation and family or caregiver involvement after leaving care. While four participants maintained their addresses since leaving care, there were changes in Ann and Clive's accommodation: Ann moved from the care farm to her family of origin's house, while Clive moved from the care farm to independent living.

Resilience Enablers

The qualitative interviews sought to uncover the resilience processes that enabled care-leavers with intellectual disabilities and/or autism to transition more easily into young adulthood, particularly given the challenges of COVID-19. These have been clustered into three broad categories aligned with multisystemic resilience: personal, relational, and environmental enablers. Structural enablers were mentioned in the previous section – the care farm and government grants – but not in this section, as participants made scant reference to them.

Personal resilience enablers

Most participants did not report personal resilience enablers, for example, Gary, Sihle and Buhle. They all had severe and complex needs, which may have impacted their awareness of or capacity to report on personal resilience. They were, however, more able to report on environmental enablers as fostering their transition towards adulthood and good quality of life, such as work and community activities.

Other participants, however, reported personal resilience processes such as self-determination, self-care and optimism as improving their quality of life. Sue, for example, reported (wave 4) self-determination, curiosity, self-awareness, and writing:

> *To solve these challenges, I keep persevering, remain curious. I ask questions to know more. And regarding people's perceptions about autism, I keep gently explaining what Aspergers is. I am sensitive, which can sometimes be a weakness and a strength. I am suspicious of people. And what helps me when I face problems is writing things up. I write my own story, my college teacher has been horrible to me, and she thinks I fake my Aspergers. Her attitude has made attending college hard.*

Self-determination varied for each care-leaver due to varying levels of intellectual functioning and freely choosing goals impacting their quality of life. Sihle reported (wave 2) self-care as a personal resilience enabler, saying, "I help to make the bed, brush my teeth and dress…" When asked about his challenges, he said, "No challenges". Self-care skills are typically considered favorable, especially for attaining developmentally appropriate milestones.

Ann constructed autonomy as achieving freedom of movement. She said (wave 2), "I have learned to use public transport when I went home for holidays, and I will be going to work at a charity shop and will use a taxi [public transport], to go to work."

Clive demonstrated optimism by being hopeful that he would achieve independence by securing a place to stay, despite the considerable challenge that COVID-19 presented. In addition, Clive showed a link between his beliefs in his abilities and the means to achieve his goal (wave 4):

> *I was planning to move out of the farm after a few months so that I can stay by myself, but when COVID happened, my plans fell apart. I did not have money since I was getting paid based on jobs completed, so since everyone was at home, there was no money, soon I will save up for deposit.*

Although personal resilience enablers did not feature prominently, participants hinted how optimism, self-determination, autonomy, self-care, and curiosity build resilience and motivation to keep trying, even when external factors are unfavorable. These personal processes allowed these care-leavers with disabilities to move towards independence and well-being.

Relational resilience enablers

Relationships are essential and become a support system for care-leavers. They provide support and a sense of security, enabling better-than-expected outcomes. For care-leavers with disabilities in South Africa with low socio-economic status, relational resources in the community and their homes become instrumental in protecting care-leavers from further disadvantage. This study found relational enablers to align with the person-in-environment framework applied in social work practice (Van Breda, 2018b). Sue said (wave 4):

> *What I think helps me with the transition to adulthood is having supportive friends. My faith as a Christian strengthens me and helps me to keep good behavior. I spend a lot of time with my mum– we cook and bake and watch some cooking shows on TV. This brought us closer, especially during COVID-19.*

Expanding on the role of family relationships, Sue said (wave 4), "My family is supportive; I am close to both parents. Both mum and dad are involved, and mum's friends check up on me often. I also see my brother, who is also autistic, every fortnight."

Sihle (wave 2) drew his ecosystem with seven people supporting him: two community members from the church, a former foster mother's two children, a donor, and a former foster mother. Dorothy, Sihle's caregiver said (wave 2), "Going to church helps him to form relationships; a lot of people care for him."

