BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCES AND HUMANITIES

DEPARTMENT OF SOCIAL WORK

TOPIC: CHALLENGES FACED BY CHILDREN IN INSTITUTIONAL CARE: A CASE STUDY OF CHILD FUTURE AFRICA CHILDREN'S HOME, MOUNT DARWIN DISTRICT.

BY

TAKUDZWANASHE O MAGORA (B1749265)

A dissertation submitted to Bindura University of Science Education, Faculty of Social Sciences and Humanities, Department of Social Work, in partial fulfillment of the requirements for the Bachelor of Science Honors Degree in Social Work.

SUPERVISOR: MR JAJI

MAY 2021

APPROVAL FORM

I certify that I have supervised Takudzwanashe O Magora for this research titled: **Challenges faced by children in institutional care: a case study of Child Future Africa Children's Home, Mount Darwin District,** in partial fulfillment of the requirements for the Bachelor of Science Honors Degree in Social Work and recommends that it proceeds for examination.

Supervisor

Name………………………Signature………………………Date……………………….

Chairperson of the Department of the Board of Examiners.

The department board of examiners is satisfied that this dissertation report meets the examination requirements and I recommend to the Bindura University to accept a research project by Takudzwanashe O Magora titled: **Challenges faced by children in institutional care: a case study of Child Future Africa Children's Home, Mount Darwin District** in partial fulfillment of the requirements for the Bachelor Honors Degree in Social Work.

Chairperson

Name………………………. Signature………………………. Date………………

DECLARATION RELEASE FORM

I, Takudzwanashe O Magora studying Bachelor of Science Honors Degree in Social Work, being

aware of the facts that plagiarism is a serious academic offence and that falsifying information is

a breach of ethics in Social Work research, truthfully declare that:

1. The dissertation titled, **'Challenges faced by children in institutional care: a case study of**

Child Future Africa Children's Home, Mount Darwin District' is a result of my own work.

2. The research was conducted following the research ethic and Social work ethics.

3. The university can use this dissertation for academic purposes.

Student's name…………………. Signature……………………………Date……………......

Permanent Home Address

Stand 83

Westview

Mount Darwin

DEDICATION

I would like to dedicate this research to my amazing and supportive father. His love, effort and

supports strengthened me throughout this journey. May the Almighty God abundantly bless you

papa.

ACKNOWLEDGEMENTS

ABSTRACT

Institutional care is intended to meet an individual's functional, medical, and personal needs, particularly those of vulnerable children. However, it also has ramifications for the children's social, mental, and physical well-being. The problems and copying strategies of children in institutional care were investigated in this study. The study used a case study design with in-depth interviews to collect data. A sample size of nine children and four key informants was used to collect data. According to the findings of this study, children suffer from psychological trauma, abuse, a lack of adequate food, a lack of parental care, a lack of juvenile court orders, and a lack of birth certificates. According to the study, institutional care facilities should adopt a family setting for children to learn Unhu/Ubuntu in order for them to be reintegrated into society. Institutions should hire a number of professionals to monitor children's development as well as their psychosocial well-being. The government should increase social welfare assistance to orphan care families. To avoid developmental delays and traumas experienced in institutional care facilities, it should also encourage fostering and adoption, as well as rapid reintegration with families and relatives.

ACRONYMS

CFACH   Child Future Africa Children's Home

UNICEF   United Nations International Children's Emergency Fund

SLT   Social Learning Theory

DCWPS   Department of Child Welfare and Probation Services

Table of Contents

CHAPTER 1

1.1 INTRODUCTION

This study focuses on the challenges that children in institutional care face, the coping strategies they use when faced with problems, and how the institution and other stakeholders, such as the government, assist the children when faced with problems. This chapter provides a detailed background to the study, a statement of the problem, and highlights the study's goal. The researcher will be guided by the objectives. The research objectives will also assist the researcher in focusing on relevant information that will aid in the achievement of the research goal. The study's justification, as well as the proposed dissertation structure, will be provided. The summary will provide a high-level overview of the entire chapter.

BACKGROUND OF THE STUDY

Child protection is one of the essential key elements of social work practice worldwide, encompassing both family-based and institutional care. Institutional care entails caring for children who have been placed in special designated residences because their families are unable to care for them or have passed away (Barth, 2002a; Mhongera& Lombard, 2017; Muguwe, 2012; Powell et al., 2004).Institutional care is provided within a congregate living environment that is mechanised to meet an individual's functional, medical, personal, social, and housing needs, as well as full legal responsibility for an individual's residence and daily care (Courtney and Dworsky, 2014). Poverty, abuse, orphan hood, and cases of incest are some of the factors that lead to the placement of children in institutions (Tolfree, 2018).According to UNICEF (2017), children are institutionalized as a result of the death of primary carers; in most cases, parents have relinquished, abandoned, or had their responsibility for them revoked. Institutional

care provides pleasant homes, immediate care, and a break from stressful situations. In the case of children, it goes beyond providing basic essentials to ensuring their safety. According to Etinger (2012), providing necessities is equivalent to providing love and cognitive support. Despite widespread recognition that institutional care is a borrowed phenomenon with negative consequences for children's cognitive development, the number of children placed in institutional care increased in Zimbabwe (UNICEF, CASS and GOZ, 2015). As a result, residential care is considered Eurocentric in nature, as it weakens traditional modes of care and alienates children from their families, communities and culture. As a result, children experience multiple emotional problems and lack the resources to effectively deal with them, resulting in antisocial behaviors. They are emotionally withdrawn and suffer from emotional loneliness. Children in institutional care face challenges such as a lack of parental care, insufficient food, and a lack of school resources. These difficulties may have an impact on their academic performance and socialization (Gibbons, 2015 and Bardin, 2016). As a result, the purpose of this study is to assess the aforementioned challenges and how children react to them, as well as how the institution and other stakeholders step in to assist children in institutional care when they face problems.

1.2 PURPOSE OF THE STUDY

To assess problems, investigate the copying mechanisms used by children in institutional care as well as available support mechanisms aligned by the institution and other stakeholders such as the government to assist children in institutional care when they encounter difficulties.

1.3 STATEMENT OF THE PROBLEM

Institutionalisation has been implemented on a relatively large scale in Zimbabwe. In Zimbabwe, a few studies on institutionalisation and children have been conducted. Powel, Chinake,

Mudzinge, Maambire, and Mukutiri (2004), Browne (2012), and Dziro and Rufurwokuda (2013).

As a result, the purpose of this study is to address issues that have been overlooked by other scholars' research by assessing challenges faced by children in institutional care and coping strategies using a case study of Child Future Africa Children's Home, Mount Darwin.

1.4 OBJECTIVES OF THE STUDY

• To analyze problems encountered by children in institutional care and document data pertaining to the institutional care system.

• To evaluate the coping strategies used by children in institutions.

• To investigate available support mechanisms for children in institutional care that are aligned by institutions and other stakeholders in an attempt to assist the children when problems arise.

• Recommendations based on African perspectives on how the government and institutions can improve institutional care systems.

1.5 RESEARCH QUESTIONS

1. What are the issues that children in institutions face?

2. When faced with a problem, what coping strategies do children in institutions employ?

3. What are the available support mechanisms for children in institutional care used by institutions and other stakeholders to assist the children when problems arise?

4. What action can be taken on an African perspective by the government and institutions in order to improve institutional care systems?

