LIFE IN RESIDENTIAL CARE: A STUDY OF CHILDREN’S PERCEPTIONS ON RESIDENTIAL CARE. A CASE OF BINDURA SOS CHILDREN’S VILLAGE.

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A DISSERTATION IS SUBMITTED TO THE DEPARTMENT OF SOCIAL WORK, FACULTY OF SOCIAL SCIENCES AND HUMANITY AT BINDURA UNIVERSITY OF SCIENCE EDUCATION IN PARTIAL FULFILMENT OF THE REQUIREMENT OF THE BACHELOR OF SCIENCE HONOURS DEGREE IN SOCIAL WORK.
APPROVAL FORM

Supervisor

I certify that I have supervised Vushe Gapare B1439968 for this research titled Life in residential care: The study of children’s perceptions on residential care: a case of Bindura SOS Children’s Village in partial fulfilment of the requirements for Bachelor of Social Work Honours Degree.

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Departmental Board of Examiners

The Departmental Board of Examiners is pleased that this project meets the examination requirements and I therefore request the Bindura University to admit a dissertation by Gapare Vushe titled the life in residential care: a case of Bindura SOS Children’s Village in partial fulfilment of the requirements for the Bachelor of Social Work Honours Degree.

Chairperson

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DECLARATION AND RELEASED FORM

I Vushe Gapare a student at Bindura University studying for the Bachelor of Social Work Honours Degree, aware of the fact that plagiarism is a serious academic crime and falsifying information is a break of the values in Social Work research, honestly declare that:


2. I have been guided throughout the research by Social Work research ethics.

3. I accord approval to the University to use this project for academic purposes.

Name of student..........................................................Signature...............Date.............
DEDICATION

Dedicated to God for the unseasoned grace and to my untie Mrs Monica Mafundikwa who has been there for me, may the Lord bless her abundantly. To my late mother Locadia Gapare, you departed before I started my journey which you were supposed to witness. I will always have memories of your unseasoned love, I miss you much.

To my brother Vengai Gapare, thank you for the support in the completion of this project. To my uncle Morgen Chiuya thank you for being there for me. Thank you all for the assistance I love you so much.
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ABSTRACT

The aim of the study was to explore children’s perceptions. The objectives of the study were to determine the children’s perceptions on residential care; establish the impacts of residential on institutionalised children and determine social work related services offered by the institution to address challenges faced by institutionalised children. The study was carried out at Bindura SOS Children’s Village with thirty institutionalised children and ten key informants. The responses generally show that residential care provide both positive and negative perceptions as the care seeks meet the complex needs of children, facilitates educational opportunities. However, as the last resort the study findings revealed that children living in institutional care are perform poorly on intelligence tests and to be slow learners with specific difficulties in language and social development. The lack of primary socialisation and institutional syndrome attributed as the cause of these problems. In a way, social workers offered social services such as health, education, food and psychosocial therapy for institutionalised children. It therefore recommended that there is the need for scholars to research and present residential care of children as an indigenous care with precedence in the African tradition. In addition, social workers are mandated to adjust children’s negative perception and impacts of the care and embrace bottom up approach in order to include children in issues concerning their placement.
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ACRONYMS

GoZ – Government of Zimbabwe

DSS - Department of Social Services

OVC- Orphans and Vulnerable Children

NAP - National Action Plan

UN- United Nations

CRC- Convention on the Rights of the Child

UNCRC- United Nations Convention on the Rights of the Child

OAU- Organization of African Unity

NGO- Non-Governmental Organisation
CHAPTER ONE

INTRODUCTION

1.0 Introduction

This chapter discusses the background of the study, statement of the problem, aim of the study, objectives, research questions, and assumptions, justification of the study, delimitations and the definition of key terms.

1.1 Background of the study

The number of children placed in institutional care increased in Zimbabwe despite wide recognition that institutional care is a borrowed phenomenon associated with negative consequences for children’s cognitive development (Unicef, CASS and GoZ, 2013). The residential care is therefore regarded unAfrican as it weakens the traditional modes of care and alienates children from their families, communities and culture. As a result of this, children experience multiple emotional problems and have inadequate resources to effectively deal with the problems which resulting in antisocial behaviours. They tend to be emotionally withdrawn and experience emotional loneliness (Han and Choi 2006; Ptacek, 2011). In addressing the issue of institutionalisation of children in Zimbabwe, the Social Services Improvement Agency (2007) notes the importance of regular contact with family members; permanence and good care planning should not be forgotten. This will therefore links into the growing awareness of how social pedagogical theory can be useful in meeting the needs of children in residential care. Cameron, (2004) point out that social pedagogy in residential care considers the relationship of children and how they can be integrated into wider society. Thus, the study will focused on a bottom up approach considering the
grassroots issues, observing children’s perceptions of residential care in order to influence effective and efficiency of policy formulations and implementations in Zimbabwe.

Traditionally children viewed as central to society; hence, their protection has been rendered as an issue of particular concern to the family and the society at large. However, due to urbanisation and HIV calamity, traditional community arrangements for child protection have been ruined resulting in social problems such as the street children phenomenon (Mushunje, 2006). Traditional family and community mechanisms to support orphans have been under considerable financial strain resulting in more children facing difficulties in accessing health care services, education and other basic amenities (National AIDS Council (NAC) 2011). The state has therefore taken a centre stage in the issues of child protection replacing the traditional child protection with residential care.

1.3 Statement of the problem

Children living in residential care experience multiple emotional problems and have inadequate resources to deal with them effectively, quite often resulting in antisocial behaviour. They tend to be emotionally withdrawn and experience emotional loneliness (Han and Choi 2013; Ptacek, 2014). As such, previous studies on child residential care are known by providing a top down approach where children’s voices were not represented thereby impose their perceptions. For instance, Dell’aglio and Hutz (2014) earlier studies are mainly remedial and lacks the capacity to enrich children’s cognitive development. The problem with these studies highlighted by Thorne (2015) who noted that institutionalised children had their voices silenced and their expectations disregarded. They show ample impacts of institutional care on the health of children as these studies failed to provide effective and efficiency strategies that improve child wellbeing. This shows that, for long children had considered solely the object of research (Thorne, 2015). The research therefore explores
children’s perceptions on residential care. This enabled the research findings to observe the psychosocial needs within the residential care in order to reduce stigma and discrimination which result in the self-fulfilling prophecy on children with its damaging effect of being socially rejected (Hannon, 2015). Thus children’s develop series of both successful and unsuccessful perceptions over the placements as a determinant factor that affect children’s cognitive development and their future lives.

1.4 Aim of the study

The aim of the study was to explore the children’s perceptions on residential care.

1.5 Objectives

i. To determine the perceptions of children who are institutionalised in residential care.

ii. To establish the impact of residential care on children.

iii. To determine the social work services being provided to address the needs of institutionalised children.

1.6 Research questions

1. Who are the children living in residential care?

2. What are the perceptions of children living in residential home care?

3. What is social work serves provided to institutionalised children?

4. What is the impact of residential care on children?
1.7 Assumptions of the study

The study is based on the assumptions that

i. Institutionalised children experienced feelings of loss, rejection and abandonment due to separation from birth parents or carers.

ii. Institutionalised children are emotionally withdrawn and experience emotional loneliness.

iii. Residential care regarded unAfrican which undermines the traditional modes of care and alienate children from their families, communities and culture.

1.8 Justification of the study

As the Department of Social Welfare concerned of promoting child welfare, the research results and commendations shall assist government agencies and non-governmental organisations regarding children in residential care and offer a blue print to police formulation process considering children’s perceptions over residential care.

To add on, since child welfare is at the heart of Social Work practice (Morales, Sheafor and Scott, 2012), the study will help social workers involved in residential home care services in understanding children’s perceptions within the care so as to enhance their cognitive development and behaviour change.

In addition, the research will also assist the student in accomplishing his bachelor of study as it is done in partial fulfilment of the program. The study will help in improving the theoretical skills of research learnt at the university to be put into practice.
Furthermore, the study shall also help institutionalised children to air out their views on institutional issues since for long children had their voices silenced and their expectations disregarded (Thorne, 2015). As a result of that, the study will provide a blue print to police formulation process considering the children’s perceptions towards residential care.

