

**BINDURA UNIVERSITY OF SCIENCE EDUCATION**

**FACULTY OF SOCIAL SCIENCES HUMANITIES**

**DEPARTMENT OF SOCIAL WORK**



**THE EXPERIENCES OF FORMERLY INSTITUTIONALIZED CHILDREN DISCHARGED  
FROM VILLAGE OF HOPE ZIMBABWE:**

**BY**

**(B193642B)**

**MAY 2024**

**A DISSERTATION SUBMITTED TO BINDURA UNIVERSITY OF SCIENCE  
EDUCATION, FACULTY OF SOCIAL SCIENCES AND HUMANITIES, IN PARTIAL  
FULFILLMENT OF THE REQUIREMENTS FOR THE BACHELLOR OF SCIENCE  
HONORS DEGREE IN SOCIAL WORK.**

## APPROVAL FORM

The undersigned Clarify that they have read and agreed that Bindura University of Science education has accepted the dissertation entitled **“The experiences of formerly institutionalized children discharged from Village of Hope Zimbabwe”** in partial fulfillment of the requirements for the Bachelor of Science honors degree in social work.

Supervisors name.....

Signature .....

Date.....

## ABSTRACT

*The aim of this study was to explore the experiences formerly institutionalized children discharged from childcare institutions, a case of children discharged from childcare institutions. The researcher sought to investigate and explore the challenges faced by deinstitutionalized children after they were discharged from childcare institutions, to understand the opportunities and resources available to support formerly institutionalized children after their discharge from child care institutions and to recommend ways to insure successful reintegration of formerly institutionalized children into the community. The qualitative methods were chosen for this study because it can yield comprehensive and in-depth assessments of human experiences. A phenomenological research strategy was chosen in order to provide a deeper exploration of the research study by giving the researcher access to people's interpretations, experiences, opinions, and attitudes regarding a social phenomenon. Purposive sampling was used to choose two key informants and six formerly institutionalized children as study participants. The researcher employed key informant interviews and in-depth interviews as data gathering techniques. The data was collected through interview guidelines, voice recordings were used to record participant responses, and thematic analysis was employed to examine the results. Several tactics were employed to increase the reliability. The findings indicated that formerly institutionalized children face various challenges such as failure to adapt to new environments, difficulties in forming new relationships, social stigma and discrimination as well as failure to integrate into the community. The findings noted that there are coping mechanisms which are employed by formerly institutionalized children to overcome the challenges they face and these are peer support groups, adopting and accepting the situations they find themselves in as well as seeking comfort from religious leaders .the findings also highlighted support systems available*

*for formerly institutionalized children which includes institutional post educational support, vocational training and skills training, half way youth homes and the care leavers network.*

## **DECLARATION FORM**

This dissertation, titled the experiences of formerly institutionalized children discharged from Village of Hope Zimbabwe. All sources of information and ideas that was not my own I have referred to in the text and bibliography.

Signature.....

Date.....

## **DEDICATION**

To my parents whose unwavering support and belief in me has been a beacon of hope and motivation. I am forever grateful for their love and support.

## **ACKNOWLEDGEMENTS**

The completion of this study would not have been possible without the support, guidance and encouragement of several individual. First and foremost I would like to express my deepest gratitude top my supervisor Ms Muregi for her unwavering support, expert guidance and valuable feedback throughout this research journey. To my family (the Nyamtambo family), your love patience and support has been a constant source of strength and inspiration, I would also like to extend my gratitude to the participants of this study whose willingness to share their experiences and insights has made this research possible.

## **ACRONYMS AND ABBREVIATIONS**

VOH	village of hope
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
NAP/OVC	National Action Plan for Orphans and Vulnerable Children
OVC	Orphans and Vulnerable Children
PTSD	post-traumatic stress disorder
POB	Post orphanage behavior
DSD	department of social development



## Contents

APPROVAL FORM .....	ii
ABSTRACT .....	iii
DECLARATION FORM .....	v
DEDICATION .....	vi
ACKNOWLEDGEMENTS .....	vii
LIST OF APPENDICES .....	xiii
LIST OF TABLES .....	xiv
CHAPTER 1 .....	1
INTRODUCTION AND BACKGROUND OF THE STUDY .....	1
1.0 Introduction .....	1
1.1 Background of the study .....	1
1.2 Statement of the problem .....	3
1.3 Aim of the study .....	4
1.4 Research objectives .....	4
1.5 Research questions .....	4
1.6 Significance of the study .....	4
1.7 Assumptions of the study .....	5
1.8 Delimitations of the study .....	6
1.9 Limitations of this study .....	7
1.10 Definition of key terms .....	8
1.12 Chapter summary .....	9
CHAPTER 2 .....	10
LITERATURE REVIEW AND THEORETICAL FRAMEWORK .....	10
2.0 Introduction .....	10
2.1 Theoretical framework .....	10

2.1.2 The Ecological Systems Theory .....	11
2.2.1 Patterns of institutionalization in developed countries .....	12
2.2.2 Patterns of institutionalization in the Southern Africa Region .....	14
2.2.3 The patterns of institutionalization in Zimbabwe .....	15
2.3 Institutionalization and Its Impacts on children.....	17
2.3.1 Emotional and Psychological Impact of institutionalization .....	18
2.3.2 Cognitive and Intellectual Development .....	20
2.4.3 Social Development .....	22
2.3.4 Physical Health .....	24
2.3.5 Long-Term Effects of institutionalization .....	25
2.4 Transition experiences of formerly institutionalized children .....	27
2.5 Support systems for formerly institutionalized children.....	29
2.6 Gaps in the literature .....	31
2.7 Summary .....	33
CHAPTER 3 .....	34
RESEARCH METHODOLOGY .....	34
3.0 Introduction.....	34
3.1 Research approach .....	34
3.2 Research design .....	35
3.3 Target population .....	36
3.4 Sampling .....	36
3.4.1 Sample Size.....	36
3.4.2 Sampling Technique .....	37
3.4.3 Purposive Sampling .....	37
3.5 Data collection .....	38
3.6 Data collection Methods .....	38
3.6.1 In-depth Interviews .....	38
3.6.2 Key informant interviews guide.....	39

3.7 Data analysis .....	39
3.8 Data Analysis and Presentation .....	40
3.9.1 Seeking permission .....	43
3.9.2 Informed consent .....	43
3.9.3 Confidentiality .....	44
3.10 Chapter summary .....	44
CHAPTER 4 .....	45
PRESENTATION, INTERPRETATION AND DISCUSSION OF FINDINGS .....	45
4.1 Introduction.....	45
4.2 Participants biographical information.....	45
4.3 Theme 1: Challenges faced by formerly institutionalized children after discharge. ....	48
4.3.1 Adaptation to New Environments.....	49
4.3.2 Establishing Relationships:.....	50
4.3.3 Societal stigma and discrimination .....	52
4.3.4 Integration into the Community.....	54
4.4 Theme 2: Coping mechanisms used by children after they were discharged from childcare institutions.....	55
4.4.1 Acceptability and adaptability .....	55
4.4.2 Support groups and counseling.....	56
4.4.3 Resilience in Christ .....	57
4.5 Theme 3: Support Systems available for formerly institutionalized children .....	58
4.5.1 Postsecondary programs .....	58
4.5.2 Vocational training and skills training.....	59
4.5.3 Half way youth homes .....	60
4.5.4 Care leavers network.....	61
4.6 Theme 4: Recommendations to ensure successful reintegration of formerly institutionalized children into the community .....	63
4.6.1 Proper discharge plans .....	63
4.6.2 Long term follow up .....	64

4.6.3 Family reunification and support .....	65
4.6.4 Deinstitutionalization .....	66
4.7 Summary .....	68
CHAPTER 5 .....	69
SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS.....	69
5.0 Introduction.....	69
5.1 Summary .....	69
5.2 Conclusion .....	71
5.3 Recommendations.....	72
5.3.1 Recommendations to policy makers .....	72
5.3.2 Recommendations to social workers .....	73
5.3.3 Recommendations to the government.....	74
5.4 Implications for Practice .....	75
5.5 Future Research Directions.....	76
5.6 Chapter summary .....	76
References .....	77

## LIST OF APPENDICES

Appendix A: Participant Interview Guide .....	85
Appendix B: Key Informant Interview Guide .....	88
Appendix C: Consent Form .....	91
Appendix D: BUSE Research Letter.....	95
Appendix E: Research Approval Letter.....	96

## LIST OF TABLES

Table 1: formerly institutionalized children biographical information.....	47
Table 2: Key Informants Biographical Information.....	46



## **CHAPTER 1**

### **INTRODUCTION AND BACKGROUND OF THE STUDY**

#### **1.0 Introduction**

The transition from institutional care to alternative care arrangements or independent living is a crucial period in the lives of children who have spent a significant portion of their formative years in childcare institutions. This study seeks to explore the challenges they face, the support systems available to them, and the impact of their institutionalization on their overall well-being. By gaining a deeper understanding of their post-institutional experiences, areas that need improvement in child care policies and practices, can be identified, ultimately enhancing the outcomes for these vulnerable children. While much research has focused on the experiences of these children within the institutions, there is a paucity of literature examining the post discharge phase. This dissertation seeks to bridge this gap by exploring the unique and opportunities' that arise during such a critical period. This chapter provides an overview of the background, problem statement, research objective and research questions that will guide the study.

#### **1.1 Background of the study**

Childcare institutions provide a temporary shelter and care for children who were removed from their families due to reasons such as abuse, neglect and abandonment. While these institutions offer a safe environment, they often fail to cater to the holistic development and long term needs of the children. Once these children reach a certain age or circumstances improve, they are discharged from childcare institutions and expected to reintegrate into the society however this transition can be immensely challenging for them. They face numerous obstacles such as stigma,



lack of skills, limited education, and psychological trauma resulting from their past experiences. Reunified children refer to children who were placed and discharged from childcare institutions such as orphanages, residential homes, foster care due to reasons such as neglect, abuse abandonment, or the inability of their biological families to take care of them properly. These children often experience disruption of the family environment and lack of stability, love and support that are crucial to a child's development. Institutionalised children may suffer developmental delays, attachment disorders, mental health issues and difficulties in forming healthy relationships because the institutional environment is characterized by limited resources, lack of individualized care and high caregiver-to-child ratio.

By tradition child care in Zimbabwe was the domain of the nuclear family, extended family networks and local communities. However this social structure has undergone significant changes over time. As a result, a growing number of children are unable to be accommodated within these traditional institutional setting. This shift has created a pressing need for out-of-home alternative care arrangements such as orphanages and children's homes. The numbers of vulnerable and orphaned children are increasing day by day and according to Munongi and Mawila (2023) at least 2.7 million children live in residential care worldwide. There are a number of childcare institutions in Zimbabwe which includes VOH Zimbabwe and (SOS) children's villages in Bindura, Harare children's home in the capital city and Manhinga children's home located in Rusape, which care for children who are orphaned, abandoned and vulnerable. There are also institutions around Zimbabwe that are privately funded institutional child care facilities which has grown to the extent that according to a study by UNICEF (2006) twenty-four childcare institutions has been established between 1994 and 2004. Therefore, the number of institutionalized children in childcare institutions increased. In the context of this

study reintegration means the process of ex-institutionalized children adapting and integrating into society after their discharge from childcare institutions, which involves establishing a stable and fulfilling life, forming meaningful relationships, and contributing to their community (Zeanah et al 2007). The concept of re-integration is central to addressing this challenge. The aim was to either reunite children with their biological relatives or place them in foster families. This approach aligns with the principles outlined in the African charter on the rights and welfare of the child with, as well as Zimbabwe's own policies which recognize the family as the natural and fundamental unit of society for nurturing a child. According to Maguwe et al. (2011), in Zimbabwe, the Department of Social Development led the effort to reintegrate children into communities in each of the nation's ten provinces, working with the Child Protection Society of Zimbabwe along with other partners.

## **1.2 Statement of the problem**

In as much as efforts have been made to improve childcare institutions, the long-term outcomes for ex-institutionalized children after discharge remains largely unknown therefore understanding their experiences post discharge is crucial for developing intervention and to facilitate their successful reintegration into the society. There is a lack of understanding regarding their experiences and the challenges they faces and the factors that could impact their positive reunification and reintegration into the community. This gap hinders the development of effective interventions and support systems to facilitate their positive transition and the improvement of their overall wellbeing. Hence there is need explore the experiences of reunified children after being discharged from childcare institutions with the goal of identifying the challenges they are facing and the factors that contribute to their successful transition as well as to fill in the gape of knowledge and inform policies and practices that enhance their outcomes.

### **1.3 Aim of the study**

To explore the experiences of formerly institutionalized children discharged from childcare institutions. A case of children discharged from village of hope.

### **1.4 Research objectives**

1. To explore the challenges faced by formerly institutionalized children after being discharged from Village of hope Zimbabwe.
2. To understand the resources available to support formerly institutionalized children after their discharge from child care institutions.
3. To recommend ways to insure successful reintegration of formerly institutionalized children into the community.

### **1.5 Research questions**

1. What are the main challenges faced by formerly institutionalized children as they transition from institutional care to independent living?
1. What resources are available to support formerly institutionalized children after their discharge from child care institutions?
2. What can be done to ensure successful reintegration into the society for formerly institutionalized children?

### **1.6 Significance of the study**

The significance of this study lies in the potential to contribute to the understanding of ex-institutionalised children's experiences after being discharged from childcare institutions. By exploring their experiences, challenges and factors that influence successful reintegration, this

study might have several important implications. The findings of this study might inform the development and improvement of support systems for ex-institutionalized children. Appropriate interventions and support services might be made to meet their unique needs by understanding the specific challenges they face and other factors that contribute to their successful re-integration. Further, understanding the factors that contribute to successful reintegration might help guide efforts to prevent re-institutionalization and promote stable family environments for ex-institutionalized children. By giving voice to the ex-institutionalized children, this study might empower them and validate their struggles and success. It might raise awareness about the challenges they face and promote a more empathetic and supportive society and reduce the stigma that is associated with institutionalization. To add on, the study might contribute to existing research literature on institutionalized children and their experiences after discharge. It might add to the body of knowledge on this topic, providing insights that could be built upon by future researchers and furthering our understanding of the long-term outcomes and the needs of ex-institutionalized children

### **1.7 Assumptions of the study**

- First and foremost, it is assumed that participants may open up and provide accurate information about their experiences during institutionalization and after discharge. However, there is a possibility that the participants may withhold certain information and provide biased responses due to various reasons such as trauma related issues and social desirability.
- The findings of this study might not fully be generalized towards all deinstitutionalized children due to the specific context and characteristics of the sample.

- The findings may primarily apply to the participants involved in the research and may not present all the experiences of ex-institutionalized children. In addition,
- It is assumed that ethical considerations such as informed consent and participant considerations will be followed throughout the research process. However, there is the possibility of ethical challenges or breaching that may impact the validity and reliability of the study

### **1.8 Delimitations of the study**

One of the delimitations of this study is the geographical scope for it focuses on ex-institutionalized children who have been discharged from childcare institutions within a specific geographic area or region. The findings may not be generalizable to other locations or contexts. The study focuses on the experiences of ex-institutionalized children during the post-discharge phase. It does not examine their experiences while in institutional care or prior to their discharge. The study utilized a specific sample size and selection criteria based on the available population of ex-institutionalized children who are willing to participate. The findings may not represent the experiences of all ex-institutionalized children.

