

BINDURA UNIVERSITY OF SCIENCE EDUCATION
FACULTY OF SOCIAL SCIENCES AND HUMANITIES
DEPARTMENT OF SOCIAL WORK



A MODEL TOWARDS ROLE OF INSTITUTIONAL CARE IN SHAPING CHILDREN
SOCIAL AND EMOTIONAL WELLBEING IN ZIMBABWE. A CASE STUDY OF ALL
SOULS CHILDREN HOME.

BY

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(B210431B)

A DISSERTATION SENT TO BINDURA UNIVERSITY OF SCIENCE EDUCATION,
FACULTY OF SOCIAL SCIENCES AND HUMANITIES, DEPARTMENT OF SOCIAL
WORK, IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE BACHELORS
OF SCIENCE HONOURS DEGREE IN SOCIAL WORK

SUPERVISOR: DR. P. MANGWIRO

2025

DECLARATION

I, Elsy Egfa Ruwambara, a candidate for the Honors degree in Social Work at Bindura University of Science Education, declare that this dissertation titled **“Role of institutional care in shaping children social and emotional wellbeing in Zimbabwe, a case study of All Souls Children Home in Mutoko**, is my own original work and has been completed under the supervision of Dr.V.P. Mangwiro.

I confirm that I have conducted this research in accordance with the ethical and academic standards of Bindura University of Science Education and that I have properly acknowledged all sources of information and assistance.

Signed..... Date.....

APPROVAL FORM

I certify that I have supervised **RUWANBARA ELSY EGGA BYDALLIE** in undertaking her research titled: **A model on the role of institutional care in shaping children's social and emotional wellbeing in Zimbabwe. A case study of All Souls Children's Home.** This is in partial fulfillment of the requirements of a Bachelor of Science (Honours) Degree, in Social Work, and I hereby recommend it for acceptance by Bindura University of Science Education.

Signature 

Dr Mungwira V.P.

(Supervisor)

17/06/2025

Date

Chairperson of the Department Board of Examiners

The Department Board of Examiners is satisfied that this dissertation report meets the examination requirements and therefore recommends Bindura University of Science Education to accept this research project by **RUWANBARA ELSY EGGA** titled: **A model on the role of institutional care in shaping children's social and emotional wellbeing in Zimbabwe. A case study of All Souls Children's Home,** in partial fulfillment of the Bachelor of Science, (Honours) Degree in Social work.

Chairperson

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DEDICATION

I would like to dedicate this project to my beloved parents who have been supporting me in my journey since day one. Mom and Dad your sacrifices and guidance have inspired me to reach my dreams. Your belief in my potential has been a pillar of strength to me and I really appreciate. I also want to dedicate this project to my daughter Millicent Chetse who always reminds me to be serious with my school work. Lastly, I would like to dedicate this project to my special twin brother Eldin Ruwambara who always motivates and encourages me to keep on focusing with my studies. Thank you for being my greatest motivators and for the encouragements.

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Chapter 1 INTRODUCTION	Possible Mark	Actual Mark
Abstract	10	
Background to the study- what is it that has made you choose this particular topic? Include objectives or purpose of the study	20	
Statement of the problem	10	
Research questions	15	
Assumptions	5	
Significance of the study	15	
Limitations of the study	5	
Delimitations of the study	5	
Definition of terms	10	
Summary	5	
Total	100	
Weighted Mark	15	

Comments.....
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Chapter 2 LITERATURE REVIEW

Introduction- what do you want to write about in this chapter?	5	
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Conceptual or theoretical framework	10	
Identification, interpretations and evaluation of relevant literature and citations	40	
Contextualisation of the literature to the problem	10	
Establishing gaps in knowledge and how the research will try to bridge these gaps	10	
Structuring and logical sequencing of ideas	10	
Discursive skills	10	
Summary	5	
Total	100	
Weighted Mark	20	

Comments.....

Chapter 3 RESEARCH METHODOLOGY

Introduction	5	
Research design	10	
What instruments are you using to collect data?	30	
Population, sample and sampling techniques to be used in the study	25	
Procedures for collecting data	15	
Data presentation and analysis procedures	10	
Summary	5	
Total	100	
Weighted Mark	25	

Comments.....

Chapter 4 DATA PRESENTATION, ANALYSIS AND DISCUSSION

Introduction	5	
Data presentation	50	

Is there any attempt to link literature review with new findings	10	
How is the new knowledge trying to fill the gaps identified earlier	10	
Discursive and analytical skills	20	
Summary	5	
Total	100	
Weighted Mark	30	

Comments

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Chapter 5 SUMMARY, CONCLUSION AND RECOMMENDATIONS

Introduction- focus of the chapter	5	
Summary of the whole project including constraints	25	
Recommendations(should be based on findings) Be precise	30	
References	5	
Appendices i.e. copies of instruments used and any other relevant material	5	
Total	100	
Weighted mark	10	

Comments

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SUMMARY:-

Actual

Total

Chapter 1

Chapter 2

Chapter 3

Chapter 4

Chapter 5

ABSTRACT.

The study focused on the model on the role of institutional care in shaping social and emotional wellbeing of children in Zimbabwe. The research used All Souls Children Home as a case study. The major aim of the study was to explore the role of institutional care in shaping children social and emotional wellbeing, to assess the efficacy of institutional care programs in promoting children social and emotional wellbeing and designing a model which focuses on the impact of caregivers in shaping children social and emotional wellbeing. The research was qualitative in nature and data was collected through in-depth interviews and key informant in-depth interviews. The study utilized the social learning theory and the systems theory in explaining the findings of the study. The main findings from the study included the efficacy of institutional care programs in shaping children social and emotional wellbeing and also the impact of caregivers in shaping children social and emotional wellbeing. The study concluded that institutional care programs such as counseling are beneficial to the institutionalized children as it helps children to deal away with emotional and social challenges. The study also concluded that caregivers have a significant role in shaping the social and emotional wellbeing of institutionalized children as they train institutionalized children life skills and also plays a role of nurturing relationships. The study concluded that institutionalized children faces challenges of isolation and stigmatization and also neglect of individual needs. Therefore it is recommended to do awareness campaigns and education especially in schools and communities in order to end the problem of stigmatization of institutionalized children.

LIST OF ABBREVIATIONS AND ACRONYMS.

ACRWC	African Charter on the Rights and Welfare of the Child
CRC	Convention on the Rights of Children
ISCAN and Neglect	International Society of the Prevention of Child Abuse
UNCRC	United Nations Convention on the Rights of Children
UNDP	United Nations Development Program
UNICEF	United Nations International Children Emergency Fund
WHO	World Health Organization
ZNCWC	Zimbabwe National Council for the Welfare of Children

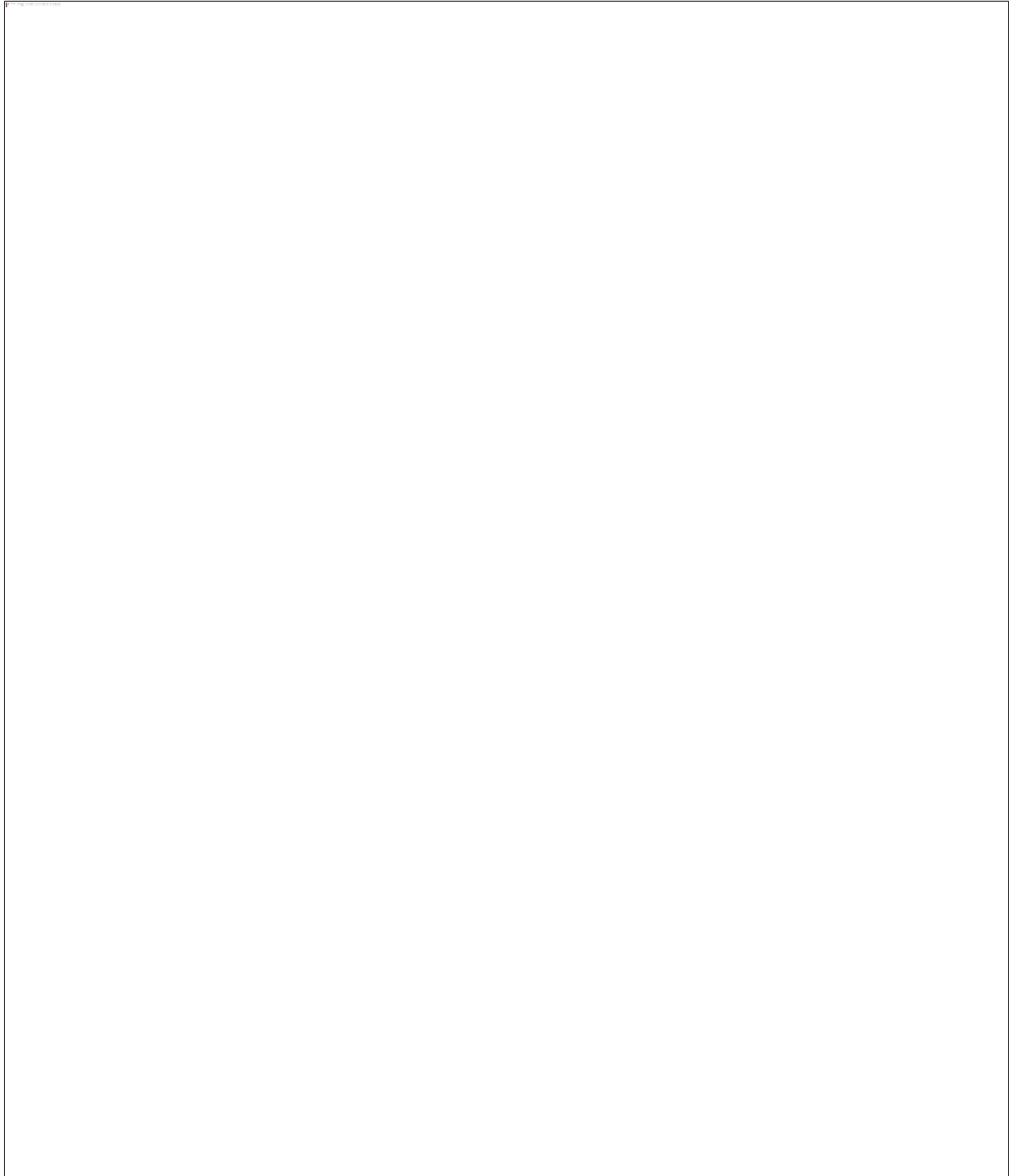
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CHAPTER ONE. INTRODUCTION AND BACKGROUND

1.1 INTRODUCTION

This research aimed at exploring the role of institutional care in shaping children social and emotional wellbeing focusing on institutionalized children at All Souls Children home, Mutoko, Zimbabwe. This chapter will provide the background of the study, problem statement, research aims, objectives, research questions, justification, and definition of key terms and a summary of the chapter.

1.2 BACKGROUND

According to the Home and Hope for children (2019) institutional care is a type of residential care for large groups of children and is characterized by one-size-fits-all approach where all children will be treated equally irrespective of their age, gender and reasons for separation from their parents. Institutional care refers to a range of establishments, including foster homes, residential care facilities and orphanages that offer short- or – long term care to children unable to live with their biological families. According to the United Nations Children Fund (UNICEF), an orphan as a kid having age under eighteen years who has lost both parents. The United Nations Convention on the Rights of Children UNCRC defines children as individuals who are under the age of eighteen (18) years old. Eight million children are living in care institutions around the world thus according to Grilling, Steele and Hynes (2015). The United Nations Children Fund (UNICEF, 2017) implies that 125 million children became single orphans and 15.1 million kids lost both parents. The global institutional care rate is estimated to be 105 per 100,000 children (UNICEF 2013). In 1999 the government of Zimbabwe developed and adopted the National Orphan care policy which sought to support traditional methods of care and discharged forms of care which removed children from their communities and culture. This was as a result of increase of orphanage in the country from 762.00 to 1,200.00. There are over 100 children home in Zimbabwe that care for over 10,000 children as stated by the Zimbabwe National Council for the welfare of Children (ZNCWC) (Zinyemba, 2021). The report also found that the biggest number of children home are failing to provide for the needs of children entrusted to their care which is against the law. This affects the emotional and social wellbeing of institutionalized children. Zimbabwe is facing a challenge of lack of knowledge on how institutional care prepare young people for independent living. (Ministry of Public Services, Labor and Social Welfare, 2014, Powell, 2006).

Adolescents who turn eighteen without adequate preparation face an increased risk on poverty and social isolation in new environment. The institutional care is associated with negative livelihood outcomes and is also a temporary strategy as most services and support cease when children reach the age of eighteen (Jackson 2002). Children who encounter multiple forms of psychological trauma are most at risk of mental health problems (Anda et.al 2006). According to the research conducted, the study challenged the traditional belief that institutionalized children have worse mental health outcomes (Whetten et.al.2009), the need for psychological support programs in residential care facilities has been found in other areas of sub- Saharan Africa (Morantz & Neumann 2010). These living conditions in institutions affects the social and emotional wellbeing of institutionalized children.

