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The Adjustment of Boys from Boys Town South Africa's Programmes within the First Year after Disengagement.

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The Adjustment of Boys from Boys Town South Africa's Programmes within the First Year after Disengagement.

A Study presented to the School of Social Work
Faculty of Humanities
University of the Witwatersrand

In Partial Fulfillment of the Requirements for the Degree of
Master of Arts (Social Work) by course work in Industrial Social Work

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Abstract

This study investigated the adjustment of twenty boys a year after they had been disengaged from Boys Town (SA). An exploratory descriptive design was used. Two questionnaires were administered, one to the twenty boys and the other to their caregivers. Biographical details were obtained from the Proposed Disengagement forms completed by the Children's homes six months prior to disengagement. Sixty boys were disengaged at the end of 2002. All were targeted to take part.

The results showed that fifty percent of the boys were able to make a satisfactory adjustment. Twenty five percent made an unsatisfactory adjustment and twenty five percent a neither satisfactory nor unsatisfactory adjustment. Stability in terms of accommodation, school performance, work stability, family relationships, peer relations, social adjustment and generalized contentment formed the criteria against which the adjustment was measured. The use made by the boys and their caregivers of reconstruction and aftercare services as well as the sustainability of the changes that had occurred at Boys Town were examined.

Recommendations include the development of a specialized aftercare programme to address the major problems highlighted by the research. Problems were identified in the areas of accommodation, substance abuse, dropping out of school or college and difficulties with finding work. The need for counseling particularly family therapy and work between sons and their fathers, stepfathers and foster fathers was highlighted.

Declaration

I do declare that the research report entitled “The adjustment of Boys from Boys Town South Africa programmes within the first year after disengagement” is my own work and has not been submitted previously for a degree at another University.

Barbara Miller Date
Candidate

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CHAPTER 1 INTRODUCTION

1.1 Introduction

When people approach the Boys Town Hotline they regularly ask the counsellor if the Boys Town programmes really works. This research examined the adjustment of a group of boys one year after they had been disengaged from Boys Town (SA), as an attempt to contribute to an answer.

The overall aim of the study was to assess how the boys had adjusted to their new situation within the first year after disengagement.

The sub-aims of the study were:

1 To examine the adjustment of the boys a year after disengagement in relation to their accommodation, home life, school or studies, working life, social life (i.e. adjustment to the neighbourhood, group of friends and peer group) and to examine the sustainability of the skills learnt at Boys Town.

2 To make recommendations about ensuring the boys' ongoing adjustment and positive behaviour change after their disengagement from Boys Town.

3 To explore the nature of and the utilization by families of the reconstruction services offered to the families of the boys while they were in Boys Town and to make recommendations about the provision of reconstruction services.

4 To explore the nature and utilization by families of the aftercare services available after disengagement from Boys Town and to make recommendations in this regard.

5 To make feedback available to the donors who support Boys Town financially regarding the adjustments the youth were able to make when they leave Boys Town.

1.2 Problem Definition

When boys are disengaged from Boys Town it is with the assumption, after relatively extensive evaluation, that they have made a satisfactory adjustment and that significant behaviour change has occurred. They are then usually disengaged into a context with circumstances similar to those from which they originally came, which may make it difficult for the boys to sustain the positive gains in adjustment and behaviour. The ongoing satisfactory behaviour change and adjustment after disengagement needs to be explored.

1.3 Rationale

The researcher works as the National Hotline Counsellor on the Boys Town Hotline in Johannesburg. She is involved in the initial screening of potential candidates for the Boys Town Youth Development Centres and Family Homes. She is trained in the methods used in the Boys Town programmes. She is particularly interested in the sustainability of the results of the behavioural programmes because of the relatively short-term nature (compared to traditional long-term therapeutic approaches) of these programmes. The researcher is not directly involved in any of the Youth Development Centres or Family Homes. She has however had contact with Boys Town old boys who have used the Hotline Counselling Service and is thus aware that some old boys do require further help.

The Boys Town programmes are based on learning theory using the behavioural approach, with evaluation as a strong component. The boy is evaluated when he enters Boys Town, during the process of his treatment programme, and prior to eventual disengagement. The last of these formal evaluations takes place just before he leaves the Family Home or Youth Development Centre. However, little is done to evaluate adjustments after leaving Boys Town.

The present research is an attempt to take the evaluation one step further by examining how boys are coping after the first year since disengagement. Recommendations will be made to the programme designers to assist in the adjustment process of the boys after discharge. The information provided on the sustainability of the benefits of the programmes would also assist with the procurement of funds. Further evaluation at regular intervals after the initial research could also provide a longitudinal study of the boys' progress into adulthood and beyond.

1.4 Research design

The study used a quantitative approach and made use of exploratory descriptive design, since the research was aimed at counting and correlating psychological phenomena (Grinnell, 1998: 185). The researcher wanted to know whether the boys had made a satisfactory adjustment to their new circumstances one year after disengagement. Grinnell, (1998: 187) states, "We use quantitative research methodologies in the testing and validation of predictive, cause-effect hypotheses about social reality." The researcher used a pre-experimental; hypothesis-developing; exploratory design to highlight what other factors may play a part in the overall adjustment. This introduces some qualitative aspects to the research.

1.5 Research methodology

1.5.1 Sampling procedure

The study utilized a target sampling method. De Vos, (2000: 195) states that this is "A non-probability sampling method done without any randomization." Walters and Biernacki (1989), cited in De Vos et al, (2000:199), describe this as a "purposeful, systematic method by which controlled lists of specified populations within a geographical district are developed". In this way twenty boys and their caregivers were interviewed. This method was used because there were a specific number of boys (sixty) who were disengaged from the Boys Town programme at the end of 2002. The whole group was targeted and allowance was made for the fact that some people were difficult to trace. Furthermore some chose not

to participate. The researcher had aimed to get between thirty and forty respondents; however only twenty participated in the research.

1.5.2 Research tools

Two questionnaires were used, one for the boys discharged at the end of 2002 (Appendix 1) and one for the caregivers (Appendix 2). The Proposed Disengagement Form (PDF) (Appendix 3) provided the basic biographical details about each boy and some indication as to how he had progressed during his stay at Boys Town. The questionnaire for the boys consisted of various sections. These included coded identifying details; living arrangements; home; school and work relationships; the use of supportive services and the way Boys Town had prepared the boy for his present life. The researcher completed the questionnaires during telephonic interviews with the participants (who had been supplied with a copy of the questionnaire).

The researcher also made use of the Index of Peer Relations (IPR) (Appendix 4) and the Generalized Contentment Scale (GCS) (Appendix 5) (Hudson 1982) as standardized scales.

The questionnaire for the caregivers asked the respondents many of the same questions directed at the boys but also included a section on the family reconstruction services (reunification services) that were offered to or undertaken with the parents/caregivers.

1.5.3 Data gathering

A pilot study using two boys and their caregivers disengaged from Boys Town in September 2002 was completed. This resulted in some minor adjustments to the questionnaire to facilitate greater clarity.

The researcher attempted to contact all sixty boys and their caregivers, however contact was possible with only forty-one boys and their caregivers. They were mailed copies of the two questionnaires and the two subject information sheets (Appendices 6 and 7). They were

requested to consider taking part in the research and if they were in agreement with doing so they were asked to return the signed consent forms (Appendices 8 and 9).

When the consent forms were received the caregivers and boys were contacted and an appointment was made to complete the questionnaire over the telephone. The questionnaires took about forty-five minutes per caregiver and an hour per boy to complete. The data collection was completed over a period of two months.

1.5.4 Data analysis

The PDFs for the twenty boys were analysed to ascertain the basic biographical information as well as details such as the aftercare plans and length of stay at Boys Town. These forms were numerically coded. The code numbers were then matched with the codes on the two questionnaires. This avoided the use of names.

The data was correlated question-by-question and analysed by linking the material from the PDFs and the two questionnaires together. Comments were analysed thematically by considering positive, ambivalent and negative comments as units. The scaled responses to questions were compared.

1.6 Limitations of the study

The fact that the interviews were not conducted face-to-face was a limitation. It was not possible to observe non-verbal cues. However the researcher is specifically trained and skilled in the techniques of telephone counselling and thus this constraint was kept to a minimum.

The provision of a questionnaire to each respondent meant that they had the questions in front of them and could study them prior to the interview. The researcher could also clarify further if necessary. This was done in order to keep misunderstanding and misinterpretation of the questions to a minimum.

The small number of respondents and the bias towards respondents who had easy access to telephone and faxes was a further limitation in this study.

Both the boys and their caregivers might have wished to present a positive picture that might not be a true reflection of the situation. The desire to appear well-adjusted and successful may arise from the expectation of the Boys Town organization. The subject information sheets (Appendices 6 and 7) were used to explain the aims of the research so as to minimize this limitation.

A further limitation was that English was not the first language in all cases. It was therefore necessary to explain the questions in Afrikaans. Although all the boys spoke English or Afrikaans well, some of the parents did not speak English or Afrikaans fluently and this meant that a second person had to be utilized to explain the questions.

The respondents were reflective of the general social demography of South Africa and were thus culturally diverse. The researcher's white, English-speaking, urban culture may have influenced her perceptions about the quality of adjustment. Care was taken to be aware of these limitations and to avoid any bias.

1.7 Ethical issues

Ethical clearance was obtained from the Ethics Committee of the Faculty of the Humanities of the University of the Witwatersrand (Appendix 10) and permission was obtained from Boys Town to complete the research (Appendix 11).

Ethical issues that need attention by researchers are identified by De Vos (2000: 24) include "harm to experimental subjects and or respondents; informed consent; deception of subjects or respondents; violation of privacy; actions and competence of the researcher; cooperation with collaborators; release or publication of findings; and the restoration of subjects or respondents." The study took all these issues into account. A subject information sheet was sent to each prospective participant clearly explaining the various ethical issues (Appendices 6 and 7).

Given the sensitivities surrounding problem behaviour and the context of Boys Town's role as a therapeutic intervention agent, special care was taken to alert the respondents to their rights to decline being part of the study before or during the process. Four boys declined to participate.

On the question of informed consent, the information sheets (Appendices 6 and 7) clearly stated what the aims of the research were, how the research was to be conducted, how being part of the research would benefit the individuals and the organization, as well as who the researcher was. Furthermore the time required, the fact that it was a telephonic interview and that they would need to be in a private place for the duration of the interview, the nature of the information they may have needed to reveal and the confidentiality issue were explained.

Consent to being part of the research was obtained from the boy on a consent form (Appendix 9). If the respondent was under eighteen years of age their caregiver's consent was required as well. The caregiver was also required to give consent for his/her own participation (Appendix 10). The consent forms for the twenty boys and the twenty caregivers who took part where all signed and returned to the researcher before the questionnaires were completed.

Because the boys had previously been dealt with in terms of the Child Care Act (1983), as part of their admission to Boys Town, disclosing difficulties or problems may have been associated with removal from a family or familiar environment. The respondents were therefore assured that the purpose of the interview was for research only. However, participants were told that if dire circumstances were identified among those boys that are still under eighteen years old, there was an obligation on the part of the researcher to inform the relevant social worker so that services could be rendered to the boy and/or his family. In the one case where this occurred, the mother had already had contact with the Department of Welfare and Boys Town. In a second case the boy and his caregiver were not utilized in the research because the researcher felt that she had had too much contact with the caregiver in the process of making the necessary referral to the external welfare agency.

The social workers on the Boys Town projects were alerted to the fact that the respondents had been asked to contact them directly if they experienced problems as a result of taking part in the study or if problems were identified. If the respondents contacted the researcher directly, they were referred to the social worker. In each case the boy or his caregiver was given the researcher's telephone number for the purpose of facilitating the referral if necessary. These referrals were necessary in two cases. The parents were referred to the aftercare social workers. In one case were the participant did not take part in the study the researcher contacted the aftercare social worker herself, with the participant's knowledge and agreement. In the other case the participant had already contacted the Department of Welfare and agreed to contact them again. In one further case where serious bullying was reported the participant agreed that the principal of the project be informed. There was no deception of the respondents as the aims of the research were clearly stated.

Confidentiality was carefully protected. The researcher did not tape-record the interviews. Responses were noted on the questionnaire that did not include the participant's name. The names of the boys and their caregivers were not used as questionnaires were coded. Age, not date of birth, was used in the data collection. Residential areas were not identified. The forms will be shredded at the conclusion of the study. Relevant identifiable details were removed where necessary.

Deleted: ¶

1.8 Definition of terms

Boys Town SA: The organization that owns and manages the four Youth Development Centres and the four Family Homes.

Proposed Disengagement Form (PDF): A form completed by all concerned parties six months prior to the boy's disengagement from the project.(Appendix 3).

Disengagement: A term used to denote the boy leaving the institution while still being under the jurisdiction of the Child Care Act.

Discharge: When the boy turns eighteen he is discharged from the provisions of the Child Care Act.

Child Care Act (1983): The legislation in terms of which Boys Town is run.

Individual Development Plan (IDP): A plan constructed with the participation all concerned parties for treatment when a boy enters Boys Town. (Appendix 12)

Caregiver: This term includes parents, foster parents, host parents and monitors (principals from Boys Towns).

Reconstruction services: Services rendered to parents and families of the boys by the external (referring) social work agency and those rendered to the parents and families by Boys Town staff members. These can also be referred to as reunification services.

Aftercare services: Services rendered by the external social work agency and Boys Town to boys and their families and caregivers after disengagement from Boys Town.

The therapeutic team: This team consists of Boys Town staff members, including the principal, the deputy principal, social workers, plus the external-community based welfare agency or Welfare Department social worker, the parents of the boy and the boy.

Outside Social Worker (OSW): The social worker from the Department of Welfare or the private welfare agency that placed the boy in Boys Town.

Boys Town social worker (BTSW): The social worker working for Boys Town.

Parenting Skills Programme (PSP): Boys Town's Common Sense Parenting Programme.

CHAPTER 2 : LITERATURE REVIEW

2.1 Introduction

The question of how youths adjust after a period of intervention is an important one. Globally, as well as in South Africa, the trend is to use residential care only for troubled or troublesome youth. Residential care is seen as a last resort. In the South African situation this is a particularly pertinent issue because of the HIV/AIDS pandemic and the resultant surge in the number of orphans needing care. Boys Town however offers specialized programmes of behaviour change for particularly troubled and troublesome boys and this caters for a very specific target group.

Various aspects relevant to the Boys Town programmes and the needs of the boys will be discussed in the literature review. These include the legal requirements, reconstruction and aftercare services, outcomes, eco-systemic theory, the Boys town programmes, and the theories that influence the programmes and the difficulty of actually assessing whether the boy has made a successful adjustment.

2.2 Residential Care Programmes

Programmes for dealing with troubled and troublesome youth in residential settings have probably existed as long as the need for care of children and youth has existed. The family is traditionally the preferred social unit, which cares for children and the youth (Gaffey 1996:358). Failure to provide adequate care leads to the need for alternative care. In situations where children and youth exhibit behavioural difficulties residential care is seen as a preferable alternative. In Western society, particularly after World War II, the trend of providing custodial care was replaced by the provision of care for troubled and troublesome children and youth. Prior to the popularity of the ideas of the psycho-analytic movement of the early 20th Century, programmes were generally more authoritarian in their nature. Charles Dickens, (1812-1870) in his novel, “The adventures of Oliver Twist”, (1970) presents a picture of the very hard life for children in a workhouse in the 19th Century. The workhouse was a forerunner of the large orphanage, which later gave way to a smaller family

unit concept. Along with the shifts in theories about child and youth care came the development of the more intimate family unit away from the traditionally large "orphanage" for homeless and parentless children. These theoretical developments resulted in many different programmes such as those based on the psycho-analytic ideas of Anna Freud (1946) and Bruno Bettelheim (1969), behaviour modification models based on reward and punishment based on the work of B.F.Skinner (1957), the Montersori psycho-educational model (1920), and the social learning model of Bandura (1963). . Boys Town Model, which was developed at Boys Town Nebraska in the USA is probably one of the most structured models based on a combination of Behaviour modification and social learning theory.

2.3 Residential care in South Africa

According to Gaffey (1996: 358) recent South African welfare policy relegates residential care to a last-resort status. Children must preferably be kept in the home situation using external support, failing this fostercare with a family member and then fostercare in the community is preferred. This policy was given additional emphasis by "Project Go", introduced in November 1997 by the National Ministry of Welfare and the Inter-Ministerial Committee on young people at risk. This initiative set out to address the issues raised by the 1996 cabinet investigation. These issues raised included residential care and probation services. The number of children awaiting trial in prison was to be minimized and the child and youth care services were to be transformed (Mashego and Lombard 2002: 202). This policy became particularly pertinent with the sudden increase in the number of orphans resulting from the HIV/AIDS pandemic. In terms of this policy there seems to be reluctance to license new children's home facilities. Attempts by Boys Town to license a facility in Port Elizabeth were turned down by the authorities concerned. (Boys Town South Africa: 2002)

Since the change of government in South Africa in 1994, Boys Town has been part of the general transformation of the welfare system as it pertains to children and youth at risk. According to the White Paper for Social Welfare (1997: 7), the vision of the Department of Social Development is "A welfare system that facilitates the development of human capacity and self reliance within a caring and enabling socio-economic environment." This means

that there should be a focus on harnessing the positive aspects of the person rather than focusing on the pathological/diseased aspects of the person. It also draws attention to the need for partnerships between the various components of the whole community. In this regard residential care was viewed problematically. Gaffey (1996: 351) states, "residential care at present is synonymous with treatment in isolation."

2.4 Boys Town

Boys Town, with its focus on boys with behavioural problems, is both a children's home and a treatment facility specializing in modifying serious behavioural problems. The boys attend local community schools and are not as isolated as they would be if they were placed in industrial schools. Boys Town occupies a unique niche in the childcare spectrum of services. South Africa has not developed many residential facilities for behaviourally disturbed children either in the educational field or in the psychiatric field.

Boys Town comprises eight children's homes regulated under the Child Care Act No 74 of 1983. The act makes provision for a two-year stay in Boys Town. A boy is placed in Boys Town only after attempts to work with him in the context of his family have failed. There are a number of reasons why the boy could be found in need of care and placed in Boys Town as a care option. These include being abandoned, living in circumstances where he could be open to sexual exploitation, living in circumstances which may cause serious harm to his physical, mental or social well being, being physically or mental neglected, being physically, emotionally or sexually ill-treated by his parents, or displaying behaviour that cannot be controlled by his parents or custodians (Section 14(4)(a) of Child Care Act 74 of 1983).

When the boy is placed at Boys Town, it is usually at the facility nearest to his parents' place of residence. In the Western Cape and Kwa Zulu Natal there is a choice of a Youth Development Centre or a Family Home. In Gauteng, there are two Youth Development Centres but no Family Homes.

Estevao (1979: 16) suggests that while historically the child's pathology was the focus of attention in the residential setting, there is now a movement towards seeing the child's pathology as part of the family pathology and so work with family members becomes important. For this the families need to be resident in the vicinity of the Boys Town facility. Where they are not close by and cannot make use of the parenting skills courses and regular contact with Boys Town, Gaffley's (1996: 351) concern about "treatment in isolation" occurs.

Estevao (1979: 18) also highlights the problems of another component of the Boys Town population, namely those children for whom there is no possibility of reunification with their parents. She states "no child should be allowed to drift into the limbo-land of long term waiting in a children's home. Social workers should not plan on long term care in children's homes." Permanency planning for children placed in care is very important. Cole (1989) in Balcerzak (1989: 92) says the "primary goal of permanency planning is to secure for each child a nurturant, caring, legally recognized family in which to grow up." This would normally be the family of origin. Reconstruction services are important as the means of determining the family's suitability for the return of the boy. Other care options include adoption, fostercare, host-parenting and independent living. Boys Town makes extensive use of the host- parenting system for children who are disconnected from the families of origin. This, on occasion becomes formalized on disengagement as fostercare. All these issues will have an effect on how the boys disengaged from Boys Town are able to adapt to their previous or new environments.

The Boys Town system is based on the principles of social learning theory. According to Boys Town, one hundred and eighty two social skills have been identified. Boys are taught these skills by means of corrective or preventive teaching techniques. Social workers also address deeper problems on an individual basis using a strengths-based approach.

The SHAPED programme, (Skills in our Homes to Adolescents and Parents in order to Empower and then Disengage them) is practised in the Boys Town Family Homes while the Peer Group System is utilized in the Youth Development Centres.

Both formats teach the same basic social skills and relationship building. Shaping is also a term used in learning theory.

A Boys Town SA pamphlet (1996: 2) describes the Peer Group System as offering a "structured and caring environment, focusing on adapting inappropriate behaviour (to socially acceptable behaviour). Each boy has an equal opportunity within the Peer Group System. Each boy is equally respected as an individual within the system." The Peer Group System is structured like a small town. When a youth enters the system he does so at the lowest level and gradually makes his way up the hierarchy. The ranks are as follows: aspirant citizen, trainee citizen, probationary citizen, citizen, councillors on probation, councillors and the mayor. The areas of jurisdiction of the mayor and his councillors include discipline (justice) pocket money (finance), recreation, sport, religion and health. No boy has any authority over an adult staff member. The method of motivating the youth to make the necessary changes is worked on a point system, with credits and debits. The childcare workers and the members of the Peer Group System evaluate the boy on a daily basis. If he has sufficient positive points it is possible to gain privileges daily.