1.9 Delimitations

The research was confined to children below the age of eighteen years who are living in residential care with specific reference to Bindura SOS children’s home. The target population was one hundred institutionalised children within the village. The study was carried out in Bindura since the town was developed as a result of mining activities which increased the number of people living in Bindura. As a result of economic down turn, traditional family and community mechanisms to support orphans have been under considerable financial strain resulting in establishment of SOS village for children facing difficulties in accessing health care services, education and other basic amenities.

1.10 Definitions of key terms

1.10.1 Residential care

Residential care refers to the living arrangements for children who are incapable of living with their parents due to social, economic challenges where the care provided by a professional relationship, rather than parental relationship.

1.10.2 Perception

Perception refers to the succeeding selection, organization, and interpretation of information about the external and internal environment of an individual.
1.10.3 Child

A child refers to any person under the age of eighteen including infants, (Constitution of Zimbabwe, 2013)

1.10.4 Informed Consent

Informed consent refers to the agreement with or permission from a person, such as a procedure, after they have understood clearly what the decision means.

1.10.5 Orphan

An orphan refers to a child who lost his or her mother or father or has lost both parents. (UNAIDS, 2013).

1.10.6 Caregiver

Caregiver refers to an adult responsible of arranging, guides and support institutionalised children (Save the Children, 2014).

1.10.7 Institutionalisation

This is the process whereby orphaned, abandoned and neglected children are placed in an institution. This can be regarded as the last resort when other care such as family, community, adoption and foster care have failed to care for vulnerable children (Save the Children, 2014).

1.10.8 Institutionalised children

These are children who are housed within the residential care because they are orphaned, abandoned or whose parents unable to provide care and support for them (Save the Children, 2014).
1.11 Chapter summary

The chapter articulated the background of study of children living in residential care, statement of problem, research objectives and research questions, significance of the study, aim of the study, limitations and delimitation of the study. The succeeding chapter shall pronounce the theoretical and the literature review on children’s perceptions of living in residential care.
CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter will mainly address related detailed literature to enable the researcher to make logical principles of the research. The study therefore focuses with the social learning and systems theories in exploring children’s perceptions on residential care in Zimbabwe particularly at Bindura SOS Children’s Village. The chapter will also highlight particular arguments and ideas raised by previous researchers of children’s perceptions on residential care in order to determine the impacts and social work services to increase.

2.1 Theoretical framework

This unit provides an assessment of theoretical assumptions employed as reference for the research. The researcher will explain and reveal the applicability of the adopted theories in the study. According to Sigal (2013) theoretical framework is a set of statements that clarifies the connection of a phenomenon aimed at exploring children’s perceptions on residential care. The study is guided by the social learning and systems theories which attempt to clarify the children’s perceptions and impacts on residential care.

2.1.1 Social learning theory

The social learning theory proposed by Albert Bandura (1973) is an influential theory of understanding human behaviour that can be used to understand children’s perceptions on residential care. It emphasizes the importance of observing and modelling the behaviours, attitudes, and emotional reactions of others. The component processes underlying observational learning include attention, retention, reproduction and motivation, including
external, vicarious and self-reinforcement. As Bandura noted that the conduct is the outcome of the reciprocal interaction among behaviour, environment, and cognitive-personal influence.

Due to institutional syndrome, institutionalised children develop a stereotypical behaviour that may affect their cognitive developments. In a way, social learning theory raises the possibility that some types of antisocial behaviour may be unlearned from the care givers, teachers and other key facilitators through observational learning. In other words, the theory permitted institutionalised children to unlearn negative behaviours or perceptions using positive and negative reinforcement. For instance, according to Bandura a child who has seen her parents being kind and caring, giving to charity, caring for the environment, being kind to animals will tend to be the same. However, the child who has seen problems being faced with violence, arguments occurring, wrongdoing being punished by hitting, will tend to grow up to be more aggressive. As such, the social learning theory assisted institutionalised children and their care facilitators to interact in order to influence positive and children’s cognitive development.

2.1.2 Ecological System Theory

Karakurt and Silver (2014) define ecological system theory based on the assumption that all parts of the system are connected to one another. The theory views human being within the context of the relationships which forms his or her own environment like family and the community. The association of Bronfenbrenner’s ecological environment with von Bertalanffy’s systems theory leads to the ecological systems perspective, which examines transactional relationships between the social systems. The ecological system theory used in this research as a framework to understand perceptions of children in residential care based on the care and protection of children. As such, Brofenbrenner recognised systems theory as
influence the psyche of a person as micro system, meso system, macro system, exosystem and chronosystem. The micro systems involve the family as the agency of primary socialisation of the child and the development of child’s cognitive (Brofenbrenner, 1986). Therefore, the theory is of great importance in the study since institutionalised children’s families have been destroyed and the disruption of the family system denies them parental care, support and guidance. They face emotional experiences in the residential care arrangements including the feeling of abandonment and segregation. This therefore makes children more vulnerable to emotional stress. The negative effects of institutionalisation show themselves especially in the adolescent stage as antisocial behaviour, indiscipline, pessimism and lack of self-worth.

To add on, Brofenbrenner identified the meso system. Meso system regarded as secondary education which involves the education system, extended family and media (Bronfenbrenner, 1986). The mesosystem is influenced by the micro system so that a child from a broken family is less likely to perform well in school. The macro system involves the attitude and ideologies of a culture. In a way, since the children who are placed in residential care their macro system has been disrupted. As a result of that, Jensen (2014) supports this view arguing that the institutionalised children are many fails to adapt to new cultural patterns in the residential care and suffer acculturative stress. The disturbance in the exosystem is likely to cause psychological disturbances. Thus, the theory enabled the researcher to observe psychosocial issues and copying mechanisms of institutionalised children living in residential care.

2.2 Defining Residential Care

Residential care is an indistinct concept that is open to a range of disciplinary and personal meanings. Mallett (2008), residential care may be understood as a physical location, or
locations rooted to a particular environment and more associated with feelings and practices. Davies (2014) regards it as an organised, routine and impersonal structure to the living arrangements for children and a professional relationship, rather than parental relationship, between the adults and children. It aimed at taking care of vulnerable children with particular concern of the institutionalised children. As such, the World Bank (2013) recommended interventions to assist vulnerable children to adapt to the outside world as they suffer lack of community support. Therefore, based on community level, members of the community have better knowledge of children whose families have been affected; facilitating assistance required especially when a child discharged from the institution.

2.3 Reasons for institutional care in Zimbabwe.

Children are separated from their parents for a wide range of reasons many of which are linked to extreme poverty, insecurity, loss of parental care and abandonment. According to the Save the Children (2013), up to 8 million children worldwide live in institutions, even though most of them have one or both parents alive. Save the Children (2013) believe that children are generally best cared for by their families or in family-based settings in their own communities. However, due to these social circumstances the number of institutionalised children increased especially in developing countries particularly Zimbabwe.

2.3.1 Loss of parental care

Family destitution; the death or chronic illness of a parent; family breakdown because of divorce or domestic violence; and children being separated from their families during natural disasters or conflict may necessitate institutionalisation of children (Save the Children 2014). For many parents lacking other forms of support, putting their children into institutions may seem the best way to help them access basic services such as education and health care.
2.3.2 The lack of support for alternative family-based care

In Zimbabwe, a large number of orphans are cared by their relatives (UNICEF, 2015). This mode of care was deeply rooted from the extended family. As such, increased limited support for care by relatives in the extended family or the absence of fostering or adoption services may mean institutional care is the only option. In other words, institutions are often the alternative to street children, who have been abandoned, orphaned, separated from their families or abused (Save the Children, 2014). In case where the extended family and other forms of care failed to protect and support of vulnerable children, the institutional care regarded as the last resort provides the place of safety for vulnerable children.