1.6JUSTIFICATIONOF THE STUDY

The study's goal is to gain a thorough understanding of the issues or challenges that children in institutional care face. The qualitative research design is used by the researcher to obtain valid subjective information on how children react when they face problems in institutional care, as well as how institutions assist the children when they face problems. The research will yield a number of advantages. First, the research will be theoretically significant to other studies because it will add information and expose a gap in the challenges faced by children in institutions. By doing so, better methods for strengthening coping mechanisms can be implemented, assisting in the resolution of problems faced by children in institutions. Third, because the study sheds light on the challenges faced by children in institutions and how the institutional care system fails to fit in with our African traditional approach to child protection, it will assist the Ministry of Labour and Social Welfare in revising National Residential Child Care Standards. This will aid in the development of policies that primarily focus on children in institutions and involve the community in the care of children.

1.7 DELIMITATIONS OF THE STUDY
A number of children from various institutions were required to participate in order to provide quality data that could be generalized to all institutional care facilities. However, this study only looked at the Child Future Africa Children's Home and the children who were currently residing there. This was done in order to effectively assess the coping strategies used by children when faced with problems at the institution, as well as to investigate available support mechanisms.

1.8 LIMITATIONS OF THE RESEARCH
Because issues involving children are confidential, access to their files will be limited to one institution. Other challenges that hampered the research included a lack of resources, time, and bureaucracy. Due to the Covid-19 pandemic, travel restrictions made it difficult for researchers

to obtain permission letters to conduct research, and the closure of relevant offices resulted in delayed access to research data. The institution was unwilling to provide the researcher with access to relevant information pertaining to the study after the researcher made initial contact with them, which impacted the quality of data gathered by the researcher.

1.9 ETHICAL CONSIDERATIONS

The researcher briefed the respondents about the importance of confidentiality and anonymity. According to Shamoo and Resnik (2019), various professionals in research adopt research ethics codes and policies. The researcher also considered parental, guardian, or state participation. Through verbal consenting, the researcher enabled the participants to provide informed permission by consciously, willingly, and unambiguously allowing the researcher to interview them. Prior to the interviews, participants were informed that their involvement was entirely optional and that their reluctance to participate would have no impact on the services they received at the facility. The participants' confidentiality and anonymity were assured. During the interview, no information that may lead to their identity was gathered. This information contains their birthplace, parent or guardian name, and names. Their identities were concealed in order to protect them from unforeseen consequences.

DEFINITION OF KEY WORDS

• **Adoption** is the transfer of a child's identity to people who are willing to accept complete responsibility for them.

• **A child** is a person under the age of 18.

• **A caregiver** is an adult or other person who is primarily responsible for providing, supporting, and negotiating care for a child.

- **Challenges** drawbacks which hinders positive development

• **A court order** is an official proclamation issued by a judge (or panel of judges) that outlines the legal relationships between the parties involved in a hearing, trial, appeal, or other court processes. A court order is normally issued at the request of a party to a case, requiring a party or participant in a case to execute a certain action. It is an order from a court requiring someone to do or not do something.

• **Institutional care** is provided in a congregate living setting designed to fulfill an individual's functional, medical, personal, social, and housing requirements, as well as complete legal responsibility for the individual's residency and daily care (Courtney and Dworsky, 2014).

1.10 ENVISAGED DISSERTATION STRUCTURE

The dissertation will be structured in the following way:

Chapter 1: Introduction of the research

This chapter provides the introductory information for the study. It includes the background to the study, the aim, objectives of the study and the justification of the study.

Chapter 2: Literature Review

This chapter discusses the theoretical framework guiding the study and the literature related to the study.

Chapter 3: Methodology

In this chapter, the researcher provides an outline of the methods that were used to collect data for this research.

Chapter 4: Presentation and Discussion of Findings

It provides the data collected and a discussion of these findings. The researcher discusses and presents the information that has been collected for this study.

Chapter 5: Summary, Conclusion and Recommendations.

This chapter summarizes the whole investigation, offers a conclusion, and makes suggestions based on the research findings.

1.11 CHAPTER SUMMARY

The chapter provided context for the topic. It emphasized the introduction, problem description, study purpose and goals, research questions, and study constraints and delimitations. The next chapter examines the literature on the difficulties that children in institutional care encounter.

`CHAPTER 2

LITERATUREREVIEW

2.1 INTRODUCTION

This chapter provides insight into the challenges encountered by children in institutional care, as well as an assessment of the copying methods adopted by children and accessible assistance mechanisms. The social learning theory and the systems theory lead the theoretical framework. The discussion will include global, regional, and local perspectives, as well as research on issues affecting children in institutional care.

2.2 THEORETICAL FRAMEWORK

This study follows Ludwig von Bertalanffy's (1968) systems theory, which asserts that nothing can be comprehended in isolation but only within the context of a system. This idea explains how the environment in which children are generally found effects their behavior. Ackoff (1981) proposed a definition for the Bertalanffy systems theory, stating that it is a collection of interconnected aspects and pieces that constitute a complicated whole. According to Blackwell (2019), communication aids in the definition and maintenance of a system that is critical to homeostasis and the interpersonal system. To get to the bottom of a problem, a system and its holistic qualities must be analyzed and examined. Systems theory aims to elicit homeostasis or balance, which is a system's ability to adapt to change without disintegrating. According to Shulman (2018), the idea aids in identifying an issue, better delving into a problem, and engaging in the identification of cause. Systems theory considers all potential causes of the problem and analyses each one individually to see what function they play in the system. A

system is best defined as a collection of interconnected entities or pieces that together form a complicated whole. As a result, any behavior must be considered within the context of the greater system's complexity. Within a systems theory, Blackwell (2019) defined adaptation as a dynamic process in which a particular system adapts to the demands and stresses of external forces and conditions. According to the study, adaption within a systems theory aids in revealing how children cope with problems in institutional care. The identification of challenges faced by children in institutional care for this study will be based on systems theory, which provides a clear picture of the core causes of the problem.

The paper also made use of Albert Bandura's social learning theory to gain a better understanding of child behavior (SLT). The social Learning theory places a premium on thought processes and recognizes the role they play in the decision to imitate behavior.

As a result, by recognizing the role of meditational processes, SLT provides a comprehensive explanation of how humans learn specific behaviors. Behavior is learned through reinforcement and imitation; according to social learning theory (Bandura, 1977).Children copy what they have seen or observed in the past. Bandura goes on to say that imitation is the reproduction of learning through observation, and that it entails observing others who serve as models for behavior change. The researcher will try to figure out how social learning affects the strategies children use to deal with problems in institutional care.

2.3 LITERATURE REVIEW
Institutional care is provided in a congregate living environment designed to meet an individual's functional, medical, personal, social, and housing needs, as well as full legal responsibility for the individual's residency and daily care (Courtney and Dworsky, 2014).The expansion of institutionalization is a convenient social policy response to the large number of children in need

of care and protection (Ritcher, 2013 and Casky, 2015). There are benefits and drawbacks to institutional care. According to Etinger (2012), in the case of children, it extends beyond providing necessities to providing love and cognitive support. It also has flaws, such as cases of child abuse and psychological trauma for a number of children.

FACTORS PROMOTING INSTITUTIONALISATION OF CHILDREN

Poverty, all forms of abuse, orphan hood, and cases of incest all contribute to the placement of children in institutions (Tolfree, 2018). According to UNICEF (2017), children are institutionalized due to the death of primary caregivers; in most cases, parents have relinquished or abandoned them, or their responsibility for them has been withdrawn. Protection, relationship breakdowns, disabilities, natural disasters, education, trafficking, and conflict are also factors. These act as pull and push factors in the institutionalization of children around the world, contributing to a variety of problems that children face in institutional care if they are not properly assisted by responsible care givers.