The study was conducted in a specific language, and data was collected from participants who were fluent in that language. This may exclude individuals who do not speak the language or those who have limited proficiency. The study utilized qualitative research methods, specifically semi-structured interviews, to gather data. While this approach provides rich and in-depth insights, it did not capture the full range of experiences or quantitative data. The analysis and interpretation of the data was subjective to some extent, influenced by the researcher's

perspective and biases. Steps were taken to ensure objectivity and rigor in the analysis, but some level of subjectivity may still exist.

### **1.9 Limitations of this study**

The study had limited sample size due to the availability and willingness of ex-institutionalized children to participate therefore the small sample size restricted the generalizability of the findings to a larger population. Despite efforts to maintain objectivity, there was a possibility of researcher bias during data collection, analysis, and interpretation. Personal beliefs and perspectives of the researcher might unintentionally influence the results. The study relied on self-reported data from ex-institutionalized children, which might be subject to recall bias or social desirability bias.

Participants might provide responses that they believed was expected or might have difficulty recalling specific details accurately. The findings of this study might be specific to the particular context or population being studied and might not be applicable to different settings or groups of ex-institutionalized children. The experiences of ex-institutionalized children after discharge might be influenced by various external factors, such as socioeconomic status, support systems, and community resources. Controlling for and accounting for these factors might be challenging. Due to the limited timeframe of the study, it may not be possible to capture the long-term effects and trajectories of ex-institutionalized children after discharge. The focus may be primarily on immediate experiences and challenges.

### 1.10 Definition of key terms

An **Ex-institutionalized child** Refers to individuals who have been discharged from childcare institutions after having spent a significant portion of their formative years in institutional care (Nelson et al 2007).

**Institutionalization** refers process of placing children in institutional care, such as orphanages, residential facilities, or foster care, due to various reasons, including abandonment, neglect, or the inability of parents or caregivers to provide adequate care and support Nelson et al 2007.

**Support Systems** are the networks, resources, and services available to provide assistance, guidance, and care for formerly institutionalized children during and after their transition from institutional care. This can include governmental agencies, social workers, caregivers, mentors, support groups, and community organizations (Dozier et al 2002).

**Alternative care** refers to arrangements, other than traditional family-based care, that provide a safe and nurturing environment for children who cannot live with their biological parents. This can include foster care, kinship care, guardianship, and other community-based care options. Alternative care aims to provide children with stable and supportive relationships while promoting their overall development and well-being UNICEF (2009).

**Childcare institutions** refers to facilities or organizations that provide residential care and support for children who are unable to live with their biological families, such as orphanages, foster care homes, or residential treatment centers (Juffer and Van IJzendoorn 2005).

**Reintegration** Refers to the process of ex-institutionalized children adapting and integrating into society after their discharge from childcare institutions, which involves establishing a stable and

fulfilling life, forming meaningful relationships, and contributing to their community (Zeanah et al 2007).

### **1.12 Chapter summary**

Chapter one provides an introduction to the dissertation, outlining the background and context of the research topic. It emphasizes the significance of the research by highlighting the importance of understanding the challenges faced by ex-institutionalized children during their transition to independent living. The chapter also presents the research objectives and questions that will guide the study, setting the scope and limitations of the research. In addition, the chapter provides an overview of the dissertation structure and organization, outlining the main sections that will be covered in subsequent chapters. This ensures that readers have a clear understanding of the overall flow and content of the dissertation. Overall, this introductory chapter serves as a foundation for the rest of the dissertation, setting the stage for the exploration of the experiences of ex-institutionalized children and the support systems available to them during the post-discharge phase. It provides a clear roadmap for the subsequent chapters, offering a comprehensive and structured approach to addressing the research objectives and questions



## **CHAPTER 2**

### **LITERATURE REVIEW AND THEORETICAL FRAMEWORK**

#### **2.0 Introduction**

The transition from institutional care to independent living is a critical phase in the lives of ex-institutionalized children. The experiences they encounter during this period can significantly impact their long term outcomes and their overall wellbeing, hence this study focuses on exploring the experiences and perspectives of deinstitutionalized children after their discharge from child care institutions. In this chapter, a comprehensive review of the existing literature on institutionalization, transition experiences, and support systems for formerly institutionalized children was presented. This review aimed to give a theoretical foundation intended for understanding the context and complexities surrounding the post-institutional experiences of these individuals.

#### **2.1 Theoretical framework**

This section proposes a theoretical framework that integrates relevant theories and concepts to guide the exploration of the post-institutional experiences of formerly institutionalized children. The framework acknowledges the influence of ecological systems theory, attachment theory, and resilience theory in understanding their development and transition processes. By utilizing this framework, a more comprehensive analysis of their experiences can be achieved.

In examining the experiences of formerly institutionalized children in Zimbabwe, a theoretical framework can provide a guiding lens to understand and analyze the various factors at play. One

potential theoretical framework that can be applied is the Ecological Systems Theory, proposed by Urie Bronfenbrenner.

### **2.1.2 The Ecological Systems Theory**

The theory suggests that an individual's development is influenced by multiple interacting systems within their environment (Ryan 2001). These systems include the microsystem (immediate environment), mesosystem (interactions between microsystems), exosystem (indirect influences), and macrosystem (cultural and societal context). Applying this framework to the transition experiences of formerly institutionalized children in Zimbabwe, we can explore the following:

**Microsystem:** This refers to the immediate environment in which the children interact, such as their relationships with caregivers, peers, and community members. Understanding the quality of these interactions, the presence of positive role models, and the availability of support networks within the microsystem can shed light on the factors that contribute to successful transitions.

The mesosystem explores the connections and interactions between the various microsystems (Ryan 2001). This aspect of the framework can help examine how different systems, such as aftercare programs, educational institutions, and community organizations, collaborate and coordinate efforts to provide comprehensive support during the transition process.

The exosystem focuses on the indirect influences on the transitioning children. This could include policies, laws, and social structures that impact their access to resources, services, and opportunities. Understanding the role of the government, community organizations, and other external factors in shaping the transition experiences can inform policy and advocacy efforts.

The macrosystem encompasses the broader cultural and societal context, including cultural norms, values, and beliefs. Considering the cultural context of Zimbabwe, this framework can help explore how cultural factors, such as the importance of family and community support, influence the transition experiences and shape the interventions implemented.

By applying the Ecological Systems Theory, researchers can examine the interplay between these different systems and how they collectively influence the transition experiences of formerly institutionalized children in Zimbabwe. This theoretical framework allows for a holistic understanding of the multifaceted factors that impact their reintegration process, helping to identify gaps, develop interventions, and advocate for systemic changes that support their successful transition to independent living.

### **2.2.1 Patterns of institutionalization in developed countries**

In developed countries, patterns of institutionalization for orphaned children have undergone significant transformations in recent years. According to Davidson et al (2017) there has been a shift away from traditional orphanages and towards alternative care models that prioritize family-based care and support. This development of family-based care within a range of care options is recommended within the international Guidelines for the Alternative Care of Children, which were welcomed unanimously by the United Nations General Assembly in 2009 (Davidson et al 2017). One pattern observed is the promotion of foster care as a preferred option for orphaned children. Foster care provides a nurturing and stable environment by placing children with trained and supportive families who are willing to provide them with love, care, and guidance. This model aims to replicate the experience of a family and promote the child's emotional and social development within a supportive community.

Another pattern is the emphasis on kinship care, which involves placing orphaned children with extended family members or close relatives. Kinship care allows children to maintain connections with their biological families and cultural heritage while providing them with a stable and familiar environment Green (2004). This approach recognizes the importance of preserving family ties and promoting the child's overall well-being.

Additionally, adoption has become a widely accepted practice for orphaned children in developed countries. An article by Rosenthal (2018) describes the rights of all children to grow up under the care of a family under the international law through the adoption of the UNCRC. According to him, adoption provides permanent family placement and legal recognition, ensuring that children have the opportunity to grow up in a loving and supportive home environment. Adoption procedures are typically regulated to protect the best interests of the child and ensure a smooth transition into their new family (Goldstein, Freund & Solnit 1986).

In recent years, there has been a growing recognition of the importance of preventive measures to reduce the number of orphaned children and support families at risk of separation. This includes efforts to strengthen social support networks, provide access to quality healthcare and education, and address poverty and other socio-economic factors that contribute to family instability. The patterns of institutionalization of orphaned children in developed countries have shifted towards family-based care models, such as foster care, kinship care, and adoption (Tyagi 2018). The focus is on providing children with stable and nurturing environments that promote their overall development and well-being. Efforts are also being made to prevent family separation through targeted interventions and support for vulnerable families.

### **2.2.2 Patterns of institutionalization in the Southern Africa Region**

In the Southern Africa region, patterns of institutionalization for vulnerable populations, including orphaned children, have been influenced by a range of social, economic, and cultural factors. While there are variations among countries in the region, some common patterns can be observed. The extended family has long been recognized as a traditional social safety net for orphaned children in Africa (Foster 2000). The extended family plays a crucial role in providing care support and stability for orphaned children. The extended families support goes beyond providing basic needs; it often includes emotional nurturing guidance and a sense of belonging. The extended families support is deeply rooted in cultural values and traditions (Abebe and Aase 2007). One pattern is the prevalence of institutional care facilities, such as orphanages and children's homes. Childcare institutions often provide temporary or long-term care for orphaned and vulnerable children who have no immediate family or cannot be placed with extended family members (Kang'ethe & Makuyana 2015). However, the quality and standards of these institutions can vary significantly.

Another pattern in southern African region is the reliance on extended family and community networks for the care of orphaned children. In many Southern African cultures such as South Africa, Zimbabwe and Botswana, there is a strong emphasis on kinship care, where orphaned children are taken in by relatives or community members. This form of care aims to maintain family and cultural connections, ensuring that children grow up within familiar environments (Assim 2013). Additionally, informal fostering arrangements are prevalent in the region. In these cases, orphaned children may be taken in by community members or neighbors who are willing to provide them with care and support (Kana Dess & Ewoudou 2010). While these arrangements

may lack formal legal recognition, they play a crucial role in ensuring the well-being of orphaned children and providing them with a sense of belonging.

Recently, there has been a growing recognition of the importance of strengthening family-based care options and reducing reliance on institutionalization. According to Gwenzi (2019) efforts have been made to promote foster care and kinship care as preferred alternatives to institutional care. These approaches aim to provide children with stable and nurturing environments while preserving their cultural and familial connections. There has been a focus on community-based care models that provide support to vulnerable families, aiming to prevent family separation and promote family reunification whenever possible. According to a study by Perumal and kasiram (2014), children can be better cared for in foster homes within the community than in institution. These models include community outreach programs, social support services, and initiatives that address poverty, access to education, and healthcare. While institutional care facilities, kinship care, and informal fostering arrangements are notable patterns of institutionalization in the Southern Africa region, there is a growing emphasis on family-based and community-based care models (Davidson et al 2017). Efforts are being made to strengthen support systems for vulnerable families and promote alternatives that prioritize the well-being and development of orphaned children within the context of their cultural and social environments.

### **2.2.3 The patterns of institutionalization in Zimbabwe**

Child care was the domain of the family (nuclear, extended family, and clan) and communities in Zimbabwean traditional society. Since then, the social structure has evolved to the point that children can no longer be raised in the above-mentioned facilities, making "out-of-home" care such as children's institutions necessary. In traditional African history, children were just as

vulnerable, but they also had strong moral systems that included protecting children, so they could find comfort in the community and extended family (Mushunje, 2006). Families and or relatives were closely related. In traditional African society, proverbs such as "it takes a village to raise a child" first appeared. If it happened that the biological parent passed other alternatives were already there for the child

Masuka et al. (2014:16), referenced in Kurevakwesu and Kuzasa (2020), state that the national orphan care policy was implemented by the Zimbabwean government in 1999. The HIV/AIDS epidemic led to a significant increase in the number of orphaned children, which prompted the implementation of the policy. The policy's goal was to encourage conventional strategies of child protection and welfare while rejecting methods that took children away from their families and communities since traditional methods place a high priority on family and community structures. Kurevakwesu and Chizasa (2020), claim that the policy outlined a six-tier safety net framework that prioritized child protection in a distinct manner.

The concept of institutionalization refers to the placement of children in childcare institutions due to various circumstances that prevent them from living with their biological families (Rus et al 2017). It is a process that involves the legal, administrative, and care-related procedures necessary to provide for the well-being and development of these children. According to Masuka et al (2014) the system was designed in a way that the nuclear family had to be the first port of call followed by the extended family, the community, formal foster, care adoption and institutional care facility as a last resort, for the alternative of institutionalization was discouraged until other alternatives were explored. Children who were placed residential facilities when they had no extended family, the community could not care for them, family

foster and adoption care could have failed as well. In a study by Mushunje (2006) cited in Masuka et al (2014) he observed that many families in Zimbabwe were finding it hard to cater for their children due to lack of resources . The concept of institutionalization in Zimbabwe recognizes that there are situations where children cannot be adequately cared for within their biological families. These circumstances may include abandonment, abuse, neglect, or the inability of parents or guardians to provide for their basic needs (Browne 2009). In such cases, childcare institutions, such as orphanages, children's homes, or rehabilitation centers, are established to provide a supportive and nurturing environment for these children.

While institutionalization provides immediate care and protection for children in need, it is important to recognize that growing up in an institutional setting can have long-term effects on a child's well-being and development. Efforts are being made in Zimbabwe to explore alternative care models, such as family-based care, that prioritize placing children within nurturing and stable family environments whenever possible. Masuka et al (2014), argues that institutionalization is unAfrican for it weakens the customary models of care for it confines children from growing up with their families, communities and traditions.

