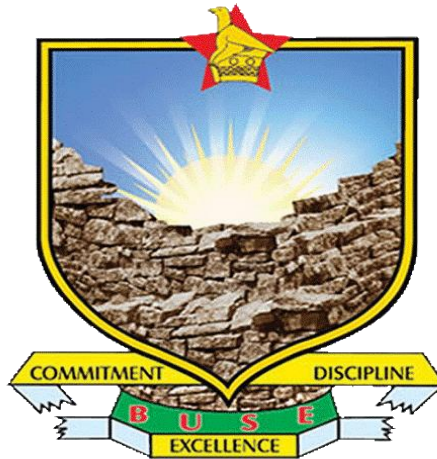


BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCES AND HUMANITIES

DEPARTMENT OF SOCIAL WORK



Title: *A parenting intervention model to support the reintegration of formerly institutionalized children in Bindura*

by

FITZGERALD GOERGE ALIFANDIKA (B213192B)

Supervisor: Ms E.E Chigondo

A Dissertation report submitted to the Department Of Social Work, Bindura University of Science Education, in partial fulfilment of the requirements for the Bachelor of Science Honours Degree in Social Work

June, 2025

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DEDICATION

I dedicate this report to my beloved parents, my big brother, my late grandpa and my two best friends. To my mother, even though you could not always support me financially, you did a lot more than give me money. Your love for me, belief in me, and unwavering support have given me strength the I needed to do my best. You inspired me not to just try, but to give my very best. Thank you for standing by me through every step of this journey. To my father, although there were limitations in what you could provide, you gave what truly mattered. Your effort to ensure that I had what I needed for my education played a significant role in the completion of this work. For that, I am sincerely grateful. I also dedicate this work to my big brother, Wellington Mare. I could not have made it without you. You provided everything I needed to pursue my studies, not just financially but emotionally too. Your words of support kept me going, even when things got difficult. To my late grandfather, Sekuru Koga, I carry your dreams for me in my heart even if you are no longer here to witness this. It pains me that you are not here to see how this will transform me, but I find peace in knowing that I am walking the path you always hoped I would follow. To my friend Faith, your role in this journey cannot go unmentioned. You gave me hope, motivation, and endless encouragement. This success is yours as much as it is mine. Lastly, to my best friend Valeria, your support and the nickname you gave me, “Professor Know-it-All,” pushed me to work harder every day. I may not know everything as the nickname says, but day by day I gave my very best to come close and live up to that name.

PLAGIARISM REPORT

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MARKING GUIDE: UNDERGRADUATE RESEARCH PROJECT

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.....
.....

Chapter 2 LITERATURE REVIEW

Introduction- what do you want to write about in this chapter?	5	
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.....
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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

Chapter 5 SUMMARY, CONCLUSION AND RECOMMENDATIONS

Introduction- focus of the chapter	5	
Summary of the whole project including constraints	25	
Conclusions- have you come up with answers to the problem under study	30	
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

SUMMARY:-

Actual

Total

Chapter 1 _____

Chapter 2 _____

Chapter 3 _____

Chapter 4 _____

Chapter 5 _____

Total _____

LIST OF ACRONYMS

DSD	Department of Social Development
FGD	Focus Group Discussion
PMT	Parent Management Training
UNICEF	United Nations International Children's Emergency Fund

ABSTRACT

The study looked at the reintegration of formerly institutionalized children in Bindura with the aim of developing a parenting intervention model to facilitate the reintegration process. The objectives of the study were to explore the post living experiences of formerly institutionalized children in Bindura, to examine the positive parenting practices available to formerly institutionalized children in Bindura and to suggest a model of positive parenting to support the reintegration of formerly institutionalized children in Bindura. The study was qualitative in nature and adopted a case study research design to deeply explore reintegration experiences. A purposive sampling technique was utilized to choose a total of 30 participants, comprising of 13 formerly institutionalized children, 13 caregivers, and 4 social workers. Data was gathered through in-depth interviews and focus group discussions using indepth interview guides and focus group discussion guides. The study utilized the ecological systems theory as the theoretical framework of the study. The study revealed that the post-living experiences of formerly institutionalized children were mostly characterized by challenges such as behavioral problems, emotional struggles, and lack of support systems. Children were referred to as stubborn, aggressive, emotionally disconnected, anxious, and lacking in self-esteem. The families also had financial challenges and did not have any psychosocial or community support networks. The study also found that caregivers used more traditional parenting methods than modern parenting practices that can work better. A number of children felt disengaged from their caregivers due to limited emotional connection and child participation. The study also highlighted barriers that make it difficult to practice positive parenting such as limited knowledge, financial restraints, and cultural views. The study found that parenting that is participatory and emotionally supportive is critical for successful reintegration.. Reintegration is more effective when children are not only passive recipients of care but active participants in decisions affecting their lives. The findings underline the importance of acknowledging the lived experiences of children and developing situations that promote emotional safety and connection. Recommendations were made to policymakers, communities, and social work practitioners to develop parenting interventions that focus on child participation, emotional attachment, and multisectoral support networks. Thus the study advocates for culturally sensitive and child-centered reintegration measures to support the holistic development and well-being of formerly institutionalized children.

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CHAPTER 1: INTRODUCTION AND BACKGROUND OF THE STUDY

1.1 Introduction

This chapter provides an introduction to the study that sought to suggest a parenting intervention model to support the reintegration and well being of formerly institutionalized children in Bindura. The chapter creates a thorough basis for the thesis by presenting the background of the study and the statement of the problem. It discusses the issues formerly institutionalized children confront and underscores the necessity for assistance initiatives. The chapter also presents the justification of the study which emphasizes the study's relevance and potential impact on child welfare programs. The research goals are openly specified as objectives, emphasizing on enhancing support systems, while the particular aim offer quantifiable guidance for the study. Important terms are defined to maintain clarity and consistency throughout the thesis, while a detailed dissertation outline functions as a guide for the next chapters.

1.2 Background of the Study

Globally, the issue of reintegrating children from institutional care into family and community settings is both pressing and complex. Approximately 2.7 million children worldwide remain in institutional care, with the greatest rates seen in Eastern Europe and Central Asia, where 232 per 100,000 children live in residential facilities more than double the global average of 105 per 100,000 (UNICEF, 2024). While there have been measures to deinstitutionalize children it is worth noting that the transition to family-based care occasionally exposes children to new risks. This is brought to light through research which shows that children who have experienced institutionalization usually encounter challenges such as emotional neglect, developmental delays, and difficulties in developing safe attachments and these challenges persist even after reintegration into family settings (Papadopoulou & Papadopoulos, 2023; Beckett et al., 2023). These obstacles are made worse by the lack of proper support mechanisms for both the children and their families, which leads to growing risks of re-institutionalization, social marginalization, and mental health issues (UNICEF, 2024). Moreover, the stigma associated with institutional care might impair the acceptance of children back in their communities and this further complicates the reintegration process.

In many regions, particularly in Eastern Europe, Central Asia, and other portions of Asia, reintegration of children from institutional care into family or community settings continues

to pose substantial obstacles, despite international advocacy for family-based alternatives. In Central Asia, approximately 60,000 children remain in institutional care, with reintegration attempts impeded by limited community services, especially for children with disabilities (UNICEF, 2023a). Reintegration is not only about transferring children to biological, extended families or foster families but it entails preparing the child, equipping the caregivers, and providing community support, aspects that are usually missing. For instance, in Moldova and Romania, where institutionalization rates have historically been high, reintegration initiatives are limited by weak post-placement monitoring, poorly resourced social services, and stigma in communities against previously institutionalized children (UNICEF, 2020). In South and Southeast Asia, countries such as Cambodia and Indonesia experience identical challenges for instance, children experience emotional distress, school dropout, and family breakdown due to poor support during reintegration (Better Care Network, 2022).

Throughout Africa, the process of reintegrating children into their families or communities is a critical but frequently overlooked component of child protection (Frimpong-Manso, 2022). Many children end up in institutional care not because of abuse or neglect, but rather as a result of poverty, displacement, or the loss of parents. Unfortunately, the journey back to their families often results in unsuccessful reintegration due to limited support. In Rwanda, for example, a study conducted in 2012 indicated that more than 3,000 children were living in institutions, with half of them still having at least one parent alive (Mukeshimana & Andala, 2022). Efforts to reintegrate these children are said to have failed due poverty, community stigma, and a lack of customized emotional support (Mukeshimana & Andala, 2022). In Uganda, there is a rising focus on reintegration, but the inconsistent funding and poor coordination among those engaged have left many children vulnerable to being placed back in institutions (Better Care Network, 2017). Similarly, in Kenya, while there are regulations in place to move children out of institutions, the emotional needs of both the children and their caregivers are often disregarded which leads to difficulty in maintaining family placements and even cases of abuse (Chege & Ucembe, 2020). In Nigeria, community rejection, limited opportunities for learning, and a lack of ongoing care have all contributed to the challenges children face when trying to reintegrate into society (UNICEF Nigeria, 2021).

In Zimbabwe, despite the existence of regulations that acknowledge the importance of family based care, reintegrating children into family or community settings presents major challenges. The success of reintegration efforts continue to be hampered by problems such as

economic hardship, weak support networks, and lack of preparedness among caregivers. According to UNICEF Zimbabwe (2022), the majority of children in institutions in 2022 were placed there due to poverty rather than abuse or neglect. While institutions like SOS Children's Villages and Kutenda Children's Home in Bindura have recently reintegrated children to their families it is worth pointing out that many children have returned to families that are not adequately equipped to support them emotionally or financially. Dube & Mupambireyi (2023) assert that these children do not have access to trauma informed care, ongoing counselling and educational assistance. Additionally, because of inadequate follow-up interventions, reintegrated children are more likely to experience mental health issues, drop out of school, or end up back in residential care facilities (Dube & Mupambireyi, 2023; Mujuru & Zhou, 2024).

Moreover, Zimbabwe has made efforts to support the protection and well-being of children by developing and implementing various laws and regulations. One notable example is the Children's Act (Chapter 5:06), which represents the children's rights to safety and care by offering solutions such as alternative care and support for their reintegration into society. The National Orphan Care Policy (1999) and the National Action Plan for Orphans and Vulnerable Children (NAP for OVC) launched in 2004 have aimed to encourage family and community-based care as a priority above institutionalization. Moreover, the National Residential Child Care Standards (2010) attempt to ensure that children in care are supported and that reintegration is prioritized with follow-up methods. Despite these initiatives, there are still gaps in the sector of child protection and welfare. Shortage of resources, lack of structured monitoring and follow up systems as well as lack of caregiver training have all resulted in unsuccessful reintegration practices that fail to address children's complex needs (UNICEF Zimbabwe, 2022). These persistent gaps highlight an urgent need for a structured, evidence-based parenting intervention program customized to Zimbabwe's particular socio-economic and cultural contexts. This study addresses that gap by presenting a model that develops parenting capacities and strengthens support structures, hence promoting lasting and successful reintegration outcomes.

1.3 Statement of the Problem

In Zimbabwe, particularly in Bindura, children reintegrated from institutional care often experience severe emotional, social, and psychological obstacles that inhibit successful reintegration. These children, who have endured the trauma of institutionalization, typically lack the appropriate support structures to help them grow emotionally and mentally. In an

ideal world, these children would be accepted back into supportive family contexts that foster their development and socialization. However the reality is very different because many children experience emotional distress, rejection, stigma in the community, limited options for empowerment, and inadequate family support. These problems harm their mental health, increase their susceptibility to abuse and poverty, and restrict their opportunities for development and a sense of belonging.

It is evident that the trauma of institutionalization often results to behavioral problems, anxiety, depression, and attachment disorders among children which make it difficult for them to build trustworthy relationships with their caregivers and peers. This is made worse by societal bias and community misconceptions which creates a sense of shame and marginalization that isolates both the children and their families. All of this point to a crucial weakness in Zimbabwe's reintegration process which is the lack of an organized, positive parenting model that gives caregivers the tools they need to meet the special needs of these children. Most families are ill-prepared to manage the emotional and behavioural complications that occur and this result in cycles of conflict and reintegration failure. This study seeks to address these challenges by developing a parenting intervention model that can build caregivers ability, promotes psychosocial healing, facilitates external support and enhances reintegration outcomes. Without such focused interventions, the reintegration process will remain inadequate and provides risk to the long-term well being of vulnerable children and their communities.

1.4 Aim of the Study

The primary aim of this study is to develop a parenting intervention model that supports the reintegration and wellbeing of formerly institutionalized children in Bindura. Through this aim, the study intends to build a sustainable model that not only serves the urgent needs of formerly institutionalized children but also generates long-term positive improvements in their lives and the greater community.

1.5 Objectives

The objectives of this research are:

1. To explore the post living experiences of formerly institutionalized children in Bindura.
2. To examine the positive parenting practices available to formerly institutionalized children in Bindura.

3. To suggest a model of positive parenting to support the reintegration of formerly institutionalized children in Bindura.

1.5.1 Research questions

1. What are the post living experiences faced by formerly institutionalized children in Bindura?
2. What positive parenting practices are available for formerly institutionalized children in Bindura?
3. What intervention model can be suggested to support the reintegration of formerly institutionalized children in Bindura?

1.6 Justification of the study

This study which seeks to develop a parenting intervention model to support the reintegration of formerly institutionalized children in Bindura holds remarkable significance for a number of stakeholders:

Body of Knowledge (existing literature)- This study attempts to contribute to the body of knowledge by addressing a gap in existing literature on the topic of children reintegrating into family and community life. Although positive parenting has been widely examined in child development in general, there is little research that has focused on structured parenting practices specifically aimed for children moving from institutional care. Thus, the aim of this study is to develop a parenting model which can sufficiently cover children's emotional, psychological and social needs as they reintegrate back to family and community life. Through this, the study will allow for a greater understanding of how parenting practices may promote resilience, strengthen attachments and promote positive developmental outcomes in formerly institutionalized children. In addition, this study seeks to contribute to the body of knowledge by moving away from institutional rehabilitation to long-term re-integration within family and community life. This change can add to the psychological and social development of ideas about trauma healing and child development, providing caregivers with some practical techniques to be able to create secure and caring environments in which vulnerable children can develop.

Social policy/programmes- This study provides essential insights which are important for the development of social policies and programs that aim to support the reintegration of children from institutional care back into family and community life. By addressing the challenges

such as stigma, poverty, and lack of family preparedness, the proposed positive parenting model will provide a base for trauma-informed and child oriented interventions. The findings can promote intervention efforts and policy responses that develop targeted programs and legislative measures that can build parental capacities, encourage family reunification, and improve child welfare services. In countries like Zimbabwe, where child protection mechanisms are developing to be in accordance with international standards, this research can advocate for progressive policy changes that help ensure the holistic well being of formerly institutionalized children. The research further underlines the importance of training social workers and caregivers on appropriate parenting practices and also the importance of providing ongoing assistance to children and caregivers during reintegration. Ultimately, the study will add to the development of best practices and evidence-based policies that establish safe and nurturing environments and encourage effective reintegration outcomes for vulnerable children.

Community/Study Participants (Education 5.0)- This study is important for caregivers, educators and communities since it offers a practical intervention strategy that promotes emotional support and good parenting for formerly institutionalized children. It provides parents and other caregivers with the tools that are necessary to establish nurturing home environment, strengthening family ties and lowering stigma. For educators and social workers, the model provides tools to help children's academic and emotional growth thus promoting trust and inclusion in the educational settings. The study encourages strong partnerships between families, schools, and the wider community, aligning with Zimbabwe's Education 5.0 strategy that highlights the value of holistic learning and active community involvement. It also supports teacher development and the rollout of community-driven projects that foster resilience, empathy, and social unity. Ultimately, the study helps communities to take an active role in the reintegration process, therefore supporting the Ubuntu philosophy "*I am because we are*" as a guiding principle for inclusive care and development.

Advancing Education and University Curriculum- The findings of the study can guide the university curriculum and teaching approaches in social work and other different aspects such as psychology and child welfare initiatives. This research integrates real-world issues and emotional consciousness into academic settings which serves to improve the educational experiences of children and prepare them for meaningful participation in their communities. This contribution is crucial for developing academic discourse in the field.

In summary, this research does not only contribute to improving academic literature on child welfare and positive parenting but also gives specific recommendations for policymakers, educators, and community stakeholders, while matching with Zimbabwe's broader Education 5.0 goals. By conducting this research, the researcher seeks to produce a positive ripple effect that helps children, families, and the larger society.

1.7 Definition of Key Terms

Child- A child refers to any person who is below the age of eighteen years and includes an infant (Children's Amendment Act No. 8 of 2023; UNCRC; 1989, ACRWC, 1989).

Institutionalization- In the context of child welfare, institutionalization refers to the process of placing a child or children in residential care facilities often as a response to family separation or lack of alternative care options (Goldman et al., 2020).

Formerly institutionalized children- Formerly institutionalized children are children who once spent part of their childhood in institutional care settings and have now being reintegrated into family or community settings (Goldman et al., 2020).

Parenting- Parenting refers to the practices that are employed by parents to raise their children. It involves providing care, nurturing, teaching, and setting boundaries to promote the well being and development of children (Baumrind, 2020).

Positive Parenting- A parenting approach that emphasizes nurturing, supportive and constructive interactions between parents and children. Positive parenting involves effective communication, emotional support and discipline strategies that promote a child's overall well-being and development (UC Davis Children's Hospital, 2025).

Caregiver- A caregiver is an individual who provides care and support to a child and these may include parents, guardians, or other responsible adults. In child welfare contexts, caregivers are responsible for ensuring the physical, emotional, and social well-being of the child (Child Welfare Information Gateway, 2025).

Model- In social sciences, a model is a theoretical framework that represents and explains certain phenomena, often used to predict outcomes or understand complex systems (Bazeley, 2020).

Parenting Model- A parenting model is a conceptual framework that outlines good parenting styles or approaches for child development (Frontiers Developmental Review, 2024).

Reintegration- Reintegration refers to the process of returning a child who has spent a period in institutional care back to family based care or community life. The process also extends to ensuring that there is successful adaptation and well-being of the children involved (Better Care Network, 2025).

1.8. Dissertation Outline

This dissertation is structured into five chapters, and each chapter offers critical insights that collectively enhance understanding of the study as a whole. The progression from background of the study to conclusions ensures a comprehensive exploration and analysis of the research problem.

Chapter 1- This chapter outlines the background of the study, statement of the problem, research objectives, justification of the study, and definitions of terms.

Chapter 2- This chapter provides a literature review of already existing research in regards to the reintegration of children and discusses the theoretical framework that guides the whole research.

Chapter 3- This chapter outlines the research methodology of the study by covering aspects such as the research philosophy, approach, design, study setting, target population, sample size and sampling techniques, data collection, and analysis methods, validity and trustworthy and limitations of the study.

Chapter 4- This chapter presents the data, offering interpretation, analysis, and a discussion of the key research findings.

Chapter 5- This chapter summarizes the study, draws conclusions, and provides recommendations based on the research outcomes.

