

Care-leaving in South Africa: an international and social justice perspective

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ABSTRACT

Internationally, the care-leaving debate began in the 1970s. The poor outcomes associated with care-leaving in the United Kingdom, United States of America and Australia prompted attention resulting in policy change in recent years, which continues to develop. The experience and outcomes for care leavers in South Africa reflects that of their contemporaries in other countries, however, contextual factors compound the problems that they face and there is little support available to them. This paper discusses some of the challenges facing care leavers and the development of the care-leaving debate, legislation and policy in the United Kingdom, United States and Australia. A comparison of the care-leaving arena in South Africa and the support services available to care leavers in the different countries will be presented. The paper concludes by arguing that the absence of services for care leavers is a neglect of the state's responsibility as corporate parent, and represents an issue of social justice.

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Introduction

The care-leaving domain is a relatively recent field of legislative change and academic interest. Three countries (United Kingdom, United States and Australia) appear to be at the forefront in implementing new legislation and policy to assist care leavers. These changes are well documented providing a body of literature which has been used as the benchmark against which South African legislation and policy is presented in this article. Care-leaving legislation and policy in the United Kingdom (UK), United States of America (USA) and Australia has evolved in response to the persistent negative outcomes for care leavers such as poor educational achievement, homelessness and increased risk for mental health issues. Although the development and implementation of legislation and policy has been variable across countries, the past four decades have seen a steady trajectory of improvements in service provision to care leavers in these three countries. In particular, the importance of legislation that mandates support to care leavers beyond the age of 18 has been noted and actioned.

In comparison, South Africa has minimal and discretionary legislation, broad policy and no mandated services for care leavers. South African care leavers face the same challenges as their international counterparts, but these challenges are compounded by other

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problems, endemic to the South African context; poverty is widespread, unemployment and NEET (Not in Education, Employment or Training) rates among youth are high, and the communities to which care leavers return are characterised by violence and crime. This paper provides an overview of the challenges faced by care leavers internationally and the development of international care-leaving legislation and policy in response to these challenges. The challenges faced by South African care leavers are discussed, and the current legislative and policy contexts presented. The neglect of the state to consider and address care leavers' challenges is argued as a failure of its role as corporate parent. Drawing on the theories of social justice suggested by Abel and Austin (2014) and Powers and Faden (2006) it is further argued that this represents an issue of social justice.

Care-leaving and the outcomes associated with care leavers

Care leavers are young people who have exited the residential care system (a Child and Youth Care Centre (CYCC)). There are a number of reasons for their discharge; they may have achieved the age of majority (referred to as 'ageing out' of the system), they may choose to leave the CYCC, or they may leave due to placement breakdown. Care leavers are a particularly disadvantaged group in society. They are 'catapulted' into their futures, frequently with little preparation and having few, if any, helpful or reliable supportive relationships, and in contexts that are frequently inadequately resourced (Mendes & Moslehuddin, 2006; Stein, 2008). Further, care leavers often take with them a legacy of unaddressed learning, developmental and emotional delays, which further hamper their transition to adulthood (Driscoll, 2011; Horoi & Ost, 2015). Care leavers who exit the system because they have reached the age of majority are assumed to have a level of maturity and ability to cope based on their achievement of this age related milestone, and are expected to segue seamlessly into adulthood (Henig, 2009).

The literature reflects that care-leaving is associated with poor outcomes over several key domains of functioning. Educational achievement is widely recognised as one of the least successful and most challenging aspects of the care system, which has far-reaching consequences for care leavers as they seek employment and housing (Berridge, 2012; Rogers, 2011; Zetlin, Weinberg, & Shea, 2010). In comparison with their non-cared for peers, care leavers experience more problems with their physical health, have increased risk for mental health and substance problems, and are more likely to experience periods of homelessness (Berzin, Rhodes, & Curtis, 2011; Betz, 2010; Dixon, 2008). Female care leavers are more likely to be pregnant at an early age, and male care leavers under the age of 20 are more likely to experience arrest and incarceration (Cusick, Havlicek, & Courtney, 2012; Dworsky & Courtney, 2010). These ongoing challenges prompted changes in legislation and policy in the countries that are discussed in this article.