### **2.3 Institutionalization and Its Impacts on children**

In this context, the terms "institution" and "institutional care" here refer to a type of residential care that is provided for a large number of children without the presence of a parent or guardian for longer than three months, or for a smaller number of children in a structure that is frequently referred to as children's home according to (Mulheir and Browne, 2007), cited in (Nsabinama 2016). The term "institutionalization" describes the process of placing children in residential facilities or orphanages for a variety of reasons, such as neglect, abandonment, or the



incapacity of parents or guardians to provide for them (Ministry of Gender and Family Promotion & Hope and Homes for Children, 2012) cited in (Nsabimana 2016). Since institutionalization can have a significant and lasting impact on a child's development and well-being, it is a topic of great concern and research. In order to support themselves and their siblings, orphaned children must give up their childhood at a young age (UNESCO 2009) cited in (Moyo, Susa, and Gudyanga 2015). A serious issue arises when it comes to getting enough food, basic medical care, housing, clothes, and education. Conversely, some families dissolve when parents pass away, sending children to live with and be raised by other relatives, other families must place their children in institutions because their relatives are unknown. The majority of the time, institutionalization may be required for children, but it can be detrimental to their physical, social, and emotional development. Institutionalized children are vulnerable to maltreatment in the form of abuse, neglect, and other crimes. They might also find it difficult to establish relationships and to form wholesome attachments and relationships

### **2.3.1 Emotional and Psychological Impact of institutionalization**

The emotional and psychological impact of institutionalization on children can be significant and long-lasting. These impacts can vary depending on factors such as the child's age at institutionalization, duration of stay, quality of care, and subsequent interventions. When children are removed from their families and placed in institutional settings such as orphanages, group homes, or residential facilities, they often experience a range of adverse effects on their well-being. The institutional setting frequently lacks the steady and supportive connections that are crucial for fostering sound emotional and psychological growth (Browne 2009). Although some of the children in institutions have identifiable and acknowledged family members, they receive no visits or holiday outings, leading them to feel unwelcome. These children may

encounter sentiments of isolation, neglect, uncertainty, sorrow, and detachment from their caregivers. The absence of personalized care and the inability to establish secure bonds can result in emotional and psychological obstacles, potentially hindering their ability to form healthy relationships in the future.

Child care institutions are characterized by strict routines, limited individual attention and lack of personalized care which can have a profound impact on the psychological wellbeing of the children. Studies have shown that institutionalized children are at higher risks of having mental health issues such as anxiety, depression and post-traumatic stress disorder (PTSD) (Gupta & Gupta 2014). They may have experienced neglect, abuse, or multiple separations, leading to feelings of fear, sadness, and confusion.

Institutionalized children may struggle with forming secure attachments to caregivers. The lack of consistent and nurturing relationships during critical developmental stages can hinder their ability to trust and form healthy relationships later in life. Children in institutional settings may experience delays in cognitive, emotional, and social development (Van Ijzendoorn 2011). The lack of individualized attention, stimulation, and appropriate developmental opportunities can impair their ability to reach important milestones. Children in institutions may display behavioral problems, including aggression, withdrawal, self-harm, or difficulty regulating emotions. These behaviors can be coping mechanisms or expressions of frustration due to their past experiences and the institutional environment.

Institutionalization can undermine a child's sense of self-worth and identity. The absence of consistent positive reinforcement and opportunities for self-expression can hinder their development of a healthy self-concept (Karagu 2015). Institutionalized children may experience

cognitive impairments, including difficulties with attention, memory, and problem-solving skills (Wade, Zeenar and Nelson 2019). The lack of intellectual stimulation and educational opportunities can contribute to these challenges. Children who have spent a significant portion of their lives in institutions may struggle with transitions, such as moving to a different living environment or transitioning into adulthood. They may have limited experience with independent living skills and struggle with adapting to change.

### **2.3.2 Cognitive and Intellectual Development**

Children who are institutionalized may not develop as they should in terms of cognition and intellect (Nsabimana 2016). Their ability to learn and develop intellectually can be hampered by a lack of engaging and responsive interactions and restricted access to educational resources. The lack of individualized attention, cognitive stimulation, and educational opportunities can hinder their intellectual growth. They may have limited exposure to language, problem-solving tasks, and opportunities for critical thinking. Even after they leave the school, these delays could still exist, which would affect their academic standing and future prospects. According to Ormrod (2000) cited in Moyo, Susa & Gudyanga (2015), research has demonstrated that children who are institutionalized have lower IQs, struggle with learning, and experience attention and concentration issues. The institutional environment can impact a child's IQ and overall cognitive abilities. Studies have shown that children who have spent time in institutions may have lower IQ scores compared to those who have not experienced institutionalization (Tizard, and Hodges 1978). However, it's important to note that IQ is a complex measure influenced by various genetic and environmental factors. This is probably caused by a variety of things, including the fact that children in institutions don't receive the individualized attention and stimulation they need. Executive functions, such as attention,

working memory, and impulse control, can be affected by institutionalization. The lack of structured routines, consistent caregiving, and opportunities for self-regulation can lead to difficulties in these areas, impacting cognitive processes and academic performance.

Children residing in institutions might also be subjected to elevated stress levels, which could impact their cognitive development and ability to learn. Institutionalized children may have limited exposure to language-rich environments and interactions with responsive caregivers (Larson, Barret and McConnell 2020). This can result in delays in language acquisition and difficulties in communication skills, including vocabulary development, grammar, and expressive language abilities. Institutionalized children often enter formal schooling with a disadvantage. They may lack the foundational skills necessary for learning, such as early literacy and numeracy skills, problem-solving abilities, and social-emotional competence. This can make it challenging for them to keep up with their peers academically. Institutionalized children may be at a higher risk of developing learning disabilities due to a variety of factors, including prenatal or early childhood adversity, genetic predispositions, and suboptimal learning environments (van IJzendoorn 2011). Learning disabilities can further hinder their cognitive and academic progress.

While institutionalization can have negative effects on cognitive and intellectual development, it is important to recognize that children have the potential for resilience and catch-up growth. Early interventions, placement in nurturing family environments, and access to quality education and enrichment programs can support cognitive development and help children overcome some of the challenges associated with institutionalization.

### **2.4.3 Social Development**

Children's social development can be affected by institutionalization. Children residing in institutions might face constraints on their socialization opportunities and struggle to establish and nurture relationships. When children are placed in institutional settings such as orphanages or residential facilities, they often face challenges in developing healthy social skills and forming positive relationships.

Lack of stable family dynamics and regular caregivers can impede the growth of social skills, empathy, and emotional control. For very young children (0-3 years old), residential homes are particularly harmful as they deny the child the chance to form a bond with a primary attachment figure (Nsabimana 2016). Silence exposure at an early age can have disastrous effects. Children under three do not bear the only brunt of institutionalization's detrimental effects. Johnson, a physician, is quoted in (Robertson and Simons 2000), stated that an orphanage is a horrible place to raise a young child. This is due to various factors including inadequate stimulation, irregular caretakers, inadequate nutrition, and physical or sexual abuse, can impede or postpone a child's normal development. They also state that those children who are institutionalized as orphans lag behind in developing their large and fine motor speech abilities and social skills. Additionally, research claims that young people raised in orphanages have higher rates of disobedience, apathy, hyperactivity, anxiety, depression, attention-seeking, sleep disorders, eating disorders, and stereotypical behaviors including head banging, rocking, self-harming, less developed social skills, communication, attentiveness, and concentration (Fernyhough 2003) and (Pokopyan 2023). The institutional environment may not provide the necessary support and guidance for developing age-appropriate social skills. Those children may lack opportunities to learn and practice skills such as sharing, taking turns, empathy, and conflict resolution, which are

crucial for healthy social interactions. They find themselves unprepared for life beyond the institution. The skills required for success independent living are harder to acquire in residential care facilities even with the best of intentions. Institutionalized children often lack a stable support system of family and community (McCall 2013). This might hinder the children from developing a sense of belonging, which is crucial for social development and well-being. Institutionalized children may exhibit social withdrawal or aggression as a result of their past experiences and the institutional environment. They may struggle to regulate their emotions, express themselves effectively and engage in proper social behaviors. According to Ward, Henderson and Pearson (2003), formerly institutionalized children have higher possibilities of being unemployed, turning into prostitution, obtaining criminal records and becoming victims of human trafficking. Institutionalized children may have limited opportunities for social interaction due to the large group sizes, high child-to-caregiver ratios, and lack of individualized attention. They may have fewer chances to engage in reciprocal social exchanges, practice social skills, and develop friendships. Institutionalized children often struggle with forming secure attachments and trusting others (Bakermans-Kranenburg et al 2011). The lack of consistent and nurturing relationships during critical periods of development can impact their ability to develop healthy and trusting relationships later in life. Institutionalized children may have limited exposure to peers of different ages, resulting in challenges in developing age-appropriate peer relationships (Amas et al 2012). They may have difficulty understanding social norms, interpreting social cues, and forming meaningful friendships. Lastly but not least, Institutionalized children may have difficulties with authority figures, such as teachers or caregivers, due to their experiences of multiple transitions and inconsistent discipline. They may display defiance, mistrust, or difficulty following rules and instructions.

### **2.3.4 Physical Health**

Physical health impacts can vary depending on the specific conditions of the institution and the resources available. Physical development can be impacted due to a lack of appropriate stimulation and opportunities for gross and fine motor skill development. Children in institutions may experience delays in motor skills, coordination, and physical fitness. Chronic stress, neglect, and inadequate stimulation in institutional environments can affect brain development in young children. This can lead to long-term consequences for physical health, cognitive abilities, and socio-emotional well-being.

Institutionalized children are often at a higher risk of physical health problems due to inadequate nutrition, limited access to healthcare, and exposure to infectious diseases within the institutional setting DeLacey et al (2020). The lack of a nurturing and healthy environment can contribute to compromised physical health and developmental delays. Institutionalized children may experience inadequate nutrition, which can lead to malnutrition. Limited access to nutritious food, inadequate feeding practices, and a lack of individualized care can result in stunted growth, deficiencies in essential nutrients, and compromised immune function. According to Maclean (2003) and Nsabimana (2016), children who are previously institutionalized are typically smaller and malnourished after the orphanage experience in addition to having particular medical problems. Institutionalized children may have limited access to medical care and regular health check-ups. This can result in undiagnosed and untreated medical conditions, delayed vaccinations, and inadequate management of chronic illnesses. Dental and oral health problems are common among institutionalized children. Limited access to dental care, poor oral hygiene practices, and inadequate nutrition can contribute to dental decay, gum diseases, and other oral health issues.

Furthermore, Institutions often struggle to maintain proper hygiene and sanitation practices, especially in overcrowded or under-resourced facilities (Chumo et al 2022). This can increase the risk of infectious diseases, skin infections, and gastrointestinal illnesses among children. In institutional settings where supervision may be limited, children may be at a higher risk of accidents and injuries. Lack of safety measures, inadequate childproofing, and inadequate adult supervision can contribute to accidents and physical harm.

### **2.3.5 Long-Term Effects of institutionalization**

The impact of institutionalization can extend into adulthood. Formerly institutionalized individuals may experience difficulties in forming and sustaining intimate relationships, achieving educational and career success, and maintaining overall well-being (Browne 2017). The early experiences of institutionalization can shape their self-esteem, resilience, and ability to navigate life's challenges.

It is important to note that the impact of institutionalization can vary depending on factors such as the child's age at entry, duration of institutionalization, and the quality of care provided within the institution. Furthermore, formerly institutionalized children are at higher risk of being involved in the criminal justice system. This may be because of factors such as the lack of positive adult role models, lack of social and emotional support and difficulty adjusting to life outside the institution. Efforts are being made to improve the quality of institutional care and promote alternative forms of care, such as foster care and family-based interventions, to mitigate the negative effects of institutionalization on children's development and well-being.

Institutionalization can also impact the formation of a child's identity. The absence of stable and consistent care givers can hinder the development of a strong sense of self and personal identity.



Children may struggle with questions of belonging, self-worth and understanding their place in the society (Ashiq et 2019). These children may feel a profound sense of not belonging to a specific family or community. Due to the possibility of being separated off from or restricted to their biological relatives, children could feel abandoned. Some of the children staying in institutional care facilities were abandoned as babies; they do not know their birth parents or their birth names. This can lead to deep longing to or a desire to be part of a stable and loving family unit. The institutional setting itself can contribute to ones feeling of not belonging. Children may live with a rotating cast of care givers and interact with different peers who come and go (Nsabimana 2016),. This constant change makes it difficult for them to form deep and lasting connections leading to a sense of isolations and a feeling of not truly fitting in. furthermore, the lack of personal belongings and individualized attention in institutions can further reinforce a feeling of not having a place to call their own. Children may not have personal items or a sense of ownership, which can contribute to a sense of detachment and not feeling rooted in any place. The struggle with the question of belonging can have significant emotional and psychological impact on institutionalized children. It can affect their self-esteem, self-worth and their overall wellbeing.

Nsabimana (2016) reports that several researchers have found typical and anticipated behavioral patterns in children who have been released from institutionalization; these patterns are known as Post Orphanage Behavior (POB) syndrome. Gindis (2012), cited in Nsabimana (2016), defined Post-Orphanage Behavior (POB) syndrome as a collection of learned (acquired) behaviors that may have been essential and useful for survival in orphanages but turned out to be maladaptive and counterproductive in the new family setting among children who were released from institutionalization. These behaviors include hoarding food, excessive tiredness, self-isolation,

difficulty in sharing and playing with others. Individuals who grew up in institutions may have experienced limited access to food or had no decisions over their meals. This can lead to fear of scarcity and a compulsion to hoard food even when it is readily available. Hoarding may serve as a coping mechanism to address their past experiences of hunger or to gain a sense of control over their food. Formerly institutionalized individuals may have struggle with forming trusting relationships and feel a sense of detachment from others. This can result in self-isolation from others as a means of protecting themselves from potential rejection and harm. They may find it challenging to connect with others and may prefer to withdraw or avoid social interactions.

Research suggest that formerly institutionalized individuals often find themselves at higher risk of engaging in delinquent or criminal activities as compare to those who grow up in stable family environments Barra et al (2022). This increased risk can be attributed to a number of factors which include adverse childhood experiences, lack of stable support systems, educational and socioeconomic disadvantages and lack of reintegration support.

## **2.4 Transition experiences of formerly institutionalized children**

Formerly institutionalized children in Zimbabwe face various challenges during their transition. These challenges include difficulties in finding stable housing, securing employment or educational opportunities and accessing health care and social services

Firstly, institutionalized children have limited exposure to the outside world and lack the necessary skills to navigate independent living successfully. They lack basic skills such as managing finances finding employment or even forming healthy relationships and this may require additional support and guidance. The children are prohibited to interact with their peers and poor quality interactions with their caretakers prevent them from having the chance to form

secure and ongoing attachment connections (Gunnar, Bruce, & Grotevant, 2000, Zeanah et al, 2005). The emotional and psychological impact of institutionalization may also pose challenges during their transition. Children who experience institutional care may have attachment issues, difficulties in trusting others, or struggle with their sense of identity and belonging (Dallas-Childs 2023). These emotional challenges can impact their ability to form stable relationships and adapt to new environments.

The transition experiences of these children are also influenced by the support systems available. Adequate support from aftercare programs, social workers, mentors or community organizations can significantly facilitate the transition process (Paulsen and Berg 2016). These support systems can provide guidance, resources and a network of individuals who can offer emotional and practical assistance. The quality of transition experiences also depends on the availability of suitable alternative care arrangements. According to Berrick (1998), family-based care such as foster care, kinship care can provide a more nurturing and stable environments for these children. Ensuring that appropriate placement options are available and that the children receive ongoing support is crucial for successful transition. Due to extended families' sense of obligation and responsibility to other members, Africa has a familial safety net for orphaned children, even in the past when there was no such thing as an orphan (Foster, 2000). The National Orphan Care policy for Orphaned and Vulnerable children adopted the idea that members of the extended family should care for orphaned children. Furthermore, because of their past, children who were previously institutionalized may experience prejudice and social stigma (Rutter 1989). This may have an effect on their housing, opportunities for employment, social relationships, and sense of self.