1.3 PROBLEM STATEMENT

Children in institutional care faces many challenges which affects them both socially and emotionally. Emotional wellbeing of institutionalized children is mainly affected as a result of difficulty in forming health relationships due to lack of consistent care givers. According to Bowlby, (1969) institutional care can disrupt attachment formation due to frequent caregiver changes. Doizier (2012) also implies that caregivers' turnover rates exacerbate attachment issues. Hence this affects the emotional wellbeing of institutionalized children. The separation from family, culture and community also affects the emotional wellbeing of children. Children experience loss of family, culture and community leading to feeling of abandonment (Bowlby, 1969). Dozier (2012) propounds that earlier separation can lead to more severe emotional difficulties. Social wellbeing of institutionalized children is affected by limited interaction with peer and community and also difficulty in developing essential life skills. Hartup (1999) states that interaction hinders social skills development. Institutionalized children have limited access to social interaction as they will spend much of the time in the institution, affecting the social wellbeing of children. According to Whittaker (2000) Institutional care limits opportunities for community participation. This is a disadvantage to the children especially when they are discharged from the institution, it will be difficulty for the child to adapt to community norms and values hence lack of community engagement affects the social wellbeing of institutionalized children. All these challenges have some negative impacts on children such as limited social support network, difficulty in forming and maintaining friendship and health relations and difficult

in trusting issues. This study aims to explore challenges which affects the social and emotional wellbeing of institutionalized children.

1.4 MAIN AIM

The main aim of this project is to explore the role of institutional care in shaping children's social and emotional wellbeing in Zimbabwe by assessing the efficacy of institutional care programs in promoting social and emotional wellbeing of institutionalized children and also the impact of caregivers in shaping social and emotional wellbeing of children.

1.6 OBJECTIVES OF THE STUDY

1. To explore the role of institutional care in shaping children's social and emotional wellbeing in Zimbabwe
2. To assess the efficacy of institutional care program in promoting children's social and emotional wellbeing.
3. To determine a model which focuses on the impact of caregivers in shaping children social and emotional wellbeing.

1.6 RESEARCH QUESTIONS

1. What is the role of institutionalization in shaping children's social and emotional wellbeing?
2. What are the effects of institutional care on social and emotional wellbeing of children?
3. What are the recommendations that can be suggested to improve the social and emotional wellbeing of institutionalized children?

1.7. SIGNIFICANCE OF THE STUDY.

The study is significant as it can help practitioners, caregivers, and legislators understand how well institutional care supports or affects Children's social and emotional development. The study's findings can be used to create or update institutional care standards, guaranteeing that kids receive high-quality assistance. The study is also important because it pinpoints particular elements in an institutional care environment that either favorable or unfavorable affects children's social and emotional development.

1.8. LIMITATIONS OF THE STUDY.

Due to power disparities between the research team and participants, this study may encounter obstacles such social and cultural barriers, which could make participants feel vulnerable or taken advantage of. Because it does not reflect all children in institutional care, the sample size may potentially result in biased findings and study limitations. Results from a small sample size could be skewed since it might not fairly represent the large population. Additionally, results from a small sample size could not apply to different populations or situations. A small sample size may result in a lack of demographic representation, which could produce biased conclusions, claims Creswell (2014).

1.10. DEFINATION OF KEY TERMS

1.10.1 Institutional care refers to the placement of children in institutions, such as orphanages, group homes or residential care facilities where they receive care and support from care givers. (UNICEF 2008)

1.10.2. International Society of the Prevention of Child Abuse and Neglect (ISPCAN 2017) defines institutional care as the care and protection of children in institutions such as orphanages, foster care or other types of residential care facilities and it is often provided to children who have been abandoned, neglected or abused.

1.10.3. Convention on the Rights of the Child (CRC 1989) defined institutionalized children as a child who is placed in an institution such as an orphanage and other type of residential care facility for the purpose of receiving care and support.

1.10.4. World Health Organization (WHO 2019) defines emotional wellbeing as a state of being in which an individual is able to manage their fictions, respond to challenges and maintain a positive outlook on life. **.10.5.** According to American Psychological Association (APA 2020) emotional wellbeing is a range of positive emotions including happiness, life satisfaction and psychological wellbeing.

1.10.6. Social wellbeing end as passes the quality of relationship, social connections and community engagement that enables individuals to feel valued, respected and supported. United Nations Development Program (UNDP 2015)

1.11. DISSERTATION OUTLINE.

Chapter One. Introduction and background.

It consists of the introduction of the research, providing the background information and the objectives. It stated the aims, problem statement, research objectives, justification, and research questions.

Chapter Two. Literature review.

It reviewed the literature related to the topic, examining it from global, regional, and local perspectives. It also presented the theoretical framework underlying the research project.

Chapter Three. Research methodology.

This chapter explained the research methodology, including the methods, design, research instruments, and the tools which were used to analyze the data collected for the project.

Chapter Four. Data collection.

The chapter presented the data, analyzed it, and discussed the study's findings.

Chapter five.

This chapter summarized the findings, conclusions, and recommendations of the study.

CHAPTER TWO: LITERATURE REVIEW

2.1 INTRODUCTION

The literature review will be discussed in this chapter. Literature review serves several purposes such as providing readers with information about other studies that are closely related to the one under consideration, providing a framework for enhancing the importance of the project, connecting the research to the real world and bridging gaps. Theoretical framework, relevant

studies, elements of institutionalization and its implications on children social and emotional wellbeing, prevalence and manifestation of children social and emotional wellbeing and research gaps relative to the shaping of emotional and social wellbeing of institutionalized children will be the main topics in this literature review.

2.2 DEFINATION OF INSTITUTIONAL CARE, EMOTIONAL AND SOCIAL WELLBEING.

Institutional care is a form of home care where children are placed in a group living arrangement, such as an orphanage, residential home, or other type of care facility, where they receive care and support from paid staff or caregivers. (Courtney & Barth, 2017). According to the National Institute of Mental Health, emotional wellbeing encompasses an individual's ability to navigate life challenges with emotional resilience to form and maintain strong relationships and to experience a range of positive emotions. World Health Organization (WHO 2015) defines social wellbeing as the extent to which an individual participates in and feels connected to their community, and has opportunities for social interaction and support.

2.3 THEORATICAL FRAMEWORK

This research is going to focus on two theories which are the system theory and the social learning theory.

Systems theory.

The study is based on Bronfenbrenner's system theory, which emphasizes how institutionalized children's social and emotional wellness is impacted by a variety of factors ranging from family dynamics to societal structure. Since institutional care is viewed as a system, the system theory can be used to influence the social and emotional wellbeing of children who are institutionalized. The environment, children, and caregivers are interrelated components that can be identified with the aid of the systems theory. This is noteworthy because it helps address the caregiver-child interaction and its impact on children's social and emotional wellbeing. This aligns with the system theory's holism concept, which emphasizes meeting children's physical, emotional, and social needs. Further, because the system theory emphasizes stability and balance in caregiver-child relationships, it provides caregivers with training and support. The systems theory also emphasizes attachment-based training, including bio behavioral catchup and attachment. Based on training

methods like caregiver-child interaction therapy, which aims to improve caregiver-child connections in order to support healthy development, the systems theory was developed. It shapes children's social and emotional well-being, which makes it important.

2.3.1 RELEVANCE OF THE THEORY TO THE STUDY.

The system theory is relevant in shaping social and emotional wellbeing of institutionalized children as it points out that the children emotional and social wellbeing is influenced by multiple levels of their environment from the microsystem to the macrosystem.

Identifying risk and protective factors

The system theory is relevant to the children social and emotional wellbeing as it highlights the importance of identifying risk and protective factors within the institution. Taking into consideration the system theory identifies the institutional care characteristics such as high child to caregiver ratios, inadequate living conditions and lack of individualized attention. The system theory is also significant to the study as it helps in identifying the societal stigma and discrimination against institutionalized children, limited access to community resources and also economic instabilities that might affect the social and emotional wellbeing of children. Therefore the system theory is relevant to the study as it helps in identifying risk and protective factors that might affect children social and emotional wellbeing.

2.4 Social learning theory

The study is also based on the social learning theory as it is significant in shaping emotional and social wellbeing of children. The social learning theory of Bandura states that people learn new behavior, attitudes and knowledge by observing and imitating others. In shaping social and emotional wellbeing of institutionalized children, social learning theory is applicable as some children learn new behaviors and attitudes by observing others. This however can have negative or positive impacts in shaping children emotional and social wellbeing. Taking into consideration institutionalized children have limited interaction with other people and there is use of reinforcement so that children will not interact with community illegally. This has negative impact on social wellbeing of children as they will not be able to interact with other people when they are being discharged. Hence the social learning theory is applicable in shaping social and emotional wellbeing of children.

2.4.1 RELEVANCE OF THE SOCIAL LEARNING THEORY.

Social learning theory is relevant in shaping children social and emotional well-being of institutionalized children through observing institutional culture, care giver to child interaction, peer relationships and also behavioral reinforcement.

Institutional culture.

The culture of the institutions can shape children social and emotional well-being as it provides a supportive environment. A positive institutional culture can provide a supportive environment that promotes children's social and emotional well-being. Taking into consideration an institution which is under a certain religion can positively shape the social and emotional well-being of institutionalized children. According to Whittaker et.al (2016) institutional culture is significantly related to child outcomes, including social and emotional well-being. Whittaker also states that a positive institutional culture is characterized by warmth, responsiveness, and support and can promote children's social and emotional well-being. Therefore the institutional culture is also relevant in shaping social and emotional well-being of institutionalized children.

Care giver to child interaction.

Social learning theory is relevant in shaping social and emotional well-being of children as it shows the caregiver to child interaction. According to Shonkoff and Phillips (2000) caregiver to child interaction plays a significant role in shaping children emotional and social well-being as the care givers helps children to regulate their emotion which is essential for social and emotional well-being. However the quality of caregiver to child relationships affects children social and emotional development.

Peer relationship.

The social learning theory is relevant in shaping children social and emotional well-being of children as it points out the influence of peer interaction. The social learning theory States that children learn new behaviors and attitudes by observing others. Hence children can learn behaviors and attitudes through interaction and can shape children social and emotional well-being. Peer relationships can provide emotional support, reducing the feeling of loneliness and isolation. It also helps children to regulate their emotions, teaching them how to manage stress, anxiety and

other feelings. Dodge et al (2006) States that positive peer relationships are associated with improved emotional well-being reduced symptoms of depression and anxiety in institutionalized children.

2.5 ELEMENTS OF INSTITUTIONALISATION AND ITS IMPLICATIONS ON CHILDREN SOCIAL AND EMOTIONAL WELLBEING.

The concept of institutionalization refers to the process by which an individual, typically a child or vulnerable adult , becomes adapted to living in an institutional setting such as an orphanage, group home or prison and loses touch with their natural and community. Whittaker (2009) defines institutionalization as a complex and multifaceted phenomenon that involves the interaction of individual, social and environmental factors, leading to a range of negative outcomes, including stigma, social exclusion and psychological distress. It encompasses various factors which includes lack of family environment, depersonalization, isolation and also abuse and neglect. All these factors affects children social and emotional well-being.

Lack of family environment.

The lack of family environment can significantly impact children's social and emotional well-being as children may struggle to form healthy attachment to caregivers leading to difficulties in forming and maintaining relationships. According to Bowlby (1951) institutionalization can disrupt the development of attachment between children and caregivers leading to difficulties in forming and maintaining healthy relationship. Hartup (1999) states that children in institutional care may have limited opportunities for social interaction and relationship building, leading to difficulties in forming and maintaining relationships.

Lack of family environment can also lead children to have difficulty with trust and intimacy. Children may struggle to form trusting and intimate relationships with others due to lack of a stable and loving family environment. Perry (2002) states that institutionalization affects the development of brain's stress response system leading to difficulties in regulating emotions and forming trusting relationships. Hence lack of family environment can lead children to have attachment issues and also difficulty with trust and intimacy.

Depersonalization.

Depersonalization is a psychological concept that refers to the process of stripping away an individual's sense of identity, autonomy and personhood. It also involves the removal of personal characteristics, uniqueness and individuality, reducing a person to a mere object. According to the Dissociation theory of Van der Kolk (1996) Depersonalization is a dissociative symptom that involves "a disconnection from one's self, body, or surroundings. Foucault 1977 defines Depersonalization as a result of the exercise of power and control in institutions, where individuals are reduced to mere objects or bodies. Depersonalization is caused by institutional environment which includes factors such as overcrowding, lack of privacy and rigid routines, lack personal belongings and insufficient caregiver to child interaction. The element of Depersonalization can result in emotional numbness as children can have challenges in forming and maintaining healthy relationships. Depersonalization can also decrease emotional expression making it difficult for children to communicate their needs and feelings effectively. Spitz's (1945) suggests that institutionalized children may experience Depersonalization due to lack of emotional stimulation and nurturing. Roy et al. (2000) States that institutionalized children who experienced Depersonalization have difficulty in developing social skills, including cooperation and communication. This affects the social and emotional well-being of children. The exercise of power and control in institutions, where individuals are reduced to mere objects or bodies.

Isolation.

Isolation can also impact children's social and emotional well-being as children often isolated from their communities, family and maybe far from home. The isolation can also be caused by institutional rules and regulations that restrict contact with family and friends or limit social interaction. Children on institution can experience emotional isolation where there will be lack of emotional support, validation and connection with care givers leading to feelings of rejection and low self-esteem. According to Wolkind (1974) institutionalized children who experiences isolation have higher level of emotional difficulties including anxiety and depression. Dozier et al (2014) institutional care is associated with attachment difficulties which can lead to emotional and social challenges. Rubin et al. (2006) states that socially isolated children in institutional care experiences difficulty in developing social skills, including cooperation and communication. The social isolation theory of Hawkey and Cacioppo (2010) propounds that isolation can lead to decreased social skills, emotional regulation difficulties and increased stress. Therefore the element of

isolation is common in institutional cares and affects social and emotional well-being of institutionalized children.