1.9 Chapter summary

This chapter looked at the introduction, background of the study, statement of the problem, objectives, and research questions, significance of the study and definition of key terms. The next chapter reviews related literature on the topic.

CHAPTER 2: LITERATURE REVIEW

2.0 Introduction

This chapter reviews the previous studies that play a significant role in this research. This literature review is organized into several main components. It will begin by presenting the theoretical framework that guides the study; with a special emphasis on the ecological system theory and its value in exploring and promoting the successful reintegration of children from institutional backgrounds. Following that, the study will go into the main literature which is categorized based on the study's objectives. Each section will bring out the previous research findings, highlight gaps in those existing literature, and then highlight how this study intends to overcome those gaps. Lastly, a summary will conclude of the insights gathered from the literature, underlining the importance of the research in promoting improved outcomes for vulnerable children.

2.1 Theoretical Framework

Connaway & Radford (2021) describe a theoretical framework as a tool or set of approaches that is used to interpret and analyze the gathered data in a research project. Within this framework, a theory is employed to offer a contextual understanding and explanation of the research findings. This section presents the ecological systems theory by Bronfenbrener (1979) as the theoretical framework of the study.

2.1.1 The Ecological Systems Theory

A social-ecological perspective is crucial for grasping the various factors that affect the success of reintegration interventions for children leaving institutions. The ecological systems theory by Bronfenbrener (1979) underscores the idea that human development is shaped not only by individual traits but also by the interactions between individuals and their environments. The theory holds significant importance when it comes to understanding how children from institutional backgrounds reintegrate into society by highlighting the impact of various environmental factors in this process. Wambede (2022) suggests that reintegration initiatives should take a holistic approach, taking into account the unique circumstances of each child and the surrounding ecological context. Zewude et al. (2023) proposes that the ecological systems theory does not only contribute to an understanding of the multilevel determinants of vulnerability, but also articulates how addressing the exact same, multilevel issues lead to successful reintegration.

The characteristics of this theory explain the existence of the problem by highlighting the interconnection of factors that affect child reintegration. The microsystem may signal issues with familial bonds, such as when parents lack the knowledge and capacities to effectively support their child's reintegration. According to research, effective parenting techniques are critical for promoting healthy growth and positive parent-child connections. Thus, the studies of children who have been put in institutions delve into the post living experiences of the child, where the microsystem within the ecological systems theory forms a critical building block which accords well with “Coming Back Home” by Antony et al (2010) whose ideas were later expanded by Anderson et al (2020). The parameter proposed holds the negative correlation between a child's early socialization with a primary caregiver and the child's ability to develop and maintain healthy relationships growing up. The disruption of attachments by the caregivers as well as parents results in negative growth and development of the children, and the authors have laid special emphasis on such children of incarcerated parents, where it is well documented that even after coming to the society, these individuals face problems of trust, emotional regulation, and social relationships.

Thus, the ecological systems theory helps to understand the root causes of issues children face after placement and the reality of insufficient re-parenting styles which are adopted by caregivers. This approach is particularly important on a new file in order to attain the objective to positively change the support services for these children and augment their relations with the family aimed at targeted interventions to improve emotional wellbeing and resilience.

Moreover, the exosystem sheds light on the importance of community resources and support networks. A lack of access to these resources can further complicate the reintegration process for children. Research has shown that interventions within the community can greatly improve parenting techniques, which are vital for positive child development outcomes. Ajmal and Arshad (2024) in their work on ex-prisoner reintegration in Punjab, Pakistan argue that family and social institutions are essential in this process. They explain the manner in which supportive relations with family can reduce the negative impact of stigma and marginalization patterns inherent in the lives of most institutionalized people. This view is also applicable to the children who were once in an institution, because there is a high possibility that they will rely on the family and the community for emotional and social acceptance. Appreciation of the linkages between family support and social institution confirms the understanding of the holistic measures that are needed for successful

reintegration. This underscores the need for diverse institutions, which not only consider the parents of the child, but the entire society to create an environment within which the right healing and growth may take place.

Furthermore, it is important to highlight the significance of the ecological systems theory in understanding the impact of elements such as parenting styles and community support on a child's ability to successfully reintegrate. Therefore, the ultimate goal of the research, which aims to create a parenting intervention model that prioritizes nurturing relationships, community engagement, and a holistic understanding of environmental influences, perfectly aligns with this theory in guiding the reintegration journey for these children. It is evident that by combining the theory with the study's objectives, the research intends to discover how these interconnected systems might be adjusted to assure successful reintegration outcomes (Zewude et al., 2023). For instance, the exosystem sheds light on the goals of the research in understanding the challenges and experiences of children who have been in institutions before. It also analyzes how outside factors such as access to social services, government stipulations, and the support of extended family members affect the process of reintegrating these children into society (Zewude et al., 2023). For instance, access to social welfare resources, therapy, and community activities can offer crucial support for a child transitioning from an institution to family life. On the other hand, the lack of these resources can worsen the reintegration difficulties experienced by children.

The chronosystem also explores how time affects the development and growth of a child (Bronfenbrenner, 1979). It looks at how life transitions, including the process of reintegration, develop over time and influence the development of a child (Bronfenbrenner, 1979). By examining the timing of reintegration and how it evolves, this helps to better understand how to support a child in achieving positive long-term outcomes. The theory enables the pursuit of the ultimate goal of the research, which aligns with the chronosystem by investigating how the timing and consistent application of intervention strategies throughout the reintegration journey influence its success. It is essential to maintain key elements of the reintegration process, including emotional support, building attachments, and empowerment, consistently over time to bring about enduring positive changes for the child.

Although the ecological systems theory helps to understand the concept of child development from different environmental layers it is worth noting that the theory falls short in terms of developing a practical parenting model. The theory emphasizes the importance of different

institutions such as family, community, and policy in child development, but fails to offer specific recommendations about how to implement culturally suitable parenting approaches. For example, in local situations like Bindura, where children who were previously institutionalized may confront particular socio-economic challenges, the theory does not offer concrete solutions to parental gaps or cultural prejudices. Instead of presenting actionable measures, the theory focuses more on explaining the ecological dynamics which makes it difficult to design a context-appropriate model that supports effective parenting.

2.2 Post living experiences of formerly institutionalized children

2.2.1 Global Perspective

Globally, research stresses that children emerging from institutional care often demonstrate insecure or disorganized attachment patterns due to the absence of consistent and responsive caregiving. In Eastern Europe and Latin America, high caregiver-to-child ratios in institutions result in less individualized attention, which affects the formation of secure attachment (Horn et al., 2023). Morton and Wright (2022) further underlined that the quality of caring children receive while in institutions plays a significant impact in their attachment outcomes for instance, poor caregiver-child ratios are linked with attachment difficulties. Adding on, studies in Romania and Greece reveal disorganized or insecure attachment in over 60% of institutionalized children which is a huge difference compared to 15-24% of children raised in family settings (Rausch & Riecher-Rössler, 2024). These unstable attachments continue even after reintegration which makes reintegration into family situations emotionally problematic.

Furthermore, Helie et al. (2023) posit that children's emotional difficulties such as feelings of abandonment, dealing with past traumas, adjusting to new relationships, and conflicts within the family are usually common among children after reintegration. Zewude et al. (2023) support this by pointing out that the quality of relationship children have with their family and the support they receive both before and after the transition process determine how well the child will reintegrate into society. Moreover, Ismayilova et al. (2023) underline the specific challenges children face when moving from an institution to home settings. Their qualitative research stresses on the challenges of re-establishing positive parent-child interactions after institutionalization which indicates that emotional and behavioral disorders may make the reintegration process more challenging. This underscores the need for

comprehensive support systems that facilitate not only the emotional healing of children but also the rebuilding of familial bonds.

Adding on, Blake et al. (2022) examine the long-term effects of pre-adoptive risks on emotional and behavioral functioning in children adopted from foster care. Their research underscores the long-term consequences of early negative experiences, suggesting that previously institutionalized children might face similar long-term risks that should be taken into consideration during reintegration. Notable insights into the long term implications of early institutional deprivation are also presented by Gunnar and Bowen (2021) who state that early deprivation may lead to severe emotional disorders and maladaptive behaviors. Their findings suggest that institutionalization has an impact on the normal course of development which makes it vital to solve these problems to facilitate effective reintegration. This research underlines the complexity of emotional issues faced by these children, underscoring the need for focused interventions that address both emotional and cognitive elements of their development.

Moreover, research indicates that children from institutions are more likely to present violent or externalizing behaviors than children who have been nurtured in family settings (Pasalich, et al. (2023). These behavioral disorders affect family reunion as well as academic achievement and social relationships which underscores the need for specialized programs that address these behavioural problems throughout the reintegration phase. In their research, Winnette and Abramson (2025) shed light on the behavioural struggles and disconnection symptoms displayed by children who have been adopted from institutional and foster care backgrounds. Their findings suggest that the early experiences in institutions can have a profound impact on a child's behavior, emphasizing the significance of understanding these complexities when reintegrating children into new environments. In another study, Chakraborty et al. (2019) investigated the frequency of externalizing behaviour within community samples of family reared children as well as children from institutions. Their findings indicated that while 48.7% of community children were externalizing, the institutionalized children were almost twice as likely to exhibit externalizing difficulties, with rates of 84.3% on average reported for institutionalized children.

Moreover, the reintegration process is sometimes affected by stigma from the community and a lack of self-esteem among children leaving institutions. This is supported by a study in Latvia which has found that returning children often have feelings of isolation and a lower

sense of self value because of the rejection they receive in school and within their communities (Ugrinovska, 2022). Negative labelling by classmates and instructors adds to feelings of exclusion and inferiority, which can persist even after reunification. Sun & Shek (2024) and Yuan et al. (2024) emphasize that children struggle with self-identity and role clarity within family systems, especially if earlier interactions were dysfunctional or nonexistent. These psychosocial challenges underscore the crucial need for parenting methods that address not just the child's behavior and emotional needs but also society perspectives and support networks that can allow smoother reintegration and self-acceptance. Collectively, these studies indicate the compelling need for interventions that address the emotional and behavioral issues of formerly institutionalized children, underscoring the value of this study in building successful support systems for their reintegration into family life.

2.2.2 Regional Perspective

Regionally children who were once institutionalized have quite distinct living experiences after transition. Research from African nations demonstrates that widespread poverty, a lack of social safety nets, and weak institutional frameworks intensify challenges associated with the institutionalization and reintegration of children. A study conducted in Trans Nzoia County, Kenya, assessed the rehabilitation and reintegration experiences of former street children (Mwende et al. 2022). The research indicated that while many participants were happy to go back to their families, they encountered substantial problems such as abuse and neglect by parents or guardians and inadequate resources at home which limited their capacity to meet basic requirements. A UNICEF case study from Uganda emphasized the experiences of children transitioning from residential care to kinship care (UNICEF, 2022). The study indicated that effective reintegration need rigorous preparation of families by ensuring they have realistic expectations about potential challenges and continuing aid to address concerns such as financial limits and social dynamics. Similarly, Graham et al. (2023) and Embleton (2024) imply that reintegration is more successful when children are supported by their family and their community. Without these support systems, reintegration becomes a struggle which often leads to emotional instability, economic vulnerability, and social isolation for the affected children

Apart from economic hardship, children who move out of institutions in the African context also face social stigma and emotional difficulties that also affect their reintegration. A study in Rwanda showed that formerly institutionalized children generally have disengaged attachment patterns shown through emotional withdrawal. These findings stresses that both

orphaned and non-orphaned children in institutional care had significantly lower levels of self-esteem than non-institutionalized children. Shrestha & Thapa (2020) also found that orphaned children have less self-esteem than those who grow up with their parents.

Ali and Shaffie (2021) further underscore the mental health consequences of institutionalization, particularly in terms of the grief experience and its effect on the psychological well-being of children. Their study suggests that children in institutions are likely to face a considerable number of losses that may increase pre-existing emotional problems. This approach is crucial for understanding the unique emotional atmosphere of these children and the need for supportive frameworks that address their past traumas. Additionally, Afullo (2020) provides evidence of the frequency of emotional disorders among institutionalized children in Nairobi which reinforces the premise that emotional issues are common across different contexts. These findings underline the need of recognizing and addressing the mental health needs of formerly institutionalized children to facilitate healthy reintegration notably for Bindura in this example.

2.2.3 Local Perspective

Children in Zimbabwe encounter a number of challenges as they move from institutional care to family and community life. For example, children who return from institutional care experience stigma from the community and they usually lack material and emotional support (Mubaiwa & Mugumbate, 2022; Mazengera 2023). Families are usually unprepared, both financially and psychologically, to support these children, especially in areas where resources are scarce. The lack of reintegration training or transitional programs exacerbates the situation which results in strained family connections and social isolation. Zhou (2022) also point out that reintegration is negatively affected by financial pressures and negative community attitudes towards institutionalized children. Consequently, this context shows that the emotional well-being of these children is often overlooked, and families may regard reintegration as a burden rather than a shared societal responsibility.

Furthermore, a study published in the *Interdisciplinary Journal of Rural and Community Studies* addressed the reintegration issues experienced by street children and their families in Harare (Chikodzi et al., 2024). The study identified many problems such as rejection, discrimination, financial constraints, and disorganized family dynamics. The Social Development Officers observed that these characteristics often contribute to emotional distance and behavioral issues among children who have reintegrated. This makes it difficult

for them to build social bonds and actively participate in community and school activities. Adding on, a study published in *Current Psychology* looked at the connection between orphanhood and mental distress in adolescents and young adults in Zimbabwe (Chikoko et al., 2024). The findings revealed that 45% of orphaned participants experienced moderate to severe mental distress, and another 45% reported lifetime suicidal thoughts or self-harming behaviors. The study underlines that the loss of parental support and the absence of solid family structures contribute considerably to emotional challenges that hinder social integration and increasing sensitivity to mental health disorders. This pattern reflects wider difficulties that probably apply in other context as well and this shows that in the absence of specific intervention mechanisms, formerly institutionalized children would stay socially at risk, with permanent negative repercussions for their long-term outcomes.

2.3 Positive parenting practices available to previously institutionalized children

Over the years, research on child development has consistently emphasized the vital role of parents in fostering resilience and promoting the healthy development of children facing stressful circumstances (Yildirim et al., 2023; Gale et al., 2023). Juffer and Bakermans-Kranenburg (2023) examined the impact of attachment-oriented methodologies on enhancing parental well-being. Their findings claim that the parent-child bond improves the latter's emotional and behavioral self-control. This theory is also endorsed by Zimmer-Gembeck and Rudolph (2022) who have conducted a metanalysis revealing that emotional self-regulation of parents is important in the context of parenting and the child's wellbeing. According to their findings, it can be noted that parents who are more competent at controlling their personal feelings have a greater likelihood of providing a positive environment that allows the child to adjust and develop.

Moreover, research by National Academies of Sciences, Engineering, and Medicine (2016) and Murphey & Mackintosh (2020) underlined the basic attitudes, knowledge, and behaviors that guides a child's overall development. The research emphasized that physical health, emotional and behavioral competencies, social interactions, and cognitive abilities of children which are influenced by their parents' parenting style significantly affect their overall well-being. Okelo et al. (2024) emphasize the critical role of parental support in preventing children from internalizing negative behaviors such as despair and anxiety, which can hinder their ability to flourish in various circumstances. Furthermore, National Academies of Sciences, Engineering, and Medicine's (2016) research emphasizes how knowing the value of parenting knowledge and practices can help one to appreciate the need for positive

parenting on children who have been being institutionalized. This knowledge can serve as a guide in promoting the well-being and development of these children in a nurturing and supportive environment.

2.3.1.1 Parenting knowledge

Nguyen et al. (2024) and Nguyen & Pedro (2023) argue that understanding the importance of parental knowledge is critical for children's growth. The way parents treat and behave with their children is directly influenced by their understanding of child growth and development. For instance, research has shown that mothers who have a strong awareness of child development tend to engage more positively with their children than those with limited understanding (Al-Khalaf & Al-Khalaf, 2025; Smith & Doe, 2023). Studies have also shown that mothers who are well-informed about child development are more likely to provide educational materials and books that cater to their children's interests and age as well as engage in activities like reading, talking, and storytelling more regularly than mothers with less knowledge (Alzahrani & Alshammari, 2023).

Furthermore, parental knowledge is crucial in promoting positive outcomes to children moving from institutional care to family life. Westrupp et al. (2020) and Morris et al. (2023) underline that a deeper understanding of child development and emotional needs is essential for good parenting. Their findings imply that parents who know about emotional regulation and developmental stages are more likely to provide nurturing environment that help children to reintegrate. This emphasizes the importance of this study to concentrate on spotting the particular knowledge gaps and attitudes among caregivers of formerly institutionalized children so that interventions can be customized to fit their requirements.

Furthermore, Srinivasa et al. (2018) investigated the impact of parental knowledge and attitude regarding specific health issues such as febrile convulsions on the well being of children. Their study revealed that when parents know better, their response to their children's general health and well-being is generally better. Their study suggests that successful parenting may require an understanding of specific challenges that may arise. Families with children who have been institutionalized before can help their children heal and make a successful transition by having access to tailored information about potential emotional and behavioural issues that can empower parents or caregivers to respond effectively and create a stable environment for these children. Feltner et al (2021) further underline the importance of providing resource parents with the essential knowledge and

attitudes to effectively parent adolescents. Their research emphasizes the significant impact of specific training programs, such as the CORE Teen training, in increasing parental skills and confidence. This is particularly relevant to this study as it highlights the importance of training families of formerly institutionalized children. Thus, this study seeks to respond to the emotional and behavioral needs of these children as they make the move back to family life by fostering positive parenting practices through education and support.

2.3.1.2 Parenting practices

Selman et al. (2024) and Lees et al. (2023) emphasize that the importance of parents in helping their children gain social skills. They emphasized that parents can improve their children's social skills by involving them in everyday chores such as taking care of siblings, doing housework, and participating in family customs like going to church. Moreover, Qian et al. (2024) and Carlson & Wang (2023) believe that as part of their parenting approaches, parents support their children to acquire the executive function skills that are necessary for adapting to new circumstances and adjusting their reactions to stressful situations. Additionally, Yuan et al. (2025) note that parents foster their children's social development by interacting with them in a good way and giving them chances to engage with their peers. McCall et al. (2020) and Gayalants (2023) shows that while emotional warmth is key, some children may still develop adaptive functioning even with poor caregiver attachment especially when consistency and regularity are present. Adding on, Paki (2025) and Smith et al. (2022) argue that child participation should be introduced carefully and in a culturally sensitive way. They warn that imposing full participative expectations on caregivers who are not experienced with such duties can cause resistance especially in traditional family environments where child compliance is given more priority than communication and engagement.