Corporate parenting

In light of these outcomes it is perhaps not surprising that many care leavers continue to make use of welfare services lifelong (Gharabagi & Groskleg, 2010; Malia, Dowty, & Danjczek, 2008). It was against this backdrop, and the continued poor outcomes for care leavers that the development of legislation and policy took place in countries such as the United Kingdom, United States and Australia. In what may be regarded as a

tandem process, the concept of corporate parenting emerged (Hart & Williams, 2013). Bullock, Courtney, Parker, Sinclair, and Thoburn (2009, p. 9) suggest that children in long term care not only need the same type of parenting as children in 'ordinary families', but that they have particular needs, such as the management of their contacts with their families of origin and therapeutic intervention. The authors go on to argue that successful corporate parenting requires 'something extra, rather than something different' (Bullock et al., 2009, p. 9). The countries where legislation and policy to assist care leavers are developed appear to recognise this, whereas in South Africa this appears not to be the case.

The care-leaving debate began in the 1970s in the UK, and the 1980s in the USA. In Australia, care-leaving was first mentioned as an area of concern in 1989 (Mendes & Moslehuddin, 2006; Stein & Wade, 2000). In response to the poor outcomes associated with the care system, policy changes have been implemented in recent years, principally in the USA, UK and Australia, although the extent and pace of implementation and growth have been variable (Dixon, 2008; Mendes & Moslehuddin, 2006; Stanley, 2007).

Care-leaving legislation and policy: United Kingdom

In the United Kingdom the Children Act (UK, 1989) expected local authorities to provide services across a number of domains. These included preparation for life after-care, advice and support, financial and accommodation assistance, and provision for representation and complaints (Wade & Munro, 2008). The discretionary aspects of the Act led to variances in the supports available to care leavers, and many local authorities lacked formal care-leaving policies. Nevertheless, there were successes and improvements overall (Mendes & Moslehuddin, 2006). The Labour government's focus on social exclusion underpinned the Children (Leaving Care) Act (UK, 2000). Local authorities were obliged to assess a comprehensive range of care-leaving needs, develop an individualised pathway plan and personal advisor for each care leaver, and provide services until the age of 21. In addition, the Homeless Act mentions services for youth at risk, specifically care leavers (Mendes & Moslehuddin, 2004; Wade & Munro, 2008).

Care-leaving legislation and policy: United States

Care-leaving legislation in the USA evolved in several distinct waves. Funding for independent living programmes for young people in care was provided for the first time in the 1986 Independent Living Initiative (Courtney, 2008). In 1988, amendments to the legislation saw funding increased and services provided to all care leavers, including mandatory follow-up services for six months post discharge (Collins, 2004). Further changes were implemented in 1999, 2002 and 2008, which expanded the use of funding to include room, board and medical cover, provided funds for post-secondary education or training, and mandated the implementation of individualised care plans (Collins, 2004; Stott, 2013).

Care-leaving legislation and policy: Australia

In Australia the response to care-leaving challenges has been slow and fragmented, as the different states each have their own legislation or policy. However, common features

include planning for discharge, post-discharge support, some funding for housing, and recognition of homelessness as a problem among care leavers (Cashmore & Mendes, 2008; DRHCSIA, 2010; Mendes & Moslehuddin, 2004).

Care-leaving: the South African situation

Department of Social Development (DSD) (2013) figures show 13,987 children living in 256 children's homes, registered with, or run by, the DSD. These figures do not include children living in non-registered facilities, temporary places of safety or partial care facilities. This is a sizeable number of futures likely to be impacted by the negative outcomes associated with being in care, yet in South Africa, the care-leaving debate has only recently surfaced as an area of academic interest among a small group of individuals. Consequently, there is little literature to review (Tanur, 2012). Two organisations appear to be the primary driving forces in the generation of care-leaving literature in South Africa: Girls and Boys Town in partnership with the University of Johannesburg (Dickens, van Breda, & Marx, 2015b; van Breda, 2015), and Mamelani Projects (Tanur, 2012).

The outcomes for young people leaving care in South Africa reflect that of their contemporaries in other countries. Care leavers in South Africa show similar outcomes in terms of mental and physical health problems, homelessness, juvenile crime, prostitution, low educational attainment and inadequate social support systems (Dickens et al., 2015; Tanur, 2012). However, Tanur (2012) identifies a number of additional challenges faced by young people, endemic to South Africa, which compound the problems experienced by young people leaving care.