## **2.5 Support systems for formerly institutionalized children**

In Zimbabwe, several interventions have been implemented to support formerly institutionalized children in their transition to independent living. These interventions aim to address the challenges they face and provide the necessary support and resources for a successful reintegration into society. Some of the interventions implemented in Zimbabwe include:

**Aftercare Programs:** Aftercare programs are designed to provide ongoing support and assistance to formerly institutionalized children as they transition out of care (Sala Roca et al 2016). These programs offer a range of services, including counseling, life skills training, educational support, and vocational training. They aim to equip these individuals with the necessary skills and resources to navigate independent living successfully. For example, there is the reintegration of children program which provides counseling and other support to children who have been in institutions and are transitioning back into the society.

**Mentorship programs** pair formerly institutionalized children with caring and supportive mentors who can provide guidance, advice, and emotional support Watt, Norton and Jones (2013). Mentors act as positive role models and help these individuals develop important life skills, build self-confidence, and navigate challenges during their transition. For example, the Young African Works program provides mentors for young people who are looking for employment. There is also the youth Incentive program which provides mentors for young people who are likely to engage in risky behaviors such as drug abuse or crimes.

In Zimbabwe, various educational support initiatives have been implemented to support children e.g., the Zim-Fund program (Salama, Negin and Muradzikwa 2014). These initiatives include providing scholarships, tuition assistance, and educational resources to ensure access to quality

education. Additionally, special tutoring programs and academic counseling services are often offered to help these individuals catch up on missed education and achieve their academic goals.

Vocational training programs have been introduced to equip formerly institutionalized children with practical skills that can enhance their employability (Chireshe 2013). These programs offer training in various trades or industries, such as carpentry, agriculture, tailoring, or computer skills. Additionally, efforts have been made to create job placement programs and partnerships with local businesses to increase employment opportunities for these individuals. The skills training and Empowerment program provides vocational training and job placement for young people who are aging out of care.

Community-based organizations play a crucial role in providing support to formerly institutionalized children (Ngwenya 2015). These organizations offer a range of services, including counseling, psychosocial support, and referral services to address their specific needs. They also facilitate community integration by organizing social activities, networking opportunities, and community engagement initiatives.

The government of Zimbabwe has taken steps to improve the welfare and protection of formerly institutionalized children through policy and legal reforms (Kurevakwesu et al 2022). These reforms aim to ensure the provision of appropriate care, support, and protection for these individuals. They also emphasize the importance of family-based care alternatives and the deinstitutionalization of child care practices

## 2.6 Gaps in the literature

In the literature on the transition experiences of formerly institutionalized children in Zimbabwe, there are several gaps that need to be addressed to deepen our understanding and inform effective interventions. Some of these gaps include:

- There is a need for more longitudinal studies that follow formerly institutionalized children over an extended period. This would allow researchers to assess the long-term outcomes and trajectories of these individuals as they navigate independent living. Understanding how their experiences evolve over time can provide valuable insights into the effectiveness of interventions and identify areas for further support.
- While some studies touch on the cultural and social context of Zimbabwe, there is a need for more in-depth exploration of how cultural factors influence the reunification experiences of formerly institutionalized children. Understanding the impact of cultural norms, values, and practices on their reintegration process can help tailor interventions to be more culturally sensitive and effective.
- The role of peer support and networks in the transition process has received limited attention in the literature. Further research is needed to explore the influence of peer relationships and support networks on the well-being and reintegration outcomes of formerly institutionalized children. Understanding how these relationships can provide social support and facilitate a sense of belonging is crucial for designing interventions that foster positive peer connections.

- While the literature acknowledges the emotional and psychological impact of institutionalization, there is a need for more research specifically focused on the mental health and trauma experiences of formerly institutionalized children in Zimbabwe. Exploring the prevalence of mental health disorders, trauma-related symptoms, and effective therapeutic approaches can inform mental health support services tailored to their specific needs.
- The literature could benefit from more research on family reintegration and the role of family support in the transition process. Understanding the challenges and opportunities of reintegrating formerly institutionalized children back into their families can inform interventions that strengthen family relationships and support systems. Additionally, exploring the experiences and perspectives of families in providing support can help identify strategies to enhance family reunification.
- Limited attention has been given to sustainable livelihoods and economic empowerment opportunities for formerly institutionalized children. Research is needed to explore the barriers they face in accessing employment, entrepreneurship, and income-generating activities. Understanding their specific needs and identifying strategies to enhance their economic self-sufficiency can contribute to their long-term well-being and successful transition.

Addressing these gaps in the literature, we can create more useful interventions and support networks and gain a more thorough understanding of the transition experiences of formerly institutionalized children. To enhance outcomes for this vulnerable population, it is critical that researchers, policymakers, and practitioners work together and give priority to these areas of research.

## **2.7 Summary**

In summary the chapter has provided a comprehensive review on the literature on institutionalization and support systems for formerly institutionalized children. The findings highlighted the challenges they face, the impact of institutionalization on wellbeing and the importance of support systems in facilitating their successful transition. The next chapter will look at the research methodology employed in the study.



## **CHAPTER 3**

### **RESEARCH METHODOLOGY**

#### **3.0 Introduction**

This chapter outlines the research methodology employed in this study to explore the post institutional experiences of formerly institutionalized children. It describes the research design, participants, data collection procedures, data analysis techniques utilized to achieve the research objectives. Research methodology refers to the systematic and organized approach used by researchers to conduct their studies. It encompasses the techniques tools, procedures and strategies employed to address research questions or objectives and ensure the validity and reliability and credibility of the findings. Therefore, this section provided a comprehensive discussion on the methodological procedures and processes. In doing so, this methodology section will discussed on issues such as the research approach, design, study population, sampling, data collection and analysis.

#### **3.1 Research approach**

According to Cresswell (2014), research approaches the overall strategy or plan that researchers adopt to address their research questions or objectives. It outlines the general framework and direction of the study, guiding the selection of the research methods, data collection techniques and data analysis procedures. The qualitative research methodology is one of the research methods that this study employed for a number of factors that all point to its applicability. By definition, the objectives of a qualitative research approach are to reveal, explore, and comprehend the meanings, experiences, perceptions, and attitudes that people, either individually

or collectively have on a social phenomenon (Creswell, 2009). After defining the selected methodology, this research project aims to investigate the experiences of reunified children following their release from childcare facilities. This methodology is appropriate for the study since it will enable the investigator to investigate the subjective experiences of formerly institutionalized children who were released from Zimbabwe's Village of Hope. This is consistent with Neumann's (2013) argument that, with its constructionist and interpretivist philosophical foundations, qualitative research approaches primarily aim to interpret the subjective experiences of individuals with respect to a particular social reality. According to a qualitative method, social reality is subjective and can only be comprehended by analyzing the individual experiences of the population being studied in their natural setting.

### **3.2 Research design**

Although the term "research design" has many different meanings, in general, it may be simply understood to mean a strategy that outlines how data was collected. Crucially, research designs depend on the selected research approach as well as the research topics. Keeping that in mind, the foundation of this study was a qualitative research strategy, meaning that only research designs specifically related to the qualitative domain were employed. Accordingly, a case study approach was employed in this investigation. The approach enabled the researcher to select a small number of participants and examine their experiences in depth. Hence, this design ought to allow the researcher to explore on the experiences of ex-institutionalized children after being discharged from childcare institutions. In addition, the case study approach was well-suited to the research objectives of gaining a deeper understanding of the experiences of formerly institutionalized children. It offered a comprehensive and nuanced exploration of individual cases.

### **3.3 Target population**

This study will target ex-institutionalized children who were discharged from village of hope Zimbabwe. Willie (2024) defined target population as the specific group of individuals that the researcher intended to study and generalize the study to. Therefore the target population refers to individuals who lived in institutional setting during their childhood. In this study, the target population were children who were discharged from Village of hope Zimbabwe.

### **3.4 Sampling**

In general, sampling refers to the process of choosing study participants. Bell (2010) contends that a set of guidelines and methods for selecting participants from the target population can be used to define sampling. Because this is a qualitative study, participants who have been institutionalized and released from childcare facilities will be chosen using a purposive sample technique. To capture a wide range of experiences, the sample can comprise people from various age groups, genders, and institutionalized duration. Consequently, the investigator will have the capacity to choose subjects from the aforementioned group till sample saturation.

#### **3.4.1 Sample Size**

According to Babbie, (2014), a sample size refers to the number of individuals or units selected from the larger population to participate in the research study. The sample was intended to be representative of the broader population from which it was drawn from, allowing the researcher to make reference about the population based on the sample data. Based on the sampling procedure, the study's sample size consisted of 8 participants, 6 of whom were previously institutionalized children for in-depth interviews. Two social workers from Village of Hope Zimbabwe were among the key informants.

### **3.4.2 Sampling Technique**

Typically, sampling is used to choose study participants. As a result, Bell (2010) contends that a set of guidelines and methods for selecting participants from the target population can be used to define sampling. Consequently, non-probability sampling strategies were used to select participants in compliance with the demands of the research designs for qualitative studies (Cozby, 2015). Taking into account the previously described study population, the researcher had to choose people for the study sampling who fit the study population's characteristics. As a result, the researcher employed purposive sampling, a sampling strategy, in accordance with the requirements of qualitative studies to choose formerly institutionalized children who were released from Village of Hope Zimbabwe.

### **3.4.3 Purposive Sampling**

Creswell (2012), states that purposive sampling, also referred to as purposeful or judgmental sampling, and involves the intentional selection of individuals or situations that were likely to provide a greater understanding of the phenomenon being studied. The study aimed to capture a diverse range of experiences among formerly institutionalized children. Therefore participants were carefully selected based on criteria such as age, length of time spent in the institution, and variations in backgrounds and circumstances. Purposive sampling was also utilized to select two social workers from village of hope Zimbabwe. The study also made use of convenience sampling when the study participants were selected based on convenience availability and accessibility to the researcher. The researcher selected 6 formerly institutionalized who were available and accessible during the time of the study.

### **3.5 Data collection**

Babbie (2014) defines data collection as the process of obtaining unprocessed information from the target population in order to test a hypothesis in quantitative studies or provide an answer to the research question in qualitative studies. Depending on the goals of the study, more data can be gathered via a cohort survey or a cross-sectional survey (Bell, 2010). According to Patton (2015), data collecting is carried out using a variety of techniques, depending on the researcher's preferred research approach and design. Therefore, because the study is qualitative research guided by a case study approach, qualitative data collection techniques will be employed.

### **3.6 Data collection Methods**

According to Patton (2015), study participants' data is gathered using concrete instruments. As required by the data collecting procedures employed, this study used a total of two data collection instruments. Thus, focus groups, key informant interviews, and participant interview guides will be employed as collection methods.

#### **3.6.1 In-depth Interviews**

Interviews are data collection method used in research where a researcher engages in a structured or semi-structured conversation with participants to gather information and insights related to the research objectives. Interviews provide an opportunity for researcher to explore participant's perspectives, experiences, beliefs and opinions in-depth allowing for a rich and nuances understanding of the research topic (Rubin & Rubin 2011). In-depth interviews are a qualitative research method that involves conducting detailed and comprehensive conversations with participants to gain a thorough understanding of their experiences, insights and perspectives related to the research topic (Rubin & Rubin 2011). Data from children who had previously been

institutionalized and were discharged from Village of Hope Zimbabwe were collected using this technique. Study participants were interviewed in-depth by the researcher for an average of twenty minutes. One of the benefits of conducting in-depth interviews was their capacity to delve deeply into participants' subjective experiences, attitudes, and beliefs. This allowed the researcher to examine the lived experiences of children who had previously been institutionalized. Because of its open-ended format, in-depth interviews also allowed the researcher to ask follow-up or probing questions, as well as to address any concerns the participant may have voiced.

### **3.6.2 Key informant interviews guide**

The study employed key informant interviews to supplement the data that will be obtained through semi-structured interviews. Thus, two social workers or two case caregivers/foster parents will serve as key informants for this study. The key informants listed above will be selected based on their knowledge and experience with the experiences of children who have been discharged from institutionalization.

### **3.7 Data analysis**

Data analysis is the process by which the researcher analyzes participant preliminary information after it has been collected. This is typically done in light of the study's goals to determine what conclusions can be made from the data (Babbie, 2014 and Patton, 2015). Crucially, data interpretation is not done at random; rather, particular techniques for gathering data are employed, subject to the research methodology and design chosen. A method for qualitative data analysis was required because this was a qualitative study. The researcher was forced to employ thematic data analysis among the several qualitative data gathering techniques because of the

study design that was employed. Because of this approach, the researcher won't have any preconceived notions or judgments about the experiences of children who have been released from institutionalization; instead, themes will emerge through data analysis. According to Bell (2010), thematic data analysis allows for flexibility in the data analysis process by allowing the researcher to select themes while they are analyzing the data. Crucially, thematic data analysis is a rigorous process with steps that must be completed in order. The initial stage for the researcher is to transcribe the data, which involves transferring the unprocessed audio from the tape into Word documents. The researcher will need to convert the transcription into English for the thematic data analysis after transcription. Following back-to-back translation, the researcher will start to rewrite the themes in light of the research questions. Next, these themes will be harmonized to create a cohesive narrative about the experiences of those who have been released from institutionalization.

### **3.8 Data Analysis and Presentation**

Following the gathering of raw data from participant, the researcher was required to interpret the data in light of the study's objectives in order to identify any conclusions that might be made from them. This process is known as data analysis (Babbie, 2014). Data analysis, according to Dawit (2020), transforms gathered raw data into concepts and facts that may be comprehended either qualitatively or quantitatively. It involves analyzing the presented data to find primary truths or meanings. It involves disassembling existing compound factors into smaller components and reorganizing the components intended for the purpose of interpretation. Regarding Kothari (2004), referenced in Dawit (2020), data analysis comprises comparing the

results of the numerous treatments on the several groups and deciding whether to pursue the objectives of the research.

A method for qualitative data analysis was required because this was a qualitative study. The researcher employed thematic data analysis. Thematic analysis is a qualitative research technique that researchers employ to methodically arrange and examine large, complicated data sets, according to Dawadi (2020). It is an exploration into themes that can summarize the stories found within the data sets' accounts. The process of thematic analysis entails closely examining and careful reading the transcribed material to identify themes. Thematic analysis within qualitative data is to find, and interpret meaningful patterns (Guest & MacQueen, 2012). When conducting a thematic analysis of data, there are distinct stages involved. In order to facilitate the researcher's interpretation of the data collected from participants and these are

- **Familiarization with data.** Involves transcribing the data, reviewing it over and over again, and making notes on preliminary concepts. Since the researcher used audio recordings for data gathering, the data was first transcribed. After familiarizing himself with the data, the researcher proceeded to read and reread the acquired data, taking notes and compiling summaries (Clarke and Braun, 2013).
- **Generating initial codes.** According to (Clarke & Braun, 2013), this entails compiling information relevant to each code and systematically coding noteworthy aspects of the data across the whole data collection (Clarke & Braun, 2013). As a result, the researcher divided the large amount of data into more manageable, meaningful chunks and categorized the significant portions of the data in respect to developing themes.