Stable relationships were a relational resilience enabler contributing to better-than-expected outcomes for most disabled care-leavers in this study. Unfortunately, COVID-19 complicated their transition, and limited services were available to promote their well-being during the pandemic. However, relationships contributed positively during these difficult times. Sihle's caregiver, Dorothy, said (wave 3):

> *Lockdown has helped him to get close to my children. They are in the house together and play and teach him how to clean up after himself. He does not worry about COVID-19. He plays and cooks with my children like brothers. He is happy.*

Sihle confirmed this (wave 3), saying, "I play with brothers outside."

Similarly, Ann reported experiencing positive relationships with an adult caregiver as a resilience enabler. In particular, she emphasized the interactional nature of this relationship, both giving and receiving help (wave 2):

> *"Aunty [Ellen] helps me a lot. I have some friends at the charity shop that helps me sometimes. When things are difficult, I can always ask Aunty [Ellen] for help. Sometimes I help Aunt [Ellen] to cook and write a list of groceries needed for the house. We all sit and eat together. Sometimes I am lazy and do not want to do anything, but Aunt [Ellen] calls me to come and learn. We watched TV and cooked together when we could not go anywhere."*

As with personal resilience enablers, although participants did not share much about relational resilience resources, these were present and warmly reported. Relationships mentioned included friends, parents, siblings, church members, and caregivers. These supportive others engaged participants in interactions that facilitated behavior regulation and self-care and involved shared time (mainly cooking), playing, volunteering and being checked up on, generating feelings of closeness and being cared for.

Environmental resilience enablers

Environmental enablers draw conceptually on the social-ecological perspective and the person-in-environment framework. They denote an individual's interaction with their environment, looking at enablers that care-leavers with disabilities interact with, such as community safety, social activities and family financial security. Youth with disabilities are vulnerable to discrimination and attitudinal barriers in society. Being in a safe and affirming environment promotes the attainment of better-than-expected outcomes.

Initially, Sue experienced difficulties with changes to a new environment, which left her feeling alienated and alone (wave 2): "Adjusting to the new place has been difficult. And people not understanding me, people's perceptions about Aspergers and the limitations those perceptions brought."

During wave 2, however, Sue showed early signs of adapting to her environment and dealing with attitudinal adversities through mobilizing a range of environmental resources, such as family support, community safety and professional help:

> *I see a psychologist for therapy, and I find that helpful for my mental health. And I love my new home on the farm. I find it peaceful, and the community is close. So, I feel safe most of the times.*

By wave 4, Sue's anxieties about her environment appeared to have abated, replaced by the feeling of safety and freedom:

> *I have not been homeless. I mostly live with my mother on the farmland and visit my dad. I am thankful for my parents and that I have a place to stay where I do not have to pay rent. The neighborhood is safe, and I can go for jogs and walks without being afraid. I also enjoy cooking activities with my mother and horse riding.*

Gary, Sue's brother, also enjoyed a safe living environment. Avery, Gary's mother, said (wave 4):

> *He is safe at his father's house. And also, when he comes to visit me, our neighborhood is safe – people are accommodative. Going out with an autistic child with multiple needs can be challenging, but our communities mostly have kind people that are understanding of his behaviors, mannerisms, and sensory processing difficulties.*

Ann continues with her care-leaving journey and strives towards independent living. She must use public transport and thus interact with people. Being in a safe and accommodating environment where she can travel without worrying about crime or disability discrimination promotes positive outcomes, such as maintaining a job. To express this safety, Ann said (wave 2), "I can take a taxi [public transport] by myself and pay my taxi fare. When I get home from work, I spend time with my cousins."

Ann's work environment was another environmental resilience enabler (wave 2): "I work at the charity shop, and I like my work; I help in the shop with packing and looking to see that no one steals."

Community safety and family financial support aided the attainment of positive outcomes. In Ann's case, during COVID-19 she had to stop working (wave 3), causing her mental health to deteriorate. However, as soon as the restrictions were relaxed and she could return to work, even part-time, she began to report better outcomes. At the same time, although she reported experiencing emotional distress, she mentioned that having a work routine contributed positively towards her mental health (wave 4):

> *I have moved from the adult farm back to my aunt's house. There were no times I did not have a house to stay, I am glad I have a home. I pay rent at my aunt's house. My aunt pays for everything else that we need in the house. When I get my salary, I give it to her, and she helps me with it. I love being at work; I feel happy and enjoy talking to people also. When I had to stop going to work because of COVID-19 lockdown, I felt sad; it was so difficult being at home the whole time.*

Clive experienced the adult care farm, where he had transitioned to, as a safe place that offered him a chance to bounce back since he had lost his work during the lockdown and was saving towards renting a communal flat. He reported (wave 2), "I like being at the care farm. We have many activities to do. But I am planning to move to a commune once I have enough deposit and rent money."