Low socio-economic conditions prevail in South Africa and severe poverty affects a great many young people (Nduna & Jewkes, 2012). The economic climate has resulted in an unemployment rate of 27.7%, and unemployment among youth under the age of 25 is as high as 50% (Dawson, 2014; Statistics South Africa, 2017). The NEET rate among young people between the ages of 15 and 24 is 30.1% (Statistics South Africa, 2017), a figure that (Dickens, 2017 in press) states is reflected in the population of care leavers. It is in this climate that young people, including care leavers, are frequently expected to provide, not only for themselves, but for their extended families as well (Dawson, 2014; Reuben, 2017). Housing also presents a significant challenge, as considerable backlogs exist in the building of reconstruction and development programme (RDP) housing, and many people, from necessity, live in shacks (Hall, 2016). HIV is a further challenge; the infection rate among young people is high, and many young people are placed in care because one or both parents have died from Aids-related illnesses. It is estimated that one third of young people between the ages of 15 and 34 live in youth headed-households (Tanur, 2012). Youth between the ages of 14 and 25 make up 35.4% of the prison population, and the rate of recidivism, particularly among male offenders, is high. The communities to which care leavers return are characterised by alcohol and substance abuse, violence and gang activity (Tanur, 2012).

The field of care-leaving in South Africa is currently the concern of a small group of researchers and practitioners, with Mamelani and Girls and Boys Town, in partnership with the University of Johannesburg, leading the way. The Mamelani (2013) paper focusses on the experiences of young people as they transition out of care and

interventions to prepare young people for this transition. The Girls and Boys Town (GBT) study concentrates on the social processes young people engage in as they journey out of residential care towards independent living (van Breda, 2015). The emphasis of the research is resilience, outcomes and emerging theory (Dickens, 2016; van Breda, 2015).

The resultant findings are informing an emerging theory of care-leaving that sheds light on how young people engage with the world as they journey towards adulthood (van Breda, 2015). Notably, (van Breda, 2017 in press, p. 9) suggests that preparation for leaving care is a 'crucial task' that should be 'detailed and specific'. van Breda (2017 in press) further states that there appears to be a critical moment as the young person is on the cusp of leaving care, and a critical window period in the first few months after leaving care, in which to establish the care leavers pathway from care. Simply having a plan is insufficient, and the provision of services immediately after leaving care appear to be especially important (van Breda, 2017 in press). The results of this study have the potential to inform child and youth care practice, and to that end, GBT has embarked on a longitudinal study that tracks GBT care leavers from the time they exit the system into young adulthood (Dickens et al., 2015).

South African legislation

In the era of democracy in South Africa since 1994, developmental social welfare has been adopted as the overarching approach to service provision (Patel, 2015). The developmental approach stresses the integration of social and economic development, and community based, integrated, pro-poor services that are decentralised and widely available (Patel, 2015). Increased economic participation and social well-being result in less reliance on state support, and promotes access to other systems that are already in place, such as kinship or community care (Dickens, 2017 in press). However, the developmental approach has not made enough of a change in the lives of many children and young people, and residential care remains their only option.

The development of South African legislation follows a similar trajectory to the international arena, but began much later. In 1995, the Inter-Ministerial Committee on young people at risk was formed and tasked with developing a policy framework aimed at transforming the child and youth care system (Department of Social Development, 2010). Their findings mirrored those that prompted developments in care legislation in other countries, in particular the poor outcomes associated with care-leaving and the importance of mandated support beyond the age of 18 for care leavers. The recommendations, published in 1996, formed the basis of the section on residential care found in the 1997 White Paper for Social Welfare (RSA, 1997).

The now-defunct Child Care Act (RSA, 1984) set out the requirements for registering and monitoring a child and youth care centre (CYCC), but made no stipulations with regard to service provision. The 1998 amendments established minimum norms and standards, stipulated that children of school going age must be enrolled at school or an appropriate alternative programme, and included behaviour management strategies. Overall, there was an emphasis on care and protection that had previously been lacking (Department of Social Development, 2010).

The new Children's Act (RSA, 2005) saw a considerable shift in emphasis and developments in service provision. Arguably the most significant development was the emphasis

on the rights of the child. The Children's Amendment Act (RSA, 2007) detailed the types of programmes that could be offered and the conditions under which a CYCC must operate. In addition, provincial departments were empowered to regulate the establishment and development of CYCCs and provision was made for quality assurance checks (Department of Social Development, 2010).

Contemporary South African legislation shows major shifts from pathology to systems and development, from institutions to differentiated CYCCs, and from fragmented to integrated programmes and holistic service provision to each child and family. However, many of the services are discretionary (Department of Social Development, 2010). Optional services are those that address social functioning issues such as substance abuse, treatment of psychiatric disorders and therapeutic and developmental programmes (RSA, 2007). The problems and challenges that face children and young people in care have been discussed earlier in this article. It seems unfortunate that services designed to improve social functioning are regarded as optional (Bond, 2010; Carr, 2014).