Boys Town (SA) evaluates every aspect of the programmes that it offers. Evaluation is thus an integral part of every process. The staff members who are trained on the programmes evaluate the training after every session. Likewise the boy who enters the system completes a formal youth evaluation every six months. He is evaluated in terms of his treatment goals jointly by the staff, the peer group and himself. The parents are selectively polled to evaluate their experience of the staff and the treatment process their children are undergoing. The staff members of the local schools where the youth are placed for educational purposes are regularly asked to evaluate the Boys Town staff and programmes.

During his stay at Boys Town the boy works towards the day he will be disengaged and return to the outside community. To this end he is tested at sixteen years of age, to ascertain what direction of employment he might be suited to and later also undergoes the Boys Town Independent Living Skills Programme to prepare him for the future. This includes preparation for living alone and seeking work as well as for returning home and going to school or college.

2.5 The legal requirements and processes relating to Boys Town

2.5.1 Pre-admission

The target age group varies from six to eighteen years (the Family Homes can accept children from six years while the Youth Development Centres take boys from eleven years of age). The boys are admitted in terms of the Child Care Act of 1983. They must be found in need of care under the conditions stated by the Act. Sixteen is normally the upper limit of admission but children can remain until eighteen years of age and in special circumstances until the age of twenty- one years. The initial placement is for two years and this is seen as a suitable time-span to make the behavioural changes. After the first two years the commitment can be renewed annually if justified by the Therapeutic team.

Before any boy formally enters Boys Town (Youth Development Centre or Family Home) he will have been through a pre-admission legal procedure. This includes a Children's Court hearing at which a social worker's report is presented. The Commissioner for Child Welfare then issues an order for the boy to be removed to a children's home (Boys Town).

2.5.2 Admission: The Care Plan

The next set of regulations governing the boys and the children's home are termed the Family Reunification Services. These are geared to getting the boy back into his family situation as quickly as possible. Firstly the Therapeutic Team devises a Care Plan. The aim of the Care Plan is to develop lifelong relationships within the family or appropriate alternative, and reintegration into the community within the shortest possible timeframe. At Boys Town this plan is drawn up within six weeks of the boy entering the project. Problems arise if no reunification is possible, where parents have died and there are no other family members, or because the boy has come from another children’s home and the children’s have lost contact with the family. In these cases foster-parents or host-parents are sought.

2.5.3 Individual Development Plan

The Individual Development Plan (IDP) (Appendix 12), reviewed every six months, is drawn up using the Circle of Courage format recommended by the South African Department of Social Development and includes all stakeholders, especially the boy (Appendix 12). When the period of detention under the Child Care Act expires (two years after the initial order) the order must either be renewed or the boy must be discharged from the provisions of the act. This means that a report in terms of Section 34 (transfer), Section 35 (extended leave option) or Section 37 (disengagement from the Act) must be completed. This is once again involves the decision of the whole Therapeutic team.

The Department of Social Development requires that the IDP be drawn up in terms of the Circle of Courage. Brendtro et al (1990: 35) examines the American Original people's culture with reference to bringing up children. The American Original peoples hold as one of their major beliefs that the central purpose in life is the education and empowerment of children. The Original people's Medicine Wheel is the diagrammatic representation of the Circle of Courage. The quadrants are labeled: the spirit of belonging, the spirit of mastery, the spirit of independence and the spirit of generosity. Each of these is further divided into normal, distorted or absent qualities. The plans are thus strength-based, acknowledging what is already a part of the boy's personality and identifying the skills still needed. This fits in well with the Boys Town format.

2.5.4 Disengagement

Since the study is dealing with the period after disengagement of the boy it is important to note that at eighteen years of age a child is automatically discharged from the provision of the Child Care Act (Section 37). However, if he is not yet eighteen years of age he could be transferred to another children's home (Section 34), or move deeper into the system, for example, to an industrial school. He could also be placed on extended leave of absence into the care of his parents or foster- parents (extended leave option Section 37).

2.6 Theoretical perspectives

2.6.1 Introduction

Various theoretical perspectives form the basis for the therapeutic work conducted at Boys Town. They influence the process from when the youth is removed from his parents and placed in care, the readying of the environment for his return home, the treatment programme at the Centres/Homes and the philosophy behind this holistic treatment approach. The theoretical perspectives also influence the boy after disengagement as he attempts to make a positive place for himself in society.

2.6.2 Ecological systems perspective

Barker (1987: 162) describes systems theories as “Those concepts that emphasize the reciprocal relationships between the elements that constitute the whole.” The theories focus on the individuals, groups, organizations or communities that interface with many influencing factors in the environment. It looks at the elements of nature, including social relations, as well as the fields of biology, chemistry, physics and others.

The Ecological Systems approach is according to Barker (1987: 46), “An orientation in Social Work and other professions that emphasizes the environmental context in which people

function." The professional intervention is considered to be the interface between the client (individual, group or community) and the environment.

Germain and Gitterman (1995) in Edwards(1995: 817) suggest that unlike behaviourism and learning theory, ecological thinkers are less concerned with cause and effect and more concerned "with the consequences of the exchanges**"** and how to help modify maladaptive exchanges and complex human phenomena.

Key concepts relevant to the Boys Town programmes in this approach are:

- Person in environment fit: In terms of the disengaged boy and how he fits into his home, neighborhood, school or technical college, work environment and social life.
- Adaptation: How he adapts and changes with new circumstances.
- Life stressors: Such as wondering where his next meal will come from.
- Coping mechanisms: How he keeps going under difficult circumstances.
- Relatedness: How he relates to those in his environment.
- Competence: How well he does things. How socially adept he is.
- Self-esteem: How does he feel about himself and how does he value himself.
- Self-direction: His ability to act independently of others and motivate himself.
- Habitat and niche: Where he fits into the bigger societal picture and the physical environment.

The ecological systems perspective can be summed up in the phrase "no man (or boy) is an island" which reflects the view of the interdependence of people. The individual person is part of a nuclear family that in turn is part of an extended family and at the same time part of a local neighborhood and the wider community. According to Kaplan and Girard (1994) cited in Mashego and Lombard (2000: 38), the ecological systems perspective maintains that the interaction between the person and his or her environment shapes the person's views of their world and that if one factor is changed, it will cause a ripple effect on the total environment.

In the same way when a boy enters Boys Town he becomes part of the Boys Town system that in turn is connected to several systems. These include the school and church that he

attends, the social worker that links him to his family and community, the Peer Group System within Boys Town and the Boys Town staff. These systems all have an impact on shaping the outcome when a boy is disengaged from Boys Town. He returns to a placement in a system that is often the system he was removed from in the first place.

The ecological perspective raises questions about the boy's ability to fit back into the system in a positive way, including whether there has been enough contact with the original system while he was away from it, and what factors in the various systems affect him now. This is a particularly difficult issue for Boys Town because boys from rural areas and informal settlements are introduced to a technically sophisticated way of life and the environment to which they return has not kept pace. This raises the question of whether boys removed from unsophisticated environments can be sent back into those environments after they have assumed a more sophisticated lifestyle. Have they been equipped to retain the skills that they have learnt and use them to assist in their readjustment or will they return to their original behaviours?

2.6.3 Developmental perspective

Davies (2001: 91) states, "The developmental approach is the study of social, cognitive, affective and behavioural changes that occur over time through maturation and learning." Theorists focusing on social development are interested in understanding and explaining the changes that occur in how we interact and have relationships with fellow humans throughout our lives. These developments are judged by observing affect and emotions that change and develop as we mature and learn. Social development and the learning of social skills when they are absent are at the foundation of the Boys Town approach.

The study of cognitive development examines the development of language, intelligence, perception and attention from birth to death. These are problem areas for some of the boys whose communication skills are not well developed.

The study of Clinical development examines the mal-adaptations to the socially acceptable norms and values in the development of children and adolescents. Here focus is on conduct disorders and depression and anxiety disorders so that these children can be treated in the most effective way. The content of these theories is what Boys Town deals with on a daily basis, particularly the conduct disorders but also the depressive aspects.

Many theorists have made contributions to this field. Piaget (1958) describes the stages of cognitive development, while Kohlberg (1981) developed a stage model of moral development. Ericson (1965) developed a life stage approach and Bowlby (1969, 1973 and 1980) wrote on attachment theory. All of these theories influence the work done with boys at Boys Town. Ericson's "Identity versus role confusion" stage begins at about twelve years of age with the onset of puberty and ends at the onset of maturity. The boys in this study are all transiting this stage. Like all adolescents they look forward to leaving the parental home as part of reaching maturity.

The developmental perspective suggests that all human beings have within themselves immense potential. As emphatically stated, in the Inter-Ministerial Committee Report (1996: 9), "Children and their families can change." This change cannot be forced on the individual or family. For the change to occur support and nurturance must be available. Boys Town staff attempt to offer this nurturing.

According to Mc Whirter (1993: 14), "The developmental approach holds that antisocial behaviour is a developmental phenomenon that begins early in life and continues throughout childhood and adolescence into adulthood." At the same time positive development is also life-long. The developmental approach is about giving people the opportunity to make choices (positive or negative) that are appropriate to their developmental stage.

2.6.4 Strengths perspective

The Strengths perspective views every individual, family, group and community as having strengths (Saleeby, 2002: 14). The implication of this statement is that the strength should be discovered, discerned, respected and that the potential that people have within them should be recognized. This presupposes genuine interest in the stories of the client and what he or she makes of them. These strengths are what should be worked with. Trauma and abuse, illness and struggle may be injurious but they may also be sources of challenge and opportunity (Saleeby, 2002: 14). Far too much focus is placed on the pathological aspects of behaviour and negative labeling and on negative life experiences.

Saleeby (2002: 15) states further that it must be assumed that the upper limits of the capacity to grow and change are not known and that the individual, group and community aspirations must be taken seriously. He states, “the diagnosis at assessment should not become a verdict and a sentence" (Saleeby, 2002: 15). When the social worker is able to transmit her belief that people can change and recover, this can link in with the client's hope of recovery which in turn may help produce the recovery. Mills (1995), cited in Saleeby (2002: 16) suggests that "everyone has an innate wisdom, intelligence, and motivating emotions and that these, even if muted by circumstances, are accessible through education, support, and encouragement."

Saleeby (2002: 16) maintains that another of the principles of the strengths approach is that clients are best served by collaborating with them rather than coming in as the expert. The recognition of the clients' expert knowledge about their own lives is a crucial factor in recognizing and working with strengths. Every environment is full of resources and sometimes identifying and enabling the use of resources is all that is needed. Everyone has a right and a duty to care. Those that are cared for are entitled to the best care possible within given situations and capabilities. Families must be empowered to develop their natural caring processes.

2.6.5 The learning theory and behavioural approach

Weiten (1995: 211) defines learning as "a relatively durable change of behaviour or knowledge which is due to experience." Learning theory is made up of several sub- groups of theories such as behavourist, social learning and social cognitive theories.

The behavourists see two mechanisms of learning, classical conditioning and operant conditioning. Weiten (1995: 212) sees conditioning as "learning associations between events which occur in the organism's environment" and classical conditioning as a "type of learning in which a stimulus acquires the capacity to evoke a response that was originally evoked by another stimulus." In turn, Weiten (1995: 221) defines operant conditioning as "a form of learning in which responses can be controlled by their consequences". A third concept is that of observational learning. According to Weiten (1995: 241), Observational learning "occurs when an organism's responding is influenced by the observation of others who are called models". These three concepts are at the basis of the Boys Towns understanding of behaviour.

Classic and operant conditioning share many of the same processes such as acquisition of new responses, extinction (the weakening of conditioned responses), spontaneous recovery (resurrecting responses), stimulus generalization (responding to similar stimuli), stimulus discrimination (not responding to similar stimuli) and higher order conditioning (using consecutive stimuli to build to get the same reaction).

Considering the behaviour therapies described by Weiten (1995: 614) as "involving the application of learning principles to direct efforts to change clients' maladaptive behaviours", certain principles emerge such as the assumption that "behaviour is a product of learning" and "what has been learned can be unlearned". The first step is to state what the desired change is. The nature of the problem will dictate what specific procedures will be used.

Procedures include:

- Systematic desensitization for the reduction of phobias by counter conditioning.

- Aversion therapy where "an aversion stimulus is paired with a stimulus that elicits an undesirable response."
    - Social skills training "designed to improve interpersonal skills that emphasize modeling, behavioural rehearsal and shaping" (Weiten 1995: 616).

The latter is where many of the Boys Town methods fit in. The social skills training follow the principles of operant conditioning and observational learning.

The learning theory and behavioural approaches underlie the Boys Town treatment programmes. It provides a framework for analysis of behaviours that need to be changed and how to institute a behavioural change process. The behavioural approach requires careful definition of undesirable behaviours to be extinguished and desirable behaviours to be strengthened or taught. Attention is removed from undesirable behaviours and placed on desirable behaviours. When these are achieved the boy is rewarded (Boys Towns Peer Group System 1996: 2).

2.6.6 The application of theory in the Boys Town programmes.

Boys Town South Africa makes use of the ecological systems perspective, fully acknowledging the importance and role of all the systems in the lives of the boys that they are servicing. The overall aim of this research is to study the adjustment of the boy as he moves from the Boys Town system back into the parental and neighborhood systems. Boys Town works hard at establishing links with the referring agency social workers and the families of the boy through holiday placements and on-going meetings with all parties. Links are forged with the boy's religious affiliation (church, synagogue, temple or mosque) in the vicinity of the children's home and later transferred to the appropriate religious body in his home area.

Boys Town makes use of the developmental approach in many aspects of its work. The affiliation to his peer group is an example of a normal adolescent developmental stage. The use of the peer group to reinforce and maintain behavioural change builds on this structure in a very positive manner. The identification of one hundred and eighty two social skills and the method of teaching them are based on the social development perspective. Boys with

communication skill deficits would be dealt with using the cognitive developmental approach. The clinical developmental aspects would be addressed in individual therapy by the social workers dealing with underlying depressions and anxieties.

From the strengths perspective, Boys Town considers the opinion of the consumer of the services of primary importance. Their value as consumers is acknowledged throughout their contact with Boys Town, through evaluations of the youth, their parents/caregivers and all other consumers of Boys Town's services. Boys Town makes extensive use of the strengths approach, recognizing every opportunity for positive feedback and searching out the strengths in each individual boy in its care. The social workers use the strengths approach in the in-depth therapy that they undertake with the boys in relation to deep-seated problems.

However the most important theoretical input into the Boys Town Programmes is the learning theory and behavioural approach that seeks to identify problem behaviour and extinguish it while replacing it with socially - acceptable behaviours. According to the Boys Town Policy Manual (2003), the Boys Town teaching model has learning theory, as it's theoretical base but is not mechanical in its application, rather it integrates thoughts and feelings into this process through the interaction of the staff with the boys. The components of the teaching model, namely effective praise, corrective teaching, preventive teaching, crisis intervention and the use of incentives are used in conjunction with the motivation system. Gaining points and thus privileges and moving up the ladder, gaining still more privileges, gives the youth the experience of success and the experience of the benefit of appropriate behaviour.

The behavioural approach operates on the premise of reinforcement of good behaviour. It uses precise definitions of the desired behaviours and the inappropriate behaviours to be extinguished. Boys Town has developed a list of one hundred and eighty two life skills. These are divided into the following levels: basic, intermediate, advanced and complex skills. An example of the basic skill group is learning to accept no for an answer; of the intermediate group is making an apology, of an advanced life skill is spontaneous problem solving and of the complex skills is making an appropriate complaint. The skills once learnt are transferable to any given life situation. The use of a rationale for the reason behind the

desired skill is an important part of the learning process. It helps in the development of insight and while practising the skill serves as reinforcement of the learning. The six-monthly assessments ensure that the programme and the boy's development are monitored regularly. Because definitions of unacceptable and desired behaviours are very precise, measurement of change is possible.

2.7 Assessment of adjustment

2.7.1 Multidimensional Assessment

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Hepworth et al (2002: 187) defines assessment as "a process occurring between practitioner and the client in which information is gathered, analysed and synthesized to provide a concise picture of the client and his or her needs and strengths."

A multidimensional assessment takes into account the person's interaction with his/her total social environment (inter-personal assessment) and his internal functioning (intra-personal assessment). Hepworth et al (2002: 198) state "rarely do sources of problems reside solely within an individual or within the individual's environment." The dynamic interaction between the external and internal world of the client is influenced in turn by the client's cultural norms and values. This type of assessment gives the most complete understand of the clients world and his place in it.

The interpersonal assessment considers the reciprocal function of the client with his/her closest family members and intimate friends, interaction with social networks, (the doctor, hairdresser, neighbors and work colleagues) and the world of institutions (the justice system, the education system and the employment system) (Hepworth et al 2002:203).

The intra-personal assessment considers the client's bio-physical make up, including appearance general health and susceptibility to addictions. On a cognitive and perceptual level the client's intellectual capabilities, decision making capacities, self concept and reality testing abilities is considered. Emotional functioning is assessed in terms of the appropriateness of the emotions, the client's ability to control his emotions. The lack of

appropriate emotional affect (socio-pathic tendencies) as well as the overwhelming levels of affect (depression and suicidal tendencies) must also be considered. The assessment of the client's behaviour in terms of its appropriateness and deviation from accepted norms as well as what the trigger factors are and the underlying causes of the behaviour need to be considered. It is very important that the client's strengths as well as his weaknesses are examined (Hepworth et al 2002:219).

In both the inter-personal and intra-personal assessments the role of cultural and environmental factors will need to be assessed. The norms and values of the society and the differences in these, between those of the client and the assessor, will need to be taken into account.

Hepworth et al (2002: 220-236) provide a framework which creates a holistic picture of the client's world enabling the creation of a balanced description of his strengths and needs.

2.7.2 Assessment of outcomes of residential treatment

Various factors seem to be more commonly associated with successful outcomes of residential placements. Tam and Ho (1996) in a study of eight hundred and seventy seven case files of children in out-of-home care, (institutional and non-institutional care), used four sets of variables to gauge what factors were influencing discharge to families of origin. These were intake characteristics (sex, age of child, number of previous placements, age at time of admission, reason for admission), the child's physical, behavioural and emotional adjustment while in care, the length of stay in the current facility, whether there was a plan of care for the child, the services received by the child and family, and the level of parental involvement.

Family and community networks seem to be crucial for positive outcomes of residential treatment. Curtis et al (2001: 386) states that a considerable number of studies of outcomes

of residential treatments show that there is a high correlation between positive outcomes and family support and involvement, comprehensive discharge planning, the presence of supportive community networks, educational support and a minimally stressful environment. He maintains further that there is a weak correlation between a positive outcome and age, gender, intelligence and length of treatment. Pecora (1992), cited by Curtis et al (2001: 386) also states "neither the severity of the youth's presenting problem nor the treatment employed are strongly associated with post discharge functioning".

Muller (2003: 199), in a qualitative study, defined the criteria for successful adjustment as "the ability of the SOS child to integrate back into the community and live a life independent of SOS's material support within an acceptable legal framework." This research yielded an additional set of criteria for success that included being seen as a role model for later generations of SOS children, developing self esteem, the ability to persevere and be goal–oriented, and the ability to form a good attachment to a primary caregiver. Family was seen as important, not as people to support the boy but as people for the boy to support. All three of the participants supported their biological families financially and one supported her SOS family members as well. The participants felt that they did not want to repeat the mistakes made in their childhood when they themselves raised children and that they needed to accept and deal with responsibility as part of leading a successful independent life. All the participants struggled financially in the first phase of they're independent living.

Another outcome study is a study by Wells, Wyatt and Hofbol (1991) on the factors associated with adaptation of youth discharged from a mental health facility. This study suggests that those youths who had supportive environments to go back to were more successful than those who did not. Wells et al (1991: 201) focused their study on examining the ways that different social supports, stress and continuity of living arrangements were associated with the adaptation of discharged youth after treatment. Wells et al's (1991: 202-206) data showed that "on average youths (in their study) had relatively high self esteem, had modest mastery and psychopathology, exhibited minimally adequate functioning in their school/work roles, had limited involvement in antisocial behaviour and drug use, used few restrictive psychiatric services, had a relatively high number of delinquent peers and had limited residential stability."

The study by Wells et al (1991: 202) considered the adaptation after discharge under seven headings which were linked to the original treatment goals, the basic normal standards for adolescent behaviour and the policy goals for children in residential care. Under the goals of treatment plan they consider self-esteem, mastery and the absence of psychopathology. Under normal adolescent behaviour they explored involvement in school or work, and the non-involvement in antisocial behaviour, and alcohol or drug use. Under the policy goals for children in residential treatment, Wells et al (1991: 202) consider the non-usage of restrictive psychiatric services after discharge. Wells et al (1991: 202) distinguished between family support, peer support and support from teachers, clinicians or other mental health professionals. Stress is considered in terms of stressful life events.

Wells (1991: 199) concluded that: “differing dimensions of adaptation are related; differing sources of social support are not related; among the sources of social support, family support is related most strongly to adaptation; family support, stress, and stability, considered together, are related to adaptation”.

Fulcher (2001: 417) produced a set of qualitative variables to investigate residential group care for children and youth. Several of his variables are relevant in the context of post disengagement adjustment. He highlights the social and legal mandate to deliver child and youth care services, the physical setting and design of the centre, the personnel compliment and the deployment of staff, recurring patterns in the use of time and activity, admission and discharge practices, social customs and sanctions, social climate at the centre, the links with family school and community, the criteria used for reviewing and evaluating performance, the theoretical philosophical and ideological determinants of care, opportunity and social cost benefit ratios in the delivery of group care services and the public policy environment and organizational turbulence external to the centre. Aspects such as the legal mandate to deliver reconstruction and after care services, discharge practices, links with family school and community, evaluation and the theoretical, philosophical and ideological determinants of care are relevant to the boy’s adjustment after disengagement.