2.3.3 Poverty

It has been observed that institutional care is increasing in countries where there is economic transition, because for many families and communities the changes have increased unemployment, migration for work, family breakdown and single parenthood (Carter, 2015; Tinova, 2017). In Zimbabwe, poverty seems to be the main underlying factor for placing a child in institutional care, with single parents and parents with large unplanned families equally challenged by poverty and unable to cope (Sigal, 2013). For instance, many parents lacking other forms of support, putting their children into institutions may seem to be the best way to help their children to access basic services such as education and health care services. As such, inadequate health and social services for parents reinforce children to remain in institutional care for longer periods of time. However, Browne (2015; 2016) noted the relationship between child poverty and institutional care is not straightforward because there are also significant numbers of children who live in residential care facilities in economically stable families but have been abandoned by their families though to a limited extent.
2.4 The impacts of residential care on children

2.4.1 Separation anxiety

Residential care seemed to have a damaging psychological consequence. The lack of emotional attachment to a mother figure during early childhood attributed to emotional problems as children develop psychopathic behaviour. The Bowlby (2013) highlighted a number of emotional, behavioural and intellectual impairments that characterised by institutionalised children such as low self-esteem, poor performance and maladaptive behaviours. Save the Children (2015) supports this argument pointing out that institutionalised children perform poorly on intelligence tests and to be slow learners with specific difficulties in language and social development due to stigmatisation and labelling they face on residential care. Therefore the study used systems theory to observe children’s perceptions in order to influence policy formulations aimed at addressing unmet needs of the institutionalised children for their cognitive development.

2.4.2 Inadequate standards of care

Compared to traditional care, residential care of children has few professional careers and unqualified carers that jeopardise children’s affection, attention, personal identity and social connections than their families and communities can offer. Buckmire (2013) noted that unqualified personnel have a greater impact on child care issues as they lack skills required for the special needs of children. The challenge of understaffing trickle down from the gatekeeper and complicates monitoring and evaluation of service delivery. Mushongera (2013) argues that, in Zimbabwe the problem of skilled workforce is mainly due to the mass exodus of qualified personnel to other countries. This therefore increases delinquency behaviour among the institutionalised children owing to minimum and poor supervision of children. Therefore the minimum supervision has negatively effects on children as it lacks the
consistency, transparency, sustainability and quality of institutional care of OVC in Zimbabwe.

### 2.4.3 Institutional syndrome

Due to the fact that residential care regarded as unAfrican, the environment undermines the traditional modes of care and alienates children from their families, communities and culture (UNICEF, 2014). As a result, children experience multiple emotional problems and have inadequate resources to effectively deal with these problems which result institutionalised children develop antisocial behaviours. As a result, Padmaja, Sushma and Agarwal (2014) argued that institutionalised children tend to be emotionally withdrawn and experience emotional loneliness. For instance, in Zimbabwean culture families are deemed important in align with the ancestral spirits regarded as protecting those who live within their family and performing rituals of appeasing the spirits. Mararike (2013) children begin to think of their ancestors against the idea of living with strangers as a result of mental instability of psychosocial challenges. By observing children’s perceptions, the researcher will therefore recommend psychosocial needs and copying strategies for the institutionalised children.

In addition to that, Padmaja etal, (2014) suggested that institutionalised children perform poorly on intelligence tests and regarded as slow learners with specific difficulties in language and social development. Children are therefore developing challenges in concentration and forming emotional relationships since they lack the primary socialisation. This is in line with Johnson (2013) who reported that poor cognitive performance and lower IQ scores associated with institutionalised children due to negative effects of the environment in comparison to family care. Hence, it is importance to enhance the emotional attachment between the staff and children in order to help children to develop their cognitive development.
2.4.4 Abuse

It is a common belief that children’s homes care and protect children from abuse and neglect. Research however found out that institutionalised children are experience high risk of violence and abuse. Care givers end up being less passionate to children as a result of neglect on duties and responsibilities which improve the conditions of institutionalised children. It is therefore worthwhile to explore children’s perception on residential care in order for care givers to maximise the capacity of caring of children to meet their social and psychological needs within the care.

2.4.5 Economic Challenges

Residential care is considered expensive. This makes residential care unsustainable especially in the economic downturn particularly Zimbabwe since most of the institutions depends on funding from individual, organisations and the government. Due to its expensiveness, residential care therefore unable to sustain children’s wellbeing and makes their operation ineffective. Scholar

2.5 Care and Protection of Children in Zimbabwe

UNICEF (2013) estimated that, at least 2.2 million children in the world reside in residential care due to one or more circumstances such as being orphan, street children, disabled, and family abandonment. Recent studies on residential care in sub-Saharan Africa have shown substantial increases in the number of orphanages and children in care. In a way, the Government of Zimbabwe administers 8 children’s institutions, 3 Rehabilitation Centres for persons living with disabilities and 1 Repatriation Centre for the destitute (Gandure, 2017). In 2004, there were 56 residential care facilities for OVC in Zimbabwe (Powell, 2016). The government through the Department of Social Services provides financial support granted to
children in institutions that are registered by the Department of Social Services in terms of Part V of the Children’s Act.

2.5.1 Children’s Rights

Zimbabwe is among the countries that are highly esteemed about the children’s rights. Law and policies govern the treatment of children in Zimbabwe include the UN convention on the rights of children (CRC), African Charter on the Rights and welfare of the Child (AC), Zimbabwe National Care Policy, Children’s Act, and the National Action Plan for Orphans and Vulnerable Children (NAP for OVC). These laws and policies are applicable in the context of the study as they have a bearing on residential care.

2.5.2 The UN Convention on the Rights of the Child (UNCRC)

The UNCRC is of great importance in regards to children globally. The main aim of the UNCRC is to safeguard children’s rights this therefore shows that children have to be recognised as part of the society and an obligation of everyone to keep them safe. Moreover, the convention involves the creation of safe environment for children through seven key principles of child rights approach.

i. Universality where everyone has an equal rights in whatever circumstances. For instance, articles 28 and 29 of UNCRC state that every child has a right to education, so the State Parties to the CRC are encouraged to make primary education free and higher education accessible to all.

ii. Rights to Family Life (Article 4 of UNCRC): The CRC recognises that for full and harmonious development, a child needs to grow up in a family environment where there is happiness, love and understanding. The family is regarded as the fundamental group of society and the natural environment for the growth and well-being of children. The CRC
therefore provides protection and assistance to the family so as to enable it to fully assume responsibilities for children.

iii. Accountability- recommends states and civil societies to have duties that relate to children’s rights

iv. Non-discrimination-The principle provides that all rights in the CRC apply to all children without exception and the state parties are responsible for protecting children from all forms of discrimination

v. The best interest: The principle also means that the best interests of the child should be a primary consideration in all measures directed at the child.

vi. Participation: Children have the right to independently form and express their views. Those views have to be taken seriously in considering all matters or decisions affecting them, according to their age and the level of maturity.

vii. Survival and development which also entails the right to life

2.5.3 African Charter (AC)

The Organization of African Unity (OAU) adopted the African Charter on the Rights and Welfare of the Child on November 29th 1999. The provisions within the AC are similar to those in the CRC, with a few important differences. One important addition specific to African children is the provision on the responsibilities of the child. The responsibilities include work towards family cohesion, respect of parents and elderly, assisting them when they are in need; serving their community through their physical and intellectual abilities and the protection of children against harmful social and cultural practices.
2.5.4 Children’s Act

In placing children in specific institutions there is a legal framework that determines the conditions of their stay in care. They are commonly placed in institutions as places of safety, on court orders or committal orders in terms of the Children’s Act.

2.5.4.1 Place of safety

Section 14 of the Children's Act allows probation officers, police officers, health officers and education officers to remove children or young people from places where their living conditions are undesirable to places of safety, which can be a child reception centre, hospital, residential care or any suitable place where they can be well received and cared for. Thus, places of safety must be designed for the purpose of caring for children.

2.5.4.2 Court order

A court order is normally used to authorize the continued stay of children in places of safety after probation officers identify such need and when they need to enquire further about what will happen to the children in question.

2.5.4.3 Placement or Committal order

This follows the probation officers' enquiry that establishes whether the child should continue receiving care at a specific institution or should be referred back to the Children's Court. Placement orders are normally valid for three years and until children are released on license. On expiry, placement orders are suspended and renewed if there is need for another placement order to be processed.
2.5.5 Zimbabwe National Orphan Care Policy

The policy was adopted in 1999 aimed at protecting the orphans in the country to fulfil the UNCRC and the African Charter on the Rights and Welfare of the Child. The National Orphan Care Policy observed the importance of the immediate family and the community to the care and protection of the child. It also safeguards and reinforces the role of traditional leaders in protecting vulnerable children of the society.