2.4 CHALLENGES FACED BY CHILDREN IN INSTITUTIONAL CARE
GLOBAL OVERVIEW

Orphans and vulnerable children face a variety of challenges. These challenges, according to Julian (2013), include: poor health, social and developmental outcomes, which result in poor school attendance and educational achievement: Stress makes it difficult to concentrate in class; a lack of resources to meet their basic needs of food, shelter, education, and health care; and higher levels of stigma and bullying at school: abuse and mistreatment risk, as well as poor psychological and physical well-being. In addition, the children have limited access to parental care and role models. The concept of boarding limits the child care provider's parental care.

According to Kolthari (2012), one of the major influences affecting orphans and vulnerable children is their access to child grants. However, every child is eligible for a child grant; many orphans and vulnerable children do not have the necessary paperwork to gain access to it.

According to several studies, orphans and vulnerable children in institutions do not receive adequate personal care, attention, affection, or stimulation. Children are being forced into institutional care all over the world due to empty promises of education, medical care, and food. According to Rosenthal and Ahern (2013), the reality of institutional care facilities around the world is sinister, with children being sexually abused, abused, trafficked for sex, illegal adoptions, pornography, and sold organs. According to UNICEF Innocenti Research (2020), child neglect, harsh and rigid discipline, maltreatment, and abuse exist in the majority of orphanages, whether resource constrained or in developed countries. According to Bailey (2016), the global situation of orphaned children is extremely concerning. Orphans are vulnerable to a variety of disadvantages, including having to work more, being less likely to be enrolled in school, and being more likely to be ill and suffer from pathologies (Jimenez, 2018).Some challenges include a lack of parental care, inadequate food, and a lack of school resources, all of which may have an impact on their academic performance and socialization (Gibbons, 2015 and Bardin, 2016). A study conducted by a non-profit organization in the United States revealed that children in institutional care are vulnerable to medical and psychosocial hazards.

Experts believe that for every reported case of sexual abuse in an institutional care setting, there are ten unreported cases. In December 2011, a case study of Arya Orphanage in Delhi revealed that incidents of abuse in institutional care settings are not reported unless an insider blows the whistle or an event exposes the torments. The rape of an 11-year-old girl is a prime example of this. PVO registration cases obstruct government oversight of institutional activities. According

to a Maharashtra study that included 92 institutions, institutional care areas are viewed as more like discipline homes for children, with beatings. Tuberculosis and sexually transmitted infections were found to be common diseases in institutional care, according to a study conducted by the National Institute of Public Cooperation and Child Development.

REGIONAL OVERVIEW

Several studies have found that children in Sub-Saharan Africa are vulnerable to abuse and neglect (Morantz and Heymann, 2013). According to a study conducted by the African Child Policy Forum (ACPf) in Malawi, 43 percent of boys living in institutional care experienced physical violence, while 16 percent of boys and 23 percent of girls experienced sexual violence. One in every ten victims of physical violence reported severe assault, and more than one-third reported mental abuse (ACPf, 2014). Murray (2014) found positive results in a comparison of primary school orphans and non-orphans' behavioral and emotional disorders in Uganda, including psychiatric disorders. According to Mavhaire (2010), orphans face a variety of psychological disorders as a result of a lack of support from parents and siblings, resulting in an inability to cope with physical and emotional development. The absence of parents and siblings leads to an increase in psychosocial problems. Sengendo and Nambi (2015) discovered in their study that there is a lack of information about problems faced by children in institutional care among adopting parents, resulting in their inability to provide effective emotional support. The point's scope is based on the concept of an individual's relationship to their environment and their ability to adjust their behavior. According to Merz and McCall (2016), most children who do not have parental support are predisposed to social, physical, and psychological risks.

LOCAL OVERVIEW

In Zimbabwe, institutional care is a foreign concept borrowed after the colonial era. This implies that prior to the colonial era. Zimbabwe used other methods of caring for orphans, such as extended family taking the children in. This primarily involved the use of extended family. Institutionalisation is based on Eurocentric perspectives and strategies, which are incompatible with Zimbabwean values. Zimbabwe's socioeconomic environment fails to promote more hospitable and comfortable institutional care, resulting in a variety of challenges for children in institutions. Powell, Chinake, Mudzinge, Maambira, and Mukutiri (2004) discovered that children in institutional care were far more psychologically affected than those in the community in a study with a sample of 189 youths from 10 institutional care facilities in Zimbabwe. According to the researchers, severe examples of physical abuse at institutional care facilities in the form of beating as a form of discipline were emphasized.

An assortment of research findings in this study revealed that institutional care facilities cause considerable psychological and emotional harm to children, regardless of the status of the facility (Browne 2012; Dziro and Rufurwokuda 2013).According to Cantwell (2013), organizations such as Plan International, UNICEF, Save the Children, and AWARE are spearheading the promotion of children's protection because they recognize the need to investigate psychosocial support for distressed children and their families.

2.5 STRATEGIES EMPLOYED BY CHILDREN WHEN FACED WITH PROBLEMS DEFENCE MECHANISMS

Global, Regional and Local overview

Defense mechanisms are psychological mechanisms used to alleviate anxiety. Sigmund Freud studied defense mechanisms as part of his psychoanalytic theories. Defense mechanisms, which

are often unconscious, protect a person from psychological anguish or worry. According to Parajes (2016), in order to achieve, humans need a sense of self efficacy along with perseverance to face life's inherent difficulties and unfairness. When confronted with a challenge, research demonstrates that children use a variety of copying strategies. These may include the following disengagements: social responsibility, a sense of spiritual connectedness, optimism, and embracing God. Jimenez (2018) discovered that denial and repression are defense mechanisms used by orphaned and non-orphaned children in institutional care to cope with psychosocial problems. Children's resilience in the face of adversity has been attributed to internal attributes such as autonomy and high self-esteem, as well as an internal locus of control, as well as an achievement orientation within and outside of school, as well as external focus, according to (Solodunova etal, 2017).Religious or spiritual copying can also include a sense of optimism or hope fostered by religious beliefs, so people who are committed to religious belief and practices experience higher levels of wellbeing (Folkman and Moskowitz 2017 and Compton 2018).

2.6 AVAILABLE SUPPORT MECHANISMS FOR CHILDREN WHEN FACED WITH CHALLENGES.
Global, Regional and Local overview

A variety of support mechanisms are in place to provide assistance during difficult times, which can be accessed internally or externally. They include psychosocial support, health, client-centered therapy, and a behavior-based approach. According to Goodman (2014), the focus of a cognitive behavioral approach is on the development of healthy coping skills. A client-centered approach, on the other hand, emphasizes the relationship through support and challenge. Client-centered therapy entails a counsellor assisting the children in identifying areas where he or she will be falling behind. Counsellors may use books when working with children individually or in groups, with the goal of having a diverse selection that represents various cultures (Hall

2018).Counsellors may also combine the use of memory books with other techniques, such as art therapy, to help children and adolescents express their feelings and process their loss. Counseling, linking, advocacy, and reunification may all be used by some mechanisms. In dealing with these loss issues, youth receive assistance and support in developing healthy coping skills and normalizing the feelings associated with grief, as well as counseling (Carroll and Mathewson, 2015).

Institutions have long been the target of intervention programs aimed at improving the development of resident children (reviewed in The St. Petersburg-USA Orphanage Research Team 2008). The St. Petersburg-USA Project, according to Julian etal (2018), implemented Training and Structural Changes to create a family-like environment within Russian Federation institutions. Training enabled caregivers to engage with children in a more sensitive and responsive manner, to be more child-directed and emotionally available, and to encourage children's independence and creativity. The development of attachment relationships was facilitated by structural changes (Solodunova et al. 2017).The Training and structural changes intervention allowed children to interact with familiar caregivers and peers on a consistent basis, which aided in their development of social awareness and understanding.