2.5.1 PREVALENCE AND MANIFESTATION OF SOCIAL AND EMOTIONAL WELL-BEING OF INSTITUTIONALIZED CHILDREN.

Emotional Regulation Difficulties.

Emotional regulation refers to the ability to manage and modulate emotional responses to various situations. According to the Emotional Regulation Theory of James J. Gross (1998) emotion regulation is a complex process that involves the regulation of emotional responses to achieve specific goals and outcomes. Institutionalized children struggle with regulating their emotions leading to increased anxiety. Most institutionalized children experiences emotional regulation difficulties due to adverse childhood experiences such as neglect or abuse can impact emotional regulation. According to Heim et al.,(2010) childhood adversity can lead to emotional deregulation including increased anxiety, depression and aggression. Bowlby (1969) States that childhood adversity can disrupt attachment formation, leading to difficulties in forming and maintaining healthy relationships. Therefore emotional regulation difficulties affects the well-being of children as it leads to childhood adversity.

Attachment issues.

Institutional care can disrupt the development of healthy attachments making it difficult for children to maintain good relationship. Zeanah et al. (2012) states that institutional care can disrupt attachment formation due to factors such as caregiver rotation, lack of individualized attention and limited emotional support. This affects social and emotional well-being of children. Institutionalized children are more likely to develop insecure attachments, including anxious, avoidant and disorganized attachments thus according to Bakerman Kraneburg et al (2011).Hence institutional care can lead to challenges in attachment formation and maintenance.

Social withdrawal

Social withdrawal refers to the act of removing oneself from social interactions, relationships and activities, often resulting in isolation and disconnection from others thus according to Rubin and Coplan (2010). Bowlby (1969) defines social withdrawal as a result of insecure attachment styles or traumatic experiences. Institutional care can result in social withdrawal thereby affecting

children social and emotional well-being. Social withdrawal can lead to increased emotional distress, including anxiety, depression and loneliness Hales (2015). Social withdrawal also affects relationships with family and friends. Cohen et al (2015) implies that social withdrawal can strain relationships with family and friends, leading to feelings of rejection and isolation. Hence social withdrawal affects the social and emotional well-being of institutionalized children as it leads to emotional distress, depression and anxiety.

Prevalence Global and Local literature

The global prevalence of children social and emotional wellbeing in institutional care is an issue of concern. Research suggests that up to eight million children reside in institutional care worldwide, facing challenges such as infectious diseases, malnutrition, emotional neglect and abuse. Institutionalized children often experience poor social and emotional wellbeing due to factors such as group rearing, lack of individualized care and inadequate emotional support. Global estimates of children living in institutions vary widely, ranging from 3.2 million to 9.4 million in 2015. According to 2020 study published in The Lancet Child and Adolescent Health, the estimate number of children living in institutions worldwide ranges from 3.18 million to 9.42 million with a medium estimate of 5.37 million. UNICEF estimates that at least 2.7 million children lives in residential care worldwide with the highest rates found in Europe and Central Asia.

Regional Prevalence

The regional prevalence of children social and emotional wellbeing in institutional care varies. In East Africa a study found that 24.6% of adolescents in institutional care in Ethiopia experienced anxiety. In Southern Africa a study reported that 35.6% of adolescents in institutional care had a mental health condition with depression and anxiety being the most common. In Ghana a comprehensive survey conducted by UNICEFF found that over half of the children in residential care facilities were subjected to violent forms of discipline. Additionally, 40% of children under the age of five were moderately or severely stunted, one in five adolescents reported involvement in physical fights within the residential home. Similarly, a study focusing on institutionalized children in Nairobi, Kenya, identified a 22.6% prevalence of emotional disorders among the participants. The research also highlighted those institutionalized children often exhibited low self-

esteem, sensitivity, and social isolation, attributed to factors such as lack of love, inadequate resources and frequent relocations.

Local prevalence

Children in institutional care often experience significant delays in their social and emotional wellbeing. This is mainly caused by lack of nurturing and stimulating environments as well as the instability of caregiver to child relationship. Research indicates that children raised in institutional settings often experience low self-esteem and identity crises. This is mainly due to societal stigma as community may view these children as lacking Ubuntu. UNICEFF Zimbabwe emphasizes that mental health issues among children and adolescents are often underreported and stigmatized. In 2004 there were approximately 3,080 children in 56 institutional care facilities, with the number of institutional cares have doubled over the previous decade. The number of institutional care facilities have increased by 75% during the same period. A 2017 study found that more and more children are being placed in institutional care, highlighting the need for alternative care solutions that prioritize family-based care and community support.

2.6 LEGAL FRAMEWORKS RELATED TO CHILDREN’S RIGHTS

This section elaborates the suggestions of the Children’s Act (Chapter 5:06), The UNCRC and the Africa Charter on the Rights of the Child. These legal frameworks provide suggestions on how best we can deal with issues of social and emotional wellbeing of institutionalized children.

2.6.1 THE UNITED NATIONS OF THE CONVENTION ON THE RIGHTS OF THE CHILD

Children’s rights are a set of inherent rights recognized by international law. These rights are enshrined in the UNCRC, which was adopted by the United Nations General Assembly in 1989. The CRC is the most comprehensive and widely ratified international human rights treaty, having been signed worldwide by every country. As outlined by Paul Hunt (2019), the CRC establishes a set of fundamental rights that all children should receive equally, regardless of factors like race, sex, cultural, national or social origin, disability, or other status. These rights include the right to life, survival and development, education, play, protection from violence, abuse and neglect and the right to take part to make decisions that affect them. According to Hunt (2019), the UNCRC

is the most signed human rights treaty globally, and has been instrumental in promoting the rights of children worldwide.

In addition to establishing specific children's rights, the UNCRC also has several guiding principles for the implementation of these rights, as outlined by Paul Hunt (2019). These include the principle of non-discrimination, acting in the best interests of the child, and the child's right to participate. According to Mark (2010), the CRC has been useful in promoting the protection of children's rights globally. This has caused to the formation of legislative laws and policies aimed at safeguarding the rights of children, and has also been used to hold governments accountable for violations of these rights.

2.6.2 THE AFRICAN CHARTER ON THE RIGHTS AND WELFARE OF THE CHILD

The principles outlined in the ACRWC provide a framework for ensuring that children in institutional care are protected, supported, and able to access their fundamental rights.

Specifically, Article 3 of the African Charter states that each child is supposed to enjoy the rights and freedoms stated in the Charter, regardless of the child's or their parents'/guardians' race, ethnicity, color, sex, cultural, political opinion, national or social origin, fortune or birth status. This principle emphasizes the importance of ensuring that all children in institutional care are treated equally and without discrimination. Any individual or institution making decisions that affect a child must prioritize the child's wellbeing and what is in their best interests as the most important factor to consider. This principle underscores the need to prioritize the well-being and development of children in institutional care when making decisions that affect them.

In addition, the ACRWC also recognizes other essential rights for children in institutional care. Article 11 of the Charter acknowledges the right of every child to protection from abuse, neglect, exploitation, and violence. This provision emphasizes the critical importance of ensuring the safety and well-being of children in institutional settings, and protecting them from harm.

Furthermore, Article 11(3) of the Charter states that each child has the fundamental right to be educated. This right encompasses access to quality education for all children, including those in institutional care. The Charter underscores the essential role of education in the development and well-being of every child, as it shapes their future opportunities and outcomes. By guaranteeing

the educational right for all children, regardless of their circumstances, the Charter aims to promote equality, inclusion, and the overall welfare of children. It is essential for children in institutional care, who may face additional challenges and barriers to accessing education. The Charter's provisions underscore the need to provide the necessary support and resources to ensure that every child, including those in institutional settings, can receive a quality education and reach their full potential.

For children in institutional care, access to healthcare is particularly crucial as they may have unique needs and challenges that require specialized support. By affirming this right for all children, including those in institutional care, the Charter, article 14, highlights the importance of providing comprehensive healthcare services to ensure that every child can thrive and reach their full potential. Ensuring access to healthcare services for children in institutional care is essential to safeguarding their physical, mental, and spiritual well-being. It is a fundamental aspect of promoting the rights and dignity of these children and ensuring that they get the care and support needed for them to lead healthy and fulfilling lives. By recognizing and upholding the right to health for all children, the Charter underscores the importance of prioritizing the well-being of children in institutional care and providing the necessary resources and support to achieve optimal health outcomes.

The significance of family and parental care for children's development is acknowledged in Article 5 of the Charter. It highlights how important it is to encourage family reunification whenever it is feasible and to offer substitute care options that put the needs of the child first. The charter highlights the need of preserving and enhancing family relationships whenever feasible, acknowledging that children flourish best in a loving and caring family context. The section also emphasizes how important it is for families to be reunited, especially when children have been split up from their families due to many reasons, including migration, conflict, or other events. Recognizing the critical role that family plays in the life of each child, it emphasizes the necessity of giving priority to efforts to reconnect children with their families whenever it is for the child's best.

Adding on, Article 5 recognizes that alternative care choices must be offered when family reunification is neither practical nor best for the child. In order to guarantee that the child receives required assistance, care, and protection in a secure and caring environment, these alternative care

alternatives should put the child's wellbeing and interests first. The section of the Charter further emphasizes vital roles that families play in children's lives and the significance of making sure they are cared for in environments that promote their overall development and wellbeing. It also highlights the need of family and parental care, as well as the necessity of supporting family reunification and providing alternative care options that prioritize the child's Interests.

The CRC in article 7 recognizes that children should express their views freely in everything that will be affecting them. Children in institutional care should be given opportunities to contribute in making decisions that affect their lives.

2.6.3 THE CHILDREN'S ACT (CHAPTER 5:06) OF ZIMBABWE

The Children's Act (Chapter 5:06) is a comprehensive law that protects the rights and welfare of children which was enacted in 1972 and has been amended several times since then as according to Mpokoti (2002). The act is divided into five parts which are the preliminary, protection, care and removal of children and young persons to other miscellaneous. The Act is an important piece of legislation and it protects the rights and welfare of young persons in Zimbabwe. It is an extensive Law that caters for many issues, and it has been instrumental in improving the lives of many children in Zimbabwe.

Authors, legal experts, and international bodies played an important role in shaping the understanding and implementation of the Act in Zimbabwe. Their work has helped to ensure that the rights of children are protected and that the Act serves as a powerful tool for promoting child welfare in the country. Dambudzo (2012) explores the role of families in protecting children from harm. She argues that families play a crucial role in child protection but that they also face challenges in fulfilling this role hence the importance of the institutional care.

Mpokoti (2002) examines the Act's provisions on the care and protection of children in need, highlighting the responsibilities of parents, guardians, and the government in safeguarding children from neglect, abuse, and exploitation. He further analyzes the legal framework for adoption and fostering in Zimbabwe, emphasizing principles of consent, benefits for the child, and post-adoption monitoring. Mpokoti (2002) also examines the Act's guarantees of accessibility

to education and healthcare services for children, emphasizing the state's obligations to provide these essential services.

Zimbabwe's adherence to the UNCRC is thoroughly evaluated by the UN Committee on the Rights of the Child (2010) in its concluding Observations on the Initial Reports of States Parties, Zimbabwe. The latter focuses on Zimbabwe's implementation of the Act's provisions, identifying areas that need altering and offering suggestions for improvement. Zimbabwe's efforts to improve its child protection system have been greatly aided by the Committee's observations.

However, there are still many challenges when protecting the rights of children. Millions of children around the world are still denied their basic rights, and they are often the first victims of violence and abuse. The institutional care systems therefore contribute in fulfilling the protection of children's rights. Both international and local community will continue to work and make sure that all children enjoy their rights. This will require a joint effort from the governments, civil society, private sector and the researchers as well.

2.7 STRATEGIES TO ADDRESS THE EFFECTS OF INSTITUTIONALIZATION ON THE SOCIAL AND EMOTIONAL WELLBEING OF CHILDREN.

Family strengthening

Family strengthening refers to a set of strategies and interventions aimed at supporting and empowering families to provide a nurturing and stable environment for their children. It also refers to "a comprehensive and supportive approach that aims to enhance the capacity of families to provide a nurturing and stable environment for their children, promoting healthy child development, and reducing the risk of child maltreatment and institutionalization" (Waldfoegel, 2009, p.12). Family strengthening promotes reunification with their families by providing support and resources to address the challenges that led to removal. According to Lee et al. (2012) family strengthening programs that focus on improving parenting skills can promote reunification. This helps in shaping children's social and emotional well-being.

Small group homes

Small groups homes provides opportunities for children to interact with peers and caregivers helping them develop essential social skills, such as communication, empathy and conflict resolution. According to Whittaker et al (2016) children in small group homes demonstrates significant improvements in social skills, including cooperation, communication, and conflict resolution. Harden et al (2017) states that caregivers in small groups homes engage in more positive and supportive interactions with children, which helps in promoting social interaction and attachment. Therefore small group homes are important in shaping children's social and emotional well-being as the children will be able to form good and strong relationships with caregivers and peers.

Improving institutional care

Improving institutional care is significant in shaping the social and emotional wellbeing of institutionalized children as it encourages socialization and provides opportunities for social skills development which helps children form positive relationships with peers. Institutional care can also be improved by providing trained caregivers and also low caregiver to child ratio. According to Howes and Hamilton (1992) children in child care settings with lower child to caregiver ratio are more likely to form secure attachments with their care givers. Vandell and Corasaniti (1990) also implies that children in child care setting with lower child to caregiver ratio demonstrates better social and emotional development, including cooperation, empathy and self-control. Hence the improvement of institutional care is a significant strategy that helps in shaping social and emotional well-being of institutionalized children.