The policy has a number of aims which include mobilization of resources to vulnerable children, motivate and educate community members to support vulnerable children in accessing social services such education and other social amenities. Due to the increase of institutionalisation, the National Policy engage researches on issues affecting children and ensure that care givers are qualified to assist vulnerable children. This has therefore the government’s effort through the policy to implement the six tier safety net system where the extended family, community, foster parents and adoption have obligation to take care and protection of vulnerable children before institutionalisation as the last resort.

2.6 The six tier safety net system

This six tier safety net system is in accordance with the provisions of the UNCRC and the African Charter, as well as with Zimbabwean traditions where the importance of the extended family members and community members are recognised.

2.6.1 Biological nuclear family

Biological nuclear family refers to the family in which the child is born, involved immediate parents and siblings. As such, the children have the right to remain with their biological family for care and protection. According to Parson (2013), family provide primary socialisation that is of great importance since without socialisation there would be no human
being. In a way, biological family is seen as the best model of parental care which equips children into adulthood. However, due to social circumstances such as poverty, chronic illness and death of parent, children therefore obtain their care and protection from the extended family.

2.6.2 Extended family

The extended family regarded as the second resort where children seek protection and care during the absent of their biological nuclear family. In Zimbabwe, the majority of children are cared for by the extended family, the care derived from the extended family system. The extended family operate informally where family elders provide decision concerning the child’s care and protection. In some cases the extended family may failed to take care and protect the child due to issues of abuse, mistreatment or exploitation of fostered children. Child Protection Society (2014), cases of abuse of orphans appear to increasing while prejudice and favouritism have caused modern family structure failed to incorporate foster children into system. Thus, as the extended family in some cases failed to take care and protect the children, they are therefore secured places of safety within the community care.

2.6.3 Community care

The community care is a third tier of safety which entails informal fostering by non-relatives within the community where the child belonging. This model of care has been successfully in rural villages where traditional leaders have instrumental in the initiation and overseeing the arrangements. Voluntary care givers are being recruited and trained to support and assist care-giving families. In Zimbabwe, child headed households are being assisted by the community through monitoring, guidance and material support to keep these families together so as to avoid residential care.
The systems theory shows that a person is not an isolated subject rather the community influence one’s behaviour, character and personality. In a way, due to the fact that culture vary from one society to the other it is important to note also that the community might have certain views towards fostering. For instance, Every Child Document (2013), in Zimbabwe one NGO reports that communities were very hesitant to accept children who have stayed in street citing bad behaviour associated with street children. Thus, community influence has impact that is why Zimbabwe has low fostering owing to institutional care.

2.6.4 Foster care

The Family for Every Child’s Conceptual Framework (2014) and Family for Every Child (2013), foster care is a situation where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children’s own biological family that has been selected, qualified, approved and supervised for providing the care. It has two categories which include the formal and informal care. The formal foster care initiated and monitored by the state. It has a legal procedure in which a child through a court order placed temporarily to a couple or an individual who applied to the Department of Social Services to become a foster parent. However, the informal foster care has a traditional care arrangements which involve the parents deliberately place into another family regardless of kinship ties. The family elders and traditional leaders played a role in the placement of the child without the involvement outside agencies and the process is not officially registered. As such, in Africa kinship care regarded the most prevalent care for children. The majority of orphans are being cared for by relatives, but with insufficient support (Save the Children, 2013). Thus Yeaman and Grant (2015) fostering is deeply rooted in Africa in the form of kinship system and other family networks that provide care and protection of vulnerable children.
2.6.5 Adoption

This involves the transfer of children's identity to adults who may be willing to take full responsibility for them.

2.6.6 Institutional care

Institutional care implies an organised, routine and impersonal structure to the living arrangements for children and a professional relationship, rather than parental relationship, between the adults and children (Save the Children UK, 2013). In other words, this is an optional regarded as the last resort and temporary when all other care failed to assist the children. Historically, the care was associated with dormitory like environment in which children have limited or no opportunity to family life (Powell, 2016). As a result of that, children found it difficult to acquire basic skills and independent thought and motivation that seem to affect their intellectual capacity. The children develop separation anxiety which cause the institutional syndrome (Child Protection Society, 2013). The syndrome thus made it difficult for institutionalised children to survive outside the institution.

The idea of institutionalisation has a psychological and social damage. Children experience multiple emotional problems and have inadequate resources to deal with them effectively, quite often resulting in antisocial behaviours. Padmajat etal (2014) argued that institutionalised children tend to be emotionally withdrawn and experience emotional loneliness. However, the traditional family and community mechanisms to support orphans have been under considerable financial strain resulting in more children facing difficulties in accessing health care services, education and other basic amenities (National AIDS Council (NAC) 2013). Thus, the State has therefore taken a centre stage in the issues of child protection replacing the traditional child protection with residential care.
2.7 Chapter Summary

The Chapter has addressed the theoretical framework which helps to explore perceptions of children in residential care. The Chapter moreover review existence literature related to perceptions of children in residential care in relation with the objectives of the study.
CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter addresses the methodology used to explore perceptions of institutionalised children. As such, the section discusses the research design, data collection methods and tools, target population, sample and sampling techniques, data analysis, feasibility and ethical considerations.

3.1 Research design

Lewis (2015) defines research design as the master plan which specifies methods and procedure for data gathering and analysing data. In general, research design can be regarded as a blue print which guides the researcher to realise the research objectives. The study employed a case study design which enabled the researcher to explore the characteristics of an individual unit or a small number of individuals within an organisation in this case children in residential care.

3.2 Target population

Engel and Schutts, (2013) expresses target population as a set of elements from which a researcher picks respondents and generalises the research results. The target population consisted of 100 institutionalised children living at Bindura SOS Children’s home.

3.3 Sample

Button (2015) defines sample as a smaller collection of units that are representative to the population. For this research, a sample of thirty children and ten key informants was drawn
from the institutionalised children and care facilitators respectively. Due to time and resources constrains, researchers selected a representative sample from the population of concern in order to explore children’s perceptions on residential care.

3.4 Sampling technique

Anderson (2014) define sampling technique as a systematic procedure of selecting sampling units which offer the required approximations with associated margins of uncertainty, arising from observing a part and not the whole. The sample was drawn from the target population using simple random probability sampling technique in which every sampling unit in the population has a chance of being selected. The sampling technique is also called the lottery or raffle type of sampling. This sampling technique was easy, save time and less expensive therefore data collection was feasible. However, the technique is hard to use with too large population because of the difficulty encountered in writing the names of the persons involved.

Key informants for this research were draw using purposive sampling technique. Pilinkas and Horwits (2015) define purposive sampling as qualitative research used to identify and select care individuals who have the relevant knowledge of the phenomenon under study. These key informants were representatives from the care facilitators and social workers within Bindura SOS Children’s Home.

3.5 Data collection methods and tools

3.5.1 Data collection methods

Data was collected using focus group discussions and semi-structured interviews to children and key informants respectively. Neuman (2013) outline data collection methods as a
procedure through which the researcher would gather data and response to the research questions.

3.5.1.1 Focus Group Discussion

Focus group discussions were used to gather primary data from the institutionalised children. Taylor and Mckenna (2017) define focus group by as small groups of participants brought to one place to discuss a social problem under investigation. Focus group enabled the researcher to easily and conveniently collect information from a large number people in a short period of time. The method permitted the researcher to understand the children’s perceptions on residential care from the group interaction. This kind of discussion ensures attention of the institutionalised children for the moderator to notes the input of the group members through their views. The major benefit of focus group discussions was that children can clarify on points raised by other group members in the discussion. Children were segmented into smaller subgroups of eight depending on parental status of children. The Office for Coastal Management (2015) noted that segmentation builds an element of comparison between the subgroups.

