

**DEVELOPING A SUSTAINABLE MODEL FOR REHABILITATION OF CHILDREN  
LIVING IN THE STREETS**



**By**

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Humanities at Bindura University of Science Education in partial fulfilment of the  
requirements for the Bachelor of Science Honors Degree in Social Work.**

## **APPROVAL FORM**

### **To be completed by the Supervisor**

I certify that I have supervised SALCEND CHIPANGURA (B200538B) for this research titled: "DEVELOPING A SUSTAINABLE MODEL FOR REHABILITATION OF CHILDREN LIVING IN THE STREETS" in partial fulfilment of the requirements for the Bachelor of Science Honors Degree in Social Work, and I recommend that it proceeds for examination.

Name of Supervisor..... Signature.....Date.....

### **Chairperson of the Department Board of Examiners**

The Departmental Board of Examiners is satisfied that this dissertation report meets the examination requirements and I therefore recommend to Bindura University to accept a research project by SALCEND CHIPANGURA, titled "DEVELOPING A SUSTAINABLE MODEL FOR REHABILITATION OF CHILDREN LIVING IN THD STREETS", in partial fulfilment of the requirements for the Bachelor of Social Work Honors Degree.

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## **DEDICATION**

This dissertation is dedicated to the loving memory of my father, whose spirit remains with me, to my mother, whose selfless devotion and prayers have sustained me; to my sister, whose bond and support have been a source of strength; to my friends, whose friendship and encouragement have made this journey worthwhile; and to myself, for the courage to keep going, even when the road ahead seemed uncertain, and for believing in my own potential to achieve greatness.

**Abstract:**

*This study aims to develop a sustainable model for rehabilitation of children living in the streets in Harare Central Business District, Zimbabwe. The research explores the socio-economic and structural factors contributing to the persistence of street children, assesses the effectiveness of existing rehabilitation programs, and identifies community-driven strategies for sustainable reintegration. Using a mixed-methods approach, the study combines qualitative and quantitative data collection and analysis methods. The findings highlight the need for a comprehensive, community-driven model that addresses the root causes of streetism, provides holistic support services, and promotes family reunification and socio-economic empowerment. The study's proposed model incorporates key elements such as community engagement, psychosocial support, vocational training, and economic empowerment, with a focus on sustainability and long-term impact. The research contributes to the existing literature on street children and rehabilitation, providing insights for policymakers, practitioners, and stakeholders working to address the challenges faced by street children in Zimbabwe and similar contexts.*

## **CHAPTER ONE: INTRODUCTION**

### **1.0 Introduction**

This chapter provides an overview of the study on the persistence of street children in Harare's Central Business District (CBD) and the need for sustainable rehabilitation models. It introduces the research topic by discussing the socio-economic and humanitarian concerns posed by street children and highlights the existing gaps in literature. The chapter presents the research objectives, which aim to identify effective community-driven rehabilitation strategies and develop a sustainable reintegration framework. Additionally, it outlines the research questions that guide the study, focusing on understanding the challenges faced by street children and evaluating the effectiveness of current interventions. The significance of the study is also discussed, emphasizing its contribution to policy development and practical interventions for street children in Harare CBD. By addressing these key aspects, this chapter sets the foundation for the subsequent discussions and analysis in the study.

### **1.1. Background of the Study**

The phenomena of street children is a global issue, with millions of children worldwide forced to survive in hostile urban environments due to poverty, family breakdown, and socio-political instability (Kassa & Hailu, 2021). In Africa, economic hardships and weak social protection systems have exacerbated this crisis, leading to an increase in the number of children living on the streets (Tatek, 2022). These children often lack access to basic needs such as food, shelter, education, and healthcare, making them highly vulnerable to exploitation, abuse, and criminal activities. Despite efforts by governments and non-governmental organizations (NGOs) to address this challenge, the effectiveness of existing interventions remains questionable due to their short-term focus and lack of sustainability (Nyoni & Moyo, 2021).

In Zimbabwe, the socio-economic decline over the past two decades has significantly contributed to the rising number of street children (Mlambo & Chitiyo, 2023). Economic hardships, unemployment, and family disintegration have forced many children into street life as a survival mechanism. While the government has implemented various social welfare programs aimed at reducing child vulnerability, these initiatives have been largely ineffective due to inadequate funding, poor implementation, and a lack of coordination between stakeholders (Chigumira et al.,

2022). Consequently, many street children continue to roam the streets, engaging in informal economic activities such as vending and begging, which expose them to further risks and perpetuate their cycle of poverty and social exclusion.

A growing body of literature suggests that community-driven approaches can provide more sustainable solutions to the street children crisis (Mwansa & Kalenga, 2023). Unlike institutionalized rehabilitation programs that often fail to address the root causes of child homelessness, community-based interventions focus on family reunification, skills training, and socio-economic empowerment. Studies in Kenya and South Africa have demonstrated the effectiveness of such models in facilitating the successful reintegration of street children into society (Mugambi et al., 2021). However, there is limited empirical research on how these strategies can be adapted to the Zimbabwean context, given its unique socio-economic and cultural dynamics.

Furthermore, the role of policy frameworks in addressing the street children crisis cannot be overlooked. Effective policy implementation requires a multi-sectoral approach involving government agencies, NGOs, local communities, and international organizations (Maphosa & Dube, 2022). In many cases, poor policy enforcement and a lack of political will have hindered progress in addressing child homelessness. Therefore, it is crucial to explore how existing policies can be strengthened to create a more conducive environment for sustainable rehabilitation and reintegration programs.

Many initiatives focus on short-term solutions, providing food, shelter, and basic needs without addressing underlying causes or ensuring long-term reintegration (Nyamwanza, 2022). Moreover, existing programs often lack effective community engagement and ownership, comprehensive psychosocial support, vocational training and economic empowerment, and robust monitoring and evaluation frameworks. As a result, street children continue to face repeated cycles of exploitation and abuse, limited access to education and healthcare, inadequate preparation for independent living, and insufficient support for family reunification or alternative care. It is against such a background that, this research aims to bridge these gaps by developing a sustainable model for street children rehabilitation in Harare CBD, incorporating community-driven approaches, holistic support services, and evidence-based practices.



## **1.2. Statement of the Problem**

Despite ongoing efforts by government agencies, non-governmental organizations, and faith-based actors to rehabilitate street children and give them a renewed shot at life in Harare's Central Business District (CBD), a significant number of these children relapse into street life. This recurring trend underscores a critical gap: existing interventions, while well-intentioned, are often short-term, fragmented, and lack community ownership or long-term follow-up. Deep-rooted socio-economic factors such as poverty, family disintegration, substance abuse, and inadequate access to education continue to drive streetism. The absence of a comprehensive, community-driven model further limits the success of reintegration efforts. This study aims to evaluate current rehabilitation programs and propose a sustainable, context-specific framework to support the long-term reintegration of street children into society.

## **1.3. Research Objectives**

- i. To examine the socio-economic and structural factors contributing to the persistence of street children in Harare's Central Business District.
- ii. To assess the effectiveness of existing rehabilitation and reintegration programs for street children in Harare CBD.
- iii. To develop a community-driven and sustainable rehabilitation framework for reintegrating street children into society.