2.7.1 GAPS LEFT BY EXISTING LITERATURE.

This study points out how institutionalization affects social and emotional wellbeing of children. It also highlighted the elements of institutionalization and their impacts on children social and emotional wellbeing. There are some loop holes in the literature despite the fact that research have been made concerning the effects of institutionalization and the solutions to solve the problems which affects the social and emotional wellbeing of institutionalized children. Hence it is significant to conduct research on the role of institutional care in shaping children social and emotional wellbeing.

2.8 SUMMARY.

This chapter focused on theoretical framework, elements of institutionalization and their implication on children social and emotional wellbeing, theories and their relevance in shaping children social and emotional wellbeing and also strategies to address the effects of institutionalization on social and emotional wellbeing of children.

CHAPTER THREE: RESEARCH METHODOLOGY.

3.0 Introduction

This chapter concentrated on the procedure for investigating the social and emotional wellbeing for children residing in All Souls Children Home Mutoko, Zimbabwe. It covered the research philosophy, approach, design, study setting, target population, sampling techniques and sample size, data collection techniques and tools, data analysis, research procedure and limitations.

3.1 Research Philosophy

Saunders et.al (2015) defines research philosophy as a set of beliefs and assumptions that underlie a particular research approach. Guba and Lincoln (2018) describe research philosophy as the set of basic beliefs that guide the researcher approach to the study. Philosophical perspective is significant to the study as it points out the role of societal norms, physical environment, structural and systematic issues in shaping the social and emotional wellbeing of institutionalized children. This approach also acknowledges the influence of caregiver to child relationship in shaping the social and emotional wellbeing of institutionalized children. This aligns with the study objectives which focuses on determining a model which focuses on the impact of caregivers in shaping children social and emotional wellbeing. The philosophical approach also acknowledges the impact of power dynamics, social relations, and cultural context thus according to Creswell and Poth (2018). All these helps in molding the social and emotional wellbeing of institutionalized children.

3.2 Research Approach

This study employed the qualitative research approach to analyze the role of institutional care in shaping children social and emotional wellbeing. According to Creswell (2002) qualitative research is the approach of data collection, analysis, and report writing differing from traditional qualitative approaches. The researcher used qualitative methodology because of its ability to adjust

and capability to conceptualize societal shifts from the perspectives of the researched subjects. Kalof, et al (2018) states that the objective of qualitative research is to comprehend processes, experiences, and the significance individuals attribute to various aspects. Qualitative research can also be a iterative process that contributes to an enhanced understanding within the scientific community by creating new significant distinctions through a closer examination of the studied phenomenon thus according to Aspers, et al (2019). Hence the researcher used the qualitative approach to investigate the role of institutional care in shaping children social and emotional wellbeing.

3.3 Research Design

The study employed a case study design to provide an in depth analysis on the role of institutional care in shaping social and emotional wellbeing of institutionalized children. According Creswell (2013) research designs encompass the plans and procedures for research that encompass decisions from broad assumptions to detailed methods of data collection and analysis. Royce (2018) defines a case study as a comprehensive portrayal of an individual case and its analysis through the examination of an individual, group, or phenomenon. The researcher chose this design in order to achieve the objectives of the study which includes to assess the efficacy of institutional care program in promoting children social and emotional wellbeing. A case study centers on the environment and the context of the research.

3.4 Study Setting

This research was conducted in Mutoko at All Souls Children Home which is located in the Mashonaland East Province and is 148 kilometers from the Harare Central Business Center. At All Souls Children Home that is where vulnerable children live. The children at All Souls Children Home most of them have no traceable relatives because they were neglected while they were young making it ideal to study about the social and emotional wellbeing of the children. The selection of All Souls Children Home as the study setting is also influenced by the availability of relevant data from the caregivers and stakeholders. The researcher had access to relevant documents such as care plans and records of event and also other documents from the Mutoko Department of Social Welfare which contains valid information about institutionalized children. This enabled the researcher to gather rich and valid data, providing valuable insights about the social and emotional wellbeing of the institutionalized children.

3.5 Target Population

According to Willie (2022) target population encompasses all individuals who meet the specified criteria for a research exploration. From the outset, the researcher requested girls and boy aged 13 to 17 who are on institutional care for at least a month. The government and non-governmental organizations, caregivers and the stakeholders are the secondary targets as they assisted in policy formulation and policy change as a way of shaping children social and emotional wellbeing. By focusing on this demographic, the study managed to gather that were important in molding the social and emotional wellbeing of institutionalized.

3.6. Sampling Techniques.

Purposive sampling

This study employed the Purposive sampling method. According to Bhardwaj (2019) sampling can be described as a process of selecting a sample from a large population for a specific research purpose. The method was suitable for the study as it allows the researcher to extract valid information collected from the data. The primary participants were children from the age of 13 to 17, and the researcher selected the key informants to gather information. This method was also used to select 1 expect caregiver and 1 social worker from the institution. These professionals were chosen based on their experience with at least five (5) years working experience in children home institution.

Quota Sampling

Quota sampling is a sampling technique in which participants are selected based on pre-defined characteristics such as age, sex, to ensure that the sample represents a specific proportion of the population. For this research institutionalized children were selected based on age, gender, health status and background. Quota sampling is well suited for exploratory research as it allows researchers to gain a deeper understanding of complex issues such as social and emotional wellbeing of children in institutional care.

3.7 Sample Size

A sample represents a segment of a population chosen for the purpose of a study, and the conclusion drawn from a sample are then used to make generalization about the entire study population from which the sample was depicted. The study sample size include 10 participants

comprising of 2 care givers and 1 social workers and 7 children between 13 to 17 years who served as key informants. The sample is chosen through a sampling process. This is supported by Burns and Grove (2011) view which states that sampling is the act of selecting a group of individuals, events or behaviors for the purpose of conducting a study.

3.8 Data Collection Techniques and Tools

The researcher used interviews as the method for data collection. Data collection refers to the process of gathering and quantifying specific data points in a structured and consistent manner. This approach enables the acquisition of valuable insight, highlighting, allowing for the assessment of outcomes and answering of pertinent.

3.9 Semi structured interview

This research used the semi structured interviews to gather information from the key informants about how institutionalization shape social and emotional wellbeing of children. Semi structured interviews involves the aspect that interviewer prepares a prearranged set of questions in advance. Edward and Holland (2013) states that semi structured interviews allows the researcher to interpret nonverbal signals and obtain additional information to achieve a thorough understanding of the relevant themes. Semi structured interviews provides an opportunity for researcher to establish a rapport with participants. This is important as I helps in gathering sensitive information about the social and emotional wellbeing of institutionalized children. The researcher interviewed the social worker and the caregiver on same day respectively. The interviews were held at All Souls Children Home in Mutoko. Semi structured interviews were also used to interview the stakeholders at All Souls Mission. The stakeholders were interviewed for 20 minutes respectively over a course of 50 minutes with 10 minutes break. Audio recording was used by the researcher to capture detailed verbal responses during the semi structured interviews. This was important as it ensures accuracy and allow for in-depth analysis.

3.10 In depth interviews

Rutledge (2020) defined in depth interviews as a qualitative research technique employed to conduct detailed interviews with a small number of participants. For in-depth interviews 6 children were interviewed at All Souls Children Home and also 2 caregivers. The interview was conducted

for 30 minutes. The interviews did not last for a long time as the researcher wanted to get valid information while children still pay attention. Data collection was recorded through audio recording and note taking. The audio recording and note taking was done with the participant consent. The researcher also used open-ended questions in order to get valid information. Bloom (1956) states that open ended questions promotes critical thinking, problem solving, and creativity.

3.10.1 Observations

Observation was significant in capturing the behavior and attitudes of children living at All Souls children home and how they interact with the stakeholders and caregivers. The researcher observed 6 children in the institution and how they interact with the caregivers and other staff in the institution. According to Flick (2019) observations provide an invaluable lens through which one understands behavior changes and social dynamic with program settings.

3.10.2 Document Analysis

Document analysis involved reviewing policy documents, case plans, progress reports, and health medical reports and incidents reports related to the social and emotional wellbeing of institutionalized children. Document analysis is important as it provides insights into children social and emotional wellbeing. According to Bowen (200) documentation analysis is significant in qualitative research as it provides valuable insights about the social and emotional wellbeing in to application or practice.

3.11 DATA COLLECTION TOOLS.

Data collection tools are instruments, methods, or techniques used to gather, record, and store data from various sources to answer research questions, test, and hypothesis or explore phenomenon. Creswell (2014) and Kothari (2018) state that data collection tools are methods used to gather data for analysis. This study employed various data collection tools such as audio recording, note taking, observations and interview guides. These tools were of importance to the study as it enabled the researcher to gather valid and rich data from the participants which provided the insight of the social and emotional wellbeing of institutionalized children.

3.11.1 Audio recorders

This study used audio recording to capture in-depth interviews with the institutionalized children. Audio recording ensures that child exact words, tone, and emotions are captured, reducing the risk

of misinterpretation. Audio recording was significant to the study as it captures the emotional nuances of the child voice such as tone, pitch and volume. Galletta (2013) states that audio recording enhance data quality by allowing researchers to revisit participants insights thus providing valid context for understanding the social and emotional wellbeing of institutionalized children.

3.11.2 Note taking

The study used note taking to gather data during interviews with the social workers, institutionalized children and caregivers. The researcher recorded the detailed observations and quotes during the interviewing session. Creswell (2014) states that note taking is an essential data collection technique in qualitative research because it enables researchers to document valuable insights and observations that may not be captured through audio recording alone.

3.11.3 Interview Guides

The research employed three distinct interview guides to collect data from different people. Each guide consisted of 10 questions which were in line with the study objectives. One guide was designed for the social worker, another for the caregiver at the institution and the third for the group of children between 13 to 17 years. The interview guide was designed to examine the role of institutional care in shaping children social and emotional wellbeing. The guide consisted of sections focusing on how the environment affects the children social and emotional well-being, the background of children, the relationship between caregivers and children and also strategies which can be used to promote social and emotional wellbeing. Communication skills such as active listening, use of clear and concise language and maintaining eye contact were used in order to identify the social and emotional wellbeing of children. Patton (2002) states that semi structured interviews allows researchers to adjust the questioning strategy to accommodate respondents, individual needs, experience and communication style.

3.12 Research Procedure

The research employed various procedures to ensure the collection of valid data. Firstly the researcher obtained permission from the Mutoko Department of social welfare since it is not allowed to visit the institution without approval letter from the department of social welfare. The researcher submitted the approval letter from the Department of Social welfare in order to in All

Souls Children home in order to conduct a research. Children were selected from different age and background. The researcher asked permission from these individuals through phone calls and arrangements were made to conduct interviews at All Souls Children Home. The probation officer at Mutoko Department of Social Welfare was also interviewed about the social and emotional wellbeing of institutionalized children.

The data collection was planned in order to produce high quality from the interview. The researcher provided enough time for each interview taking into consideration the messiness of the topic being discussed. The study also relied on documents such as care plans, and record of events in order to have wealth information concerning the social and emotional wellbeing of children. According to Braun and Clarke (2013) documents provides a wealth information that can complement data collected through interviews and observation. The research procedure in this study provided high quality data through interviews, documentation and observations.

3.13 Data Analysis

Data analysis involves the application of statically and analytical techniques to describe, summarize and interpret data with the aim of extracting meaningful patterns, relationships and insights. Field (2018). This study used thematic to analyze qualitative and identifying themes related to the improvement of social and emotional wellbeing of institutionalized children. Braun and Clarke (2006) states that thematic analysis allows researchers to identify patterns and themes in data, providing a rich and detailed understanding of institutionalized children experience.

Familiarization

Thematic analysis began with familiarization. Flick (2014) defines familiarization as the process of getting acquainted with data which involves reading, noting, and exploring the data to develop a preliminary understanding of its content and structure. This stage enabled the researcher gain more understanding of the data and also identifying initial patterns, themes and ideas in the data. Familiarization helped the researcher to understand how caregiver-child interaction influence the social and emotional wellbeing. Familiarization also helped the researcher to understand how the institutional environment and policies impact children social and emotional wellbeing.

Initial coding

Initial coding refers to the process of assigning preliminary codes to data which involves identifying and labeling features of the data that are of interest. Braun and Clarke (2006). Initial coding is crucial to this study as it helped in identifying themes related to children emotional expression and regulations such as anxiety, depression and anger. Initial coding also helped the researcher to identify themes related to children social relationships and interaction such as friendship, conflict or attachment.

Code development

Charmaz (2006) defines code development as a process of creating a set of codes that capture the meaning of the data which involves identifying and interpreting the underlying themes, patterns and relationships in the data. The researcher used emotional regulation codes to identify patterns in children emotional regulation strategies such as suppression, expression or avoidance. The researcher also used interpretive codes to examine the caregiver – child relationship. The researcher also used the codes to identify environmental factors such as access to resources and its impact on children social and emotional wellbeing.

Theme identification

Flick (2014) defines theme identification as the process of identifying and interpreting patterns and themes in the data which involves analyzing the data for underlying meaning, concepts, and ideas. The researcher used theme identification to identify themes related to children social and emotional wellbeing such as anxiety, depression or anger. The researcher used the theme emotional experience and the relational wellbeing to represent significant patterns on the social and emotional wellbeing of institutionalized children

Reviewing and refining themes

The researcher reviewed the identified themes to ensure that the initial themes accurately reflect the content. This process involved the process of verifying that themes are consistent across different data sources such as interviews, observation and documents. The researcher refined themes by renaming themes to better reflect their content and also to ensure that theme names and descriptions are clear.