Whittaker (2000: 69) when discussing the future of residential group care urges a re-examination of the residential group care issue. This would focus on where exactly residential group care fits into the continuum of childcare services. The effectiveness of residential treatments should be evaluated as a way of stopping a child from going deeper into the system. The difference in terms of their results between residential and community based programmes needs to be assessed. The needs that both types of services meet and the percentage of each type of service required by the community should be measured. The identification of the specific critical ingredients in the varieties of successful residential programmes is important. The measurement of the results of both types of services must be ensured so that treatment protocols and standards can be monitored through quality assurance procedures.

Whittaker (2000: 69) questions the means of measuring the result of residential care modality against those of the non-residential care treatment models. He raises questions about the benefits of treatment that involves removing children from their family and what kind of children might benefit from such treatment. All these factors are seen to underlie on-going thinking about how children will be able to make the best adaptation on discharge from a residential facility and bring into play the question of the cost effectiveness of the service.

2.7.3 Difficulties in evaluation of adaptation and adjustment

There are many difficulties in attempting an evaluation of the adaptation of children and youth who have been in childcare institutions, to living back in the community. Examining adjustment after discharge from programmes would therefore be more helpful than strictly experimental designs, where the efficacy of specific interventions is evaluated. Whittaker (1979: 187), maintains that there are several problems in evaluating outcomes of treatment programmes. The first problem is that it is not ethical to use a control group who themselves require treatment. Classic experimental design research is thus not possible. The second problem is poorly defined service units. It is difficult to decide which of many interventions resulted in the change. Whittaker (1979: 187) states, "We know we are doing some things right but we are not sure which ones". The third problem is that it is difficult to select outcome criteria. The criteria may be too narrow, for example, school grades, recidivism and absence of police contact which have relatively little to do with the programmes in the children's home. Or they are too general to be meaningful, for example the therapists' opinion of the outcome. Furthermore, the sample selection can be manipulated in many ways. Whittaker (1979:188) says, "Institutions tend to cream off and accept only the best risk children". For example, in the case of Boys Town, a very stringent selection procedure over a three-week assessment period occurs before a boy is admitted. This may bias the relative success of the programme as only those boys with a more positive prognosis seem to be accepted. Whittaker also criticized the usefulness of many outcome studies. Whittaker (1979: 188) states that if for example the outcome of the research is that 30% adjusted well and 30% adjusted poorly this information is of little value. It is therefore important to obtain relevant and useful information when researching this area.

2.8 The importance of family reconstruction work

Gaffley (1996: 352) argues that almost half of the children reunited with their biological parents in South Africa, re-enter foster care or institutional care within one or two years. It seems as if the main reason for this breakdown in family placements is that the original

parent, child and family problem that precipitated the need for placement, had not been resolved at the time of reunification. Gaffley (1996: 352) states further "the external agencies that are expected to do so simply do not render reconstruction services to the family while the child is institutionalized." On the one hand the social workers have impossible caseloads and do not have time to do any meaningful reconstruction work with one particular family. On the other hand families are viewed as not worth the effort.

The ecological systemic approach suggests that if one part of the system changes it is likely to have a ripple effect on all parts of the system. However working with the troubled boy is not enough, as reconstruction work with families is crucial to the success of the outcome. Gaffley (1996: 354) states that at Lelieblom House, a children's home in the Western Cape it seemed that working with the troubled youth was not enough to start the necessary changes in the total system. As a result in 1996 they attempted a programme of family preservation and reconstruction centered on the children's home using their own staff. They found that in the absence of family reconstruction work (normally undertaken by the referring social work agency in the community) no matter how much progress the children had made, the same conditions from which they had originally been removed, still persisted at home and the child could not be returned to their home and family.

Following on from a pilot study a goal statement was developed. It stated that the agency wished to design and implement a working model to facilitate the use of their current staff as family support and reconstruction workers. They aimed to put various programmes in place to facilitate a more integrative approach between the institution and the families of the children.

The programmes included parenting skills, family preservation and reconstruction services. Gaffley (1996: 359) concluded that institutions, where children are cared for, have a value beyond being a dumping ground for hopeless cases especially if they develop an integrated and holistic approach.

2.9 Conclusion

The literature illustrates that many factors play a part in determining adjustment after a period of time in residential care. In Boys Town, the sustainability of skills learnt during the stay at

Boys Town, based on the social learning theory, is balanced with the eco-systems approach, with its emphasis on the importance of the boy fitting into and being supported by the family and community that he returns to. Most of the studies emphasized the role of the supportive family as being a key factor in the adjustment.

The literature that examines the position of residential child and youth care both in South Africa and in other countries, suggests that residential care facilities should be a last resort option, only for troubled or troublesome children and youth. The move away from seeing the child as the primary problem to be treated, to seeing the child as part of a family problem, should have resulted in improved reconstruction services to families. Difficulty with the delivery of these services particularly to families of children in residential settings has resulted in unchanged family environment that often in turn result in readmission, a breakdown of the placement or prolonged institutionalization of the child.

The literature provided many examples of qualitative and quantitative approaches as to how to assess the adjustment. Many different methods and tools were utilized providing in combination the possibility of a holistic multidimensional approach. One of the variables that received little attention was the amount of time that had elapsed since disengagement

CHAPTER THREE: RESEARCH DESIGN AND METHODOLOGY

3.1 Research design

3.1.1 Classification of the design

This study was primarily quantitative, since the research was aimed at counting and correlating psychological phenomena (Grinnell 1998:185). Grinnell (1998:187) states, "We use quantitative research methodologies in the testing and validation of predictive, cause-effect hypotheses about social reality". If twenty boys are subjected to the same treatment programme and then judged to be ready for disengagement, they will still have different levels of successful adjustments at a later stage. The logic used was deductive and the researcher attempted to be as objective as possible. Use was made of the social survey method using questionnaires and two recognized rating scales and the data analysis used inferences drawn from the statistics.

The research design was a hybrid design consisting of exploratory and quantitative descriptive elements. It was exploratory in that no previous research in the area of adjustment after disengagement from the Boys Town Programme had been done by Boys Town (SA). It explored the simple basic factors that influence the adjustment. It was quantitatively descriptive in that it compared some variables such as adjustment and time as well as reconstruction and after care services and how these affected the adjustment

The research question was "How are the boys, disengaged from the Boys Towns Youth development Centres and Family Homes at the end of 2002, coping at the end of 2003?"

3.2 Research methodology

3.2.1 Sampling

A target sampling method was utilized in the research. According to De Vos (2000: 195) this is “a non-probability sampling method done without any randomization”. Walters and Biernacki (1989), cited in De Vos et al (2000: 199), describe this as "purposeful, systematic method by which controlled lists of specified populations within a geographical district are developed". This method was used because there were a finite number of boys who were disengaged from the Boys Town programme at the end of 2002. By targeting the whole group of sixty boys and allowing for the fact that some might be difficult to trace or choose not to participate, the researcher aimed to obtain at least 66 2/3% response rate (forty boys). Finally the researcher was only able to get a response rate of 33 1/3 % (twenty boys).

Making contact was initially with the caregivers may have prejudiced the boy agreeing to take part in the research. If the researcher had made contact with the boys first and explained the rationale for the research, she may have been able to secure a larger participation. In some instances contact was made through other relatives, and in these cases the boys and the caregivers did not participate.

Contact was made telephonically with forty-one boys or their caregivers. All of these received the research package (subject information sheets, consent forms and copies of both questionnaires) either by email or by surface mail. Six boys were contacted through the principal of one of the projects when they visited the project. They were handed the research package. None of these consent forms were returned to the researcher. This was particularly unfortunate as these boys were living in rural areas and informal settlements. Forty- seven boys and their caregivers received the research package. No contact was made with the remaining thirteen boys. One had been murdered, one was in jail, one was in industrial school, one was living in the rural areas and had not left a forwarding address, one had moved from the shelter he was living at and the remaining eight were not reached at all. Of the forty-seven boys and caregivers contacted, twenty completed the consent forms and took part in the study. Four boys refused to take part and two boys were not in contact with

their parents. One of these was living on the streets.

3.2.2 Research tools

Two questionnaires, the first for the boys discharged at the end of 2002, (Appendix 1) and the second for their caregivers, (Appendix 2) formed the basis of the research. The PDFs (Appendix 3) provided the basic biographical details about each boy.

The questionnaire for the boys consisted of various sections. These included coded identifying details; living arrangements; home, school and work relationships; social relationships and the use of supportive services. The way Boys Town had prepared/equipped the boy for his present life was also considered. The researcher also made use of the GCS (Appendix 5) and the IPR (Appendix 4) as standardized scales. (Hudson 1982) The researcher conducted these interviews telephonically. The participants had the questionnaires in front of them. The questionnaires for the caregivers included a section on reconstruction services.

A pilot study using two boys and their caregivers disengaged from Boys Town in September 2002 was conducted to test the instruments. Only some technical clarification was made.

3.2 Data collection

The researcher used her skills to facilitate a sensitive and effective interview process. This included a preliminary consultation with the principals, deputy principals and social workers at the Youth Development Centres and Family Homes about specific cultural and other issues that may have needed a more sensitive approach.

The researcher made contact with the caregiver of each participant and in one case with the participant directly. They were asked if they would consider participation and a package was mailed or faxed or emailed to them. The package consisted of the consent forms; the two interview schedules and the two Hudson Scales as well as two information sheets. (See Appendix 1, 2, 4, 5, 6, 7, 9 and 10)

Once the researcher had received the signed consent forms an interview was scheduled with the caregiver and also with the boy himself. These interviews took place telephonically between November 2003 and January 2004. They were conducted in English and Afrikaans. Two participants had already returned the forms with the consent forms so they did not have the forms in front of them.

3.2 4 Data analysis and presentation

Miles and Huberman (1994) cited in De Vos (2000: 203) state that “data analysis consists of three steps, namely data reduction, data display and data verification". This study had two kinds of data. The first was obtained from the open ended questions and was be subjected to a thematic analysis such as positive comments, ambivalent comments and negative comments. The second set of data was obtained from closed questions and was analysed statistically. Because use was made of various kinds of questions, such as dichotomous questions and scaled questions and standardized scales (Hudson Scales), various means of data reduction were used. This in turn lent itself to different ways of displaying the data. These included frequency tables, pie graphs and bar graphs. Because of the small size of the sample the data was processed manually.

Each of the clinical measurement packages (Hudson 1982: 3) is structured as a twenty-five item summated category scale wherein each item is scored according to the following seven categories:

1=never
2=rarely
3=sometimes
4=half the time
5=often
6=mostly
7=always

Statements in both the Index of Peer Relations (IPR) and Generalized Contentment Scale are worded positively and negatively at random. This controls response bias. The scores on the negatively worded statements need to be reversed for example seven becomes one, six becomes two, five becomes three and four remains the same, three becomes five, two becomes six and one becomes seven.

The Hudson Scales were analysed using the formula as prescribed by Hudson and Faul (1997: 37)

"$S = \frac{(SX - N)100}{(N)(K-1)}$

Where S = Final score
N = Number of items properly completed
K = Number of response categories in each item (Hudson scales = 7)
SX = Sum of all correctly completed items (after reversals)"

Interpretation of the GCS and IPR:

Score Interpretation

These scales produce scores that range from zero to a hundred. A score of zero indicates that the participant has no depression in the case of the GCS and no problems in the area of peer group relations in the case of the IPR (Hudson and Faul 1997: 14)

In the GSC there are three clinical cutting scores, thirty, fifty and seventy. Scores of between thirty and fifty can be seen to have clinically significant elements of depression, between fifty and seventy often demonstrate some suicidal ideation where suicide becomes one of the possible options for dealing with considerable emotional discomfort that is being experienced. A score of above seventy nearly always mean extreme distress is being experienced and suicidal acting out is a real possibility (Hudson and Faul, 1999: 14-15).

The IPR has two clinical cutting scores. The first is a score of thirty and the second at seventy. The clients, who score below thirty, can be presumed to be free of a clinically significant problem in the area of peer relations. Those who score above thirty can be presumed to have a clinically significant problem in this area. Those who score above seventy are nearly always experiencing severe distress. This distress gives a clear possibility that "some form of violence could be considered or used as a means of dealing with problems in this area." (Hudson and Faul 1997: 20-21)

Hudson (1982:95) concludes that the Clinical Measurement package and its component parts, in this case the Generalized Contentment Scale and the Index of Peer relations, are highly reliable as measurement devices. Both the Hudson scales used have good content, construction and criterion validity.

When the rating scales were used frequency tables were drawn up. Open-ended questions were analysed thematically and comments were divided into positive, ambivalent and

negative groupings where applicable.

In an attempt to draw a conclusion about the adjustment of each boy adaptation a series of case studies using material from the interview schedules as well as the proposed disengagement forms was compiled. Some internal verification was possible by the use of the questionnaires of the boys and their caregivers, the PDFs and the two rating scales to check on the congruence of the responses.

CHAPTER FOUR. PRESENTATION AND DISCUSSIONS OF FINDINGS

4.1 Identifying Information

The sample consisted of twenty boys and their significant caregivers disengaged at the end of 2002 from Boys Town (South Africa)'s children's homes in Gauteng, the Western Cape and Kwa Natal.

Age	14	15	16	17	18	19	20	21
No of boys	1	0	2	4	5	5	2	1

Table 1: Age of boys

The age range of fourteen to twenty one meant that the younger boys were in high school while some of the older boys were at the technical college stage and others were doing post matriculation studies and some were working.

Home language	English	Afrikaans	Zulu	Xhosa	Sotho
No of boys	9	7	2	1	1

Table 2: Home language

Months	0-12	13-18	19-24	25-30	31-36	37-42	43-48	49-54	55-60
No of boys	4	1	4	0	3	3	1	2	2
	20%	5%	20%	0%	15%	15%	5%	10%	10%

Table 3: Length of stay

The length of the first placement of children in Boys Town is twenty-four months. It is government policy for the boys to move out within this period. Nine of the boys (45%) had been disengaged within this time frame. The remaining eleven boys (55 %) had been resident for between twenty-five and sixty months. The majority of boys had therefore stayed for longer than twenty- four months. Gaffey (1965: 351) also reflects this, suggesting

that Boys Town and other children's homes have similar characteristics regarding a longer stay than the

minimum stay sanctioned by the government. Gaffey (1996: 351) described the reason for this extended stay as the lack of adequate permanency planning and reconstruction services. However Pecora (1992) et al (in Curtis et al 2001: 387), state "that length of treatment is only weakly related to the children's outcomes after disengagement."

4.2 Adjustment since disengagement

4.2.1 Accommodation

At the time of disengagement, there were various options for the boys. Thirteen boys (65%) went home to parents. Five boys (25%) went into foster care or placement with host families and two boys (10%) were disengaged to live independently.

However accommodation and care arrangements sometimes change. After one year, there had been total of six moves (30%). Two boys (10%) disengaged to parents had moved to other family members due to the breakdown in the relationships with the father and foster father (both boys had problems with the relationships before they were admitted to Boys Town). These relationships had received attention by Boys Town Social Workers and they had been considered positive enough for disengagement to occur. Three of the boys (15%) discharged to foster care placements had moved on. One of the boys (5%) disengaged to independent living, had found lodgings with a distant family member and had been asked to move again. Of the same group of six Boys it can be noted that one boy (5%) had moved because of work (part of the normal developmental process in all children going into Ericson's (1964: 264) young adulthood phase) while the remaining five boys (25%) had moved because of problem situations. Seventy five percent of the sample can therefore be considered to be stable in terms of accommodation.

When asked to comment on how they felt about where they were staying, fourteen boys (70%) gave positive comments such as:

"Good getting better every day"

"Comfortable but I will move when I have a new job"

"A lot has changed in a positive manner, I didn't feel safe before now I do"

Two boys (10%) gave ambivalent responses:

"All my friends have gone, now I prefer to be with my girlfriend"

"All right, I just don't see why I should pay board and lodgings"

One boy (5%) responded negatively:

"I feel lost now. The support I got at Boys Town was what I needed"

Three boys (15%) did not respond.

It seems therefore that the majority of boys had a good "fit" with their accommodation arrangements.

4.2.2 Adjustment to home life

The area of relationships with the caregivers and others in the home is an important one in the more holistic view of general adjustment. This was examined from both the boy's and the caregiver's perspective.

	Boys	%	Caregiver	%
Completely unsatisfied	0	0%	3	15%
Unsatisfied	1	5%	3	15%
Neither satisfied nor unsatisfied	3	15%	1	5%
Satisfied	8	45%	5	25%
Completely satisfied	8	40%	5	25%
No response	0		3	15%
Total	20	100%	20	100%

Table 4: Adjustment to living conditions

When asked to comment on how the boys had settled at home, nine caregivers (45%) responded positively:

> "He has matured, behaving well and showing a great sense of responsibility"
>
> *"I am very happy with him now"*

five caregivers (25%) responded ambivalently:

> *"He is not listening to me, if he really wants something he can be a good boy"*
>
> *"He does not obey me but does take correction"*
>
> *"Kids are kids not perfect"*

six caregivers (30%) responded negatively:

> *"He was terrible in the beginning, very destructive"*
>
> *"He still goes off in a temper"*
>
> *"His behaviour is bad, he has no manners, he is very argumentative and does not accept no for an answer"*

Seventeen of the boys (85%) and ten of the caregivers (50%) were completely positive about how the boys had settled back into the home situation. It can be seen that there was some discrepancy in boys' and the caregivers' ratings. Six caregivers (30%) rated the boys' adjustment negatively while only one boy (5%) rated his own adjustment negatively.

Relationships between the boys and their caregivers were explored and the caregivers were asked to comment on the caregiver/child relationships.

Four caregivers (20%) commented positively:

> *"He asks for help and maintains good contact"*
>
> *"He can have a conversation without fighting, there is now a good mother son relationship. This is new"*
>
> *"He communicates, asks for assistance and gives feedback"*

Seven caregivers (35%) commented ambivalently:

"The relationship was terrible at first, now its just o.k. He gets along well on the margins but tries his luck"

"When he is nice he is really, really nice when he is horrid he is horrid."

Five caregivers (25%) commented negatively:

"The relationship is bad, I cannot control him"

"He is not obeying my rules"

"He does not listen to us (his parents) and decides for himself when he will come home"

	Boys	%	Caregivers	%
Completely unsatisfied	0	0%	2	10%
Unsatisfied	0	0%	3	15%
Neither satisfied nor unsatisfied	5	25%	4	20%
Satisfied	7	35%	5	25%
Completely satisfied	7	35%	6	30%
No response	1	5%	0	0%
Total	20	100%	20	100%

Table 5: The relationship between the boys and the caregivers

Fourteen boys (70%) and eleven of the caregivers (55%) felt positive about the child caregiver relationship while none of the boys and five of the caregivers (25%) rated the relationship negatively. Furthermore, the relationships between the boys and others in the home were explored.

	Boys		Caregivers	
Completely unsatisfied	0	0%	2	10%
Unsatisfied	0	0%	0	0%
Neither satisfied nor unsatisfied	4	20%	5	25%
Satisfied	7	35%	7	35%
Completely satisfied	7	35%	5	25%
No response	2	10%	1	5%
Total	20	100%	20	100%

Table 6: Relationships with others in the home

Fourteen of the boys (70%) and twelve of the caregivers (60%) felt positive about the relationships with others in the home. None of the boys and only two of the caregivers (10%) rated the boys' relationships with others in the home negatively.

Six boys indicated that they were having any difficulties with parents, family caregivers or friends. Four of the boys (20%) had difficulty in relating to the significant male figure. Other difficulties included not being understood by parents and some arguments between child and parents. From the researchers practice experience, it seems possible that the difficulties with the male figures could be developmentally related to boys in their late teens and the significant male figures clashing because the boys are striving to be independent. It may also be related to issues around their own fathers being unresolved, and thus complicating the relationships with foster-fathers and step-fathers. Several of the fathers in the sample, were either dead or divorced from the mothers.

Over the three measures of the adjustment to home life fifteen of the boys (75%) and eleven of the caregivers (55%) were satisfied or completely satisfied with the adjustment of the boys.

It seems as if the boys felt they had adjusted better than the caregivers felt they had. Reasons given by the caregivers for their views were related to discipline issues such as the boys not

obeying rules, coming and going as they pleased, they were not accepting 'no' for an answer and being out of control.

4.2.3 Adjustment to school or studies

Category	Respondents	Description of circumstance
Finished school (matriculation)	5	Four studied further (computers, catering security) One worked but wanted to study in 2004
At school or technical college	7	Six passed and one failed (grade11)
Dropped out of school or technical college	4	Three reverted to drug/alcohol abuse
Did not manage to get back to school	2	One took a year off and worked One did not have the right subjects to get into a school
Had not intended to study further	2	One intended to study but went to work One intended to seek employment.

Table 7: Position of boys in terms of schooling

It seems that if the boys are able to pass matriculation while at Boys Town they are able to do additional study and take up employment. None of these boys had gone to University or Technicon. They had done courses related to their specialist fields at specialist institutions such as a chef's school, computer-college, security-college and the security forces college. The fifth boy who had actually gained a matriculation exemption and was placed in a rural setting with host parents wished to study but did not appear to have the means to do so. The four boys(of the post matriculation group) that were studying during 2003 felt satisfied (two) or completely satisfied (two) with their studies.

Of the seven boys at school and technical college only one boy failed his year. The data suggests that the boys who did not drop out actually coped at the schools and technical

colleges they attended. Caregiver and boys were asked how they felt the boy had adjusted to his new school or technical college. Six of the boys and five of the caregivers responded positively.