Although Clive experienced a loss of work due to the pandemic, the stable dwelling environment was a constant in his life (wave 3):

> *During the time when little was known about Coronavirus, staff at the farm gave us activities, and we were protected from a lot of the problems, like food, money, a place to stay. We had food even when I had lost my work. It was good that aunty Ellen could still ensure we got food at the care farm in lockdown. We could not go out as we did, but we played so many games indoors and outdoors, and the farm has so much space. So the pandemic was not hard on us.*

Clive reported environmental resilience enablers that helped him avoid homelessness. In addition, he reports a series of three supported living environments where the level of support gradually decreased over time (wave 4):

> *I have not had any problems with housing. I wanted to move out from the care farm; then COVID happened, so I couldn't. I stayed at the farm for a little while, especially when I was doing part-time work. This helped me to plan for my independent living. Eventually, I moved to a communal place, and I used to get some support from the care farm. But now I am independent; the relationship with Ellen's family and care family has helped me to where I am now.*

Buhle used PECs to identify some of the activities he is involved in at the care farm, such as collecting eggs and feeding animals. When asked how he feels about his engagement and safety (wave 2), he selected the happy smile face and said, "Buhle happy." Sihle similarly said (wave 2), "I like new home." Their happiness with their living environment suggests positive outcomes in coping with the transition out of care and maintaining mental health stability. Gary pointed at a smiley face when asked if he liked his home (wave 2). His mother, Avery, said (wave 2):

> *He prefers to be at his father's house. He has more space and is familiar with the house from when he was young. When he visits here, he likes the little garden and can sit there and help water the plants.*

Buhle, Clive and Ann had financial security through the adult care farm when they exited care. However, this financial security changed for Clive and Ann when they moved out of the care farm (wave 4). Clive maintains his financial status through his full-time employment, and he does not receive a Disability Grant since the Department of Social Department does not see his disability as sufficiently severe.

Ann resides with her extended family of origin, and financial resources are scarce. However, she receives a disability grant and a stipend for her part-time charity work. Three care-leavers with more complex needs were not in employment, education, or training (NEET). Buhle, Sihle and Gary had no formal education. Regardless of the impact of COVID-19, their emotional well-being seemed relatively stable. However, four participants, including those with complex needs, maintained mental health, while two experienced mental ill-health.

Compared with personal and relational enablers, participants shared expansively about environmental enablers. Their living environment appears central to their experience and thinking for better-than-expected outcomes. In summary, participants referred to community safety and acceptance, stable but flexible accommodation, opportunities for increased independence, activities in the neighborhood, work opportunities, financial support, food security and psychotherapy as critical environmental enablers.

Discussion

This study suggests that various resilience enablers are important for care-leavers with intellectual disabilities and/or autism in South Africa to achieve better care-leaving outcomes. These enablers include personal factors (such as optimism about the future), relational factors (such as family, friends, and family-like relationships), and environmental factors (such as financial security, community safety, and social activities). It is noteworthy that one outcome can become an enabler of other outcomes. For example, being employed is a positive outcome that can facilitate emotional well-being, creating a virtuous cycle.

Contemporary resilience theories moved from identifying to promoting resilience (Schofield et al., 2017). Promoting resilience requires considering various factors, such as personal, relational and environmental resilience. Personal resilience refers to an individual's traits and qualities, while relational enablers derive from the individual's interaction with family and friends, and environmental enablers on community safety, accommodation and financial security (Van Breda & Dickens, 2017). These enablers collectively contribute to multi-systemic resilience, where various systems interact (Ungar & Theron, 2020) promoting better outcomes after leaving care.