The implementation of the Children's Amendment Act (RSA, 2007) represented a considerable step forward, as it contained details of a range of services that could be provided to children and young people in care including transitional services to care leavers. However, the Children's Amendment Act, section 191(3)(e) contains the following paragraph concerning transitional services to young people leaving care:

A Child and Youth Care Centre may in addition to its residential care programs offer a program to assist a person with the transition when leaving a Child and Youth Care Centre after reaching the age of 18

The use of the word 'may' is significant as it serves to make the above a suggestion, rather than an instruction. As a result, care-leaving and after-care services become discretionary. CYCCs are vastly underfunded and resourced, and for many it is a challenge simply to provide basic services and necessities for the young people in their care (Bond, 2017; Loffell, 2007). Transitional services and after-care support are frequently minimal or non-existent (Bond, 2017; Tanur, 2012). The emphasis of the Children's Amendment Act and the Norms, Standards and Practice Guidelines for the Children's Act (Department of Social Development, 2010) is on children and young people in care. In the absence of legislation that makes transitional services a requirement, and clear, direct policies that provide direction and funding, transitional services continue to fall by the wayside.

South African policy

If legislation is minimal and not directive, policy is nominal and broadly phrased (Department of Social Development, 2010). The Minimum Norms and Standards document (Department of Social Development, 2010) states that a child has the right to continuity of care, but goes on to describe providing information about the next step, linking a child with resources and the responsibility of the social worker for making the first appointment with an external social worker only. No mention is made of planning, exit strategies or specific information about the nature of the resources a child might be linked to, or ongoing support. Tanur's (2012) research clearly indicates that preparation and after-care support services are critical to the success of young people transitioning out of care, and the programme for young people leaving care developed by Mamelani, in

conjunction with the findings from the GBT research, could form the basis for more detailed and specific care-leaving policy.

Service provision to care leavers in South Africa in contrast to the United Kingdom, United States and Australia

In contrast to the countries discussed in this article, South Africa provides no financial support to young people leaving care. Currently, the only option available to young people in care in South Africa is to remain in the care system in order to continue to receive social assistance. However, the assistance consists of either a foster care grant or subsidy for the CYCC, which is paid directly to a foster parent or the CYCC (Department of Social Development, 2010) and thus cannot be regarded as transitional support.

A further difference is found in the absence of mandated transitional planning in the form of an individualised pathway plan and after-care support services (Bond, 2015; Gaskell, 2010; Mendes, Johnson, & Moslehuddin, 2011). Although the Individual Development Plan is meant to be reviewed on a regular basis throughout the young person's placement at a CYCC, and in particular in their last year, it does not extend beyond their exit from the system (Department of Social Development, 2010). This is particularly regrettable, as the literature clearly shows that outcomes for care leavers are enhanced when their exit from care is discussed and planned in good time, and they can continue in a supportive relationship with at least one adult with whom they have a positive connection (Coyle & Pinkerton, 2012; Natalier & Johnson, 2012; Nesmith & Christophersen, 2014).

It is possible to suggest that availability of resources may underlie the differences between the international and South African services to care leavers. The new South African government inherited a significant burden of social ills when it came to power in 1994. While some inroads have been made, poverty, crime, inadequate education, housing and health all remain as significant challenges needing policy and financial resources (Statistics South Africa, 2016). The needs of a relatively small population of individuals may not be seen to require special attention. However, the guidelines for the alternative care of children was accepted by the United Nations in 2010. (United Nations, 2010). This indicated agreement by all governments, including South Africa, that the recommendations for policy and practice contained in the guidelines are 'well founded and desirable' (Cantwell, Davidson, Elsley, Milligan, & Quinn, 2010, p. 3).

Section E of the guidelines addresses after care support for care leavers (United Nations, 2010). Cantwell et al. (2010) discuss this section of the guidelines and the development of legislation and policy to ensure that planning for leaving care is in place is specifically mentioned. Also mentioned by Cantwell et al. (2010) are designated support workers, the continual assessment of care leavers and allowing young people to remain in care as they move into young adulthood. They further describe a comprehensive range of social factors that should be addressed, such as housing, health and education, as well as the provision of ongoing support for care leavers (Cantwell et al., 2010). However, it seems that in South Africa, the guidelines for the alternative care of children are not informing the development of legislation and policy. It may be argued that in neglecting its commitment to this aspect of international legislation, South Africa is also neglecting its commitment to the developmental approach to social welfare, the foundation of which is

the relationship between social and economic development for the empowerment of people (Patel, 2015). Care leavers are sent into their futures ill equipped to take part in the economy. Their backlog of social problems and the social contexts to which they return ensure that, for many, the social and economic empowerment envisioned in the developmental approach never happens.