	Boys	Caregivers
Completely unsatisfied	0	1
Unsatisfied	0	1
Neither satisfied nor unsatisfied	1	0
Satisfied	1	1
Completely satisfied	5	4
Total	7	7

Table8: Adjustment to school/technical college

4.2.4 Adjustment to working life.

Working	Not working/could be working	Still at school	Total
10	5	5	20

Table 9: Work status

Many of the boys were working and were also still at school or technical college. Some of the boys who dropped out from the Technical College had found full or part time work. Of the ten boys who were working, three felt unsatisfied with their jobs, three felt neither satisfied not unsatisfied with their jobs, one felt satisfied and three felt completely satisfied. This could be read either positively for example the wanted to better them selves so they were unsatisfied or negatively they just did not like the work. The boys were working in the fields of information technology, advertising, catering and engineering, printing trade, retail and security. Of the ten boys who were not working at the time five were still at school and five

cannot find work. In terms of adjustment to the work situation the five boys (25%) who were not working could be seen as poorly adjusted in this area.

4.2.5 Adjustment to social life.

4.2.5.1 Adjustment to neighborhood.

	Boys	%	Caregivers	%
Completely unsatisfied	1	5%	1	5%
Unsatisfied	4	20%	1	5%
Neither satisfied nor unsatisfied	2	10%	5	25%
Satisfied	6	30%	6	30%
Completely satisfied	5	25%	4	20%
Not applicable	2	10%	3	15%
Total	20	100%	20	100%

Table 10: Satisfaction with being settled into the neighborhood

Eleven of the boys (55%) and ten of the caregivers (50%) were positive with how the boy had settled into the neighborhood. On the other hand five of the boys (25%) and two of the caregivers (10%) responded as unsatisfied or completely unsatisfied. On the whole the boys would have been going home for holidays and weekends throughout their stay at Boys Town so community contacts would generally have been maintained. Some parents had relocated while the boys were at Boys Town. This could have been disruptive.

4.2.5.2 Adjustment to group of friends

	Boys	%	Caregivers	%
Completely unsatisfied	1	5%	4	20%
Unsatisfied	1	5%	0	0%
Neither satisfied or unsatisfied	0	0%	3	15%
Satisfied	4	20%	4	20%
Completely satisfied	13	65%	9	45%
Not applicable	1	5%	0	0%

Table 11: satisfaction with boy's friends

Seventeen of the boys (85%) and thirteen of the caregivers (65%) were positive about with the way the boys had settled back into their group of friends.

The two boys who responded negatively about their friends stated that they did so because the friends were involved with drugs and gangs respectively. One respondent also commented that his only friends were Boys Town friends. One boy had moved around a good deal and felt that he did not have a group of friends so considered the question not applicable to him. Here problems such as drugs and gangs and social isolation have been encountered. The comments about " his only friends being Boys Town friends" and "not having a group of friend" points to the isolation which may accompany the experience of living in a children's home.

4.2.5.3 **Peer Relations**

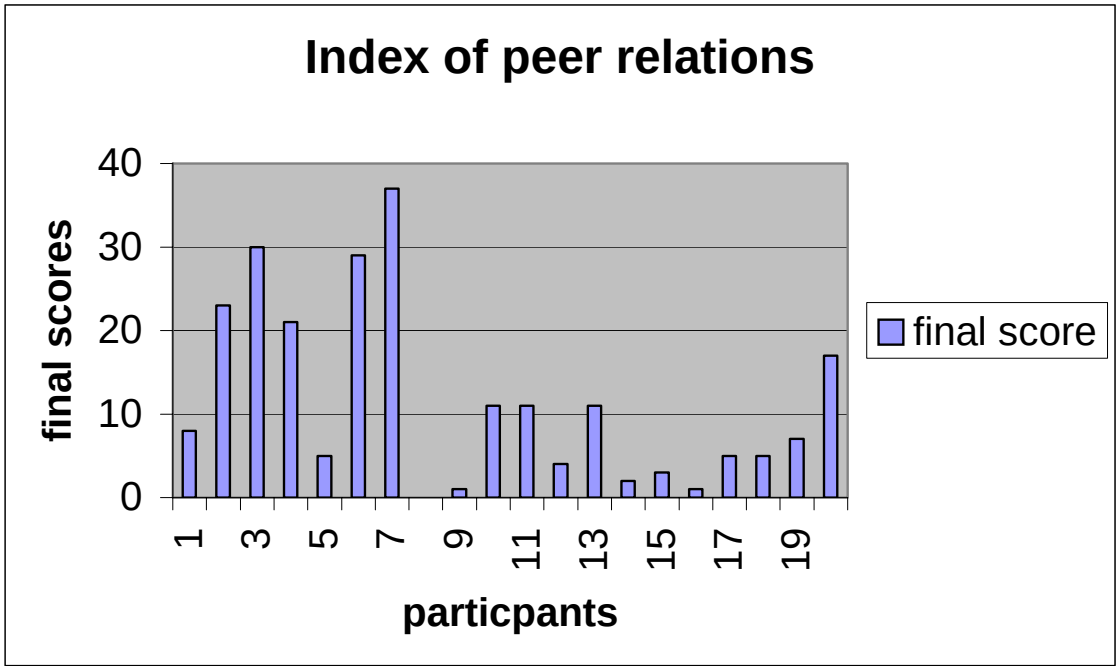

Figure 1: Index of peer relations

Most of the group had excellent peer relations. Only one respondent had clinically significant problems with his peer group. The same person demonstrated difficulties with Generalised Contentment Scale. The boys with the highest scores (i.e. pointing to difficulties) had also been noted as having problems in adjusting. Perhaps the fact that Boys Town focuses on the peer group system as a treatment tool enabled these boys to develop good peer relationships or perhaps they are trying to be seen as doing well in the area of peer relations.

4.2.6 Generalized contentment.

When asked how they felt about their lives since leaving Boys Town twelve boys (60%) had positive feelings. These included:

"I like it",
"Happy, I like being with my parents".
"I have a whole different perspective on life, without Boys Town I would never have made matriculation".

Two boys (10%) expressed ambivalent feelings:

"I feel on the right track but it is still a struggle"
"Life only sometimes meets my expectations, it is much harder than I expected out of Boys Town"

Six Boys (30%) expressed negative feelings:

"I feel ashamed and different, I am stuck. I have dropped out of school"
"I feel muddled up and life is difficult",
I feel all over the place, I need to fit into a group and get back to school."
"I feel independent and rather alone with no one to care for me"

Thirteen of the boys (65%) and eight of the caregivers (40%) felt the boy was doing 'better' than when he had been at Boys Town, three boys (15%) and seven of the caregivers (35%)

felt the boy was doing the ‘same’ and four of the boys (20%) and five of the caregivers (25%) felt the boy was doing ‘worse’. Thirteen of the caregivers (65%) were positive about the boys’ general adjustment. Only five caregivers (25%) were negative about the general adjustment of the boys.

Ten caregivers (50%) made positive comments. These included:

“He toes the line”

“He is trying to take responsibility and he is not cocky”

“We are happy he is independent and doing things on his own”

“He has adjusted easily”

Three caregivers (15%) made ambivalent comments. These included***:***

“In the beginning his friends were his old friends. He went back to drugs and dagga . He began a new relationship with a girl and then he changed.”

“He got his matriculation but he still has difficulty with authority”

Seven caregivers (35%) made negative comments. These included:

“The boy was drugging and he dropped out of school”

“Education is lacking, Boys Town didn’t give him confidence in this regard. The caregiver felt that she had expected him to finish matriculation at Boys Town” “There was no change from when he went into Boy

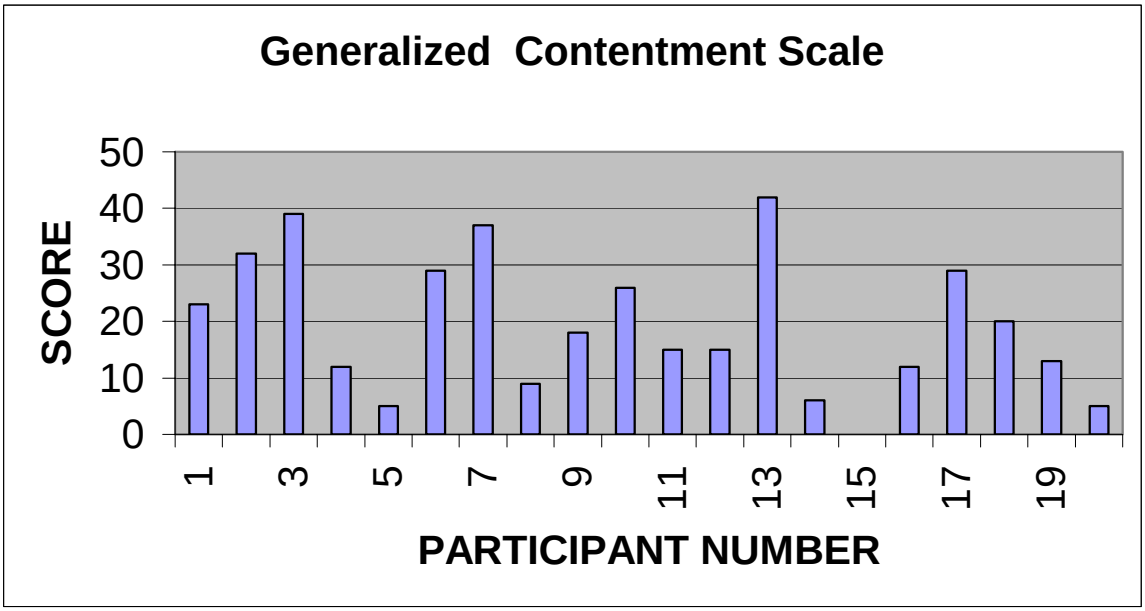

Figure 2: Generalized Contentment Scale

The scores of four boys (20%) indicated problems with depression. The boy with the highest score had recently undergone two traumas and two boys had shown significant problems in the other measures of adjustment. A further three boys (15%) also showed possible problems.

4.3 Reconstruction Services, Disengagement and Aftercare.

4.3.1 Reconstruction Services

In this study only fifteen of the caregivers (75%) received reconstruction services. This was due to the fact that five of the placements were not with relations. Gaffley (1996:351) sees the absence of reconstruction work with the families in general as both lengthening the stay in children's homes and causing residential care to become synonymous with treatment in isolation. The study described by Gaffley (1996) had the aim of improving the reconstruction services to the families who were not being adequately serviced by community based welfare organizations and government departments. Boys Town implemented a similar scheme providing a parenting skills course and in some cases family therapy as well

as home visits to the families. One of the difficulties encountered in this regard was the distance that some families lived from the children's homes as a result only eleven of the caregivers had completed the parenting skills programme.

	Reconstruction services Received as described by caregiver	Assessment of services by the caregiver	Details of services including .(PSP) *	What else would have helped	Reconstruction Services rendered as described in the PDF
1	None from welfare.	Not helpful	1 visit from social welfare PSP yes	Help with school placement, help with relationship with father. Would have liked feedback re education from Boys Town	Social Welfare social worker from area involved.
2	OSW ** key link to Boys Town and the law.	Outside social worker very good	Many visits from the OSW. One family therapy session. One session at Boys Town before he came home PSP yes	Communication before discharge. more weekends visits before discharge. Ongoing family therapy	Intensive reconstruction services focused on one year placement as requested by Children's Court Communication skills important
3	Mom received parenting skills training at Boys own	Enjoyed the chance to learn something new	PSP Yes	Another parenting course	Reunification social worker hardly involved
4	Nothing except parenting skills course. Got lots of support from Tough Love.	Parenting course very good	Visits from OSW PSP Yes	Some counseling from Boys Town	The reunification social worker was very absent, seldom phoned, however did do holiday forms
5	Saw BTSW*** just once at Boys Town at Intake. OSW visited when he was home	None	Visits from OSW PSP No	Would still like some contact and support	Was focused on his anger towards step father and building on this relationship The relationship improved to the extent that the boy went home regularly for holidays
6	Monitor so not applicable	Monitor so not applicable	Not applicable PSP Not applicable	Not applicable	The social workers focused on building the relationship between the youth and his sponsoring family
7	Initially the OSW kept contact, but social worker left and new social worker broke two appointments.	Not very satisfied	One visit from OSW PSP Yes	Mom wanted him home. School holidays and out weekends were fine	Relationship problems with the father figure as mother had remarried twice, trusting each other in regard to relationship with the mother.

8	Parenting skills and lots of feedback	Happy with BTSW and OSW's services	OSW phones regularly PSP Yes	Nothing else	Focused on the relationships which had been damaged as a result of the stealing problem of boy. Focused on trust and showing respect .Target skills practiced in family therapy, controlling influence to steal and lie.
9	Wasn't previously in her care, no help given	None	None PSP Yes	Better preparation, felt dropped in the deep end. Only called for emergencies	No services rendered to boy's siblings but they had been involved in important decision making
10	Parenting skills workshop was quite good.	Parenting skills was good	No OSW follow up PSP yes	After care services	Mother moved in with her sister in the beginning if the year, unable to manage boy, presently has moved into her own flat with outside social worker rendering support
11	Visits from OSW	Excellent	Visits from OSW PSP No	Nothing satisfied	Outside social worker reports that mom is open about her past problems after her husband's death and she is now on track and coping well.
12	Monitor so not applicable	Monitor so not applicable	Monitor not applicable PSP No	Monitor so not applicable	Reconstruction services were terminated in 2001 as there are no parents or guardians
13	Boys Town was superb, OSW changed in the middle first one was good second not	Mixed	Visits from OSW PSP Yes	One more year would have given him matriculation	Focused on family therapy re trust respect communication skills, previous alcohol abuse, now under control, respects authority mother figure and rejection by father.
14	We were far away from services but communication was good.	No response	Visits and phone calls from OSW PSP No	No response	Foster mother seldom visited Boys Town. The agency and Boys Town social worker did home visits. The relationship between foster mother and boy has improved.
15	Parenting skills at Boys Town. OSW visited when boy was home. Had family therapy	Quite happy	Yes visits from OSW and family therapy. PSP Yes	Nothing, really adjusted easily	Mother is able to exe3rcise better control over boy . Boy will be supervised after school. Boy and mother will attend agency regularly for supportive services.
16	Initial interview, monthly visits, saw BTSW and had clinical discussion. Regular good contact	Encouraged by regular feedback	PSP Yes	Nothing	Agency and Boys town social workers kept regular contact with this family. Weekends and vacations were monitored Parents and family became more important than friends.

17	Not in his care before	Not applicable	PSP No	Foster father needed better insight into problems	Reconstruction services were not very constructive as father died and there is no real bond between boy and his mother Youth has been staying with host parent since August and foster care will go through.
18	Monitor so not applicable	Monitor so not applicable	Not applicable PSP Not applicable	No response	There has been no involvement of an external agency since his admission. The mother's whereabouts are unknown. The father is deceased.
19	None	Not applicable	No visits PSP No	Would have liked some contact with the BTSW to give feedback on how things were going	Focused on problems between father and mother and on going conflict between them focused on youth's relationships to both parents and dealing with the divorce.
20	Foster care parent only went to Boys Town once to sign for him to do Gr111 and 12	Not applicable	Visits from OSW PSP No	Nothing	Host family was involved in youths plans. Regular monitoring of vacations and weekends. Initially motivated to foster, not successful

Table 12: Reconstruction /reunification services

* PSP= Parenting skills programme
** OSW=Outside Social Worker
***BTSW= Boys Town Social Worker

There appears to be some inconsistency between the caregiver's responses to the interview schedules and the facts on the PDFs. These may be due to the caregivers not recognizing when they have received a service, or perhaps because they had focused on the boy's failure to make a good adjustment and were not feeling helped.

Thirteen respondents (65%) had been visited by a social worker. Two respondents talked about the crucial role of their external social workers (both were still in contact with these social workers). Others commented on the fact that the social workers often changed (both the external and Boys Town social workers).

Two of the boys were released to informal host family situations. No reconstruction work had been done with them. One of these placements had broken down already and this orphaned boy was being supported by the project that he was discharged from but his

position was very unstable. The other placement was intact and supportive, but the host family could not afford to let him study further even although the boy had obtained a matriculation exemption. Clearly more supportive aftercare services were needed in these two cases.

Only eleven of the respondents had completed the Parenting Skills course. Reasons for non-attendance at the course included: the course was held too far away for three parents, work, disability prevented another from attending. Four of the boys had no living parents. Generally, caregivers had found the parenting skills course to be useful.

The value of reconstruction services, to the families concerned, appeared to have varied considerably. The minimum service by the external social workers was to have reported on whether the boys could go home for holidays and eventually be discharged to the care of their parents, or foster homes. Some respondents had been given more help than this, but others reported many changes and somewhat inconsistent help. The delivery of reconstruction services in terms of the Child Care Act of 1983 has always seemed to be problematic. There are too few Social Workers with too large caseloads to really make a meaningful difference too many of the families. When poverty and housing in informal settlements are present in the situation it is even more difficult to make a difference.

4.3.2 Disengagement

4.3.2.1 Readiness to leave Boys Town

Ten of the boys (50%) commented positively about how they felt:

"I was glad to leave and have my freedom again"
"I had achieved my goals"
"My home is stable now"
"The school closure was an issue (Magaliesberg school) I wanted time and space to study"
"I missed my family and home"

"I felt comfortable, I had done the life skills programme and Boys Town gave me self confidence"

Three of the boys (15%) felt ambivalent:

"Age forced me out I would like to have gone on with my studies"

"I was not sure about leaving Boys Town but I felt I had to move on"

"I was not sure whether I would cope with my old friendship group from before"

Seven of the boys (35%) commented negatively:

"It was a surprise and I felt very unhappy about it".

"I was unhappy, I felt kicked out prematurely"

"I was unhappy, it was much better at Boys Town"

"I could have been better prepared for the world out there"

"I could not cope with the school closing down"

"I did not want to leave yet as I had no immediate family around"

Compared with when the boys had been asked at the time of the completion of the proposed disengagement (six months prior to discharge), thirteen (65%) felt positive, of the remainder, four were ambivalent (20%) and two were negative (10%) one form was not completed (5%).

The caregivers were consulted about how they viewed the impending discharge at the time of completion of the PDF. At that stage there were fifteen (75%) positive responses, two negative responses (10%) and one (5%) ambivalent response. The other two boys did not have caregivers as they were being discharged to independent living.

4.3.2.2 Preparation for disengagement

A number of grievances were aired about the preparation for disengagement. Comments included several concerning schooling:

“I was only told in November and this was very late to organize schooling for him”.
“I begged them to keep him a bit longer”
“Earlier contact about the discharge would have facilitated a better school placement”
‘It might have been nice to have been notified in good time and asked how I felt about the discharge”

There were some comments on their capacity to parent:

“I felt apprehensive. I was worried about failing as a mother for the second time”
“I felt well prepared, but my husband did not”.
“I did not feel well prepared. I was worried that problems would resurface.”
“I felt angry and unprepared, In fact thrown in the deep end”

There were several comments on the social work services:

“*Changes of social workers both in the external agency and Boys Town were very disruptive of the process.*
“*The external welfare was never around”*

“*I didn’t have an interview with the Boys Town Social Worker and there was no external social worker either”*
“Needed information of who to contact for help in the future”
“I would like to have had more clarity on the lies and half truths (told by the boy) as a fosterparent, I would like to have more professional openness about the problems and issues.”

4.3.2.3 Further training needs

Regarding needs for further education/training at Boys Town, twelve boys (60%) felt that they did not need any further training, while eight boys (40%) felt they could have learnt more. Topics for further education included learning about woman, learning how to enjoy going to school and college, and learning about the reality of life outside Boys Town. The issue of training for work was mentioned by two boys, one felt that techniques for finding employment were important and another wanted basic training to be a waiter or a cashier.

4.3.2.4 " Missing" Boys Town

The boys were asked if they "missed" Boys Town. Sixteen Boys (80%) responded that they missed Boys Town. Four boys (20%) said that they did not.

A wide variety of things were missed. These ranged from how nicely they had been treated, the support they had received from each other and the staff, especially the youth care workers who were like family, as well as the skills they had learnt and the fun times they had had. Specific mention was made of outings, going to Munster (holiday camp), Boys Town "silliness" and playfulness, sport, the feeling of brotherhood, the countryside, the school at Magaliesberg and the teachers, as well as structural things like the peer group system at the larger projects and the family meetings at the smaller projects. The food also received a positive comment.

Perhaps this is an indication of how different things are at home, where there is not the support of youth care workers who were "like family", nor the ongoing chance to learn new skills in a supportive environment.

4.3.2.5 General comments from the caregivers.

The caregivers were also asked if they had anything further to say: One caregiver drew attention to the fact that *"I did not blame Boys Town for what had happened when my son was discharged, I blamed my husband"*.

A second caregiver drew attention to bullying at Boys Town and what happened if the victim spoke to anyone about it. The caregiver had seen the marks on his body. The boy also complained about the bullying and assaulting being bad.

Four caregivers discussed the availability of drugs at Boys Town.

Several of the caregivers still felt their children needed further help. Statements varied:

> "*My son still needs help he is intelligent."*
> "*Boys Town tried to help. The boy was not prepared to change*".
> *"The boy is currently going through a difficult adjustment stage."*
> "*My son came back too soon."*
> "I *tried to get help from the social worker in March/ April but I could not get any help."*

There were eight positive comments: Two of these focused on the boys saying they were very happy with the helpful and competent young men, the remaining six expressed real gratitude and admiration for what Boys Town had done.