Defining and naming themes

The researcher defined each theme and named to capture the essence of the participants experience using language that was clear, concise, and grounded in the data. For example the theme emotional experiences explore the ways in which institutional care provides emotional support and validation to children, including the role of caregivers, peers, and institutional policies.

Writing a narrative

The data analysis began with a thorough review of the field notes and observational records. Initial impressions suggests that children in institutional care experienced a range of emotions from anxiety and sadness to hope and resilience. Several themes emerged that shed light on the role of institutional care in shaping children social and emotional wellbeing. These themes included the emotional experiences in institutional care. Themes were further developed and refined. The analysis also revealed relationships between the themes. Taking into consideration the theme of relational wellbeing was linked to the theme of emotional experiences as positive relationships with caregivers were important in promoting emotional wellbeing. The findings of the study highlighted the need for emotional supportive care, positive caregiver- child relationship and also trauma informed care.

3.14 Validity and Reliability/ Trustworthiness

The study employed different elements to insure the validity and reliability of the study. Kerlinger (1973) defined validity as the extent to which a research instrument appears to measure what is supposed to measure and reliability is the extent to which a research instrument produces consistent results over time. This study used data triangulation and pilot testing to measure the validity and reliability of the study. According to Denzin (1978) data triangulation is a strategy to validate findings by combining data from multiple sources, methods or investigators. The study utilize multiple data sources which include interviews, documents analysis and observations. Data triangulation is significant as it reduces bias by combining multiple data sources and methods which can help to identify and mitigate biases. Creswell (2014) states that data triangulation is essential for supporting mixed methods research as it allows researchers to verify data through multiple resources and methods.

The study also employed the pilot testing to the validity and reliability of the study. Pilot and Beck (2020) emphasis that pilot testing is employed to ascertain the reliability and validity of an instrument or method. This research used pilot testing on assessing the practicalities and feasibility of the research including the willingness and ability of participants to take part and ensuring that procedures involved are suitable and function as intended. The researcher secured the participation of respondents by providing them with clear and accurate information about the research objectives, methods and anticipated outcomes related to the social and emotional wellbeing of institutionalized children.

3.15 ETHICAL CONSIDERATION

This study upheld principles of informed consent, voluntary participation and confidentiality. Rich (2013) states that ethics entails a systematic process of understanding, examining, and discerning issues related to morality and immorality, good and bad as they pertain to the wellbeing institutionalized children.

Informed Consent

Informed consent refers to a voluntary agreement to participate in research, made with full understanding of the risk, benefits, and procedures thus according to Belsey (2005). The researcher secured the involvement of participants by furnishing them with clear details regarding the research objectives, methodologies and anticipated outcomes in an understandable manner. The researcher used language which was understood by the participants. Consent was obtained from caregivers and stakeholders for the interviews with institutionalized children.

Voluntary Participation

Voluntary participation implies that an individual engages in research of their own will. The researcher communicated to the participants that their involvement was voluntary and they had freedom to withdraw at any point.

Confidentiality

Confidentiality involves the fact that the researcher ensuring a degree of anonymity and privacy of information. The researcher reassured the entrants that their privacy would be treated with respect. Any question that the participants deemed overly personal and sensitive would not be

required to be answered. According to Babbie (2011) certain information provided by participants might be of a sensitive nature, and if made public could have adverse effects. The researcher maintained the principle of confidentiality in order to uphold trust between the researcher and the participants.

3.16 LIMITATIONS

3.16.1 Limited Resources.

Bryman (2012) states that limited resources refers to the constraints on research due to insufficient funding, personnel, equipment or time. Limited resources can lead to small sample size as there will be limited numbers of participants leading to poor findings. Creswell (2014) states that small sample size can result in biased or unrepresentative samples which can limit the generalizability of findings. The researcher faced significant time constraint as the researcher was also completing other demanding academic requirements, like pursuing additional modules. The researcher also faced financial constraints that limited the ability to travel door –door for interviews. To add more on financial constraints, transportation costs, including fuel, accommodation expenses and other material costs such as bond paper, cartridge for printing, and airtime for audio recording affected the research leading to lack of access to quality data. As a way of solving the problem of resource constraints the researcher organized for online interviews in order to reduce transport costs and save time as well.

3.16.2 Participant Bias

Bryman (2012) defines participation bias as the way in which the characteristics, behaviors, and attitudes of research participants can influence the findings of the study. Due to lack of autonomy among the institutionalized children, they feel pressured into participating in research and some of the children rely heavily on other people such as the institutional staff which influence their response and behaviors. Most of the institutionalized children may have experienced trauma or adversity, making them more vulnerable to participation due to their emotional or psychological state. This affected the study as some of the children were not able to communicate during the interview due to the trauma of what they have experienced.

3.17 CHAPTER SUMMARY

The chapter centered on explaining the data collection methods. It involved the utilization of qualitative research approach and qualitative data collection techniques. The study emphasized on the sampling methodology, methods of analysis, and research designs. It also examined crucial ethical issues that should be looked when conducting the study.

CHAPTER FOUR. DATA PRESENTATION AND ANALYSIS.

4.0. Introduction.

This chapter aims to present and analyze the data pertaining to the role of institutional care in shaping children social and emotional wellbeing. This chapter was influenced by the social learning and the systems theory, the review of existing literature and the objectives of the study. The primary aim of this study was to explore the role of institutional care in shaping children social and emotional wellbeing, to access the institutional care programs in promoting children social and emotional wellbeing, how their relationships with the care givers and other staff affects the social and emotional wellbeing of institutionalized children and also recommendations on how to improve the social and emotional wellbeing of institutionalized children.

4.1 Demographic information of participants.

This section indicates the demographic information of participants. The participants are significant as they assist in finding quality data. The table below indicates the number of participants.

Participant	Intended number	Actual number
Face to face interviews	2	2
In depth interviews	4	4
Focus group discussions	4	4
Total	10	10

From the table above, a total number of ten people participated in the study. The face to face interviews were conducted by two institutionalized children a boy and a girl who are at the age of seventeen. Four in depth interviews were institutionalized children who are 10 to 12 years. Focus group discussions comprised of four participants from different age groups, 2 individuals were 17 years, the other one was 12 years and the last one was 8 years. The researcher used different age groups in order to get different points of views.

KEY INFORMANTS	INTENDED NUMBER	ACTUAL NUMBER	AGE	WORKING EXPERIENCE	EDUCATIONAL QUALIFICATIONS
Social worker	1	1		3 years	Honors degree in social work
Caregiver 1	1	1		2 years	3 O level subjects.
Caregiver 2	1	1		1 year	No any traceable educational qualification.

The table above shows that three key informants participated to ensure a well-rounded representation of research findings. The key informants includes two care givers and one social worker. The social worker is 40 years old, have 3 years working experience in the institution and also an honors degree in social work. One of the caregivers is 43 years, have 2 years working experience in the institution and 3 subjects at ordinary level. The other care giver is 36 years, have 1 year working experience and have no any traceable educational background. However the caregivers does not have tertiary education qualifications or training certificate in care giving techniques which might affect them in providing quality care to the children due to lack of knowledge in some areas. The working experience of both the social worker and the caregivers shows that they qualify to participate in data collection since they have more knowledge about the institution basing on their working experience.

4.2. Qualitative data presentation.

This chapter presents the findings from data collected through in depth interviews and semi structured interviews, providing insights into the role of institutional care in shaping children social and emotional wellbeing. The presentation of findings is based on the objectives of the study.

4.3. The role of institutional care in shaping children social and emotional wellbeing.

Institutional care have an impact in shaping children social and emotional wellbeing of children especially those who have experienced trauma, neglect or family instability. Institutions provide emotional support to the children, social interaction with peers, and children access to counselling and also therapeutic programs.

4.3.1. Emotional support.

The study brought out that institutional care provides emotional support to the institutionalized children through counselling and also trauma informed care. Most children in the institutional care have traumatic events and emotional damages which needs emotional support to overcome it. Therefore counselling services and therapeutic programs are being implemented in the institutions in order for children not to have post-traumatic stress disorders (PTSD) which might affects their future life. However the study also found out that children in institutions are not getting enough emotional support due to shortage of staff and also untrained caregivers.

Participant M 4 stated that:

“Kubva pandakauya pano nekuda kwekubatwa chibharo kwandakaitwa ne hanzvadzadzi yangu, ndiri kbatsirikana zvikuru ne dzidziso yandinopihwa na aunty kuti ndikwanise kugamchira zvakaitika kwandiri”. “I have been seeing a therapist for some time now since I came into the institution and it helped me to deal with my past experience of being raped by my own brother”.

Participant M 7 said that:

“ Saturday patisingaende kuchikoro yega yega tinoita counselling session tiri mumapoka, ma grade 6-7 vanoita boka ravo, ma grade 3-5 voita ravo , ma secondary voita ravo boka tichidzidziswa nana aunty”. ” We have group counseling sessions every Saturday

according to our age and level of education where we share our stories and support each other”.

This is in support with the view of the key informant who argued that:

“We do individual and group counselling sessions which are designed to provide ongoing emotional support to our children”.

The researcher found out that counselling sessions and therapeutic programs are being implemented in the institutions. The participants and the key informants highlighted that counselling sessions are being offered in the institution. This promotes social and emotional wellbeing of institutionalized children as they will be able to share their experiences and also being motivated during the counselling session. This is similar to the view of Cohen (2015) who states that counselling sessions and therapeutic programs helps to mitigate the negative effects of trauma and instability often experienced by children in institutional settings. The concept of emotional support through counselling and therapeutic programs can be linked to the social learning theory of Bandura which states that people learn behaviors, values and attitudes through observation and imitation of others. This concurs with the aspect that children can learn from one another through group therapy sessions which allow them to share experiences and support each other through social interaction. Children can also learn effective strategies for managing their own emotions by observing how their counselors handle emotions and conflicts. Therefore this shows that the institutionalization plays a significant role in shaping the social and emotional wellbeing of institutionalized children as it provides emotional support to the children.

4.3.2. Protection from harm.

The study indicated that institutional care is playing the role of protecting the children from harm which shape the children social and emotional wellbeing. Institutional care provides a structured environment where children are shielded from abusive situations, neglect or unsafe home conditions. This was supported by the participant M2 who stated that:

“Inini ndakauya pano nokuda kwekuti vabereki vangu vaida kundiroodza kuna sawhira wavo ndiine 14 years”. (“I came here because my parents wanted me to get married to their friend who was old enough to be my father when I was only 14 years”).

The participant M5 also implied that:

“Ndakaunzwa pano mushure mekunge mhamha vangu vashaya saka zvaisaita kuti ndigare na baba tiri vaviri chete”. (I came here after my mom died because it was not ok for me to live with my dad since im a girl child.)

The key informant also supports the view that institutional care protect children from harm in her statement when he said that:

“Institutional care protect children from harm especially in cases of physical abuse and also sexual abuse”.

Another key informant T 2 stated that:

“Home ino inobatsira nherera ye vana vanene vaine mubereki asina zvikwanisiro zvekuchengeta vana zvinova zvinoita kuti vana vasazokure vari zvigunduru kana kuti vachiita mabasa akashata okuba nechipfambi”. (This institution helps children without parents and those whose parents are not in a position of taking care of them so that they can grow up in a good environment which molds them not to be street kids or doing mischievous behaviors such as theft and prostitution”).

The researcher acknowledge that institutional care plays a significant role of protecting children from harm. Institutions are saving children from cases such as sexual abuse and also physical abuse. Information from the participants showed that institutional care is a place of safety where children can be protected from different thin that might want to harm them. The systems theory of Bronfenbrenners supports the view that institutional care protects children from harm by collaborating with various systems such as social services, health care and education. This ensures a comprehensive support, addressing multiple facets of children wellbeing. Smith and Jones (2009) argued that high quality institutional care can serve as a protective factor, particularly in crisis situations by offering immediate safety and resources. Structured settings in the institutions can also reduce exposure to further harm. Wolfe et. al. (1995). Hence institutional care have a significant role of protecting children from harm.

4.3.3. Social interaction.

The study showed that institutional care promotes social interaction to the children which helps them to deal away with issues of depression. Social interaction can alleviate feelings of isolation and loneliness, it also exposes children to diverse perspectives and enhancing problem solving skills. Social interaction also helps children to secure attachment which are vital for emotional stability. This was confirmed by the participant M7 who said that:

“Gore rega rega tinopemberera zuva revana, ndipo patinosangana nevanhu vakawanda vemunharaunda uye zuva iri rinonakidza nekuti tinenge tichiita mitambo yakasiyana siyana.” (“Every year we celebrate children day at the institution, that’s when we meet different people from the community and this day is the most interesting because we will be having competitions for the day to be a memorable one.”)

The participant M4 implied that:

“Tinotamba mitambo yakaita sebhora patinenge tisina kuenda kuchikoro, izvi zvinoita kuti tive nehushamwari hwakasimba uye kti tisabhowekana”. (“We play games together like soccer or board games which helps us to bond and have fun.”)

The key informant T3 stated that:

“Social interaction helps children to learn how to build relationships, trust others, and navigate different social situations which is vital for their wellbeing and future success.”