2.7 CHAPTER SUMMARY
This chapter examined academic debates on the challenges that children in institutional care face. It used two theories, the systems theory and the social learning theory, to explain various aspects of the research topic. The framework discussed in the chapter focused on the challenges faced by children in institutional care, as well as coping strategies, defense mechanisms, and available support mechanisms to assist children in institutional care. In response to the challenges that

children in institutional care face, global, regional, and local perspectives were sought. The following chapter focuses on the study's research methodology.

CHAPTER 3

METHODOLOGY

3.1 INTRODUCTION

According to Silverman (2011), research methodology is the general approach to studying a research topic. A methodology is also defined as a methodical approach to gathering data or conducting scientific research (Kothari, 2014). This chapter describes the methods and tools used to collect data for this study. It describes the research design, participants, the research site, data collection tools, and ethical considerations.

3.2 RESEARCH APPROACH/ METHODOLOGY

According to Myers (2019), research methodology is a strategy of inquiry that progresses from underlying assumptions to research design and data collection. The qualitative method was used in this study. Subjective assessments of attitudes, opinions, and behavior are the focus of qualitative research (Kothari, 2014).It is a useful technique for gathering culturally specific information, opinions, and behavior. According to Atieno (2019), human behavior can only be understood if the framework used allows for an in-depth expression of feelings, thoughts, and ideas. Because the goal of this study was to assess the challenges faced by children in institutional care by exploring the children's subjective experiences, qualitative techniques were the most appropriate tools. Qualitative research, which allows for the naturalistic exploration of human behavior, was used to ensure that valuable data was not lost or distorted due to objectivity.

3.3 RESEARCH DESIGN

According to Barley (2014), a research design is the framework model on which a study is based, and these are classified as qualitative or quantitative. In this study, a case study was used to collect detailed subjective experiences of the participants. A case study, according to Gillman

(2016), is an investigation to answer specific research questions that seek a variety of different evidences from case settings. It is based on an in-depth examination of a single individual, group, or event in order to discover the underlying principles. For this study, a case study was critical in answering research questions that would aid in the achievement of the study's goal and objectives.

3.4 STUDY AREA

A study area can be defined as specific geographic boundaries established to define the scope of the researcher's investigation (Myers, 2019). The research was carried out at the Child Future Africa Children's Home, which is located 13 kilometers from Mt Darwin along the Mount Darwin-Bindura highway. It is close to the Chaminuka training institute. It is a registered Private Voluntary Organisation (PVO), established in 2007.The institution was chosen because of its location. It provides a safe haven for children in need of care for over 30 wards in the Mount Darwin district, so it covers a large area, giving researchers a head start in accessing information. The institution's distinguishing feature is its agro-based livelihood projects that benefit orphans and vulnerable children. The institution was founded to care for orphans and vulnerable children as a result of the increased death of caregivers caused by the HIV/AIDS pandemic, which resulted in child abandonment because relatives failed to take on the responsibility of providing care.

3.5 TARGET POPULATION

A target population is a group from which the researcher wishes to draw conclusions (cooper and Schindler, 2013). The children in this study ranged in age from 10 to 17 years old and were residents of Child Future Africa Children's Home. Two administration staff from Child Future Africa and two probation officers from the Department of Social Development in Mount Darwin are key informants.

3.6 SAMPLING

According to Kothari (2014), sampling is the process of obtaining information about an entire population by examining only a subset of it. For this study, children currently residing at Child Future Africa Children's Home, as well as administrative personnel and Probation Officers, were sampled.

3.6.1 SAMPLING TECHNIQUE

Purposive sampling was used in this study. Purposive sampling, according to Patton (2017), is a technique widely used in qualitative research for identifying and selecting rich cases in order to make the best use of limited resources. This technique is used to identify and select individuals or groups of individuals who have prior experience with or are particularly knowledgeable about the phenomenon (Creswell & Plano Clark, 2015). Purposive sampling allowed the researcher to collect data efficiently with limited financial resources, which could have been a limiting factor in the study. It also allowed the researcher to reduce the margin of error because the data was gathered from people who had firsthand knowledge of the phenomenon in question. In each age group from 10-17 years, both sexes were represented in the study. This implies that one boy and one girl represented the age range of 10 to 17 years. Because of the child's maturity and ability to speak meaningfully, the sample size began at the age of ten. It came to an end at the age of 17 because the institution discharges children at the age of 18.

3.6.2 SAMPLE SIZE

A sample size is the number of items drawn from the target population to form a sample (Lebin& Rubin, 2016).The study used a sample size of 13 subjects, including 9 children who are currently residents of Child Future Africa Children's Home and 4 key informants, including two representatives from Child Future Africa Children's Home and two representatives from the

Department of Social Development. This sample size was chosen to allow for the collection of reliable data on a limited budget.

3.7 DATA COLLECTION METHODS

Qualitative data collection strategies were used because they allow for social interaction between the researcher and the child respondents. This study's data was gathered through in-depth interviews with both children and key informants. Questionnaires were used as data collection methods for both key informants and children to obtain the information needed to answer the research questions. In depth interviews were used to obtain detailed information because Pulsey (2018) defines them as an effective qualitative method of accessing firsthand information. These in-depth interviews also allowed for a better understanding of the other variables associated with institutional care, such as defense and support mechanisms. The researcher informed the participants about the study's purpose as well as the expected duration of the interview, which was approximately 30-45 minutes. The interviews were conducted in both Shona and English, with participants free to use either or both languages. Due to the Covid-19 pandemic's rampage, data collection was conducted under strict Covid-19 regulations such as social distancing, face mask use, and the use of sanitizers at all times. The researcher conducted one-on-one interviews with the participants while adhering to the Covid-19 social distance rule, thereby avoiding crowding, which promotes the spread of the Covid-19 virus.

KEY INFORMANTS INTERVIEWS

As a data collection tool, key informant interview guides were used. Its goal was to collect data from four key informants from DCWPS and CFACH administration.

3.8 DATA COLLECTION PROCEDURE

The researcher obtained permission to conduct the study from the Mount Darwin Department of

Child Welfare and Probation, which is now known as the Department of Social Development.

Child Future Africa Children's Home also granted permission to the researcher. With permission

granted, the researcher was able to conduct interviews with respondents using pre-written

research instruments.

3.9 RESEARCH INSTRUMENT(S)

Interview guides were written and used to direct the researcher during in-depth interviews.

According to Ayer (2015), interview guides are a set of questions that explore the subjects and

guide the interviewer as well as the responses of the participants. It assists participants in

providing pertinent information to the study. The interview guide included questions about the

difficulties that children in institutional care face, as well as coping strategies and available

support structures.

3.10 DATA ANALYSIS

Working with data, organizing it, breaking it down into manageable units, coding it, and

synthesizing it while looking for patterns is what qualitative data analysis is all about (Bogdan &

Biklen, 2016). The researcher used a thematic approach to data analysis, deducing meaning from

research participants' responses and analyzing it using the literature and theoretical framework

used in this study. According to Braun and Clarke (2018), thematic analysis is a process for

identifying, analyzing, and reporting data patterns. Following data collection, the researcher

analyzed the collected information to create a meaningful narrative from the data collection

process.

3.11 DELIMITATION

A number of children from various institutions were required to participate in order to provide quality data that could be generalized to all institutional care facilities. However, this study only looked at the Child Future Africa Children's Home and the children who were currently residing there. This was done in order to effectively assess the coping strategies used by children when faced with problems at the institution, as well as to investigate available support mechanisms.