4.3.2.6 General comments from the boys

The boys had several positive comments:

> *"It was worth it; thanks Boys Town, I could have been a gangster or dead, you built up my strength.."*
> *"Thanks to Boys Town It was a good learning experience, I miss the place"*

4.3.3 Aftercare

4.3.3.1 The boys response to the support from their caregivers

The positive trend was noted that sixteen of the boys (80%) were satisfied with the support received from their caregivers while only two boys (10%) felt unsatisfied and the remaining two boys (10%) were neither satisfied nor unsatisfied.

The boys sought support from others. The first question relating to this support focused on formal structures that could be approached. These included Boys Town and the community based social workers. Here it was interesting to note that five boys (25%) obtained help from the Boys town social workers while three boys (15%) obtained help from other project staff and house mothers and social workers from the community based social workers.

Persons from whom help was received	**participants**
Boys Town Principals	2
Development officer (fundraiser)	1
Boys Town Vice Principal	1
Social worker on projects	5
Youth Care workers	2
Project staff	3
House mother (family teacher)	3
Social Worker from the outside agency	3

Table 13: Persons contacted by boys for support services

The boys gave many reasons for looking for help and support. These included issues around finding work and accommodation, school and further studies, confidence building, relationship skills, help following a trauma, social contacts.

Comments on the contact include positive comments:

"It was nice/good/supportive/satisfactory".

"It helped."

"Yes I got a job."

"Both contact with Boys Town and the outside social worker were good".

Negative comments included**:**

"No nothing happened,"

"I felt I was not fairly handled."

Eleven boys (55%) still felt the need for support and 9 boys (45%) did not experience a need for support at the time of the study.

Persons who were supportive	participants
Social Worker	8 Respondents
Friends	12
Teachers	11
Employers	7
Family	14
Caregivers	6
Church	5
Other-girl friend	1
No response	2

Table 14: People used for support

The second question relating to support looked at other less formal sources of support. These included family and friends as possible sources of support. The above table shows that the family is seen to be the main source of support for fourteen of the boys (70%). Considering the fact that six boys (30%) did not go home to family this suggests that the boys consider the family support as very important even when the placement is stressful.

4.3.3.2 Use of aftercare services by the caregivers

Services used	caregivers	percentage
No contact	5	20%
Magistrate in Children's Court	1	5%
Outside social worker	7	35%
Boys Town social worker	11	55%
School	1	5%
Tough love support group	1	5%

Table 15: Contact for support after disengagement by the caregivers.

The importance of both the Boys Town Social Workers and the external Social Workers is clearly demonstrated. Eleven (55%) of the caregivers contacted Boys Town Social Workers for help in contrast to seven (35%) caregivers contacting outside social workers. Considering that all the boys who were above eighteen years of age and were no longer under the care of social workers (eight boys at the time of disengagement and thirteen boys at the time of this study) a significant number of the caregivers still used social work services.

The caregivers sought help for drug problems, school and college problems, accommodation problems, financial problems, boys being out of control, emotional and growth issues. They felt that they could still use further help at the stage of the survey with regards to all the problems.

4.3.3.3 Aftercare plans on the PDF and the current situation.

Participant no	Placement at disengagement	Plan on Proposed Disengagement Form (PDF)	Result	Current situation
1	Parents	Back to parents External social worker to visit	Placement broke down Moved to a family member. Problems with father child relationship	Still living with family member
2	Parents	Back to parent. External social worker to be involved. Boys Town social workers to maintain contact..	Placement problematic at first but has settled with extensive help	Still with parent
3	Parents	Boy disengaged to parents. An external social worker agreed to render services.	Placement breaking down. Appears no help available	Still with parents but very problematical
4	Parents	Disengaged to parent. Outside Social worker notified but he will shortly to be discharged from Child Care Act.	Placement working fine. Social Worker kept contact No longer under the Child Care Act	Still with parent
5	Parents	Back to parents. External social worker to will be involved	Placement broke down. Moved in with family member. Problems with step father	Still living with family member
6	Host parent	No reunification social worker Placement arranged by Boys Town Boy no longer under Child Care act	Broke down	Living independently Boys Town monitoring
7	Parents	Disengaged to parent. Moved from area where external Social Worker was. Mother at logger heads with Social Workers	Placement is holding well	Boy still with mother

8	Parents	Discharged to parents. External Social worker to render services	Placement is doing well	Still with parents
9	Previous foster care	No longer under the Child Care Act. Was in foster care with family member.	Still with family member	Contributing to the household financially
10	Parents	Disengaged to mother. External social worker to support.	Boy mostly on the streets. Probably drugging . Mother desperate	Desperate mother doesn't want child to go to industrial school.
11	Parents	Disengaged to parents External Social worker to be involved	Placement is secure boy doing well	In the care of his mother and step father
12	Independent living	No longer under the Child Care Act No parents or foster parent available To be disengaged to independent living |Only Boys Town Social Workers involved	Still living independently on the project	Still living independently on the project . Hopes to complete course and move independently
13	Parents	Disengaged to parents. Social worker (external) to be in contact monthly.	The placement is holding but is not completely satisfactory	Boy still with parents
14	Previous foster care	Boy discharged from Child Care Act. Boys Town to give services. .No outside social worker	Moved on because new employment provides lodging	Living Independently on job site, no monitoring
15	Parents	The boy was disengaged to his parent. Initially contact to be monthly with the external social worker	This placement is going well	Still with parents
16	Parents	The boy is no longer under the child care act. No external social worker was involved	The placement is going well	Still with parents
17	Foster care	Foster care to be monitored by external social worker.	Moved from foster care placement. No longer under the Child Care Act	Living independently
18	Independent living	No longer under the Child Care Act, No family available, initially to live independently on project	Working and moved on his own. Has had to move from first lodgings	Living in lodgings
19	Parents	Discharged to parents. External social worker to render services.	Placement is still tricky with the boy going his own way	Still with parents
20	Host parent	No longer under Child Care Act. Previous host mother asked to continue her role	Still with foster mother	Contributing to the household financially

Table 16: Aftercare for boys and the current situation

At the time of disengagement from Boys Town eight of the boys were over eighteen years of age and no longer under the jurisdiction of the Child Care Act. This means that no official after care services would be rendered by the outside agency's social worker. Where there was no family Boys Town continued to render services but where the boys were placed at

some distance from Boys Town with a host parents no services could be rendered. One of these placements broke down before the research was completed and the second placement has been developmentally disadvantageous to the boy but he is to far away to be helped.

The remaining twelve boys were still under the Child Care Act. In all cases the relevant social workers in the community were informed. Reports from the caregivers indicate that the services on offer were often minimal or non-existent in reality. On the other hand at least two caregivers found the on going support of the external social worker very valuable indeed.

Boys Town social workers also continued to be consulted by some parents. Social work support helped to stabilize one placement that had got into difficulties. It did not help in at least three situations. Two of these situations were drug-related.

4.4 Case studies of the boys

In Appendix 13, Case studies of the boys, each boy is considered separately, to provide an overall picture of his age, length of stay, placement or accommodation, adjustment to home life, school or studies, working life, social life and general contentment. It also includes the reconstruction services his family received, the after care resources he used and his ongoing needs in this regard. Comments on the problems he had when he entered Boys Town and the skills he learnt and continued to use were noted. Finally each boy's level of adjustment was rated based on the number of problems or the absence of problems. His adjustment was assessed as satisfactory (no problem areas), neither satisfactory nor unsatisfactory (one or two problem areas) and unsatisfactory (three or more problem areas)

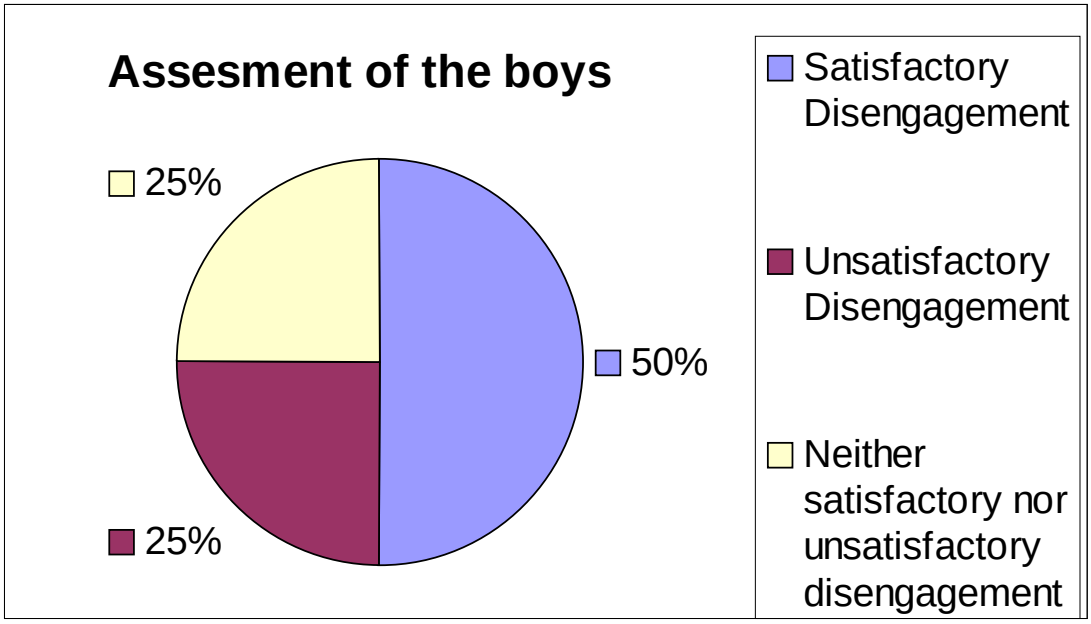

Figure3: Assessment of the boys

The adjustment of ten boys (50%) was seen as satisfactory while five boys (25%) had made an adjustment which was neither satisfactory nor unsatisfactory and five boys (25%) had made an unsatisfactory adjustment.

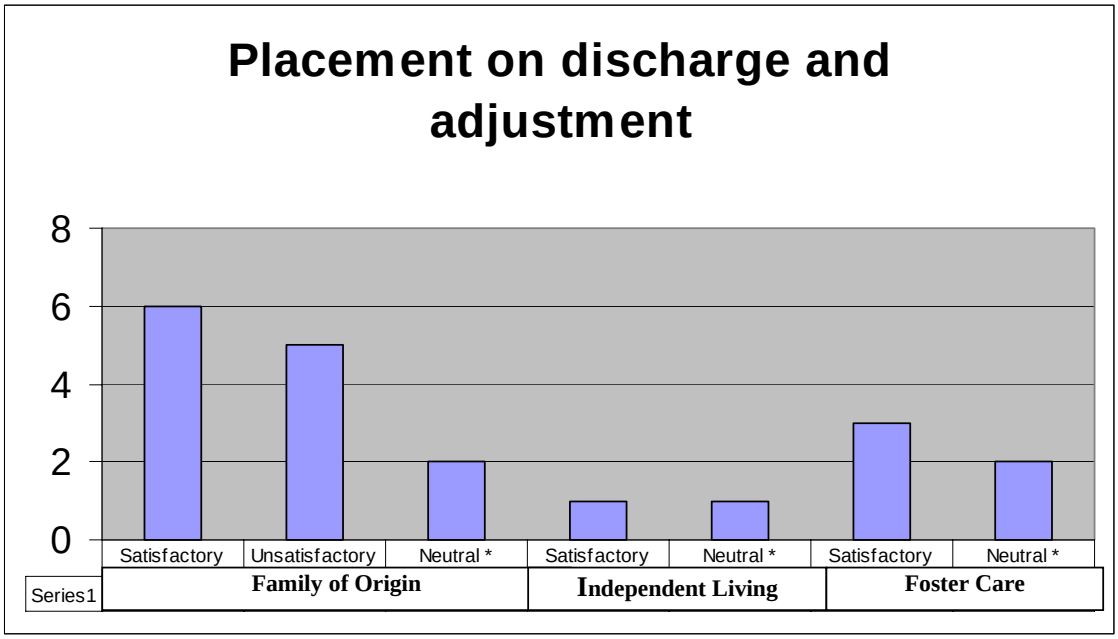

Figure 4: Placement on discharge and adjustment
*neutral=neither satisfactory nor unsatisfactory adjustment.

It is interesting that the five who made unsatisfactory adjustments went back to environments that had not changed sufficiently for the boys to maintain the gains made at Boys Town. They also all went back to their families of origin. Of the seven boys discharged to foster care, host parents or independent living, just over half had made satisfactory adjustments (four Boys) These boys went back to better/ or at least different environments than they had been in at admission. This suggests that not having a family to go back to is not necessarily negative in terms of adjustment. This contrasts with the finding that fourteen of the boys (70%) looked to family for help and support.

months	No of boys	Satisfactory	Neither satisfactory nor unsatisfactory	unsatisfactory
55-60	2	1	1	
49-54	2	1	1	
43-48	1			1
37-42	3	1	1	1
31-36	3	2		1
25-30	0			
19-24	4	2	1	1
13-18	1	1		
0-12	4	2	1	1
Total	20	10	5	5

Table 17: Correlation between length of stay and adjustment.

There is very little correlation between a longer stay and positive adjustment. The four boys who stayed more than 4 years had made successful adjustments (two boys) or neither successful nor unsuccessful adjustments (two boys). None of them had made unsuccessful adjustments.

In terms of length of stay the boys whose disengagement was considered successful a year after disengagement had been at Boys Town an average of twenty-nine months while those who had adjusted neither satisfactorily or unsatisfactorily had been at Boys Town for an average of thirty-one months and those who had adjusted unsatisfactorily had been at Boys Town for an average of thirty one months. This again suggests that length of stay does not necessarily make much difference to the likelihood of having a successful adjustment.

CHAPTER 5: MAIN FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Summary of the of the study

The study focused on the adjustment of twenty boys who were disengaged from children's homes of Boys Town (SA) a year earlier. It considered stability of accommodation, adjustment back into the family situation / fostercare / independent living, adjustment to school / college / further studies, adjustment to the work situation, adjustment to social life and quality of peer relations as well as generalized contentment. Further more, the impact of the reconstruction process with the family and the use of available after care resources were explored. The sustainability of the skills training, the family homes and the group system as well as the therapeutic input of the social worker was also considered.

The information was gathered through the use of two questionnaires, administered telephonically to twenty boys and their caregivers. The boys also completed the "Index of Peer Relations" and the "Generalized Contentment Scale". Much of the biographical details, initial reasons for admission and progress made at Boys Town were found in the Proposed Disengagement Forms which were provided by Boys Town for each of the boys in the study.

Child care, and particularly residential child care, is at a cross roads in South Africa. Boys Town shares the dilemmas faced by those providing residential care. Its particular mission with regards to helping behaviourally troubled boys using the three pronged approach (peer group/ family homes model, the corrective and preventive teaching model and the social work intervention) needs to be extended to the provision of reconstruction and after care services to complete the continuum of service as these are not really adequately provided by the overloaded external service providers.

5.2 Main findings

5.2.1 Adjustment

The main aim of this research was to assess how the boys had adjusted to their new circumstances in the year after disengagement.

The satisfaction about the adjustment was considered according to various criteria. Generally there was a high level of stability of accommodation, as well as in the school and work situations. However one quarter of the boys surveyed had problems in these areas. There was some discrepancy between how the boys and their caregivers rated their social adjustment. Caregivers rated the boys lower than the boys rated them selves. Most of the boys showed positive scores on the Generalized Contentment Scale and Index of Peer Relations.

When the data was considered by means of an examination of each boy's profile it was possible to discern three groups of participants. The groups were made up of one group of ten boys (50%) who had made a satisfactory adjustment with no major difficulties after a year, a second group of five boys (25%) who had one or two areas of difficulty and were thus neither satisfactorily or unsatisfactorily adjusted and a third group of five boys (25%) who had difficulties in three or more areas whose adjustment was seen as unsatisfactory.

5.2.2 The sustainability of the skills learnt at Boys Town

Boys Town presumes that specific social skills taught are presumed to be able to be generalized to all situations. This seems to be the case. It is interesting that even in the poorly adjusted group of boys a good number of skills were retained. However, it seems as if the skill of saying "No" to drugs was one that was not easily generalized. The boys that dropped out of school and college and the one boy that failed, all experienced problems in this area.

In the neither satisfactory nor unsatisfactory group, problems included not being able to say no to alcohol and drugs, and not being able to respect authority.

It would seem that the satisfactory group had made the skills their own. They often identified additional skills that they had learnt at Boys Town. These were not on the official list of skills.
This supported the idea that the learning of the skills could be generalized.

It may be that the most important skill highlighted by some of the boys themselves is the skill to be able to ask for help. It certainly seems that a number of the boys who made satisfactory adjustments despite some difficult circumstances had learnt how to ask for help in a way that they have received the help they requested.

5.2.3 The reconstruction services

The sub aim of exploring the reconstruction services offered to the families of the boys while they were in Boys Town highlighted a major area of difficulty in the continuum of care. In most cases services offered were minimal and focused only on the boy rather than on his family. Social workers were required to recommend holiday placements and often the only visited when the boy was home. It appears that the boys who had not made satisfactory adjustments were all boys who all went home to their families of origin. When they left Boys Town they were functioning well but once home they were unable to sustain their good behaviour.

The reconstruction services available to the families of boys in Boys Town varied considerably.
Reconstructions services were delivered by social workers from the government department of Social Development or welfare agencies and by the social workers from Boys Town.

Services offered by Boys Town included the Parenting Skills Programme that just over half of the caregivers attended and some family therapy. The distance of some families from the Boys Towns made direct work almost impossible. Host families and to a lesser degree foster families did not seem to feel the need of for the parenting skills course.

Services offered by the social work agencies that had referred the boys to Boys Town included visits to the family for the purpose of recommending holiday placements and supervising these placement, counseling to help the parents deal with their problems. One of the areas of difficulty experienced by the boys was in their relationship to the male figures in the family situation. This particular problem was not sufficiently addressed in the reconstruction process and caused several breakdowns of placements. It was good to note that in two cases the caregivers felt that the social workers from the agencies had made a significant impact on the treatment process. Several caregivers talked about the change of social work personnel as a problem. In certain cases there was a total absence of social work services for the families.

One aspect of the reconstruction process that requires urgent attention is that of services to families who live in informal rural settlements. As only one boy from this category was contacted and interviewed it is perhaps not appropriate to generalize. However the reconstruction work offered by Boys Town to this group of parents probably needs to be conducted in the appropriate vernacular language. The content of the Life Skills Programme needs to focus on skills to cope with going back to the environment of informal settlement.

The role of the agency social worker in these circumstances is a very overwhelming one. She has to attempt to address the multiple problems of unemployment, inadequate housing and poverty so as to give the returning boy a chance in life, of finding work and breaking the poverty cycle. The underlying question of exposing boys from these disadvantaged backgrounds to the comparative sophistication of the Boys Town way of life must also be considered.

Reconstruction services prove difficult where the boy has been in an institution most of his life and contact with the parents is lost because parents have disappeared or because the child is an orphan. No reconstruction or reunification services were possible beyond a certain point. These boys are thus left in an institutional limbo.

5.2.4 The aftercare services

The next sub aim was the exploration the aftercare services available after disengagement and the use being made of these services.

The components of the after care services should essentially be the boy, his caregivers and the outside social work agency. However the outside agency is only responsible for the boy until he turns eighteen years of age when he is discharged from the provisions of the Child Care Act. In fact at the time of disengagement eight of the Boys were over eighteen and had thus been discharged from the provision of the Child Care Act. By the time this study was completed thirteen of the boys would have been discharged from the provisions of the Child Care Act. This means that at the time of this study 65% of the boys would no longer have been entitled to the statutory aftercare services. In several instances the Boys Town staff provided informal aftercare services to the boys over the age of eighteen. This suggests a need to formulate a more formal approach to aftercare for those over the age of eighteen.

The group of boys who made successful adjustments also made considerable use of after care services. Six boys would have been eighteen years of age when disengaged. This means they would no longer have had the official aftercare. At least three of them received some level of service from Boys Town. Of the four boys still under the Child Care Act two have had substantial services rendered to them and the other two also used services perhaps not as extensively.

However the results of the study suggest that at least half of the boys could benefit from more aftercare services. The personnel of Boys Town do a considerable amount of informal aftercare for those boys who are disengaged to independent living and where placements with host families break down.

The problems experienced by several of the boys in relation to taking illegal substances also require the attention of those offering aftercare. The caregivers of boys with drug problems found it particularly difficult to get help. The researcher did not interview the agency social workers, or the Boys Town social workers that were approached for help, the comments of

the caregivers are perhaps only one part of the story. The issues relating to substance abuse need to be focused on at Boys Town and in the aftercare situation

Accommodation is a problem for some of the boys who do not have homes to return to. At this stage some of the projects allow boys to stay on and live independently. This is not a formal arrangement. Others have moved several times when the host/foster family situations broke down. Still others have returned home to situations that have not changed sufficiently and they have reverted to previous behaviours.

5.2.5 Feedback for donors

The fourth sub aim was the provision of feedback to donors who support Boys Town financially about how the boys adjust after leaving Boys Town. From the findings it would be possible to justify additional expenditure on formalizing after care and possibly providing for a halfway house facility to help the boys who do not have families to return to.

5.3 Conclusions

5.3.1 Adjustment

Half the sample made satisfactory adjustments one year after disengagements. Boys Town needs to address the needs of the other half of the sample.