- **Searching for themes.** Entails organizing codes into possible themes and compiling all information relevant for each theme (Babbie, 2014). In order to easily address the study research questions on the challenges faced by formerly institutionalized children, the support systems available to them, and the factors influencing their reintegration into society, the data was analyzed and summarized.
- **Reviewing themes.** This involves figuring out if the themes apply across the full data set and the coded extracts (Clarke & Braun, 2013). The researcher improved the themes that were developed, eliminating those that had sufficient evidence to support them. Even though they were still relevant to the investigation, some of the themes completely blended together.
- **Defining and naming themes.** In order to improve the details of each theme and the overall narrative the study conveys, the researcher conducted continual analysis, giving each theme precise descriptions and names. Additionally, these topics must to immediately convey to the reader the main point of the theme (Braun & Clarke, 2013).
- **Producing the report.** According to (Braun & Clarke, 2013), This entails choosing vivid, captivating extract examples, analyzing the chosen extracts at the end, connecting the results to the literature and search question analysis, and creating an academic report to the analysis. Therefore, the researcher made use participants' quoted responses as proof supporting the identified themes, integrating them with arguments from significant literature.

### 3.9 Ethical considerations

Bell (2010) posits that researchers are mandated to observe and respect several research questions subject to the nature of their studies that of their study participants. Ethical consideration provides guiding principles and rules to researchers during data collection, analysis and reporting. Ethical considerations were important as they helped in collecting reliable data in a way that was harmless to the participants. In accordance, this study will observe research ethics namely confidentiality, seeking permission, and informed consent. These considerations were important in this study as they helped the researcher to protect the participants, maintain trust and integrity and ensured the reliability and validity of the findings

### **3.9.1 Seeking permission**

The ethical consideration of seeking permission makes it a mandate for researchers to seek permission from the community gate keepers/leaders before conducting any research (Patton, 2002). Resultantly, the researcher will use an approval letter from village of hope

### **3.9.2 Informed consent**

Informed consent is a critical ethical principle in research that ensures that participants have a clear understanding of the study purpose, procedure and potential risks, benefits and their rights before they decide to participate (World Medical Association 2013). According to Bell (2010), researchers must seek the consent of participants of the study before engaging them to be part of their studies. This demands that the research should clearly inform the participants on his or her study on issues such as its possible benefits, harm and objectives to the study participants. The participants have the right to decline or participate in the study after being informed. Considering these requirements, the researcher took time to explain the objectives, the aim of the study, possible benefits and harm associated with it. Study participants were assured of their right to

choose to participate or refuse and the right to withdraw at any time of the interview. Those who agreed to participate will be required to sign 2 copies of a consent form, one for the participant and one for the researcher.

### **3.9.3 Confidentiality**

One of the most preserved research ethics is that of confidentiality. According to Babbie (2014), this research ethical consideration obligates researchers to protect the privacy and preserve the confidentiality the study participants. It is the responsibility of the researcher to ensure that the personal information and the data collected during the research process was kept confidential this includes protecting the names of the study participants and the information provided given that some of the information provided by the participants would incriminate them in some ways. This ultimately contributed to the trustworthiness and the ethical conduct of the research process.

### **3.10 Chapter summary**

In summary, the chapter provided an overview of the research methodology employed in this study. It provided a comprehensive overview of the research methodology, research design, research process, data analysis as well as the ethical considerations. Henceforth the study used qualitative research design, and data collection procedures and data analysis techniques. Ethical considerations were also addressed to ensure the well-being and rights of the participants. The chapter sets the stage for the subsequent discussions of the findings in chapter 4.

## **CHAPTER 4**

### **PRESENTATION, INTERPRETATION AND DISCUSSION OF FINDINGS**

#### **4.1 Introduction**

This chapter focuses on presentation, interpretation and discussions the findings of the study, which aimed to explore the experiences of formerly institutionalized children after being discharged from childcare institutions. The findings were organized around the research objectives and research questions, offering a comprehensive understanding of the challenges faced, understanding available support systems and the ways to ensure successful reintegration of formerly institutionalized children into the society. The opinions and viewpoints of the participants regarding the research questions form the basis of the discussions on the findings. To put it briefly, the chapter addresses the overarching research goal of exploring the experiences of children who were formerly institutionalized following their release from childcare facilities. Thematic analysis has been used to highlight important themes and patterns in the narratives of the participants, drawing on data gathered from in-depth interviews and key informant interviews with a varied sample of participants. A qualitative format was used to display the facts and conclusions.

#### **4.2 Participants biographical information**

In order to fully comprehend the study participants, the researcher collected the biographical data from the participants. First, the researcher conducted in-depth interviews with six young individuals who had been released from Village of Hope Zimbabwe, gathering personal data such age, sex, and the date of their release. This allowed the researcher to investigate the various

experiences of children who had previously been institutionalized, irrespective of their age, gender, or the time of their discharge. The researcher then spoke with two social workers who were significant informants: a senior social worker at Village of Hope and a child safeguarding officer (CSO). The key informants were also questioned about their personal details, including their sex, gender, and length of employment with the organization. The utilization of key informant's ensured reliable data collected from skilled and qualified social workers. As a result, these key informants are knowledgeable about the experiences of children who were previously institutionalized.

**Table 1: Participants Biographical information was presented below:**

<b>Pseudonym</b>	<b>Age</b>	<b>Sex/Gender</b>	<b>NUMBER OF YEARS IN THE INSTITUTION</b>	<b>DATE OF DISCHARGE</b>
P1	24	M	16yrs	7 February 2019
P2	21	M	13yrs	29 November 2021
P3	22	M	18yrs	28 November 2019
P4	19	F	10yrs	13 April 2023
P5	24	F	14yrs	11 December

				2019
P6	21	F	15yrs	1 February 2020

Table 1 above displays information on the participants' age, gender, length of stay in the hospital, and date of discharge. The results indicate that five of the participants—who were once institutionalized children older than 20 years old, while the remaining person is only 19 years old. Overall, the results indicate that most research participants are of a mature age. Because they are grown and old enough to decide whether or not to engage in the study, this validates the study population's suitability for the research. The study participants belong to this age range, thus they are the appropriate group to learn more about the experiences of children who were previously institutionalized after they are released from child care facilities. All the participants have stayed in the institution long enough to understand the life there and from the number of years they were there, it appears that they were committed at a very young age.

**Table 2: Biographical information of key informants**

<b>Pseudonym</b>	<b>Sex/Gender</b>	<b>Education level</b>	<b>Number of years at the agency</b>	<b>Organization Based</b>
KM1	F	Tertiary	6 years	Village of Hope Zimbabwe
KM2	F	Tertiary	14 years	Village of Hope

				Zimbabwe
--	--	--	--	----------

The results of the biographical details of the primary informants are displayed in table 2 above. The duration of employment at the agency for both key informants indicates that they have sufficient expertise working with children who were institutionalized in the past. Regarding educational attainment, the two primary informants possess master's degrees in social work. Their educational backgrounds suggest that they are competent and knowledgeable enough about child protection issues, social work-related issues, and the topic of study, which looks at what happens to formerly institutionalized children after they are released from childcare facilities, both in theory and in practice. They are therefore trustworthy informants for the research being done because of their experience and educational background.

#### **4.3 Theme 1: Challenges faced by formerly institutionalized children after discharge.**

The researcher found out that formerly institutionalized children faced various challenges after they were discharged from childcare institutions. All interviewed formerly institutionalized children reported facing various challenges in their transition from institutional life to life after the institution. One major theme that emerged from the data was the challenges faced by formerly institutionalized children after they were discharged from child care institutions. Participants expressed difficulties in adapting to new environments, establishing new relationships and integrating into the community. They often struggled with feelings of abandonment, a lack of support systems, and limited resources to meet their basic needs.

### 4.3.1 Adaptation to New Environments

One key challenge identified is the difficulty in adapting to new environments. The study observed that children and young people had to move from an institutional setting to a new environment which was overwhelming for these children. Moving from structured institutional setting to a different living arrangement such as reunification with family, a foster home or independent living, presents a significant adjustment. Both participants and key informants reviewed that formerly institutionalized children struggle to adjust to different living arrangements, such as foster homes or independent living situations. The change in routine, rules, and expectations can create feelings of confusion and uncertainty. In the first few months after discharge, participants faced significant difficulties establishing themselves. Without independent living skills, basic tasks felt overwhelming and isolation was a major issue. Key informant one highlighted the challenges that formerly institutionalized children face saying

*Some of the challenges they face are failure to adjust to new environments, lack of social skills, cultural shock and inability to provide for themselves. (KM1)*

*The change of environment affected me as I had to leave everything I have ever known behind and start a new life learning to do everything for myself for the first time - cooking, cleaning, budgeting money. The first few months were a rough patch until I found somewhere to work. It's not yet going smooth but there are some changes (P1)*

*I struggled a lot with independence - simple things like cooking, cleaning and managing money were really hard at first. I had a lot of anxiety about being able to take care of myself. It took me a long time to get comfortable doing everything without the structure and support of the home (P2)*



The above responses shows that formerly institutionalized children are finding it difficult to adapt to new environments whether they are living independently, reunified or they are discharged into foster homes. They are finding it difficult to conform to the patterns of the outside world which is totally different from the institutional setting. They lack basic life skills such as budgeting funds and the available resources. Some of the respondents highlighted that during the first few months they are given some groceries monthly for a period of time until they settle. The feeling of having to manage it on their own overwhelms them to a point of mismanaging it. Many youths expressed mixed emotions when the time came to leave the institution. Participant 1 recalled feeling scared but also excited and scared because everything was changing but excited to have their freedom. For those who were reunified with family members or relatives, there was no freedom as they were going to live with new people with new norms, routines that are completely different from that of the institutions. Others felt unprepared and worried about adapting. Feelings of loss and uncertainty were common as they left the only environment they had known for years.

#### **4.3.2 Establishing Relationships:**

Building relationships with caregivers, peers, and community members was challenging for these children. They experience a lack of consistent and nurturing relationships in the past, leading to difficulties in trusting and forming attachments. Building healthy and supportive relationships becomes critical for their emotional wellbeing and successful reintegration into their new community. Below are the participant's responses pertaining to the issue of starting new relationships Participant 1 expressed the feeling of being rejected by his own relatives saying

*One of the main challenges that I faced was rejection which resulted in me being depressed. It was hard for me to cope with my relatives I had been reunified with. It was a completely new life. The setup I was used to was completely different from the new setup. Some of the words these relatives used on me were too much to the extent that I almost ended my life. They treated me different from their children while they forced me to smile in front of visitors. (P1)*

*It was hard for me to form close relationships. In the institution, we didn't really bond with caregivers so I had never experienced stable love and from the community was challenging. (P2)*

the findings shows that formerly institutionalized children find it difficult to form new relationships after leaving the institution because of several factors that stem from their experiences in the childcare institutions. These factors contribute to their difficulties in trusting, attachment and social interactions. Many formerly institutionalized children have experienced a lack of consistence and reliable caregivers in their early years. The lack of trustworthiness and stability can lead to difficulties in trusting others in new environment. In institutions, the child to care giver ratio is not quite balanced. Some of the children may have developed a defense mechanism to protect themselves from potential hurt and abandonment. Dziro and Rufurwokuda (2013) state that children who are care leavers frequently find it difficult to establish healthy relationships. This viewpoint is in line with that of Mavhaire (2000), who suggests that the emotional and psychological preparations provided to children residing in institutions serve as a crucial initiator for forming bonds, contacts, and supportive relationships that prove

advantageous for the children who eventually leave the institution. Building and maintaining relationships with people is crucial in today's world of networking, as these relationships can lead to opportunities. There may be fewer opportunities for social engagement and the acquisition of critical social skills when living in an institutional setting. One of the participants felt like his relatives never wanted him at the first place for they did not visit him during his stay in the institution neither did he go for holidays. He had a lot of unanswered question as to why he grew up in the institution while he had relatives who only showed up when it was time for him to be discharged. Therefore, formerly institutionalized children find it difficult to bond with new people and form stable relationships.

#### **4.3.3 Societal stigma and discrimination**

Both key informants and participants highlighted that formerly institutionalized children face the challenge of stigma and discrimination due to their back grounds. Some of the children were institutionalized as a result of abused and the parent or guardian might have been arrested for abusing them.

*Rejection from the community, public curiosity, gossips and unwanted touching as well as photographing are some of the examples of societal stigma that formerly institutionalized children face. The society usually cast hurtful remarks at them and blaming them for past experiences. (KM2)*

*Some of the children are not accepted into the family fold, they are treated differently from the others which make them feel out of place and continue to be outcasts in their own families. (KM1)*

*Ndakataadza kupinda ku army kwandaida kupinda nekuti ndaita ndiyo uyega connection iripo pandiri na baba vangu vaiva musoja vasati vashaika. Vakandiramba nekuti birth certificate randakatorerwa ne social welfare ripfupi harina imwe information yavaida (the Zimbabwe national army did not accept my application because I have a short birth certificate which does not have some important information. I was told that my father was a soldier before he passed away, so I felt like working there was the only connection I had with my late father. (P6)*

The findings revealed that formerly institutionalized children often encounter stereotypes, negative attitudes and biases due to their past experiences. The stigma and discrimination can have a profound effect on their wellbeing and hinder their successful reintegration into the community. The stigma surrounding formerly institutionalized children can result in social exclusion and isolation. According to Dziro and Rufurwokuda (2013) the society sees formerly institutionalized children as deviant people who have been spoiled by institutional life and who lack cultural moral values. These young people face rejection and discrimination in various settings such as schools' neighborhoods and community activities. This exclusion can further exacerbate the feeling of being different from others and can impact their sense of belonging and their self-esteem. The societal stigma associated with formerly institutionalized children can restrict their available opportunities. They may face barriers in accessing employment, housing and healthcare and other resources. The assumption that they are troubled or unreliable can result in discrimination during job interviews and other societal interactions.

#### 4.3.4 Integration into the Community

Participant showed mixed emotions when it comes to their reintegration into the community. Some were able to successfully reintegrating while for others reintegration into the wider community was still a significant challenge for them. They faced social stigma and discrimination, making it challenging to establish a sense of belonging. Accessing community resources and opportunities for participation may also be hindered, affecting their overall well-being.

*The only challenge I faced is that of finding friends and peers with the same character as me. Comparing to where I was coming from children from the ghetto where I was renting a room were totally different from the children in my former home. (P2)*

*We should be allowed to go outside the institution once in a while so that we can familiarize with the outside world before we are discharged. I once lost my way when I went into Harare CBD for the first time at the age of 18 and I couldn't even give direction to the person I called to pick me up. (P3)*

The responses show that formerly institutionalized children are failing to integrate into the community because of the lack of social skills but as time goes on, they are able to fit in. they spend a significant part of their live in the institution without visiting any one or going for holidays outside the institution. The only social circle they interact with is their school; therefor they lack basic social skills that they need to be able to fit in to their new environments. Research carried out by Dziro and Rufurwokuda (2013) also identified that children who were raised in institutions often find it hard to adjust to new societies.