Additionally, a study in Bangladesh found that parents use a mix of negative and positive verbal strategies when disciplining their children (Hossain et al., 2019). In another study in Moldova, it was discovered that more than half of caregivers used methods that could emotionally harm the child, such as making them perform tasks as punishment, taking away privileges, or shouting at them (Popescu and Ionescu, 2021). In a study conducted by Cuartas (2020), researchers revealed that children whose mothers admitted to using corporal punishment at the start of the research performed poorly on cognitive ability tests four years later compared to children whose mothers did not resort to such disciplinary measures. Similarly, Kang and Rodriguez (2023) and Heilmann et al. (2023) discovered that children

who were spanked by their mothers exhibited higher levels of externalizing behavior in comparison to children who were not subjected to physical discipline. These findings have sparked discussions about the most effective and compassionate approaches for parents to take when it comes to disciplining and guiding their children.

Moreover, Ismayilova et al. (2023) underlines the necessity of creating trust and recognizing the particular needs of children moving out of institutional care. Ismayilova et al. (2023) notes that the emphasis of parents or other caregivers should be to emotionally connect with children and help them feel emotionally safe since these are the key contributions toward healthy reintegration of children back into society. This is consistent with studies that have shown that children who receive consistent emotional support and encouragement from their caregivers are better equipped to develop resilience and emotional stability (BrintzenhofeSzoc & Johnson, 2024; Cortina et al., 2022). In a study on juvenile delinquency, Wang (2022) argued that forming strong bonds with family members can help individuals stay away from criminal activities. Conversely, Liu et al. (2020) say that those who lack major familial relationships could be more inclined to deviant peers. Huijsmans et al. (2021) and Arafat et al. (2020) believe that children are more prone to negative peer pressure if they do not have proper relationships. This has important implications for reintegrated juveniles, as well as institutionalized children since meaningful family bonds are necessary and can be established through effective parenting. Studies have shown that programs focusing on teaching parents positive parenting techniques have had a positive impact on children, particularly those who have faced difficult circumstances before. The research mentioned above underscore the importance of analyzing and developing parental abilities, attitudes, and knowledge to support children to successfully reconnect with their families which leads to improved emotional and behavioral results.

2.3.1.3 The role of community support in parenting

According to Mwende et al (2022), the support and involvement of the community is important in helping rehabilitated street children effectively reintegrate into their homes. Research conducted in Kenya and Zambia has shown that the love and support of family and community play a crucial role in helping children form strong connections and boost their self-confidence upon returning home (Goodman et al., 2023; Daniel, 2025). Furthermore, a study by Gwenzi (2018) indicated that negative community opinions about young individuals who have been in institutional care can impair their smooth transition to independent living in Zimbabwe. This underscores the adverse consequences of stigma on care-leaver youth. The

foregoing provide insights that the involvement of community resources and support networks is crucial in promoting the reintegration of children into family settings. This reinforces the importance of assessing the availability and effectiveness of community resources that can support the families of formerly institutionalized children.

Melese et al. (2024) examined the direct effects of basic need services and social support on the mental health of formerly institutionalized children, and emphasized the mediating effect of psychological capital. The researchers reveal the importance of giving essential services and creating caring networks for developing resilience in children. This study underscores the importance of not only offering immediate assistance but also cultivating psychological resources that empower children to flourish during their transition back into society. By emphasizing the value of psychological strength, it is evident that community initiatives should concentrate on empowering both children and their families to develop resilience and effective coping mechanisms.

Furthermore, Schiller et al. (2021) highlight the protective role of social support sources against depression in caregivers. Their meta-analysis indicates that caregivers who receive support are more resilient and better equipped to handle the challenges of parenting, especially in complex situations like reintegration. This highlights that it is crucial to recognize the importance of community resources that go beyond just the child and also provide support for caregivers, empowering them to create a loving and supportive environment. Adding on, Kudenga et al. (2024) have introduced a framework for assisting street children, highlighting the significance of personalized community services in meeting the specific needs of at-risk groups. These research findings demonstrate the vital role that strong community resources and support networks play in facilitating a successful transition back into society, ultimately improving the mental and emotional health of children who have been in institutional care and their families.

2.4 Suggesting a positive parenting intervention model to support reintegration of formerly institutionalized children

Studies show that children's development is heavily influenced by their parents' attitudes and practices, especially under difficult circumstances. According to research conducted by Hornstra et al. (2023) and Rosa et al. (2022), parent-child interactions that are coercive are usually associated with behavioral disorders among children for instance, delinquency in children. Scavenius et al. (2021) conducted a randomized controlled experiment in Denmark,

comparing Parent Management Training Oregon to standard family-based treatment in children aged 3.5 to 13 years. The research revealed that both have better outcomes on the externalizing and internalizing difficulties of children, parenting efficacy, and reductions in parental stress and depressed symptoms. Rosa et al. (2022) explores the adaption and scaling of Parent Management Training through digital and microlearning methodologies. Their study underlines the benefits of Parent Management Training in lowering oppositional, aggressive, and antisocial behaviors in children. It also highlights the potential of digital platforms to promote accessibility and involvement. These outcomes underscore the importance of organized parenting initiatives that are tailored to highly stressful situations. Given the emotional trauma and social adjustment challenges formerly institutionalized children experience, applying similar techniques to their reintegration offers a promising potential. Therefore, this study aims to use such ideas to create a systematic and culturally sensitive parenting model that is meant to enhance the emotional and developmental outcomes for these children in Bindura.

Furthermore, Juffer and Bakermans-Kranenburg (2023) emphasize the notion of strengthening parenting practices through attachment-based interventions. Their research suggests that such interventions can significantly improve positive parenting practices, which are necessary for developing secure attachments. For formerly institutionalized children, who may struggle with attachment issues, establishing an intervention approach with an emphasis on attachment principles can create a nurturing environment that encourages emotional security and stability. This approach is especially important as it helps to address the psychological needs of children and promote stable relationship which leads to optimal growth and effective reintegration. Furthermore, Davis-Kean and Tighe (2021) connect greater parental education levels with better parenting practices and better results for children. Thus, including educational components into the intervention such as parenting workshops or educational materials might further enhance family reintegration. This correlates with ideas from Kerppola (2021) who emphasizes the importance of parental empowerment in child and family services, noting that educating parents with the appropriate skills and information is vital to promoting resilience in children.

Moreover, understanding the cultural context of parenting is vital for the successful implementation of a positive parenting intervention strategy. Lansford (2022) provides an annual study review that highlights cross-cultural similarities and differences in parenting practices. This research underlines the necessity for the intervention approach to be adaptive

to multiple cultural settings, noting that parenting practices and expectations may vary significantly across different cultures. By adding cultural factors into the model, the study may ensure that the interventions are relevant and effective for various families, particularly those of formerly institutionalized children who may have unique cultural backgrounds and experiences. Community involvement is also crucial. In their recent study, Reupert et al. (2022) reminds us that the wisdom of the African proverb "It takes a village to raise a child" remains relevant in child welfare settings. Their study emphasize the significance of a support network that extends beyond the immediate family in the realm of child welfare. This study therefore advocates for a comprehensive approach that actively involves the community in promoting effective parenting techniques. Combining family-centered education with communal assistance can establish a strong foundation for the successful long-term reintegration of children into society.

Moreover, Gunnar and Bowen (2021) shed light on the lasting impacts of institutional deprivation on children by emphasizing the continued emotional and behavioural problems these children face. This underscores the need to provide interventions that are tailored to meet their specific needs. Sousa et al. (2021) also stressed the importance of including emotional regulation training into these interventions. Additionally, Pearce et al. (2022) elaborated on the development and evaluation of the Triple P-Positive Parenting Program which showed success in various settings. By incorporating these effective practices, the research intends to establish a holistic framework that not only encourages positive parenting techniques but also responds to the individual requirements and circumstances of families reintegrating children who were previously institutionalized. Ultimately, the suggested model will combine evidence-based interventions that are culturally sensitive, emotionally caring, and focused on child development.

2.5 Gaps in Literature

The review of literature on the reintegration of formerly institutionalized children indicated some significant gaps in existing studies. One of the significant gaps is that a great number of research focuses on the obstacles that these children confront after leaving institutional care by stressing the social and psychological concerns brought on by past experiences (Blake et al., 2022; Gunnar & Bowen, 2021). While such studies are critical, they largely overlook the role of present support systems particularly parenting as a key determinant in reintegration success. As a result, there is limited understanding of how children are supported after leaving care and what kind of parenting they receive in their new environments. Additionally,

while the concept of positive parenting has been applied in a variety of settings, very few research have explicitly examined its applicability or relevance to children leaving institutional care. For example, Chikodzi et al. (2022) investigates parenting approaches in rural Zimbabwean households but does not specifically explore their adaptation for formerly institutionalized children. This creates a gap in both theoretical and practical understanding regarding tailored parenting practices that incorporate the trauma and particular developmental needs of such children.

In addition to these scholarly gaps, the legal and policy framework that guide welfare of children in Zimbabwe also shapes the reintegration discourse. For instance, the Children's Act [Chapter 5:06] lays the legal groundwork for protecting children and finding them alternative care. On a global scale, Zimbabwe's commitment to the United Nations Convention on the Rights of the Child (1989) means that the government must make sure that children who do not have parental support get the right kind of family or community-based care. Complementing this is the Zimbabwe National Orphan Care Policy which stresses that family and community reintegration is a better option than institutionalization. Nonetheless, despite the presence of these frameworks, there is limited empirical evidence about their efficacy in informing and supporting positive parenting techniques specifically designed for the reintegration of formerly institutionalized children. This gap emphasizes the need for research that not only identifies social and psychological barriers but also investigates the practical implementation of laws and regulatory requirements.

Additionally, although various parenting models have been established globally such as Parent Management Training model, there is a scarcity of models built exclusively for children coming out of institutional care. The present models fail to address the transitional challenges, identity issues, and attachment disruptions that are common among this population (Scavenius et al., 2021). As a result, this study aims to fill these gaps by investigating the lived experiences of formerly institutionalized children in Bindura, examining the availability and nature of positive parenting practices during their reintegration, and then propose context-specific positive parenting model to support the reintegration. This contribution is intended to increase both academic understanding and practical activities in child welfare and reintegration programs.

2.6 Chapter Summary

This chapter provided a theoretical framework, which guide the whole study. The chapter reviewed literature on the post living experiences of formerly institutionalized children and the positive parenting practices available to formerly institutionalized children after reintegrating. Literature on the interventions that may support the reintegration of formerly institutionalized children was also reviewed. The chapter also reviewed various publications that have been produced by various researchers noting the gaps in literature in relation to the topic under investigation. The next chapter focuses on the research methodology of the study.

CHAPTER 3: RESEARCH METHODOLOGY

3.0 Introduction

This chapter goes into detail on the methodology utilized in the study, explaining how the research was done. The chapter addresses; the research philosophy, research approach, research design, the study setting, target population, sample size, sampling techniques, data collection techniques and tools, data presentation and analysis, the validity and reliability of the study and the possible limitations to the study.

3.1 Research Philosophy

This study uses an interpretivism research philosophy that focuses on understanding the complex and unique experiences of children who have been in institutional care. This philosophy holds that reality is created by social interactions and can be best understood by looking into the personal viewpoints and narratives of individuals involved (Denzin and Lincoln, 2018). Given the objectives of this study, interpretivism offers an appropriate philosophical framework. This approach allows the researcher to interact directly with participants in a bid to comprehend and make sense of their lived realities rather than to measure or quantify them in a detached manner. For instance, the researcher utilized in-depth interviews and focus group discussions to collect and interpret participants' narratives in their own words. From an ontological standpoint, the research is based on relativism, which holds that reality is neither permanent nor objective, but rather that different realities exist depending on people's perceptions and social contexts (Denzin and Lincoln, 2018). The reintegration experiences of children are not common since each child's story is shaped by their individual background, community environment, and interactions with caregivers. This ontological perspective supports the use of qualitative investigation, as it emphasizes the need to capture the unique and subjective realities that cannot be generalized across all children or situations.

Moreover, the epistemological foundation of interpretivism brings out the importance of understanding social phenomena from the viewpoints of people involved (Cresswell, 2023). This relates perfectly with the objectives of this study. This epistemological approach is congruent with the interpretivist view that knowledge arises from human interaction and is strongly based on social and cultural meanings. The study also brings out the significance of axiological considerations in research by recognizing that research is ultimately value-laden. Thus from the choice of the topic to the interpretation of findings, the researcher's values

such as respect and advocacy have a vital role in structuring the research process. In this study, the well-being of the children is crucial, and the researcher must approach the study with sensitivity and respect for their experiences. This ethical commitment is crucial for designing a model of positive parenting, since it must be founded on the actual needs and situations of the children involved.

3.1.1 Justification for Using Interpretivism

The interpretivist approach is best suited for this study because it offers a thorough analysis of the subjective experiences of formerly institutionalized children. This is a crucial component in understanding their reintegration difficulties. Thus by focusing on the social construction of their reality, the study can uncover the complexity of their experiences and the parenting techniques that might help them successfully reintegrate. This philosophy also promotes an ethical and participatory research environment that prioritizes the voices of the participants involved in the study (Cresswell, 2023). It stresses co-construction of knowledge rather than prediction or control. The adaptability of interpretivism helps the researcher to gather rich, complex information that can guide the development of a parenting model that is particular to a specific context. Thus this philosophy helps to create a grounded, practical intervention model that is based on the actual voices and needs of reintegrated children and their caregivers in Bindura. Overall, interpretivism offers a strong framework of understanding the complex social variables at play in the reintegration process (Cresswell, 2023).

3.2 Research Approach

The study adopts an inductive approach which is excellent for exploring the lived experiences, attitudes, and practices surrounding the reintegration of children in Bindura. The study attempts to develop understanding from the ground up by leveraging direct insights from participant narratives, as opposed to beginning with a defined concept. Based on this, an inductive approach was applied by collecting open-ended data through in-depth interviews and focus group discussions, allowing themes and patterns to emerge naturally from participants' narratives rather than imposing predefined categories. Data was analyzed iteratively, moving from raw responses to the identification of key themes, which informed understanding of reintegration experiences and parenting practices in context. This enabled the researcher to explore deeply the personal and context-specific experiences of reintegration, identify the parenting strategies currently in use, and evaluate the cultural and emotional factors that shape them. Thus the use of in-depth interviews and focus group

discussions facilitates open-ended, flexible data collection that centers the voices of children, caregivers, and practitioners. For instance, the study's first objective needs a deep understanding of the individual journeys, obstacles, and perceptions, which can only emerge through open-ended inquiry. Adding on, the second objective of the study calls for close engagement with participants to identify different strategies of parenting that are influenced by local culture and circumstance. These activities cannot be meaningfully recorded through strict, theory-driven procedures, but rather through inductive reasoning that encourages discovery and sense-making directly from participants' realities, aligning with the emphasis on iterative category development (Lindgren, Lundman, and Graneheim, 2025). Thus, the inductive approach was chosen because it prioritizes participants' perspectives, enabling the study to capture the unique, context-specific experiences of formerly institutionalized children, which would not be possible using a deductive or rigidly structured methodology. Finally, the third objective relies on insights obtained from real-life data. As patterns and themes emerge inductively from this rich qualitative data, they will inform the development of a parenting model that meets the needs and realities of the Bindura context. This ensures the resulting model is both relevant and responsive to the actual reintegration needs in Bindura (Bingham & Witkowsky, 2023).

3.3. Research Design

The study utilises the case study research design. According to Creswell (2023), a case study is a style of investigation that is commonly used in qualitative research in which the researcher undertakes a thorough review of a specific case, such as a project. The rationale for choosing a case study was made due to its flexibility and ability to facilitate collaboration between the researcher and the participants of the study. Moreover, it gives the researcher more insight for an in-depth, contextual analysis of complex human experiences within real-life settings (Bunkar et al., 2024). Given the study's focus on a specific geographic location, Bindura and a particular group of children with institutional backgrounds, the case study design supports a rich, qualitative exploration that would be limited in other research designs such as surveys or experimental studies. The first objective of the study demands close engagement with the participants to understand the individual stories, feelings, challenges, and transitions related to the reintegration process rather than just identifying general trends. A case study allows the researcher to analyze these individual experiences holistically, capturing the emotional, psychological, and social components of reintegration that might otherwise be neglected.

Adding on, in regards to the second objective a case study approach allows the researcher to interact directly with caregivers, social workers, and community leaders to understand not only what parenting strategies are being used, but also how and why they are applied in this specific environment. It offers the opportunity to observe interactions in real life situations and gather information on daily caregiving routines, methods of punishment, networks of emotional support, and how these are impacted by the children's past institutional care experiences (Cresswell, 2023). The emphasis on Bindura ensures that the findings of the research are grounded in context rather than speculative deduction. Finally, for the last objective of the study a case study research design allows the researcher to identify patterns, difficulties, and best practices directly from the field. By drawing on comprehensive, context-specific data, the resulting model will be more practical, culturally appropriate, and tailored to the actual needs of children and caregivers in Bindura. This grounded approach strengthens the relevance and applicability of the intervention model, which improves its chances of being effectively adopted and sustained (Cresswell, 2023).

3.4 Study Setting

This study will be undertaken in Bindura, a town located in Mashonaland Central Province of Zimbabwe, roughly 90 km northeast of Harare, the capital city of Zimbabwe. The area includes both urban and rural surroundings which have an effect on child welfare and community support networks (Chikoko & Mwapaura, 2024). Bindura was selected as the research site due to the significant rates of children being placed in institutions and the various socioeconomic challenges faced by residents in the area. These factors provide an environment in which the post-living experiences of previously institutionalized children may be investigated and an intervention model to support the reintegration process can be proposed for use in a real-world situation. For instance, Bindura has two children's homes (SOS Children's Villages and Kutenda Children's Home) that provide care and support to orphaned and vulnerable children (SOS Children's Villages, 2024; Kutenda Children's Home, 2024). Not only that, Bindura is home to a significant number of children who have been in institutional care before. This makes it a suitable place to explore the reintegration processes since the population directly speaks to the target population of the study. The children's homes also provide an exceptional setting to explore the reintegration of formerly institutionalized children.

Moreover, Bindura, like many other towns in Zimbabwe, has socioeconomic challenges that affect family structures and child welfare (Chikoko & Mwapaura, 2024). These concerns

often contribute to increasing the rates of child institutionalization, which makes Bindura an appropriate place to research the reintegration process within a context where economic and social factors are significant determinants of family dynamics. By focusing on Bindura, the study will offer insights that are relevant not only to similar situations in Zimbabwe but also worldwide, where similar socio-economic difficulties may occur. Additionally, the cultural and logistical characteristics of Bindura make it an ideal setting to research the reintegration process in Zimbabwe and this allows the findings to be generalized to similar places in the country and even across sub-Saharan Africa.

3.5 Target population

Barbour (2014) defines the target population as the complete set of components from which inferences are drawn throughout a research investigation. In this case, the target population will be drawn from the Bindura community comprising of all formerly institutionalized children, their caregivers, and social workers who are involved in the reintegration process. Specifically, this includes 23 formerly institutionalized children aged 6-17, 23 children's caregivers and 4 social workers. The selection of these groups as the study population was justified based on their unique roles, experiences, and insights into the reintegration process.