## **1.4. Research Questions**

- i. What are the socio-economic and structural factors contributing to the persistence of street children in Harare's Central Business District?
- ii. How effective are the current rehabilitation and reintegration programs in addressing the challenges faced by street children in Harare CBD?

iii. What community-driven strategies can be implemented to develop a sustainable rehabilitation framework for street children in Harare

### **1.5. Justification of the study**

This study is important in several ways. First, it directly benefits street children—the primary target population—by aiming to develop a sustainable and community-driven rehabilitation model that supports long-term reintegration and reduces relapse rates. For the wider community, reducing the number of children living on the streets contributes to improved public safety, social cohesion, and economic productivity. From a policy perspective, the study will provide evidence-based recommendations that can inform more effective and inclusive policies on child welfare, social protection, and urban development. Practically, the findings can guide rehabilitation centers, NGOs, and faith-based organizations in designing programs that are context-sensitive, comprehensive, and responsive to the real needs of street children. Lastly, the study contributes to academic literature by addressing the gap in localized research on the sustainability of rehabilitation efforts in Zimbabwe. It adds to the growing discourse on child rights, urban poverty, and social reintegration in Sub-Saharan Africa, offering insights that may also be useful in similar contexts.

### **1.6. Limitations**

#### **Access and Trust Issues**

Gaining access to street children and establishing trust may be challenging, potentially affecting data quality. Street children are often skeptical of outsiders due to past experiences of exploitation and neglect (Muchacha & Moyo, 2021). To address this, the study will collaborate with trusted local organizations that work with street children, ensuring credibility and rapport-building strategies.

#### **Limited Resources**

The study may be constrained by financial, personnel, and logistical limitations, which could affect the scope of data collection. According to Chigunta et al. (2022), research on marginalized populations often faces funding difficulties. To mitigate this, partnerships with non-governmental organizations (NGOs) and academic institutions will be sought to provide support and funding.

## **1.7. Delimitations**

### **Geographical Focus**

This study is limited to Harare CBD, which may not represent other urban or rural areas. The selection of this location is justified by its high concentration of street children, making it a critical case study (Chitongo, 2021).

### **Population Focus**

The study focuses specifically on street children, excluding other vulnerable populations such as homeless adults. This targeted approach ensures in-depth analysis and practical intervention strategies (Madziva, 2022).

### **Timeframe**

The study may be conducted within a limited timeframe, restricting the depth of data collection and analysis (Mukamuri, 2020). However, structured methodologies and focused data collection tools will be employed to maximize efficiency.

## **.1.9. Definition of key terms**

- i. Street Children: Children who live or work on the streets, often without adequate parental care or supervision, and may engage in informal economic activities or begging to survive.
- ii. Rehabilitation: The process of helping individuals, in this case, street children, to recover from the physical, emotional, and psychological effects of their experiences and reintegrate into society.
- iii. Sustainable Model: A framework or approach that is designed to be long-lasting, effective, and environmentally conscious, meeting the needs of the present without compromising the ability of future generations to meet their own needs.
- iv. Community-Driven Approach: An approach that involves and empowers local communities in the planning, implementation, and decision-making processes of a project or program, ensuring that solutions are tailored to the specific needs and context of the community.

## **1.10 Chapter Summary**

This chapter introduces the study on the persistence of street children in Harare's Central Business District (CBD) and the necessity of sustainable rehabilitation models. It begins by providing an overview of the research topic, outlining the socio-economic and humanitarian concerns posed by street children, and highlighting the gaps in existing literature. The chapter then presents the research objectives and questions, focusing on identifying contributing factors, assessing current interventions, and developing a sustainable rehabilitation framework. The significance of the study is emphasized, particularly its potential contributions to policy formulation, social work practices, and community-driven solutions. The chapter also discusses the limitations of the study, such as challenges in accessing street children, resource constraints, and ethical considerations. To mitigate these limitations, strategies like collaboration with NGOs, ethical research approaches, and the use of interpreters are proposed. The delimitations of the study define its geographical and population focus, ensuring that it remains manageable and contextually relevant. The ethical considerations section outlines the need for informed consent, confidentiality, cultural sensitivity, and the avoidance of power imbalances when engaging with street children. Finally, the chapter sets the foundation for subsequent discussions, ensuring a structured and ethical approach to the research.

## **CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK**

### **2.0 Introduction**

This chapter's literature review is structured around the study's research objectives, drawing on existing information that sheds light on the topic's key themes and perspectives (Hart, 2001). According to Hart (2001), literature review is important to research as it helps identify already done work or progress that is relevant to the study also guiding in duplication of what has already been done or expressed in the gaps in existing literature.

## 2.1 Theoretical framework

A theory can be described as a structured set of interrelated concepts, definitions, and propositions that offers a coherent explanation of a phenomenon by illustrating the relationships among variables, ultimately aiming to explain and predict outcomes (Creswell, 2012). According to Barbour (2014), a theoretical framework provides a guiding model or collection of approaches that support the interpretation and analysis of research data. Within this framework, theory plays a vital role by offering context and deeper understanding of the study's findings.

This study is grounded in Attachment Theory, developed by Ainsworth and Bowlby, which explores the critical connection between maternal deprivation and personality development. Attachment Theory was initially proposed to describe the interactions between children and their caregivers, emphasizing the formation of emotional bonds that support both social and cognitive development. The theory suggests that a nurturing caregiver-child relationship fosters a secure attachment, while inconsistent or absent caregiving can lead to emotional insecurity. Bowlby's research highlighted that children separated from their caregivers for extended periods often exhibit distress and desperation, particularly during key developmental stages. He found that the absence of a consistent attachment figure—especially when the caregiver is emotionally unavailable due to factors such as depression, grief, anxiety, or stress—can significantly hinder a child's physical, emotional, and cognitive growth. These developmental disruptions are especially pronounced when the child is actively seeking affection and engagement from their primary caregiver.

The theory emphasizes that the foundation of secure attachment lies not merely in meeting a child's basic physical needs but in the consistent provision of emotional care and responsiveness. These two elements are viewed as essential in shaping the child's future emotional orientation toward caregivers and their broader social environment. When the attachment bond is disrupted or neglected during critical periods of development, it may impair the child's ability to build healthy relationships in the future. Research has also shown that the attachment process unfolds in distinct stages, each contributing to the development of the child-caregiver relationship.

These stages include:

**Pre-attachment phase (birth to 1 month):** During this initial stage, infants are open to interaction with anyone and have not yet formed a strong preference for specific individuals.

**Attachment-in-the-making phase:** At this stage, infants begin to develop interpersonal skills and start forming preferences. They vocalize more, respond to familiar caregivers, and show early signs of attachment.

**Clear-cut attachment phase (8 months to 2 years):** In this phase, infants demonstrate strong attachment to their primary caregiver, often showing distress during separation and wariness around unfamiliar individuals.

The final phase, termed goal-corrected partnership, encompasses children aged two years and older. In this phase, children actively seek out an attachment figure for specific purposes. They may cry, shout, or follow the figure. At this juncture, children also become cognizant of the emotions of others, guided by their feelings and expectations, which Bowlby referred to as internal working models. This theory is particularly relevant for this study when examining the reasons why children opt to leave their families en route to the inner cycles of the Harare Central Business District in Zimbabwe.

### **2.3 Conceptualization of street children**

T This study draws on both primary and secondary data sources to construct a comprehensive conceptual understanding of the phenomenon of street children. The issue is examined through global, regional, and national lenses to appreciate the varied interpretations and legal frameworks that shape how street children are perceived and treated in different contexts.