Key informant T2 also supported the view saying that:

“Tinokurudzira vana kuti vaitewo ma sports knyangwe vari kuchikoro zvinova zvinobatsira kti vagone kubata nevamwe zvakanaka, uye zvinoita vawanewo ngva yekukurkura nevamwe vezera ravo.” We encourage children to participate in group activities like sports, games and arts which promotes teamwork, creativity and socialization.

However the other participant argued that sometimes they faces cases of discrimination whenever they try to socialize with other people which limits them the opportunity to participate in societal activities.

Participant M2:

“Dzimwe nguva ndinoregedza kuenda kunotamba bhora nevamwe kuchikoro kana kunoimba nekuti vamwe vana vanenge vakunditi hazviite kuti nditambe bhora nekuti ndiri weku home, vamwe vanotoramba kuenda ku timu imwechete neni”. (“Sometimes I avoid playing ball games with others at school because some of the children will be refusing to play with me or to be part of their team because I’m from the orphanage.”)

The study highlighted that institutional care promotes social interaction by encouraging children to participate in different social activities. This is helpful to the social and emotional wellbeing as the children will have time to share their experiences and thoughts to other people. However from the participant M2 institutionalized children are facing challenges of discrimination especially in schools. This is affecting their ability to socialize with other peers because they will be labeling them hence affecting their social interaction. Therefore the researcher is recommending for awareness campaigns especially in schools so that institutionalized children will be treated equally as other children. Children in school must also be educated that there is no difference between them and the institutionalized children, they are all humans with same rights

4.4. The efficacy of institutional care programs in promoting children social and emotional wellbeing.

The institutional care programs which are implemented in the institution are of great importance to the social and emotional wellbeing of institutionalized children. These programs includes counseling services, family support services and also social skills groups.

4.4.1. Counseling services.

Counseling services are offered in the institution to children who have experienced traumatic events, encountered cases of abuse and also counseling is provided to all the institutionalized children whereby they will be guided in every step they make and also being encouraged to be in their best behavior. Counseling services helps children to manage and regulate their emotions, reducing stress, anxiety and other emotions. The findings from the participants showed that institutionalized children are benefiting from the counseling services. However some of the participants complained that they usually hear some of their information discussed by the caregivers and other children. This shows that the social workers and the caregivers are not upholding the principle of confidentiality.

The participant M7 stated that:

“Ndakabatsirika zvikuru ne kurudziro yandaipihwa na aunty kuti ndishande nesimba kuchikoro ndigowana kubatsirawo hanzvadzi dzangu kuti vagowavo nehupenyu hwakanaka”. “The counseling which i received from aunty really helped me as it gave me strength to work hard in school so that I can assist my little brothers in the future.”

The participant M3 also said:

“Inini ndakauya pano ndiri mucheche ndikazoudzwa na aunty kuti ndakaita kunhongwa pamashops, nazvino hapana anoziva kune vabereki vangu zvinova zvinhu zvinondirwadza asi nekuda kwe counseling yandinopihwa na Aunty ndakukwanisa kuzvigamuchira kuti ndozviripo”. “I came at the institution when I was a newly born because my mom dumped me at the growth points and it’s so painful to me but because of the counselling from aunty am now able to accept my situation that I don’t have biological family”.

The key informant T1 also supported the view that the counseling services offered in the institution are being helpful to the children:

“Vana varikubatsirika zvikuru ne counseling yavari kupihwa pano, tirikuuona shanduko yakanyanya pane vamwe vana kunyanya vakauya nekuda kwekumbunyikidzwa”. “Children are being helped with the counseling services offered here and we are seeing a great change especially to those who came at the institution by cases of abuse.

However the participant M5 argued that there is no confidentiality as some caregiver’s discussion information of children who received counseling services with other institutionalized children.

Participant M5 argued:

“Inini counseling inondibatsira asi ndinorwadziwa nenyaya yekuti vamwe vana pano vanenge vachinditaura pamwe neundiseka vachiti ndosaa zvakanzi na mhamha unonwa mapiritsi e HIV zvinova zvinondibata zvikuru.” “Counseling services are helpful but im disappointed with the fact that some of the children make fun of me saying that’s why mom says you take medication for HIV, this is so touching and it breaks my heart.”

The study brought out that counseling programs which are being implemented are beneficial to the children as it helps them to deal away with emotional and social challenges. Counseling services are of great significance to the wellbeing of children as the children will be learning good things from their counselors. Cohen (2015) emphasis that counseling for institutionalized children is important as it provides emotional support and also personal growth to the institutionalized children. This is in support with the social learning theory which states that people learn new behaviors, attitudes and knowledge by observing and imitating others. However the researcher found out that the principle of confidentiality is not being uphold in the institution as counselors and caregivers goes on to discuss information shared by children during the counseling session with other institutionalized children. This affect the rapport relationship between the children and those offering counseling services to them. Therefore the researcher recommended that the caregivers and the counselor must be educated on the issue of confidentiality or there must be a penalty if one disclosed information of children to other people.

4.4.2. Family support services.

The study indicated that institutional care provides family support programs whereby children receives visitors from their relatives and also going for holidays. This helps to shape children social and emotional wellbeing. The findings from the participants showed that the family support program is being helpful to children as children will be able to create bond with their families. However some of the children who do not have any traceable relatives will be feeling isolated.

Participant M4 stated that:

“Ndinofara zvikuru panoitwa zuva revana nekuti ndipo pandinowana mukana wekuonana nevanhu vekumba kwedu tichifara.” “The children day is the most exciting thing in my life because I will be able to see my relatives and spending quality time together.”

Participant M8 also stated that:

“Inini pazororo rega rega ndinoenda kunoonana nehama dzangu, izvi zvakanaka nekuti tinowana mukana wekukrukura ndichiudzwawo zvimwe zvezvinhu zvinenge zvichiitika mumhuri”. “I usually spend holidays with my family and this is helpful to me because I will have time to socialize with my family and get to know all my family members”.

However not all the children in the institution have families, some of the children have no any traceable relatives and during holidays they will be in the institution and it really affects them seeing other children going for holiday. This was supported by the participant 10 who stated that:

“Inini ndinorwadziwa zvikuru pandinoona vamwe vangu vachiunzirwa zvinhu ne hama dzavo pamwe nekuenda kuholiday, nekuti ini handina munhu anombondishanyirawo hama dzangu handidzizive”. “I get hurt when I see my other colleagues receiving gifts from their relatives’ and also going for holiday because I don’t have any relative that I know who could visit me or take me for holidays.”

This was also supported by the key informant T3 stated that:

“Vana vanobatsirika zvikuru pavanoenda kuma holiday vachiona hama dzavo nekuti zvinoita kuti vagadzire ukama uye vajairane nehama dzavo kuitira kuti vasazonetseke pavanobva pano. Vana vasina hama dzinozivikanwa vanoshungurudzika zvikuru pavanoona vamwe vachishanyirwa zvinoita kuti vazvitore se Vanhu vasingambirike mumhuri”. “Children get comforted especially when they go for holiday, this helps them to have a strong bond with their family, and however those children without any traceable relative they get disturbed especially when they see their colleagues being visited by their relatives. This makes them feel the spirit of rejection”.

The findings above showed that family support programs have a significant role in the social and emotional wellbeing of the children as it gives children to form strong bond with their relatives. This is in support with the systems theory view of individuals being part of larger interacting systems such as family community and institutions. Hence family support programs help reintegrate or maintain connection with their family system which is crucial for the emotional, cognitive and social development of children. The system theory states that family is a critical subsystem that influences child welfare. Therefore family support programs helps to restore this subsystem leading to better outcomes for the child. However some of the children in the institutional care are not benefiting from these family support programs as they do not have any traceable relatives. Therefore the researcher recommended for the institution together with the department of social welfare to look for foster parents for these children so that they do not feel the concept of being neglected.

4.4.3. Life skills training.

Institutional care offers practical life skills training such as personal hygiene, cooking and meal preparation and also household chores. This helps children as they will be equipped with skills that will help them in their day to day lives. The institutional care also offers skills such as communication skills, emotional regulation skills and also problem solving skills. This was supported by the participant M4 who stated that:

“Tinodzidziswa kubika, ku wacha pamwe nekutsvaira dzimba dzedu”. “We are taught how to cook simple meals, do our laundry and also cleaning our rooms”.

Another participant also said that:

“Mabasa atinodzidziswa pano anondibatsira kuti ndikwanise kuzozvimirira uye kugadzira ramangwana rangu rakanaka”. “The life skills training have helped me to become more independent and confident, and also helps me to prepare for the bright future”.

The key participant T2 also stated that:

“Life skills training is a vital part of the development of the children as it empowers children with skills and confidence they need to thrive into adulthood”.

From the findings above the researcher found out that life skills training are significant to the social development of the children. Life skills training provides children with essential skills for daily living, helps children to develop effective communication skills which helps in improving relationships with others. Radhakrishnan (2016) states that life skills education can lead to substantial improvements in the wellbeing of institutionalized youth. Life skills training also reduces levels of depression, anxiety and stress among participants. Plos (2017). The concept of life skills training is further supported by the social learning theory which states about learning through observing, imitation and modeling other people. In life skills training participants often observe instructors or peers demonstrating skills, this helps learners on how to apply these skills in real life situations. Social learning theory also emphasizes that behaviors are reinforced through rewards or positive feedback. This is similar to the life skills training programs as it incorporates feedback mechanisms to encourage the practice of newly learned skills. Therefore the researcher is in support with the aspect that life training skills are important to institutionalized children as it

reduces levels of depression among children and also provides children with essential skills, hence life skills training should remain functional in institutions.

4.5. The impact of caregivers in shaping children social and emotional wellbeing.

Caregivers have a significant role in shaping children social and emotional wellbeing of children since they are the ones who spend much time with the children. The impact of caregivers in shaping children social and emotional wellbeing can be shown by the caregivers roles, challenges which they encounter while in the process of taking care of the taking care of the children.

4.5.1. Nurturing relationships.

Caregivers have a role of nurturing relationships with the children by building trust and forming positive relationships with children. Positive relationships with children are very important as it enables children to feel free to discuss anything with the caregivers which might be bothering them. This is supported by the participant M4 who stated that:

“Ini ndakasununguka kuudza mhamha vatinogara navo zvinenge zvichindinetsa nekuti vanondisimbisa pamwe nekundipa mashoko ekurudziro anovaka”. “I feel free to discuss anything that might be bothering me with my care mother because he offers me good advice and help me when am feeling down or struggling with something”.

The participant M1 also stated that:

“Ini ndifara zvikuru ne rudo rwandinopihwa na mhamha vatinogara navo, vanoita kuti ndisafunge zvekuti handina amai, ndinotovatora saamai vangu cahivo”. “Im grateful with the love I get from my care mother and it helps me to overcome the feeling of not having a biological mother. My care mother is now a mother figure to me”.

The participant M8 stated that:

“Mhamha ndivo vanondirongedzera chikafu pandinoenda kuchikoro pamwe nekundiwachira mbatya dzangu”. “Care mother prepares lunch for me when im going to school and also washes my uniforms”.

The findings indicated that, care givers have a significant role in promoting social and emotional wellbeing of institutionalized children as they are the ones who nurtures the children. Some children have a strong bond with their care mothers due to the fact that they found the care mothers

to be their only relatives. This is important as it provides children with a sense of safety and security which helps the children to feel protected and valued.

4.5.1. Life skills training.

Caregivers have a role of training institutionalized children life skills so that they can be independent in the near future. Caregivers have a role of teaching children basic house chores such as cleaning their rooms, washing and also preparing meals. The participants supported the view that they are being taught life skills as evidenced by the participant M6 who stated that:

“Tinodzidzisiswa kusuka mandiro pamwe nekubika, Sartuday yega yega tisu tinoita zvekubika nekusuka ana mhamha vakazorora”. “We are being taught how to wash the dishes and cook, every Sartuday we do the cooking and washing of dishes in order to give the care mothers time to rest”.

Another participant M10 implied that:

Kudzidziswa kwatinoita kugeza pamwe nekuzvishongedza pamuviri kunoita kuti ndikwanise kusazvitarisira pasi uye kuti ndive munhu anoyemurika pavanhu. The teachings that we get about bathing and making our body clean helps me to be confident and being acceptable in the community.

From these findings it shows that caregivers have a significant role of training children life skills which are beneficial to the future of the children. According to the American Psychological Association (2014) stated that teaching life skills significantly reduces stress levels in adolescents. The research goes on to say that children equipped with life skills are better able to manage their emotions and navigate social situations which is crucial for their future success. This is in line with the social learning theory of Bandura which states that children can observe life skills training from their peers and the caregivers which helps them to have a bright future. Institutionalized children faces trauma or instability and life skills training can teach coping strategies through observed behaviors of caregivers which helps children to develop resilience and emotional regulations. Therefore the researcher is in support with the view that care givers have a significant role of training children life skills that will help them in the future.

4.5.3. Behavior management.

Caregivers have a role of implementing behavior strategies to the institutionalized children in order to promote positive behavior among the children. Caregivers also serve as role models by demonstrating expected social behavior. However caregivers fails to handle some of the mischievous behaviors done by other children.

The key informant T2 stated that:

“We usually take care mothers who are catholic so that they can be guided by our religion to mold the behavior of children.”

Another key informant implied that:

“Isu tinoedza nepose patinogona kuita hunhu hwakanaka pamberi pevana kuti vagokwanisa kuteedzerawo tsika dzakanaka pamwe nekutiremekedzawo”. “We try our best to behave in a good way in front of the children so that the children will copy good behaviors and also be able to respect us”.