3.12 LIMITATION

The study was limited to one institutional care facility because children's issues are confidential, so access to their files is limited. The researcher was also curtailed by financial constraints and was limited to CFACH alone. The study should have included a variety of institutional care settings in order to get a clear picture of the challenges faced by children in institutional care. Travel restrictions hampered the researcher's ability to conduct the research investigations on time due to the rapid spread of the Covid-19 virus in the country. Permission letters to conduct research acquisition procedures were impacted by the Covid-19 pandemic, as the government and institutions reduced their working staff to combat the virus's spread. The institution was also unwilling to provide the researcher with access to relevant information, which acted as a barrier to conducting effective investigations.

3.13 ETHICAL CONSIDERATIONS

During data collection, the researcher interacted with the participants, engaging them in conversations about their personal lives, potentially invading their personal space and making them vulnerable. According to Silverman (2011), when conducting research, researchers should be aware that they are operating within the participants' personal spaces and are therefore obligated to behave in a certain way. The researcher provided the participant with informed consent by allowing them to interview them knowingly, voluntarily, and clearly. Prior to the

interviews, they were informed that their participation was entirely voluntary and that their refusal to participate would have no impact on the services they received at the institution.

CONFIDENTIALITY

The participants' confidentiality and anonymity were guaranteed. During the interview, no information that could lead to their identification was gathered. This information includes their birthplace, parent or guardian name, and names. Their identities were concealed in order to protect them from unintended consequences.

3.14 CHAPTER SUMMARY

This chapter has gone over the methodology that was used to carry out this research. This includes the methods used to select the study area, target population, sample, and data collection. It also highlighted how the collected data was analyzed and interpreted. The findings gathered using these research methodologies and tools will be presented and discussed in the following chapter.

CHAPTER 4

PRESENTATION AND DISCUSSION OF FINDINGS

4.1 INTRODUCTION

This chapter presents the data that was gathered about the area of study. The information gathered will be presented in narrative form. The study's goal was to analyze problems and investigate copying mechanisms used by children in institutional care. The target group consisted of children currently residing at Child Future Africa Children's Home. The study included a total of 13 people: 9 children, 2 caregivers, and 2 probation officers who served as key informants. Seven of the respondents were female, while six were male, including the care givers and probation officers. The researcher chose gender-balanced participation so that the results could be fairly generalized to both sexes. The data collected was collected with three objectives in mind: to analyze problems faced by children in institutional care, to assess the coping strategies used by children in institutional care, and to investigate available support mechanisms for children in institutions. As a result, the data presentation and analysis will be guided by these three options.

4.2 REASONS WHY CHILDREN END UP AT CHILD FUTURE AFRICA CHILDREN'S HOME

The study sheds light on the process by which children end up in institutions. These are some of the factors that contributed to the institutionalization of children at Child Future Africa, including physical and emotional abuse from caregivers, particularly stepparents. Other children came for a short period of time for a place of safety because they were survivors of abuse and their cases were being heard in court. Poverty also contributes to children ending up in institutional care due to a lack of access to basic human needs such as food and shelter. Double orphan hood, in which

children are left without a willing relative to care for them and are forced to live alone in deplorable conditions, also contributes to institutional care. The Department of Child Welfare and Probation Services, with the assistance of Community Childcare Workers, identifies children living in dangerous environments and places them in institutions such as Child Future Africa. This is consistent with the concept of a child in need of care in the Children's Act (chapter 5:06), which defines a child in need of care as any young person whose legal guardians or parents are deemed unfit to have or exercise control over him or her. According to the study, orphan hood is the leading cause of institutionalization for the majority of children. According to the findings of the study, six out of every nine children were orphans. During an interview with one child, the researcher inquired as to why he had been admitted to the institution; his response was that he was playing with other children while patiently waiting for his mother, who is in Harare, to come and collect him. According to the researcher, children in institutional care are frequently in denial of their circumstances, resulting in a fantasy imagination of their lives. De Iruarrizaga (2015) discovered that orphaned and non-orphaned children use denial and repression as coping mechanisms to deal with problems. The researcher discovered the child's parents died when he was very young by reading the children's files. According to Mohangi (2018), denial of loss, report on the affective and cognitive behavior of children who speak of their deceased parents as if they were still alive.

4.3 FINDINGS ON THE CHALLENGES FACED BY CHILDREN IN INSTITUTIONAL CARE
Food inadequacy

One of the most common complaints was a lack of variety and poor quality of food, particularly the absence of meat from the institution's diet. Respondents stated that they only eat one meal per day at times. The current Zimbabwean economic crisis has made obtaining sufficient quantities

of food in homes impossible, particularly for those who rely solely on donor funds. Powell, Chinake, Mudzinge, Maambira, and Mukutiri (2004) state that children in Zimbabwean residential care face increasing challenges in obtaining nutritionally adequate food. According to the key informants' interviews, the institution used to be donor-funded in terms of food supplies. However, the Covid-19 pandemic had a significant impact on both government and nongovernmental organizations that provided donations to the home, resulting in the children receiving only a small amount of food per day.

Limited contact with the outside world

Children who are institutionalized have little contact with the outside world. They are not permitted to leave the confines unless they are attending school or are under the supervision of an adult. According to one respondent:

"Hatibvumidzwe kubuda kunoona shamwari kana kungo famba famba kunze kwekuti tinenge tichienda kuchikoro kana kuti tatumwa. Patinobuda tinenge tichifamba nemunhu mukuru kunyanya vanamother vedu" *[We are not permitted to visit our friends outside of the institutional care facilities. When we go to school, we are only allowed to go outside the gate. We only go outside when we're with an elderly person, especially caregivers.]*

Unless an adult gives permission, the children are not allowed to move outside or around the institution. In agreement with the limitation of children's contact with the outside world, Rotabi etal (2016) state that it is important for them to have contact with the outside world during the homemaking process; implementation of a home is through contact with the outside world. The heavy restriction, rules, and demarcations limit children's intellectual development. Children frequently delay returning from school because they feel more liberated outside the walls than

inside. Fear often triumphs over potential, and when children are exposed to the outside world, they become docile or rebellious.

Lack of identification cards

Identification cards are difficult to obtain for children in institutional care. According to the findings, a number of children at Child Future Africa lacked identification documents. This barrier prevents children from participating in extracurricular activities at school and becomes a major issue after they are discharged from institutional care. One adolescent respondent stated:

'*Ndinogonabhoranekumhanyaasihandikwanisekupindamuchikwatachechikoronekutikunodiwa chitupa chekuzvarwa nacho kuti nditambe kumakundano.' [I enjoy football and athletics, but I am unable to participate or join the school team because I do not have a birth certificate that allows me to compete in inter-school tournaments.]*

Although the lack of access to identity documents such as birth certificates has a negative impact on hundreds of thousands of Zimbabwean children, the problem is more severe for those in institutions. Orphaned and abandoned youth without established roots in the community who are discharged from institutional care without identity documents face constant harassment by police, especially in this Covid-19 pandemic era, and find it impossible to secure formal employment. According to two key informants from the Department of Social Welfare, the process of obtaining a birth certificate for a child who has been completely abandoned is time-consuming and involves a lot of bureaucracy, and the main agenda of the child's stay in the institution is relative tracing performed by probation officers. As a result, this process takes a long time, resulting in some children remaining without a birth certificate for more than a year.