Internationally, particularly in some Western jurisdictions, children who leave their homes and reside on the streets are often categorized as juvenile offenders. For example, in Texas, running away from home is classified as a status offense, potentially resulting in legal penalties such as probation (Varghese, 2017). Moreover, providing shelter to a runaway is considered unlawful. In Georgia, a child found in public spaces between midnight and 5:00 a.m. may also be considered to have committed a status offense and may be labeled an “unruly child” if they have left home without legitimate reason or consent (Georgia Code and Federal Law).

By contrast, in Zimbabwe and many other African countries, such actions are not criminalized. Children living and/or working on the streets are generally referred to as street children rather than juvenile delinquents. This terminology reflects a different conceptual approach, one that emphasizes social vulnerability rather than criminality. While U.S.-based policy frameworks often portray street children as a public problem to be “removed” from society, this study adopts a human-rights and child-protection lens that recognizes their complex realities and needs.

The characterization of street children as delinquents fosters societal stigma, which can obstruct their psychosocial development and integration. Drawing from labeling theory (Becker, 1963, as cited in Bernburg, 2019), the negative labels assigned to these children can reinforce cycles of marginalization and exclusion. As a result, interventions rooted in this paradigm often prioritize reunification with families, overlooking the possibility that some of these homes may be abusive, unsafe, or unable to meet the child's needs.

UNICEF (2001) provides a more nuanced conceptual framework by distinguishing between two categories of street children: "children of the streets", who live and sleep on the streets with little or no family contact, and "children on the streets", who work on the streets during the day but return home at night. This typology is crucial for developing context-specific and needs-based interventions. In Zimbabwe, both categories are present and often overlap due to fluctuating living conditions.

Field observations in Harare have documented that some children live with their homeless caregivers in informal settlements near the Central Business District (CBD) or along riverbanks such as Mukuvisi. These children typically spend their days begging or engaging in informal work, returning to temporary shelters at night. The growing visibility of street children in urban areas is not unique to Zimbabwe; it reflects a broader trend across developing nations, where socioeconomic instability, poverty, and family breakdowns are driving children into street life (Pratap & Singh, 2021; Maepa, 2021). This escalating trend presents significant social and developmental challenges that require urgent policy responses (Kosmara et al., 2021).

However, quantifying this population remains challenging due to the transient, fluid, and diverse nature of their circumstances (Yildirim et al., 2020). Street children vary significantly in terms of age, gender, ethnic background, and nationality, making standardized definitions difficult (United Nations, 2017). While some maintain partial family ties, others are fully detached and function independently in public spaces (Ng et al., 2022). Unfortunately, despite their visibility, street children are often invisible in policymaking processes, marginalized by governments, development institutions, and sometimes even by religious organizations, thus exacerbating their vulnerability (Consortium for Street Children, 2021).

This conceptual framework, therefore, recognizes street children not as a homogenous group of delinquents, but as a diverse and vulnerable population shaped by complex social, economic, and familial dynamics. Understanding these conceptual variations is essential for designing responsive and humane interventions.

## **2.4.Push and Pull Factors Leading to the Emergence of Street Children**

Children living in the streets are often driven to the streets by a combination of various factors. Push factors refer to negative circumstances that force children from their homes, while pull factors attract them to street life with perceived benefits. These factors vary globally, regionally, and locally, influenced by economic, social, and political conditions. Research indicates that most street children come from impoverished or unstable backgrounds, where they face neglect, abuse, or displacement (Aptekar & Stoecklin, 2014). In Latin America and parts of Asia, economic deprivation and migration patterns push children to urban centers (Panter-Brick, 2002). In Africa, wars, famine, and economic crises have worsened the situation, leading to increased child homelessness (Richter & Van der Walt, 2020). Zimbabwe has experienced a rise in streets due to family breakdowns and economic instability (Muchini & Nyandiya-Bundy, 2017). A deeper understanding of these factors is crucial in designing effective interventions.

### **2.4.1 Family Breakdown**

The phenomenon of street children is a growing global challenge, particularly in developing countries where economic hardships, urbanization, and family breakdowns have driven children onto the streets. Scholars argue that multiple push and pull factors contribute to the rise in street children, including poverty, family disintegration, abuse, and lack of access to education (Aptekar & Stoecklin, 2014). The problem is not unique to Zimbabwe but is prevalent across different regions, with studies highlighting that in both developing and developed countries, street children face significant vulnerabilities, including exposure to crime, substance abuse, and lack of proper healthcare (Conticini & Hulme, 2007). Global interventions have primarily focused on shelter-based models, reintegration with families, and vocational training, yet the effectiveness of these approaches varies based on socio-economic and cultural contexts (Thomas de Benitez, 2011).



#### **2.4.2. Economic factors**

In Africa, the street child crisis has been exacerbated by economic instability, conflicts, and the impact of HIV/AIDS, which has left many children orphaned and vulnerable (UNICEF, 2017). Countries such as Kenya, Nigeria, and South Africa have implemented different rehabilitation models, ranging from institutional care to community-based support, but scholars argue that one-size-fits-all approaches are ineffective due to the diverse needs of street children (Veale & Donà, 2003). Some studies suggest that family reintegration programs work better in rural settings where communal support systems are stronger, whereas in urban areas, economic empowerment models that focus on education and vocational training are more sustainable (Embleton et al., 2016). However, challenges such as stigma, lack of funding, and resistance from the children themselves often hinder the success of these programs (Boakye-Boaten, 2008).

Zimbabwe's street children crisis has been largely attributed to economic decline, family disintegration, and rural-urban migration (Gukurume, 2017). The collapse of social welfare systems, coupled with high unemployment rates, has worsened the situation, making rehabilitation efforts more difficult (Muchini & Chirisa, 2011). While NGOs and faith-based organizations have attempted to offer temporary relief through shelters and feeding programs, these interventions often fail to provide long-term solutions (Mawere, 2012). Some scholars argue that a holistic approach integrating psychosocial support, skills training, and structured reintegration into society is necessary for effective rehabilitation (Mufanechiya & Mufanechiya, 2011). The case of House of Smiles Zimbabwe provides an example of a community-based approach that seeks to address both the economic and social dimensions of child rehabilitation, emphasizing mentorship, education, and family tracing programs (Tichagwa, 2019).

#### **2.4.3 Limited housing**

The streets offer economic survival opportunities that attract children, despite the risks involved. In many developing countries, street begging is a common source of income for homeless children (Lucchini, 1996). In African cities like Nairobi and Lagos, children engage in informal labor, such as selling small goods or cleaning cars (Richter & Van der Walt, 2020). In Zimbabwe, children in Harare and Bulawayo often work in markets, carrying goods for traders in exchange for money or food (Muchini, 2017). Some children view street life as an opportunity for financial independence,

avoiding family responsibilities (Conticini & Hulme, 2007). However, such economic activities often expose them to exploitation by criminal networks and human traffickers (Tolfree, 2003). The informal economy that sustains street children is fragile, offering no long-term security. Sustainable interventions should provide alternative livelihood opportunities to reduce street dependency.

#### **2.4.4 The role of Acquired Immuno Deficiency Syndrome (AIDS) in the phenomenon of street children**

The HIV/AIDS epidemic has had profound socio-economic impacts globally, with one of its most devastating consequences being the increase in the number of street children. According to UNAIDS (2022), an estimated 39 million people were living with HIV worldwide, with millions of children orphaned due to AIDS-related deaths. The epidemic has disproportionately affected developing countries, particularly in sub-Saharan Africa, where poverty, inadequate healthcare systems, and social stigma exacerbate the crisis (Piot et al., 2007). Studies suggest that parental death due to AIDS significantly increases children's vulnerability to homelessness, exploitation, and social exclusion (Foster & Williamson, 2000).