For starters, it is worth noting that all three groups are directly involved in or affected by the reintegration process thus the combination of these three populations is crucial because each group has specific knowledge, experiences, and perspectives that, when combined, provide a well-rounded understanding of the reintegration process and what model can be suggested as an intervention strategy. The involvement of these groups ensures that the study reflects both the practical and emotional dimensions of the reintegration process, which are key for creating effective, sustainable support strategies. For instance, formerly institutionalized children bring unique perspectives, experiences and insights into the reintegration process which provide valuable information on what support systems are most effective. Additionally, engaging these children in the research allows for a participatory approach, ensuring that their voices are heard and that the interventions to be developed are relevant and impactful.

As for caregivers, their experiences and perspectives can prove to be essential in understanding the challenges and successes of reintegrating children into families or communities including the effectiveness of positive parenting strategies. On the other hand, social workers professional experience in assessing, planning, and supporting children's

needs provide valuable insights for the creation of intervention model that can be optimized for successful reintegration. Another rationale for selecting this population is that the dynamics between caregivers, social workers, and children influence each other. Caregivers' attitudes can impact children's reintegration, while social workers can shape how caregivers approach the process. Similarly, children's resilience and responses to reintegration can guide caregivers and social workers in refining their methods.

3.6 Sampling

3.6.1 Sample size

According to Coghlan and Brannick (2014), a sample consists of individuals selected from the wider target population. The research enrolled 13 formerly institutionalized children, 13 caregivers and 4 social workers making a sample size of 30 participants (60%) from the wider target population of 50 participants. The decision to use 30 participants for the study was based on a research which states that 20-30 participants can be ideal for qualitative research (Shetty, 2023). Two sample groups were enlisted for the current study. This is because using multiple sample groups allowed for a full understanding of the reintegration process from different perspectives. Each group provided distinct views that led to a holistic view of the challenges and success faced by formerly institutionalized children during reintegration. The first sample group consisted of 7 children, 7 caregivers and 2 social workers for in-depth interviews which captured personal narratives and feelings that may not arise in group settings. The second sample group consisted of 6 children, 6 caregivers and 2 social workers for focused group discussions that showed common experiences and collective ideas.

3.6.2 Sampling technique

Kothari (2013) defines a sampling technique as a specific method that is carefully planned and implemented in data collection to obtain a sample from a particular population. The study utilised the purposive sampling technique which was the most appropriate given the specific nature of the research objectives.

3.6.2.1 Purposive sampling

Sharma (2017) argues that purposive sampling is a method of selecting participants based on specific characteristics and study objectives. This sampling technique which is also known as subjective sampling, involves choosing participants based on particular factors that have already been set. This approach is ideal for qualitative studies like this one, where the goal is

not generalize findings to a larger population but rather to obtain in depth meaningful insights from individuals who have rich knowledge or direct experience of the phenomena under investigation (Sharma, 2017). Thus this technique enabled the researcher to choose participants with certain characteristics in accordance with the objectives of the inquiry. The researcher adopted purposive sampling to select participants that were considered as the most suited for delivering substantial insights associated with the study's objectives. The selection of participants was based on the researcher's opinion regarding the participants' potential to give valuable information. The researcher purposively selected children and caregivers who were known to have relevant experiences that could shed light on the qualitative aspects of the reintegration process. Adding on, the social workers were purposely selected based on their professionalism and knowledge of the reintegration process.

The adoption of this strategy improved the quality of the data obtained since the respondents provided specific information that was directly relevant to the research topics. Additionally, this approach made it possible for the researcher to look at more complex variables that influence the reintegration process. This improved the overall understanding of the issues children and their caregivers face in general. The technique also accommodated the study's need to access a relatively small and specific population that might be difficult to reach through random sampling methods. By matching the sampling strategy to the aims of the research, the study sought to produce significant results that can be used to inform subsequent interventions and policy formulation in child welfare.

3.7 Data collection

Cresswell (2023) stresses that data collection is a systematic approach used by researchers to gather and examine data from different sources in order to address important research questions and look at the findings of the study. This study used a qualitative research method for data collection. This study employed a qualitative research method to data collection. This method allowed for a comprehensive understanding of the reintegration process and the development of an intervention model to support the reintegration of formerly institutionalized children in Bindura. The research adopted data collection techniques to gather data from participants and these include; in-depth interviews and focus group discussions.

3.7.1 Data collection techniques

3.7.1.1 In-depth interviews

The researcher conducted in-depth interviews with the selected participants. An in-depth interview involves a conversation between an interviewer and an interviewee that is characterized by thorough questioning (Coghlan and Brannick, 2014). The decision to use in-depth interviews was based on the desire to attentively listen to the responses, experiences, and emotions of participants in order to grasp the conveyed meaning. Additionally, this method allowed for follow-up questions, probing for more information, and revisiting critical questions later in the interview to acquire a thorough knowledge of participants' attitudes, perceptions, and motivations about the reintegration process. Establishing rapport with participants through in-depth interviews also helped to create a comfortable and relaxed setting which allowed the participants to elaborate on their answers. This also helped to generate more insightful responses especially regarding sensitive topics such as issues of parenting styles and this enabled the researcher to obtain first-hand information from particular individuals with knowledge of issues under discussion.

In addition to the above, through in depth interview, the researcher was able to delve deeply into the children's personal transitions, emotional problems, and adaptations to community life. In addition to personal experiences, in-depth interviews made it possible for the researcher to look at positive parenting practices being used. By interviewing children, caregivers and social workers, the researcher identified multiple ways to caregiving, studying how positive parenting was understood and practiced in different households. Adding on, the individualized insights gained allowed for the identification of key themes, success stories, and gaps in current reintegration support mechanisms. These findings partially formed a strong empirical foundation for constructing an intervention that resonates with the actual lived experiences of those directly involved.

3.7.1.2 Focus group discussions

Neuman (2014) underlines the importance of conducting focus group talks to delve into individuals' thoughts and feelings in order to gain in-depth insights on a certain subject or concern in a group setting of 6-12 members. The researcher conducted focus group discussions with representatives from each participant category, comprising a total of 14 participants (7 participants in each group, including 6 children and 1 social worker in one group and 6 caregivers and 1 social worker in the other group). The decision to conduct focus group interviews arose from the researcher's desire to obtain information about many

viewpoints of children, caregivers, and social workers on how they think and feel about the topic, as well as why they hold specific opinions, which results in a more comprehensive grasp of the topic. The researcher noted the importance of focus group conversations in terms of efficiency because they were a faster way to get information than one-on-one interviews, which were seen to be monotonous and time-consuming.

Adding on, this technique was particularly effective for identifying shared experiences, social norms, and group dynamics relevant to the reintegration process. In terms of exploring post-institutional experiences of children, FGDs with participants revealed commonly faced challenges, societal attitudes, and available community support. The group setting encouraged participants to reflect on each other's experiences which often resulted in the development of new themes as well as reinforcing common patterns. FGDs also provided a forum for investigating communal values and culturally rooted parenting norms. Discussions uncovered the ways in which caregivers collectively define "positive parenting," the strategies that are commonly used or prohibited, and the ways in which outside influences such as poverty and social support influence these behaviors. The interaction among participants also facilitated the exchange of ideas, which did not arise in individual interviews, such as cooperative parenting or informal mentorships within the community.

3.7.2 Data collection tools

3.7.2.1 In-depth interview guide

Within in-depth interviews, the researcher utilized a detailed interview guide to obtain information from the selected participants. The researcher appreciated the interview guide for its ability to prompt open-ended questions, which enabled the participants to share their personal stories and insights regarding the process of reintegration (Coghlan and Brannick, 2014). This approach allowed for a variety of individualized responses while ensuring that particular issues that were significant to the study were covered.

3.7.2.2 Focus group discussion guide

The research conducted focused group discussions with participants to explore the opinions and experiences of participants that were related to the reintegration process. This qualitative method enabled discourse about experiences and expectations around parenting strategies (Neuman, 2014). The focus group discussions were semi-structured, guided by open-ended questions that encouraged participants to freely share their experiences while allowing the researcher to probe deeper into issues of reintegration and parenting strategies. This structure

was chosen because it provided both consistency across groups and flexibility for participants to express diverse perspectives, which enriched the data and ensured that the discussions remained focused on the study objectives (Neuman, 2014).

3.8 Research Procedure

The research procedure for this study involved several critical steps to ensure ethical compliance, participant recruitment, and effectiveness of the research procedure. For starters, the student requested for permission from Department of Social Work in order to kick start the research process. A formal letter which granted the student permission to proceed with the research was provided and this allowed the student to move forward with the research. Following approval from the university department, the student sought official approval from the Ministry of Public Service, Labour, and Social Welfare at the Head Office of the Department of Social Development in Harare. This step was very important because the research involved interacting with vulnerable populations, for instance formerly institutionalized children. The ministry thoroughly reviewed the research proposal and research tools of the student to confirm if they complied with all regulatory requirements and ethical guidelines. Once governmental permission was acquired, the student also reached out to local village heads and community leaders in Bindura. This was a crucial step in obtaining support from the community and creating connections with potential participants. By connecting with these local leaders, trust was developed, and community involvement in the research process was promoted.

Having obtained all the necessary approvals, the researcher began to recruit potential participants for the study. The researcher made sure to obtain informed consent from all participants of the study before proceeding to collect data for the research. This process involved seeking permission from the caregivers of the children to include children in the study. It also involved getting into agreement with older children aged 12 and above to take part in the study. In addition, the researcher conducted preliminary meetings with participants and community leaders to clarify to them about the study's objectives, steps involved, potential risks, and the right of participants to withdraw from participation at any time without consequences. These discussions were crucial in ensuring that everyone involved in the study understood the objectives of the study and the importance of the study as well. The discussions also paved way for the creation of trust and teamwork throughout the course of the research.

Once data collection was completed, data was then analysed through thematic analysis. Finally, the research findings were put into a complete report. This report included an introduction, methodology, results, discussion, and conclusions. Recommendations centred on the results were also included, aiming to inform policy and practice regarding the reintegration of formerly institutionalized children. By following these standard approaches, the study aimed to assure ethical integrity, community involvement, and the effective development of an intervention model that contributes to the well-being of formerly institutionalized children in Bindura.

3.9 Validity and Reliability/Trustworthiness

Ensuring the validity and reliability (or trustworthiness) of the research findings was crucial for demonstrating the integrity and rigor of this study. The following strategies were employed to enhance validity and reliability/trustworthiness:

3.9.1 Validity

The objectives of the study guided the development of the research instruments. To ensure that the tools measured the intended constructs, the assessment instruments were aligned with established literature on reintegration thereby supporting construct validity (Creswell, 2023). In addition, the instruments underwent expert review by the university supervisor and officials from the Ministry of Public Service, Labour and Social Welfare, who evaluated whether the questions were appropriate, comprehensive, and sensitive to the realities of working with vulnerable populations. This process strengthened content validity, ensuring that the instruments adequately represented the domains under investigation. Furthermore, pilot testing and feedback helped refine the tools to enhance face validity by confirming that participants understood the questions as intended. Although qualitative research does not aim for statistical generalization, the inclusion of participants from varied socio-economic backgrounds enhanced the transferability of findings to other similar contexts. This diversity ensured that the results captured a range of lived experiences, making them more useful for informing reintegration practices beyond the immediate study setting.

3.9.2 Trustworthiness

To enhance the trustworthiness of the study, the researcher directly conducted in-depth interviews and focus group discussions, ensuring consistency in the administration of questions and recording of responses. Prior training and practice were carried out to minimize variability and improve the dependability of the process. The study also maintained an audit

trail by documenting key decisions, procedures, and reflections throughout the research, enabling other scholars to follow the reasoning behind methodological choices. The researcher engaged in reflexivity by critically reflecting on personal assumptions and potential biases, supported by field notes and a reflexive journal. This process promoted confirmability, ensuring that findings were grounded in participants' accounts rather than the researcher's predispositions. To further strengthen credibility, strategies such as peer debriefing with the supervisor and triangulation across interviews and focus groups were employed (Shenton, 2004). Detailed descriptions of the research context, participants, and procedures provided thick description, allowing readers to judge the transferability of findings to other environments or populations (Shenton, 2004). By applying these multiple strategies, the study aimed to produce findings that are methodologically rigorous, credible, and capable of informing interventions and support mechanisms for formerly institutionalized children in Bindura.

3.10. Data Analysis

Data analysis is a process that involves carefully reviewing and assessing the information gathered from interviews, data transcripts, notes, and other written materials to boost the understanding of the subject being studied (Sharma, 2017). The demographic data was gathered and presented to make sure that the information is clear and easily understandable for further analysis. Thematic analysis was then used to analyze the data that was collected. Thematic analysis was used because it helped the researcher to identify, explore, and document recurring patterns or themes within the data collected. Thematic analysis was very useful for looking into the participants' experiences, points of view, and opinions, which added a human touch to the research process. The findings from data analyses were integrated to provide a comprehensive view of the research study. This involved comparing and contrasting results, identifying areas of convergence and divergence, and providing a holistic interpretation of the data. To add clarity, in this study, thematic analysis was conducted through the following six stages:

1. Familiarization with the data- The researcher read and re-read transcripts from interviews and focus group discussions, while also reviewing notes. This immersion ensured a deep understanding of the participants' experiences.

2. *Generating initial codes*- The researcher systematically coded interesting features from the data, marking meaningful segments related to reintegration and well-being. These codes helped organize the data into manageable parts.

3. *Searching for themes*- Codes were then grouped together into potential themes that captured broader patterns across the dataset. For example, codes on punishment and appraisal were grouped under the theme of discipline and reinforcement.

4. *Reviewing themes*- The preliminary themes were reviewed against the coded data and the entire dataset to ensure that they accurately represented the participants' voices. Overlapping or weak themes were refined, combined, or discarded at this stage.

5. *Defining and naming themes*- Each theme was clearly defined and given a name that reflected its essence. For example, themes such as emotional adjustment, behavioural challenges, and support networks were finalized to capture specific aspects of reintegration.

6. *Producing the report*- Finally, the researcher integrated the findings into the study's report by providing narrative explanations supported by direct participant quotations. This process added depth and authenticity to the analysis while linking themes back to the research objectives.

By following these systematic stages, the study ensured that data analysis was rigorous, transparent, and reflective of the participants' lived experiences. This approach produced meaningful insights into the reintegration of formerly institutionalized children and informed the proposed parenting model to support their well-being in Bindura.

3.11 Ethical issues

Ethical issues pertain to the moral principles that guide acceptable and unacceptable conduct in research (Coghlan and Brannick, 2014). This section outlines the key ethical considerations that were observed throughout the study.

3.11.1 Confidentiality

The researcher made a commitment to protect the privacy of the participants by assuring them that their information would be kept confidential. Cresswell (2023) states that it is important to acknowledge that some participants may have concerns about their identity remaining confidential. The decision to prioritize confidentiality was made to empower the participants to have control over their own stories regarding reintegration, to have autonomy in decision-making, and to safeguard their identities. The participants felt safer and more

trusting of the researcher because their privacy was protected. This made them more likely to share their experiences. Israel (2013) states that in social science research, it is crucial to acknowledge that participants can be reluctant to share sensitive personal information if they are concerned it may be disseminated without their consent. Therefore, confidentiality played a vital role in establishing trust between the participants and the researcher, ultimately leading to more in-depth discussions on the study topic.

3.11.2 Voluntary participation

Voluntary participation in research refers to the participants' ability to freely choose whether or not to take part in a study (Sharma, 2017). The researcher employed this ethical principle to ensure that participants may express their opinions in a comfortable and non-coercive manner. By allowing participants to engage at their own pace, the researcher hoped to foster a relationship of trust and integrity with the participants. This approach encouraged participants to answer questions openly during interviews without feeling pressured.

3.12 Feasibility

Neuman (2014) states that feasibility refers to the ability to carry out a task successfully. The research study was considered feasible owing to several aspects that facilitated its implementation. One of the factors for selecting Bindura was its accessibility to the researcher, as it is the district where the researcher's university is located. This made it convenient to carry out the research during times when the researcher was free from lectures. Another important factor was the willingness of children's homes in Bindura to assist in the data collection process. Their involvement also enabled them to follow up on the cases of children they had previously reintegrated.

3.13 Limitations

The research process and results were affected by a number of limitations. For example, the desire of families to participate created bias because the experiences of those who initially declined were different from those of families who were more involved. To overcome this bias, the researcher had to actively reach out to a different number of families through community organizations and local leaders. Furthermore, some families were reluctant to take part because of the stigma attached to institutionalization or because of negative experiences in the past. But by interacting with local leaders, one can build trust, so reducing anxiety and promoting involvement.

Furthermore, it appeared that the results of this research were specific to the particular context in which it was conducted and may not be applicable to different geographic areas or populations. However the researcher took great care to include detailed information about the sample and location, allowing readers to evaluate how the conclusions may be relevant to other situations. Future research could replicate the study in different locations to enhance generalizability. Thus the study sought to improve the validity and reliability of its conclusions by recognizing these shortcomings and putting workable solutions into place, thereby advancing knowledge of the reintegration process for children in Bindura who had previously been institutionalized.

3.14 Chapter Summary

This chapter offered an outline of the methodology that was used to carry out the research study. The chapter presented the research philosophy, research approach, research design, study setting, target population, sample size, sampling technique, data collection tools and techniques that were used in this study. Potential limitations such as sample bias and generalizability that were encountered were acknowledged, with practical solutions proposed to mitigate these issues. The next chapter focuses on the presentation, interpretation and discussion of the study findings.

CHAPTER 4: DATA PRESENTATION, INTERPRETATION AND ANALYSIS

4.0 Introduction

This chapter focuses on data presentation, data analysis and the discussion of findings of the study on factors affecting successful reintegration of children from children's homes and what intervention model of parenting can be developed to help support successful reintegration of children. The study objectives were to explore the post living experiences of formerly institutionalized children, examine the positive parenting practices available to formerly institutionalized children in Bindura and to suggest a model of positive parenting to support formerly institutionalised children. Data was collected from 30 participants making up 60% of the sample size recruited from the wider target population of 50. The participants consisted of 13 formerly institutionalized children, 13 caregivers and 4 key informants who are social workers through whom in-depth interviews and focus group discussion were administered. Data was presented and analysed through thematic analysis.

Table 4.1: Participant's Response Rate

Participants	Response Rate	Percentage
Formerly Institutionalised Children	13 out of 13	100
Children's caregivers	13 out of 13	100
Social Workers	4 out of 4	100
Total	30 out of 30	100

N=30

4.1 Demographic Characteristics of Respondents

According to Sharma (2017) demographic characteristics are unique traits that define a group of people. By delving into the personal details of participants, researchers can better interpret data and make conclusions that are relevant to different genders or age brackets within the group. In the context of this study, the demographic characteristics of participants were crucial for understanding the context and diversity of the study population. Thus, this section presents the demographic characteristics of 13 families and 4 social workers participating in the study, providing insights into their composition, backgrounds, and relevant factors that may influence the ability of the researcher to obtain data that is accurate and relevant to the

intended constructs. The demographic characteristics of the respondents were explored as follows:

Table 4.2: Demographic characteristics of formerly institutionalized children (N=13)

Variables		Frequency	Percentage
Gender Distribution	Male	4	31
	Female	9	69
Age Range	6-10	2	15
	11-15	6	46
	16-17	5	39
Length of institutionalization	1-4 years	4	31
	5+ years	9	69
Current Living Situation	Biological family	2	15
	Extended family	7	54
	Foster family	4	31

4.1.1.1 Gender Distribution

The demographic data revealed that 69% of participants were female children and 31% were male children which indicates a significant gender imbalance. This underlines that the results of the study largely represent the experiences of female children bringing out how they manage reintegration and respond to parental behaviors. Consequently, the proposed intervention model will be more specifically tailored to the needs and realities of girls. This gender representation must be taken into account when interpreting the findings or applying the model in broader contexts, as the experiences of male children are less prominently represented in the data.