#### **4.4 Theme 2: Coping mechanisms used by children after they were discharged from childcare institutions**

Participants shared various coping mechanisms they developed to navigate the challenges of post-discharge life. These included seeking support from friends and peers, engaging in therapeutic activities such as art or sports, and developing a sense of self-reliance and resilience. Some participants also found solace in education and vocational training, which provided a sense of purpose and direction.

##### **4.4.1 Acceptability and adaptability**

Amidst their struggles and challenging living condition back at home and in the streets when they assist their parents, children have found ways to make their life bearable. Through several means, they manage to accept their situations and move on. When asked about how they are still going they said,

*I also had to accept that the environment has changed from where I was. It's now a new place. (P2)*

*I reminded myself that challenges were temporary and within my power to face. I kept hope alive in me during difficult moments. (P1)*

This shows that formerly institutionalized children have come to recognize and accept the significant change in their environment. It reflects their understanding that they are no longer in their familiar setting of the institution and that they entered a new place. this acceptance demonstrates the children's willingness to adapt to their new surroundings and their ability to

embrace reality to their change circumstance. It shows their resilience and openness to facing the challenges associated with transitioning into a different environment.

### **4.3.2 Support groups and counseling**

Children who were discharged from child care institutions have shown that they find strength from peers with the same situation when they meet in support groups and. They encourage and support each other during difficult times. They get to spend together sharing their experiencing strengthening and assuring each other that they not alone. All the respondents share the view that they are faced with a difficult situation, they know that if they approach the group, they get support. One participant said,

*Support groups and counseling where I had safe space to share my struggles and learning from others made me feel less alone. I reminded myself that challenge was temporary and within my power to face kept hope alive in me during difficult moments.*  
(P3)

This shows that support groups and counseling play a crucial role in providing emotional, psychological and social support to formerly institutionalized children as they face challenges during the post institutional life. These mechanisms serve as safe spaces for children to share their experiences, process their emotions and develop coping strategies. Other children were able to come up with goals and plans for their future due to the support they receive from support groups. The above responses show that peer support groups and counseling provide comfort for formerly institutionalized children when facing problems after they are discharged from childcare institutions.

#### 4.4.3 Resilience in Christ

When asked about how they were able to cope with the challenges they faced after they were discharged from child care institutions, the respondents mentioned that they were taught to seek comfort in Jesus Christ in every situation they may find themselves in. The senior social worker at village of hope indicated that VOH is a Christian environment where they were taught to the extent that they became deeply rooted in Christianity. They said Jesus was comforting and guiding them through the challenges they faced

##### Participant 1

*I had one best friend, Jesus which village of hope introduced to me, who could help me through the situations and gave me directions. (P1)*

*I was taught to pray during good and bad times. Whenever I was facing challenges, I would find a place where I would be alone and tell it all to God and I felt better after praying. (P5)*

The above response shows that having a source of spiritual support can be immensely valuable during times of transition, such as leaving the institution and adapting to new environments. This highlights that the children can find solace, comfort and guidance through their connection with Jesus especially during difficult situations they faced. It suggests that their faith and belief system has played a pivotal role their life and have provided them with the foundation to navigate challenges and seek guidance.



### **4.5 Theme 3: Support Systems available for formerly institutionalized children**

The availability and accessibility of support systems emerged as a crucial theme in the participants' narratives. While some participants reported having access to supportive caregivers, mentors, or community programs, others expressed a lack of adequate support. Participants highlighted the importance of comprehensive and tailored support systems that address their unique needs, including mental health support, educational resources, and assistance with life skills development. The following were some of the views shared by the participants.

#### **4.5.1 Postsecondary programs**

All the participants reported that they accessed education within the institution. In terms of education, VOH has its own primary and secondary school that caters for children residing within the institution. Therefore, all the participants were able to finish their primary and secondary education successfully. One key informant mentioned that the institution also has a post-secondary program for those who are able to pass their ordinary levels.

*VOH has a post-secondary program that caters for further education up to tertiary level and skills training. There is also further mentoring through the alumni of former children supported by resident pastors and social workers. (KM1)*

The above response shows that there are institutional programs that support children during and after their stay at an institution. It is important to note that the institution also offered a post-secondary for those who met the necessary requirements. Participants expressed a keen interest in highlighting this aspect, emphasizing that the institution provide opportunities for education beyond the primary and secondary levels. The availability of a post-secondary within the institution indicates a commitment to support the children's educational aspirations. It offers

them a chance to continue their educational journey and acquire additional skills and knowledge for their future endeavors. This finding underscores the institution dedication to providing comprehensive educational support to their former children

#### **4.5.2 Vocational training and skills training**

From the data that was collected it was discovered that vocational training has been effective in equipping them with vocational skills. VOH collaborates with other stakeholders, donors and organizations to make sure they equip their children with skills so as to give them a heads start before and after they leave the institution. All the participants acknowledge that they got vocational training and the institution was successful in facilitating this program part of their discharge plan. One participant said,

*I completed a computer skills training at Ruwa rehab center which helped me get a job. Vocational training in computer led directly to my first job which gave me income and stability as a youth living alone. The training gave me valuable job qualifications and academic assistance succeeded in raising my educational level providing me with more options in life. (P4)*

*Another participant added*

*Even though I was no longer staying at VOH, they helped me throughout the course I was doing, be it school fees and every other expense was covered for. I never lacked anything in terms of academic materials. (P1)*

*Despite the training I got, they helped me to be a good candidate in every job I have ever applied for. I'm now a certified graphics designer. (P2)*

The above response highlights the positive impact of vocational training, specifically in the field of computer skills, on an individual's life. It showcases how completing such training can lead to employment opportunities, addressing income instability and providing a pathway to financial stability. By emphasizing that the vocational training directly led to the individual's first job, the response underscores the practical application and relevance of the skills acquired through the training program. This demonstrates that vocational training can equip individuals with the specific knowledge and abilities needed to secure employment in their chosen field. Additionally, the mention of academic assistance alongside vocational training highlights the comprehensive approach taken by the program. This combination of practical skills training and academic support demonstrates how vocational training can contribute to raising an individual's educational level, offering them a well-rounded foundation for personal and professional growth. The response portrays vocational training as a valuable tool for addressing income instability, increasing employability, and fostering educational advancement. It showcases the potential of vocational training to empower individuals with the skills and qualifications needed to succeed in their chosen career paths.

#### **4.5.3 Half way youth homes**

The researcher found out that children who do not have traceable relatives they could be reunified with and at the same time the institution could not secure another alternative care arranged the child has to move into a half way youth home after he or she must have turned 18. The youth home was within the institutions and there was constant monitoring on the children.

*I lived semi-independently in an on-sight apartment with occasional check ins at village of hope. It is called a half way youth home which prepared me and introduced me to*

*responsibilities. Academic assistance enabled me to finish my education successfully.*  
(P3)

*I stayed at the blue house for quite a number of years but when it was time for others to move in, I was asked to move out and find accommodation outside the institution. At first, I felt offended then I realized that I wasn't going to stay there forever. (P2)*

The above response shows an understanding of the individual's living situation and acknowledges the positive impact it has had on their life. It recognizes the importance of living semi-independently in an on-site apartment with occasional check-ins, highlighting how this arrangement has provided a sense of hope and stability. The response also acknowledges the role of this living situation in introducing the individual to responsibilities. It recognizes that having a home of their own has allowed them to develop important life skills and cultivate independence. By emphasizing the significance of managing responsibilities such as maintaining cleanliness, paying bills, and organizing daily routines, the response highlights the personal growth and development that can occur in such a setting. The response demonstrates an understanding of the individual's journey towards independence and the positive outcomes that can result from living semi-independently. It acknowledges the importance of the living arrangement in fostering hope, building life skills, and preparing the individual for greater responsibilities in the future.

#### **4.5.4 Care leavers network**

The researcher found out that former children have an organization that is there to support the children that are being discharged from child care institutions. One of the key informants, who is a senior social worker at village of hope highlighted that the organization is

still starting but it has been successful in raising awareness and counseling children who were recently discharged. The key informant said,

*Former institutionalized children have formed an organization to bring awareness to the community. The organization is called after care leavers' network. It is there to give support psychosocial support counseling and peer support as children transition from the institution to the community. (KM1)*

This response shows that former institutionalized children have taken the initiative to create an organization called the After Care Leaver's Network. The purpose of this network is to raise awareness in the community and provide support to children as they make the transition from living in institutions to integrating into the wider community. By forming this organization, these individuals are demonstrating their commitment to addressing the unique challenges faced by care leavers and ensuring they have the necessary resources and support to thrive outside of institutional settings. The After Care Leaver's Network is an organization founded by former institutionalized children with the aim of creating awareness and offering support during the critical transition from institutional care to community living. This network serves as a platform for care leavers to connect, share their experiences, and access resources that can help them navigate the challenges they may encounter. One of the primary objectives of the After Care Leaver's Network is to raise awareness in the community about the unique needs and rights of care leavers. By engaging in advocacy efforts, organizing events, and collaborating with relevant stakeholders, the network strives to promote a greater understanding and acceptance of care leavers' experiences. In addition to raising awareness, the network also provides vital support to care leavers during their transition process. This support can take various forms, including

counseling services, mentorship programs, educational and vocational guidance, and access to housing and healthcare resources. By offering these resources, the network aims to empower care leavers and equip them with the necessary skills and support networks to successfully integrate into society and lead fulfilling lives. The After Care Leaver's Network is an inspiring example of individuals who have personally experienced institutional care coming together to make a positive impact on the lives of others facing similar circumstances. Through their collective efforts, they seek to create a more inclusive and supportive community for care leavers, ensuring that their transition from institutional care to independent living is as smooth and successful as possible.

#### **4.6 Theme 4: Recommendations to ensure successful reintegration of formerly institutionalized children into the community**

The participants and the key informant were able to share a number of recommendations towards insuring the successful reintegration of formerly institutionalized children.

##### **4.6.1 Proper discharge plans**

Both key informants suggested that there should be proper discharge plans available for each and every child that is placed in an institution. Discharge plans are usually done as a last resort especially when a child is due for discharge.

*There is need for a proper discharge plan for children. Discharged preparations should be commenced as soon as a child is committed or placed at an institution providing counseling, social support, family tracing and family reconstruction. The government should fund for this program. The government should provide for children up to tertiary level. (KM1)*

The response above suggests that the institutions in collaboration with DSD (department of social development) should properly plan for the discharge of children on time. Discharge plans play a significant part in ensuring the successful transition of formerly institutionalized children. The plans are designed to provide a roadmap for the child's journey after leaving the institution, outlining the necessary steps, support systems and resources needed to facilitate their successful reintegration into the community. Discharge plans are made in a way that meets the unique needs and circumstance of each child. The key informants suggested that discharge plans should not be a one size fits all, they should provide individualized support that addresses the child's specific needs and maximize their chances of success.

#### **4.6.2 Long term follow up**

When asked about the recommendations to ensure successful reintegration of formerly institutionalized children after their discharge, the key informants shared that there should be constant follow-ups after discharging children to ensure continued wellbeing and their progress.

*Formerly institutionalized children need constant follow up so that they know they have someone who cares for them and loves them. The institution should always be a home for them. (KM2)*

A participant added

*That the institution should check whether the place they are sending the child is welcoming and they should visit a couple of times before and after discharging a child. (P1)*

The above findings show that long follow-ups are paramount when it comes to the wellbeing and success of formerly institutionalized children. They allow a continued assessment and support of the child's development. By maintaining regular contact and evaluation over an extended period of time, caregivers, stakeholders can monitor the child's progress, identity, and any emerging challenges and provide appropriate interventions. Formerly institutionalized children may have experienced instability and disruptions in their lives, these children can rely on consistence presence in their lives which can help build trust, foster attachment and provide reliable assistance and guidance.

#### **4.6.3 Family reunification and support**

One of the social workers interviewed suggested that there should be ongoing support services to facilitate a reunion and reintegration for children returning to their biological families. This can include family parenting, parenting skills training and resources to address any challenge that arise.

*Children who have traceable relatives should be returned to their families. We can support the families with the resources we have. Here at village of hope we have child safeguarding trainings that are in progress. We train children, parents and guardians and every person that comes into contact with our children we offer counseling to families before and after reunifying them with their children (KM1)*

The above response suggests that family reunification is a significant step towards the successful reintegration of children into the community. Families should be supported in their role's ad caregivers. According to a report carried out by Goldman et al (2020), organizations should make efforts should in order to reintegrate children with their families if they are traceable and



facilitate family reconstruction. Counseling is needed in order to enable family members to accept their child after discharge. In most cases of parents or relative who were incarcerated for abusing a child, family members find it difficult to accept the child back after discharge. They blame the child for their past experiences. When children are accepted in their families, it become easy for them to establish connections with their local community and participate in social activities.

#### **4.6.4 Deinstitutionalization**

One strong recommendation from the key informants to ensure the successful reintegration of formerly institutionalized children into society was deinstitutionalization. By shifting the focus towards community-based alternatives and promoting a more inclusive and supportive environment, better opportunities for these children can be created to thrive and lead fulfilling lives in society. They highlighted that VOH has taken the initiative to move children from the institution. One key informant said.

*We have already closed 2 of our residential homes so far. Our aim is that by 2030 there will be no institutionalized children. We have started reintegrating children with their families to those who have known relatives and we are arranging other community care arrangement especially foster care arrangement. We wish to build a number of homes within the community so that the care givers and a certain number of children can live as normal family in the community. (KM1)*

From the response above, the researcher found out that by moving away from the traditional model of institutional care, deinstitutionalization prioritizes the individual needs and rights of children, aiming to provide them with a nurturing and supportive environment that closely resembles a family setting. According to Nsabimana (2016) deinstitutionalization refers to the process of transitioning children from institutional care to more community-based alternatives, such as foster care, kinship care, or family-based settings. This approach recognizes the importance of stable relationships, personalized care, and a sense of belonging in promoting the well-being and successful reintegration of children into society. Goldman et al (2020) recommended that there should be “growing commitment of faith-based organizations to prioritize family-based care, support, and reintegration over institutional care, as well as policy initiatives that halt the volunteer industry in institutions for children over a transition period that enables the safe divestment and redirection of responses towards family-centered alternatives.”

Deinstitutionalization offers several benefits. First and foremost, it allows children to grow up in a more inclusive and community-oriented environment, where they can develop essential life skills, emotional resilience, and social connections. ‘Attachment theory’ by (Bowlby, 1969), cited in Browne (2009) highlighted the negative impacts of institutional care as compared to family-based care and the significance of primary care-givers for a child’s normal development. This shift away from institutional care helps prevent the negative effects associated with long-term institutionalization, such as stunted emotional development, attachment disorders, and reduced chances of successful integration into society. Additionally, deinstitutionalization promotes the involvement of local communities and families in the care and support of formerly institutionalized children. By engaging community resources and networks, children have access to a broader range of opportunities, including education, healthcare, and recreational activities.