5.3.2 Sustainability of skills learnt at Boys Town

The skills training are an important intervention at Boys Town. Boys not only seem to retain the specific skills taught to them but even identify further skills that were learnt incidentally. The use of skills learnt seems to have been generally sustained. This aspect of the Boys Town

Programme is viewed as valuable by the boys and their caregivers and seems to contribute to their general adjustment.

5.3.3 Reconstruction Services

It seems as if the basic issue with the reconstruction services is that the services tend to focus on the boy and not on the family. An exception to this was the parenting skills course provided by Boys Town. This was considered valuable by the caregivers who completed it.

The issue of responsibility for reconstruction services needs further exploration. The burden currently rest on the shoulders of the social workers from the external agencies and the Department of Social Development. The possibility of Boys Town sharing more equally in the delivery of reconstruction services in the future, needs to be considered.

5.3.4 Aftercare

There is no statutory aftercare for the boys who are no longer under the jurisdiction of the Child Care Act. There was a definite benefit experienced by the boys and caregivers who made use of the after care services provided under the Child Care Act.

The informal arrangements operating at some of the Boys Town Youth Development Centres were seen by the boys as valuable for boys who do not have homes to return to, and could also be valuable to some boys from difficult rural situations. These arrangements include the provision of independent housing on the projects.

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5.4 Recommendations

5.4.1 Recommendations for the practice field

5.4.1.1 Recommendations concerning accommodation

- Aftercare facilities such as a half way house should be developed for boys who have no family to return to or whose home circumstances have not changed sufficiently to accommodate them. This halfway house should have different rules and equip the boys for independent functioning.

5.4.1.2 Recommendation concerning schooling

- Parents should be given sufficient time to make the necessary school arrangements. Parents should receive guidance as to the type of schooling required in terms of academic, technical and special education and learnerships.

- Parents should be made aware that the boy is likely to drop out of school or college if he reverts to drug taking. Boys should be linked to organizations such as Narcotics Anonymous in their own communities if they have a history of drug taking. Greater emphasis should be placed in the Boys Town Programmes, on the negative results of drug and alcohol abuse.

5.4.1.3 Recommendations concerning work.

- Help should be given to the boys in terms of finding suitable employment.
- Learnerships should be investigated and if possible set up to coincide with disengagement.

5.4.1.4 Recommendations concerning social life.

- Boys Town Old Boys Association should be encouraged to become active in all regions.
- Old boys should be invited to suitable functions at the projects.

- Links to youth groups attended by the boys while at Boys Town should be formalized with church groups in their home areas.
- Caregivers should be encouraged to help the boys socialize appropriately.
- Socializing activities which facilitate socializing with girls should be incorporated into the Boys Town Programme.

5.4.1.5 Recommendations concerning generalized contentment.

- The caregivers should be educated about the signs of depression and how to respond to them. There should be a nationally coordinated list of suitable therapists and clinics offering therapy, available for parents.
- As part of the Independent Living Skills programme, depression and loneliness and how to cope with them should be discussed.

5.4.1.6 Recommendations concerning reconstruction services

In enhancing the effectiveness of reconstruction services Boys Town should:

- Facilitate the development of realistic reconstruction services for the families of the boys.
- Encourage a more labour intensive service from government departments and welfare agencies to facilitate the improvement of reconstruction services.
- Create more realistic permanency plans making more use of fostercare and host parents and halfway houses.
- Make more use of family therapy from the time of admission to the time of discharge.
- Address the father, stepfather and foster - father issues of the boys.
- Complete the parenting skills programmes with parents at the time of admission.
- Schedule monthly feedback to parents.
- Accept children from the immediate communities to facilitate maximum contact between the boys and their families and the Boys Town staff.

- Evolve a different means of working with the families of boys who come from informal rural settlements using childcare workers who speak the same language.
- Develop a reconstruction programme which loosely follows the Boys Town Nebraska programmes of working with high - risk families (largely preventive work), foster care and reunification work. This programme needs to take into account South Africa's unique first and third world complexities.

5.4.1.7 Recommendations concerning aftercare services.

In order to provide more effective aftercare services Boys town should:

- Include "asking for help" in the Independent living skills training..
- Equip the Hot Line Counsellors in each geographical area to help with problem areas such as accommodation, work seeking and learnerships, provision of lists of suitable therapists and knowledge of drug rehabilitation resources.
- Provide boys and their parents with details of the Hot Line services.

5.4.1.8 Recommendations concerning the sustainability of Boys Town skills training

In order to ensure greater sustainability of skills acquired by the boys and the caregivers Boys Town should:

- Solicit feedback from parents about their progress in the use of the Parenting Skill course, at regular intervals during the boy's stay at Boys Town and after his disengagement.
- Regularly assess the generalizability of the social skills during periods, such as school holidays when the boys are at home.

5.4.2 Recommendation for future research

Possible areas of future research include:

- Follow up of the twenty boys who took part in this study

- Follow up of the additional forty boys disengaged at the same time, who did not take part in this study
- A study of the boys who are disengaged each year.
- A study to explore further childcare services/options for Boys Town especially in the light of the HIV/AIDS pandemic.
- A study to explore the possibility of a realignment of the treatment focus of Boys Town to the mental health sector rather than the welfare sector so as to facilitate easier access to Boys Towns' residential programmes.
- Development of a more inclusive approach to the treatment of drug problems.

6 APPENDICES

APPENDIX 1

QUESTIONAIRE FOR BOYS DISENGAGED FROM BOYS TOWN SOUTH AFRICA AT THE END OF 2002

1 Code number _____

2 Age _____

3 Home language _____

4 Date of admission to Boys Town _____

5 Highest school grade obtained _____

6 Are you living in the same place and with the same people as you were before you went to Boys Town?

yes	no

7 Please list all the places you have stayed in for more than one week since you left Boys Town.

PLACE STAYED	HOW LONG	**WITH WHOM**	WHY MOVED

8 How do you feel about where you are staying now?

_____

9 How do you feel about the way you have settled at home with your family or foster family?

1	2	3	4	5	6
Completely Unsatisfied	Unsatisfied	Neither Satisfied nor Unsatisfied	Satisfaied	Completely Satisfied	N/A

10 How are you getting on with your parents/caregivers?

1	2	3	4	5	6
Completely Unsatisfactorily	Unsatisfactorily	Neither Satisfactorily nor Unsatisfactorily	Satisfactorily	Completely Satisfactorily	N/A

11 How are you getting on with the other children or people in the home?

1	2	3	4	5	6
Completely Unsatisfactorily	Unsatisfactorily	Neither Satisfactorily nor Unsatisfactorily	Satisfactorily	Completely Satisfactorily	N/A

12 How have you settled into the neighborhood?

1	2	3	4	5	6
Completely Unsatisfactorily	Unsatisfactorily	Neither Satisfactorily nor Unsatisfactorily	Satisfactorily	Completely Satisfactorily	N/A

13 How do you feel about your group of friends?

1	2	3	4	5	6
Completely Unsatisfied	Unsatisfied	Neither Satisfied nor Unsatisfied	Satisfied	Completely satisfied	N/A

14 Are you having any difficulties with your parent's other family, caregivers or friends?

Yes		No	

If yes please explain what they are.

_____

_____

15 How do you feel about the way that your parents or caregivers have supported you?

1	2	3	4	5	6
Completely Unsatisfied	Unsatisfied	Neither Satisfied nor Unsatisfied	Satisfied	Completely Satisfied	N/A

16 Are you working?

Yes		No	

17

Part-Time	Full-Time	N/A

18 If working what work are you doing?

_____

How satisfied do you feel about your work?

1	2	3	4	5	6
Completely Unsatisfied	Unsatisfied	Neither Satisfied nor Unsatisfied	Satisfied	Completely Satisfied	N/A

How many jobs have you had since leaving Boys Town?

If you are not working which of the following is the reason?

Still at school	
Studying	
Cannot find work	
Other	

Are you busy with out-of- school studies?

Yes		No	

If yes where are you studying?

_____

23 What are you studying?

_____

How do you feel about your studies?

1	2	3	4	5	6
Completely Unsatisfied	Unsatisfied	Neither Satisfied nor Unsatisfied	satisfied	Completely Satisfied	N/A

Did you pass your most recent exams?

Yes	No	N/A

26 How has your adjustment been at your new school?

1	2	3	4	5	6
Completely Unsatisfactory	Unsatisfactory	Neither Satisfactory nor Unsatisfactory	Satisfactory	Completely Satisfactory	N/A

27 Did you pass your most recent school exams?

Yes	No	N/A

28 How are you performing now compared to when you were at Boys Town?

Better	The same	Worse	n/a

29 Have there been any special achievements at school? Please describe them.

_____

30 Have you had any problems since you left Boys Town? Please describe them.

_____

_____

_____

31 Have you had any contact with any support services or resources since you were disengaged from Boys Town?

Reason for contact	Boys Town	Outside agency	Other	Was contact satisfactory?

32 Have you felt that you needed any support?

Yes		No	

33 If yes, what kind of support have you needed?

_____

_____

34 Have any of the following been helpful to you since you left Boys Town?

Social Worker	
Friends	
Teachers	
Employer	
Family	
Caregiver	
Church	
Other	

35 When you first arrived at Boys Town what were your target areas/problems which you needed to change?

_____

_____

36 Which of these target areas/problems were you able to change? Please describe.

_____

_____

37 Are you still struggling with any of these target areas /problems? Please describe.

_____

38 What skills did you learn at Boys Town? Please describe.

_____

_____

39 What skills have helped you most in your day-to-day living now? Please describe.

_____

_____

40 What three things about yourself do you feel are strengths and what three things would you still like to change?

_____

_____

_____

41 Did you feel ready to leave Boys Town when you did? Please explain.

_____

_____

42 How do you feel about your life since you left Boys Town?

_____

_____

43 Is there anything that you could have been taught which would have helped you adjust better after leaving Boys Town?

_____

_____

44 Do you miss anything about Boys Town?

Yes		No	

45 If yes please explain further.

_____

_____

46 Is there anything else you would like to say?

_____

_____

Thank you for taking the time to participate in this interview.

APPENDIX 2

QUESTIONNAIRE FOR THE PARENT/GUARDIAN/CARE GIVER OF THE BOYS WHO WERE DISENGAGED FROM BOYS TOWN SOUTH AFRICA IN DECEMBER 2002.

1 Code Number _____

2 Relationship to the boy

Parent	
Aunt/Uncle	
Sister/Brother	
Foster Parent	
Grandmother/Father	
Host Family	
Monitor of youth in independent living situation	
Other	

3 How do you feel the boy has adjusted since his disengagement from Boys town?

1	2	3	4	5	6
Completely Unsatisfied	Unsatisfied	Neither Satisfied nor Unsatisfied	Satisfied	Completely Satisfied	N/A

Please comment on or explain your answer.

_____

_____

4 How has the boy fitted into his present home environment?

1	2	3	4	5	6
Completely Unsatisfactorily	Unsatisfactorily	Neither Satisfactorily nor Unsatisfactorily	Satisfactorily	Completely Satisfactorily	N/A

5 How is the boy getting on with his parents/ caregivers?

1	2	3	4	5	6
Completely Unsatisfactorily	Unsatisfactorily	Neither Satisfactorily nor Unsatisfactorily	Satisfactorily	Completely Satisfactorily	N/A

Please comment or explain.

_____

_____

6 How is the boy is getting on with the other children or people in the house?

1	2	3	4	5	6
Completely Unsatisfactorily	Unsatisfactorily	Neither Satisfactorily nor Unsatisfactorily	Satisfactorily	Completely Satisfactorily	N/A

7 How has the boy settled into the neighbourhood?

1	2	3	4	5	6
Completely Unsatisfactorily	Unsatisfactorily	Neither Satisfactorily nor Unsatisfactorily	Satisfactorily	Completely Satisfactorily	N/A

8 How has the boy settled into a group of friends?

1	2	3	4	5	6
Completely Unsatisfactorily	Unsatisfactorily	Neither Satisfactorily nor Unsatisfactorily	Satisfactorily	Completely Satisfactorily	N/A

9 How is the boy's behaviour?

1	2	3	4	5	6
Completely Unsatisfactory	Unsatisfactory	Neither Satisfactory nor Unsatisfactory	Satisfactory	Completely Satisfactory	N/A

Please comment or explain

_____

_____

_____

10 Is the boy working?

Yes		No	

11 If no what is the reason?

Attending school	
Studying further	
Cannot find work	
Had work and left it	
Other	

12 Is the boy doing post school studies?

Yes	No	N/A

13 Did the boy pass his most recent exams?

Yes	No	N/A

14 How has the boy settled in at his new school?

1	2	3	4	5	6
Completely Unsatisfactorily	Unsatisfactorily	Neither Satisfactorily nor Unsatisfactorily	Satisfactorily	Completely Satisfactorily	N/A

15 Did the boy pass his most recent exams?

Yes	No	N/A

16 How is he performing compared to when he was at Boys Town?

Better	The same	Worse	n/a

17 Have you contacted any support services/ resources in connection with the boy since he left Boys Town?

Reason for contact	Boys town	Outside agency	other	was contact satisfactory

18 Any comments about any further support you feel you or the boy needs.

_____

19 What were the boy's target areas/problems that needed to be changed when he went to Boys Town?

_____

_____

20 Which of these target areas /problems were addressed satisfactorily?

_____

_____

_____

21 Is he still struggling with any of these target areas /problems now?

_____

_____

22 Are there any new problems? Please specify.

_____

_____

23 Comments.

_____

_____

24 What strengths does the boy have now (list at least three)?

_____

_____

_____

25 Is he excelling in any activity? Please specify.

_____

26 How are people in the boy's environment responding to him?

_____

27 How were you prepared for the boy's return or placement with you?

_____

28 Is there anything that would have helped you be better prepared?

_____

_____

29 If the boy was in your care before, what services did you receive while the youth was in Boys Town?

_____

30 How did you feel about these services?

_____

31 Please specify which of the following services you received.

Visits from the social worker	
Parenting skills	
Family therapy	
Other	

32 What else could have been done to make the adjustment easier ?

_____

_____

33 Is there anything else you would like to say?

_____

_____

Thank you for taking the time to participate in this interview.

APPENDIX 3

Boys Town South Africa

YOUTH MOVEMENT - **PROPOSED DISENGAGEMENT** *(May 2002)*

Code: 0204dDisengMvFrm

(Complete and submit to Child Care Manager PRIOR to confirming or implementing movement)

Youth Name: _____ D.O.B: _____ Grade: _____

Place of Origin: _____ Province: _____ Project: _____

Proposed disengagement to: ☐ Family ☐ Foster ☐ Another Children's Home - name: _____

☐ Another Boys' Town Project - name: _____

☐ Youth Care Centre ☐ Special Youth Centre ☐ Independent Living –specify plan:

_____

_____

Youth date of admission: _____ Date of proposed Disengagement: _____

Current status in the system:- _____

Highest status achieved in the system during his stay:- _____

Brief outline of **progress** in relation to initial treatment plan and target skill areas:

Education: _____

_____

Child Care: _____

_____

Social Work: _____

_____

Family: _____

_____

Brief outline of Reconstruction Services: _____

_____

_____

Has "family" completed Common Sense **Parenting course**? ☐ Yes ☐ No Comment: _____

_____

Proposed **disengagement**: *Motivation _____

_____

_____

_____

Planning: _____

_____

_____

_____

Brief outline of "unsuccessful" **TP strategy** re. remediation attempts as per *motivation problems above: _____

_____

_____

_____

_____

If 16 yrs or older: Has youth received testing and **career** guidance? ☐ Yes ☐ No Comment: _____

_____

Is youth completing Independent Living Skills Programme? ☐ Yes ☐ No Comment: _____

_____

After Care Programme (Please Specify): _____

_____

_____

Response re. the proposed disengagement: Youth: _____

_____

_____ Date of youth meeting:- _____

Family:- _____

_____

_____ Date of family meeting:- _____

Agency:- _____

_____

_____ Date of agency meeting: _____

Date Received: _____ Date Approved: _____ Signed: _____

APPENDIX 4

INDEX OF PEER RELATIONS (IPR)

Naam / Name: ..... Datum / Date: .....

This questionnaire is designed to measure the way you feel about the people you work, play, or associate with most of the time: your peer group. It is not a test, so there are no right or wrong answers. Answer each item as carefully and as accurately as you can by using the following scale:

NEVER	RARELY	SOMETIMES	HALF THE TIME	OFTEN	MOSTLY	ALWAYS
1	2	3	4	5	6	7
HOOIT	SELDE	SOMS	HELFTE VAN DIE TYD	DIKWELS	MEESTAL	ALTYD

Hierdie vraelys is ontwerp om jou gevoel met betrekking tot die mense saam met wie jy werk, speel of assosieer, te meet: jou portuurgroep. Dit is nie 'n toets nie, dus is daar nie regte of verkeerde antwoorde nie. Beantwoord asseblief elke item so noukeurig en akkuraat moontlik deur die bostaande skaal te gebruik:

I get along very well with my peers.	1.____	Ek kom goed oor die weg met my portuurgroep.
My peers act like they don't care about me.	2.____	My portuurgroep tree op asof hulle niks vir my omgee nie.
My peers treat me badly.	3.____	My portuurgroep behandel my sleg.
My peers really seem to respect me.	4.____	My portuurgroep kom voor asof hulle my respekteer.
I don't feel like I am "part of the group".	5.____	Ek voel nie asof ek deel van die groep is nie.
My peers are a bunch of snobs.	6.____	My portuurgroep is 'n klomp snobs.
My peers understand me.	7.____	My portuurgroep verstaan my.
My peers seem to like me very much.	8.____	My portuurgroep hou skynbaar baie van my.
I really feel "left out" of my peer group.	9.____	Ek voel regtig uitgesluit van my portuurgroep.
I hate my present peer group.	10.____	Ek haat my huidige portuurgroep.
My peers seem to like having me around.	11.____	My portuurgroep blyk daarvan te hou om my by hulle te hê.
I really like my present peer group.	12.____	Ek hou regtig van my huidige portuurgroep.
I really feel like I am disliked by my peers.	13.____	Ek voel werklik asof my portuurgroep nie van my hou nie.
I wish I had a different peer group.	14.____	Ek wens ek was deel van 'n ander portuurgroep.
My peers are very nice to me.	15.____	My portuurgroep is baie gaaf teenoor my.
My peers seem to look up to me.	16.____	My portuurgroep sien op na my.
My peers think I am important to them.	17.____	My portuurgroep dink ek is vir hulle belangrik.
My peers are a real source of pleasure to me.	18.____	My portuurgroep is 'n ware bron van plesier vir my.
My peers don't seem to even notice me.	19.____	Dit lyk asof my portuurgroep my nie eers raaksien nie.
I wish I were not part of this peer group.	20.____	Ek wens ek was nie deel van hierdie groep nie.
My peers regard my ideas and opinions very highly.	21.____	My portuurgroep het 'n hoë agting vir my idees en opinies.
I feel like I am an important member of my peer group.	22.____	Ek voel ek is 'n belangrike lid van my portuurgroep.
I can't stand to be around my peer group.	23.____	Ek kan dit nie uitstaan om by my portuurgroep te wees nie.
My peers seem to look down on me.	24.____	Dit lyk asof my portuurgroep neersien op my.
My peers really do not interest me.	25.____	My portuurgroep interesseer my glad nie.

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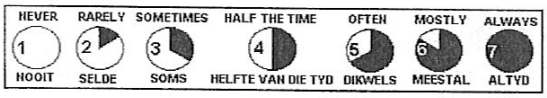
E-mail: perspekt@lantic.net Web Page: www.perspektief.com

APPENDIX 5

GENERALIZED CONTENTMENT SCALE (GCS)

Naam / Name: ..... Datum / Date: .....

This questionnaire is designed to measure the way you feel about your life and surroundings. It is not a test, so there are no right or wrong answers. Answer each item as carefully and as accurately as you can by using the following scale:



Hierdie vraelys is ontwerp om jou gevoel oor jou lewe en omstandighede te meet. Dit is nie 'n toets nie, dus is daar nie regte of verkeerde antwoorde nie. Beantwoord asseblief elke item so noukeurig en akkuraat moontlik deur die bostaande skaal te gebruik:

I feel powerless to do anything about my life.	1.____	Ek voel magteloos om iets aan my omstandighede te doen.
I feel blue.	2.____	Ek voel bedruk.
I think about ending my life.	3.____	Ek dink daaraan om 'n einde aan my lewe te maak.
I have crying spells.	4.____	Ek kry huilbuie.
It is easy for me to enjoy myself.	5.____	Dit is vir my maklik om myself te geniet.
I have a hard time getting started on things that I need to do.	6.____	Dit is vir my moeilik om 'n begin te maak met die dinge wat ek moet doen.
I get very depressed.	7.____	Ek raak baie depressief.
I feel there is always someone I can depend on when things get tough.	8.____	Ek voel daar is altyd iemand op wie ek kan staatmaak.
I feel that the future looks bright for me.	9.____	Ek voel my toekoms lyk rooskleurig.
I feel downhearted.	10.____	Ek voel terneergedruk.
I feel that I am needed.	11.____	Ek voel ander het my nodig.
I feel that I am appreciated by others.	12.____	Ek voel ander waardeer my.
I enjoy being active and busy.	13.____	Ek geniet dit om aktief en besig te wees.
I feel that others would be better off without me.	14.____	Ek voel andere sal beter af wees sonder my.
I enjoy being with other people.	15.____	Ek geniet dit om by andere te wees.
I feel that it is easy for me to make decisions.	16.____	Ek voel dis vir my maklik om besluite te neem.
I feel downtrodden.	17.____	Ek voel vertrap.
I feel terribly lonely.	18.____	Ek voel vreeslik eensaam.
I get upset easily.	19.____	Ek voel maklik ontsteld.
I feel that nobody really cares about me.	20.____	Ek voel niemand gee meer om vir my nie.
I have a full life.	21.____	Ek het 'n vol lewe.
I feel that people really care about me.	22.____	Ek voel ander gee om vir my.
I have a great deal of fun.	23.____	Ek het baie pret.
I feel great in the morning.	24.____	Ek voel soggens wonderlik.
I feel that my situation is hopeless.	25.____	Ek voel my situasie is hopeloos.