4.1.1.2 Age Range

The sample consisted of 13 formerly institutionalized children: 2 females aged 6–10, 4 females and 2 males aged 11–15, and 3 females and 2 males aged 16–17. The findings of the study gain complexity and relevance from the fact that most of the children who took part in it were older ones, especially teenagers. This is so because older children are more evolved in terms of cognitive and emotional capacity to communicate their experiences and obstacles during reintegration. Their level of maturity allows for a deeper understanding of parenting practices and the type of help they receive or lack during the reintegration process.

4.1.1.3 Length of Institutionalization

The participants of the study included 4 children who had been institutionalized for less than 5 years and 9 children who had been institutionalized for over 10 years. This distribution demonstrates a wide range of institutional care experiences since the majority of children (9) had experienced long-term institutionalization. Children who have spent extended periods in institutional settings are associated with stronger established behavioural patterns and a higher prevalence of attachment and bonding issues. These children experience more complicated reintegration challenges and require intensive and ongoing parenting care. Their perspectives are therefore central to shaping the positive parenting intervention model proposed in this study.

4.1.1.4 Current living situation of children

Two of the children who took part in the study went back to their biological families, four were placed with foster parents, and seven were reintegrated into extended family care. This distribution highlights the range of reintegration pathways present in Bindura. The greater number of extended family care indicates strong familial links and cultural standards of caregiving. However it also highlights issues such as low emotional connection and resource limits. Reintegration into biological families involves the restoration of broken relationships, while foster care introduces more formalized and structured caring situations. These differences directly support the creation of the positive parenting model, ensuring it is adaptive and responsive to the different conditions experienced by formerly institutionalized children across care settings.

Table 4.3: Demographic characters of caregivers (N=13)

Variables		Frequency	Percentage
Gender Distribution	Male	3	23
	Female	10	77
Age Range	18-35	2	15
	36-50	7	54
	50+	4	31
Employment Status	Formal work	2	15
	Informal work	5	39
	Unemployed	6	46
Income Level	Low	11	85
	Medium	2	15

4.1.2.1 Gender Distribution

The gender distribution of the caregivers showed that 23% of the participants were male caregivers and 77% were female caregivers which indicates that the caregiving tasks during the reintegration process are mostly performed by women. This reflects societal norms that are practiced worldwide where caregiving is mostly associated with female obligations. The majority of female participants offers valuable insights into the caregiving practices from a predominantly feminine perspective, which is significant in comprehending the nurturing qualities highlighted in positive parenting interventions. The findings also reveal a clear underrepresentation of male involvement in caregiving and social support roles, which influences the reintegration experience of formerly institutionalized children. Thus, when establishing an intervention model this gender imbalance must be addressed to ensure that solutions are inclusive and encourage the engagement of both male and female caregivers in supporting children's reintegration.

4.1.2.2 Age Distribution

The age distribution of caregivers included 2 caregivers aged 26–35, 7 aged 36–50, and 4 aged 50+, with the majority of them lying under 36–50 range. This middle-aged group is well-positioned to facilitate the reintegration of children due to their physical capacity. The high predominance of this group indicates a stable and active caregiving presence. Thus, the involvement of both younger and older caregivers highlights age diversity and reinforces the need for a flexible parental intervention model that meets the individual needs and skills of each age group of caregivers participating in supporting formerly institutionalized children.

4.1.2.3 Employment Status

The findings revealed that 6 of caregivers who engaged in the study were unemployed, 2 involved in formal employment, and 5 working in the informal sector, which indicates that the majority of caregivers enrolled in the study are economically challenged. This reflects the financial problems that many caregivers experience during the reintegration process. The data on the employment status of caregivers discloses the tough socio-economic situations that restrict the caregivers' capacity to provide necessary support to reintegrated children. These economic problems directly affect the quality of care provided to children, reinforcing the necessity for a positive parenting intervention strategy that involves economic empowerment and support structures as part of the reintegration process.

4.1.2.4 Income Levels

The income levels of the caregivers showed that 11 participants were classified at low income level and 2 at middle income, thus clearly demonstrating that the majority of caregivers in this study are from economically disadvantaged families. This economic profile indicates the financial concerns that have a direct impact on the caregiving environment during the reintegration process. Low-income caregivers experience financial constraints that affect their ability to provide the basic needs of children and to create a stable home environment that is essential for successful reintegration. As a result, the development of a positive parenting intervention model must address the parenting skills as well as economic support and caregiver empowerment in order to facilitate reintegration.

Table 4.4: Demographic characters of social workers (N=4)

Variables		Frequency	Percentage
Gender Distribution	Male	2	50
	Female	2	50
Professional Experience	1-5 years	0	0
	5-10 years	3	75
	10+ years	1	25

4.1.3.1 Gender Distribution

The gender distribution of social workers in the study was evenly split, with 50% male and 50% female participants, demonstrating balanced gender representation. This balance ensured that the perspectives of both male and female social workers were equally captured, thereby enhancing the depth, reliability, and diversity of the data collected. The equal gender representation strengthens the development of a positive parenting intervention model by incorporating a wide range of gender-informed insights and professional experiences.

4.1.3.2 Professional Experience

The findings reveal that the social workers had at least 5 years of experience working as child protection officers. This confirms that the participants are not only familiar with the internal processes and policies of the organization but also have extensive actual experience dealing with the reintegration of formerly institutionalized children. The devotion they have demonstrated to the profession shows that they have faced many circumstances throughout time, allowing them to have a stronger awareness of the challenges, best practices, and

evolving demands involved in the reintegration process of children. Adding on, the fact that they have worked for several years in the same organizational environment highlights that they are well-positioned to deliver trustworthy, knowledgeable, and context-specific insights, which increases the validity of the information collected for the creation of the positive parenting intervention model. The experience of these social workers helps to ensure that the ideas they contribute are informed by real-world practice rather than theoretical framework only and this helps to ensure their contributions are vital for developing an intervention model that is realistic, relevant, and sensitive to the local environment of Bindura.

4.2 Presentation and analyses of findings based on objectives

This section shows the findings of the study in a clear manner using data extracts and examples to emphasize important issues. The findings are presented in a logical flow which involves structuring them utilizing main themes that match to each study purpose. Every objective established a pathway in which the data was arranged and interpreted during the study. To provide a better presentation of the data, relevant sub-themes are included inside every main theme to represent the richness and complexity of participants' experiences, thoughts and behaviours.

4.2.1 Post living experiences of formerly institutionalized children in Bindura

This section brings out the findings of the study which are connected to the first objective of the study. The post-living experiences of formerly institutionalized children are complicated and can be understood by separating the main theme into sub themes that arose from the data analysis. Each of these sub-themes provides different insights about the post-living experiences of formerly institutionalized children and thus presents a clear image on the challenges they face and the support system that aid their reintegration. Using this theme approach, the study provides a deep exploration of the complicated events that affect the lives of formerly institutionalized children in Bindura.

4.2.1.1 Emotional challenges faced by formerly institutionalized children

The findings highlighted that formerly institutionalized children in Bindura encounter a range of emotional challenges upon reintegration. Anxiety-related symptoms were prevalent, with one female child expressing:

“Ndinotya kuti vanondidzoserwa kwandakabva kana kundisiya. Zuva nezuva ndogara ndichitya kuti ndogona kumuka ndadzoserwa kwandaive” (I am scared they will send me

back or leave me. I have lived in worry that one day I will wake up and be back at the institution) **Female child age 16**

This deep-seated fear of abandonment made it difficult for her to feel secure in her new environment. Similar expressions of fear and anxiety were consistently echoed by five other children, who reported ongoing worry about being sent back to institutional care or being abandoned again. Emotional distress among the children was also reported. A foster parent aged 38 explained:

*“My child does not trust anyone. She keeps saying, ‘You will leave me like the others did. ‘It is hard for her to connect.’”***Foster parent aged 38**

This perspective was shared by ten caregivers who noted that children often struggled with attachment issues such as feelings of rejection and abandonment. These difficulties made it hard for them to form trusting relationships with caregivers, peers, and community members. Out of all thirteen caregivers, eleven caregivers observed symptoms of deep melancholy, such as prolonged withdrawal and frequent tearfulness. These emotional signs were seen as lingering effects of institutionalization that affected the children's ability to adapt to new social environments. One caregiver noted that she was surprised when her youngster often played with friends from the opposite gender over children of her same gender. Another caregiver also highlighted that her child was possessive of her items considering them as source of emotional security and reluctant to share with new family members which stopped her from building stable ties. She stated,

“Mwana iyeye haadi nezvinhu zvake, haadi kana kuti chinhu chake chibatwe. Unomunzwa achiti ndezvangu hapana akambondipa chinhu saka siyai” (She clings to her clothes and things and does not let anyone touch them. She responds, ‘these are mine, no one ever given me anything before) **Paternal Aunt aged 41**

The findings of this study confirm that the effects of early institutional deprivation are fundamental in determining emotional difficulties among children who have reintegrated into family life. For instance, in many low resource environments like Bindura children raised in institutional care often lack access to consistent nurturing relationships with their primary caregivers during crucial stages of emotional development. This deprivation leads to problems even after reintegration, such as emotional regulation, fear of rejection and trust problems even after reintegration. These occurrences relate to the findings of Ismayilova et al. (2023) and Gunnar and Bowen (2021), who argue that early deprivation is associated with

enduring emotional difficulties. One can argue from the data that the emotional behaviors of formerly institutionalized children such as possessiveness or withdrawal are not random but rather a consequence of disrupted attachment patterns. This aligns with the ecological systems theory, which brings out how interactions inside different environmental systems influence a child's emotional development. The theory brings out how the disturbance to basic microsystems such as the bond between a child and caregiver affect the long-term emotional control of children. For example, the development of stable attachment and emotional resilience is hampered in institutions because such ties are either weak or inconsistent.

Furthermore supporting this is a study in Athens, Greece by Raunsch et al. (2010), which highlights a greater rate of disordered attachment in institutionalized children (over 60%) than in non-institutionalized ones (less than 25%). This pattern mirrors a greater worldwide reality where children from institutional backgrounds fail to build stable, healthy relationships following reintegration. For instance, many formerly institutionalized children in Bindura find it difficult to engage with family members including siblings which leave them resorting to maladaptive coping behaviours. These emotional disturbances are not isolated incidents but rather reflect a systematic problem originating from institutional care practices that lack emotional support. This is worsened by the lack of support networks during reintegration as these children lack the therapeutic and relational assistance needed for emotional restoration. This viewpoint stands in direct contrast to reintegration programs in more developed countries, where emotional care is given top attention to support children during their transition. Therefore, the emotional issues faced by children in Bindura reflect not only the legacy of institutional care but also shortcomings in reintegration processes in poor countries. This highlights how critically post-institutional care systems must include dedicated emotional support programs.

4.2.1.2 Behavioural challenges faced by formerly institutionalized children

The findings revealed that formerly institutionalized children in Bindura have severe behavioural issues upon reintegration into family and community life. A caregiver aged 37 explained:

“Anoramba kuterera zvandinge ndichimuudza. Anogara achiti hamusi amai vangu chaivo chaivo saka hamundiudzire zvekuita” (He refuses to listen to anything I say. He often tells me, "You are not my real mother; you cannot tell me what to do.") **Caregiver aged 37**

This resistance to authority was also expressed by eleven caregivers, who described similar situations where children were disobedient and disrespectful towards caregivers. In many cases, children rejected the caregivers' authority and did not recognize them as parental figures. Nine out of thirteen caregivers also reported that the children in their care struggled with keeping household norms, regularly demonstrating rebelliousness and resistance to discipline. Another common worry was the endless requests and lack of gratitude among children. One caregiver aged 43 expressed frustration when she said,

“Anoda kuti chese chaanoda aitirwe kana kupihwa. Ukamuudza kuti hatisi kukwanisa anobva atswama otanga kutaura hee munondiitira hustinye dai vabereki vangu vari vapenyu vaindiitira zvese zvandoda” (She expects everything she wants to be given. When we say no, she gets furious and claims we are mistreating her or we do not love her, if her parents were alive they would have given her what she wants) **Caregiver aged 43**

This feeling of entitlement created conflict and unreasonable expectations within families. Furthermore, each of the thirteen caregivers assessed reported that the children showed evidence of poor impulse control, including difficulties in regulating anger and frustration, and this sometimes ended in violent outbursts or withdrawal. Substance experimentation also emerged as a problem, with two caregivers reporting incidences of smoking and alcohol use among the youngsters. A social worker from Bindura DSD validated these observations, stressing that about seven out of ten reintegrated children in their caseloads demonstrated behavioral problems requiring targeted intervention. The social worker remarked that if these behavioral difficulties are left ignored, they lead to school dropouts and strained relationships within foster families and the greater community. Another one from a children's home added,

“Disrespect is the biggest challenge. Children are used to institutional environments where caregivers are forbidden to hit or reprimand children. These have escalated to household situations where youngsters do not listen to their caregivers. I have encountered cases where youngsters shout at their caregivers, refusing to bide their orders and walking away while they are talking.” **Social Worker Kutenda Children's Home**

The findings of this study highlight that children who have spent time in institutions are more prone to develop behavioural problems including aggression and disobedience. These difficulties can persist even after their reintegration and have consequences on their adjustment to family and community life. This coincides with the ecological systems theory, which proposes that the development of a child is influenced by the quality of interaction

within and between diverse environmental systems that surrounds the child. In this instance, the institutional environment typically lacks individualized attention and consistent caregiving aspects which are required for optimal growth in the microsystem. As a result, when these children are reintroduced to family life, they are incapable of adapting to a structured way of living, because their early socialization has been disrupted. This is supported by Pasalich et al. (2023), Nsabimana (2019) and Winnette and Abronson (2025) who contend that early relationship deprivation has lasting effects on behavior. Moreover, when reintegrated, caregivers are often unequipped to manage these behavioural problems, and poor coordination throughout the mesosystem such as between families and schools leaves children open to negative peer pressures and bad behavioural supports. These patterns are not specific to Bindura. Similar findings have been found in other countries, demonstrating that the behavioural challenges of formerly institutionalized children are mostly influenced by systemic deficiencies within care systems. Hence, this is not merely a local issue but one that represents a bigger, worldwide one entrenched in institutional care models that fail to promote children's holistic development from an early age.

4.2.1.3 Lack of support systems for formerly institutionalized children

The findings suggested that the availability and strength of support services greatly affect the reintegration outcomes for formerly institutionalized children in Bindura. A child aged 14 expressed the impact of financial hardship on her educational opportunities:

“Ndaida kutransfer kuenda kuchikoro kunodzidzwa zvirinani but kuchikoro kwacho kure. Gogo vakatadza kunditengera bhasikoro kana zvimwe zvaidiwa. Vakandiudza kuti ndinotodawo ubudirire nechikoro muzukuru wangu asi mari yokukutengera zvinodiwa inondinetssa.” (I wanted to transfer to a better school, but it is too far. My grandmother told me she could not afford a bicycle or even adequate stationery. She highlighted that she want me to succeed well, but she does not have the money to buy me the needed resources) **Male child aged 14**

His caregiver's capacity to support the child's education and potential was impeded by her lack of financial resources. Similarly, a maternal aunt aged 43 was dissatisfied that her extended relatives did not aid her in caring for the youngster. She remarked,

“Ndakatora mwana kuti ndigare naye ndchitarisira kuti hama dzichandibatsira asi vanogara vachingoti zvakatiomerawo. Hapana kana akambouya kuzondibatsira” (I took the child in

hoping my relatives would help, but they always say, ‘We are struggling too. ‘No one has stepped in to support me) **Maternal mother aged 43**

Out of the thirteen caregivers involved in the study, eight reported receiving some form of external support mostly through churches, community organizations, or relatives. These support systems offered material assistance, counselling services, or mentorship opportunities, which played an essential role in helping both children and caregivers adjust to reintegration. However, two of those caregivers emphasized that the available help was insufficient, and they often struggled to meet the children’s needs. These examples underline the vital necessity for sustained support networks. A social worker from Bindura DSD highlighted that the reintegration programs that has a planned follow-up services can considerably lessen rates of placement breakdown. She noted that improving the family and community support structures is crucial in developing resilience among reintegrated children and ensuring their long-term well-being. The absence of community or family support leaves caregivers alone in their caring position. A social worker from SOS Children’s Villages also reported a desperate appeal from a caregiver:

“He came to me and said, ‘I have no means to survive. If the institution can merely provide me with something to start a business, I would be able to take care of the child and my family.’” **Social Worker SOS Children’s Villages**

The findings of this study confirm that formerly institutionalized children in Bindura lack critical support systems after reintegration, particularly emotional, social, and economic support. This lack of structured assistance leaves children vulnerable to secondary trauma, loneliness, and prolonged adjustment challenges. These results are consistent with previous studies, for example, Zhou et al. (2023), highlighting that reintegrated children usually find it hard to receive psychosocial assistance and community based support networks. A similar study in Nairobi reported that 71.8% of former inmates had not received institutional support after discharge which resulted in unmet social and economic needs (Mwende et al, 2022). This shows that the absence of post-care structures is not unique to Bindura but reflects a broader pattern in many African contexts. This goes against the echoes of the NAP for OVC which emphasizes the importance of support systems for vulnerable children.

This supported by the ecological systems theory which brings out the importance of mesosystem connections (collaborations between families, schools, and communities) in child development. When these systems fail to coordinate, it affects the development of

children leaving them without support networks. Conversely, children in contexts with robust reintegration mechanisms, and community support are more likely to show more favorable developmental outcomes. Thus, the concept suggests that a child's adjustment is influenced by the child's engagement with broader social systems. This suggests that, in such a resource poor setting as Bindura, reintegration is usually hindered by structural inadequacies. Thus, the absence of support systems after reintegration is not just a local problem but a common one which is faced by low income communities where reintegration care mechanisms are either weak or non-existent. This underscores the need to ensure that reintegrated children receive ongoing and coordinated support to allow for prolonged recovery and growth.

4.2.2 Positive parenting practices available to reintegrated children in Bindura

This section presents the outcomes and analysis of the effective parenting methods available to once institutionalized children in Bindura. Four sub-themes based on repeated trends in coding helped to arrange the findings. Each sub-theme is covered with participant direct quotes, then theoretical analysis and interpretation.