Unprocessed Juvenile Court Orders

Renewal of court orders is a major concern for administrators in institutions, and it has a significant impact on the children as well. Two key informants stated in an interview conducted by the researcher that the majority of children at the institution had stayed there for more than five years and were still on place of safety. Renewal of juvenile court orders is critical not only for children's whereabouts but also for institutions to be able to access government per capita grants. Failure to renew juvenile court orders results in a delay and, in the worst-case scenario, a cessation of access to child grants. The situation is even worse for children who are in a safe place because the institution can only access grants if they are fully admitted. As a result, institutions such as CFA, which have an influx of children with non-renewed juvenile court orders and children on place of safety, continue to face challenges in obtaining child grants, and problems such as food and school stationery shortages remain unresolved. The Department of Social Welfare, in collaboration with Justice Commission Services, is in charge of applying for and renewing court orders; however, due to office closures and travel restrictions, the process has been significantly slowed by the Covi-19 pandemic.

Lack of school fees

Children in institutional care face difficulties in paying school fees in order to complete their education. Because the institution relies on donor funds, the children are occasionally sent back home if the process of obtaining funds is delayed. According to one respondent:

"Tinowanzodzingwa kana tisina kubhadharirwa mari yechikoro. Vadzidzisi vanoti vana veku Child Future Africa takawandisa uye tinouya kuchikoro tisina zvekushandisa kuchikoro zvakakwana zvakaita se mabhuku."[We are usually sent home if our fees are not really paid, the teachers say we're plenty, and we do not have any school supplies.]

Even though these children are the exception in school, labeling from peers and teachers has a significant impact on their self-esteem and academic performance.

Lack of parental care

The dynamics of institutional care boarding are not conducive to adequate parental care. The institution has a matron who serves as the institution's overall mother. Because the matron is overburdened with institutional responsibilities, she is unable to give equal attention to all of the children. Child Future Africa's residential care model combines elements of a dormitory style and a family-based model. The children are housed in dormitories and share communal dining and living areas, with staff performing domestic, administrative, and care giving duties. Their dorms are divided by age and gender. According to the researcher, this model deprives children of the experience of normal family life, proper parenting, and has been associated with a low level of psychosocial care and support, resulting in a lack of proper love and care that a child requires. The institution has partially adopted a family-based model in which they prepare food, eat, and perform housekeeping chores as if they were in a normal home.

Psychological trauma

There is psychological trauma in children in institutional care. Children at Child Future Africa expressed a strong desire to reestablish or maintain ties with their families, and they highly valued visits from or vacations with family members. Many felt rejected or abandoned by their extended families, and they were acutely aware of their orphan status. The majority of respondents expressed concern about the isolation of children who wet their beds. One young respondent stated:

"*Kana wakaita weti mumagumbeze unorariswa kucorner kwako wega. Zvekare unowacha magumbeze ako wega nekubuditsa mattress mangwanani vamwevamuka. Zvino sekesa nevamwe.*"[If you wet the bed, you will be separated from the others and forced to sleep in the room's corner. You will also wash your blankets, as well as carry your mattress outside first thing in the morning. It is quite humiliating.]

The researcher observed that bedwetting was a serious problem that was generally poorly managed, adding to the psychological stress and low self-esteem of those affected. The institution's mistreatment of children has an impact on their psychosocial development. According to a study conducted by Merz and McCall (2019), psychological stress and trauma in children in institutional care are highly endorsed by ill treatment from caregivers. This is because caregivers failed to recognize and acknowledge that most institutionalized children are traumatized and vulnerable. As a result of these conditions, these children require special support and adequate care for proper and complete child development in order to reach their full potential.

Physical and verbal abuse

Physical and verbal infliction of pain and abuse is a daily occurrence for children in institutional care, whether perpetrated by staff or other peers. Physical abuse frequently occurs among the children themselves, as well as from caregivers.45 percent of respondents confirmed verbal abuse, while 65 percent confirmed physical abuse. Regarding caregivers, one child respondent stated:

"*Nherera dzinonetsa, mune mweya wekurasirirwa.*"[Orphans are a nuisance; you have bad spirits as a result of being abandoned.]

Similarly, Sengendo and Nambi (2015) discovered that caregivers verbally abused children in reference to their HIV and AIDS deceased parents and their abandonment in a study conducted in Rekai district. According to Dowling (2016), children growing up in unsuitable foster care or in violent domestic contexts may not label their environment home despite the fact that they have a roof over their heads. The institutional care facility is an unfavorable environment for child development because there is a lot of violence among the children and between staff and children, and no one wants to talk about it. This demonstrates the institutions' disciplinary power and staff control over the inmates.

In agreement with the above notion of punishment, Decker and Omori (2018) state that in some institutions, individuals are punished for relatively minor violations and may not even know what behavior is punishable. Two key informants interviewed also agreed that having fewer staff leads to more violence within the institution because they have no control over the situation.

Sexual abuse

Both the children and the staff were unwilling to disclose information about sexual abuse, making it difficult for the researcher to gather data. The issue of sexual abuse in the institution was confirmed by 15% of those polled. The incident took place among the children themselves. One young respondent stated:

"Ndakanzwa kuti Peter akamboita zvinonyadzisira naThomas akazoendeswa kuprobation hatina kuzomuona."[I heard Frank sodomized Thomas, and he was sent to a probation correctional facility, where we never saw him again.]

According to key informants, sexual abuse occurred in the institutional care facility but was not reported to the appropriate authorities. Furthermore, they stated that it appears that these cases

were rarely discovered unless a victim became ill or reported the acts. This is consistent with a December 2011 case study of Arya Orphanage in Delhi, which revealed incidents of abuse in Institutional Care settings that were not reported unless an insider blew the whistle or an event exposed the torments.

4.4 FINDINGS ON THE COPING STRATEGIES EMPLOYED BY CHILDREN

Children use a variety of coping strategies to deal with the challenges they face in institutional care facilities. Disengagement, a sense of spiritual connectedness to God, rebellion, and fleeing from an institutional care facility are illustrations of coping strategies.

Disengagement

According to two key informants from the institution, a number of children at the institution create a fantasy in which they disconnect from the current situation, resulting in a state of denial. When asked why he was in the institution, one child respondent stated:

"Mai vangu vakaenda kuHarare, vachadzoka kuzonditora."[My mother has gone to Harare; she will come and pick me up.]

According to key informants, the majority of the children at the institution were abandoned and lost their parents as a result of the devastating HIV/AIDS pandemic. According to Jimenez (2018), denial and repression are defense mechanisms used by orphaned and non-orphaned children to cope with the pain caused by loss and abandonment.

Sense of spiritual connectedness to God

According to the researcher's interviews, children stated that they make time to read the Bible and pray. The children have a strong Christian faith and believe that God can change their

circumstances. This suggests that a sense of spiritual connectedness to God fosters resilience in children, allowing them to adapt to changing circumstances.

Rebellion

Children at CFA resort to rebellion and violence in order to obtain better services from their caregivers. After a long period of constant ill-treatment or low food allocation, the children will sometimes break into the storage compartments to obtain more food, despite the fact that they may be punished for the rebellious act. The perpetrator of the break-in is isolated, but it serves as a coping mechanism for the children, prompting action from caregivers to provide better services and treatment.

Running away from the institutional care

Life in institutional care can be so difficult for children that they decide to flee. According to Solodunova et al. (2017), there are three main reasons why children flee residential care: an abusive environment, the strictness of the institutional care facility, and the extent to which the leaders and staff run the institutional care facility. The directors of the institutional care were hesitant to discuss the issue of children running away, and they were even more hesitant to reveal any information about the issue.

However, according to other studies conducted by other scholars, running away acts as a coping strategy, and boys frequently end up in the streets, while girls face street brutality, which leads to prostitution.