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APPENDIX 6

SUBJECT INFORMATION SHEET FOR BOYS TOWN OLD BOYS

My name is Barbara Miller. I am a student at the University of the Witwatersrand completing a Masters degree in Social Work. I am undertaking a research project with the group of boys who left Boys Town Youth Development Centers or Family Homes at the end of 2002.

I wish to invite you to participate in my study. If you decide to participate you will be interviewed over the telephone for approximately 45 minutes. I will conduct these interviews myself.

The aim of the study is to find out how you are adapting to your situations a year after leaving Boys Town. I want to know what your opinion is on how you are doing, what support services you are currently using and what support services you think you might use as well as well as what you think about Boys Town now. I will also be asking your parents or caregiver similar questions.

The study is being conducted under the auspices of Boys Town South Africa and the Discipline of Social Work in the School of Human and Community Development of the University of the Witwatersrand. It is hoped that the study will assist Boys Town South Africa to better meet the needs of the boys that they service. The study is also part of the ongoing evaluation undertaken by Boys Town of the opinions of its consumers.

The study will use tools normally used by Boys Town in its evaluations. You will probably remember the formula well. For example, “How satisfied are you with the weather today? Completely satisfied 5 satisfied 4 neither satisfied nor dissatisfied 3 dissatisfied 2 completely dissatisfied 1”. You will receive a copy of the questionnaire by mail before the interview. You can have the questions in front of you when we discuss them. This will give you the opportunity to think about them before the time should you so wish.

I will also be using information from the Boys Town Proposed Disengagement form to gather background data. This form was completed by your social worker at Boys Town six months before you left Boys Town.

Participation in the study is entirely voluntary and there are no negative consequences if you decide not to participate. You are also free to withdraw from the study at any stage or to choose not to respond to a particular question. The questionnaires will be coded in order to protect the identities of the individuals who take part in the survey. No names will be mentioned in the writing up of the study.

Please be aware, however, that if you are under 18 years of age and I establish that you are in difficult circumstances that are considered to require intervention, I will be obliged to refer you to the relevant social worker for follow up services. However, I will negotiate with you

up front and assist you to get the required help. The purpose of the interview is for research only and not to evaluate you in terms of the Child care Act.

Should you wish to receive a summary of the results of this study, this information will be available on request.

If you decide to participate please fill in the consent form and return it to the researcher.

Mrs Barbara Miller
Boys Town Hot Line
P.O.Box 91661
Auckland Park 2006
Or fax it to
0114826059
or e mail to
hotline@boystownsa.org
Should you require any further information please contact me on the Boys Town Hot Line 0861269786 . Please leave a message with a phone number and I will get back to you or on 0114822655 Extension 241 (Head Office of Boys Town)

Thank you for considering this request

Barbara Miller (Mrs)

APPENDIX 7

SUBJECT INFORMATION SHEET FOR PARENTS /CAREGIVERS.

My name is Barbara Miller. I am a student at the University of the Witwatersrand completing a Masters degree in Social Work. In order to meet the research requirement section of the course I am undertaking a research project with the group of boys who were disengaged from Boys Town Youth Development Centers and Family Homes at the end of 2002.

I wish to invite you to participate in my study. If you decide to participate you will be interviewed over the telephone for approximately 45 minutes. I will conduct these interviews myself.

The aim of the study is to find out how the boys are adapting to their new status a year after disengagement from Boys Town. The boys themselves will be asked their opinion on how they are doing, what support services they are currently using and what support services they might use as well as what their views are of their Boys Town experience. I will ask for your opinion on how the boy is doing, what support services you or the boy are using and what additional support services might be of assistance, as well as for your perceptions of the Boys Town experience.

The study is being conducted under the auspices of Boys Town South Africa and the Discipline of Social Work in the School of Human and Community Development of the University of the Witwatersrand. It is hoped that the study will assist Boys Town South Africa to better meet the needs of the boys in their care. The study is also part of the ongoing evaluation undertaken by Boys Town of the opinions of its consumers.

The study will use tools similar to those used by Boys Town in its evaluations. You will probably remember the formula well for example " How satisfied are you with the weather today? Completely satisfied 5 satisfied 4, neither satisfied nor dissatisfied 3, dissatisfied 2, completely dissatisfied 1". You will receive a copy of the questionnaire by mail before the interview. You can have the questions in front of you when we discuss them. This will give you the opportunity to think about them before the time should you so wish.

I will also be using information from the Boys Town "Proposed Disengagement Form" to gather some background data about each of the boys. This is a form completed by the social workers on the projects six months before the proposed departure from Boys Town.

Participation in the study is entirely voluntary and there are no negative consequences if you should decide not to participate. You are free to withdraw from the study at any stage or to

choose not to respond to a particular question. The questionnaires will be coded in order to protect the identities of the individuals who take part in the survey. No names will be mentioned.

Please be aware however that if the boy is under 18 years of age and it is established that he is in difficult circumstances that are considered to require intervention I will be obliged to refer him to the relevant social worker for follow up services.

Please be assured that this interview is however purely or research purposes and is not for evaluation in terms of the Child Care Act.

Should you wish to receive a summary of the results of this study, this information will be available on request

If you decide to participate please fill in the consent form and return it to the researcher.
Mrs Barbara Miller
Boys Town Hot Line
P.O.Box 91661
Auckland Park 2006
Or fax it to
0114826059
or e mail to
hotline@boystownsa.org
Should you require any further information please contact me on the Boys town Hot Line 0861100269. Please leave a message with a phone number and I will get back to you or on 0114822655 Extension 241 (Head Office of Boys Town)

Thank you.

Barbara Miller(Mrs)

APPENDIX 8

BOYS OVER 18

CONSENT TO PARTICIPATE IN A STUDY IN THE DEPARTMENT OF SOCIAL WORK AT THE UNIVERSITY OF THE WITWATERSRAND JOHANNESBURG.

Title: The adjustment of the boys from Boys Town South Africa=s Programmes one year after disengagement.

I hereby consent to participate in the study. I understand the purpose and procedures of the project. I understand that my participation is voluntary, that all the information will be kept confidential and that I may withdraw from the study at any time.

Name of the participant_____

Signature of the Participant_____Date_____

Witness_____Date_____

BOYS UNDER 18

ASSENT BY A MINOR TO PARTICIPATE IN A STUDY IN THE DEPARTMENT OF SOCIAL WORK AT THE UNIVERSITY OF THE WITWATERSRAND JOHANNESBURG.

Title: The adjustment of boys from Boys Town South Africa=s programmes one year after disengagement.

I hereby give consent to participate in the study. I understand the purpose and procedures of the project. I understand that my participation is voluntary, that all information will be kept confidential and that I may withdraw from the study at any time.

Name of the
participant_____

Signature of the Participant_____Date_____

Name of the Parent/ Guardian_____Date_____

Signature of Parent/ guardian_____ Date_____

Witness_____Date_____

APPENDIX 9

CONSENT TO PARTICIPATE IN A STUDY IN THE DEPARTMENT OF SOCIAL WORK AT THE UNIVERSITY OF THE WITWATERSRAND JOHANNESBURG.

Title: The adjustment of the boys from Boys Town South Africa=s Programmes one year after disengagement.

I hereby consent to participate in the study. I understand the purpose and procedures of the project. I understand that my participation is voluntary, that all the information will be kept confidential and that I may withdraw from the study at any time.

PARENT/CARE GIVER

Name of the Participant_____

Signature of the Participant _____Date_____

Witness _____Date_____

CONSENT FOR THE PARTICIPATION OF A CHILD UN DER THE AGE OF 18 TO PARTICIPATE IN A STUDY ON THE DEPARTMENT OF SOCIAL WORK AT THE UNIVERSITY OF THE WITWATERSRAND JOHANNESBURG.

Title: The adjustment of boys from Boys Town South Africa=s programmes one year after disengagement.

I .....hereby give consent for.....
Who is not yet 18 years of age to participate in the study. I understand and have made it clear to
.....that his participation is voluntary, that all information will be kept confidential and that I may withdraw him or he may withdraw himself from the study at any time.

Signature of parent/guardian.....Date.....

Witness.....Date.....

APPENDIX 10

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Division of the Deputy Registrar (Research)

COMMITTEE FOR RESEARCH ON HUMAN SUBJECTS (NON-MEDICAL)
Ref: R14/49 Miller

CLEARANCE CERTIFICATE **PROTOCOL NUMBER** H03-07-14

PROJECT The Adjustment of Youth from Boys Town South Africa's Programmes One Year After Disengagement

INVESTIGATORS Mrs BM Miller

DEPARTMENT School of Social Work, Wits University

DATE CONSIDERED 03-07-30

DECISION OF THE COMMITTEE *

Approved unconditionally

This ethical clearance is valid for 2 years and may be renwed upon application.

DATE 03-09-16 **CHAIRMAN** .....(Dr GR McLean)
22/9/03

* Guidelines for written "informed consent" attached where applicable.

c c Supervisor: Mrs L Smith
Dept of School of Social Work, Wits University

Works2\lain0015\HumEth97.wdb\M 03-07-14

==========

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10001, 10th Floor, Senate House, University.

I/we fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. ***I agree to a completion of a yearly progress report.***

This ethical clearance will expire on 1 February 2005

DATE 13/01/04 SIGNATURE BM Mille

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

APPENDIX 11

BOYS TOWN
because boys will be men
South Africa
BOYS TOWN CENTRE

11 LEMON STREET • SUNNYSIDE • 2092 P O BOX 91661 • AUCKLAND PARK • 2006 TEL +27 11 482 2655 • FAX +27 11 482 6146
E-MAIL boystownho@yebo.co.za • WEB www.boystownsa.org • HOTLINE 086 11 00 269

11 June 2003

ATTENTION : PROF S J DROWER

The Head
Department of Social Work
University of the Witwatersrand
JOHANNESBURG

Dear Prof Drower

This letter serves to authorise **Mrs Barbara Miller** to conduct her research project using youth disengaged from Boys Town during November/December 2002 plus several who were disengaged earlier, as a pilot study.

Mrs Miller has our consent to access the relevant information with the proviso that the resultant data be made available to Boys Town South Africa.

Yours sincerely

Joe Araujo

JOE ARAUJO
Executive Director

APPENDIX 12

INDIVIDUAL DEVELOPMENT PLAN (IDP)

Based on care plan dated:

Date:

Name of child/youth/family

Age of child/youth:

Case manager: Signature:

Care giver: Signature:

Care plan: ……..

BELONGING

Developmental issues	Strengths	Specific tasks	Who?	Due date
1.				

Name: **Age**

Date:

MASTERY

Developmental issues	Strengths	Specific tasks	Who?	Due date

Name: **Age:**

Date:

INDEPENDENCE

Developmental issues	Strengths	Specific tasks	Who?	Due date
1.				

Name: **Age:**

Date:

GENEROSITY

Developmental issues	Strengths	Specific tasks	Who?	Due date

APPENDIX 13 Case studies of the boys.

Criteria	Subject 1	Subject 2	Subject 3
Age **Length of stay** **Index of peer relations** **Generalised Contentment Scale**	17 years 34months 8 23	**17 years** 11months 23 32	18 years 48 months 30 39
Placement/accommodation	Back home now with family member.	With parent initial problems now settled	With parents in informal settlement, unsatisfactory.
Family Relationships	Fine with family member, mother would like him with her	Caregivers are unsatisfied, it was terrible in the beginning a bit better now gets on just ok at the margins of the family .Boy is not satisfied prefers to be with his girlfriend and her family	The boy 's relationships with his family are seen as completely unsatisfactory both by the boy himself and by his caregivers.
School/studies	Couldn't get into a suitable school because of his subjects.	Still doing well passed in 2003	Dropped out of technical college.
Work	Had work not well enough paid so left it	Still at school	Has not secured work
Social adjustment	Likes socializing completely satisfied with group of friends, neither satisfied or unsatisfied with how he has settled into his new neighbourhood. Caregiver completely unsatisfied with his group of friends and neither satisfied nor unsatisfied with how he has settled into the neighbourhood.	Boy did not feel he had settled into new neighbourhood but is very satisfied with relationship with his girlfriend Caregivers feel he settled into neighbourhood badly at first but that the situation is better now that he has a girl friend	The boy has drifted back to his previous behaviour and has needed hospitalization for drug abuse. Both boy and parents feel that the situation is completely unsatisfactory
General adaptation	Caregiver says worse than when at Boys Town. Boy says worse than when at Boys Town	Caregiver and boy felt boy was doing the same as when he was in Boys Town	Both caregiver and boy felt that the boy was doing worse than when he was at Boys Town
Reconstruction	Mother attended parenting course. Some social work involved from Department of Welfare	Agency social worker was a key link between Boys Town the mother and the Law There was much contact. They had some family therapy. One session at Boys Town before he came home.	The only service received by the caregivers was the parenting skills course. The reunification social worker hardly played any role at all.

Criteria continued	Subject 1	Subject 2	Subject 3
Disengagement	Reluctant acceptance both on boy's and mothers part	Mom felt she was only told in November that he was coming out so she had not organized schooling for the boy. She wished that the outside social worker and family had been prepared timeously and found she had an ongoing communication problem with Boys Town. She would also have liked more family therapy	The boy felt that age had forced him out and he would have liked to have gone on studying There appeared to be little preparation for discharge but the boy's parents did agree to the disengagement.
Aftercare	One visit from the social worker	Back to parents. External social worker very involved, follow up when problems arose was good and boy settled	An external social worker agreed to render services but nothing has happened. He is still with the parents but the situation is very problematic.
Skills retention	He felt he had learnt all Boys Towns basic skills and singled out, conversation skills, greeting skills and accepting no for an answer. He is not stealing or lying or running from home. Couldn't retain the improvement in the relationship with his father worked on in therapy at Boys Town	Target areas were expressing and identifying painful emotions, showing respect to peers and adults and controlling dagga abuse Mother felt all target areas were changed although he is still struggling with dagga smoking and school attendance and some aspects of discipline. His biggest learning from Boys Town is that you should never let yourself down	The target areas were the boy's drugging, and schooling. He responded well to the structure at Boys Town and was problem free on departure. He redeveloped the drug problem and has again dropped out of school. The environment in which he lives as seen as the source of the problems. The boy himself feels that he has kept up with the communication skills which he learnt at Boys Town.
Overall comment	Although he has not reverted to his previous behaviour several aspects of his adjustment are not satisfactory. He is neither working nor at school or studying. He cannot live with his parents because of the father son relationship. No one is currently attending to the problems between father and son. **This disengagement is unsatisfactory**	Although this placement had a rocky start, with external help the boy has settled down. One of the catalysts to this was his relationship with the girl friend and her family He seems to have succeeded in all areas**. This has turned out to be a satisfactory disengagement**	This boy's disengagement has not gone well to date. He has dropped out of school, taken up with a deviant peer group, and is taking even heavier drugs than before he went to Boys Town. His environment is a very difficult one and the parents felt they have no control over him. **This disengagement has been unsatisfactory**

Table 41. Summary of Subjects 1, 2 and 3

Criteria	Subject 4	Subject 5	Subject 6
Age **Length of stay** **Index of peer relations** **Generalised contentment scale**	19 years 60 months I 21 12	17 years 24 months. 5 5	21 years 60 months 29 29
Placement/accommodation	At home with parent.	Returned to parents, now living with granny as his deteriorating behaviour caused step father to throw him out	Has lived in 3 places since leaving Boys Town. This is problematic.
Family relationships	Family relationships satisfactory from parent's point of view, he still has occasional temper outbursts. The boy's relationship with his step father was seen by the caregiver and boy as neither satisfactory nor unsatisfactory	The caregiver felt completely dissatisfied with how the boy had settled in with the family. The placement had broken down and he had to move to another relative. She felt dissatisfied with the parent child relationship. The relationship with the stepfather had broken down completely and the relationship with her was strained.. She was neither satisfied nor dissatisfied with the relationships with others in the family. The boy felt neither dissatisfied or satisfied with how he had settled into the family, He felt satisfied with the parent child relationship and the relationship with the others in the home.	Here the boy felt completely satisfied with all three categories. The caregiver felt the settling in with the family was not applicable, she felt the relationship with the caregiver was unsatisfactory and the relationships with the others in the home neither satisfactory or unsatisfactory. There was a discrepancy in time between when the boy and the caregiver answered the interview schedules and this could account for the discrepancy in the answers. The boy was living in his third lot of accommodation when he answered the schedule and the monitor completed it while he was living in the second situation after the foster care arrangement had broken down.

Criteria continued	Subject 4	Subject 5	Subject 6
School/studies	Did some post school course related to his field of employment. Did very well.	Dropped out of school	Did not intend to study further
Work	Has a job, would like to have a better one	He does not appear to have looked for work	Has had 3 jobs, at the time of the survey he was unemployed
Social adjustment	The boy felt that he hasn't satisfactorily slotted back into the neighbourhood but he is completely satisfied with his friends. This was reflected by the caregiver as well.	The boy felt he had settled into his neighbourhood , neither satisfactorily or unsatisfactorily. He felt completely satisfied with his group of friends. His care giver felt unsatisfied with how he had settled into the neighbourhood and neither satisfied nor unsatisfied with his group of friends.	The boy feels he settled into the neighbourhood but that he has no friends because he has had to move around quite a lot. The caregiver felt he had settled into the neioghbourhood neither satisfactorily or unsatisfactorily and that his group of friends were satisfactory.
Reconstruction	There was little reconstruction from the external social worker. She did do the holiday forms. Caregiver did the parenting skills course. She obtained a lot of support and strength from the Tough Love support group.	Saw Boys Town social worker only once on admission. They lived too far away to do parenting course Outside social worker visited only when boy was home. Boys Town social worker worked with boy on relationship with step father.	The caregiver was a monitor on Boys Town staff. The sponsoring host family lived too far away to do the parenting course. There was no external social worker involved.
Disengagement	Caregiver felt a strong need for more counseling for herself from Boys Town. She was very scared of failing as apparent for a second time. Boy was not happy with the disengagement	Mother accepted proposal but would have preferred the boy to finish his schooling at Boys Town. The boy was keen to reintegrate into his family	The boy accepted the proposed disengagement as did his sponsoring host family
Aftercare	The outside social worker was notified and kept contact till boy was no longer under the Child Care Act	It seems that there has been some contact with the external social worker but that she has not been able to prevent the disintegration of the placement. The boy felt it was hopeless to ask for any help or support	Initially the hosting family accommodated the boy. When their circumstances changed he returned to Boys Town for further help. This was provided through help with seeking a job, and accommodation. This also broke down and the boy is now being accommodated by one of his old teachers. Boys Town staff see him regularly.