4.2.2.1 Emotional connection and child engagement

The findings showed that emotional interaction between formerly institutionalized children in Bindura and caregivers is sometimes lacking. A 17-year-old female child reflected on the emotional climate in her new household:

“At home, everything is there (food, clothes and even school fees) but no one really talks to me or asks how I feel. It is like I am just someone living in the house and not part of a family”

Child aged 17

This sentiment of emotional isolation was echoed by other six children who described household surroundings that were functional but lacked emotional warmth. Ten of the thirteen caregivers who participated in the study said that they had trouble showing the children in their care real affection or having meaningful conversations with them. Seven of these caregivers said they were frustrated because they had unresolved personal trauma and had never worked with emotionally sensitive children before. One caregiver aged 39 shared her own uncertainty and emotional limitation:

“Pamwe pachu handizive kuti ndozviita sei, anongonyarara ini ndonyararawo. Tinongoita basa redu nekudya” (Sometimes I do not know what to say to him... he’s quiet, and I also keep quiet. We just do our chores and eat.) **Caregivers aged 39**

Only two caregivers stated that they routinely inquired with the children about their feelings, school experiences, or personal needs. Although, two caregivers emphasized the value of bonding activities such as storytelling, shared meals, and weekly talks as ways of connecting emotionally, two social workers from Bindura DSD and one from SOS Children’s Villages highlighted that emotional detachment is a common problem in reintegration. One social worker noted that:

“Many caregivers consider their responsibility as only giving shelter and food, but emotional assistance is often disregarded even though it is the most vital for healing.” **Social Worker DSD Bindura**

The findings raise important implications for the need to improve emotional attachment and child involvement in post-institutional parenting in Bindura so as to achieve effective reintegration. The study found that the caregivers had trouble building trust and having regular interactions with the children, which led to low levels of emotional connection and involvement. This points to a gap in effective parenting strategies, where emotional support is either inadequate or poorly communicated. These findings are consistent with past studies, such as Juffer and Bakermans-Kranenburg's (2023) analysis of the potential benefits of attachment-focused strategies for well-being of parents. Their results suggest that children's emotional and behavioral self-control is boosted by the parent-child bond.

However, a different view from McCall et al. (2020) and Gayalants (2023) shows that while emotional warmth is key, some children may still develop adaptive functioning even with poor caregiver attachment especially when consistency and regularity are present. This gives a nuanced view of child adjustment in resource-limited contexts. The ecological systems theory offers a great lens for interpreting these interactions. At the microsystem level, emotional detachment may come from caregivers’ own psychological problems. The exosystem typified by insufficient training and assistance further constrains emotional literacy, while cultural norms within the macrosystem may downplay open emotional expression. The study observes that while emotional connection may take diverse cultural forms, the absence of conscious participation risks harming long-term reintegration success. Therefore, building emotional literacy among caregivers through locally grounded and

culturally sensitive practices is vital to boosting child engagement and improving reintegration success in Bindura.

4.2.2.2 Discipline and positive reinforcement

The study showed that caregivers of formerly institutionalized children in Bindura had various understandings and approaches of using discipline and reinforcement. From the children's perspective, six of them said that they regularly felt punished without understanding why. One child described this confusion:

“Kana ndikatadza vanongondituka kana kunditi ndiende panze. Pamwe pachu ndinenge ndisingazive kuti ndatadzei.” (When I do something wrong, they either shout or tell me to go outside. I do not know what I did wrong sometimes.) **Child aged 15**

On the caregivers' side, seven reported that they used punitive or authoritarian approaches to discipline, such as shouting or withholding privileges when children displayed delinquent behaviour or opposition to family rules. One caregiver explained:

“Pamwe pachu vanoterera kana ukambomurova kana kumupa punishment. Kuda kutaura navo, hapana chinobuda” (Sometimes the only way they listen is if you scare them or punish them. Talking does not always work with these children) **Caregiver aged 38**

Conversely, only three caregivers reported employing consistent rules and non-violent ways of reprimand, such as explaining consequences or leading children to reflect on their conduct. Positive reinforcement, such as praise and awards for excellent behaviour, was not generally practiced. Only four caregivers admitted that they used verbal praise or minor incentives to enhance responsibility or respect. Two social workers one from SOS Children's Villages and the other from Kutenda Children's Home underlined that many caregivers lack professional parenting training and revert to punishment tactics developed in their own upbringing. One of these two social workers explained:

“There is a gap in knowledge; caregivers are not taught how to manage behaviour in a positive way. They basically do what they experienced while growing up.” **Social Worker SOS Children's Villages**

The findings suggest that severe punishment practices are popular among caregivers in Bindura which raises concerns about the reintegration of children with trauma backgrounds. This supports previous research, such as Heilman et al. (2025), who posits that children are more vulnerable to emotional and behavioral problems, which can be increased by harsh

disciplinary practices. Similarly, Cuartas (2020) assert that positive reinforcement is better at helping individuals learn how to control their emotions and change their behavior. Their study indicated that children whose mothers acknowledged to employing corporal punishment at the outset of the research performed worse on cognitive ability tests four years later compared to children whose mothers did not resort to such disciplinary tactics. This is especially critical for children recovering from institutional trauma. This aligns with the Children's Act (Chapter 5:06) which emphasizes the issue of child protection from harsh disciplinary practices that can cause physical or emotional harm to children.

Adding on, the ecological systems theory helps to clarify this issue by showing how interactions within and among systems shape disciplinary processes. The child-caregiver relationship at the microsystem level deteriorates when punishment is given more priority than connection. To add on, lack of access to parenting training and mental health assistance at the exosystem level leaves caregivers unprepared, therefore they end up depending on authoritarian methods passed down to them from their own childhoods. Culturally, the macrosystem in many African societies encourages corporal punishment as acceptable, supporting these outdated practices. While a few caregivers in the study exhibited understanding and application of positive reinforcement, such practices remain rare. The occurrence of such behaviours contrasts with both theory and best practices in positive parenting. Therefore, the researcher notes that the existence of theoretical and practical support for participative and nonviolent parenting is of no use since caregivers in Bindura still use damaging techniques due to lack of knowledge, support, and training. This accords with worldwide low-resource regions, where traditional techniques of parenting prevail in the absence of systematic training. Hence, these findings underlines the need for culturally appropriate and non-violent punishment measures that strengthen child-caregiver ties and improve reintegration results through trust, empathy, and skill development.

4.2.2.3 Empowerment through education and participation in decision making

The responses indicated that formerly institutionalized children in Bindura have limited involvement in household decision making and varying levels of support in educational pursuits. One child expressed:

“Ndinongoita zvandinenge ndaudzwa. Ndikada kubvunza kana kutaura zvandiri kufunga ndinonzi ndakudherera” (I just do what I am told. They tell me I am being disrespectful if I try to ask or say something.) **Child aged 16**

This perspective was also reflected in the experiences shared by other five children who claimed that they were hardly asked for their comments or offered options on issues influencing their life. Nevertheless, there were positive examples of child empowerment. One caregiver explained how she involved her foster child in simple decisions, such as arranging meals or setting up weekend chores:

It makes him feel part of the home. When he feels heard, he is more open and reacts better to household rules and guidelines. Foster parent aged 42

The sentiment of participatory parenting was echoed by other three caregivers who said that they actively include the children in conversations about daily routines, chores, or personal matters. These caregivers described efforts to involve children as a way of promoting responsibility and trust. The other nine caregivers considered children as passive receivers of care, not as people with a voice in their own life. In terms of education, thirteen caregivers said that they valued schooling, although only four reported being actively involved in the children's progress in school. These four caregivers helped children with homework. They also attended school meetings and monitored the children's school performance. The remaining nine caregivers mentioned time restrictions or lack of confidence in their own literacy as challenges to support children's education. A social worker from Bindura DSD echoed these findings by stating that:

Some caregivers do not follow up on the child's progress. Others are supportive but do not know how to help beyond sending the child to school. Social Workers DSD Bindura

The findings have significant implications for the need to facilitate children's empowerment through educational support, access as well as their participation in decision-making within reintegration process in Bindura. The identified absence of constant education and involvement in family issues reveals a gap in parenting that hinders the development of children's identity and self-esteem. The implication raised by the findings aligns with Qian et al (2024), who emphasize that including children in decision-making helps them to develop their self-worth and gets them ready for independent life. Their study imply that as part of their parenting methods, parents can support their children in gaining executive function skills necessary for adapting to changing settings and managing their reactions to challenging situations. Likewise, the UNCRC (1989) points out that involving children in decisions that affect them is important to children's development and protection. An opposing perspective is held by Paki (2025) and Smith et al. (2022) who argues that child participation should be

introduced carefully and in a culturally sensitive way. They warn that imposing full participative expectations on caregivers who are not experienced with such duties can cause resistance especially in traditional family environments where child compliance is given more priority than communication and engagement.

The ecological systems theory reflects these points of view by stressing the several influences of participation on different levels. At the microsystem caregivers often give authority top priority because of their upbringing or lack of training. The exosystem exposes barriers such as limited access to education and stigma. Cultural beliefs at the macrosystem view child involvement as disrespectful therefore they limit involvement even more. The researcher observes that while child participation was rare, foster parents who had formal training displayed more inclusive practices. This shows that involvement is not consequently rejected but often limited by social and structural constraints. Therefore, the study recommends caregiver training and culturally customized sensitization programs to encourage participatory parenting as both a right and a tool for resilience.

4.2.2.4 Barriers hindering positive parenting practices in Bindura

The findings revealed that caregivers face multiple challenges that limit their consistent application of positive parenting practices during the reintegration of formerly institutionalized children in Bindura. These challenges stemmed from economic hardship, emotional unpreparedness, and cultural beliefs. Eight out of thirteen caregivers acknowledged that financial hardship was a main barrier. These eight caregivers highlighted that with limited income and substantial family responsibilities, they usually focus more on providing the basic needs of the family such as food and shelter at the expense of emotional and psychosocial assistance. One caregiver shared:

“Nguva zhinji unenge uchifunga kuti vachadyei. Hapana nguva yekugara pasi nekutaura nezvemafeelings avo” (Most of the time you are always thinking about what they will eat tomorrow. There is no time or energy to sit and talk about feelings.) **Caregiver aged 46**

In addition to economic challenges, nine caregivers indicated that they lacked training or understanding about how to manage children with complicated emotional backgrounds. These caregivers admitted that they felt overwhelmed, especially when children demonstrated behaviours parents did not understand or know how to manage. One caregiver noted:

“Vana ava vasangana nezvinhu zvakawanda zvatisingazive. Vatori different apa isusu hatina kudzidziswa kuti tinovarera sei” (These children have gone through things we do not know. They are different. I was not trained how to handle them.) **Caregiver aged 39**

Cultural perspectives further influenced caregiving practices. Seven of the caregivers that participated in the study believed that emotional distance and strict discipline were essential to raising children properly. Another barrier that emerged was the stigma linked to formerly institutionalized children. A social worker from Kutenda Children’s Home stated that community members apparently perceived these children as difficult or troublemakers which discouraged caregivers from truly accepting them. The social worker noted:

‘There is a misconception that these children are difficult or dangerous, therefore some caregivers treat them with caution, not warmth’. **Social Worker Kutenda Children’s Home**

The findings indicate that caregivers in Bindura encounter major challenges in applying good parenting to formerly institutionalized children. Emotional unpreparedness, lack of knowledge, financial constraints, and restrictive cultural norms appeared as important hurdles. These difficulties are not unique to Bindura and reflect already existing literature. For instance, Gwenzi (2018) demonstrates the adverse effects of stigma on formerly institutionalized children. Feltner et al. (2021) further emphasize that caregivers globally are often caught between meeting everyday necessities and addressing emotional demands. Their study highlights the importance of training resource parents with the required knowledge and attitudes to effectively parent adolescents. These worldwide problems mirror the realities in Bindura.

The ecological systems theory provides important insights into this situation. At the exosystem level, lack of access to training and external support systems inhibits caregivers’ potential to adopt trauma-informed practices. Schiller et al. (2021) stress that caregivers who receive help are more resilient and more suited to handle the challenges of parenting, especially in complex situations like reintegration. At the macrosystem level, cultural views that support authoritarian parenting practices restrict children’s participation and open expression of their emotions. The researcher observed that though these issues are prevalent in most countries of the world, in Bindura, they are deeply entrenched in cultural practices that defy modern caring. This separates the Bindura experience because the level of cultural influence makes it more difficult to implement positive parenting. Therefore, although reintegration problems are common, this situation needs approaches that are culturally

appropriate and fit the local situation. The study suggests that caregivers should be trained, support networks should be created, and cultural awareness should be raised as important steps toward successful reintegration. Without these, positive parenting remains an ideal rather than a practice.

4.2.3 A model of positive parenting to support the reintegration of formerly institutionalized children in Bindura

Participants presented diverse thoughts and comments and proposed a range of parenting methods and strategic interventions that could help the successful reintegration of formerly institutionalized children. The findings represent critical areas that demand attention and offer the framework for a context-specific parenting intervention. The study indicated that structured and understood home situations help children adjust and feel safe. Four caregivers who had successfully reintegrated their children underlined how routines, clear expectations, and shared responsibilities in the household were important for successful reintegration. Nine children who had not successfully reintegrated highlighted the need for these aspects in their reintegration. As one child remarked:

In the children's home, we had routines for everything (eating, cleaning and even playing). But when I came here, it felt different and confusing. No one tell me what to do or when to do it. Sometimes people eat at different times and chores just happen without me. I do not know where I fit. I really want to be part of the family where we do all things together, where I can help out and feel like I belong. If you want something from me to put on the model that can help me reintegrate, then let it be this, I want to feel at home **Formerly institutionalized children aged 16**

Adding on, one of the common aspect which was highlighted was the need to build deep emotional ties with children. Eight caregivers and four social workers noted that these children struggle with trust and emotional withdrawal and this makes it difficult for them to build a feeling of belonging in the family. These same participants underlined that there is need to build environments that are emotionally safe for children to feel heard, understood, and welcomed. One foster parent clearly emphasized this by highlighting that if we provide emotional care to children they will be able to develop trust and heal from past trauma. She said:

These children have gone through a lot of damage. They do not trust easily which is why sometimes they push you away. But we as caregivers need to keep on trying to reach out to them and show them that they are safe here with us. They need to know that we care for them and we will always be there for them. If they make mistakes, we need to reprimand them in a manner that make them feel protected. We just need a framework where we are continuously taught how to do it **Foster Parent aged 39**

Adding on, thirteen caregivers and four social workers underlined the need to educate families with information and skills to address reintegration problems. These participants called for community based parenting support programs that address emotional, behavioral, and developmental issues in children who have been institutionalized. Eight caregivers highlighted their interest in peer support groups where experiences can be shared and solutions discussed to support reintegration. Professional help including regular check-ins from social workers and access to therapy was also indicated as crucial. Thirteen participants thought that reintegration efforts should not end once the child exits institutional care. One caregiver commented:

“Hatina kudzidziswa kurera vana vanenge vasangana netrauma yakadai. Pamwe pachu handitozive kuti ndinomubatsira sei paanenge achida kubatsirwa. Tikawana munhu anotidzidzisa zvinotibatsira chaizvo. Tinoda munhu anoshanda nesu. Tikaita vabatsiri vanouya kuzotibatsira kwete kungoona kuti zvakamira sei” (We are not trained to address trauma experienced by these children. Sometimes I do not know what to do when the child acts up. If someone could teach us or advise us, it would make a great difference. We need someone to walk with us. A social worker who comes, not merely to check, but to help)

Caregivers aged 39

A social professional supported this concept by stating:

“Parenting groups could help caregivers not feel alone. They may talk, learn and help each other out. **Social Worker SOS Children’s Villages**

The above findings point out the necessity for a comprehensive parenting model that facilitates the reintegration of formerly institutionalized children in Bindura. This is in line with Rosa et al. (2022) and Scavenius et al. (2021) who in their study examined the Parent Management Oregon model that helped produce positive outcomes such as improved parenting skills, reduced behavior problems in children, decreased symptoms of depression, and better school performance. These findings are further backed by the ecological systems

theory, which underlines the role of numerous environmental systems in a child's development. For example, the great demand for emotional warmth and support points to the microsystem where day-to-day interaction between a child and the caregiver take place. When this relationship is working, it sets the foundation for a child's emotional well-being. This idea is recited in the work of Bakermans-Kranenburg et al. (2024), who revealed that emotionally responsive caring has a significant impact on children's behavior and sense of security.

Likewise, the importance of external support networks reflects the exosystem, which is the level of influence that affect the child indirectly. This is supported by research done by Mwende et al. (2022) which further indicate that strong community and organizational support can minimize the amount of stress that children encounter during reintegration. Moreover, Reupert et al. (2022) supports this when they highlighted the concept of "It takes a village to raise a child," reaffirming the idea that community involvement is crucial in assisting families. Adding on, the importance of involving children in decisions that affect their life reflects the mesosystem which is a layer where the numerous components of a child's world come together and influence each other. This is reinforced by Sturzenheder et al. (2023) who claimed that when children are involved in making decisions that affect them, it makes them feel more important which enables them to build resilience, and begin to take responsibility of their own life. Finally, the identification of training caregivers from the study as a key finding is in line with Davis-Kean and Tighe (2021) and Kerppola (2021) studies which pointed out the relevance of parental strengthening in providing children and family services by stating that endowing the parents with the required skills and knowledge is a vital component in the nurturing of children's resilience. The researcher observes that these findings demand a systemic shift so that parenting is encouraged through a network of relationships and institutions that value and respond to the unique needs of formerly institutionalized children.

4.3 Chapter Summary

This chapter presented, interpreted, analysed and discussed the study findings in relation to the existing literature and the theoretical framework of the study. The following chapter will focus on summary, conclusions and recommendations.

CHAPTER 5: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter offers a summary of the findings of the study as presented and analysed in the previous chapter. The chapter provides a section on conclusion, implications to social work practice, areas for future study and recommendations on the data presented and analysed. The recommendations attempt to address researched themes in the research in order to help support the reintegration of children from institutional care settings to family and community life.

5.2 Summary of findings

The study explored the post living experiences of formerly institutionalized children and the positive parenting practices available to them. The study was dominated by female children over male children, with the 11–15 age group representing the majority of children participants. Most of the children had spent five or more years in institutional care before reintegration and a large proportion was currently enrolled in secondary school. The majority had been reintegrated into extended families, with fewer transitioning to biological or foster families. Caregivers were largely female participants and most of them were aged between 36 and 50 years. Most of the caregivers came from low-income homes due to either unemployment or involvement in informal economic activities. The key informants, primarily social workers, generally had over five years of professional experience in child welfare and reintegration work. These demographic trends shaped the context in which the study's findings were drawn, offering insights into the dynamics of post-institutional reintegration in Bindura.