This involvement of the community fosters a sense of belonging, social integration, and a stronger support network for the children as they transition into independent adulthood. However, it is crucial to acknowledge that successful deinstitutionalization requires careful planning, adequate resources, and ongoing support. This includes comprehensive assessment and preparation of children for the transition, training and support for families and caregivers, and the availability of community-based services. Governments, policymakers, and relevant stakeholders should work together to ensure the appropriate infrastructure and support systems are in place to facilitate the successful reintegration of formerly institutionalized children into society.

#### **4.7 Summary**

The chapter presented the findings of the study, highlighting the challenges faced by formerly institutionalized children during their transition, the coping mechanisms they employ the importance of support systems, and the recommendations to ensure successful reintegration of formerly institutionalized children into the community. The findings contribute to the existing literature and have implications for practitioners working with these children. The following chapter will discuss the implications of the findings in more detail and provide recommendations for practice and future research.

## **CHAPTER 5**

### **SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.0 Introduction**

This chapter presents, discusses, and interprets the study findings about the experiences of children who were formerly institutionalized following their release from child care facilities. The study's objectives, which included investigating the experiences of previously institutionalized children following their release from childcare facilities, the challenges they encountered and the coping mechanisms they used to overcome those difficulties, as well as the support networks accessible to them, which were reflected in the summary of the findings that was provided. The study's conclusions led to the formulation of recommendations based on the following criteria: policy directives, social workers, the government, additional research initiatives, and advancements in the field.

#### **5.1 Summary**

Throughout this research project, the focus has been on examining the post experiences of formerly institutionalized children specially focusing on those discharged from village of hope. The study aimed to gain insights into their journey from institutional care to independent living or alternative care arrangements. The objectives were to identify the challenges, support systems and factors that contribute to their successful reintegration into the society. Chapter one was an introductory chapter which had the background of the problem, the statement of the problem and objectives of the study which led out on how the study was going to be carried out. The study

acknowledged several assumptions, including the validity of data, confidentiality of participants, voluntary participation, representative sampling, ethical research conduct, participant honesty, and contextual relevance. By considering these assumptions, the research maintained a rigorous and ethical approach to understanding the transition experiences of formerly institutionalized children.

Chapter two was a literature review which reviewed literature on other findings that were in relation to the objectives of the study. The research findings revealed various patterns of institutionalization in Zimbabwe, including the historical reasons for institutionalization such as the absence of family support structures, poverty, and the impact of HIV/AIDS. However, there has been a shift towards promoting alternative care arrangements, recognizing the importance of family-based care in meeting the emotional, psychological, and developmental needs of children. The chapter also reviewed the immediate and long term impact of institutionalization on children including emotional and psychological impact, cognitive and intellectual development, impact on health and social development as well as the long term impacts of institutionalization of children. The third chapter was a methodological chapter which was used and a design on how data was collected. The research utilized in-depth interviews or individual interviews and key informants interviews to collect data from participants, ensuring a comprehensive understanding of their perspectives.

The fourth chapter presented the findings of the study and a discussion of the findings. The study findings established that formerly institutionalized children are facing various challenges during their transition from institutional care to life outside the institution such as adaptation to new environments, societal stigma and discrimination, establishing new relationships and integrating

into the society. These challenges hinder the widespread deinstitutionalization efforts and emphasize the need for holistic interventions and collaborations between stakeholders to address the underlying causes and provide support to families and communities. Despite those challenges, formerly institutionalized children have displayed resilience and various strategies to cope with the challenges they find themselves in. Regardless of the numerous challenges encountered by formerly institutionalized children it was noted that they employed a number of coping strategies to cope, through peer support groups and counseling, acceptance adaptability as well as resilience in Christ. The study established that these are effective in addressing their challenges after they are discharged from childcare institutions. Most formerly institutionalized children have resorted to support groups and counseling and had to support each other as peers who once experienced institutional life. Consequently, it could be concluded that formerly institutionalized children have been coping through the use of support groups and counseling as well as acceptance and adaptability coping mechanisms, which are helping them in terms of their in their reintegration into the wider community. Several support systems available for formerly institutionalized children were also highlighted. Finally, in fifth chapter the conclusions of the study were drawn and recommendations were made based on the findings

## **5.2 Conclusion**

In conclusion, this research project has shed light on the patterns of institutionalization in Zimbabwe and the experiences of formerly institutionalized children. It has highlighted the significance of family-based care and the need to address challenges to achieve meaningful deinstitutionalization. Throughout the research, the study has gained comprehensive insights of the challenges faced by formerly institutionalized children faced by these children after they are discharged from childcare institutions. This study therefore concluded that formerly

institutionalized children face various challenges such as stigma and discrimination, failure to adapt to new environments, establishing new relationships and integrating into the society. The study further concluded that the formerly institutionalized children implored coping mechanisms such as through peer focused support groups and counseling, acceptance adaptability as well as resilience in Christ.

### **5.3 Recommendations**

Several recommendations can be based on the findings of the study made to improve the support and care provided to formerly institutionalized children:

#### **5.3.1 Recommendations to policy makers**

- Policy makers should prioritize the development and the enhancement of support systems for formerly institutionalized children. This includes providing stable and maturing care givers, mentorship programs and community programs. Investing in these support systems will greatly contribute to the successful transition and long term well-being of these children
- Policy makers should encourage coordination and collaboration among different stakeholders involved in the care and support of formerly institutionalized children. These include government agencies, social development departments, NGOs and community based groups. By working together they can ensure a holistic and a comprehensive approach to their transition process.
- Policy makers should establish robust monitoring and evaluation mechanisms to assess the effectiveness of support programs for formerly institutionalized children. Regular assessment will help identify areas that need improvement, ensure accountability and

drive evidence based decision-making. Continuous monitoring and evaluation will also facilitate the sharing of best practices among different regions and jurisdiction.

- Policy makers should prioritize efforts to raise awareness and reduce the stigma associated with formerly institutionalized children. This can be done through public campaigns, educational programs, and community engagement initiatives. By promoting understanding and empathy, we can create a more inclusive society that supports the successful reintegration of these children.

### **5.3.2 Recommendations to social workers**

- Building a strong and trusting relationship with formerly institutionalized children is essential. Take the time to listen to their experiences, validate their emotions, and provide a safe space for them to express themselves. Developing rapport will create a foundation for effective support and intervention.
- Recognize that each child's journey is unique and requires an individualized approach. Conduct thorough assessments to understand their specific needs, strengths, and challenges. Develop care plans that address their physical, emotional, educational, and social needs. Regularly review and adapt these plans as necessary.
- Many formerly institutionalized children may have experienced trauma and loss. Offer emotional support through counseling, therapy, or referral to mental health professionals. Help them process their emotions, develop coping strategies, and build resilience.
- Education is a key factor in the successful integration of formerly institutionalized children. Advocate for their access to quality education that meets their individual needs.



Collaborate with schools, teachers, and educational support services to ensure they receive appropriate academic and social support.

- Support the development of essential life skills that will help formerly institutionalized children navigate independent living. This includes teaching them skills such as budgeting, cooking, personal hygiene, time management, and interpersonal communication. Provide guidance and resources to enhance their self-sufficiency.
- Recognize the importance of involving the support network around formerly institutionalized children. Collaborate with caregivers, extended family members, mentors, and community organizations to provide a comprehensive support system. Engage these stakeholders in the care planning and decision-making process.
- Help formerly institutionalized children build positive social connections and engage in community activities. Encourage involvement in extracurricular activities, volunteer work, or mentorship programs. Facilitate their integration into social networks that provide a sense of belonging and support.

### **5.3.3 Recommendations to the government**

- The government should develop comprehensive policies that address specific needs and challenges faced by formerly institutionalized children. These policies should include such areas as healthcare, education, housing, employment and social support. By having clear and inclusive policies, the government can ensure that these children can receive the necessary support and opportunities for successful reintegration into the society.
- The government should invest in strengthening welfare systems to provide effective support for formerly institutionalized children. This includes increasing funding for social

welfare departments, improving training and capacity building for social workers and ensuring adequate staffing levels. By prioritizing child welfare, the government can improve the quality of care and support provided to these children.

- The government should facilitate collaboration and coordination among various stakeholders involved in the care and support of formerly institutionalized children. This includes fostering partnership between government agencies, non-governmental organizations, community based groups and educational institutions. By working together these agencies can leverage their resources and expertise to provide comprehensive support for these children
- The government should launch public awareness campaigns to educate the public about the challenges faced by formerly institutionalized children and reduce the stigma associated with their backgrounds. By promoting understanding and empathy, the government can create a more inclusive society that supports the successful reintegration of these children..

#### **5.4 Implications for Practice**

The findings of this study have important implications for practitioners working with formerly institutionalized children. It highlights the need for comprehensive and individualized support systems that address the specific challenges faced during the transition period. Practitioners should focus on building relationships, providing mental health support, and facilitating access to education and vocational opportunities. Additionally, collaboration among institutions, communities, and families is crucial in ensuring a successful reintegration process.

### **5.5 Future Research Directions**

Although this study offers valuable insights into the post-discharge experiences of formerly institutionalized children, there are avenues for further research. Future studies could explore the long-term outcomes of these children, the effectiveness of specific support systems, and the role of community involvement in their reintegration process. Additionally, comparative studies across different cultural contexts could provide a broader understanding of these experiences.

### **5.6 Chapter summary**

The chapter provided recommendations, summary of findings and a conclusion. The recommendations were provided for the government, policy makers and social workers to ensure successful reintegration of formerly institutionalised children into the community. The recommendations included addressing stigma and discrimination against formerly institutionalised children and to enhance collaboration between stakeholders in following up and monitoring the well being of children in alternative care arrangements.

## References

- Abebe, T., & Aase, A. (2007). Children, AIDS and the politics of orphan care in Ethiopia: The extended family revisited. *Social science & medicine*, 64(10), 2058-2069.
- Almas, A. N., Degnan, K. A., Radulescu, A., Nelson III, C. A., Zeanah, C. H., & Fox, N. A. (2012). Effects of early intervention and the moderating effects of brain activity on institutionalized children's social skills at age 8. *Proceedings of the National Academy of Sciences*, 109(supplement\_2), 17228-17231.
- Ashiq, U., Saleem, S., Jabeen, A., & Mahmood, Z. (2019). Identity & emotional behavioral problems in institutionalized orphans and mainstream adolescents. *Journal of Pakistan Psychiatric Society*, 16(2).
- Babbie, E. (2012). *The Practice of Social Research*. 13th ed. Belmont, CA: Wadsworth Cengage Learning.
- Babbie, E. (2014). *The practice of social research* (14th ed.). CENGAGE Learning Custom Publishing.
- Bakermans-Kranenburg, M. J., Steele, H., Zeanah, C. H., Muhamedrahimov, R. J., Vorria, P., Dobrova-Krol, N. A., ... & Gunnar, M. R. (2011). III. Attachment and emotional development in institutional care: Characteristics and catch up. *Monographs of the Society for Research in Child Development*, 76(4), 62-91.
- Barra, S., Aebi, M., d'Huart, D., Schmeck, K., Schmid, M., & Boonmann, C. (2022). Adverse childhood experiences, personality, and crime: distinct associations among a high-risk sample of

institutionalized youth. *International journal of environmental research and public health*, 19(3), 1227.

Bell, J. (2010). *Doing your research project: a guide for first-time researchers in education, health and social science*. Maidenhead: McGraw-Hill Open University Press.

Berrick, J. D. (1998). When children cannot remain home: Foster family care and kinship care. *The future of children*, 72-87.

Browne, E. (2017). Children in care institutions. K4D Helpdesk Report. Brighton, UK: Institute of Development Studies.

Browne, K. (2009). *The risk of harm to young children in institutional care*. London: Save the Children.

Chireshe, R. (2013). The state of inclusive education in Zimbabwe: Bachelor of Education (Special Needs Education) students' perceptions. *Journal of Social sciences*, 34(3), 223-228.

Chumo, I., Kabaria, C., Muindi, K., Elsey, H., Phillips-Howard, P. A., & Mberu, B. (2022). Informal social accountability mechanisms for water sanitation and hygiene (WASH) in childcare centres in Nairobi City County's informal settlements. *Urban Governance*, 2(2), 259-269.

Clarke, V., & Braun, V. (2013). Teaching thematic analysis: Overcoming challenges and developing strategies for effective learning. *The psychologist*, 26(2), 120-123.

Cooper, M., and McLeod, J. (2015). Client helpfulness interview studies: A guide to exploring client perceptions of change in counselling and psychotherapy. Department of Psychology, University of Oslo.

Cozby, P.C. (2015). *Methods in Behavioral Research*. 12th Edition, McGraw Hill, New York.

Creswell, J. W. (2009). *Research Design: Qualitative, Quantitative and Mixed Methods Approaches*. USA: SAGE Publications.

Creswell, J. W. (2014). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches (4th ed.)*. Thousand Oaks, CA: Sage

Davidson, J. C., Milligan, I., Quinn, N., Cantwell, N., & Elsley, S. (2017). Developing family-based care: complexities in implementing the UN Guidelines for the Alternative Care of Children. *European Journal of Social Work*, 20(5), 754-769.

Dawadi, S., (2020), Thematic Analysis Approach: A Step by Step Guide for ELT Research Practitioners. *Journal of NELTA*, Vol 25 No. 1-2,

Dawit, D.A., (2020). An Overview of Data Analysis and Interpretations in Research. *Inter. J. Acad. Res. Educ. Rev.* 8(1): 1-27

DeLacey, E., Tann, C., Groce, N., Kett, M., Quiring, M., Bergman, E., ... & Kerac, M. (2020). The nutritional status of children living within institutionalized care: A systematic review. *PeerJ*, 8, e8484.

Dozier, M., Albus, K. E., Fisher, P. A., & Sepulveda, S. (2002). Interventions for foster parents: Implications for developmental theory. *Development and Psychopathology*, 14(4), 843-860.

Dziro, C., & Rufurwokuda, A. (2013). Post-Institutional Integration Challenges Faced by Children who were Raised in Children's Homes in Zimbabwe: The Case of 'Ex-Girl' Programme for One Children's Home in Harare, Zimbabwe. *Greener Journal of Social Sciences* ISSN: 2276-7800 Vol. 3 (5), pp. 268-277, May 2013.

Fernyhough, L. L. (2003). The quality and stability of attachment and its relation to indiscriminate friendliness in children adopted to Canada from Romanian orphanages: eight years later.

Foster, G. (2000). The capacity of the extended family safety net for orphans in Africa. *Psychology, health & medicine*, 5(1), 55-62.

Goldman, P. S., Bakermans-Kranenburg, M. J., Bradford, B., Christopoulos, A., Ken, P. L. A., Cuthbert, C., ... & Sonuga-Barke, E. J. (2020). Institutionalisation and deinstitutionalisation of children 2: policy and practice recommendations for global, national, and local actors. *The Lancet Child & Adolescent Health*, 4(8), 606-633.

Goldstein, J., Freund, A., & Solnit, A. J. (1986). *Before the best interests of the child*. Simon and Schuster.