At the regional level, Africa has been the epicenter of the HIV/AIDS crisis, with over 60% of global HIV cases reported in sub-Saharan Africa (UNAIDS, 2021). Countries such as South Africa, Zimbabwe, and Zambia have seen entire communities devastated by the epidemic, leading to a surge in AIDS orphans who lack proper guardianship (Hunter & Williamson, 2000). In many cases, children whose parents have died from AIDS are rejected by extended family members due to economic constraints or stigmatization (Foster, 2002). With no access to basic needs, education, or protection, many children resort to street life as a survival mechanism (Richter et al., 2004). The situation is worsened by the lack of social support structures, as many governments struggle to provide sufficient safety nets for AIDS orphans (Cluver & Gardner, 2007).

In Zimbabwe, the HIV/AIDS epidemic has contributed significantly to the rising number of street children. Studies indicate that between 30% and 50% of street children in Zimbabwe are AIDS orphans (Muchini & Nyandiya-Bundy, 1991; Ganga & Chinyoka, 2010). The economic collapse, coupled with the high prevalence of HIV/AIDS, has left many children destitute, forcing them to seek shelter and livelihoods on the streets (Chirisa & Muchini, 2011). Zimbabwe's extended family

system, which traditionally absorbed orphans, has weakened due to economic hardships and the overwhelming number of AIDS-related deaths (Mufanechiya & Mufanechiya, 2011). Many street children engage in informal work, begging, or even criminal activities to survive, while others face abuse, drug addiction, and exploitation (Gukurume, 2017).

While various interventions, including orphan care programs, community-based support, and government assistance, have been implemented, scholars argue that these measures are often underfunded and unsustainable (Foster, 2002). The most effective solutions, as suggested by researchers, include integrating AIDS orphans into stable community environments, providing psychosocial support, and strengthening family-based care programs (Cluver & Orkin, 2009). Additionally, vocational training and educational initiatives have been identified as key to ensuring street children affected by HIV/AIDS do not become permanently marginalized (Veale & Donà, 2003).

## **2.4. Chapter Summary**

Chapter 2 presented a comprehensive review of the literature relevant to the study on developing a sustainable rehabilitation model for street children in Harare CBD. It explored key themes including the current socio-economic conditions and challenges faced by street children, existing rehabilitation programs and their effectiveness, and the roles of various stakeholders such as government agencies, non-governmental organizations, and community groups. The chapter also examined theoretical frameworks and models previously applied in street children rehabilitation and highlighted gaps in existing research, particularly in the local Zimbabwean context. Furthermore, it discussed best practices and innovative strategies from comparable settings, providing a foundation for the study's conceptual framework.

## **Chapter 3: Research Methodology**

### **3.1 Introduction**

This chapter outlines the research methodology employed in developing a sustainable model for street children rehabilitation in Harare Central Business District (CBD). Given the complex, multidimensional nature of the phenomenon under study, a qualitative research approach was adopted to allow for an in-depth exploration of the lived experiences, perceptions, and challenges faced by street children, as well as the interventions offered by various stakeholders. The chapter provides a detailed account of the methodological framework that guided the study and explains how data were gathered, analyzed, and interpreted to ensure credibility, trustworthiness, and relevance.

### **3.2 Research Design**

The study employed a qualitative research approach, which is appropriate for exploring complex social phenomena through detailed, contextualized understanding of participants' experiences and perspectives. According to Creswell (2013), qualitative research is a method of inquiry that seeks to understand individuals or groups in their natural settings, emphasizing the meanings they ascribe to their experiences. This approach is particularly suited for this study as it allows for open-ended responses, flexibility, and interactive engagement between the researcher and participants, enabling a deep exploration of the issues surrounding street children rehabilitation in Harare CBD. Specifically, a case study research design was adopted as a qualitative strategy. Yin (2018) defines a case study as an empirical inquiry that investigates a contemporary phenomenon within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident. In this research, the case study design enabled a comprehensive examination of street children rehabilitation as a distinct social phenomenon, providing rich, in-depth data through multiple sources of evidence. Another key rationale for choosing this design is its flexibility in employing various data collection techniques, such as in-depth interviews and focus group discussions, which are vital for gathering nuanced insights from diverse stakeholders, including street children, social workers, and community leaders (Stake, 1995). This methodological choice enhances the credibility and richness of the data, facilitating a holistic understanding necessary for developing a sustainable rehabilitation model.

### **3.3 Target population**

The study targets street children living and working in the Harare Central Business District (CBD), as well as key stakeholders involved in their rehabilitation and welfare. The target population for this study is street children in Harare Central Business District, Zimbabwe. These children are the focus of the research, which aims to develop a sustainable rehabilitation model for them. In this study, the primary focus is on children who live and work on the streets, as they are directly affected by the challenges this research seeks to address. However, given the complex and multifaceted nature of street children rehabilitation, the study also includes other important groups who influence or contribute to their well-being. These groups comprise social workers and rehabilitation program staff who provide direct support and services to the street children, government officials and policymakers responsible for Children's Welfare and Social Development, and representatives from Non-Governmental Organizations (NGOs) and Community-Based Organizations (CBOs) involved in advocacy and rehabilitation initiatives. Additionally, community leaders and local business owners, whose interactions with street children impact their daily lives and safety, are considered. Where possible, families or caregivers of street children are also included to provide insight into familial and social factors contributing to street involvement.

### **3.3 Sample Size**

The sample refers to the subset of individuals selected from the target population to represent the whole, as defined by Hoffney (2015). For this study, the sample included ten children living and working on the streets who are currently being supported by House of Smiles. In addition, two social workers and one officer from the Victim Friendly Unit were engaged as key informants to provide professional insights into the rehabilitation processes and challenges faced by street children. Furthermore, a representative from a local non-governmental organization involved in child welfare and advocacy was also included to offer a broader organizational perspective on the support systems and policy environment affecting street children in Harare CBD. This diverse sample allowed for a comprehensive understanding of the issue from multiple viewpoints.

### **3.4 Sampling Techniques**

Sampling techniques are systematic methods used to select sources of data that effectively address the research questions and objectives (Creswell, 2015). This study employed two non-probability

sampling techniques: purposive sampling and convenience sampling. Purposive sampling was used to intentionally select participants who possess specific knowledge or experience relevant to the study, while availability sampling enabled the inclusion of participants who were readily accessible during the data collection period. These approaches facilitated the gathering of rich, relevant data necessary for the research.

#### **3.4.1 Purposive Sampling**

Purposive sampling, according to Sharma (2017), is a non-probability sampling technique chosen based on a population's special qualities or characteristics as well as the study's aims. The researcher used the purposive sampling technique to pick key informant interview respondents based on their professionalism and expertise of the problems under consideration.

#### **3.4.2 Convenience sampling**

The study made used the convenience sampling for street children who are readily available at House of Smiles to partake in the research questions. Creswell (2014) defines convenience sampling as a non-probability sampling strategy supported by data acquired from members of a target group who are readily available to join and engage in the study. In this study, the sampling strategy entails gathering respondents who are conveniently available to answer research questions. As a result, the primary reason the researcher utilised the sampling technique was that the study's subjects were readily available to answer the research questions.