5.2.1 Post-living experiences of formerly institutionalized children in Bindura

The study revealed that the post-living experiences of formerly institutionalized children in Bindura are usually characterized by challenges rather than successes or opportunities. These include behavioral difficulties such as aggressive behaviors and rebellion or disobedience towards caregivers. Emotional challenges such as attachment difficulties, anxiety, withdrawal, possessiveness, and low self-esteem were also prevalent. Another important problem was the lack of support networks for both children and their caregivers which resulted in children facing inadequate educational and psychosocial assistance, financial constraints in their reintegrated families, and minimal community support due community stigma. All of this negatively affected the reintegration process as well as the emotional and

social well being of both children and caregivers in Bindura. These findings show that reintegration is strained by the absence of structures that provide stability and emotional security for both children and caregivers and this result in poor adjustment outcomes.

5.2.2 Positive parenting practices available to children after reintegration in Bindura

The study found that the reintegration process was often affected by parenting practices in Bindura which were largely traditional parenting approaches. On emotional engagement, many caregivers excluding foster parents and one or two caregivers failed to connect with children, leaving them feeling detached. The disciplinary methods used by caregivers were mainly punitive, with children expressing confusion and dissatisfaction and this affected the child-caregiver relationships. The children's engagement in decision-making was low, since many caregivers considered it as disrespectful to involve children in decision making. Educational support was irregular as many caregivers were not continually involved in their children's schooling or failed to help owing to socio-economic constraints and limited knowledge. There were also barriers which hindered the implementation of positive parenting practices and these included limited knowledge of participatory parenting, financial strain, emotional unpreparedness, and entrenched cultural beliefs. These obstacles combined affect the practice of nurturing and child-centered parenting techniques which are required for effective reintegration. The findings in regards to this objective underscored the need to address barriers in order to promote positive parenting practices to formerly institutionalized children.

5.2.3 A parenting model to support the reintegration of children in Bindura

The study found that although caregivers were more engaged in traditional parenting practices most of the participants recommended a shift in parenting practices to support reintegration of children. Key suggestions included the need for training caregivers in positive parenting to improve their parenting skills, strengthen emotional ties with children, establish structured home routines, create inclusive home environments and better support the reintegration of children. The participants of the study also stressed that there is need for the community to accept children coming from institutions. Implementation of support mechanisms such as peer groups and external assistance was also presented as a key initiative. The findings further emphasized the significance of engaging children in decision making and promoting empowerment through participation. Overall, the research emphasized the value of empowering individuals and the impact of collaboration between families, communities, and support systems. This serves as a cornerstone for creating lasting

and effective reintegration that is rooted in nurturing parenting techniques and active community involvement.

5.3 Conclusions

The study highlights that the reintegration of children from institutions to family and community settings cannot work without promoting open child participation and inclusion at every level. The participant's voices highlighted that emotional struggles, behavioral issues, and lack of support networks often emerge from circumstances where children are overlooked and unheard. The research underscores that healing and meaningful reintegration occurs when children feel emotionally safe to express themselves at home, in school, and in the community. It becomes obvious that caregivers cannot be equipped to support children without understanding the lived realities and needs of the children themselves. Thus, thriving reintegration is possible when children are not just recipients of care but active contributors to decisions that affect them. The study concludes that sustained reintegration requires systems and cultural norms that embed child participation as a core value making it not just a practice, but a posture across all ecological layers.

Moreover, the research shows that positive parenting practices, which include showing compassion, being responsive and providing emotional support, are crucial to the reintegration of children but are hindered by cultural expectations, lack of knowledge and availability as well as socio-economic pressures. The research also found that traditional parenting is not effective in addressing the various needs of children who grew up in institutions. It also emphasizes the importance of developing educational, psychosocial, and community support systems to support reintegration initiatives. A crucial deduction is that reintegration is unlikely to be made easy without intentional investment in child participation, caregiver training, family empowerment, and community engagement. The study also highlights the importance of a multi-level support approach that incorporates family, institutional, and societal efforts to produce enduring reintegration outcomes.

5.4 Implications for Social Work Practice

5.4.1 Social Work Methods- The study reveals that reintegration cannot rely on adult-driven approaches alone. The methods of social work need to change to consider children as participants in their own reintegration and not just passive clients. In casework, child-led planning sessions that shape support based on the child's views should be the norm in casework. Group work must create safe peer-sharing spaces where children can process their

institutional and reintegration experiences. At the community level, social workers need to move from a focus on top-down service delivery as part of reintegration, towards co-creation with children, families and communities while placing the child's perspective at the centre of all approaches.

5.4.2 Social Work Settings- Findings highlight that reintegration is not confined to the household but must expand beyond homes and institutions to include schools, churches and community centers as active reintegration systems. Schools in particular should be integrated into reintegration plans, as many children experience exclusion or silence in educational settings. Overall social workers must position themselves not only within institutions or family homes but in the broader community systems that shape the child's daily reintegration journey to monitor and support inclusion, emotional safety, acceptance, belonging and child voice thus making reintegration a lived communal experience rather than an administrative handover.

5.4.3 Social Work Training- Training for the practitioners should enable them to develop skills in harmonizing traditional norms with child-focused practices, especially in the context of extended family where caregiving is often informal, emotionally unprepared or resistant to child-focused approaches. The research reveals that in the absence of such competencies, reintegration is likely to reinforce harm rather than repair it.

5.4.4 Social Work Ethics- The study challenges the field to let go of a passive interpretation of the "best interest of the child." The ethical practice must be based in the child's right to participate, to be listened to, and to influence decisions that affect their lives. Social workers must recognize that emotional safety is a precondition for ethical engagement for instance, children cannot be expected to thrive where they cannot speak. Ethical reintegration demands that silence is interrogated, not accepted, and that participation is not symbolic but structural, guiding every step of practice and policy.

5.5 Recommendations

5.5.1 Policy/Programmatic Recommendations- Policies must institutionalize child participation in reintegration processes through a structured child voice integration framework led by the Ministry of Public Service, Labour and Social Welfare and local authorities. This ensures that the children's views are captured in reintegration assessments, plans and follow up reviews. A national programme to monitor reintegration must be developed to track psychosocial, education and family status over 5 years. Furthermore,

tertiary institutions and the Council of Social Workers should develop a standardised training course for caregivers which is focused on both the trauma-informed parenting and inclusive parenting.

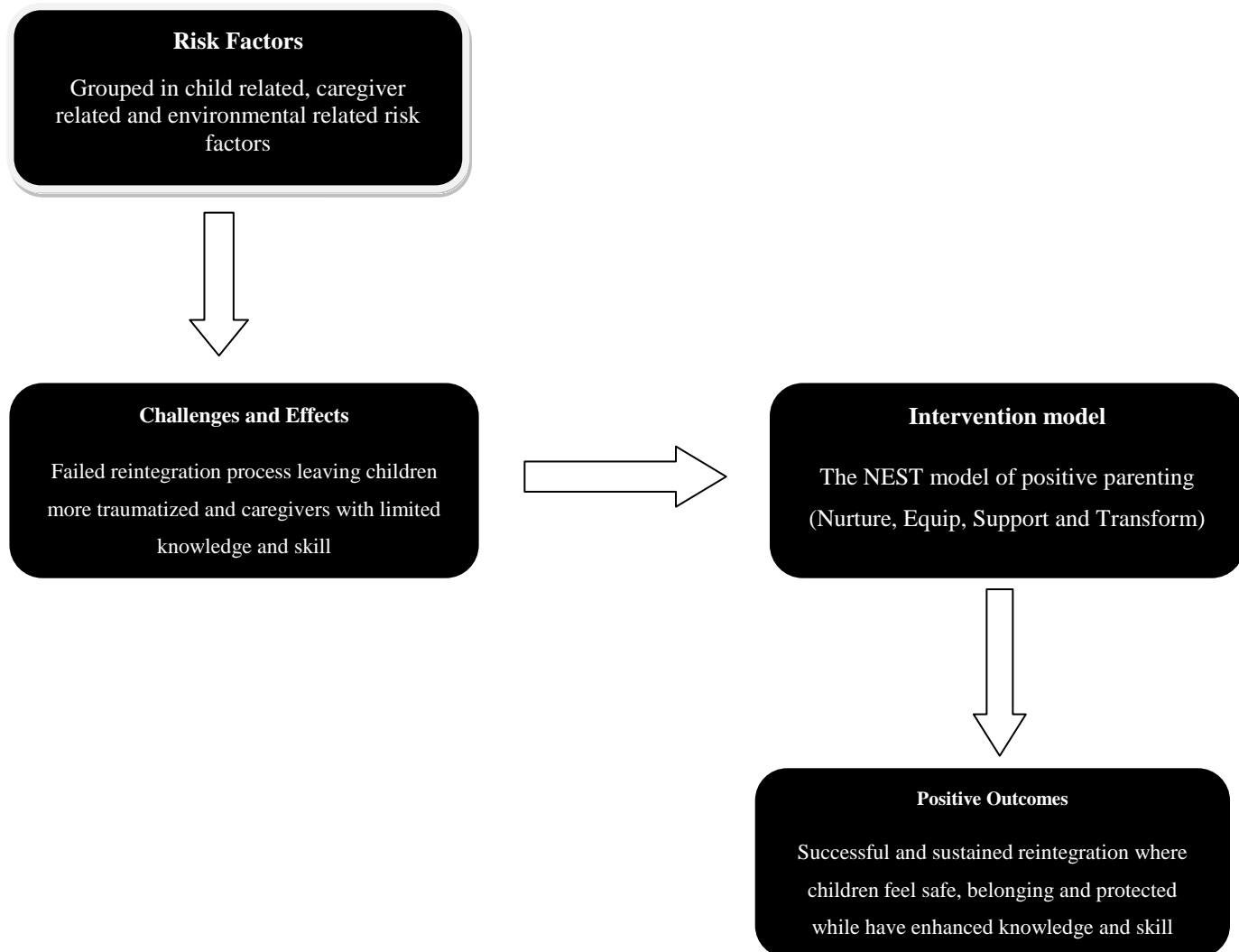
5.5.2 Stakeholders/Partners-Based Recommendations- Stakeholders such as NGOs, faith leaders, and traditional leaders should start community healing dialogues twice a year to reduce stigma and promote the collective responsibility of reintegration. Schools should cooperate with the government particularly the Ministry of Primary and Secondary Education to set up a reintegration support desk to provide counseling, peer support, and reintegration check-ins to children transitioning from institutions. The private sector and microfinance institutions should collaborate with community caregivers to create reintegration livelihood hubs that can help generate income and reduce financial burdens. These partnerships must create a networked support environment where multiple actors work together to produce tangible and time-bound interventions with the power to measurably impact the reintegration outcomes for children and care providers.

5.5.3 Community/Research Participants-Based Recommendations- Caregivers and extended families must participate in quarterly peer support circles facilitated by trained community social workers to build emotional preparedness and parenting skills. These could begin immediately after placement to reduce burnout and isolation. Social workers should support children (age 12+) to develop a personal life map with emotional, educational, and social goals which can be reviewed every 6 months. Social workers must also support these children to form reintegration peer advocacy clubs under the CSOs. These clubs will offer spaces to share experiences, mentor newly reintegrated children and inform policy feedback loops.

5.5.4 Social Work-Based Recommendations- Social workers should implement a three tier reintegration practice framework to address child, family and community-level needs simultaneously. A reintegration review panel should be established in every district to review reintegration progress on a quarterly basis and make real-time adjustments to support plans. This guarantees that the intervention remain adaptive malleable, relational, accountable, and in accordance with the ethical imperative of listening to the child's voice and acting upon in any social work action.

5.5.5 The NEST model of positive parenting to support the reintegration of formerly institutionalized children in Bindura

Figure 5.1: Pathway to the creation of the NEST model of positive parenting



From the collected and analyzed data in this study, a four-phase process was identified and developed into the NEST (Nurture, Equip, Support, and Transform) model of positive parenting for reintegration. The model was developed to respond to three main research questions of the study:

1. What are the post-living experiences of formerly institutionalized children in Bindura?
2. What positive parenting practices are available to formerly institutionalized children in Bindura?

3. What model of positive parenting can be suggested to support the reintegration of formerly institutionalized children in Bindura?

Unlike existing frameworks that often generalize reintegration, the NEST model aims to present a realistic, evidence-based framework reflecting the lived experiences, expressed challenges, and direct suggestions of caregivers, children, and stakeholders in Bindura, not only to investigate theoretical approaches to reintegration. The model captures particular risk variables influencing reintegration, illustrates the influence these risks have on the reintegration process, offers targeted intervention options grounded in the data, and projects the positive outcomes that might be attained should the model be used.

Phase One: Risk Factors

The approach starts with the identification of risk factors, which are conditions raising the possibility of failed reintegration. The findings of the study guided the grouping of these into child-related, caregiver related and environmental related domains. Child-related risks included emotional and behavioural problems such as anger, withdrawal, and disobedience frequently arising from trauma, abandonment, or broken bonding. The children participants generally expressed challenges in emotional regulation and trusting caregivers, especially in the early stages of reintegration. Adding on, caregiver-related risks included lack of emotional preparation, lack of positive parenting training, and socio-economic problems. Some caregivers struggled with building emotional relationships with children, applying positive reinforcement approaches, engaging children in everyday decision making, or managing household stress, which compromised the success of the reintegration process. Furthermore, the environmental risks included stigma from the community, absence of peer support groups, lack of follow-ups from the institution, as well as limited access to resources. These barriers generally isolate children and families, making it challenging to achieve successful reintegration. Together, these risk factors create an unstable reintegration environment for children, especially when they are not addressed. Children might experience rejection or be at risk of being institutionalized of experiencing long-term behavioural and emotional problems.

Phase Two: Challenges and Effects

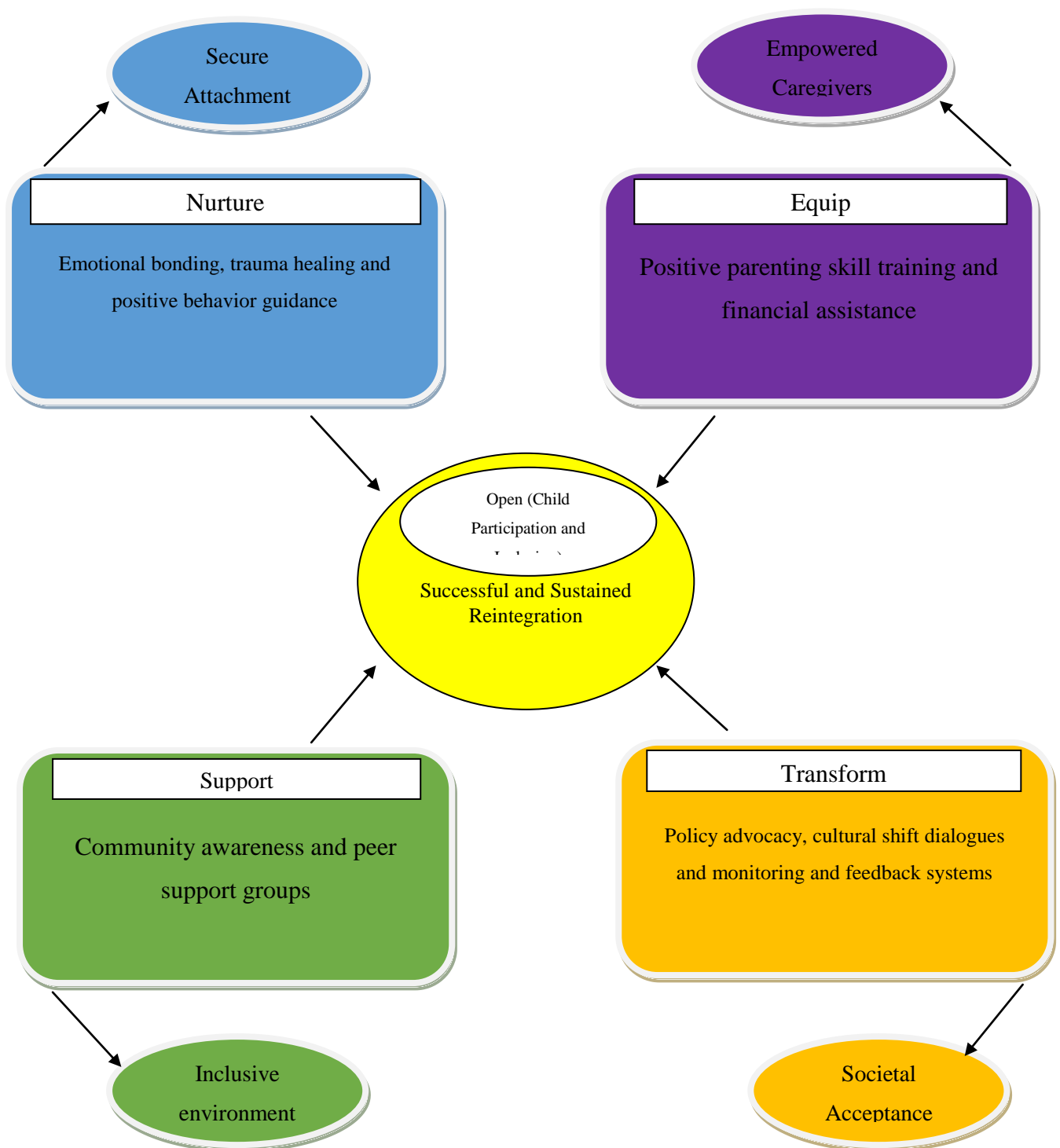
These risk factors induced actual problems for children as well as for their caregivers. Based on the data collected, behavioural and emotional instability emerged as clear as the dominant problems. Children typically felt alienated, anxious, or overwhelmed by household dynamics

while caregivers showed confusion and helplessness in managing these behaviours as depicted by minimal school involvement and limited engagement with children to understand their problems. Children experienced attachment difficulties, identity confusion and lack of belonging, especially when caregivers did not involve them in family routines or decision-making. These difficulties caused emotional shutdown, running away, academic disengagement, delinquent behaviour including drug use, internalized shame, and a breakdown in child-caregiver connections as well as disrupted family cohesion. In some cases, children developed behavioural disorders, while caregivers completely gave up on the reintegration process which further traumatized the child. These challenges were consistent throughout participants responses and this emphasized the urgent need for structured interventions that focus on social interaction, healing, and empowerment. Without intervention, these challenges present a threat of reinforcing cycles of exclusion and institutional dependence.

Phase Three: Intervention (The NEST Model)

The NEST (Nurture, Equip, Support and Transform) model was developed with a central drive from the urgent need to break this pattern of trauma and disconnection. The NEST model draws from the imagery of a nest which is more of a place of protection, growth, and preparing for life beyond. In context of this study the NEST model reflect a safe environment where children can recover, grow, get empowered and prepare for the better in the society. The model addresses the reintegration of children not only within the family but throughout broader social and cultural systems. Rooted in the ecological systems theory, the model recognizes that effective reintegration must consider and intervene at various levels: individual (child), family, community, and institutional level to ensure long term success. Thus the NEST model offers a holistic response to the issues of reintegrating formerly institutionalized children in Bindura.