Guest, G., MacQueen, K. M., & Namey, E. E. (2012). *Applied thematic analysis*. SAGE Publications, Inc. Available at <https://dx.doi.org/10.4135/9781483384436> Accessed (02/02/22)

Johnson, D. E., Guthrie, D., Smyke, A. T., Koga, S. F., Fox, N. A., Zeanah, C. H., & Nelson, C. A. (2010). Growth and associations between auxology, caregiving environment, and cognition in socially deprived Romanian children randomized to foster vs ongoing institutional care. *Archives of Pediatrics & Adolescent Medicine*, 164(6), 507-516.

- Kiragu, T. N. (2015). *Self-esteem and academic performance levels of HIVAids orphaned primary school pupils in children's homes in Nyeri South Sub-County, Kenya* (Doctoral dissertation, Egerton University).
- Kurevakwesu, W., Dzoma, F., Mundau, M., Magocha, J. C., Chizasa, S., & Takangovada, M. (2022). Towards the creation of a developmental welfare state in Zimbabwe: An inside perspective on the department of social development. *Social Work*, 58(2), 115-130.
- Larson, A. L., Barrett, T. S., & McConnell, S. R. (2020). Exploring early childhood language environments: A comparison of language use, exposure and interactions in the home and childcare settings. *Language, Speech, and Hearing Services in Schools*, 51(3), 706-719.
- Masuka, T., Banda, R. G., Mabvurira, V., & Frank, R. (2012). Preserving the future: Social protection programmes for orphans and vulnerable children (OVC) in Zimbabwe.
- Mavhaire, R. (2000). *The plight of children in care institutions*. Harare, Mambo Press.
- McCall, R. B. (2013). The consequences of early institutionalization: can institutions be improved?—should they?. *Child and adolescent mental health*, 18(4), 193-201.
- Moyo, S., Susa, R., & Gudyanga, E. (2015). Impact of institutionalisation of orphaned children on their wellbeing. *IOSR Journal Of Humanities And Social Science (IOSR-JHSS)*, 20(6), 63-69.
- Munongi, L., & Mawila, D. (2023). Risk factors of orphan and vulnerable children in a children's home during the COVID-19 pandemic. *Children and youth services review*, 145, 106801.



- Nelson, C. A., Zeanah, C. H., Fox, N. A., Marshall, P. J., Smyke, A. T., & Guthrie, D. (2007). Cognitive recovery in socially deprived young children: The Bucharest Early Intervention Project. *Science*, 318(5858), 1937-1940.
- Neuman, W. (2012). *Basics of Social Research*. (3rd Ed.) Boston: Pearson/Allyn and Bacon.
- Ngwenya, M. (2015). An investigation into challenges faced by community-based interventions for orphans and vulnerable children in Mutare, Zimbabwe (Doctoral dissertation, University of South Africa).
- Nherera, C. M. (1994). Vocationalisation of secondary education in Zimbabwe: a theoretical and empirical investigation (Doctoral dissertation, Institute of Education, University of London).
- Nsabimana, E. (2016). The process of institutionalization-deinstitutionalization and children's psychological adjustment in Rwanda.
- Patton, M. (2002). *Qualitative research and evaluation methods*. Thousand Oaks, Calif: Sage Publications.
- Patton, M. (2015). *Qualitative Research and Evaluation Methods*. 4th Edition, Sage Publications, Thousand Oaks.
- Patton, M. Q. (2015). *Qualitative Evaluation and Research Methods*. Thousand Oaks, CA: Sage
- Paulsen, V., & Berg, B. (2016). Social support and interdependency in transition to adulthood from child welfare services. *Children and Youth Services Review*, 68, 125-131.

- Perumal, N., & Kasiram, M. (2014). CHILDREN'S HOMES AND FOSTER CARE: CHALLENGING DOMINANT DISCOURSES IN SOUTH AFRICAN SOCIAL WORK PRACTICE. *Social Work/Maatskaplike Werk*, 44(2). <https://doi.org/10.15270/44-2-248>
- Rakopyan, M. (2023). A Mother Without a Baby. In *Unregulated Custody Transfer of Adopted Children* (pp. 63-110). Cham: Springer Nature Switzerland.
- Rosenthal, E. (2018). The right of all children to grow up with a family under international law: implications for placement in orphanages, residential care, and group homes. *Buff. Hum. Rts. L. Rev.*, 25, 65.
- Rutter, M. (1989). Pathways from childhood to adult life. *Journal of child psychology and psychiatry*, 30(1), 23-51.
- Ryan, D. P. J. (2001). Bronfenbrenner's ecological systems theory. *Retrieved January, 9, 2012*.
- Sala Roca, J., Arnau Sabatés, L., Courtney, M. E., & Dworsky, A. (2016). Programs and services to help foster care leavers during their transition to adulthood. *A study comparing Chicago (Illinois) to Barcelona (Catalonia)*.
- Tizard, B., & Hodges, J. (1978). The effect of early institutional rearing on the development of eight year old children. *Journal of child psychology and psychiatry*, 19(2), 99-118.
- Tyagi, R. (2018). A Loving Family for Every Child: A Paradigm Shift from Institutional Care to Family-Based Care. *Institutionalised Children Explorations and Beyond*, 5(1), 76-89. <https://doi.org/10.1177/2349301120180110>

UNICEF. (2009). Guidelines for the Alternative Care of Children. Retrieved from [https://www.unicef.org/protection/alternative\\_care\\_Guidelines-English.pdf](https://www.unicef.org/protection/alternative_care_Guidelines-English.pdf)

Van IJzendoorn, M. H., Palacios, J., Sonuga-Barke, E. J., Gunnar, M. R., Vorria, P., McCall, R. B., ... & Juffer, F. (2011). I. Children in institutional care: Delayed development and resilience. *Monographs of the Society for research in child development*, 76(4), 8-30.

Van IJzendoorn, M. H., Palacios, J., Sonuga-Barke, E. J., Gunnar, M. R., Vorria, P., McCall, R. B., ... & Juffer, F. (2011). I. Children in institutional care: Delayed development and resilience. *MONOGRAPHS of the Society for RESEARCH in Child Development*, 76(4), 8-30.

Wade, M., Fox, N. A., Zeanah, C. H., & Nelson III, C. A. (2019). Long-term effects of institutional rearing, foster care, and brain activity on memory and executive functioning. *Proceedings of the National Academy of Sciences*, 116(5), 1808-1813.

Ward, J., Henderson, Z., & Pearson, G. (2003). *One problem among many: drug use among care leavers in transition to independent living*. Home Office. Research, Development and Statistics Directorate.

Watt, T. T., Norton, C. L., & Jones, C. (2013). Designing a campus support program for foster care alumni: Preliminary evidence for a strengths framework. *Children and Youth Services Review*, 35(9), 1408-1417.

## APPENDIX A: INTERVIEW GUIDE FOR PARTICIPANTS



My name is Passionate Nyamtambo, a social work student at Bindura University of Science Education. I am undertaking this research titled: exploring the experiences of formerly institutionalised children discharged from childcare institutions: A case of children discharged from village of hope. I respectfully ask that you take part in the interview. My Bachelor of Science (Honors) in Social Work degree is partially fulfilled by this research, which has just academic purposes. No identities will be mentioned, and the information gleaned from the interviews will be kept private. It is entirely voluntary to participate in this study, and the researcher will ensure that your invaluable information is used in an admirable way. Any concerns regarding the duration of the interview will be taken into consideration. The session will last no more than fifteen minutes.

### Demographic Information of respondent

<b>Gender</b>	
---------------	--

<b>Age</b>	
<b>Date of discharge</b>	

**Section A: The experiences of formerly institutionalized children after being discharged from childcare institutions**

1. 1. Can you describe your experiences after being discharged from childcare institution to independent living or alternative care arrangements?
2. What were the challenges you faced during your transition?
3. How did you cope with these challenges?

**Section B: The opportunities and resources available to support formerly institutionalized children after their discharge from child care institutions**

4. Can you share any specific examples of support systems or interventions that helped you during your discharge process?
5. How did the aftercare programs, mentoring, or educational support you received contribute to your successful integration into independent living or alternative care arrangements?
6. How did the support systems and interventions you received help you develop essential life skills necessary for independent living?
7. Can you provide examples of how the skills that you have benefitted?

**Section C: Ways to insure successful reintegration of formerly institutionalized children into the community**

8. How did the lack of certain life skills affect your ability to adapt to your new environment during the transition?
9. What recommendations would you give to other institutionalized children who are currently going through the discharge or reunifications process?
10. What recommendations would you give to institutions before releasing a child to insure effective-reintegration?
11. Can you discuss any specific initiatives or programs that you believe have been successful in addressing the unique needs and challenges of ex-institutionalized children during their transition?
12. Is there anything else you would like to share about your experiences after being discharged from childcare institutions Thank you for participating.

Thank you for participating.

## APENDIX B: INTERVIEW GUIDE FOR SOCIAL WORKERS



Greetings I'm Passionate Nyamtambo, a social work student at Bindura University of science education. As a requirement for my degree program, I'm working on a study titled "exploring the experiences of formerly institutionalized children after discharge from childcare institutions. A case of children discharged from village of hope ". As a key informant, your knowledge and perceptions will be extremely valuable in helping to comprehend these issues. You may be sure that all information you submit will be kept completely private, that participation is completely optional, and that you can stop at any time if you are uncomfortable.

<b>Gender</b>	
<b>Agency</b>	
<b>How long have you been</b>	

working at the agency	
-----------------------	--

**Section A: The experiences of formerly institutionalized children after being discharged from childcare institutions**

1. As key informants with experience working with formerly institutionalized children, what are some of the most common challenges you have observed during their transition from institutional life to life outside the institution.
2. How have you witnessed societal stigma and discrimination affecting formerly institutionalized children during their transition?
3. What steps have been taken to address these challenges?

**Section B: The opportunities and resources available to support formerly institutionalized children after their discharge from child care institutions**

4. Can you provide examples of specific aftercare programs, mentoring initiatives, or educational support that have had a positive impact on the transition experiences of these children?
5. What support systems or interventions have you found to be most effective in facilitating a successful transition for these children?
6. Based on your experience, what are the main gaps or areas for improvement in the current support systems for formerly institutionalized children during their transition?



**Section C: ways to insure successful reintegration of formerly institutionalized children into the community**

7. Are there any strategies or initiatives that have been implemented to raise awareness and challenge societal stereotypes surrounding ex-institutionalized children?
8. What advice or recommendations do you have for policymakers, social workers, educators, or caregivers in terms of better supporting formerly institutionalized children during their transition?
9. Is there any additional insight or perspective you would like to contribute regarding the experiences of ex-institutionalized children or the broader topic of supporting them during this critical period?

Thank you for taking the time to share your valuable perspectives.

## APPENDIX C: CONSENT FORM

Dear Participant,

You are being invited to participate in a research study on the transition of ex-institutionalized children to independent living or alternative care arrangements. The purpose of this study is to gain a deeper understanding of the challenges, support systems, and interventions that contribute to a successful transition for these individuals. Your participation in this study is entirely voluntary. Before deciding whether to participate, it is important that you fully understand the nature of the study, its purpose, and what will be expected of you. Please take the time to read the following information carefully. If you have any questions or concerns, feel free to ask for clarification before making your decision.

### **Study Procedures:**

1. As a participant, you will be asked to share your personal experiences and insights related to your transition from institutional care to independent living or alternative care arrangements.
2. You will be invited to participate in an interview or complete a questionnaire, depending on your preference and availability.
3. The data collected will be used for research purposes only and will be treated with strict confidentiality.

### **Benefits and Risks:**

1. By participating in this study, you will have the opportunity to contribute valuable information that can help improve support systems and interventions for formerly institutionalized children during their transition.
2. Sharing your experiences may also provide personal catharsis and a sense of empowerment.
3. While every effort will be made to ensure your privacy and confidentiality, it is important to note that there may be minimal risks associated with sharing personal experiences, such as potential emotional discomfort or triggering of past memories.

**Confidentiality:**

1. Your identity and personal information will be kept strictly confidential. All data collected will be anonymized and stored securely.
2. Only the research team will have access to the data, and it will be used solely for the purposes of this study.
3. Any information shared in publications or presentations will be in aggregate form and will not include any identifying details.

**Voluntary Participation:**

1. Your participation in this study is entirely voluntary. You have the right to withdraw at any time without penalty or consequence.
2. If you choose to withdraw, any data collected up to that point will be excluded from the study.

3. Your decision to participate or withdraw will have no impact on your current or future rights and services.

By signing this consent form, you indicate that you have read and understood the information provided, that your questions have been answered to your satisfaction, and that you voluntarily agree to participate in this study. You also acknowledge that you have received a copy of this consent form for your records.

Participant's Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Researcher's Name: \_\_\_\_\_

Researcher's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for your participation in this study. Your insights and experiences are highly valuable and will contribute to the advancement of knowledge in this field.

If you have any further questions or concerns during or after the study or consent form beyond those answered by the researcher including questions about the research, your rights as a research participant, or if you feel that you have been treated unfairly and would like to talk to

someone other than the researcher, please do not hesitate to contact Bindura university of science education.

## APPENDIX D: BUSE RESEARCH LETTER



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: 22 November 2023

TO WHOM IT MAY CONCERN

RE: REQUEST TO UNDERTAKE RESEARCH PROJECT IN YOUR ORGANISATION

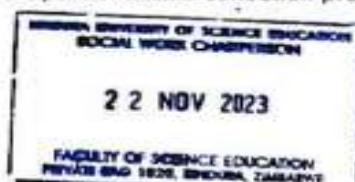
This serves to introduce the bearer, Pawandze Nyantambo, Student Registration Number B19364213, who is a BSc SOCIAL WORK student at Bindura University of Science Education and is carrying out a research project in your area/institution.

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

  
MR L.C Nyamaka

Acting Chairperson - Social Work



## APPENDIX E: SOCIAL WELFARE APPROVAL LETTER

Official communications should  
Not be addressed to individuals

Telephone: Harare 790872/7  
Telegrams "SECLAB"  
Private Bag 7707/7750



ZIMBABWE

MINISTRY OF PUBLIC SERVICE, LABOUR AND SOCIAL  
WELFARE  
Compensation House

Cnr Fourth Street and Central Avenue  
**HARARE**

03 April 2014

Passionate Nyamtambo (B193642B)  
Bindura University of Science Education

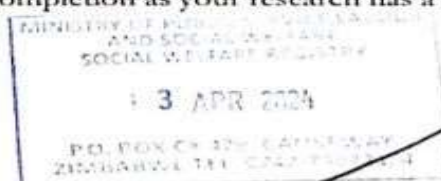
**REF: LETTER OF APPROVAL TO CONDUCT A RESEARCH STUDY  
TITLED "EXPLORING THE EXPERIENCES OF FORMERLY  
INSTITUTIONALISED CHILDREN DISCHARGED FROM  
CHILDCARE INSTITUTIONS". A CASE STUDY OF CHILDREN  
DISCHARGED FROM VILLAGE HOPE**

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 "Exploring the experiences of formerly Institutionalised children discharged from Childcare Institutions".

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

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