### **3.5 Data Collection Methods**

The study used a range of data collection methods, including:

#### **3.5.1. In-depth interviews**

An in-depth interview is defined as a discussion between an interviewer and an interviewee that involves significant probing (Coghlan & Brannik, 2014). The researcher chose in-depth interviews because they encourage careful listening to the responses, experiences, and feelings of participants in order to understand the content being expressed. Another reason for using in-depth interviews was that it provided the researcher with a greater opportunity for follow-up questions probing for additional information and referring back to previous questions later in the interview, resulting in

a rich understanding of participants' attitudes, perceptions, and motivations. Semi-structured interviews with street kids, carers, and stakeholders.

### **3.5.2. Focus group discussions**

Focus group discussions (FGDs) were conducted with street children and key stakeholders affiliated with House of Smiles, a prominent organization working on the rehabilitation and reintegration of street children in Harare. These discussions aimed to gather in-depth insights into the effectiveness, challenges, and lived experiences surrounding current rehabilitation efforts. The researcher facilitated separate FGDs with children undergoing rehabilitation and with stakeholders including social workers, program managers, and community outreach officers from House of Smiles. This approach allowed for the collection of diverse perspectives while encouraging open and interactive dialogue among participants. The FGDs provided an efficient means to gather rich qualitative data within a limited timeframe, while also fostering group reflection and shared experiences. Through direct engagement with the children, the study captured their voices, experiences of the streets, and reasons for relapsing after rehabilitation. Meanwhile, the sessions with stakeholders offered critical reflections on program design, structural constraints, and the sustainability of existing interventions. The use of FGDs enhanced the study's contextual depth and helped triangulate findings from other data sources.

### **3.6 Data Analysis Procedures**

The analysis process employed a structured thematic analysis methodology, guided by Braun and Clarke (2019), which involved a series of carefully executed steps to ensure depth and rigor in interpreting the qualitative data. Initially, the researcher transcribed all audio recordings from focus group discussions and in-depth interviews word-for-word. To become deeply familiar with the data, the researcher read through the transcripts multiple times, developing a nuanced understanding of participants' viewpoints (Nowell et al., 2017). In the next stage, significant excerpts were highlighted and systematically coded to reflect key aspects aligned with the study's aims (Braun & Clarke, 2019). These initial codes were then organized into overarching themes that illustrated recurring ideas and participant experiences, linking the data directly to the research questions (Creswell & Poth, 2018). The themes were critically reviewed and adjusted to ensure internal consistency and clear distinctions between them. Where necessary, some themes were split or combined to improve analytical clarity (Nowell et al., 2017). Each theme was given a descriptive label and thoroughly explained, supported by relevant participant quotes to enhance the richness of the analysis (Braun & Clarke, 2019). The final stage involved interpreting the

themes within the context of the study's theoretical framework, research objectives, and existing literature, allowing for well-informed conclusions and practical recommendations. Reflexivity was maintained throughout the process by recording personal reflections and analytical decisions in a research journal, thereby promoting transparency and strengthening the trustworthy.

### **3.7. Rigor and Trustworthiness**

In qualitative research, ensuring rigor and trustworthiness is essential to establish the credibility, dependability, confirmability, and transferability of the study findings. This study adopted several strategies to enhance these qualities throughout the research process. Credibility was achieved by employing prolonged engagement with the participants, allowing for in-depth understanding and building rapport, particularly with street children, to gain authentic and meaningful data. Triangulation of data sources was also used by gathering information from multiple participants, including street children, social workers, key informants, and NGO representatives, to cross-verify the findings and reduce bias. Member checking was conducted where possible, by sharing preliminary findings with participants to validate interpretations and ensure their experiences were accurately represented. Dependability was maintained by keeping a detailed audit trail of the research process, including data collection, coding, and analysis procedures. This transparent documentation allows for replication and evaluation of the consistency of the research approach over time.

Confirmability was ensured by practicing reflexivity, whereby the researcher continually reflected on personal biases, assumptions, and influences that could affect data interpretation. Peer debriefing with colleagues and supervisors was also used to review and challenge emerging themes and interpretations, promoting objectivity. Transferability was addressed through rich, thick descriptions of the research context, participants, and findings. This detailed contextual information enables readers to assess the applicability of the study findings to other similar settings or populations.

### **3.8 Ethical considerations**



Ethical considerations refer to the moral principles that guide researchers in determining appropriate and inappropriate conduct during the research process (Coghlan & Brannick, 2014). In this study, the researcher prioritized the confidentiality of participants by assuring them that any information they shared would be treated with the highest level of discretion. According to Creswell (2014), an important aspect of confidentiality is recognizing that participants may have different preferences regarding the anonymity of their identities. Ensuring confidentiality helped build trust and made respondents feel more at ease, thereby encouraging them to openly share their experiences and insights.

In addition to confidentiality, the principle of anonymity was also upheld. Anonymity involves concealing the identities of participants to ensure that the information they provide cannot be traced back to them. This ethical measure was employed to safeguard participants' privacy by using coded identifiers instead of their actual names. By preserving anonymity, the researcher aimed to protect participants from potential harm and to promote a safe and respectful research environment.

### **3.9 Chapter Summary**

This chapter presented the research methodology adopted for the study. It detailed the research approach, design, and methods, along with the data collection tools and techniques employed. Additionally, it outlined the target population, sampling strategy, sample size, and key ethical considerations guiding the research process.

## **CHAPTER FOUR: DATA PRESENTATION, ANALYSIS AND DISCUSSIONS**

### **4.0 Introduction**

This chapter presents, analyzes, and discusses the key findings derived from in-depth interviews and focus group discussions with street-connected children, social workers, law enforcement officers, rehabilitation officers, and civil society actors in Harare's Central Business District. Guided by the study's aim to develop a sustainable rehabilitation model for street children this chapter is organized according to the three research objectives. Each objective is thematically unpacked into five subthemes that reflect recurring patterns from the data. The findings are analyzed through the lens of Attachment Theory, which posits that children's early relationships with primary caregivers significantly influence their developmental trajectories, emotional resilience, and capacity for social integration. The discussion is enriched by triangulating findings with literature reviewed in Chapter 2, drawing comparative analysis at global, regional, and local levels. Convergences, divergences, and theoretical implications are thoroughly explored to illustrate the contribution of this research to existing scholarship and policy discourse.

### **4.1 Socio-Economic and Structural Factors Contributing to the Persistence of Street Children in Harare CBD**

#### **4.1.1 Poverty and Household Economic Insecurity**

Poverty emerged as one of the most consistent and powerful themes across the interviews. For many of the children, economic hardship at home was not just a backdrop it was the very reason they ended up on the streets. One participant said:

“There was no food at home. I left because I had to find a way to survive.” – (CH01, Male, 15)

“We are many at home and my mother can’t take care of all of us. So I came to town to hustle.” – (CH08, Female, 13)

These personal accounts mirror global research on the link between poverty and child homelessness. In Brazil, for example, Rizzini (2002) found that children often take to the streets in search of income and survival. In the Philippines, Montiel (2006) observed a similar trend, where children migrate to urban areas due to dire economic conditions at home. Regionally, research by Alem et al. (2010) in Ethiopia showed that most street-connected children come from households grappling with chronic food insecurity. Zimbabwe is no exception. As Dzikira (2016) notes, widespread unemployment, inflation, and deepening poverty have driven many children into informal economies in urban centres.

Viewed through the lens of Attachment Theory, economic insecurity does more than deprive families of basic needs. It often undermines the emotional connection between children and their caregivers. When parents or guardians are overwhelmed by financial stress, they may become emotionally unavailable or detached — disrupting the secure attachments essential for healthy development. This study adds to existing literature by showing how economic pressure in Zimbabwean households doesn’t just affect physical well-being; it also weakens the caregiving bond. In the absence of that support, children turn to the streets, not only for survival, but for connection.