3.5.1.2 Semi-structured interviews

According to Galletta (2013) semi-structured interview considered the best method to gather valid and reliable information from the key informants. The research therefore employed semi-structured interviews with ten key informants. The technique yielded highly personal and very rich information about the children’s perceptions on residential care. For this research, the researcher was guided by the list of questions to be covered which may vary from one interview to the other. The interviewer usually has room to ask further questions in response to what is seen as significant replies.
3.6 Data analysis and presentation

According to Chamber and Cleveland (2018), define data analysis as a procedure of putting collected information in order, structure and meaning. Thus data analysis has a great importance since it permitted data gathered to be communicable in order to determine recommendations. Data was collected and evaluated in line with the objectives of the study using the narrative and thematic approaches. Sarantakos (2013) perceived that thematic analysis is a procedure of evaluating data focusing on the themes which demonstrates the essence of textual data and to determine recurrent patterns. As such, the thematic analysis permitted the researcher to explore perceptions of institutionalised children and detecting their copying strategies.

3.7 Feasibility of the study

The study was viable since the targeted population were accommodated at the same place, thus it took affluence to gather data. This therefore allowed the researcher to perceive children’s perceptions on institutionalisation and determining copying strategies. Though resources were scarce to support the research, the student used case studies to observe perceptions of children within the residential care.

3.8 Ethical issues

According to Harriss and Atkinson (2016) research ethics refers to standards expected when carrying out a research study. General ethical issues comprise confidentiality, informed consent, voluntary participation and the right to withdraw as stressed by the American
Psychological Association. Thus, the study heightened confidentiality, informed consent and voluntary participation.

3.8.1 Confidentiality

According Harriss and Atkinson (2015), confidentiality is of great importance in research to sustain the privacy of data attained from the participants. Privacy maintained to protect the identity of study participants through the use of pseudo names. Thus, probable measures have been taken to protect subjects from possible physical, psychological or social harm during or after the flow of the research results.

3.8.2 Informed Consent

Informed consent is a key ethical concern in research especially when working with exposed groups such as children. Armiger (2013) informed consent entails that a person expressively, willingly and intelligently, gives his or her own settlement. In other words, it is one of the means by which the participants’ rights to self-rule are protected. Beauchamp and Childress (2014) informed consent integrate the rights of autonomous individuals through self-determination and prevent stabbings on the integrity of the patient and guard personal liberty and authenticity. Thus the informed consent allowed subjects’ to participate voluntarily or to withdraw at any time.

3.8.3 Voluntary participation

Interviewees were acknowledged that their participation is voluntary, and could withdraw any time, and choose not to answer certain questions will not bears consequences. Harriss and Atkinson (2015) argue that voluntary participation demands unforced partaking in the
research. As such, the student communicated with the research subjects about the approval upon the terms and circumstances of the study. To prove the consent, partakers should sign consent forms (See Appendix I). Thus, the study participants may have the right to contribute or withdraw depending on the nature of data gathered to safeguard the well-being of the research applicants.

3.9 Limitations

According to Velt and Stawing (2016) the study limitations refers to the constraints that hamper the researcher from realizing expected research results. These limits are beyond researcher’s control. For instance, the target population involved children who are recipients of various NGO social welfare assistance programs. In a way, this may encounters other respondents who tempted to overemphasize their perceptions in anticipating the aid, defending or protecting their current place as beneficiaries of several social transfer programs. Thus, the researcher clearly observed that data collected serves academic purposes and would not produce or disqualify children’s existing enrolment in various NGO interferences.

3.10 Chapter summary

The chapter presented the specific methodological principles of the study which include research design, data collection methods and tools, target population, sample and sampling techniques, data analysis feasibility and ethical considerations.
CHAPTER FOUR

DATA PRESENTATION ANALYSIS AND DISCUSSION

4.0 INTRODUCTION

This chapter presents, analyses and discusses the finding on the study on children’s perception on residential care. The objectives of the study were to determine children’s perceptions on residential care; to establish the impact of residential care and determine social work related services provided to address the needs of institutionalised children based on their experiences. Data was collected from thirty institutionalised children through the focus group discussions and ten key informants through semi-structured interviews were. The data is presented in the form of tables, narratives and thematic content analysis. The sections within the chapter include demographic characteristics of the study participants, findings based on the objectives and chapter summary.

4.1 Demographic Profile of study participant

The demographic profile of the participants was explored and is summarised. Eighteen children at Bindura SOS Children’s Village were male while twelve were female. The number shows that male were many in residential care as compared to female children who are institutionalised. This is in line with (2014) who argued that other care systems such as foster care parenting mainly prefer female than male that enabled the number of male to increase in residential care. Of the thirty institutionalised children participated at Bindura SOS Children’s Village were fifteen of them were double orphans, ten were single orphans and six of they were non-orphans. This shows that most of the institutionalised children were double orphans mainly due to the fact that their extended families failed to provide them with care and support.
4.2 Demographic profile of the key informants

Of ten key informants participated, they were seven female and three male. Among these key informants, eight were care facilitators, one social worker and one SOS coordinator. Female care givers were more than male. The key informants Z (30 years Female) highlighted that:

“macare givers echidzimai vakakosha mukuchengetwa kwevana nekuda kwokuti vana vanovafananidza navanaamai vavo uye zvinoita nyore kuvana mukuvandudza mafungiro avo” (Female care givers are best care facilitators who may resemble motherly figure for institutionalised children and children may easily attach to them for their cognitive development).

As such, the researcher observed the importance of female care givers to institutionalised children as they enable a conducive environment for children as motherly figures. This is in line with Bowley (2013) who argues that female care givers enabled children to resemble motherly figure since females are regarded as agents of primary socialisation without motherly care children develop maladaptive personality.

4.3 Reasons for entry to the care.

This section seeks to highlight some of the reasons behind institutionalisation of children.

4.3.1 Loss of parental care

The research findings reflected that family destitution; the death or chronic illness of a parent; family breakdown because of divorce or domestic violence; and children being separated from their families during natural disasters or conflict may necessitate institutionalisation of children. For many parents lacking other forms of support, putting their children into institutions may seem the best way to help them access basic services such as education and health care. On the other note, the research highlighted that orphan hood, abandoned children,
and poverty are among the reasons behind children’s institutional care. However, orphanhood seemed to be the major cause as most of the institutionalised highlighted family destitution. For instance, Child P (16 years Male) indicated that:

“Mushure mokushaikirwa nevabereki vangu, ndakashaya kuti ndiyani aizokwanisa kundichengeta. Naizyozvo nzira imwe chete yaivapo yang yatova yekunogara kunzvimbo inochengetwa vana vasina vachengeti uko kwandaka bvuma nokuda kwekuti ndaizoenderera mberi nefundo vangu uye nzimbo yaiva nevamwe vana” (After my parents died I had no option on who was going to take care and support me. As such, the only option I had was to be placed within the institution where I accept as a place to advance with education and environment to interact with other children).

This shows the importance of residential care especially for vulnerable children whose parental care has been jeopardised by the death of their parents. This is line with the Save the Children (2014) which purports that residential care offered shelter for children who experienced family destitution; the death or chronic illness of a parent; family breakdown, divorce or domestic violence; and children being separated from their families during natural disasters or conflict.

4.3.2 Poverty

The research findings observed that institutional care is increasing in countries where there is economic transition, because for many families and communities the changes have increased unemployment, migration for work, family breakdown and single parenthood. This has been highlighted by the key informant Q, (Female, 25 years) arguing that:
“Most of our children, poverty seems to be the main underlying factor for placing a child in institutional care, with single parents and parents with large unplanned families equally challenged by poverty and unable to cope”.

As such the researcher observed Sigal’s (2013) point of view arguing that many parents lacking other forms of support, putting their children into institutions may seem to be the best way to help their children to access basic services such as education and health care services. Though to a limited extent, Browne (2015; 2016) noted the relationship between child poverty and institutional care is not straightforward because there are also significant numbers of children who live in residential care facilities in economically stable families but have been abandoned by their families though to a limited extent.

4.3.3 The lack of support for alternative family-based care

The research findings also presents that a large number of vulnerable children are no longer able to reenter their care and support from their extended families. The key informant X, (Male, 25 years) highlighted that:

“Increased limited support for care by relatives in the extended family or the absence of fostering or adoption services may mean institutional care is the only option”.