The key informant T3 stated that:

“Dzimwe nguva ndinokundikana kutsiura vana kuti vaite tsika dzakanaka nekuti vamwe vana inhubu uyu havateerere, vanotodzidzisa vamwe vana kuita tsika dzakashata.”
“Sometimes I fail to teach children to behave in a good way because some of the children are stubborn and they do not listen to what I say but rather they teach other children to do mischievous behaviors”.

The findings above shows that the caregivers have a significant role in shaping the social and emotional wellbeing of institutionalized children since they are the ones who spend much time with the children. Children learn the behaviors which they see their caregivers portraying. This is in line with the social learning theory which states that children learn new behaviors and attitude by observing and imitating others. Therefore if caregivers portrays good behavior in front of the children, the children will definitely copy that kind of behavior. Van der Walt (2002) implies that caregivers motivated by faith and a willing heart often exhibit greater patience, empathy and resilience in dealing with the challenges of orphan care. However some of the caregivers are failing to control the bad behavior of children. This is mainly because of the fact that caregiver

have no skills or training certificates as a caregiver. Therefore the researcher recommended that caregivers must have training certificate which shows that they have skills in dealing with children so that they will be able to handle any situation they might encounter.

4.6. Challenges which affects the social and emotional wellbeing of Institutionalized children,

The study identified different challenges encountered by institutionalized children which affects their social and emotional wellbeing. Children reported the difficulties they experienced in institutions. These problems includes social isolation, stigmatization, neglect of individual needs, and also attachment issues.

4.6.1 Isolation

Institutionalized children faces a challenge of isolation as they spend much time in the institution and their movement is very limited. This affects the social life of the children and they have limited interaction with other people.

Participant 6 stated that,

“Inini panapa panobhowa nenyaya yekuti hatibvumidzwe ubuda panze kuti tinotamba nevamwe, tinongobuda chete kana tichienda kuchurch nekuchikoro.” “We are not allowed to go outside the institution yard so that we can play with our friends, we only go out when we are going to school or to church.”

The key informant stated that,

“Vana havatenderwe kutambira kunze kwe yard ino nekuti tinotyira uti vanogona kubiwa ne vanhu vanenge vachipfura kana kuzoita mimwe misikanzwa inozovapinza mumatambudziko.” “Children are not allowed to go outside the institution yard because we are afraid that some people might come and kidnap them whilst they are outside or the children can do mischievous behaviors which might lead them into trouble.”

The results demonstrated that institutionalized children are being affected by the issue of isolation even though is mainly for the children protection and security. The social isolation theory by Durheim (1897) also implies that isolation can lead to range of negative psychological outcomes including depression, anxiety and decreased self-esteem. Rubin et al. (2006) states that socially

isolated children in institutional care experiences difficulties in developing skills such as cooperation and communication. This is further supported by the view Hawkley and Cacioppo (2010) which states that isolation can lead to decreased social skills, emotional regulation difficulties and increased stress. Hence the researcher recommended that children must be given time to interact with other people especially the community so that they can deal away the problem of isolation and can also learn other things through interaction.

4.3.2 Stigmatization

The study also pointed out that institutionalized children faces stigmatization which affects their social and emotional wellbeing. Stigmatization refers to the negative attitudes and beliefs that society or specific groups within an institution holds towards certain individuals or groups based on characteristics such as mental health, race, gender and socioeconomic status.

Key informant 1 stated that, *“Children usually comes from school reporting that they are being labeled by other children as the poor people also being given names like orphan”.*

Participant 3 expressed that,

“Vanhu vanotiseka vachititsvinyira kuti ndosaka tichipfeka pamwe nedya zvinhu zvekupiwa nekuti tiri nherera hatina vabereki.” People at school make fun of us and mock us saying that why we wear and eat things that we beg from the people because we are orphans.

Participant 5 implied that,

“Pamwe pachotinyara kuti tinogara pa orphanage nekuti vanhu vanotiona sevanhu vanotambura uye vashoma vanoda kutamba nesu”. “Sometimes we are ashamed that we live in the institution because people regard us as people from poor background and only a few wants to be friends with us.”

From the data collected it shows that children are facing discrimination because they live in an institution. This is affecting the children social and emotional wellbeing as it results in children to have low self-esteem and also isolate themselves from other people. Smith (2006) on the study of the Stigmatization of Adolescents in Institutional care revealed that adolescents in care faced bullying and discrimination in schools, leading to isolation and mental health issues. The

researcher recommended the need of awareness campaigns to educate the public about the experiences of institutionalized children and reduce stigmatization. There is also need to advocate for the policy reforms and formulation that prioritize the needs and rights of the institutionalized children in order to reduce stigmatization.

4.3.3 Neglect of individual needs

The participants emphasized that they face a challenge of lack of individual needs in the institution which affects their way of living and also limiting them from achieving what they desire to achieve. Children are facing challenges of lack of access to nutritious food, lack of educational plans to address their learning styles and abilities and also lack of personalized attention and affection from caregivers.

The participant 9 expressed that,

“Inini zvechikoro zvinondiremera zvekuti dai zvaibvira ndaenda hangu kunoita course yekusona panguva yandiri kuenda kuchikoro iyi.” “I’m not good in school and I wish if I could just go to vocational training center and do a course of sewing.”

Participant 10,

“Panapa panobhowera kuti tinogona kumboita nguva yakareba tisina kumbodyawo nyama tichingodya mufushwa nema chunks chete.” “The boring part here is the fact that we don’t usually eat meat, we might spend a long period of time eating dried vegetables and soya chunks only.”

Key informant stated that,

“Due to lack of money children might spend time eating food that lacks nutritional value because that will be the only available”

The findings shows that children in institutional care are lacking individual needs due to the fact that institutional care considers the majority needs first ignoring the individual needs. Taking into consideration on the participant who mentioned about going for vocational training instead of going to high school, the view of that participant might not be accepted since all other children are going to high school first then vocational later, hence ignoring the issue of poor performance of a child. The issue of shortage of resources also affects institutionalized children to have access to

their individual needs. Taking into consideration a child might end up eating food staffs which are harmful to his or her health because that will be the available food only. Johnson (2010) in his research titled A Comparative Analysis of Institutional versus Family Care, reveals that institutionalized children often receive standardized care that does not cater to individual preferences or needs, resulting in feelings of isolation. According to Maslow hierarchy of needs fulfilling basic needs is crucial for overall wellbeing. When the basic needs are unmet children may experience psychological distress, aggression, and low self-confidence. The researcher recommended for initiation of projects within the institutions which helps with funding for providing individual needs of children rather than relying on donations.

4.5 Conclusion.

This chapter addressed the role of institutional care in shaping children social and emotional wellbeing. This chapter examined and deliberated on findings from key informants and extensive interviews regarding the social and emotional wellbeing of institutionalized children. The chapter also highlighted the challenges which institutionalized children faces that affects their social and emotional wellbeing and also recommendations to those challenges.

CHAPTER 5: Summary, Conclusions and Recommendations.

5.0. Introduction

The chapter provides a comprehensive summary of the research conducted on the model focusing on the role of institutional care in shaping children social and emotional wellbeing in Zimbabwe. The summary is going to be presented based on the research objectives which are to explore the role of institutional care in shaping social and emotional wellbeing of institutionalized children, to access the efficacy of institutional care programs in shaping children social and emotional wellbeing and also a model which focuses on the role of caregivers in shaping children social and emotional wellbeing. The chapter provides also recommendations and implications to the social work profession.

5.2. Summary of findings

The study aimed at assessing the role of institutional care in shaping children social and emotional wellbeing. The study was conducted in Mutoko district at All Souls Children Home with attention to institutionalized children. The summary is going to be presented on each objective of the study.

The study used the qualitative research methodology and it was based on the social learning theory and the systems theory.

5.2.1. The role of institutional care in shaping children social and emotional wellbeing of institutionalized children.

The study brought out that institutional care provides emotional support to the institutionalized children through counseling and trauma informed care. Emotional support helps children to deal away with cases of depression and anxiety hence shaping the social and emotional wellbeing of children. Institutional care also protects children from harm as it offers structured and safe environment for children. Children are shielded from abusive environments. This is supported by the systems theory which states that institutional care protects children from harm by collaborating with various systems such as social services, health care and education. Institutional care also plays a role of promoting social interaction to the institutionalized children which alleviate the feeling of loneliness and isolation. However institutionalized children faces a challenge of stigmatization when trying to interact with other people because of the fact that they come from the institution.

5.2.2. The efficacy of institutional care programs in promoting children social and emotional wellbeing.

The study reviewed that institutional care provides counseling services to children who have experienced traumatic events. The counseling services are beneficial to the children as it helps them to deal with issues of depression. However some children complained that the principle of confidentiality was not being uphold as the caregivers and the counselors discussed information of children with other people. The researcher recommended for caregivers to be educated on the issue of upholding the principle of confidentiality. The institutional care also provides family support programs whereby children receives visitors from their relatives and also going for holidays. This helps in creating a strong bond between the children and their relatives. The program of family support do not apply to all the children in the institution as some of the children have no any traceable relatives. Therefore the researcher recommended for the institution together with the department of social welfare to look for foster parents for these children so that they do not feel the concept of being neglected. Institutional care also offers life skills training to the children. This helps the children as they will be equipped with skills which helps them in their day to day life.

5.2.3. The impact of caregivers in shaping children social and emotional wellbeing.

The study brought out that caregivers have a great impact in shaping children social and emotional wellbeing since they are the ones who spend much time with the children. The impact of caregivers can be shown by their role of nurturing relationships with children. The caregivers have also a role of training institutionalized children life skills training so that they can be independent in the future. Caregivers have also a role of implementing behavior strategies to institutionalized children in order to promote positive behavior among children. However caregivers face a challenge of failing to handle some of the behavioral traits of children due to lack of skills.

5.3. Conclusion of findings.

The findings from the research revealed that institutional care plays a significant role in shaping children social and emotional wellbeing. The institutional care provides emotional support, protect children from harm and also offers practical life skills training which are important in shaping the social and emotional wellbeing of institutionalized children. However institutionalized children faces some challenges such as isolation, stigmatization and also attachment issues. These challenges might affects the future of the children.

5.4 Implications of findings to the social work profession.

- The study supports the issue that caregivers must have skilled training and resources to support children social and emotional development.
- The study is significant to the social work profession because it advocates for policy reforms that prioritize children social and emotional wellbeing.
- The study ensures institutional care must have adequate funding allocation to support high quality care and services for children in institutional care.

5.6 Recommendations.

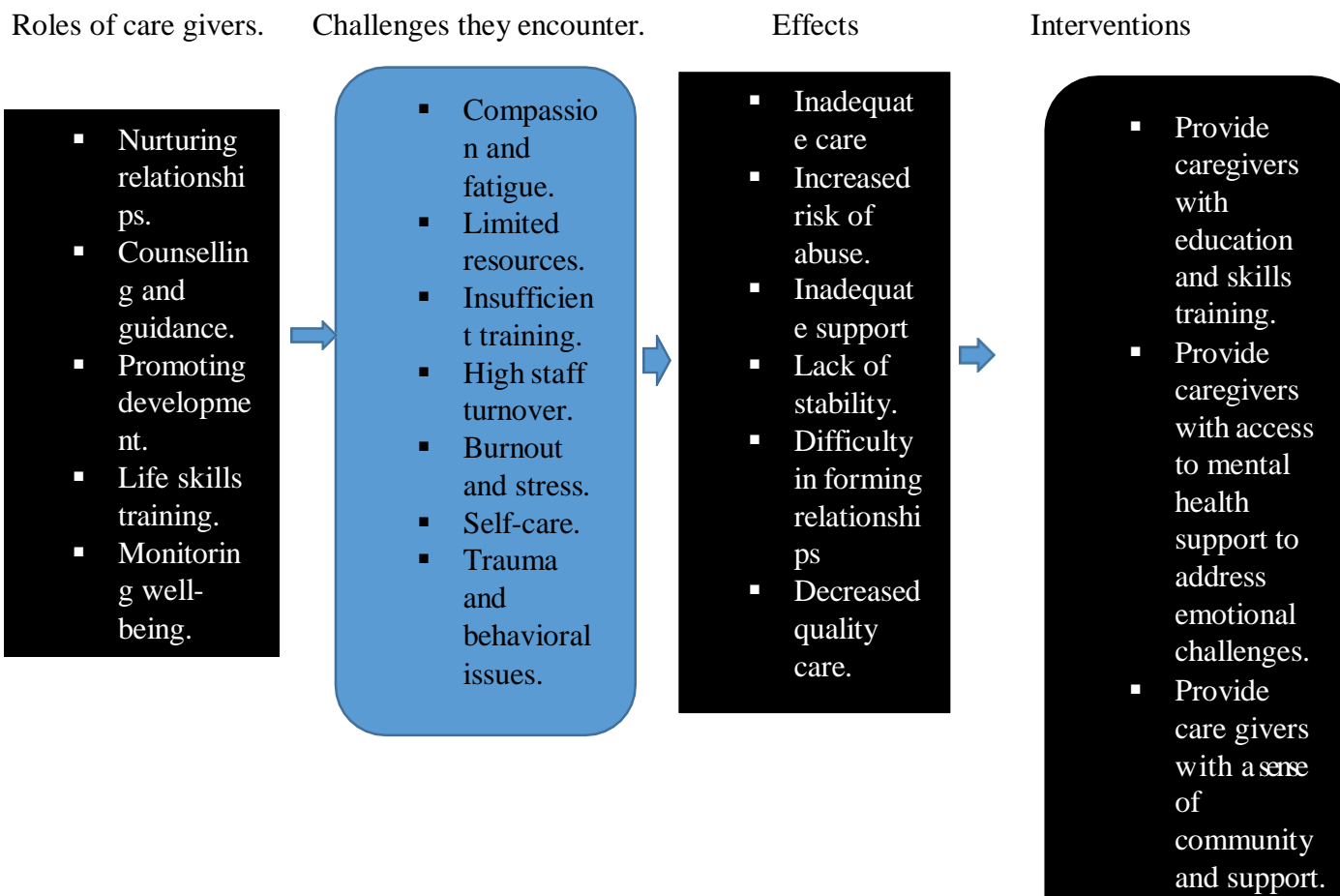
- The researcher recommend fostering of peer connection among the institutionalized children in order to solve the problem of isolation.
- The researcher is encouraging community involvement in the social life of institutionalized children so that they can adapt to the customs practiced in the community