4.5 FINDINGS ON THE AVAILABLE SUPPORT MECHANISM

To assist children in dealing with their problems, the institution employs support mechanisms such as counseling and therapy. Currently, the institution does not have a social worker, but they

use probation officers from the department of social welfare to provide counselling and group therapy to the children as psychosocial support measures.

CHAPTER 5

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1. INTRODUCTION

This chapter presents the researcher's discussion of findings and serves as the research's conclusion. The research findings were investigated in the context of existing literature concerning the challenges faced by children in institutional care, coping mechanisms, and available support mechanisms, as laid out in the literature review chapter.

5.2. SUMMARY OF FINDINGS

Poverty, abuse, orphan hood, cases of incest, death of primary caregivers, and, in most cases, parents who have relinquished or abandoned their responsibility for their children all contribute to the placement of children in institutions. According to the research, the major causes of institutionalisation were mass orphan hood and poverty. Other children in institutional care include abused children, children in child-headed households, and those living with elderly caregivers. Because these children are among the most vulnerable, they are placed in orphanages for their protection.

Children in institutional care are supposed to be safe, but they face a variety of challenges that impede their development and adulthood. Abuse in all forms, a lack of food, a lack of school fees, a lack of parental care, psychological damage, and late preparation of juvenile court orders were among the difficulties. These difficulties have a direct impact on the children, and as a result, they exhibit a variety of distortions in their growth and behavior.

When confronted with a problem, research shows that children use a variety of coping strategies. These may include a sense of spiritual connection to God, disengagement, and, as a last resort, running away from institutional care. Children are forced to be docile and, at best, regress in

development as a result of the harsh and rigid conditions of institutional care, so they resort to the aforementioned mechanisms to cope with the challenges. Most of the children are in denial, pretending not to notice the abusive behaviors they are subjected to. The institution currently does not have a social worker on the ground, but as a support mechanism, they use probation officers who are profound social workers in the department of social development for the psychosocial well-being of the children.

5.3 CONCLUSION

According to the research, the major causes of institutionalization are mass orphan hood, poverty, abuse, and abandonment. Despite the fact that institutional care was created for the inmates' best safety interests, the study found that it presented a number of challenges to them. The difficulties that children in institutional care face have a negative impact on their psychological well-being because the institution focuses on providing a roof and food. Neglecting the children's psychological well-being forces them into denial, rebellion, and, in many cases, fleeing the institution. The study then made recommendations to the institution and the Zimbabwean government to make decisions that are in the best interests of the child. Recommendations focused on providing the best care possible within the care facilities, rather than abandoning institutional care in favor of foster care. Simultaneously, the study advocated for an approach in which the government provides social welfare services to extended families caring for orphans in order to eliminate the need for institutional care.

5.4 RECOMMENDATIONS

- Institutional care facilities should adapt to family structures rather than dormitory-style living. In order to groom children to fit into society, institutional care should abandon the

dormitory model in favor of a family-style setup with boys and girls living in the same house.

- For the children's psychosocial well-being, the orphanage should hire a number of professional counsellors and social workers. The role of a social worker is unviable because he or she is frequently overburdened by institutional workload. To provide comprehensive care to children, caregivers must be constantly trained in order to keep up with behavioral changes in children.

- For the children's psychosocial well-being, the orphanage should hire a number of professional counsellors and social workers. The role of a social worker is unviable because he or she is frequently overburdened by institutional workload. To provide comprehensive care to children, caregivers must be constantly trained in order to keep up with behavioral changes in children.

- It is the government's responsibility to place more emphasis and encouragement on child fostering and to discontinue the use of institutional care facilities as correctional facilities. Fostering children will aid in the grooming of children in a family environment, where they will learn Unhu or Ubuntu, which they will not learn in institutional care facilities.

- The government should strengthen social welfare assistance so that, in the event of a parent's death, extended families can easily accommodate the children without worrying about how they will cope. This will result in less institutionalisation.

- The Department of Social Development should also make significant efforts to ensure the reunification of children and their families, as well as rapid re-integration, in order to avoid developmental delays caused by prolonged institutional care.

REFERENCE

Ackoff, R. (1981). *Creating the Corporate Future: plan or be planned for*. New York: John Wiley and Sons

ACPf. (2014). *The African Report on Violence against Children.* Addis Ababa: The African Child.

Bandura, A. (1977). *Social Learning Theory*. Englewood Cliffs, NJ: Prentice Hall.

Bailey, J.A. (2016). *Social Development Research Group.* Seattle: University of Washington.

Bardin, J. (2016). *Social deprivation hurts child brain development, study finds. Kids who grow up in institutions instead of with families are more likely to have problems, say researchers who tracked Romanian orphans:* Los Angeles Times.
http://articles.latimes.com/2016/jul/24/science/la-sci-orphan-brains-20160724

Bertalanffy, L. (1968). *General System Theory Foundations*. Development, Applications. Canada: University of Alberta Edmonton.

Bowling, A. (2016). *Research Methods in Health. Philadelphia*. Open University Press.

Browne, K. (2012).*The Risk of Harm to Young Children in Institutional Care*. Save the Children.

Cantwell, R. (2013). *The development of beliefs about learning from mid- to late-adolescence*. Educational Psychology.

Carroll, B., and Mathewson, J. (2000). *The military model for children and grief*. In K. J. Doka (Ed.), *Living with grief: Children, adolescents, and loss*. Washington, D.C: Hospice Foundation of America.

Casky, C. (2009). *Keeping Children Out of Harmful Institutions: Why we should be investing in Family Based Care*. London: Save the Children.

Compton, W. C. (2018). *An introduction to positive psychology*. Belmont, CA: Thomson Wadsworth.

Cooper, D. R., and Schindler, P. S. (2013*). Business Research Methods (7th ed.). International Edition, Statistics, and Probability series.* McGraw Hill.

Courtney, M. E., and Dworsky, A. (2014), *'Early outcomes for young adults transitioning from out-of-home care in the USA* '. Child and Family Social Work.

Decker, S., and Omori, M. (2018). *Age at adoption: Long-term measures of success in adulthood. Adoption Quarterly*. doi: 10.1080/10926750902791953.

Dowling, R. (2016). *Power, subjectivity, and ethics in qualitative research*. In: Hay, I (2006) (ed.) Qualitative research in human geography. Melbourne: Oxford University Press.

Dziro, C., and 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*. Harare: Greener Journals.

Folkman, S., and Moskowitz, J. T. (2017). *Coping: Pitfalls and promise*. Annual Review of Psychology.

Gibbons, J. A. (2015). *Orphanages in Egypt. Journal of Asian and African Studies*. Sage Publications.

Goodman, R. F. (2014). *Treatment of childhood traumatic grief: Application of cognitive-behavioural and client-centred therapies*. In N. Boyd Webb (Ed.), *Mass trauma and violence: Helping families and children cope*. New York: Guilford.

Government of Zimbabwe. (2001). *Children's Act Chapter 5:06*.Harare: Government Printers.

Hall, L. K. (2018). *Counselling military families: What mental health professionals need to know*. New York: Routledge.

Halldèn, G. (2003) *Children's views of family, home and house.* In: P. Christensen and M. O'Brien (eds.) Children in the City, Home, Neighbourhood, and Community. London: Routledge Falmer.

Julian, M. (2013). Age at adoption from institutional care as a window into the lasting effects of early experiences. *Clinical Child and Family Psychology Review, 16*(2), 101–145. https://doi.org/10.1007/s10567-013-0130-6.

Julian, M., & McCall, R. (2016). Social skills in children adopted from socially-emotionally depriving institutions. *Adoption Quarterly, 19*(1), 44–62. https://doi.org/10.1080/10926755.2015.1088106.