This shows that institutions are often the alternative to vulnerable children, who have been abandoned, orphaned, separated from their families or abused. This in consensus with the Save the Children, (2014) on the view that the extended family and other forms of care failed to protect and support of vulnerable children, the institutional care regarded as the last resort provides the place of safety for vulnerable children.
4.4 Perceptions of children on residential care

4.4.1 The perceptions of children on identity and care

Due to the label given to residential care, children tend to develop negative perceptions. This therefore affects their cognitive development as the self-esteem and confidence jeopardised by the place. In a way, the researcher observed some of the explored children’s perception on residential care of children.

It came to light during the focus group discussions with participants that stigmatisation and labelling affect institutionalised children. Child C (15 years, female) assaulted that:

“Hmm imi ndimi madii handiti munogara kuchildren’s home here?” (Hmm what can you do, don’t you know that you reside in Children’s Home).

In a way the research findings enabled the researcher to observe that due to stigma and labelling institutionalised children develop low self-esteem and confidence due to the fact that they are institutionalised, they are incapable of doing anything compare to children living with their parents.

Despite these challenges, some children reflected that they were resilient. Child E (16 years Male) highlighted that:

“Residential care yakachinja upenyu hwangu nekuda kwekuti ndakawana mukana wekuenderera mberi nechikoro” (Residential care changes my life since because it provides me the opportunity to progress with my education)

As a result, the research findings observed that resiliency improved cognitive development of institutionalised children through therapeutic support offered within the care system. This is
in harmony with Fulcher (2013) who argued that residential care is a setting in which children are provided with care to encourage them to develop physically, socially and emotionally, and to promote their health and well-being.

4.4.2 Perceptions of children on care and personal freedom

It appeared in focus group discussions with institutionalised children that they lack personal freedom. When asked about their opinions of being in residential care, Child K, (13 years) burst out in applause noting that: they were happy to be asked:

“Aaah tinofara chose nekuti tirikubvunzwawo maonero edu maererano nekuva muchildren’s home, hatina musi watakambobvunzwawo kuti munodei kubva zvatakauya munzvimbo ino. Nguva dzose tinongoudzwa zvekuita zvinenge zvarongwa nanamother” (Oh we are happy because we asked about our perceptions on residential care. All the time we observed what have been organised by our care facilitators)

As a result of that, the researcher observed that institutionalised children are not encouraged to express themselves or given chance to give their views. In a way, residential care employs a top-down approach in communicating with children which denies children to air out their views in order for them to be addressed This is in line with Gourley (2014) who argues that institutionalised children are at the lower end of the institutional structure restricted to speak for themselves.

4.4.3 Perceptions of children on institutional care

Respondents connected their perceptions on child-staff relationships as an important aspect of their cognitive development. Child A (2 years), highlighted that:
“Nzvimbo ino inotipa mufaro sewevabereki vekutibereka nokuda kwekurudziro uye mazano ohupenyu hweramangwana redu” (This place care provides us with a family like environment since the care through support and guidance for our future).

The researcher observed that residential care is of great importance since the care facilities offered are specially set up to suit special needs to deal with traumatic experiences of children. This is in harmony with Berridge (2015) who notes that residential care offers therapeutic treatments such as Cognitive Behavioural Therapy (CBT) and Therapeutic Crisis Intervention (TCI) are difficult to provide in other types of placements.

Despite the fact that residential care provide children with conducive environment, some of the respondents reflected that the institution has a discriminatory impact on children. According to Child B, children are labelled as

“Nherera dzepaSOS, izvi zvinoita kuti tisasunungukawo munzvimbo dzatinosangana nevamwe kuchikoro” (SOS orphans, this makes us uncomfortable with colleagues at school)

In addition to that the Child V, (9years) also highlighted that:

“Ini ndakaudzwa kuti baba namai vako vakafa unotopona nerubatsiro dai pasinaSOS ungadai usingauye kuchikoro” (I was told that your mother and father were died and I relied on well-wishers, if it was not SOS I was not even going to school).

As a result, the researcher observed that though residential care offers placements for children, children are discriminated within their social environment begin to compare themselves with other who live with their parents. As a result, children experience low self-
esteem as they feel like they do not deserve to be loved and not important. This is line with Carter’s (2013) who noted that institutionalised children are more likely to suffer from emotional attachment disorders. Therefore increases delinquency behaviour among the institutionalised children owing to Persons’ self-fulfilling prophecy.

4.4.4 Perceptions of children on residential care as a last resort

Perceptions of children on residential care as the last resort were explored and reflected that the care system improved children’s standards of living. Child A, (12 years Female) reflected that:

“dai ndisina kuwana mukana wekupinda muresidential care ndingadai ndisina kuwana mukana wandinawo nhasi uno nekuti kurarama semwana unorasa tariro yechikoro asi nekuda kwekurdziro iri muresidential care ndavakutofarirawo kuenda kuchikoro uye shuviro yekezagawo muzvinafundo” (If I had not institutionalised, I would not have had the opportunity I have had today. Growing up as a juvenile I would perhaps lost hope in school but because of residential care I am now interested with schooling and wish to be a professor).

To add on that, Child M (13 years Male) aptly highlighted that:

“Residential care inzvimbo yakatinakira chose kwatikuvamo nekuti inotisanganisa takawanda uye takasangana nematambuziko mamwechete tisati tapinda muinstitution” (Residential care is a good place for to be because there we meet other children who have been experience the similar challenges before institutionalisation).
As a result, the researcher observed that residential care of children enabled transitional care for children from their previous harmful situations. This is in line with Unicef, CASS and GoZ, (2013) state that despite the wide recognition that institutional care has associated with negative consequences for children’s, the care permitted children’s cognitive development, develop their self-esteem and confidence.

4.5 The impacts of residential care on children

4.5.1 Impacts on caregiver-child interactions for development and health of children

The key informants reflected that residential care plays a profound role in the development of children’s self-regulation, cognitive development, language acquisition, and socio-emotional adjustment. The key informants J (30years Female) highlighted that:

“Utano pakati pemwana nemacare givers hunobatsira vana mukuvandudza ushamwari nevamwewo vanhu vemunharaunda. Mukana wemwana wekugadzira ushamwari nemacare givers wakakosha mukuvandudza hunhu uye kushingirira mukuvandudza utano uye ramangwana ravo” (Healthy child-care relationship helps children develop social competencies that can be applied to other relationships. A child’s ability to form relationships and positive attachments is an essential personal strength and a manifestation of resiliency associated with healthy development and life success).

The research finding observed that the quality of psychosocial care provided the young child is reflected in the caregiver’s responsiveness, warmth and affection, involvement with the child, and encouragement of autonomy. This is in harmony with Holden (2016) who argued that residential care enabled children to learn problem-solving capacity, critical thinking
skills, emotional regulation skills, and developing flexibility and insight that are all essential competencies that allow children to achieve personal goals and increase their motivation for new learning.

In addition, some key informants highlighted residential care provides children with complex needs such as education, health and emotional needs. This has been reflected by the key informants JJ (25 years Female) who said that:

“Vana vadiki vanorarama kubva mukuchengetwa nemacare givers. Naizvozvo mwana mwana kuburikidza nekuchengetwa. Zvese zvinowomera mwana zvinosanganisira kumbunyikidzwa uye mufungo yakaipa inofanira kugadziriswa nemunhu mumwe kana vazhinji vanonzwisisa zvinoda vana”

(Young children are dependent on the care they receive from others. In this sense, there is no such thing as a baby on its own. All the child’s physical and psychological needs must be met by one or more people who understand what infants, in general need and what this baby, in particular, wants).

As such, the findings enabled the researcher to observe that sensitive and responsive caregiving is a necessity for the healthy neurophysiological, physical and mental development of a child. This is line with Harriss (2016) and McLean (2013) who states that sensitivity and responsiveness have been identified as key features of caregiving behaviour related to later positive health and development outcomes in young children.

Despite the therapeutic sessions provided within the care, the respondents reflected low self-esteem and lack of confidence. In a way, Child N (9 years Female) highlighted that:
“macare givers havana rudo nesu rwakafanana uye vanerusarura ganda. Nokudaro vamwe vana vanoonekwa semuenzaniso yevamwe vana ndivo voga vanopuwa rudo nevachengeti”. (The care facilitators did not love us equally and they are unfair and would take sides in disputes. In a way, children who regarded as role models are only those who feel affection with care provided by the care givers)

As a result the researcher found out that residential care shared a corresponding impact on children. Although, residential care provides children with complex needs as reflected by WHO (2014) which argues that the formation of an on-going, warm relationship is central to the child’s survival and healthy development as the provision of food, child care, stimulation and discipline.