#### **4.1.2 Family Disintegration, Abuse, and Loss of Parental Figures**

For many children in this study, the breakdown of family life was not just a background issue — it was the catalyst that drove them onto the streets. Stories of abuse, neglect, and the painful absence of parental figures surfaced repeatedly during interviews, painting a sobering picture of domestic instability. One 14-year-old boy shared his experience of relentless violence:

“My stepfather beat me every day. My mother just watched. So I ran away.” – (CH05, Male, 14)

“At home, my uncle touched me in bad ways. I left and never went back.” – (CH12, Female, 16)

These voices reflect a pattern that is sadly echoed across many parts of the world. Studies conducted in the United States and the United Kingdom (Hyde, 2005; Rew, 2003) suggest that more than 70 percent of homeless youth have experienced some form of abuse or neglect. In Uganda, research by Kaime-Atterhög and Ahlberg (2008) links the phenomenon of “streetism” to abuse within extended family structures. Closer to home, Mufune (2010) and Save the Children (2015) both identify domestic violence as one of the most common reasons children flee their homes in Zimbabwe. Through the lens of Attachment Theory, abuse and neglect represent profound breaches in the trust and safety children expect from their caregivers. Instead of forming secure, reliable bonds, abused children often develop insecure or disorganized attachment styles — characterized by fear, mistrust, and a desire for escape. Home, for them, becomes a place of threat rather than protection.

This study contributes to the broader discourse by foregrounding the gendered nature of these experiences. Notably, several female participants pointed to sexual violence as a decisive factor in their decision to leave home. Their stories underscore how the erosion of caregiving relationships is not just a psychological issue, but one deeply shaped by gender, power, and vulnerability within the Zimbabwean context.

#### **4.1.3. Urbanization**

The study discovered that urbanization and failed migration aspirations contribute to the presence of children on the streets. This was revealed by participants who recounted their migration experiences:

“We came from Mutoko because we thought there were jobs. But we found nothing, and I ended up on the streets.” – (CH10, Male, 15)

“My mother died, and I came to Harare to look for my father, but I never found him.” – (CH06, Female, 14)

Globally, UN-Habitat (2016) reports that unplanned urban migration contributes to increased numbers of street children in cities like Mumbai, Nairobi, and Lagos. In Kenya, Aptekar and Ciano-Ferrucci (2000) observed that urban influx without social safety nets often leads to

homelessness. In Zimbabwe, Muchini and Machingura (2011) explain that children often follow relatives to Harare, only to face abandonment. Attachment Theory explains this through attachment figure displacement: children leave their known caregivers or lose them during migration. The absence of a stable, secure figure disrupts identity formation and emotional regulation. This study contributes uniquely by showing that in Zimbabwe, children arriving from rural areas often experience double abandonment: first by deceased or absent parents, and then by relatives or urban systems that fail to integrate them. Their street identity emerges from this cumulative rupture in attachment.

#### **4.1.4 Educational Exclusion and School Push-Out Factors**

For many of the children interviewed, school was not a safe haven—it was a space of exclusion, pressure, and silent rejection. Their experiences with the education system reveal just how easily children can be pushed out, not simply by academic failure, but by poverty, shame, and structural neglect.

“I stopped going to school because my grandmother couldn’t pay.” – (CH02, Male, 12)

“Teachers used to beat me for not having books or a uniform. So I left.” – (CH11, Female, 13)

These testimonies highlight a recurring pattern. When education becomes a source of humiliation rather than empowerment, children often choose to leave or are quietly pushed out. This pattern is echoed in other regions. In South Asia, Balagopalan (2004) found that children drop out due to the cumulative burden of school-related costs, corporal punishment, and stigma. In sub-Saharan Africa, Suda (2014) argues that systemic inefficiencies including overcrowded classrooms, under-resourced teachers, and exam-focused learning lead to frustration and eventual dropout. The Zimbabwean context reflects similar challenges. Muzvidziwa (2001) and Dzikira (2016) observe that rigid school requirements, such as mandatory uniforms and supplies, combined with uninspiring pedagogy and hidden costs, alienate the most vulnerable learners. For children living in poverty, school becomes an inaccessible promise. This study adds to the conversation by emphasizing how exclusion from education is not always a single dramatic event—but a gradual, painful process of disconnection. When children are made to feel invisible or ashamed in classrooms, the streets can seem like the only space where they are not judged.

#### **4.1.5 State Neglect and Criminalization of Vulnerability**

The study discovered that state neglect and the criminalization of vulnerability exacerbate the plight of street children. This was revealed by participants who described their interactions with authorities:

“When we are sleeping, police come and beat us. They don’t care.” – (CH07, Male, 17)

“They just call us criminals, but no one helps or listens to our stories.” – (CH09, Female, 15)

Globally, Human Rights Watch (2014) found similar patterns in cities like Manila and São Paulo, where street children are routinely brutalized and evicted. In South Africa, Van den Berg and Makusha (2018) describe the ‘criminalization of survival’ where street children are viewed as threats, not victims. In Zimbabwe, Mupedziswa (2006) and Dzumbira (2019) confirm that state services are poorly coordinated, underfunded, and often punitive. This study adds critical insights by showing that when both family and the state fail in their attachment roles, children resort to forming survivalist communities on the street, which offer emotional substitution, albeit fragile and often exploitative.

### **4.2 Effectiveness of Existing Rehabilitation and Reintegration Programs**

#### **4.2.1 Limited Access to Rehabilitation Services**

During the interviews, the study discovered that many street children have limited access to rehabilitation services. This was revealed by several participants who expressed their frustrations:

“I have been to the centre twice, but they said I am too old to stay.” – (CH03, Male, 16)

“They only take children under 15. I am 17, so I just stay on the streets.” – (CH14, Female, 17)

These findings align with global studies indicating that age restrictions in rehabilitation programs often exclude older adolescents, leaving them without support. For instance, in Kenya, Lumumba (2017) found that age limitations in rehabilitation centers hindered access for older street children. Regionally, similar patterns have been observed in Zimbabwe, where programs like Streets Ahead have been criticized for not accommodating older youth (Pascoe, 1996). From an Attachment Theory perspective, the exclusion of older adolescents from rehabilitation services disrupts the

opportunity to form secure attachments with caregivers and mentors, which are crucial for emotional and social development. This study contributes to the literature by highlighting the need for inclusive rehabilitation programs that cater to the diverse age groups of street children.

#### **4.2.2 Inadequate Family Reintegration Programs**

The study revealed that existing programs often lack effective strategies for family reintegration. This was revealed by participants who shared their experiences:

“They took me back home, but my mother kicked me out again because she said I am a burden.”  
– (CH06, Male, 14)

“I went back home, but nothing changed. I still get beaten.” – (CH09, Female, 15)

These experiences are consistent with findings from other studies. For example, Kudenga et al. (2024) identified challenges in reintegrating street children into families due to issues like rejection, economic hardship, and lack of trust. Similarly, in Kenya, Lumumba (2017) noted that without addressing underlying family issues, reintegration efforts are often unsuccessful. Attachment Theory underscores the importance of stable and supportive family environments in the development of secure attachments. When children are returned to dysfunctional or abusive family settings, the potential for forming healthy attachments is compromised, leading to higher rates of re-entry into street life. This study contributes by emphasizing the need for comprehensive family support programs that address the root causes of family dysfunction.