Discussion

The question that arises from the above discussion is why are residential care, the children and young people in CYCCs and the services associated with residential care, apparently so marginalised at legislative and policy levels in South Africa? The answer is multifaceted.

Children represent 18.6 million, or just over one third, of the population in South Africa (Hall, Mentjies, & Sambu, 2014). As previously stated, figures show 13,987 children in residential care across South Africa (Department of Social Development, 2013). When considered as a percentage of a total population of children in South Africa, and when compared with 550,000 children in foster care, the challenges of such a small group of individuals may well be regarded as less of a priority (Department of Social Development, 2013; Financial and Fiscal Commission, 2013). However, in other parts of the world, foster care is also the most common form of alternative care, nevertheless a comprehensive range of services is in place for young people who exit residential care (Wade & Munro, 2008).

Vulnerability is another factor that might influence the lack of attention to care-leaving. The level of vulnerability of children in South Africa generally is vast, and the range of challenges and risks to all children and young people overwhelming. In addition to the problems already discussed in this article, such as poverty, HIV, orphanhood, child headed households, malnutrition and abuse, children and young people are also at risk of ill health, are exposed to inadequate health care and education services, and are vulnerable to trafficking in persons, exploitation by relatives and sexual exploitation at home and in the wider community, to name but a few of many vulnerabilities (Cluver, Meinck, & Omar, 2014; Hall, 2014a, 2014b; Jewkes et al., 2006; Luty, 2009, 2010; Matthews & Benvenuti, 2014; Nannan, Hall, & Sambu, 2014; Nduna & Jewkes, 2010, 2012; Nestadt et al., 2013; van Breda & Dickens, 2015).

A further dimension may be found in the overarching principle of the Children's Act (RSA, 2005), which holds that children are best placed within families and communities. This principle is underpinned by the United Nations Convention on the Rights of the Child and the South African constitution, both of which preference family placements for children removed from parental care (RSA, 1996; United Nations, 1989). Consequently, service provision and resources have focused on kinship or community foster placements, and adoption, rather than on children in residential care.

However, it is possible to argue that in marginalising the needs of an admittedly small number of individuals, the state is neglecting its responsibilities as a corporate parent, and the poor outcomes experienced by care leavers become issues of social justice. Removing children from parental care is an invasive act which, according to Mendes, Pinkerton, and Munro (2014), should only be undertaken if the state recognises it has a legal and moral obligation to ensure that the outcomes for such children are better than if they had remained with their families, and can guarantee that sufficient resources are available to promote good outcomes. Bradbury (2006) concurs, stating that if a local authority has

taken steps to remove a child from his or her family, it has accepted the responsibility for safeguarding and promoting their welfare and future, as would any good parent. Thus, corporate parenting requires that the state assumes the role and responsibilities of a reasonable parent in terms of investment of time, resources and emotional commitment (Bradbury, 2006). Failure to do so becomes an issue of social justice, as young people leaving care are often ill-equipped to cope with independent living and are thus denied equal economic and social rights (National Association of Social Workers, 2015).

Social justice is the moral foundation of good governance (Abel & Austin, 2014; Powers & Faden, 2006). A sense of social justice is essential for public administrators, as their positions invest them with an obligation not only to affect public policy, but also to make value laden decisions that enable people to live fulfilling lives, to be able to sustain themselves economically, and to be active contributors to their society (Abel & Austin, 2014). Human well-being and the common good are overarching concerns of social justice, and are the principles employed when policy makers and public administrators make determinations about the allocation and distribution of resources (Abel & Austin, 2014; Horn, 2013). Issues relevant to social justice are societal inequalities, unfair social structures and policies that limit the availability of resources because of group or individual characteristics (Lerner, 2015).