4.5.2 The impacts on behavioural development of children

Key informants interviewed highlighted that residential care have caused uncertainty, unpredictability and inconsistency of children’s behaviour. Interviewed key informants reflected that,

“Residential care inzvimbo inochengetwa vana inopa rubatsiro kuvana vashoma nekuda kwenzira yavanobatsira nayo. Nizvozvo zvakaomera vachengeti kwuana nzira dzakananga nekubatsira vana” (Residential care arranging the needs of an individual child; instead prioritise the needs of the majority of the children, which subsequently reduced the chance of individual care. Hence, makes it difficult for the care givers to find behaviour management strategies that are child cantered.)
As a result of that, the researcher observed that care facilitators should engage on child centred care which enabled behaviour change of institutionalised children though resources are scarce. This is in harmony with McLean (2013) and Crettenden (2014) argues strong attachment relationship between the care giver and children could enable them to respond in an appropriate manner through the implementation of rules and boundaries which enabled the development of trust and reduction of maladaptive behaviours.

4.5.3 The impact of residential care and the ecological orientation

In exploring children’s perceptions on residential care, the researcher also highlighted the impact the care have on children. The impacts are ranged from positive and negative that offered within the institution.

The key informants highlighted that residential care enabled children to engage in dynamic transactions with their environment as they nurture and grow. To optimize growth and development, the Key informants X (25 years Male) reflected that:

“Vana vanosungirwa kugara munzvimbo yekuchengetwa nokudakwekuti inzvimbo inovandudza mararamiro avo. Vachengeti vanonzwisisa kuti ushamwari nevana yekuvandudza mararamiro avo; vanotaura nevana umwe nemumwe pamusoro pekuvandudza mararamiro avo” (Children should live within the care since it provides them with the environment that is supportive. Care facilitators understand that their relationships with the children are part of a larger social ecology; their face- to- face interactions with children, the activities they promote, and the physical environment in which they work all have an impact on the developmental trajectories of children).
The researcher therefore observed that in order positive emotional development care givers should permit face to face interactions with their environment for cognitive development. Holden (2016) seems to support this argument pointing that the competent care giving sets informed by the care principles may only be effective when care facilitators are working in ecology of care that allow the use of their acquired skills.

4.6 Social work related services being offered to institutionalised children.

The study findings also highlighted related social work services offered. This helped the researcher to observe services offered within the institution and recommend copying strategies aimed at enhancing their cognitive development.

4.6.1 Linking institutionalised children to health services

The key informants interviewed reflected that social workers provide children with access to health services. The health system in Bindura SOS village is well functional as one of the Key informants Y (30 years Female) highlighted that:

“Nzvimbo inochengetwa vanan inechipatara chinoongorora kufunganya kwevana nekvapa mukana wokurapwa varimo mudunhu rekuchengetedzwa” (The institutionalised children with clinically diagnosed emotional distress have access to medical care and psychosocial therapy offered within the institution).

The research findings observed Assistant Medical Treatment Orders are offered for children to have access on health facilities either at Bindura general hospital and Harare hospital. This is in consensus with Barret (2016) who argues that the health services offered with the residential care of children is the most reliable services which help to alleviate the psychological and physical conditions of children.
4.6.2 Social workers link children with education

The respondents highlighted that social workers assisted institutionalised children to have access on education. Children V (8 years Male) reflected that:

“Nzvimbo inochengetwa vana inopa mukana yekuenderera mberi nechikoro. Mabhuku okunyorera, unifomu uye mari yechikoro zvinoitwa munzvimbo iyi” (The residential care provides us opportunities to pursue with education. Books, uniforms and school fees are being provided within the institution).

As a result of that, the research findings enabled the researcher to observe the importance of social workers in assisting institutionalised children to pursue their educational carrier. This is in harmony with Hart (2015) who pointed that social workers enhance the interaction between children and education system to enhance children’s problem solving capacity.

4.6.3 Social workers provide counselling services

The respondents highlighted that social workers deliver counselling sessions to children who are emotional distressed. Most of the key informants participated in the study revealed that:

“Counselling yevana inowanikwa zvakare muresidential care. Mасаuѕе workers vanopa counselling kumwana umwe nemumwe kana kupa vana varimuuwandu, vachiterera nekuvandudza matambudziko anosangana nevana” (Counselling is a major service provided to institutionalised children. Social workers as counsellors work with individuals on a one-to-one basis or in a group, listening and supporting the children in dealing with challenging life circumstances).
As a result of that, research observed that social workers work with clients on a one-to-one basis and in groups to help institutionalised children to make informed decisions and to identify the path that is best for them. This is in line with Barret (2016) who argued that a range of counselling techniques is employed in residential care of children to facilitate them in examining the situation objectively; exploring the emotions and behaviours connected with it; and developing a plan for personal change and growth.

To add on, some of the key informants highlighted the work overload and lack of skills from other care facilitators. Some of the key informants reflected that:

“Nekuda kwekunetsa kwezviwanikwa, kubatsira mwana umwe nemumwe hakushande nemazo kuvana nokuda kwekuti vamiriri vevana vashoma. Naizvozvo vamiririri vanobatsira vana vari muuhwando kuti vakwanise kubatsira vana vakawanda” (Due to resource constrains, one-on one bases failed to provide adequate care for children since they are few social workers within the institution. In a way, the workers rather employ group interventions which enabled to cover a number of children).

As a result of that, the study revealed that though social workers address emotional distress of the institutionalised children, it is also important to indigenise the profession to suite the context. This is in harmony with Clark and Ehlers (2014) argue that educating and providing institutionalised children with access to information helps to correct the misconceptions associated with the residential care of children.
4.7 Chapter Summary

The chapter presented the data gathered from the study. It also analysed and discussed the findings in line with the objectives of the study. The next chapter will provide a summary, conclusion and recommendations on the study findings.
CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

The previous chapter outlines the children’s perceptions on residential care, the impacts and social work related services offered within the institution. This chapter provides the summary of major findings, conclusion and recommendations in relation to what needs to be done as identified by the study.

5.1 Summary of the study results.

This research sought to explore the children’s perceptions on residential care. The study was largely driven by the increased number of children enter the care due to family destitution; the death or chronic illness of a parent. The study was carried out at Bindura SOS Children’s Village with thirty institutionalised children and ten key informants from the SOS Children’s Village.

The study observed the primary reasons for institutionalisation of children is due to the fact that children have been abandoned, orphaned, separated from their families or abused. Their extended family and other forms of care are failed to protect and support of vulnerable children, the institutional care regarded as the last resort provides the place of safety for vulnerable children. Though the institutionalised children consulted alluded to the fact that the residential care provides opportunities to pursue with education, the care seemed to have also a damaging effect on children’s cognitive development. In a way, the findings indicated that institutionalised children expressed frustration with the lack of personal freedom; develop the feelings of rejection, distorts confidence and self-esteem of children. Though, the research findings highlighted that the care facilitates opportunities for children to improve
their education and other social amenities. For instance, the care provides therapeutic support to children with complex needs that require specialist care assists them to develop physical, social and emotional well-being through social work services offered within the institution. These services include offering of counselling sessions, linking children with resources such as health care facilities and education. Therefore, the research findings reflected that residential care shared both a negative and positive consequence on institutionalised children. The support and care attained within the care influence and permitted institutionalised children’s emotional, behavioural and social development though, the care has a damaging effect as children incapable of living with their parents placed as a last resort but to a limited extent.

5.2 Conclusion of the study

Basing on the results of the study, a number of inferences have been proposed that the children’s perceptions on residential care shared correspondence of both positive and negative perceptions on residential care of children. For the foreseeable future, residential care will continue to be appropriate to children who are experiencing orphan hood. Children participated revealed that their interaction with the care system enriched their life chances as transitional care from previous harmful situations. The care increased their capacity to attain education and supportive relationship though the care as the last resort revealed that institutionalised children perform poorly on intelligence tests and to be slow learners with specific difficulties in language and social development though to a limited extent. This is in line with the behaviourists Parsons who noted that the lack of primary socialisation and institutional syndrome attributed as the cause of antisocial behaviours. In a way, social workers link institutionalised children to social services such as health, education, food and
psychosocial therapy through the assistance of social workers, there is suitable health, education and psychosocial therapy at Bindura SOS Children’s Village.