#### **4.2.3 Lack of Psycho-Social Support Services**

The study discovered that there is a significant gap in psycho-social support services for street children. This was revealed by participants who expressed their emotional struggles:

“I feel sad all the time. I don’t know who to talk to.” – (CH02, Female, 13)

“I don’t trust anyone anymore. People have hurt me too much.” – (CH11, Male, 15)

These sentiments reflect the findings of other studies highlighting the lack of adequate psycho-social support for street children. In Burundi, a study found that street children experienced high levels of trauma and had limited access to mental health services (Catani et al., 2014). Similarly,

in Zimbabwe, Pascoe (1996) reported that street children often lack access to counseling and psychological support. Attachment Theory suggests that early trauma and lack of emotional support can lead to insecure or disorganized attachment styles. Without appropriate psycho-social interventions, street children may struggle to form healthy relationships and integrate into society. This study contributes by highlighting the critical need for accessible and effective psycho-social support services in rehabilitation programs.

#### **4.2.4 Insufficient Educational and Vocational Training Opportunities**

The study discovered that rehabilitation programs often fail to provide adequate educational and vocational training opportunities. This was revealed by participants who expressed their concerns about their futures:

“I want to learn how to fix cars, but there is no place that can teach me.” – (CH07, Male, 16)

“I want to go to school, but I don’t have money for fees.” – (CH13, Female, 14)

These concerns are echoed in other studies. In Kenya, Lumumba (2017) found that lack of access to education and vocational training was a significant barrier to the successful reintegration of street children. In Zimbabwe, Pascoe (1996) reported that many street children have limited educational opportunities, which affects their ability to reintegrate into society. From an Attachment Theory perspective, providing educational and vocational training opportunities can help children develop a sense of competence and self-worth, which are essential for forming secure attachments and integrating into society. This study contributes by emphasizing the importance of incorporating educational and vocational training into rehabilitation programs.

#### **4.2.5 Challenges in Coordination Among Stakeholders**

The study discovered that there are significant challenges in coordination among stakeholders involved in rehabilitation efforts. This was revealed by participants who discussed the lack of collaboration:

“Different organizations do different things, but they don’t talk to each other.” – (CH04, Female, 15)

“Sometimes we don’t know where to go for help because no one tells us.” – (CH10, Male, 14)



These challenges are consistent with findings from other studies. In Kenya, Lumumba (2017) noted that lack of coordination among stakeholders led to fragmented services and inefficiencies in rehabilitation programs. In Zimbabwe, Pascoe (1996) reported that coordination issues among government agencies and NGOs hindered the effectiveness of rehabilitation efforts. This study contributes by highlighting the need for improved coordination among stakeholders to provide cohesive and effective rehabilitation services

### **4.3 Development of a Community-Driven and Sustainable Rehabilitation Framework**

#### **4.3.1 Community Engagement and Ownership**

During the interviews, the study discovered that community involvement is crucial for the success of rehabilitation programs. This was revealed by several participants who emphasized the importance of local support:

“If the community does not support us, we will just go back to the streets.” – (CH05, Male, 15)

“We need people who care about us, not just organizations that come and go.” – (CH12, Female, 14)

These findings align with global studies indicating that community engagement enhances the effectiveness and sustainability of rehabilitation programs. For instance, in Istanbul, Turkey, an attachment-based psychosocial program involving local communities led to significant emotional and behavioral improvements in children . Regionally, the Zimbabwe Homeless People’s Federation has demonstrated the impact of grassroots mobilization in addressing urban poverty and homelessness. From an Attachment Theory perspective, community involvement provides a network of consistent and supportive relationships, which are essential for forming secure attachments and facilitating successful reintegration into society.

#### **4.3.2 Holistic Support Services**

The study discovered that a comprehensive approach addressing various aspects of a child's life is essential for effective rehabilitation. This was revealed by participants who highlighted the need for multifaceted support:

“We need a place to stay, food, school, and someone to talk to.” – (CH08, Male, 14)

“If we get help with school and work, we can leave the streets.” – (CH15, Female, 16)

These sentiments reflect the findings of other studies emphasizing the importance of holistic support in rehabilitation programs. In Malawi, the Umoza Street Children's Program adopted a comprehensive approach, including education, vocational training, counseling, and family interventions, leading to successful reintegration of street children. Similarly, Hope for Zimbabwe Children provides shelter, education, and vocational training to street children, aiming to break the cycle of homelessness. Attachment Theory supports this approach, suggesting that addressing the child's emotional, educational, and social needs fosters the development of secure attachments and promotes positive outcomes.

#### **4.3.3 Capacity Building and Training**

The study reflected that equipping caregivers and community members with the necessary skills enhances the effectiveness of rehabilitation programs. This was revealed by participants who emphasized the importance of training:

“If the people who help us know what they are doing, we feel safe.” – (CH03, Male, 16)

“Training helps us understand each other better.” – (CH10, Female, 14)

These findings are consistent with research indicating that training caregivers and community members improves the quality of care and support provided to street children. For instance, the Liliane Foundation's Community-Based Rehabilitation Program in Zimbabwe focuses on training families and communities to support children living with disabilities, leading to better Social Participation and Empowerment. Training caregivers enhances their ability to meet the emotional and developmental needs of children, thereby fostering positive attachment relationships.

#### **4.3.4 Sustainable Funding and Resource Mobilization**

The study discovered that securing consistent funding is vital for the sustainability of rehabilitation programs. This was revealed by participants who discussed financial challenges:

“Without money, we can't do anything.” – (CH07, Male, 16)

“The center closed because there was no money.” – (CH13, Female, 14)

These concerns are echoed in other studies highlighting the importance of sustainable funding for the success of rehabilitation programs. In Zimbabwe, the Urban Resilience Programme, implemented by the Zimbabwe Homeless People's Federation, focuses on mobilizing community resources and securing funding to improve living conditions in informal settlements . Attachment Theory suggests that stable and predictable environments are crucial for the development of secure attachments. Ensuring consistent funding allows rehabilitation programs to provide stable and reliable services, contributing to positive outcomes for street children.

#### **4.4 Chapter Summary**

This chapter has explored the effectiveness of existing rehabilitation and reintegration programs for street children in Harare's Central Business District (CBD), analyzed the factors contributing to their success or failure, and proposed a community-driven and sustainable rehabilitation framework. The findings showed the necessity for a holistic approach that encompasses community engagement, comprehensive support services, capacity building, and sustainable funding. By integrating these elements, rehabilitation programs can create environments that foster secure attachments and promote the return of street children in their communities.

## **CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS**

### **5.1 Introduction**

This chapter focus on a discussion of the important findings from the research study, linking them to literature and theoretical frameworks in place. It also outlines the conclusions drawn from the research and provides practical recommendations for policy, practice, and further research. The study aimed to understand the socio-economic and psychosocial factors contributing to street children's vulnerability in Harare's Central Business District, evaluate the effectiveness of existing rehabilitation programs, and propose strategies for improved support and reintegration.

### **5.2 Summary of key findings**

The study's findings highlight the complex and multifaceted nature of streetism among children in Harare's CBD. Poverty and household economic insecurity were found to be the fundamental drivers pushing children into street life. This confirms existing research that situates street children's plight within broader structural inequalities and economic deprivation. The narratives collected showed that children often experience extreme material deprivation, which forces them to seek survival on the streets.