Criteria continued	Subject 4	Subject 5	Subject 6
Skills retention	Target areas included behaviours, discipline truanting and lack of obedience, drugging and Satanism . He learnt the basic skills and many of the advanced skills as well as the independent living skills programme. He feels he overcame all he problems in his target areas. His caregiver feels he is handling his freedom quite well.. He identified his people skills, ability to accept difference, public speaking and leadership skills to his time at Boys Town.	The initial problems included truanting and stealing his anger and lack of respect for authority The PDF suggests that he had mastered target skills of respecting authority and disagreeing appropriately but still needed to work on respecting others and expressing feelings appropriately. The boy felt that he had mastered his anger and now had respect for others. His parents felt the truanting and stealing had been satisfactorily dealt with yet commented that he is now stealing again, not going to school and he gets cross if he doesn't get his own way. The boy singled out following instructions and asking for help as the two skills that he had learnt at Boys Town. Sadly he now feels its hopeless to ask for help. A new problem is that he is hanging around with gangsters.	He was admitted to Boys Town from the street, after his father's death. He saw his target areas as being able to live with other children and going to school. On the PDF form he was seen to have internalized the eight basic skills and as having had considerable personal growth and development as well as developing an appropriate sense of independence. He feels that he knows how to get work, but has difficulty settling down in a job and concentrating on himself. He feels that he learnt leadership skills and to consider the needs of others as his two most important Boys Town learnings. The skill of gaining peoples trust has been most useful in his everyday life.
Overall comment	This boy seems to have made the transition between Boys Town, school and working life quite well. He appears to have coped in all areas**. This disengagement is definitely satisfactory**	This disengagement cannot be seen as a success even though there has been an external social worker involved . The fact that the parents where unable to do the parenting skill course might be a contributing factor in this situation. The boy has dropped out of school, returned to drug abuse, become involved in a gang, and can no longer live at home. **This disengagement has been unsatisfactory**	This boy has been forced into independent living by circumstances. It has not been easy for him and his struggles continue. He has not reverted to his previous behaviour and his poignant comment " I don't want my children to go through what I did, I want to get a good job and a good place to live." shows great courage**. He seems to fit into the category of making neither a satisfactory or unsatisfactory adjustment at this stage.**

Table Summary of subjects 4,5 and 6

Criteria	Subject 7	Subject 8	Subject 9
Age **Length of stay** **Index of peer relations** **Generalized contentment scale**	18 years 23 months 37 37	18 years 20 months 0 9	19 34 months. 1 18
Placement/accommodation	Returned to his parent.	With parents, settled well	He is with a sibling and the placement is satisfactory
Family relationships	The caregiver felt satisfied with how the boy had settled down, neither satisfied or unsatisfied with the parent child relationship and completely satisfied with the boys relationships with others in the home. The boy felt satisfied with how he had settled into the home and satisfied with the parent child relationship and neither satisfied nor dissatisfied with his relationships with the others in the home.	The boy felt completely satisfied with how he had settled down in the home and with the parent child relationship but only satisfied with his relationship with the others in the home. The caregiver felt satisfied over all three categories	The caregiver felt satisfied with how the boy had settled into the family home and with the parent child relationship, the caregiver was completely satisfied with the relationship between others in the home and the boy. The boy was completely satisfied with how he had fitted into the home and his relationship with others in the home and neither satisfied or unsatisfied with the parent child relationship
School/studies	Dropped out of technical college.	Passed his exams in 2003	He did not intend to study further.
Work	He left a job following an armed robbery, he currently works with his parent	Still at school	He is very proud of the job he was able to secure
Social adjustment	The boy felt that he was unsatisfied with how he had settled into the neighbourhood but that his group of friends were completely satisfactory. His caregiver felt satisfied with how he had settled into the neighbourhood and completely satisfied with his group of friends.	Both caregiver and boy felt completely satisfied with how he had settled into the neighbourhood and his group of friends.	Both the boy and his caregiver where completely satisfied with how the boy had settled down in the neighbourhood. The boy was completely satisfied with his friends, the caregiver was satisfied with the friends.
General adaptation	Caregiver and boy felt he was doing worse than when at Boys Town	The caregiver and the boy both felt he was doing better than he had been doing at Boys Town	The caregiver and the boy both felt that the boy was doing better

Criteria continued	Subject 7	Subject 8	Subject 9
Reconstruction	Initially external social worker kept contact but when she left her replacement broke two appointments. Mother did parenting course.	Mom did parenting course, There was a lot of contact between caregiver and external social worker. She stills phones regularly. There was also lots of feedback from Boys Town.	Wasn't previously in caregivers care, no help was given in the form of reconstruction services by external social worker. Boys Town provided the parenting skills programme.
Disengagement	The caregiver requested that the boy came home at the end of 2002. The boy had requested to leave, he had no further behavioural problems.	The boy himself had requested to return home and since he was now stable and was no longer displaying behavioural problems. The caregiver voiced a similar request.	This boy did not want to leave Boys Town. His caregiver was given one weeks notice of his discharge. She felt thrown in the deep end and abandoned
Aftercare	The external agency undertook some after care but the family moved to a distant suburb and the boy is now 18. Caregiver found social workers a hypocritical group that had turned their backs on the boys. The boy experienced two traumas recently and felt that he might need some help in this area.	This boy has made use of many different services and resources including social workers(external and Boys Town),friends, teachers , employers family and church people.	This boy used many resources including friends teachers, employer family and his church since leaving Boys Town. He felt he always got the support he needed. He maintains contact with his house mother through braais at Boys Town. There is no external social work involvement as he is over 18.
Skills retention	His target areas were bunking and drug use and pedaling shoplifting and poor classroom behaviour. He addressed all the target areas. He still has problems with aggression and has opted out of school. He felt that the following skills were well learnt: engaging in conversation, accepting " no answers" and accepting compliments.	His target areas were stealing, and poor school behaviour, he also needed to learn to be assertive, ask for help He worked hard at developing impulse control with respect to the stealing and in fact never stole at Boys Town. He listed accepting criticism and greeting skills as being important learnings at Boys Town	His target areas were coming to terms with his father's death, disruptive behaviour at home and school not showing respect and obedience to adults. He learnt to accept help, accept feedback and showed insight into his difficulties. He sees learning to follow instructions as the most important skill he learnt at Boys Town and also showing respect, appropriate use of language and disagreeing appropriately
Criteria continued	**Subject 7**	**Subject 8**	**Subject 9**

Overall comment	This boy has had a difficult year. Although he has dropped out of college, been severely traumatized he has not returned to his pre Boys Town ways. He has had a few part-time jobs and is currently helping his mother in her business. **This disengagement was neither satisfactory or unsatisfactory.**	This disengagement has been successful. He passed his year at school, had not stolen at all and had settled well. **This placement was satisfactory**	**This boy has made a successful adjustment to his disengagement**. He did not intend to study further as he wished to enter the job market. He is satisfied with his work and has settled into his foster family.

Table Summary of subjects 7,8 and 9.

Criteria	Subject 10	Subject 11	Subject 12
Age **Length of stay** **Index of peer relations** **Generalized contentment scale**	16 years 10 months 11 26	14 years 12 months. 11 15	20 years 39 months. 4. 15
Placement/accommodation	With parent. Not satisfactory child has taken to drugs.	Back with parent placement very successful.	Living independently on the project.
Family relationships	The boy felt satisfied with how he had settled into the home, neither satisfied or dissatisfied with his parental relationship and felt there was no one else in the home. The caregiver felt completely dissatisfied with how the boy had settled into the home and also with the parent child relationship. She felt that she was satisfied with how he got on with the other people in the home	The caregiver rated how the boy had settled back with the family and her relationship with him as completely satisfactory. The relationship with siblings and others in the home was satisfactory. The boy felt neither satisfied nor unsatisfied with how he had settled into the family. He felt satisfied with the parent child relationship and completely satisfied with his relationships with the others in the home.	This boy had no family to return to. He related to the monitor as he is still living independently on the project. He felt settled there and rated his relationship with his caregiver as completely satisfactory
School/studies	He failed at school at the end of 2003.	Passed his year at the end of 2003.	Completed a course to do with his work and did very well at it.
Work	He is still at school	He is still at school	He is receiving on the job training and has done well at work
Social adjustment	Both caregiver and boy felt satisfied with how he had settled into the neighbourhood and completely satisfied with his group of friends. This was somewhat contradicted elsewhere in the caregivers schedule where she said he wanted to be a town boy and wasn't mixing locally.	Both boy and care giver felt satisfied with how he had settled into the neighbourhood and completely satisfied with his group of friends.	The boy felt completely satisfied with how he had settled into the neighbourhood and with his group of friends, his caregiver felt satisfied with his settling into the neighbourhood and completely satisfied with his friends.
General adaptation	The caregiver felt that the boy was doing worse than when he was at Boys Town the boy felt he was doing the same as when at Boys Town.	The caregiver felt the boy was doing the same as when at Boys Town the boy felt he was doing better than when he was at Boys Town	The caregiver felt the boy was doing the same as when he was at Boys Town the boy felt he was doing better

Criteria continued	Subject 10	Subject 11	Subject 12
Reconstruction	There was meant to be an outside social worker rendering support to mother prior to discharge and afterwards as well. This has not materialized The caregiver did the parenting skills programme	There was good support from the external social worker which has continued. She reported that the caregiver had been open about her past problems and had completely overcome them and was on track and coping well. Mother was too far away to attend parenting skills course.	Reconstruction services were terminated in 2001 as there were no parents or guardians
Disengagement	This caregiver was prepared to take boy back into her care and the boy was keen to return home according to the PDF forms. Mother felt she was not prepared properly she was told not asked. "it would have been nice to have been notified in good time and asked how I felt"	Both the caregiver and boy where keen for the boy to be disengaged. Caregiver had got herself right and had time to organize school.	The boy did not want to leave as he had no immediate family in the vicinity. He felt fear and uncertainty about the future but realizes he needs to move on from Boys Town
Aftercare	The care giver felt that she needed help after discharge, in fact proper after care. The PDF suggested that caregiver would need a lot of help post disengagement. The boy was in fact admitted to an institution for drug rehabilitation in May but ran away from the institution. The mother feels no one is helping her at this stage.	He has utilized the support of social workers teachers and his family and has kept contact with his house mother. The external social worker has undertaken to keep contact with this family	This boy did not have family to go to. The external social work agency terminated services in March 2002. The aftercare was done by the staff of the project. He is still living on the project at this stage. He has made use of support from the social workers and other project staff, his employers and his teachers as well as his friends.
Skills retention	His target areas were his attitude and discipline. He could not accept no for an answer. This changed once he was at Boys Town. However since disengagement he has gone backwards again and drugging was added to his list for problems He didn't want to comment on the skills he had learnt at Boys Town. According to his mother he is now worse than before he went to Boys Town	The problems related to the mother not the child. The boy was able to make use of the Boys Town programme's skills. He highlighted being able to accept criticism, making proper friends and the eight basic skills.	The targeted problem areas included stealing alcohol use and not being under instruction. He learnt all the basic Boys Town skills and a number of the more advanced skills as well. He singled out following instructions as being the most important skill in his everyday life..

Criteria continued	Subject 10	Subject 11	Subject 12
Overall comment	**This has definitely not been a successful disengagement**. The boy failed at school, had taken to drugging and the caregiver is never sure where he is.	The mother has worked hard on sorting out her problems and the placement is being very successful with the help of the external social worker's services. The boy passed his year at school and has settled down. **This adjustment was successful**	Although he is not yet living independently away from the project, he has progressed well in his studies for his chosen career and looks forward to the day he can be independent. Considering his difficult situation with no available family**, his disengagement was successful**.

Table Summary of subjects 10, 11 and 12

Criteria	Subject 13	Subject 14	Subject 15
Age **Length of stay** **Index of peer relations** **Generalized contentment scale**	18 years 42 months. 11 42	19 years 32 months. 2. 6	16 years 15 months. 3. 0
Placement/accommodation	Returned to his parents but reverted to his previous behaviour	Disengaged to foster parents, had initial problems and has now moved on to accommodation linked to his work:	Settled back with parent.
Family relationships	The caregiver was neither satisfied nor unsatisfied across all three questions. The boy was satisfied with how he had settled at home, neither satisfied nor unsatisfied with his relationship with the caregivers and completely satisfied with his relationship with others in the home.	Both parties felt completely satisfied with the relationship however the boy has moved on as he has accommodation at his work	The caregiver felt completely satisfied with the boy' fitting into the family and his relationship with the caregiver and satisfied with the relationship with siblings and others in the home. The boy felt satisfied with all three categories
School/studies	Dropped out of school.	Passed courses relating to his current employment well.	Passed the year at school.
Work	Had work and left it, currently unemployed	Doing very well at work	Still at school
Social adjustment	The boy felt unsatisfied with how he and settled into the neighbourhood but satisfied with his group of friends. His caregiver felt neither satisfied nor dissatisfied with how he had settled into the neighbourhood and completely dissatisfied with his group of friends.	Settling into the neighbourhood was considered not applicable by both the boy and his caregiver. The boy was satisfied with his group of friends. His caregiver was completely satisfied.	Both caregiver and boy where completely satisfied with how he had settled into the neighbourhood and with his group of friends
General adaptation	The caregiver felt that the boy was doing the same as when at Boys Town but the boy felt he was doing better than when he was at Boys Town	Both caregiver and boy feel that the boy is doing better than when he was at Boys Town	Both the caregiver and the boy felt that the boy was doing the same as when he was at Boys Town
Reconstruction	Did the parenting course at Boys Town and also had some family therapy there. The first external social worker was excellent the second one was not good	The family where far away for receiving services from Boys Town. They could not attend the parenting skills course but communication was excellent. The external agency social worker and Boys Town Social Worker both did home visits.	The caregiver attended the parenting skill programme. The external agency social worker visited when boy was home for holidays. They had some family therapy. The external agency offered to see the boy and his care giver monthly after the discharge.

Criteria continued	Subject 13	Subject 14	Subject 15
Disengagement	The caregiver was motivated for boy to return home felt he would be able to do Grade 12 from home. The boy was keen to leave because of the school closing down.	Boy had finished school, felt it would be good to go into the world but felt it would be tough without Boys Town. Caregiver was prepared to support him in all ways except financially.	Care giver and boy both keen on the disengagement. The boy missed his home and friends
Aftercare	He feels that he gained support from social workers, friends, and family. His caregivers felt they were at loggerheads with the external social worker. Monthly contact was initially promised.	He initially had problems at his college. These were sorted out with the help of Boys Town staff. The boy however felt very misunderstood in this regard. He has been discharged from the provision of the Child Care Act.	Both the Boys Town and external social worker were contacted when problems arose at school. These were sorted out and the boy settled.
Skills retention	On arrival at Boys Town his target areas were poor behaviour , alcohol and drug abuse and bad choice of friends. Although all these problems dissipated while he was at Boys Town, he has again developed them. He was not able to sustain any of the changes	Major problem on admission was stealing. This target area was positively resolved. He felt that he developed good leadership skills at Boys Town. These have proved a bonus in his current employment. He highlighted his good communication skills and singled out being able to disagree appropriately as being the most important skill in his everyday life.	Target areas on admission where discipline, truancy, the inability to obey rules, temper tantrums and rebelliousness. He continues to battle with aggression and his temper. He has learnt to respect himself and others.
Overall comment	Had the Boys Town school continued to function for another year this boy might have got his matric. He had dropped out of school and recommenced his previous bad behaviours**. The disengagement was not successful.**	This boy had some initial problems in settling down, but since finding new direction with his current job seems to be making great strides. He is using his leadership skills in an appropriate manner and **His disengagement can be seen as very positive indeed**.	Although there were some difficulties initially and the boy stills battles with his temper and aggression the disengagement has been successful in that he passed his standard at school, has settled back into his neighbourhood and maintained his skills**. This adjustment was satisfactory**
Summary of subjects 13, 14 and 15.			

Criteria	Subject 16	Subject 17	Subject 18
Age **Length of stay** **Index of peer relation** **Generalized contentment scale**	19 years 20 months. 1 12	18 years 38 months 5 29	19 years 54 months. 5 20
Placement/accommodation	Returned to parents. This has proved satisfactory.	Foster care placement has broken down	His accommodation since leaving the independent living area of the project has been difficult. He has had to move twice.
Family relationships	Both caregiver and boy were completely satisfied with how the boy was getting on in the home and with the caregiver, the caregiver felt completely satisfied with the boy's relationship with his siblings. The boy felt only satisfied with these relationships	The boy felt he was getting along neither satisfactorily or unsatisfactorily with his foster parent and in the home generally but did feel satisfied with his relationship with others in the home. The foster parent on the other hand felt dissatisfied with how he was getting on in the family and with his foster father and completely dissatisfied with how the boy was getting on with the other people in the house.	Boy felt he was getting along well with those whom he lived with even though he had changed residence lately. His caregivers thought that he was getting on satisfactorily with those he lived with. These comments did not take into account that he had been forced to move out of the distant relatives house.
School/Studies	Did well at technical college passed his year.	He passed his matric at the end of 2003.	He passed a course related to his field of employment and is now undertaking further studies in a different field while working.
Work	Has part time work still at college	Has got himself work after completing matric.	He has full time employment. He would like employment in another field.
Social adjustment	The boy felt completely satisfied with how he had settled into the neighbourhood, the caregiver found this question not applicable as the boy has focused on the family and has not really ventured into the neighbourhood. The boy felt satisfied with his group of friends while the caregiver is neither satisfied nor unsatisfied	The boy feels satisfied with how he has adjusted into the neighbourhood and with his circle of friends. The caregiver felt the settling into the neighbourhood was not relevant and was satisfied with the boy's group of friends	The boy was satisfied with how he had settled into the neighbourhood and was completely dissatisfied with his group of friends. His caregivers were neither satisfied nor dissatisfied with his group of friends and satisfied with how he had settled into the neighbourhood.

Criteria continued	Subject 16	Subject 17	Subject 18
General adaptation	Both the caregiver and the boy felt that the boy was doing better than when he was at Boys Town	Both caregiver and boy felt that the boy was doing better than when he was at Boys Town	Both the caregiver and the boy felt that the boy was doing better than when he was at Boys Town
Reconstruction	This family maintained monthly contact and had clinical discussion with Boys Town staff. The caregiver attended the parenting skills programme. The external social worker kept regular contact and monitored holiday and weekend visits home.	The reconstruction services with this boys father where not very successful. He eventually died and the boy was hosted and then fostered by foster parent. The foster parent attended the parenting skills course and the foster care was monitored by an external social worker	There has been no involvement with an external agency since the boy's admission as there was no knowledge of the mother's whereabouts and the father was deceased
Disengagement	Both boy and caregivers keen for him to go home.	Father died April 2002, host parent requested to become foster parent the boy requested to leave Boys Town, probably related to the closure of the school.	Boy finished school at end of 2002 and requested to leave Boys Town. There is no family involvement
Aftercare	Boys Town was worried about disengaging this boy as he should have completed matric in 2004. He was keen to leave, to reintegrate with his family and attend a local technical college. He was already over 18 so no longer under the Child Care Act.	The external social worker and Boys Town social worker were to monitor the after care of this placement with former host parent. Help with a sleeping problem was negotiated with the external social worker. The boy felt the need for help in securing a job.	There was no involvement of an external agency. Boys Town continues to render services. The boy has struggled with accommodation

Criteria continued	Subject 16	Subject 17	Subject 18
Skills retention	When admitted his target areas were theft, behavioural problems and lack of respect of adults. All these issues were addressed to some degree. According to the PDF form he stills had issues regarding rules and authority. The boy singled out skills around getting jobs, managing money and enhancing his leadership abilities as being his learnings from the |Boys Town programme.	His target skills at admission were dealing with frustration, painful emotions and expressing them and rejection by the parents. He developed considerable leadership skills. He felt that he had learned the skills of disagreeing appropriately, accepting criticism and "no answers" and how to accept compliments. His ability to motivate himself is perhaps the most useful skill in his everyday living.	Problem areas included substance abuse, poorly developed communication skills especially around the expression of feelings. Most areas were addressed but he still has considerable communication difficulties. He has learnt good problem solving and decision making skills.
General comment	This boy's disengagement must be seen as successful. He passed his year at school, settled well into his family and into the neighbourhood and has not returned to his previous behavioural problems although there is some room for further change**. His disengagement was successful**.	This boy passed matric and is working. The foster placement has broken down at this stage but **the disengagement is neither satisfactory or unsatisfactory at this stage**	The boy has managed to complete a course and get work in a related field. He has moved from the project into lodgings which did not work out so he has moved again. He is looking forward to doing some further study in a different field. He certainly still has some difficulties so that the **disengagement is neither satisfactory nor unsatisfactory**.

Table Summary of subjects 16,17and 18

Criteria	Subject 19	Subject 20
Age **Length of stay** **Index of peer relations** **Generalized Contentment Scale**	17 years 12 months. 7 13	20 years 53 months 17 5
Placement/accommodation	He returned to live with his parents who feel that he still has problems about staying at home and is often out of the home situation	He went back to his host parent / foster parent but not officially so where he settled well.
Family Relationships	The boy felt that his relationship with his family was completely satisfactory while his caregivers felt neither satisfied nor unsatisfied. He seemed somewhat out of touch about his parents perceptions and their feelings of not being able to control him.	The boy felt his relationship s with the family satisfactory. The care givers thought they were completely satisfactory
School/Studies	He did not go to college this year. He had a year off and worked. He will go back to college in 2004.	He did not study this year but hopes to do so in 2004.
Work	**Work:** Has worked during 2003 and hopes to return to technical college in 2004	Has worked during 2003. Hopes to study and work during 2004.
Social adjustment	The boy was completely satisfied with how he had settled into the neighbourhood and with his group of friends. His caregivers were neither satisfied or dissatisfied with how he had settled into the neighbourhood and completely dissatisfied with his group of friends.	The boy was satisfied with how he had settled back into the neighbour hood and completely satisfied with his group of friends. His caregiver was completely satisfied with how he had settled into the neighbourhood and with his group of friends.
General adaptation	The caregiver felt that the boy was doing the same as when at BoysTown.The boy felt he was doing better than when he was at Boys Town	Both caregiver and boy feel he is doing better than when he was at Boys Town

Criteria continued	Subject 19	Subject 20
Reconstruction	The PDF form suggested that there had been some external welfare involvement but the caregivers said that there had not been. The parents where unable to attend the parenting course..	The family were a host family organized by the local welfare. It was hoped that they would eventually foster the boy but this did not happen. Local welfare monitored the holiday placements and asked the family to have him when he was due to be disengaged.
Disengagement	Mother motivated to have boy back in her care. Boy requested to leave at end 2002 (probably related to school closure).	Host family still willing to be involved with him and will assist for as long as they can manage. Boy anxious but feels Boys Town has given him tools to cope on his own.
Aftercare	The external social worker promised regular monthly contact with the boy and his family. The mother reported some contact with both social workers (external and Boys Town)	The boy is no longer under the Child Care Act. The external social work agency provided the host parent with a food parcel when the boy was disengaged to the host family.
Skills retention	On admission his target areas were school problems and his relationship with his parents. He developed skill in relation to showing respect for peers and adults, accepting no for an answer accepting criticism and classroom management skills. Parents feel he still has problems regarding how he respects the parents and in accepting no for an answer.	This boy has maintained his good behaviour. His rebellious behaviour dissipated. He learnt the basic and many of the more advanced skills of the Boys Town programme. He feels that the most important learning was to stand on his own feet.

Criteria continued	Subject 19	Subject 20
Overall comment	He did not go to school or college in 2003. He intends to go in 2004. His caregiver was not very satisfied with his behaviour in that he does not accept " no for an answer" and comes and goes as he pleases and is drinking too much over the weekends. **This placement was perhaps neither** really **satisfactory or unsatisfactory** however the fact that he is returning to studying in 2004 is a point in his favour.	**This disengagement can be seen as successful**. The boy is hoping to pursue a career and studies in 2004. He worked during 2003 and settled in well with his host family.

Table Summary of subject 19 and 20

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