Figure 5.2: The NEST model of positive parenting



Nurture: Addressing emotional and behavioural challenges

This component of the model directly responds to the emotional and behavioural problems indicated in the study. Children coming from institutions in Bindura regularly experience challenges such as trauma, attachment difficulties, and they also portray delinquent

behaviours. The Nurture component presents a solution to these issues since it enables for the formation of emotional connection through shared routines, story-sharing, and trust-building activities between children and caregivers. The component provides for the provision of safe spaces for expression, guiding children's behaviour with compassion, and integrating mental health support for formerly institutionalized children. It offers non-punitive behaviour guidance and access to counselling for trauma and sadness. This layer reinforces the microsystem where direct interactions between the child and caregiver occur, strengthening the child-caregiver bond as a foundation for stability.

Equip: Building caregiver competence and confidence

The study indicated that while some caregivers utilize positive parenting practices such as including children in decision making or supporting school attendance many caregivers feel ill-equipped to provide such practice due to lack of training and socio economic constraints. The Equip component presents a solution to this as it focuses on empowering caregivers with knowledge and practical parenting strategies that help them apply trauma-informed approaches to parenting. This is made possible through training caregivers on participatory parenting strategies such as developing daily routines and involving children in decision making, dispute resolution approaches as well as protecting children's rights. For instance, having planned family time discussions could allow children express themselves, help them feel heard and reduce behavioural pushback. By adjusting parenting approaches and building confidence, caregivers can better meet the needs of their children. Adding on, budgeting and resource mapping training workshops might assist caregivers on how to obtain resources that can help them provide basic necessities of the children despite economic limits. This enhances both the microsystem and exosystem, giving caregivers knowledge and skill to parent formerly institutionalized children effectively.

Support: Mobilizing community and institutional support systems

The Support component extends beyond the household by leveraging community and institutional resources. It promotes inclusive standards through sensitization, establishing local support networks in schools and churches, and connecting the families of reintegrated children to external assistance. For instance, one key finding of the study was the lack of consistent support mechanisms for both children and caregivers after reintegration of formerly institutionalized children. The Support component addresses this by ensuring families are linked to external resources such as peer support groups to provide emotional

support and resilience as well as support from community organizations that specialized in child welfare. The component also enables for community conversations through awareness initiatives that help remove stigma on formerly institutionalized children and build acceptance for these children. This element improves the mesosystem and exosystem by ensuring that formerly institutionalized children are supported in any environment they are reintegrated into.

Transform: Changing cultural norms and structural conditions

The Transform component works at a broader level to reshape cultural attitudes and processes. It involves engaging traditional leaders in conversations about the essence of non violent discipline strategies, campaigning for supportive policies, and using the media to change perceptions about reintegrated children as well as advocating for funds for caregiver training. It also includes tracking the reintegration progress to guide improvements. For instance, this component helps to address various cultural and institutional challenges that hinder effective parenting such as harsh disciplinary beliefs and lack of policy support. This phase operates within the macrosystem and chronosystem by influencing long-term societal change.

Phase Four: Positive Outcomes

The implementation of the NEST Model is believed to produce several important positive outcomes for formerly institutionalized children and their families. For formerly institutionalized children the expected results include enhanced emotional well-being, restored trust and stronger familial connections, improved school achievement, and reduced behaviour problems. In the context of caregivers the expected outcomes include enhanced confidence in parenting, lower stress, and more participatory affirming parenting methods such as more meaningful engagement with their children in their lives and decision making. And lastly for the community, expected outcomes include reduced stigma, improved social safety nets, and inclusive cultures that embrace formerly institutionalized children as full community members and support children's participation in decision-making duties. Ultimately, the model contributes to successful, sustained reintegration that is characterized by resilience and holistic child development offering children the stability and support they need to survive beyond institutional care.

Overall the NEST Model offers a clear response to the reintegration issues experienced in Bindura. It promotes emotional healing (Nurture), builds up parental capacity (Equip),

strengthens community relationships (Support), and drives larger change (Transform). It goes beyond just urging a family to “do better” but builds a complete ecosystem around the child where positive parenting may succeed. This ensures that reintegration is not a one-time event, but a continual path toward belonging, stability, and growth.

5.6 Areas for Future Study

Even though this study provided helpful insights regarding the reintegration of children in Bindura, there is need for additional research to explore various areas that were not examined. First of all the research was done in Bindura and did not compare the reintegration experiences of children in urban and rural contexts. This is an important element that could reveal regional disparities in cultural perspectives and support networks. Therefore, to determine whether location affects reintegration processes, support networks and community attitudes or not, future research might compare these contexts. This could highlight the potentials or limitations that are unique to given locations that were missed in this study. Additionally, the study did not focus on the opinions of biological parents or institutional caregivers, whose experiences could provide a more relevant ecological picture of reintegration dynamics. Future studies should also explore the value of digital tools and child-led technology in creating engagement, monitoring reintegration success and supporting community-driven solutions. Finally, since the current study offered a parenting intervention model to support the reintegration of children, it is important that future studies should be carried out to explore the application and impact of this model in real life circumstances. These analyses would be important to determine the relative strengths and limitations of the model and the impact it has on reintegration outcome.

5.7 Chapter Summary

This chapter highlighted a synopsis of the findings, gave a section on conclusions, implications for social work, a section on the recommendations to the study gaps and a section which identifies the areas for future study.

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APPENDICES

APPENDIX 1: In-depth Interview Guide for Formerly Institutionalized Children

INTRODUCTION

Hello, my name is Fitzgerald Goerge Alifandika and I am currently a fourth-year student at Bindura University of Science Education, where I am pursuing a Bachelor of Science Honors Degree in Social Work. As part of the degree program, students are required to conduct an individual research. Therefore, I am conducting a research study on the topic '**A parenting intervention model to support the reintegration of formerly institutionalized children in Bindura.**' The study focuses on exploring the post living experiences of formerly institutionalized children and proposing a parenting intervention model to address the challenges that these children face and support their successful reintegration into family life. You are kindly requested to participate in this study. Please rest assured that all your responses will be kept strictly confidential and anonymous, and will only be used for academic purposes. Furthermore, no monetary compensation will be provided, and your participation in this study is entirely voluntary. If you do choose to take part, I will conduct an interview with you that will not exceed 1 hour in order to gather the necessary data. Please feel free to excuse yourself at any point during the interview if you wish to do so.

Start Time: Time Ended.....

Date:

Section A: General Information

Participant's Gender: Male [] Female []

Participant's Age: 6-10 [] 11-15 [] 16-17 []

Period of institutionalization:

Current living situation: Biological family[] Extended family[] Foster family[]

Level of education: Primary [] Secondary [] Tertiary []

Section B: Exploring the post living experiences of formerly institutionalized children in Bindura

1. How did you feel about leaving the children's home and starting a new life with your family?

2. What challenges have you faced in adjusting to family life?
3. Do you feel accepted and supported by your family and community after reintegration? Why or why not?
4. What kind of support do you think would be helpful for you during the reintegration process?

Section C: Examining positive parenting practices available to children in Bindura

5. How does your caregiver support you emotionally and socially?
6. What kind of discipline do your caregivers use, and how does it make you feel?
7. What does it mean to you when your caregiver or parents show you love, care and support?
8. What things do your caregivers do that make you feel safe, loved and supported?
9. What are some things your caregivers or parents can do to show you they care about your feelings and well-being?
10. How do you feel when your caregiver or parents give you choices and involve you in decision making?
11. Do you feel like you can talk to your caregivers about your problems? Why or why not?
12. How do you think your caregiver or parents can best support you in developing independence and self confidence?

Section D: Suggesting a model of positive parenting to support the reintegration of formerly institutionalized children in Bindura

13. What suggestions or recommendations would you offer for developing a positive parenting intervention model that effectively supports your reintegration?
14. What specific support systems or interventions should be included in a parenting model to effectively your reintegration?

Appendix 2: In-depth Interview Guide for Children's Caregivers

INTRODUCTION

Hello, my name is Fitzgerald Goerge Alifandika and I am currently a fourth-year student at Bindura University of Science Education, where I am pursuing a Bachelor of Science Honors Degree in Social Work. As part of the degree program, students are required to conduct an individual research. Therefore, I am conducting a research study on the topic '**A parenting intervention model to support the reintegration of formerly institutionalized children in Bindura.**' The study focuses on exploring the post living experiences of formerly institutionalized children and proposing a parenting intervention model to address the challenges that these children face and support their successful reintegration into family life. You are kindly requested to participate in this study. Please rest assured that all your responses will be kept strictly confidential and anonymous, and will only be used for academic purposes. Furthermore, no monetary compensation will be provided, and your participation in this study is entirely voluntary. If you do choose to take part, I will conduct an interview with you that will not exceed 1 hour in order to gather the necessary data. Please feel free to excuse yourself at any point during the interview if you wish to do so.

Start Time: Time Ended.....

Date:

Section A: General Information

Participant's Gender: Male [] Female []

Participant's Age: 18-25 [] 26-35 [] 36-50 [] 50+ []

Relationship to the child:

Employment status Formal work [] Informal work [] Unemployed []

Section B: Exploring the post living experiences of formerly institutionalized children in Bindura

1. What emotional or behavioral challenges have you observed in the child since reintegration?
2. How has the child adjusted to family life and social relationships?

3. How do you think the child's experience in the institution has affected their relationships with family members or peers?
4. How have you managed to balance the child's needs with those of other family members?
5. What kind of support do you think the child needs to successfully reintegrate into family life?

Section C: Examining positive parenting practices available to formerly institutionalized children in Bindura

6. How do you provide emotional support and validation to the child as they navigate the reintegration process?
7. How do you prioritize quality time with the child and engage in activities that promote bonding?
8. What approaches do you use to set clear boundaries and expectations while still being nurturing and supportive?
9. What challenges have you faced in providing care and support to the child during the reintegration process?
10. What additional support or resources do you think would be helpful in facilitating the reintegration process?

Section D: Suggesting a model of positive parenting to support the reintegration of formerly institutionalized children in Bindura

11. What suggestions or recommendations would you offer for developing a positive parenting intervention model that effectively supports the reintegration of your child?
12. What specific support systems or interventions should be included in a parenting model to effectively support the reintegration of your child?

Appendix 3: In-depth Interview Guide for Children's Social Workers

INTRODUCTION

Hello, my name is Fitzgerald Goerge Alifandika and I am currently a fourth-year student at Bindura University of Science Education, where I am pursuing a Bachelor of Science Honors Degree in Social Work. As part of the degree program, students are required to conduct an individual research. Therefore, I am conducting a research study on the topic '**A parenting intervention model to support the reintegration of formerly institutionalized children in Bindura.**' The study focuses on exploring the post living experiences of formerly institutionalized children and proposing a parenting intervention model to address the challenges that these children face and support their successful reintegration into family life. You are kindly requested to participate in this study. Please rest assured that all your responses will be kept strictly confidential and anonymous, and will only be used for academic purposes. Furthermore, no monetary compensation will be provided, and your participation in this study is entirely voluntary. If you do choose to take part, I will conduct an interview with you that will not exceed 1 hour in order to gather the necessary data. Please feel free to excuse yourself at any point during the interview if you wish to do so.

Start Time:

Time Ended.....

Date:

Section A: General Information

Participant's Gender: Male [] Female []

Participant's Age: 18-25 [] 26-35 [] 36-50 [] 50+ []

Level of experience 1-3yrs [] 4-5yrs [] 6-10yrs [] 10+yrs []

Section B: Exploring the post living experiences of formerly institutionalized children in Bindura

1. What are the most common emotional and behavioral challenges children exhibits after reintegration?
2. How do children adapt to family life after leaving institutional care?
3. How do you support children in addressing reintegration challenges and promoting positive adjustment?

4. How do children's experiences in institutions impact their relationships with family members or peers after reintegration?
5. How do you think social work practice can be adapted to better address the unique needs of formerly institutionalized children?

Section C- Examining positive parenting practices available to formerly institutionalized children in Bindura

6. What positive parenting strategies do you think are most effective in supporting the reintegration of formerly institutionalized children?
7. How do you help caregivers or parents provide emotional support and validation to reintegrating children?
8. What role do you think positive parenting plays in mitigating the negative effects of institutionalization?
9. What challenges do caregivers or parents typically face in providing positive parenting support during reintegration?
10. What additional support or resources do you think caregivers or parents need to effectively provide positive parenting support?
11. What role does policymakers, practitioners, or community and extended family members play in ensuring positive parenting support during reintegration?

Section D: Suggesting a model of positive parenting to support the reintegration of formerly institutionalized children in Bindura

12. What suggestions or recommendations would you offer for developing a positive parenting intervention model that effectively supports the reintegration of formerly institutionalized children in Bindura?
13. What specific support systems or interventions should be included in a parenting model to effectively support the reintegration of formerly institutionalized children in Bindura?

Appendix 4: Focus Group Guide

INTRODUCTION

Hello, my name is Fitzgerald Goerge Alifandika and I am currently a fourth-year student at Bindura University of Science Education, where I am pursuing a Bachelor of Science Honors Degree in Social Work. As part of the degree program, students are required to conduct an individual research. Therefore, I am conducting a research study on the topic '**A parenting intervention model to support the reintegration of formerly institutionalized children in Bindura.**' The study focuses on exploring the post living experiences of formerly institutionalized children and proposing a parenting intervention model to address the challenges that these children face and support their successful reintegration into family life. You are kindly requested to participate in this study. Please rest assured that all your responses will be kept strictly confidential and anonymous, and will only be used for academic purposes. Furthermore, no monetary compensation will be provided, and your participation in this study is entirely voluntary. If you do choose to take part, I will conduct an interview with you that will not exceed 1 hour in order to gather the necessary data. Please feel free to excuse yourself at any point during the interview if you wish to do so.

Start Time:

Time Ended.....

Date:

Section A: Exploring the post living experiences of formerly institutionalized children in Bindura

1. Can you describe any common experiences that formerly institutionalized children share during their reintegration process?
2. How do you think institutionalization affects children's ability to form and maintain relationships with peers and family members after reintegration?
3. How do family members and communities react to the return of formerly institutionalized children?

Section B: Examining positive parenting practices available to children in Bindura

4. What specific parenting practices do you believe are most effective in supporting these children during their transition back into the community?
5. How do caregivers address trauma, trust issues and attachment difficulties with formerly institutionalized children?
6. What role does extended family and community support systems play in promoting positive parenting for families reintegrating formerly institutionalized children?
7. Can you share examples of how positive parenting has helped children adapt to their new environments after leaving institutional care?
8. What challenges do parents or caregivers face when trying to implement positive parenting strategies with formerly institutionalized children?

Section D: Suggesting a model of positive parenting to support the reintegration of formerly institutionalized children in Bindura

9. What suggestions or recommendations would you offer for developing a positive parenting intervention model that effectively supports the reintegration of formerly institutionalized children in Bindura?
10. What specific support systems or interventions should be included in a parenting model to effectively support the reintegration of formerly institutionalized children in Bindura?

FACULTY OF SOCIAL SCIENCE AND HUMANITIES
DEPARTMENT OF SOCIAL WORK

INTERVIEW CONSENT FORM

Introduction

Dear Participant,

My name is Fitzgerald Goerge Alifandika. I am a fourth-year student at Bindura University of Science Education pursuing a Bachelor of Science Honors Degree in Social Work. As part of the requirements of the degree, a student is required to carry out a research project, which I kindly invite you to participate in. Before you decide to participate in the research, you are free to talk to anyone you feel comfortable about the research. If there may be some words, you do not understand you are free to ask, and I will explain. And please be reminded that your responses for this study will be treated with confidentiality and will **ONLY** be used for the purposes of this research. Your participation is based on voluntary basis. Therefore, you have the power to decide whether you feel comfortable or not to be interviewed. You may decide to withdraw from the interview at any moment. Having said this, I am kindly asking you to help me in carrying out my research by taking a few minutes of your time to respond to the following questions as openly and freely as you can. Your cooperation and support are greatly appreciated.

Title of the study

A parenting intervention model to support the reintegration of formerly institutionalized children in Bindura.

Purpose of the study

The primary aim of this study is to develop a parenting intervention model that will serve the urgent needs of formerly institutionalized children and also generates long-term positive improvements in their lives and the greater community.

Contact details

If you have any other questions you can contact me on the following details

Email; goergealifandika@gmail.com

Phone number: 0779421703/0778923926

If you are willing to partake and contribute to and in the study, you can kindly fill your details in the spaces below.

Participant signature (pseudonym)..... Signature of researcher.....

APPROVAL LETTER FROM THE UNIVERSITY

FACULTY OF SOCIAL SCIENCES & HUMANITIES
DEPARTMENT OF SOCIAL WORK

P. Bag 1020
BINDURA, Zimbabwe

Tel: 263 - 71 - 7531-6, 7621-4

Fax: 263 - 71 - 7534



BINDURA UNIVERSITY OF SCIENCE EDUCATION

Date: 17 FEBRUARY 2025

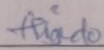
TO WHOM IT MAY CONCERN

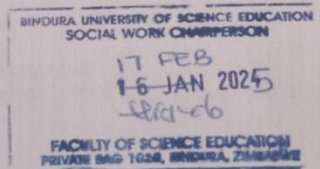
RE: REQUEST TO UNDERTAKE RESEARCH PROJECT IN YOUR ORGANISATION

This serves to introduce the bearer: FITZGERALD GOERGE ALIFANSIKA
Student Registration Number: B213192E who is a BSc SOCIAL WORK student
at Bindura University of Science Education and is carrying out a research project in
your area/institution.

May you please assist the student to access data relevant to the study, and where
possible, conduct interviews as part of a data collection process.

Yours faithfully


MS E.E. CHIGONDO
CHAIRPERSON



APPROVAL LETTER FROM THE MINISTRY

Official communications should
Not be addressed to individuals

Telephone: 703711 / 790721-4
Harare



ZIMBABWE

MINISTRY OF PUBLIC SERVICE, LABOUR AND SOCIAL
WELFARE
Compensation House

Cnr S.V Muzenda and Central Avenue
HARARE

28 APRIL 2025

Fitzgerald George .Alifandika (B213192B)
Bindura University of Science Education

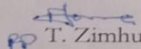
REF: LETTER OF APPROVAL TO CONDUCT A RESEARCH STUDY
TITLED 'A PARENTING INTERVENTION MODEL TO SUPPORT
THE REINTEGRATION OF FORMERLY INSTITUTIONALISED
CHILDREN IN BINDURA'

Receipt of your letter with the above mentioned matter is acknowledged.

Please be advised that permission is hereby granted for you to carry out research
titled '**A parenting intervention model to support the reintegration of formerly
institutionalised children in Bindura**'

Permission is granted **STRICTLY** on condition that the research is for academic
purposes only in pursuit of your BSc Honours Degree in Social Work. The data
collected should not be shared to third party (3rd).

You are requested to submit a copy of your final research documents to the
Department of Social Development upon completion as your research has a bearing
on the Department's mandate.


T. Zimhunga

Director Social Development.

MINISTRY OF PUBLIC SERVICE, LABOUR AND SOCIAL WELFARE