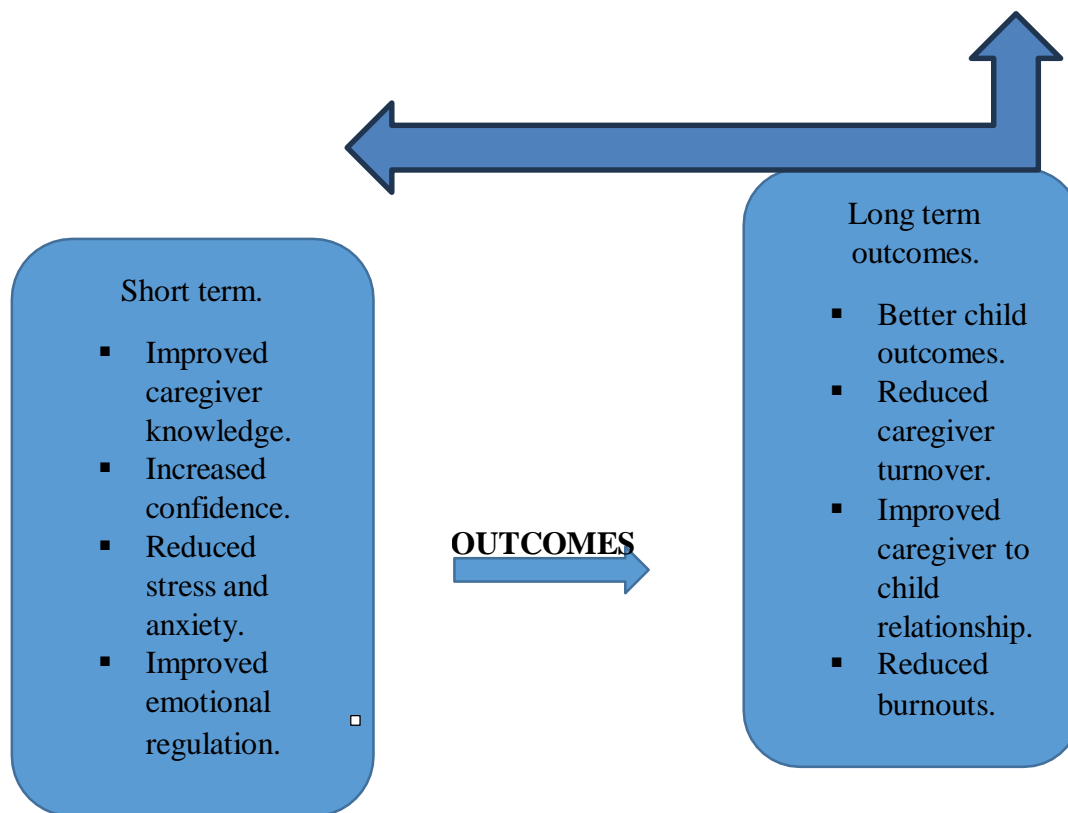
- The researcher is also recommend for awareness programs especially in schools and in the community about the problem of stigmatization which institutionalized children are experiencing.
- The researcher is also encouraging that care givers must have training certificate which shows that they have skills in taking care of the institutionalized children.

Areas for further study.

- Exploring how cultural norms and values influence the experience of institutionalized children and how these factors affects the emotional and social development of children.
- The role of attachment styles develop in institutionalized children future relationships and emotional health.

Diagram 1 model on the role of care givers





From the data collected and analyzed five-phase process was developed in order to identify the impact of caregivers in shaping children social and emotional well-being. The model above illustrates the first phase of the model which is the role of caregivers in institutions. As mentioned above caregivers have a he role of nurturing the children since they spend much time with the children, providing counselling, training children life skills such as teaching girls how to do house chores such as cooking, washing and cleaning the rooms and also monitoring the wellbeing of children. The second phase comprises of challenges which caregivers encounter in trying to play their role in institutions. Caregivers face challenges such as limited resources, insufficient training, high staff turnover and also burnout and stress. Caregivers might have limited resources which affects their ability to take care of the institutionalized children. The concept of insufficient training is another challenge that caregivers experience as most of them will not have knowledge on how to take care of the institutionalized children and also how to tackle some of the situations they might encounter. The issue of stress and burnout also affects the caregivers as they encounter different situations which might be stressful to them.

The next phase is on the effects of challenges which caregivers encounter to children. Challenges which caregivers encounter affects the wellbeing of children as it leads children to have inadequate care. Due to limited resources children may not receive adequate basic commodities such as food, clothing, shelter and medical care. Caregivers may also experience increased stress which impact their ability to provide quality care to the children. There is also the issue of insufficient training results in caregivers providing inadequate support for children emotional and behavioral needs. The issue of insufficient training increases the risk of abuse as the caregivers may not be equipped to recognize or respond to signs of abuse. The other phase is about the interventions to the challenges which caregivers are encountering. The intervention strategies includes provide caregivers with educational skills and training, provides caregivers with mental health support to address emotional challenges and also provide caregivers with a sense of community and support. These interventions are very significant as they have positive outcomes such as improved caregiver knowledge, better child outcomes such as children experiencing better social, emotional and cognitive outcomes, improved caregiver-child relationship and also reduced burnouts from caregivers. This model is very significant because it points out on how caregivers have an impact on the social and emotional wellbeing of institutionalized children. It also shade light on the importance of skilled and trained caregivers as they will be able to navigate certain challenges which they might face. The model also points out the positive outcomes of the interventions to the challenges which caregivers' experiences. This shows that if caregivers experiences challenges the social and emotional wellbeing of children will also be affected

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APPENDICES

APPENDIX1: INFORMED CONSENT STATEMENT.

Title: The role of institutional care in shaping children social and emotional wellbeing.

Researcher: Elsy Egfa Ruwambara

You are being asked to participate in a research study on the role of institutional care in shaping children social and emotional wellbeing. This study is being conducted by Elsy Egfa Ruwambara who is a student at Bindura University of Science Education under the supervision of Doctor Patience Mangwiro. The purpose of the study is to explore the experiences of children in institutional care and how it affects their social and emotional wellbeing.

If you agree to participate in this study, you will be asked to participate in interviews by sharing your experiences and perspectives on the role of institutional care in shaping children social and emotional wellbeing. You may also be asked access to your records or files related to your experience in institutional care. All information collected during this study will be kept confidential and anonymous. Your identity will not be disclosed in any publications or reports resulting from this study.

There are no known risks associated with participating in this study. However, you may experience emotional discomfort or distress when sharing your experience. The benefits of participating to this study include contributing to a better understanding of the role of institutional care in shaping children social and emotional wellbeing. Your participation in this study is voluntary and you can withdraw from the study at any time without penalty or loss of benefits.

If you have any questions or concerns about this study please contact:

Name: Elsy Egfa Ruwambara

Email: ruwambaraelsy21@gmail.com

Phone number: 0776777270.

I, Elsy Ruwambara have explained the purpose and procedure of this study to you. I have also informed you of the potential risks and benefits and your rights as participants.

By signing below you indicate that you:

1. Understand the purpose and procedures of this study.
2. Are willing to participate in this study.
3. Understand that your participation is voluntary and that you can withdraw at any time.

Signature:

Date:

APPENDIX 2: IN-DEPTH INTERVIEW GUIDE FOR THE ROLE OF INSTITUTIONAL CARE IN SHAPING CHILDREN SOCIAL AND EMOTIONAL WELLBEING

Section A: Participation background information.

1. Name
2. Role (for instance, institutionalized child, caregiver, stakeholder, social worker, foster parent.)
3. How long have you been in this role?

Section B: Understanding the social and emotional wellbeing of institutionalized children

1. With your experience how is institutionalization affecting your social and emotional wellbeing?
2. How do you feel about your relationship with caregivers and staff? Do you feel like they support you and care about you?
3. How do you think living in an institution has affected your relationship with family or friends outside of the institution?
4. Are there any things that you wish caregivers and staff would do differently to support your social and emotional wellbeing?

Section C: Existing Intervention Strategies

1. Have you participated in any programs to help you get along with others?
2. How do you think these programs have helped you?
3. Are there any programs that help you stay connected with family or friends outside the institution?
4. How do you think these connections help you feel?
5. Are there rules or consequences here that help you behave?
6. How do you think these rules or consequences affect your behavior?

Section D: Challenges and Barriers

1. What are some of the challenges you face living here and how do you think they could be addressed?
2. How do you cope with feelings of sadness, anger or frustration?
3. Are there any emotional or psychological challenges that you struggle with and you don't feel like they are being addressed?
4. Are there any social situations that you find difficult or overwhelming?
5. How do you think living in an institution affects your relationship with family and friends outside?

Section E: Measures That Can Be Utilized to Address factors that affects the social and emotional wellbeing of institutionalized children and Recommendations for improvement.

1. What do you think would help you feel more supported and happier here?
2. If you could change one thing about living here, what would it be?
3. Are there any things that you think are missing or not available that would make a big difference to you?

APPENDIX 3: INTERVIEW GUIDE FOR SOCIAL WORKERS ON THE ROLE OF INSTITUTIONAL CARE IN SHAPPING CHILDREN SOCIAL AND EMOTIONAL WELLBEING.

Section A: Participation background information.

1. Name
2. Role
3. How long have you been in this role?
4. What is your connection or involvement with institutionalized children social and emotional wellbeing?
5. What are your educational qualifications and experience in this field?

Section B: Understanding the social and emotional wellbeing of institutionalized children.

1. How do you define social and emotional well-being in the context of institutionalized children?
2. What indicators or signs do you look for to assess a child social and emotional wellbeing?
3. How do you differentiate between normal childhood behaviors and potential signs of social or emotional distress?

Section C: Existing Intervention Strategies.

1. What specific intervention strategies which are currently in place to support the social and emotional wellbeing of children in institutional care?
2. How do these strategies address the unique needs of children who have experienced trauma?
3. What role do caregivers and staff play in implementing these intervention strategies?

Section D: Challenges and Barriers.

1. What are some common challenges or barriers you have encountered in supporting the social and emotional wellbeing of institutionalized children?
2. How do systematic or institutional factors (eg. Funding, staffing, policy) impact your ability to support children social and emotional needs?
3. What are some potential long-term consequences for children who do not receive adequate support for their social and emotional wellbeing?

Section E: Measures That Can Be Utilized to Address factors that affect the social and emotional wellbeing of institutionalized children and Recommendations for improvement.

1. What recommendations do you have for improving the social and emotional wellbeing of institutionalized children?
2. How can institutional care setting be designed or modified to better support children needs?
3. What policy or practice changes would you recommend to promote better outcome for institutionalized children?
4. What specific measures can be taken to address the social and emotional needs for institutionalized children?
5. How can institutional care settings facilitate and maintain connections between children and their families?

APPENDIX 4: SEMI STRUCTURED INTERVIEW GUIDE FOR CAREGIVERS ON THE ROLE OF INSTITUTIONALISATION IN SHAPING CHILDREN SOCIAL AND EMOTIONAL WELLBEING.

1. Can you describe your experience caring for children in an institutional setting?
2. As caregivers what challenges do you face in trying to build relationships with children?
3. What are some of the challenges you face in providing care and support to children and how do you overcome them?
4. Are there any resource constraints that affects your ability to provide quality care?
5. How do you manage emotional demands of caring for children who have experienced trauma?
6. Are there any social or relational challenges that you face in your role as a caregiver.
7. What changes would you recommend to the institutional setting for better support of children social and emotional wellbeing?
8. What role do you think family and community connections play in supporting children social and emotional wellbeing?

APPENDIX 5: APPROVAL LETTER 1 FOR DATA COLLECTION.

ARCHDIOCESE OF HARARE
ALL SOULS CHILDREN'S HOME
P BAG 501
MUTOKO
ZIMBABWE

[CHABVUTA VILLAGE] Reg. No: W.O. 12/7/20

LOVE INTEGRITY & SERVICE

1 June 2025

THE CHAIRPERSON
BINDURA UNIVERSITY OF SOCIAL SCIENCE EDUCATION
DEPARTMENT OF SOCIAL WORK
PRIVATE BAG 1020
BINDURA

Dear Sir / Madam

RE: RESEARCH PROJECT - ALL SOULS CHILDREN'S HOME

On behalf of All Souls Children's Home, we have approved the bearer Elsy Egfa
Ruwanba, registration number B210431B to collect data for her research in our institution.

ALL SOULS CHILDREN'S HOME
P BAG 501
MUTOKO
ZIMBABWE

DIRECTOR
Oleen Bushu
Matron Administrator
0773227511

APPENDIX 6: APPROVAL LETTER 2 FOR DATA COLLECTION.