Personal resilience enablers were not prominent in this study with care-leavers with intellectual disabilities and/or autism. Some participants were optimistic about the future, despite the uncertainty caused by COVID-19, which can predict adult resilience (Theron, 2020). These care-leavers had less complex needs and had more opportunity to exercise self-determination and engage in further education or employment opportunities. Similarly, hopefulness underpins young people's resilience when faced with structural disadvantages (Goodman et al., 2017). These participants showed capacity to understand themselves, their adversities and environment, which may have contributed to their optimism and hope. Participants described as having severe or complex needs did not clearly articulate optimism, yet they achieved better-than-expected outcomes. Other resilience research found that emotional stability, behavioral and social skills, communication and life skills promote resilience (Theron, 2020). Our study confirms the importance of personal resilience enablers for care-leavers with intellectual disabilities and/or autism, even though those with more complex needs may be less aware of or able to articulate them.

Care-leavers with intellectual disabilities and/or autism reported fewer relational resilience enablers than personal enablers, likely due to their limited access to support networks, particularly during COVID-19 which restricted their contacts. Some came into care due to family abuse, neglect, or abandonment (Walakira et al., 2014). Nevertheless, participants frequently reported parents and siblings as supportive relationships, facilitating their transition out of care. Others also mentioned friends, caregivers and church members as important sources of non-family support. When care-leavers emerge as adults, close relationships with peers and mentors can help them to be resilient (Burt & Paysnick, 2012) COVID-19 restrictions severely curtailed participants' ability to reintegrate with previous or build new relationships. Despite their limited social networks, participants maintained a few strong relationships that provided stability during their transition.

Care-leaving resilience research indicates that care-leavers rely primarily on personal relationships to deal with life's challenges (Van Breda, 2015). However, in this study, care-leavers with intellectual disabilities and/or autism rely less on relationships, perhaps by choice or perhaps by opportunity (Scheffers et al., 2020). While interpersonal relationships can enable resilience, most care-leavers with intellectual disabilities and/or autism in this study experienced limited interpersonal relationships (Mupaku et al., 2021). Relational and structural barriers hinder care-leavers with disabilities from establishing and maintaining social connections. These hurdles include segregated placements, limited opportunities for inclusive social interactions, constrained independence, and potential paternalistic attitudes and low expectations from adults in their lives.

It is unclear from this study whether the limited access to supportive networks resulted from COVID-19 restrictions or other factors. The social model of disability argues that addressing disabling experiences and environments would help to promote equal opportunities to participate in society and greater access to social relational support (Rembis, 2019). However, in this study, COVID-19 may have undermined the interdependency of systems preventing the emergence of an enabling network of relationships. This isolation and the loss of the benefits of social networks could have further isolated and marginalized our participants (Mupaku et al., 2021).

Perhaps the most striking feature of this study is the prominence of resilience processes in the environment. Systematic reviews of resilience have tended to find that environmental resilience enablers are under reported, compared with personal and relational enablers (Van Breda & Theron, 2018) even though there is a strong commitment among resilience scholars to champion the environment and multisystemic resilience (Theron & VanBreda, 2021). However, research among care-leavers in South Africa found that environmental enablers were prominent (albeit less prominent than relational enablers) for care-leaving outcomes (Van Breda & Dickens, 2017).

In this study, care-leavers with intellectual disabilities and/or autism report relying on informal support systems, although very small and mostly family-based systems, perhaps due to a lack of care-leaving legislation and aftercare programs (Van Breda & Dickens, 2016). All participants experienced financial security during their transition, from their family of origin or family-like relationships, working or social security (grants). Financial security contributes to the wellbeing of disabled young people transitioning out of care. Despite the massive loss of employment among many citizens in South Africa during COVID-19 (Schotte & Zizzamia, 2023), care-leavers had financial support through their relationships and government. Governmental financial support, which constitutes a structural environmental resilience enabler, can be considered in line with the social model of disability, in that it removes financial barriers that would have negatively impacted on these care-leavers' transitions. However, the disability grant was inadequate (Mzini, 2021) to meet all the needs of care-leavers with disabilities, and the funds were centrally managed by their caregivers.