5.4 Recommendations of the Study

After a critical analysis of the research findings, the researcher observed some implications inherent and provides the following recommendations to ensure copying strategies of institutionalised children:

i. Since institutionalised children expressed frustration with the lack of personal freedom, there is need for care facilitators to embrace bottom up approach in order to include children in issues concerning themselves. This therefore permitted institutionalised children share their opinions with staff members in order for them to observe unmet needs of the children.

ii. In order to reduce the negative impacts the residential care have on children, there is need for strong attachment relationship between the care giver and children. The attachment could permit children to respond appropriately in implementing rules and boundaries within the care, leading to the development of trust and reduction of maladaptive behaviours.

iii. Since residential care is known of being un-African and the care seems to supports and protects vulnerable children increased in developing countries particularly Zimbabwe. It is of great importance for scholars to embark on more researches in order to influence policy planning, formulation, and implementation to improve the conditions of institutionalised children.

iv. Social worker as a profession has a mandate social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being.
Therefore social workers in the Department of Social Welfare embarking on the accurate monitoring and evaluation of the care arrangements for the institutionalised children to minimise the disturbing experiences encountered by the children.

5.5 Chapter Summary

The section has summarised, concludes and recommends the study findings which add to the knowledge base on the perceptions of institutionalised children. Therefore, a number of professions shall benefit from the suggestions made to the findings. This chapter marks the end of the research study.
REFERENCE


Lewis, P (2015). *Qualitative and Research Design: Choosing among five researches.* SAGE Journals Publication.10(1) 473-475


Selwyn, J. (2015). *Children and Young People’s Views on Being in Care*. University of Bristol. UK.


APENDIX A

INFORMED CONSENT: Members of Support group (children)

My name is Vushe Gapare, a fourth year student at Bindura University of Science Education undertaking Bachelor’s degree in Social Work. As a part of the requirements of the degree programme the student required to conduct an independent academic study. Thus, this form is seeking your agreement to take part in the study. The study details are as follows:

1. **Title of the study**


2. **Aim of the study**

   To explore the perceptions of institutionalized children on residential care.

3. **Procedures and duration**

   I am inviting participants from purposive selected institutionalized children to participate in the study. Participants will ranges from the age group between eight and eighteen who are willing and able to write informed consent for participation.

   If you agreed to participate in this study, you take part in focus group discussion aimed at understanding children’s perceptions on residential care with other who volunteers to take part in this study. The researcher will record the focus group discussions (FGD) proceedings in order not to miss important information. The focus group discussion will take about 30 minutes.
4. **Confidentiality**

Study related materials will not be identified with your name. You will be also assigned to use pseudo names throughout the study. All the study records to be kept confidential and only shared with his supervisor for verification reasons. The researcher will compile a report from the study findings and no comments can be attributed to a certain person.

5. **Voluntary participation**

I hope that you will agree to take part in this study. However, you do not take part if you do not want to. If you decide that you do not want to participate in this study, that decision will not affect your daily life or regular care in any way. If you also decide that you want to take part now but then change your mind later, you may withdraw from the study at any time without having to give a reason.

6. **Benefits**

Participating in the study is voluntary and there are no rewards for participating in this study. However, participation in the study will contribute to information that can go a long way in bringing new strategies that can improve the living condition of children living in residential care.

7. **Dissemination of research findings**

Since the study is for academic purposes the researcher will compile a report for BUSE Department of Social Work for marking and a copy will be availed to SOS for professional use.
8. **Offer to answer questions**

Before you sign this form, please ask any questions on any aspect of this study that is unclear to you. You may take as much time as necessary to think it over.

**Statement of consent**

I have read and understood the information about the study. I voluntarily consent to participate in the study.

Participant’s signature …………………. Date ………………………

Researcher’s signature …………………… Date ………………………
APENDIX B

Focus group interview guide for children

My name is Vushe Gapare, a student at Bindura University of Science Education who is carrying out a research entitled “Life in residential care. A study of children’s perceptions on residential care. A case of Bindura SOS village”. The study is in partial fulfilment of the Bachelor of Science Honours Degree in Social Work.

The research upholds general ethical issues include confidentiality, informed consent, voluntary participation and the right to withdraw. The focus group discussion will not last for about thirty minutes.

Biographical details

1. Sex: Male   Female  Other ........................................

2. How old are you .................

3. What is your parental status? Single orphan   Double orphan  Non-orphan  Other .......................

4. What is your level of education? Primary Secondary Tertiary  Other ......................

5. How long have you been in residential care?............................

Focus group questions

1  What circumstances made you to check into the residential care?

2  What are your perceptions towards institutionalisation?
3. Can you tell us in brief challenges you face due to residential care?

4. How do you relate with others who are non-institutionalised at school?

5. Are you satisfied with the life in residential care?

6. What do you think should be done to improve the life of residential care of children?
APENDIX C

INFORMED CONSENT: Members of support group (children)

My name is Vushe Gapare, a fourth year student at Bindura University of Science Education undertaking Bachelor’s degree in Social Work. As a part of the requirements of the degree programme a student is required to conduct an independent academic study. This form is seeking your agreement to take part in the study. The study details are as follows:

6. Title of the study


7. Aim of the study

To explore the perceptions of institutionalized children about the residential care.

8. Procedures and duration

I am inviting participants from purposive selected key informants to participate in the study. Participants will ranges from care givers, social workers and other care facilitators within the SOS children’s home who are willing and able to write informed consent for participation.

If you agreed to participate in this study, you can take part in semi-structure interview aimed at understanding children’s perception on residential care. The researcher will record the interview proceedings in order not to miss important information. The interview will take about 15 minutes.
9. Confidentiality

Study related materials will not be identified with your name. All the study records to be kept confidential and only shared with his supervisor for verification reasons. The researcher will compile a report from the study findings and no comments can be attributed to a certain person.

10. Voluntary participation

I hope that you will agree to take part in this study. However, you do not take part if you do not want to. If you decide that you do not want to participate in this study, that decision will not affect your daily life or regular care in any way. If you also decide that you want to take part now but then change your mind later, you may withdraw from the study at any time without having to give a reason.

6. Benefits

Participating in the study is voluntary and there are no rewards for participating in this study. However, participation in the study will contribute to information that can go a long way in bringing new strategies that can improve the living condition of children living in residential care.

1. Dissemination of research findings

Since the study is for academic purposes the researcher will compile a report for BUSE Department of Social Work for marking and a copy will be availed to SOS for professional use.
2. Offer to answer questions

Before you sign this form, please ask any questions on any aspect of this study that is unclear to you. You may take as much time as necessary to think it over.

Statement of consent

I have read and understood the information about the study. I voluntarily consent to participate in the study.

Participant’s signature …………………… Date ……………………

Researcher’s signature …………………… Date ……………………
APENDIX D

Interview guide for key informants

My name is Vushe Gapare, a student at Bindura University of Science Education who is carrying out a research entitled “Life in residential care. A study of children’s perceptions on residential care. A case of Bindura SOS village”. The study is in partial fulfilment of the Bachelor of Science Honours Degree in Social Work.

The research upholds general ethical issues include confidentiality, informed consent, voluntary participation and the right to withdraw. The interview will last for about twenty minutes.

Biographical details

1. Sex: Male □ Female □ Other ……………………………..

2. How old are you ………………..

3. What is your position……………………

4. How many years of experience do you have………………

5. Marital status? Single □ Married □ Divorced □ Other………………

6. What is your level of education? Certificate □ Diploma □ Degree □

7. How long have you been working with institutionalised children…………………..

Interview questions

1. Tell me more about the SOS children’s home
2. Who are institutionalised children in residential care?

3. What are personal attributes considered for a child to be institutionalised?

4. Have you ever discussed with children about their perceptions of institutionalisation?

5. What are challenges faced by institutionalised?

6. What are special needs for institutionalised children?

7. Is there any child who have attempted or escaped from the residential car?

8. In your understanding what can be recommendation to ensure cognitive development of children within the institution?