It is possible to argue that the limited policy, and the generalised nature of current legislation pertinent to care leavers abjures the principles of human well-being and common good. In their theory of social justice, Powers and Faden (2006) identify six essential components to human well-being that are required to facilitate human flourishing. They are distinct, but not discrete, and are of central importance to everyone. If one component is missing or deficient, a person's life is lacking in well-being (Horn, 2013; Powers & Faden, 2006). The six components are: health, personal security, reasoning, respect, attachment and self-determination. The poor outcomes associated with care-leaving traverse all six of these components, as care leavers not only frequently suffer from physical and mental health issues, but also are often unable to access adequate health care, are overly represented in the homeless population and criminal justice system, suffer with unaddressed educational and developmental delays, are frequently trapped in the cycle of poverty, have difficulty with relationships and are seldom in a position to influence decisions that are made about their lives (Ajdukovic & Franz, 2005; Akister, Owens, & Goodyer, 2010; Brown & Wilderson, 2010; Cameron, 2007; Cashmore & Paxman, 2006; Courtney & Dworsky, 2006; Dworsky & Courtney, 2006).

In failing to address the social justice component of human well-being, the other component of social justice, the common good, is also being neglected. The poor outcomes among care leavers documented in the literature reflect that these citizens use a substantial portion of resources and represent a drain on already overburdened services, such as welfare, prisons and health services, and that they engage with various services lifelong (Malia et al., 2008; Stein, 2006). The net result is that services are then unavailable or less available to other citizens who need them, thus detracting from the common good.

Social justice poses the question which inequalities matter the most in a particular context? It would seem from the lack of focus on residential care and care leavers, that the inequalities of children and young people in foster care matter the most (Horn, 2013; Powers & Faden, 2006). Socio-cultural practices and norms impact on social justice as they are influential in policy and distribution of resources (Horn, 2013). The

social and cultural practice of kinship care is a factor that has clearly influenced policy and practice, and which has been endorsed by political structures in the form of the White Paper for Welfare and the Children's Act (RSA, 1997, 2005). These documents preference family and kinship placements, either as foster care or adoption, as the most appropriate and cost effective means of permanency planning for children in need of care and protection.

However, this focus serves to disadvantage children who are not placed within a family setting. Young people placed in stable kinship or community foster care, or who are adopted, might reasonably expect to receive ongoing support as they transition to independent adulthood, whereas care leavers can rarely extend their stay, and have little, if any, skills and support systems to sustain and assist them as they attempt to move into adulthood (Mendes et al., 2014). Wade and Munro (2008) suggest that a strategy to address the problems associated with care-leaving would be the gradual development of care-leaving services. It is disheartening to realise that in almost twenty years, this statement in the White Paper for Social Welfare, 'appropriate strategies are needed to support young adults over the age of 18 who have been discharged from children's homes' (RSA, 1997(49)(h)), has developed only as far as non-specified services that 'may' be provided (RSA, 2007(191)(3)(e)).

According to Abel and Austin (2014), public administration should evaluate the social value of the service it provides. Social justice is understood as a 'remedial process' (Horn, 2013, p. 5), requiring ongoing monitoring of ground-level circumstances, to ensure that allocation of resources can be adjusted appropriately, to continually respond to the question 'which inequalities matter most in this situation?' It is possible to argue that in the light of the poor outcomes associated with care-leaving, the absence of detailed policy and legislation that mandate comprehensive service packages to care leavers constitutes a failure to monitor and evaluate the social value of service provision to children and young people in care. The continued poor outcomes, and consequent drain on other resources, represents a failure of government in its moral obligation to uphold the good of all its citizens.

Conclusion

Care-leaving, internationally and in South Africa, is characterised by poor outcomes across several domains of social functioning. Concern about the situation of care leavers, has resulted in legislative and policy development and change in the United Kingdom, United States and Australia. Although the pace of change and implementation has been varied, a comprehensive range of services and supports are available to care leavers in these countries. In comparison, the care-leaving debate in South Africa has been slow to gather momentum, and still remains the purview of a small band of researchers and practitioners. Legislation is minimal and discretionary, policy limited and mandated services non-existent. Overlooking the problems and challenges faced by care leavers and failing to provide transitional services may be argued as a failure by the state to assume its role as corporate parent, and constitutes an issue of social justice.

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Notes on contributor

Sue Bond joined the University of Johannesburg in 2016 as a lecturer in the Department of Social Work. She teaches assessment and intervention modules at undergraduate and postgraduate levels, and health and family modules at undergraduate levels. She began her career in the field of child protection (statutory social work) where her interest in young people in care was born. Later Sue went into private practice, where she gained a wide range of experience in diverse fields of social work, including oncology, couple and family counselling, school social work, trauma and disability. Sue completed her Doctoral study titled “The Development of Possible selves and Resilience in Youth Transitioning out of Care” in 2017. She is particularly interested in young people in care, and who are transitioning out of care as well as the application of Possible selves theory across different fields of social work practice.

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