Julian, M., McCall, R., Groark, C., Muhamedrahimov, R., Palmov, O., &Nikiforova, N. (2018). Development of children adopted to the United States following a social–emotional intervention in St. Petersburg (Russian Federation) institutions. *Applied Developmental Science*. Advance online publication. https://doi.org/10.1080/10888691.2017.1420480.

Kolthari, C.R. (2014). *Research Methodology, Methods and Techniques*. New Delhi.

Mavhaire, R. (2010). *The plight of children in care institutions*. Harare: Mambo press.

Merz, E. C., and McCall, R. B. (2010). *Behavior problems in children adopted from psychologically depriving institutions*. Jabnorm Child Psychology.

Mohangi, K. (2018). *Finding roses amongst thorns: How institutionalised children negotiate pathways to well-being while affected by HIV and AIDS* (Unpublished doctoral thesis). Pretoria: University of Pretoria.

Murray, S. (2019). *Life after the orphanage: life beyond children's home*. Victoria: Freemantle press.

Pivnick, A., and Villegas, N. (2000). *Resilience and risk: Childhood and uncertainty in the AIDS Epidemic.* Journal of Culture, Medicine, and Psychiatry.

Powell, G., Chinake, T., Mudzinge, D., Maambira, W., and Mukutiri S. (2004). *Children in Residential Care: The Zimbabwean Experience.* Zimbabwe: Ministry of Public Service, Labour, and Social Welfare.

Ritcher, T. (2017). *Evolving Capacities and Participation*. Canada: Canadian International Development Agency, Child Protection Unit.

Rosenthal, E., and Ahern, L. (2013). "*Segregation of children worldwide: the human rights imperative to end institutionalization,*" 12 Journal of Public Mental Health 193.

Roy, P., Rutter, M., and Pickles, A. (2004). *Institutional care: Associations between over activity and lack of selectivity in social relationships.* Journal of Child Psychology and Psychiatry.

Rotabi, K., Roby, J., & McCreery Bunkers, K. (2016). Altruistic exploitation: Orphan tourism and global social work. *British Journal of Social Work, 47,* 648–665. https://doi.org/10.1093/bjsw/bcv147.

Sengendo, J., and Nambi, J. (2015). *"The psychological effect of orphan hood: a study of Orphans in Rakai district".* Health Transition Review 7.

Shamoo, A. E., and Resnik, D. B. (2019). *Responsible Conduct of Resaerch.* Oxford: Oxford University Press.

Sinclair, I., and Gibbs, I. (1998). Children's Homes a study in diversity. Sussex: Wiley.

Solodunova, M., Palmov, O., &Muhamedrahimov, R. (2017). Family environment in institutions for young children in Russia: Mental health and development versus medical care. In A. V. Rus, S. R. Parris, & S. R. Stativa (Eds.), *Child maltreatment in residential care: History, research,and current practice* (pp. 199–218). Cham: Springer International Publishing. https://doi.org/10.1007/978-3-319-57990-0_10.

The St. Petersburg-USA Orphanage Research Team. (2008). The effects of early social-emotional and relationship experience on the development of young orphanage children. *Monographs of the Society for Research in Child Development*, *73*(3), vii–viii, 1–297.

Tolfree, D. K. (2018). *Community based care for separated children.* SA tickholm, Sweden: Save the Children.

UNICEF Innocent Research Centre. (2017). *Children in Institutions: The Beginning of the End*? Innocent Insight. Florence: UNICEF.

UNICEF Innocenti Research Centre. (2015). *Caring for Children Affected by HIV and AIDS*. Florence: UNICEF.

BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCES AND HUMANITIES

DEPARTMENT OF SOCIAL WORK

INTERVIEW GUIDE FOR CHILDREN AT CFA CHILDREN'S HOME

May you kindly assist by responding to the questions below and the information gathered from the respondents shall solely be used for academic purposes only and kept confidential and the objectives of the research are:

- *To analyse problems faced by children in Institutional Care*

- *To assess the coping strategies employed by children in institutional care when faced by problems*

- *To assess available support mechanisms for children in institutions when faced by problems*

Questions/ Mibvunzo

1. What are the problems that you face at the institution? Ndeapi matambudziko amunosangana nawo sevana mukugara kwenyu munzvimbo ino?

2. What are the strategies or mechanisms you employ in order to handle the challenges you face at the institution? Ndedzipi nzira dzamunoshandisa kana masangana nematambudziko mumagariro enyu munzvimbo ino sehwaro yekuderedza kana kupedza dambudziko?

3. What are the support mechanisms provided by the institution to help you when you face challenges? Ndeapi matanho anotorwa nevachengeti venyu munharaunda ino mushure mekunge masangana nematambudziko mukugara kwenyu sevana munzvimbo ino?

4. Do the available support mechanisms adequately attend to your problems? Matanho avanotora anokwanisa here kupedza matambudziko amunosangana nawo mukugara kwenyu munzvimbo ino?

5. What do you recommend to the institution so that they can best attend to your needs and challenges? Ndezvipi zvamunoshuwira kuti vamunogara navo vaite kuti vakwanise kugadzirisa matambudziko amunosangana nawo uye vakwanise kukupai zvamunoda sevana?

BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCES AND HUMANITIES

DEPARTMENT OF SOCIAL WORK

INTERVIEW GUIDE FOR KEY INFORMANTS AT CHILD FUTURE AFRICA CHILDREN'S HOME

May you kindly assist by responding to the questions below and the information gathered from the respondents shall solely be used for academic purposes only and kept confidential and the objectives of the research are:

- *To analyse problems faced by children in Institutional Care*

- *To assess the coping strategies employed by children in institutional care when faced by problems*

- *To assess available support mechanisms for children in institutions when faced by problems*

Questions

1. What are the challenges faced by children at the institution?

2. How do the children respond to the challenges they face at the institution?

3. How best do you assist the children when they face problems at the institution?

4. What are the available support mechanisms being provided by the institution when children face challenges?

5. How do you assist the children through their life transition in institutional care and after institutional care life?

APPENDIX III

DEPARTMENT OF SOCIAL WORK

P. Bag 1020
BINDURA, Zimbabwe

Tel: 263 - 71 – 7531-6, 7621-4

Fax: 263 – 71 – 7534

socialwork@buse.ac.zw

BINDURA UNIVERSITY OF SCIENCE EDUCATION

Date ....

TO WHOM IT MAY CONCERN

Dear Sir/Madam

REQUEST TO UNDER TAKE RESEARCH PROJECT IN YOUR ORGANISATION

This serves to advise that MAGORA TAKUDZWANASHE Registration No.

B.1749265 .... is a BACHELOR OF SCIENCE HONOURS

DEGREE IN SOCIAL WORK student at Bindura University of Science Education who is conducting a research project.

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

Yours faithfully

Maushe.

Mr F. Maushe
CHAIRPERSON – DEPARTMENT OF SOCIAL WORK

BINDURA UNIVERSITY OF SCIENCE EDUCATION
SOCIAL WORK CHAIRPERSON

2 3 FEB 2021

FACULTY OF SCIENCE EDUCATION
PRIVATE BAG 1020, BINDURA, ZIMBABWE

DISTRICT SOCIAL WELFARE OFFICER

0 2 MAR 2021

P.O. BOX 199 MT DARWIN
ZIMBABWE

CHILD FUTURE AFRICA
CHILDREN'S HOME
MT DARWIN
C/O 25 RIDGE ROAD
AVONDALE HARARE
TEL. 04- 335176 / 334424
FAX 04 - 335341