Another environmental enabler was social activities, which are instrumental in improving youth's quality of life. All participants were involved in social activities (protective workshops, work, school and adult care farm). The value of these social activities was noted during this study when three participants experienced mental health deterioration due to curtailing these daily social engagements. Social engagement fosters a positive image of self and reduces risks of depression or anxiety (Hollingworth, 2012). Research on care-leaving and disability has reported that social activities are significant in promoting positive outcomes (Kelly et al., 2016; MacDonald et al., 2016). However, these positive activities often rely on supportive social networks to help establish and sustain them (Scheffers et al., 2020). The heavy reliance on caregivers to guide disabled care-leavers in social activities may, in some cases, not be an enabling factor.

Stable accommodation was central to environmental enablers, especially during COVID-19, when people experienced more hardships and homelessness. Care-leaver research has consistently shown poor outcomes for care-leavers experiencing homelessness, especially during the first year of leaving care (Chikwava et al., 2022). Care-leavers with disabilities have also been found homeless or in inadequate housing for their needs (Mendes & Snow, 2014). Although participants did not experience homelessness in this study, not all maintained the same address after leaving care. Most transitioned to an adult care farm, a non-profit initiative, owing to limited housing for adults with intellectual disabilities, especially those with severe to profound levels of impairment.

Access to housing contributes to stability after leaving care, especially in South Africa, where poverty is rife, and many people experience homelessness or reside in informal houses with no access to clean water, sanitation and electricity (Dickens & Marx, 2020). Research on environmental enablers for other peers fluctuates – some experience structural resilience enablers, while others do not (Van Breda & Theron, 2018).

The dynamic interaction between the relational and environmental enablers for care-leavers with intellectual disabilities and/or autism is noted here, where some secured accommodation through their relationships, as other care-leaving research has found (Van Breda, 2015). While in some countries, the state provides transitional housing for care-leavers as part of a structured and guaranteed package of support for care-leavers – thus constituting a clear structural or environmental enabler that has many benefits for care-leavers (Glynn & Mayock, 2023) – there is no such provision in South Africa. Care-leavers thus rely on relational networks or their capacity to leverage weak ties to gain access to accommodation with friends, family, neighbors, and strangers.

Limitations

The study had three primary limitations. First, the small sample size (six young people) does not reflect the experiences of all care-leavers with intellectual disabilities and/or autism in South Africa. However, the study aimed to gather in-depth data over time on resilience factors, rather than generalizable data. Second, some participants had limited speech and language, so findings were based on caregiver descriptions and interpretations, as well as the PECS used to facilitate engagement. Third, the study relied on self-reports, which may be biased. This was mitigated by triangulating data with caregivers.

Implications

Although participants identified and verbalized relatively few personal resilience enablers, these remain essential skills for care-leavers with intellectual disabilities and/or autism to learn, starting in childhood. There is a risk that disabled youth may be infantilized and not allowed to practice autonomy and self-sufficiency. Therefore, enough space to learn and grow through trial and error remains vital for this group. Hlungwani & Van Breda (2022, p.138) describe this as "managed opportunities for independence".

Although participants did not extensively mention relational enablers, they were present in the narratives of all participants. Early building of supportive networks of multiple caregivers, friends, family, neighbors and others is crucial, particularly when the time comes to transition between living spaces or work environments. Social service professionals should foster stable relationships that continue across transitions as essential components of well-being.

Finally, the role of environmental enablers comes through strongly in these findings, confirming the social model of disability that turns the focus away from the individual and their impairment towards the need for a more inclusive and empowering society. Participants spoke extensively of critical environmental enablers facilitating greater autonomy and wellbeing. Care plans must give extensive attention to fostering such environments, and social service professionals should advocate for improved aftercare for care-leavers with disabilities.

In combination, these implications suggest the need for comprehensive and multi-faceted programs across the person-relational-environmental levels of the social ecology. In line with multisystemic resilience, working across these levels can be expected to contribute exponentially to the care-leaving outcomes of young people with intellectual disabilities and/or autism.

Conclusion

This pioneering study on care-leaving among South African youth with disabilities is the first to uncover the resilience factors that facilitate their transition from care to greater independence. Despite the unexpected complications brought on by COVID-19, including stalled transitions and increased fear and anxiety, most participants displayed better-than-expected outcomes. These outcomes underscore the significant role of an enabling environment – one that fosters understanding, acceptance, support, encouragement, social engagement, and love. The flourishing of care-leavers with disabilities hinges on society's commitment to equitable resource access for resilience in a more inclusive and equitable society.

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