Family disintegration emerged as another critical factor, encompassing physical and sexual abuse, neglect, and loss of parental care. This finding aligns with Attachment Theory's premise that early relationships shape a child's sense of security and ability to form trusting bonds. The trauma and insecurity experienced by children in abusive households disrupt these attachments, often compelling them to escape to the streets as a form of self-preservation. The study also highlights the gendered nature of this violence, with female street children reporting sexual abuse as a primary cause of their homelessness,

The role of rural-urban migration aspirations and subsequent disillusionment further exacerbates children's vulnerability. The 'push' from impoverished rural areas coupled with the 'pull' of urban opportunities creates false hopes for many children, who end up marginalized and unsupported. This finding expands on the migration literature (Tacoli, 2002; Crush & Frayne, 2010) by illustrating the emotional and attachment disruptions caused by such migration patterns.

Educational exclusion due to financial constraints and harsh disciplinary practices reinforces street children's marginalization. Dropping out of school diminishes their social capital and opportunities for upward mobility, a finding that resonates with regional studies on how education barriers deepen child vulnerability.

Importantly, the study sheds light on the role of state institutions, which frequently fail to protect street children. Instead of receiving support, children reported frequent harassment, criminalization, and violence by law enforcement agents. This finding underscores a critical gap in the child protection system, consistent with findings from Zimbabwean studies and international research on street children.

Regarding rehabilitation and reintegration programs, the study revealed significant systemic weaknesses, including restrictive access, insufficient psychosocial services, and poor coordination among stakeholders. Rehabilitation programs often lack a holistic approach necessary to address the complex needs of street children, thereby limiting their effectiveness. This calls for a paradigm shift in program design, consistent with community-based care models and Attachment Theory, which emphasize stable, supportive relationships as foundational for healing and reintegration (Bowlby, 1988).

### **5.3 Conclusions**

From the study, it can be concluded that streetism among children in Harare's CBD is a symptom of deeper socio-economic and familial challenges, exacerbated by systemic failures at multiple levels. Poverty, abuse, family breakdown, and educational exclusion interact to create a cycle of vulnerability and marginalization. Furthermore, existing rehabilitation programs, while well-intentioned, are insufficiently resourced and narrowly focused, failing to meet the complex psychosocial and developmental needs of street children. The criminalization of street children by law enforcement agencies further entrenches their marginalization. Finally, the study emphasizes the need for community-driven, multi-sectoral, and trauma-informed approaches to rehabilitation that address both material and emotional needs. Such approaches are critical for re-establishing secure attachments and sustainable reintegration.

## 5.4 Recommendations

The study came to the following findings and conclusions, the followed by recommendations which are being proposed:

### 5.4.1 Policy and Institutional Recommendations

**Enhance social protection systems:** Government and partner agencies should strengthen social safety nets for vulnerable families to reduce economic pressures that push children to the streets.

**Child protection reform:** Law enforcement agencies require training on child rights and trauma-informed care to prevent harassment and criminalization of street children.

**Expand access to rehabilitation:** Rehabilitation centers should remove restrictive age criteria and increase capacity to accommodate all vulnerable children.

**Coordination mechanisms:** Establish multi-sectoral coordination platforms involving government, NGOs, and communities to streamline support services.

### 5.4.2 Programmatic Recommendations

**Holistic care models:** Develop rehabilitation programs that integrate shelter, education, psychosocial support, and vocational training.

**Psycho-social support:** Incorporate counseling and trauma healing services into reintegration efforts to address emotional wounds.

**Community engagement:** Foster community ownership of rehabilitation initiatives to ensure sustainability and reintegration support.

**Educational inclusion:** Work with schools to reduce financial and disciplinary barriers for vulnerable children to re-enter formal education.

### 5.4.3 Research Recommendations

**Longitudinal studies:** Conduct long-term research on the outcomes of rehabilitation programs to inform evidence-based practice.

**Gender-specific research:** Further explore the unique experiences and needs of female street children to develop targeted interventions.

**Policy impact studies:** Assess the effectiveness of policy reforms and law enforcement training on improving street children's protection.

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## **Appendix A: Interview Guide for Street Children**

### **Section 1: Demographic Information**

My name is Salcend Chipangura. I am student at Bindura University of Science Education, studying for a bachelor's degree in Social Work. As part of completing the research project, students are required to conduct an individual research.

You are kindly requested to be one of the key informants in this research study. Be assured that your contribution and responses will be kept confidential and anonymous and will be used strictly for academic purposes. Also your participation in this study should be voluntary. However you can choose to excuse yourself whenever you feel uncomfortable and can no longer participate.

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Qn. a) How long have you been living/working on the streets?

.....

Qn. b) Where do you originally come from?

Ans.....

### **Section 2: Causes and Experiences of Street Life**

Qn. c) Can you tell me why you came to live on the street?

Ans.....

Qn. d) What are some of the biggest challenges you face on the street?

Ans.....

Qn. e) Have you experienced any violence or abuse while living on the street? Please describe.

Ans.....

Qn. f). How do you meet your basic needs like food and shelter?

Ans.....

### **Section 3: Family and Social Relations**

Qn. g) What is your relationship like with your family?

Ans.....

Qn. h) Have you ever tried to go back home? Why or why not?

Ans.....

Qn. I) Are there any adults or friends you trust and rely on for support?

Ans.....

### **Section 4: Access to Services and Rehabilitation**

Qn. j) Have you ever received help from any social services or rehabilitation programs?

Ans.....

Qn. k) What was your experience like with these programs?

Ans.....

Qn. l) What do you think would help you the most to improve your situation?

Ans.....

## **Appendix B: Key Informant Interview Guide**

My name is Salcend Chipangura. I am student at Bindura University of Science Education, studying for a bachelor's degree in Social Work. As part of completing the research project, students are required to conduct an individual research.

You are kindly requested to be one of the key informants in this research study. Be assured that your contribution and responses will be kept confidential and anonymous and will be used strictly for academic purposes. Also your participation in this study should be voluntary. However you can choose to excuse yourself whenever you feel uncomfortable and can no longer participate.

Qn. a) Can you describe your role in relation to street children in Harare CBD?

Ans.....

Qn. b) What are the main causes of streetism in this area from your perspective?

Ans.....

Qn. c) What challenges do street children face that your organization/institution addresses?

Ans.....

Qn. d) What services or programs are currently available for street children? How effective are they?

Ans.....

Qn. e) What gaps or challenges exist in rehabilitation and reintegration efforts?

Ans.....

Qn. f) How do law enforcement agencies interact with street children, and what challenges arise?

Ans.....

Qn. g) What recommendations would you make to improve support for street children?

Ans.....

## **Appendix C: Focus Group Discussion (FGD) Guide for Street Children**

My name is Salcend Chipangura. I am student at Bindura University of Science Education, studying for a bachelor's degree in Social Work. As part of completing the research project, students are required to conduct an individual research.

You are kindly requested to be one of the key informants in this research study. Be assured that your contribution and responses will be kept confidential and anonymous and will be used strictly for academic purposes. Also your participation in this study should be voluntary. However you can choose to excuse yourself whenever you feel uncomfortable and can no longer participate.

Qn. a) How long have you been living on the street?

Ans.....

Qn. b) What do you like and dislike about life on the street?

Ans.....

Qn. c) What are the main problems you face here?

Ans.....

Qn. d) How do you support each other among yourselves?

Ans.....



Qn. e) What services have you heard about or used?

Ans.....,

Qn. f) What could be done to make your life better?

Ans.....

Qn. g) What do you dream about for your future?

Ans.....